



## **Research Update -- April 28, 2022**

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- Resource of the Week – The Ukraine crisis: Mental health resources for clinicians and researchers (Journal of Traumatic Stress)

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<https://doi.org/10.1007/s10942-022-00451-5>

**Comparison Between Self-compassion and Unconditional Self-acceptance: Interventions on Self-blame, Empathy, Shame-, Guilt-Proneness, and Performance.**

Stefania Crisan, Miruna Canache, Dan Buksa & Diana Nechita

Journal of Rational-Emotive & Cognitive-Behavior Therapy

Published: 16 April 2022

Self-compassion implies kindness towards oneself, a feeling of shared humanity and mindfulness. On the other hand, unconditional self-acceptance means that the self has inherent value due to its existence, therefore it should be accepted unconditionally. While there is research on each of these concepts separately, the literature is scarce when it comes to differences between the two. This study aims to investigate the effect of a self-compassion training and an unconditional self-acceptance training on self-blame levels, empathy levels, guilt- and shame-proneness levels, and performance on a task. Participants of all ages were recruited and randomized into two groups. Daily, for a week, each group had to apply a self-compassion exercise, or an unconditional self-acceptance exercise. Out of the original sample, 157 participants completed the study. A mixed ANOVA was employed for analysis. Self-compassion and unconditional self-acceptance increased in both groups. No significant differences were found between the two groups on self-blame and empathy levels. Shame-proneness levels lowered in both groups. After the training, participants in the self-compassion group presented significantly lower levels of guilt-proneness than participants in the unconditional self-acceptance group. Performance did not differ between the two groups. Although self-compassion and unconditional self-acceptance seem like different concepts, it is possible that the two lead to similar outcomes, using different means.

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<https://doi.org/10.1016/j.jad.2022.04.018>

**Trauma type as a risk factor for insomnia in a military population.**

Brownlow, J. A., Klingaman, E. A., Miller, K. E., & Gehrman, P. R.

Journal of Affective Disorders

2022 Apr 9; 308 :65-70

#### Background:

This study evaluated whether lifetime traumatic stress compared to deployment-related traumatic stress differentially affected the likelihood of insomnia in military personnel.

#### Methods:

Data were obtained from the Army Study to Assess Risk and Resilience in Servicemembers (unweighted N = 21,499; weighted N = 670,335; 18-61 years; 13.5% Female). DSM-5 criteria were applied to the Brief Insomnia Questionnaire to determine past month insomnia diagnostic status. A lifetime stress survey was used to assess traumatic stress encountered outside of the military, and a deployment-related stress survey assessed for various types of deployment-related traumatic stress.

#### Results:

Adjusting for sex and psychiatric disorders, lifetime traumatic stress increased the prevalence for insomnia among those who endorsed combat death of close friend or relative, 1.021 (95% CI, 1.02-1.02), followed by those who reported other experiences that put them at risk of death or serious injury, 1.013 (95% CI, 1.01-1.01), whereas deployment-related traumatic stress showed that the prevalence for insomnia was highest for those who reported being sexually assaulted or raped, 1.059 (95% CI, 1.04-1.08), followed by those who endorsed being hazed or bullied by one or more members of their unit 1.042 (95% CI, 1.04-1.05).

#### Limitations:

The cross-sectional nature of the assessment limits causal inferences and there was no clinician determined diagnosis for insomnia.

#### Conclusion:

Findings suggest that traumas over both one's lifetime and during deployment are associated with a higher prevalence for insomnia among Army soldiers. Results highlight the importance of considering both lifetime and deployment traumas into mental health assessment and treatment for active-duty soldiers.

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<https://doi.org/10.1007/s11920-022-01335-2>

**Acute Stress Reaction in Combat: Emerging Evidence and Peer-Based Interventions.**

Adler, A. B., & Gutierrez, I. A.

Current Psychiatry Reports

2022 Apr; 24(4): 277-284

Purpose of review:

This paper highlights the topic of combat-related acute stress reactions (ASRs) in service members. Specifically, we contrast ASRs with related psychiatric conditions, report the estimated prevalence of ASRs for soldiers deployed to combat, and discuss how team members can effectively respond to these reactions.

Recent findings:

Although not regarded as a clinical disorder, ASRs can have a significant impact on high-risk occupations like the military in which impaired functioning can imperil team members and others. Based on self-report, 17.2% of soldiers who have deployed to combat report having experienced a possible ASR. To our knowledge, this is the first such prevalence estimate. The prevalence of ASRs underscores the need for improved prevention, management, and recovery strategies. Peer-based intervention protocols such as iCOVER may provide a useful starting point to address ASRs in team members.

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<https://doi.org/10.1080/00224499.2020.1855622>

### **Sexual Health Problems among Service Men: The Influence of Posttraumatic Stress Disorder.**

Kolaja, C. A., Roenfeldt, K., Armenta, R. F., Schuyler, A. C., Orman, J. A., Stander, V. A., & LeardMann, C. A.

Journal of Sex Research

2022 May; 59(4): 413-425

Military operational stressors, such as combat exposure, may increase the risk of sexual health problems. This study examined factors associated with sexual health problems, and tested the mediating effect of probable posttraumatic stress disorder (PTSD) on the association between stressors (i.e., combat deployment and sexual assault) and sexual health problems among U.S. service men. Using multivariable logistic regression ( $n = 16,603$ ) and Cox proportional hazards models ( $n = 15,330$ ), we estimated the risk of

self-reported sexual health difficulties and sexual dysfunction medical encounters, respectively. Mediation analyses examined the effect of probable PTSD as an intermediate factor between high combat deployment and sexual assault on sexual health problems. Approximately 9% endorsed sexual health difficulties and 8% had a sexual dysfunction. Risk factors for these sexual health problems included older age, lower education level, enlisted rank, disabling injury, certain medical conditions, and higher body mass index. Probable PTSD significantly mediated the associations between high combat with sexual health problems and sexual assault with sexual dysfunction. Additionally, high combat was directly associated with sexual health difficulties. These findings indicate a relationship between these stressors and sexual health problems which suggests that treatment options should be expanded, especially to include psychogenic sexual dysfunctions.

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<https://doi.org/10.1089/tmj.2021.0590>

## **Real-World Evaluation of a Large-Scale Blended Care-Cognitive Behavioral Therapy Program for Symptoms of Anxiety and Depression.**

Jocelynn T. Owusu, Pam Wang, Robert E. Wickham, Alethea A. Varra, Connie Chen, and Anita Lungu

Telemedicine and e-Health  
Published Online:9 Mar 2022

### **Introduction:**

Prior studies have supported the effectiveness of blended interventions for anxiety and depression; however, outcomes research of large-scale blended interventions for these conditions is limited.

### **Objective:**

To investigate the outcomes of scaled-up blended care (BC) cognitive behavioral therapy (CBT), a program that combined video-based psychotherapy with internet CBT, for symptoms of anxiety and depression.

### **Materials and Methods:**

Participants were 6,738 U.S.-based adults with elevated symptoms of anxiety (Generalized Anxiety Disorder-7 [GAD-7]  $\geq 8$ ) and/or depression (Patient Health Questionnaire-9 [PHQ-9]  $\geq 10$ ) at baseline who received BC-CBT as an employer-

offered mental health benefit. The primary outcomes, anxiety (GAD-7) and depression (PHQ-9) symptoms, were routinely measured in the program. Recovery and reliable improvement in outcomes were calculated, and growth curve models evaluated change in outcomes during treatment and the effects of engaging in psychotherapy sessions on outcomes.

#### Results:

On average, participants received treatment for 7.6 (standard deviation = 6.2) weeks. By the end of care, 5,491 (81.5%) participants had reliable improvement in either anxiety or depression symptoms; in addition, 5,535 (82.1%) fell below the clinical threshold for either anxiety or depression symptoms (i.e., recovered). Declines in anxiety and depression symptoms were statistically significant over the course of BC-CBT (both  $p$ 's < 0.01), with the rate of decline significantly decreasing for each outcome as treatment progressed (both  $p$ 's < 0.01). Each psychotherapy session completed was significantly associated with lower anxiety and depression symptoms during the week of the session and the subsequent week (all  $p$ 's < 0.01).

#### Conclusions:

This real-world study provides evidence that scaled-up BC-CBT can be effective in the treatment of symptoms of anxiety and depression.

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<https://doi.org/10.1002/jts.22769>

### **Temporal dynamics of symptom change among veterans receiving an integrated treatment for posttraumatic stress disorder and substance use disorders.**

Christal L. Badour, Julianne C. Flanagan, Nicholas P. Allan, Amanda K. Gilmore, Daniel F. Gros, Therese Killeen, Kristina J. Korte, Delisa G. Brown, Kateryna Kolnogorova, Sudie E. Back

Journal of Traumatic Stress

First published: 13 November 2021

The present study examined temporal patterns of symptom change during treatment for comorbid posttraumatic stress disorders (PTSD) and substance use disorders (SUDs). We hypothesized that PTSD symptom severity would predict subsequent-session substance use and that this association would be particularly strong among patients

who received an integrated treatment versus SUD-only treatment. Participants were 81 United States military veterans with current PTSD and an SUD who were enrolled in a 12-week, randomized controlled trial examining the efficacy of an integrated treatment called Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) compared with cognitive behavioral relapse prevention therapy (RP). Lagged multilevel models indicated that PTSD symptom improvement did not significantly predict the likelihood of next-session substance use (likelihood of use:  $B = 0.03$ ,  $SE = 0.02$ ,  $p = .141$ ; percentage of days using  $B = -0.02$ ,  $SE = 0.01$ ,  $p = .172$ . Neither substance use,  $B = 1.53$ ,  $SE = 1.79$ ,  $p = .391$ , nor frequency of use,  $B = 0.26$ ,  $SE = 0.50$ ,  $p = .612$ , predicted next-session PTSD symptom severity in either treatment condition. Stronger associations between PTSD symptoms and next-session substance use were expected given the self-medication hypothesis. Additional research is needed to better understand the temporal dynamics of symptom change as well as the specific mediators and mechanisms underlying symptom change.

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<https://doi.org/10.1002/jts.22773>

**A randomized clinical trial of prolonged exposure and applied relaxation for the treatment of Latinos with posttraumatic stress disorder.**

Mildred Vera, Adriana Obén, Deborah Juarbe, Norberto Hernández, Rafael Kichic, Elizabeth A. Hembree

Journal of Traumatic Stress

First published: 31 December 2021

Robust evidence supports the use of prolonged exposure therapy (PE) as a first-line treatment for posttraumatic stress disorder (PTSD). However, Latinos have not benefitted equally from advancements in the treatment of PTSD and continue to face barriers to receiving care. There is consensus that it is necessary to support the expansion of high-quality culturally and linguistically appropriate treatment to address disparities experienced by racial and ethnic minorities in behavioral health care. The current study was a randomized controlled trial comparing a culturally adapted PE intervention with applied relaxation (AR) among Spanish-speaking Latinos with PTSD in Puerto Rico. Eligible participants ( $N = 98$ ) were randomly assigned to PE ( $n = 49$ ) or AR ( $n = 49$ ). Both treatments included 12–15 weekly sessions each lasting 60–90 min. The



primary outcome, clinician-rated PTSD symptom severity, was assessed using the Clinician-Administered PTSD Scale for DSM-5 at baseline, posttreatment, and 3-month follow-up. Secondary outcomes were assessed using the Patient Health Questionnaire and State-Trait Anxiety Inventory. Results showed a large within-group effect of treatment on PTSD symptoms, PE:  $d = 1.29$ , 95% CI [1.12, 2.05]; AR:  $d = 1.38$ , 95% CI [1.21, 2.19]. The between-group effect on PTSD symptoms was small,  $d = -0.09$ , 95% CI [-0.48, 0.31]. Participants in both treatment conditions reported significant decreases in PTSD symptoms from baseline to follow-up; additionally, significant within-group reductions in depression and anxiety symptoms were observed. These findings underscore the potential benefit of PE and AR for the treatment of Spanish-speaking Latinos with PTSD.

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<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.**

Yasmin Cypel, Paula P. Schnurr, Aaron I. Schneiderman, William J. Culpepper, Fatema Z. Akhtar, Sybil W. Morley, Dennis A. Fried, Erick K. Ishii, Victoria J. Davey

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,  $M_{age} = 70.09$ ,  $SE = 0.04$ ;  $n = 12,131$  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.

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<https://doi.org/10.1002/jts.22781>

### **Effectiveness of cognitive behavioral conjoint therapy for posttraumatic stress disorder (PTSD) in a U.S. Veterans Affairs PTSD clinic.**

Nicole D. Pukay-Martin, Steffany J. Fredman, Colleen E. Martin, Yunying Le, Alison Haney, Connor Sullivan, Candice M. Monson, Kathleen M. Chard

Journal of Traumatic Stress

First published: 23 December 2021

Cognitive behavioral conjoint therapy (CBCT) for posttraumatic stress disorder (PTSD) is a 15-session conjoint treatment for PTSD designed to improve PTSD symptoms and enhance intimate relationship functioning. Numerous studies of CBCT for PTSD document improvements in patient PTSD and comorbid symptoms, partner mental health, and relationship adjustment. However, little is known about its effectiveness in real-world clinical settings. Using an intention-to-treat sample of couples who participated in CBCT for PTSD in an outpatient U.S. Veterans Affairs (VA) PTSD clinic ( $N = 113$ ), trajectories of session-by-session reports of veterans' PTSD symptoms and both partners' relationship happiness were examined. Across sessions, there were significant reductions in veteran-rated PTSD symptoms,  $d = -0.69$ , and significant increases in veteran- and partner-rated relationship happiness,  $ds = 0.36$  and  $0.35$ , respectively. Partner ratings of veterans' PTSD symptoms increased before significantly decreasing,  $d = -0.24$ . Secondary outcomes of veteran and partner relationship satisfaction,  $ds = 0.30$  and  $0.42$ , respectively; veteran and partner depressive symptoms,  $ds = -0.75$  and  $-0.29$ , respectively; and partner accommodation of PTSD symptoms,  $d = -0.44$ , also significantly improved from pre- to posttreatment. The findings suggest that CBCT for PTSD was effective for decreasing PTSD and comorbid

symptoms in veterans, as well as for improving relationship functioning and partners' mental health, among a sample of real-world couples seeking treatment in a VA PTSD specialty clinic.

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<https://doi.org/10.1002/jts.22786>

**Imaginal exposure processing during Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE) therapy: Examination of linguistic markers of cohesiveness.**

Erin M. Gandelman, Steven A. Miller, Sudie E. Back

Journal of Traumatic Stress

First published: 03 January 2022

Emotional processing theory suggests that successful prolonged exposure–based treatments should result in more cohesive trauma narratives due to better integration and organization of trauma memory into cognitive conceptualizations of fear. Therefore, we hypothesized that language used by patients would become more cohesive over time and increased language cohesion would be related to larger reductions in PTSD and SUD outcomes. Broadly, language cohesion refers to several linguistic devices that help establish and cohere meaning throughout spoken and written discourse (e.g., increased use of transition words like “and,” “then,” and “but”). This was the first known study to examine changes in language related to both PTSD and SUD severity during COPE treatment. The sample included 28 military veterans with current comorbid PTSD/SUD enrolled in a larger COPE study. A text analysis program, Coh-Metrix, was used to analyze language cohesiveness. No language cohesion variables significantly changed over time. Narrativity levels significantly moderated change in PTSD outcomes,  $urn:x-wiley:08949867:media:jts22786:jts22786-math-0001= 0.11$ . Adversative connectives significantly moderated change in SUD outcomes,  $urn:x-wiley:08949867:media:jts22786:jts22786-math-0002= 0.26$ . The findings illuminate potential processes underlying successful COPE treatment. Less use of language conveying a narrative and more use of contrast-indicative words (e.g., but, whereas) was associated with larger reductions in PTSD and SUD outcomes during treatment. These results contribute to the extant literature on associations between trauma exposure, language, and emotional processing.

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<https://doi.org/10.1002/jts.22774>

**Addressing co-occurring suicidal thoughts and behaviors and posttraumatic stress disorder in evidence-based psychotherapies for adults: A systematic review.**

David C. Rozek, Shelby N. Baker, Kelsi F. Rugo, Victoria L. Steigerwald, Lauren M. Sippel, Ryan Holliday, Erika M. Roberge, Philip Held, Natalie Mota, Noelle B. Smith

Journal of Traumatic Stress

First published: 31 December 2021

Posttraumatic stress disorder (PTSD) is a well-established risk factor for suicidal thoughts and behaviors. Historically, guidelines for treating PTSD have recommended against the use of trauma-focused therapies for patients who are at high risk for suicide, likely due to concerns about potential suicide-related iatrogenesis, specifically the “triggering” of suicidal behaviors. This systematic review examined evidence of the impact of treatments specifically designed to treat PTSD or suicide on both PTSD- and suicide-related outcomes. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed, and a total of 33 articles met the full inclusion criteria: 23 examining PTSD treatments, four examining suicide-focused treatments, and six examining combined treatments. PTSD and combined treatments reduced both PTSD- and suicide-related outcomes, with most studies focusing on cognitive processing therapy or prolonged exposure. Suicide-focused treatments (e.g., cognitive therapies for suicide prevention) also reduced suicide-related outcomes, but the findings were mixed for their impact on PTSD-related outcomes. Overall, PTSD treatments had the most support, primarily due to a larger number of studies examining their outcomes. This supports current clinical guidelines, which suggest utilizing PTSD treatments for individuals who have PTSD and are at risk for suicide. Suicide-focused and combined treatments also appeared to be promising formats, although additional research is needed. Future research should seek to compare the effectiveness of the approaches to the treatment of PTSD and suicidal thoughts and behaviors concurrently as well as to inform guidelines aimed at supporting decisions about the selection of an appropriate treatment approach.

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<https://doi.org/10.1001/jama.2022.3550>

## **Association of Race and Ethnicity With Incidence of Dementia Among Older Adults.**

Kornblith, E., Bahorik, A., Boscardin, W. J., Xia, F., Barnes, D. E., & Yaffe, K.

JAMA

2022 Apr 19; 327(15): 1488-1495

### **Importance:**

The racial and ethnic diversity of the US, including among patients receiving their care at the Veterans Health Administration (VHA), is increasing. Dementia is a significant public health challenge and may have greater incidence among older adults from underrepresented racial and ethnic minority groups.

### **Objective:**

To determine dementia incidence across 5 racial and ethnic groups and by US geographical region within a large, diverse, national cohort of older veterans who received care in the largest integrated health care system in the US.

### **Design, setting, and participants:**

Retrospective cohort study within the VHA of a random sample (5% sample selected for each fiscal year) of 1 869 090 participants aged 55 years or older evaluated from October 1, 1999, to September 30, 2019 (the date of final follow-up).

### **Exposures:**

Self-reported racial and ethnic data were obtained from the National Patient Care Database. US region was determined using Centers for Disease Control and Prevention (CDC) regions from residential zip codes.

### **Main outcomes and measures:**

Incident diagnosis of dementia (9th and 10th editions of the International Classification of Diseases). Fine-Gray proportional hazards models were used to examine time to diagnosis, with age as the time scale and accounting for competing risk of death.

### **Results:**

Among the 1 869 090 study participants (mean age, 69.4 [SD, 7.9] years; 42 870 women [2%]; 6865 American Indian or Alaska Native [0.4%], 9391 Asian [0.5%], 176 795 Black [9.5%], 20 663 Hispanic [1.0%], and 1 655 376 White [88.6%]), 13% received

a diagnosis of dementia over a mean follow-up of 10.1 years. Age-adjusted incidence of dementia per 1000 person-years was 14.2 (95% CI, 13.3-15.1) for American Indian or Alaska Native participants, 12.4 (95% CI, 11.7-13.1) for Asian participants, 19.4 (95% CI, 19.2-19.6) for Black participants, 20.7 (95% CI, 20.1-21.3) for Hispanic participants, and 11.5 (95% CI, 11.4-11.6) for White participants. Compared with White participants, the fully adjusted hazard ratios were 1.05 (95% CI, 0.98-1.13) for American Indian or Alaska Native participants, 1.20 (95% CI, 1.13-1.28) for Asian participants, 1.54 (95% CI, 1.51-1.57) for Black participants, and 1.92 (95% CI, 1.82-2.02) for Hispanic participants. Across most US regions, age-adjusted dementia incidence rates were highest for Black and Hispanic participants, with rates similar among American Indian or Alaska Native, Asian, and White participants.

#### Conclusions and relevance:

Among older adults who received care at VHA medical centers, there were significant differences in dementia incidence based on race and ethnicity. Further research is needed to understand the mechanisms responsible for these differences.

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<https://doi.org/10.1111/jsr.13604>

#### **Insomnia disorder: State of the science and challenges for the future.**

Dieter Riemann, Fee Benz, Raphael J. Dressle, Colin A. Espie, Anna F. Johann, Tessa F. Blanken, Jeanne Leerssen, Rick Wassing, Alasdair L. Henry, Simon D. Kyle, Kai Spiegelhalder, Eus J. W. Van Someren

Journal of Traumatic Stress

First published: 22 April 2022

Insomnia disorder comprises symptoms during night and day that strongly affect quality of life and wellbeing. Prolonged sleep latency, difficulties to maintain sleep and early morning wakening characterize sleep complaints, whereas fatigue, reduced attention, impaired cognitive functioning, irritability, anxiety and low mood are key daytime impairments. Insomnia disorder is well acknowledged in all relevant diagnostic systems: Diagnostic and Statistical Manual of the American Psychiatric Association, 5th revision, International Classification of Sleep Disorders, 3rd version, and International Classification of Diseases, 11th revision. Insomnia disorder as a chronic condition is frequent (up to 10% of the adult population, with a preponderance of females), and signifies an important and independent risk factor for physical and, especially, mental

health. Insomnia disorder diagnosis primarily rests on self-report. Objective measures like actigraphy or polysomnography are not (yet) part of the routine diagnostic canon, but play an important role in research. Disease concepts of insomnia range from cognitive-behavioural models to (epi-) genetics and psychoneurobiological approaches. The latter is derived from knowledge about basic sleep–wake regulation and encompass theories like rapid eye movement sleep instability/restless rapid eye movement sleep. Cognitive-behavioural models of insomnia led to the conceptualization of cognitive-behavioural therapy for insomnia, which is now considered as first-line treatment for insomnia worldwide. Future research strategies will include the combination of experimental paradigms with neuroimaging and may benefit from more attention to dysfunctional overnight alleviation of distress in insomnia. With respect to therapy, cognitive-behavioural therapy for insomnia merits widespread implementation, and digital cognitive-behavioural therapy may assist delivery along treatment guidelines. However, given the still considerable proportion of patients responding insufficiently to cognitive-behavioural therapy for insomnia, fundamental studies are highly necessary to better understand the brain and behavioural mechanisms underlying insomnia. Mediators and moderators of treatment response/non-response and the associated development of tailored and novel interventions also require investigation. Recent studies suggest that treatment of insomnia may prove to add significantly as a preventive strategy to combat the global burden of mental disorders.

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<https://doi.org/10.1016/j.jsmc.2022.03.003>

## **Epidemiology of Insomnia: Prevalence, Course, Risk Factors, and Public Health Burden.**

Charles M. Morin, PhD; Denise C. Jarrin, PhD

Sleep Medicine Clinics

Available online 23 April 2022

### **KEY POINTS**

- The epidemiology of insomnia has received increased attention in the last decade, and investigators have moved from a purely cross-sectional approach to a more prospective and longitudinal approach.
- Progress on the epidemiology of insomnia has been hampered by important methodological shortcomings including, but not limited to, the lack of a consistent case definition and standardized assessment procedures across studies.



- Additional prospective and longitudinal studies are needed to identify early precursors of insomnia and factors moderating its trajectories over time.
- A better understanding of how insomnia evolves over time, and what factors trigger an episode or perpetuate it over time is critical for developing effective prevention and treatment programs.

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<https://doi.org/10.1097/PHM.0000000000001839>

### **Olfactory Changes After Military Deployment Are Associated With Emotional Distress but Not With Mild Traumatic Brain Injury History.**

Rothman, D. J., McDonald, S. D., Walker, W. C., & Feldman, G.

American Journal of Physical Medicine & Rehabilitation  
022 May 1; 101(5): 423-428

#### **Objective:**

The aim of the study was to identify the impact of mild traumatic brain injury history and current emotional status on olfactory functioning.

#### **Design:**

This was a cross-sectional study of 49 predominantly male, military veterans, reservists, and active duty service members with Operations Enduring Freedom, Iraqi Freedom, and New Dawn deployments and varying mild traumatic brain injury histories.

#### **Results:**

Those with a positive history of mild traumatic brain injury (n = 32) endorsed significantly higher rates of self-reported olfactory disturbance. However, there were no differences between the mild traumatic brain injury and no mild traumatic brain injury groups for rates of objective odor identification dysfunction (none vs. microsmia or more severe) or overall accuracy of odor identification. In keeping with this, self-reported olfactory disturbance also failed to associate with odor identification dysfunction. In both groups, those self-reporting olfactory disturbance reported significantly greater emotional distress, severity of posttraumatic stress symptoms, and attentional impulsivity. However, self-reported olfactory disturbance was not associated with other behavioral factors frequently attributed to TBI, such as aggression, motor impulsiveness, poor planning, and cognitive flexibility.



#### Conclusions:

These findings indicate mild traumatic brain injury is not a risk factor for postacute microsomia among Operations Enduring Freedom, Iraqi Freedom, and New Dawn military veterans. Higher observed rates of self-reported olfactory disturbance in patients with mild traumatic brain injury may be a function of emotional distress rather than organic brain injury.

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<https://doi.org/10.1093/milmed/usab419>

#### **Military Pain Medicine: Sustaining the Fighting Force.**

Hughey, S., Spevak, C., & Stedje-Larsen, E.

Military Medicine

2022 Mar 28; 187(3-4): 84-87

Active duty military service members (ADSMs) suffer disproportionately from chronic pain. In the USA, military pain physicians serve an important role in the treatment of pain conditions in addition to the maintenance of the fighting force. Expanding roles for pain physicians, including novel therapies, consulting roles for opioid policy, and usefulness in a deployed setting create enormous value for military pain physicians. Ongoing force structure changes, including proposed reduction in the U.S. Military's healthcare workforce may significantly impact pain care and the health of the fighting forces. Military pain physicians support a variety of different roles in the military healthcare system. Ultimately, maintaining a robust faculty of pain physicians allows for both preservation of the fighting forces and a ready medical force.

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<https://doi.org/10.1093/milmed/usab014>

#### **Bright Light Treatment of Combat-related PTSD: A Randomized Controlled Trial.**

Youngstedt, S. D., Kline, C. E., Reynolds, A. M., Crowley, S. K., Burch, J. B., Khan, N., & Han, S.

### Introduction:

Post-traumatic stress disorder (PTSD) is a prevalent consequence of combat with significant associated morbidity. Available treatments for PTSD have had limitations, suggesting a need to explore alternative or adjuvant treatments. Numerous rationales for bright light treatment of PTSD include its benefits for common PTSD comorbidities of depression, anxiety, and circadian misalignment and its relative ease of use with few side effects. The primary aims of this research were to examine the effects of bright light treatment for combat-related PTSD and associated morbidity.

### Materials and methods:

A randomized controlled trial was performed in N = 69 veterans with PTSD attributable to combat in Afghanistan and/or Iraq. Following a 1-week baseline, participants were randomized to 4 weeks of daily morning bright light treatment (10,000 lux for 30 min/day) or a control treatment (inactivated negative ion generator). At baseline and at the end of treatment, participants were rated blindly on the Clinician Assessed PTSD Scale (CAPS), the Clinical Global Impressions Scale (CGI), and the Hamilton Depression Scale and rated themselves on the PTSD Checklist-Military (PCL-M). Following baseline and each treatment week, participants completed self-reported scales of state anxiety, depression, and sleep, and sleep and the circadian rhythm of wrist activity were also assessed with wrist actigraphy.

### Results:

Compared with the control treatment, bright light elicited significantly greater improvements in the CAPS and CGI-Improvement. The bright light also elicited a significantly greater rate of treatment response (reduction  $\geq 33\%$ ) for the CAPS (44.1% vs. 8.6%) and PCL-M (33% vs. 6%), but no participant had remission from PTSD. Changes in depression, anxiety, and sleep did not differ between treatments. Improvement in CAPS was significantly correlated with a phase advance of the circadian rhythm of wrist activity.

### Conclusions:

The most comprehensive study on the topic to date indicated significant short-term efficacy of bright light treatment on the primary variables (CAPS and CGI) with clinical relevance (i.e., treatment response) in veterans with chronic PTSD who did not report extremely high habitual light exposure. No significant effects were found for anxiety,

depression, or sleep disturbance. Further research is warranted, particularly exploration of circadian phase-shifting mechanisms of bright light for PTSD.

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<https://doi.org/10.1097/HRP.0000000000000328>

## **Does Hippocampal Volume in Patients with Posttraumatic Stress Disorder Vary by Trauma Type?**

Hinojosa C. A.

Harvard Review of Psychiatry  
2022 Mar-Apr 01; 30(2): 118-134

Posttraumatic stress disorder (PTSD) is a debilitating disorder that can develop after experiencing a traumatic event and is, in part, characterized by memory disturbances. Given its important role in learning and memory, the hippocampus has been studied extensively in PTSD using volumetric neuroimaging techniques. However, the results of these studies are mixed. The variability in findings across studies could arise from differences in samples with regard to trauma type, but this connection has not yet been formally assessed. To assess this question, we conducted (1) mixed-effects meta-analyses to replicate previous meta-analytic findings of significant differences in hippocampal volumes in PTSD groups versus two different types of control groups (trauma-exposed and -unexposed groups), and (2) mixed-effects subgroup and meta-regression analyses to determine whether trauma type moderated these hippocampal volume differences. Overall, the PTSD groups showed significantly smaller right hippocampal volumes than both control groups and significantly smaller left hippocampal volumes than trauma-unexposed control groups. Subgroup and meta-regression analyses revealed that trauma type did not moderate the effect seen between PTSD and trauma-exposed non-PTSD groups but did moderate the effect between the PTSD and trauma-unexposed control groups: studies that contained participants with PTSD related to combat trauma exhibited significantly smaller effect sizes for right hippocampal volumes compared to the interpersonal violence and "other" trauma-type groups with PTSD. These findings suggest that trauma type may moderate hippocampal volume in trauma-exposed individuals but not in those with PTSD.

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<https://doi.org/10.15288/jsad.2022.83.202>

## **Postdeployment Alcohol Use and Risk Associated With Deployment Experiences, Combat Exposure, and Postdeployment Negative Emotions Among Army National Guard Soldiers.**

Griffith J.

Journal of Studies on Alcohol and Drugs

Published Online: March 08, 2022

### **Objective:**

A continued health concern of the U.S. military has been unhealthy alcohol use by its service members, in particular among several subpopulations—the deployed, the combat-exposed, and the reserve component. This study provides prevalence estimates of post-deployment alcohol use among recently deployed Army National Guard (ARNG) personnel and compares the rates with those of soldiers in previously published studies. We also examine deployment experiences and combat events associated with postdeployment alcohol use and the role of negative emotions in this relationship.

### **Method:**

Study data were cross-sectional, retrospective soldier responses to an ongoing survey of health and well-being, called the Reintegration Unit Risk Inventory. The study sample consisted of recently returned Operation Iraqi Freedom ARNG soldiers (N = 4,567 in 50 companies), many of whom had participated in combat. Soldiers' alcohol use was compared with that of a sample of ARNG soldiers serving in their traditional part-time military service role who had responded to the Unit Risk Inventory, as well as with alcohol use reported in the research literature for deployed military personnel. Relationships among deployment and combat experiences, negative emotions, and postdeployment alcohol use were examined using multiple regression and mediation analyses.

### **Results:**

Combat events were associated with unhealthy alcohol use during postdeployment. In addition, postdeployment negative emotions mediated this relationship.

### **Conclusions:**

Findings have implications for understanding the trauma-alcohol use relationship and for prevention of unhealthy alcohol use among military personnel.

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<https://doi.org/10.1080/00332747.2021.2021598>

**Preparing Soldiers to Manage Acute Stress in Combat: Acceptability, Knowledge and Attitudes.**

Adler, A. B., & Gutierrez, I. A.

Psychiatry  
Spring 2022; 85(1): 30-37

**Objectives:**

iCOVER training is designed to prepare individuals in high-risk occupations to manage acute stress reactions in team members. Building on an initial pilot study, the present study evaluated iCOVER with soldiers just prior to their deployment to combat, documenting their feedback and changes in knowledge and attitudes.

**Methods:**

National guardsmen received a 1-hr training in iCOVER in the weeks prior to deploying to Iraq and Afghanistan. Surveys were administered before iCOVER training (i.e., "pre-training") and immediately afterward (i.e., "post-training"). In all, 129 of 146 (88.4%) soldiers consented to participate in the evaluation, and all consenting soldiers completed both surveys.

**Results:**

Participants rated iCOVER highly in terms of usefulness, relevance, and importance. Knowledge scores improved significantly from pre-training to post-training. In terms of attitudes, participants were more confident in their ability to handle an acute stress reaction, were more confident in their unit's ability to handle an acute stress reaction, were more likely to report their leaders emphasized the need to address acute stress, and were less likely to report stigma related to acute stress from pre-training to post-training.

**Conclusions:**

iCOVER training offers high-risk teams an opportunity to prepare for encountering acute stress in team members, strengthening the ability of teams to provide support to one another and respond effectively.

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<https://doi.org/10.1002/jts.22825>

**Correlates and clinical associations of military sexual assault in Gulf War era U.S. veterans: Findings from a national sample.**

Tapan A. Patel, Adam J. Mann, Faith O. Nomamiukor, Shannon M. Blakey, Patrick S. Calhoun, Jean C. Beckham, Mary J. Pugh, Nathan A. Kimbrel

Journal of Traumatic Stress

First published: 30 March 2022

Military sexual assault (MSA) is a prevalent issue among military personnel that can have direct implications on postmilitary mental health. Gulf War era U.S. veterans represent the first cohort in which women veterans were integrated into most aspects of military service except for combat. The present study sought to build on prior studies by identifying characteristics associated with the occurrence of MSA and clinical correlates of MSA and examining how these differ between men and women. This study analyzed cross-sectional survey data from a national sample of treatment-seeking Gulf War era veterans. Participants ( $N = 1,153$ ) reported demographic information, clinical outcomes, military background, and history of MSA. MSA was more common among female veterans ( $n = 100$ , 41.3%) than male veterans ( $n = 32$ , 3.6%). The odds of experiencing MSA were approximately 19 times higher for female veterans relative to their male peers,  $OR = 18.92$ ,  $p < .001$ . Moreover, as expected, MSA was robustly associated with probable current posttraumatic stress disorder, probable current depression, and past-year suicidal ideation in female veterans, whereas combat exposure was robustly associated with these sequelae in male veterans. The present findings confirm that a large proportion of female veterans from the Gulf War era experienced MSA and highlight the deleterious correlates of MSA on veterans' mental health. Sex differences of correlates of MSA and subsequent clinical associations are highlighted.

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<https://doi.org/10.1136/bmj-2021-057212>

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

McCracken L M, Yu L, Vowles K E

BMJ

Published 28 February 2022

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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### **Links of Interest**

VA to award millions in suicide prevention grants to community groups

<https://www.militarytimes.com/veterans/2022/04/20/va-to-award-millions-in-suicide-prevention-grants-to-community-groups/>

How my sexual assault shaped me but did not break me

<https://www.dvidshub.net/news/418180/my-sexual-assault-shaped-me-but-did-not-break-me>

Navy secretary pulls sexual harassment investigative authority from unit commanders

<https://www.sandiegouniontribune.com/news/military/story/2022-04-22/navy-sexual-harassment-authority>

'You Shouldn't Choose Between Having a Career and a Family': Army Approves Sweeping New Parenthood Policies

<https://www.military.com/daily-news/2022/04/21/you-shouldnt-choose-between-having-career-and-family-army-approves-sweeping-new-parenthood-policies.html>

The Army just became the only service to give non-birthing parents leave after a miscarriage

<https://taskandpurpose.com/news/army-parent-pregnancy-policy-change/>

Spate of suicides among sailors from same ship raise mental health concerns

<https://www.washingtonpost.com/national-security/2022/04/23/navy-sailors-suicides/>

Suicide Prevention and Mental Health Resources Provide Help: You Are Not Alone

<https://newsroom.tricare.mil/Articles/Article/3000345/suicide-prevention-and-mental-health-resources-provide-help-you-are-not-alone>

How to Help Military Children Reconnect After Two Years of the Pandemic

<https://health.mil/News/Articles/2022/04/25/How-to-Help-Military-Children-Reconnect-After-Two-Years-of-the-Pandemic>

Air Force updates physical fitness testing guidelines for transgender airmen

<https://www.stripes.com/theaters/us/2022-04-26/transgender-air-force-physical-fitness-test-gender-confirmation-surgery-5804461.html>

Can soldiers consume CBD energy drinks?

<https://www.militarytimes.com/off-duty/military-culture/2022/04/26/can-soldiers-consume-cbd-energy-drinks/>

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**Resource of the Week** – [The Ukraine crisis: Mental health resources for clinicians and researchers](#)

Published online ahead of print in the *Journal of Traumatic Stress*:



The mental health consequences of the war in Ukraine will be enormous. Mental health professionals who are providing care for people in Ukraine, or those resettled elsewhere, may require access to standardized and validated assessment tools. We have developed a repository of mental health measures that are available in Ukrainian, Russian, and English and can be accessed at <http://www.traumameasuresglobal.com/ukraine>.

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