



Research Update -- May 5, 2022

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<https://doi.org/10.1001/jama.2022.4790>

Trends in Prevalence of Cigarette Smoking Among US Adults With Major Depression or Substance Use Disorders, 2006-2019.

Han, B., Volkow, N. D., Blanco, C., Tipperman, D., Einstein, E. B., & Compton, W. M.

JAMA

2022 Apr 26; 327(16): 1566-1576

Importance:

Tobacco use is highly concentrated in persons with mental illness.

Objectives:

To assess trends in past-month prevalence of cigarette smoking among adults with vs without past-year depression, substance use disorders (SUDs), or both, using nationally representative data.

Design, setting, and participants:

Exploratory, serial, cross-sectional study based on data from 558 960 individuals aged 18 years or older who participated in the 2006-2019 US National Surveys on Drug Use and Health.

Exposure:

Past-year major depressive episode (MDE) and SUD using Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision) criteria.

Main outcomes and measures:

Past-month self-reported cigarette use, adjusted for sociodemographic characteristics.

Results:

Of the sampled 558 960 adults, 41.4% (unweighted) were aged 18 to 25 years, 29.8% (unweighted) were aged 26 to 49 years, and 53.4% (unweighted) were women. From 2006 to 2019, the past-month self-reported cigarette smoking prevalence declined significantly among adults with MDE from 37.3% to 24.2% for an average annual percent change of -3.2 (95% CI, -3.5 to -2.8; $P < .001$), adults with SUD from 46.5% to

35.8% for an average annual percent change of -1.7 (95% CI, -2.8 to -0.6; $P = .002$), and adults with co-occurring MDE and SUD from 50.7% to 37.0% for an annual average annual percent change of -2.1 (95% CI, -3.1 to -1.2; $P < .001$). The prevalence declined significantly for each examined age, sex, and racial and ethnic subgroup with MDE and with SUD (all $P < .05$), except for no significant changes in American Indian or Alaska Native adults with MDE ($P = .98$) or with SUD ($P = .46$). Differences in prevalence of cigarette smoking between adults with vs without MDE declined significantly for adults overall from 11.5% to 6.6%, for an average annual percent change of -3.4 (95% CI, -4.1 to -2.7; $P < .001$); significant average annual percent change declines were also seen for men (-5.1 [95% CI, -7.2 to -2.9]; $P < .001$); for women (-2.7 [95% CI, -3.9 to -1.5]; $P < .001$); for those aged 18 through 25 years (-5.2 [95% CI, -7.6 to -2.8]; $P < .001$); for those aged 50 years or older (-4.7 [95% CI, -8.0 to -1.2]; $P = .01$); for Hispanic individuals (-4.4 [95% CI, -8.0 to -0.5]; $P = .03$), and for White individuals (-3.6 [95% CI, -4.5 to -2.7]; $P < .001$). For American Indian or Alaska Native adults, prevalence did not significantly differ between those with vs without MDE during 2006-2012 but was significantly higher for those with MDE during 2013-2019 (difference, 11.3%; 95% CI, 0.9 to 21.7; $P = .04$). Differences among those with vs without SUD declined for women for an average annual percent change of -1.8 (95% CI, -2.8 to -0.9; $P = .001$).

Conclusions and relevance:

In this exploratory, serial, cross-sectional study, there were significant reductions in the prevalence of self-reported cigarette smoking among US adults with major depressive episode, substance use disorder, or both, between 2006 and 2019. However, continued efforts are needed to reduce the prevalence further.

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

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

S Herzog, B Nichter, ML Hill, SB Norman, RH Pietrzak

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

Suicide is a major public health problem in U.S. military veterans, but little is known about factors associated with remission from suicide attempts in this population. We aimed to identify risk and protective correlates of remission from suicidal thoughts and

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

<https://doi.org/10.1037/adb0000825>

Longitudinal associations between impulsivity and alcohol and cannabis use frequency, quantity, and problems among military veterans.

Kearns, N. T., Gunn, R. L., Stevens, A. K., Berey, B. L., & Metrik, J.

Psychology of Addictive Behaviors
Advance online publication

Objective:

Impulsivity is an established etiological risk factor for alcohol- and cannabis-related outcomes. However, limited work has focused on longitudinal associations between multiple trait impulsivity facets and indices of alcohol and cannabis use among military veterans—a contextually distinct population that evidence unique impulsive personality traits and substance use patterns.

Method:

A structural equation model (SEM) examined longitudinal associations between five UPPS-P impulsivity facets measured at baseline and six indices of alcohol and cannabis use (i.e., frequency, quantity, and problems) measured at 1-year follow-up among 361 returning Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) veterans.

Results:

Findings indicated baseline sensation seeking was significantly positively associated with 1-year alcohol use frequency ($\beta = .18$); baseline negative urgency was positively associated with alcohol use problems ($\beta = .31$); and baseline lack of perseverance ($\beta = .25$) and sensation seeking ($\beta = .21$) were positively associated with 1-year cannabis use problems. None of the baseline impulsivity facets were associated with 1-year alcohol use quantity, cannabis use frequency, or cannabis use quantity.

Conclusions:

Results provide preliminary support that impulsivity may play a unique role in understanding alcohol- and cannabis-related problems over time among veterans. Further, results suggest that specific impulsivity facets are prospectively associated with cannabis problems (i.e., lack of perseverance and sensation seeking) and alcohol problems (i.e., negative urgency). Findings reinforce the importance of differentially evaluating impulsivity-substance use associations within contextually distinct populations (e.g., adolescent, veteran), and highlight potentially meaningful intervention targets among veterans. However, replication is needed with stronger temporal controls and more diverse veteran subsamples. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1080/08995605.2022.2041996>

Assessing invariance of cannabis use motives by veteran status and binary gender identity among college students.

Morgan L. Sneed, Samuel R. Davis, Theodore J. Fetterling, Mark A. Prince, Aaron M. Eakman & Bradley T. Conner

Military Psychology

Published online: 02 Mar 2022

Student service members/veterans (SSM/V) are distinct from non-veteran students in a variety of ways, including in their cannabis use patterns and potentially their motives for cannabis use. Additionally, previous research has shown that men and women endorse different motives for their cannabis use. The present study was designed to assess whether a popular measure of cannabis use motives is invariant across veteran status and gender identity. Based on previous research, we hypothesized that cannabis motives would show invariance across SSM/V men, SSM/V women, non-veteran men,

and non-veteran women (n = 1,011, SSM/V = 553) among those who indicated using cannabis at least once in their lifetime. Results from the four-group invariance testing procedure revealed metric invariance. This suggests that while the factor structure and factor loadings are invariant, there are differences at the intercept level for cannabis motives across groups. The same items load onto the same latent constructs and the strength of the items loading onto the latent factors was also the same across groups. The demonstrated invariance has implications for use in SSM/V and non-veteran clients. As this scale is brief, it could easily be used as a screening tool or used to guide intervention content.

<https://doi.org/10.1080/10550887.2021.1922049>

Long-term impact of the U.S. Armed forces Zero-Tolerance drug policy on female veterans.

Stefanovics, E. A., Rhee, T. G., & Rosenheck, R. A.

Journal of Addictive Diseases
Jan-Mar 2022; 40(1): 26-34

Background:

In 1980, the U.S. military instituted a zero-tolerance policy for illicit substance use that led to a reduction in such use during military services. Long-term post-military effects have not been studied.

Methods:

National survey data from 2012-2013 were used to compared veteran versus non-veteran differences in sociodemographic, behavioral and substance use and psychiatric diagnoses among women by cohort (i.e., those younger than 52 who would have entered the military under the no tolerance policy, and those older than 52 who would have entered before this policy was implemented). Multivariate interaction analyses between cohorts and veteran status were used to identify significant changes in veteran-non-veteran differences between these age cohorts on during the decades following the implementation of the zero-tolerance policy.

Results:

Significant interactions primarily involved substance use diagnoses which were less frequent among veterans than non-veterans in the younger group of women, in contrast

to the older group in which veterans had greater rates of substance use than non-veterans. These patterns were less robust for alcohol than substance use disorders and were not significant for psychiatric disorders.

Conclusion:

The zero-tolerance policy appears to have had a long-term effect resulting in less substance use disorder and, to some extent, less alcohol use disorder among veterans as compared to non-veterans who served in the military after the zero-tolerance policy was implemented.

<https://doi.org/10.1002/jts.22682>

Examining the Interaction Between Potentially Morally Injurious Events and Religiosity in Relation to Alcohol Misuse Among Military Veterans.

Thomas, E. D., Weiss, N. H., Forkus, S. R., & Contractor, A. A.

Journal of Traumatic Stress
2022 Feb; 35(1): 314-320

Given the disproportionate rate of alcohol misuse among veterans and related outcomes as compared to the general population, the examination of predictors of alcohol misuse in this population is imperative. Potentially morally injurious events (PMIEs), defined as severe transgressions of a moral code, have been positively associated with alcohol misuse. Exposure to PMIEs may challenge one's religious beliefs, which may, in turn, influence the strength of the association between PMIEs and alcohol misuse among military veterans. The goal of the current study was to examine the potential moderating role of religiosity in the association between PMIEs and alcohol misuse (i.e., alcohol consumption, drinking behaviors, adverse reactions to drinking, and alcohol-related problems). Participants were 496 military veterans in the community (Mage = 37.80 years, SD = 11.42; 70.5% male). The results of moderation analyses indicated that overall religiosity, organizational religiosity, and intrinsic religiosity significantly moderated the association between PMIEs and alcohol misuse such that the positive relation between PMIEs and alcohol misuse was stronger at high versus low levels of religiosity, R^2 s = .01. Our findings highlight the importance of considering the role of religiosity in relation to alcohol misuse as a moral injury outcome and the potential utility of tailoring treatments for military veterans who have experienced moral injury.

<https://doi.org/10.1002/jts.22729>

Secondary individual outcomes following multicouple group therapy for posttraumatic stress disorder: An uncontrolled pilot study with military dyads.

Macdonald, A., Fredman, S. J., Taylor, D. J., Pruiksma, K. E., Blount, T. H., Hall-Clark, B. N., Fina, B. A., Dondanville, K. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Le, Y., Jenkins, A., Monson, C. M., Yarvis, J. S., Keane, T. M., Peterson, A. L.

Journal of Traumatic Stress
2022 Feb; 35(1): 321-329

Cognitive-behavioral conjoint therapy (CBCT) for posttraumatic stress disorder (PTSD) has demonstrated efficacy for improving PTSD and comorbid symptoms and relationship adjustment. To enhance treatment efficiency and scalability, we developed a 2-day, abbreviated, intensive, multicouple group version of CBCT for PTSD (AIM-CBCT for PTSD). Prior work demonstrated that AIM-CBCT for PTSD was associated with reductions in PTSD and comorbid symptoms in a sample of 24 post-9/11 active duty military or veteran couples who received the treatment in a retreat format over a single weekend. The current study investigated secondary outcomes regarding trauma-related cognitions, psychosocial impairment, and insomnia. For trauma-related cognitions, reductions were nonsignificant and small at 1-month follow-up, $d_s = -0.14$ to -0.32 . However, by 3-month follow-up, there were significant, medium effect size reductions in total trauma-related cognitions, $d = -0.68$, and negative views of self and others, $d_s = -0.64$ and -0.57 , respectively, relative to baseline. There was also a nonsignificant, small-to-medium effect-size reduction in self-blame, $d = -0.43$, $p = .053$, by 3-month follow-up. For psychosocial impairment, there were significant and medium-to-large and large effect size reductions by 1- and 3-month follow-ups, $d_s = -0.73$ and -0.81 , respectively. There were nonsignificant, small effect size reductions in insomnia at both 1- and 3-month follow-ups relative to baseline, $d_s = -0.30$ and -0.34 , respectively. These findings suggest that AIM-CBCT for PTSD is associated with reductions in maladaptive posttraumatic cognitions and psychosocial impairment but that adjunctive interventions may be needed to address insomnia.

Prevalence and predictors of insomnia and sleep medication use in a large tri-service US military sample.

Markwald, R. R., Carey, F. R., Kolaja, C. A., Jacobson, I. G., Cooper, A. D., & Chinoy, E. D.

Sleep Health
2021 Dec; 7(6): 675-682

Objective:

The presence of insomnia in the general military population is not well known. This study aimed to determine the prevalence of probable clinical insomnia and identify factors leading to new-onset insomnia and/or sleep medication use in a large military population.

Design:

Cross-sectional and longitudinal analyses of a prospective cohort study.

Participants:

A tri-service US military and veteran cohort (sample range 99,383-137,114).

Measurements:

Participants were surveyed in 2013 (Time 1 [T1]) and 2016 (Time 2 [T2]) using the clinically validated Insomnia Severity Index. The prevalence of insomnia and sleep medication use was quantified at both times. Multivariable models identified military factors associated with new-onset insomnia and/or sleep medication use while adjusting for covariates.

Results:

The prevalence of insomnia at T1 and T2 was 16.3% and 11.2%, respectively. New-onset insomnia at T2 was reported by 6.0% of participants screening negative at T1; risk factors included Army service, combat deployment experience, and separation from military service. The prevalence of sleep medication use at T1 and T2 was 23.1% and 25.1%, respectively. Sleep medication use at T2 was newly-reported by 17.1% of participants not reporting sleep medication use at T1; risk factors included number of deployments and having a healthcare occupation.

Conclusions:

The prevalence of probable clinical insomnia in this large general military population is within the range of previous reports in military and civilian populations. Certain military factors that predict new-onset insomnia and/or sleep medication use should be considered when designing and implementing sleep interventions in military populations.

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

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

Bedford, C. E., Nakamura, Y., Marchand, W. R., & Garland, E. L.

Psychiatry Research
2022 Mar; 309: 114394

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

Treatment dropout among veterans and their families: Quantitative and qualitative findings.

Amsalem, D., Lopez-Yianilos, A., Lowell, A., Pickover, A. M., Arnon, S., Zhu, X., Suarez-Jimenez, B., Ryba, M., Bergman, M., Such, S., Zalman, H., Sanchez-Lacay, A., Lazarov, A., Markowitz, J. C., & Neria, Y.

Psychological Trauma : Theory, Research, Practice and Policy
2022 May;14(4):578-586

Background:

Psychotherapy noncompletion rates for veterans and their families are high. This study sought to (a) measure noncompletion rates of such patients at a university-based treatment center, (b) compare veteran and family member attrition rates, (c) identify dropout predictors, and (d) explore clinicians' perspectives on treatment noncompletion.

Method:

Using quantitative and qualitative approaches, we analyzed demographic and clinical characteristics of 141 patients (90 military veterans; 51 family members) in a university treatment center. We defined dropout as not completing the time-limited therapy contract. Reviewing semistructured interview data assessing clinicians' perspectives on their patients' dropout, three independent raters agreed on key themes, with interrater coefficient kappa range .74 to 1.

Results:

Patient attrition was 24%, not differing significantly between veterans and family members. Diagnosis of major depression (MDD) and exposure-based therapies predicted noncompletion, as did higher baseline Hamilton Depression Rating Scale (HDRS) total scores, severe depression (HDRS > 20), lack of Beck Depression Inventory weekly improvement, and history of military sexual trauma. Clinicians mostly attributed noncompletion to patient difficulties coping with intense emotions, especially in exposure-based therapies.

Conclusion:

Noncompletion rate at this study appeared relatively low compared to other veteran-based treatment centers, if still unfortunately substantial. Patients with comorbid MDD/PTSD and exposure-based therapies carried greater noncompletion risk due to the MDD component, and this should be considered in treatment planning. Ongoing

discussion of dissatisfaction and patient discontinuation, in the context of a strong therapeutic alliance, might reduce noncompletion in this at-risk population. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

<https://doi.org/10.1037/tra0001055>

Unhealthy family functioning is associated with health-related quality of life among military spouse caregivers.

Brickell, T. A., French, L. M., Sullivan, J. K., Varbedian, N. V., Wright, M. M., & Lange, R. T.

Psychological Trauma : Theory, Research, Practice and Policy
2022 May; 14(4): 587-596

Objective:

The current study examines health-related quality of life (HRQOL) and family functioning in a sample of spouse caregivers assisting post-9/11 service members and veterans (SMV) following traumatic brain injury (TBI).

Method:

Participants were 316 spouse (and partner) caregivers of SMVs following a mild, moderate, severe, or penetrating TBI. Caregivers completed the Family Assessment Device General Functioning subscale, 24 HRQOL questionnaires, and the Mayo-Portland Adaptability Inventory (4th ed.; MPAI-4). The sample was divided into two family functioning groups: Healthy Family Functioning (HFF; $n = 162$) and Unhealthy Family Functioning (UFF; $n = 154$). Scores on HRQOL measures that generate T scores using normative data were classified as "clinically elevated," using a cutoff of $> 60T$.

Results:

Compared with the HFF group, caregivers in the UFF group reported worse scores on all HRQOL measures and worse SMV functional ability on the MPAI-4 Adjustment Index and Anxiety, Depression, and Irritability/Anger/Aggression items (all $ps < .001$, $ds = .41$ -. 1.36). A significantly higher proportion of the UFF group had clinically elevated HRQOL scores compared with the HFF group on the majority of measures ($Hs = .24$ -. $.75$). When examining all HRQOL measures simultaneously, the UFF group consistently had a significantly higher cumulative percentage of clinically elevated

scores compared with the HFF group (e.g., ≥ 5 clinically elevated scores: UFF = 53.9% vs. HFF = 22.2%; $H = .68$).

Conclusions:

Caring for a SMV following TBI with comorbid mental health problems may have negative implications for their family functioning and the caregiver's HRQOL. Family-centered interventions could be beneficial for military families experiencing distress following SMV TBI and mental health comorbidity. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

<https://doi.org/10.1080/13811118.2020.1760156>

Preferences in Information Processing: Understanding Suicidal Thoughts and Behaviors among Active Duty Military Service Members.

Cramer, R. J., Franks, M., Cunningham, C. A., & Bryan, C. J.

Archives of Suicide Research

Jan-Mar 2022; 26(1): 169-186

The present study examined Preferences in Information Processing (PIP), an emerging model of understanding suicidal thoughts and behaviors (STBs), in a clinical military sample for the first time. Constructs of need for affect (NFA; i.e., extent to which one engages or avoids emotional content) and need for cognition (NFC; i.e., extent of preference for and enjoyment of cognitive effort) are central individual differences of the PIP model hypothesized to be associated with STBs. Data ($n = 200$ active duty personnel) were drawn from medical records and self-report questionnaires from two outpatient treatment settings in a military hospital. Primary findings include: (1) moderate positive bivariate associations of NFA avoidance with mental health symptoms and lifetime STBs; (2) consistent patterns in which NFA approach buffers the negative associations of depression with life STBs, clinical suicide risk, perceived burdensomeness and thwarted belonging. Recommendations are offered for military suicide prevention, and future suicide theory testing.

<https://doi.org/10.1521/pdps.2022.50.1.45>

Borderline Personality Disorder: Clinical Guidelines for Treatment.

Stone M. H.

Psychodynamic Psychiatry
Spring 2022; 50(1): 45-63

Borderline personality disorder (BPD) is fundamentally a syndrome composed of symptoms (primarily of emotional dysregulation) and a number of true personality traits (such as inordinate anger, impulsivity, and a tendency to stress-related paranoid ideation). Whereas schizotypal personality disorder, with its cognitive peculiarities (ideas of reference, odd beliefs, eccentric speech), is closely linked as a genetic condition-"borderline" to the major condition schizophrenia-BPD is less closely linked to bipolar disorder. Some cases of BPD are linked genetically to and are in the "border" of bipolar disorder. But the condition can also arise from adverse post-natal factors: parental cruelty or neglect, or incest. In some BPD patients, both are present: risk genes for bipolar disorder and adverse conditions within the family. The genetic risk is often overlooked. To avoid this, initial evaluations should always include a careful and extensive family history for mood disorders, and should extend out to grandparents, aunts, uncles, and cousins. Where the history suggests a genetic link to bipolar disorder, a mood stabilizer such as lithium or lamotrigine, even in modest doses, may be particularly beneficial, more so than conventional antidepressants. In some patients, ADHD was present in childhood, BPD was diagnosed during or after puberty, and a form of bipolar disorder becomes apparent during their 20s. As for the psychotherapeutic component, the patient's cognitive style and capacity for introspection will help determine whether a primarily expressive (psychoanalytically oriented) technique is preferable or a primarily cognitive-behavioral technique. Flexibility is necessary, since during emotional crises, supportive and limit-setting interventions will be needed, along with psychotropic medications, and where necessary, programs to help combat substance abuse (which is common among patients with BPD).

<https://doi.org/10.1097/NMD.0000000000001422>

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

Possemato, K., Silander, N., Belle, N., Emery, J. B., De Stefano, L., & Pigeon, W.

The Journal of Nervous and Mental Disease

2022 Mar 1; 210(3): 223-226

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

<https://doi.org/10.1002/jts.22731>

Age differences in allostatic load among veterans: The importance of combat exposure.

Piazza, J. R., Landes, S. D., & Stawski, R. S.

Journal of Traumatic Stress

2022 Feb; 35(1): 257-268

The current study examined age differences in allostatic load among nonveterans, noncombat veterans, and combat veterans. Participants included 280 individuals from the Midlife Development in the United States (MIDUS) survey, including 164 veterans ($n = 48$ combat veterans; $n = 116$ noncombat veterans) and 116 nonveterans. Age differences in allostatic load were similar among nonveterans and noncombat veterans, $B = 0.002$, $SE = .011$, $p = .878$, with older adults showing higher levels of allostatic load than their comparatively younger counterparts. Among combat veterans, however, a different pattern emerged. In this group, levels of allostatic load were similar across age,

seemingly due to higher levels of allostatic load among younger combat veterans, $B = -0.029$, $SE = .014$, $p = .031$, $\eta^2 = .022$. Results reveal the importance of considering combat exposure when examining health outcomes of military veterans, particularly in the context of age.

<https://doi.org/10.1002/jts.22722>

Somatic Symptom Severity, Not Injury Severity, Predicts Probable Posttraumatic Stress Disorder and Major Depressive Disorder in Wounded Service Members.

Soumoff, A. A., Clark, N. G., Spinks, E. A., Kemezis, P. A., Raiciulescu, S., Driscoll, M. Y., Kim, S. Y., Benedek, D. M., & Choi, K. H.

Journal of Traumatic Stress
2022 Feb; 35(1): 210-221

Although previous studies have reported an association between patient-reported somatic symptom severity and the development of posttraumatic stress disorder (PTSD) or major depressive disorder (MDD) in injured military service members (SMs), conclusions from other studies regarding the association between clinician-determined injury severity and PTSD or MDD remain unclear. The present study investigated whether somatic symptoms or injury severity predict the development of probable PTSD or MDD in wounded SMs medically evacuated from combat areas. Data including SM demographic characteristics, clinician-determined injury severity (i.e., Injury Severity Score [ISS] and Abbreviated Injury Scale [AIS] values), and self-report assessments of PTSD (PTSD Checklist-Civilian Version), MDD (Patient Health Questionnaire [PHQ]-9), and somatic symptoms (PHQ-15) were analyzed. A total of 2,217 SMs completed at least one self-assessment between 2003 and 2014, with 425 having completed assessments at each assessment period (AP), conducted 1-75 (AP1), 76-165 (AP2), and 166-255 (AP3) days postinjury. Between AP1 and AP3, the rates of probable PTSD and MDD increased from 3.0% to 11.7% and from 2.8% to 9.2%, respectively. Somatic symptom severity at AP1 predicted probable PTSD and MDD at all three APs, odds ratios (ORs) = 3.5-11.5; however, ISS values did not predict probable PTSD or MDD at any AP, ORs = 0.6-0.9. This suggests that the initial severity of self-reported somatic symptoms rather than clinician-determined injury severity predicts the development of probable PTSD and MDD in wounded SMs.

<https://doi.org/10.1002/jts.22721>

Shame as a Mediator in the Association Between Emotion Dysregulation and Posttraumatic Stress Disorder Symptom Reductions Among Combat Veterans in a Residential Treatment Program.

Puhalla, A., Flynn, A., & Vaught, A.

Journal of Traumatic Stress
2022 Feb; 35(1): 302-307

Emotion dysregulation (ED) can be defined as one's inability to effectively respond to and manage internal experiences and the expression of emotion. ED has been linked to the development and maintenance of posttraumatic stress disorder (PTSD), with recent research suggesting that reductions in ED may predict improved treatment outcomes among both civilian and veteran populations. However, few studies have examined how changes in ED may predict treatment outcomes among veterans with PTSD and whether certain core features of PTSD, such as shame, may act as potential mediators in the association between ED and PTSD symptom reductions. The present study sought to explore facets of ED, feelings of shame, and PTSD symptoms among 43 combat veterans upon their admission and discharge to a residential PTSD program. The results demonstrated that all variables of interest significantly decreased from admission to discharge, $d_s = 0.75-1.84$. Correlations indicated that reductions in ED, $R^2 = .184$, and shame, $R^2 = .228$, were associated with reductions in PTSD symptoms. However, the association between reductions in ED and PTSD was significantly mediated by reductions in shame. Overall, these results suggest that higher levels of emotion regulation may partially affect PTSD symptoms through reductions in shame. This may explain the efficacy of frontline PTSD treatments, as they explicitly focus on the processing of one's traumatic experience by reducing PTSD symptoms through regulation techniques that target emotional-behavioral cycles, which may include the shame-withdraw cycle.

<https://doi.org/10.1037/tra0001057>

Combat exposure and mental health outcomes: The incremental impact of nonsexual harassment on women veterans.

Stanton, K., Creech, S. K., Snyder, D. K., & McKee, G. B.

Psychological Trauma : Theory, Research, Practice and Policy
2022 May; 14(4): 597-604

Objective: This study investigated the impact of combat exposure and nonsexual harassment (verbal and nonverbal behaviors that convey negative and harmful attitudes on the basis of minority status) on mental health functioning in female veterans who were deployed Afghanistan and Iraq. **Method:** Participants (N = 134) completed measures of combat exposure, nonsexual harassment, PTSD, depression, and alcohol use. **Results:** Binary logistic regression models indicated nonsexual harassment was significantly associated with later symptoms of PTSD and depression, but not problem drinking; combat exposure was significantly associated with symptoms of PTSD and alcohol use, but not depression. Relative risk ratios indicated that for women with even minimal exposure to combat, experiencing nonsexual harassment significantly increased the likelihood of manifesting PTSD, depression, and problem drinking symptoms that met at least minimum threshold for clinical diagnoses. The impact of nonsexual harassment resulted in an almost 4 times greater risk for PTSD symptoms and problem drinking and up to 6 times greater risk for depression when experienced concurrently with combat exposure. **Conclusions:** Although nonsexual harassment does not pose the same physical threat as assault from enemy fire, findings suggest that it does pose an invisible threat to mental health and contribute to understanding and contextualizing the impact of nonsexual harassment on female veterans' psychological well-being. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

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

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

S Herzog, B Nichter, ML Hill, SB Norman, RH Pietrzak

Journal of Psychiatric Research
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Suicide is a major public health problem in U.S. military veterans, but little is known about factors associated with remission from suicide attempts in this population. We aimed to identify risk and protective correlates of remission from suicidal thoughts and

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

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

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

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Military Psychology

Published online: 02 Mar 2022

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

<https://doi.org/10.1016/j.dadr.2022.100034>

Reported firearm access among patients admitted to a dual diagnosis medically-assisted withdrawal unit over five years.

J Weleff, RS Butler, D Stroom, BS Barnett

Drug and Alcohol Dependence Reports
Volume 2, March 2022, 100034

Highlights

- Limited data exist on firearm access among those with substance use disorders.
- Firearm screening allows for higher rates of completed documentation.
- Marital status and employment appear to be related to firearm access.
- Those with substance use disorders report much lower rates of firearm access than the general population.

Abstract

Background

Up to one-third of firearm-related suicides were carried out by individuals who had consumed alcohol shortly before their death. Despite the critical role of firearm access screening in suicide risk assessment, few studies have examined firearm access among patients with substance use disorders. This study examines the rates of firearm access among those admitted to a co-occurring diagnosis unit over a five year period.

Methods

All patients admitted to a co-occurring disorders inpatient unit from 2014 to mid-2020 were included. An analysis contrasting the differences among patients reporting firearms was performed. A multivariable logistic regression model using factors from initial admission were chosen based on clinical relevance, past firearms research, and statistical significance on bivariate analysis was used.

Results

Over the study period there were 7332 admissions representing 4055 patients. Documentation of firearm access was completed in 83.6% of admissions. Firearm access was reported in 9.4% of admissions. Patients reporting firearm access were more likely to report never having suicidal ideation ($p = 0.001$), be married ($p = <0.001$),

and report no past history of suicide attempts ($p = <0.001$). The full logistic regression model revealed that being married (OR: 2.29 and $p < 0.0001$) and employed (OR: 1.51 and $p = 0.024$) were factors associated with firearms access.

Conclusions

This is one of the largest reports assessing factors associated with firearm access among those admitted to a co-occurring disorders unit. Firearm access rates in this population appear lower than rates in the general population. The roles employment and marital status play in firearm access deserve future attention.

<https://doi.org/10.1007/s12646-022-00642-1>

Meaning Making and Change in Situational Beliefs Serially Mediate the Relationship Between Moral Injury and Posttraumatic Stress Disorder.

Imelu G. Mordeno, Debi S. Galela, Dame Lent L. Dingding, Levin R. Torevillas & Kharissa B. Villamor

Psychological Studies

Published: 03 March 2022

The association between moral injury and the development of serious social, behavioral, and psychological problems has been demonstrated in a limited but growing body of literature. At present, there is a dearth of evidence pertaining to the mechanism in explaining the relationship between moral injury and posttraumatic stress disorder. This study seeks to examine the serial mediating roles of meaning making and change in situational beliefs in the relationship between moral injury and PTSD. A sample of 737 police officers deployed on fieldwork who have experienced at least one morally injurious event were given psychometric scales assessing moral injury, meaning making, change in situational beliefs, and PTSD. Serial mediation analysis reveals that the positive association between the experience of morally injurious events and PTSD could be accounted for by the decrease in meaning making process and lack of change in situational beliefs. The findings highlight the importance of meaning making and changing situational beliefs in resolving inconsistent thoughts or actions against one's moral code (i.e., moral injury) that ultimately affects one's psychological health.

<https://doi.org/10.1002/ajcp.12591>

Re-imagining mental health services for American Indian communities: Centering Indigenous perspectives.

Joseph P. Gone

American Journal of Community Psychology

First published: 01 March 2022

The Indigenous peoples of North America are heirs to the shattering legacy of European colonization. These brutal histories of land dispossession, military conquest, forced settlement, religious repression, and coercive assimilation have robbed American Indian communities of their economies, lifeways, and sources of meaning and significance in the world. The predictable consequence has been an epidemic of “mental health” problems such as demoralization, substance abuse, violence, and suicide within these communities. One apparent solution would seem to be the initiation or expansion of mental health services to better reach American Indian clients. And yet, conventional mental health services such as counseling and psychotherapy depend on assumptions and aspirations that may not fit well with American Indian cultural sensibilities. For example, counseling practices draw on the presumed value for clients of introspective and expressive “self talk,” whereas Indigenous community norms may emphasize communicative caution outside of interactions with intimate kin, leading to marked reticence rather than candid disclosure. Moreover, given community sensitivities to salient histories of colonization, such differences have the potential to further alienate American Indian community members from the very services and providers designated to help them. In this article, I review a postcolonial predicament that bedevils American Indian community mental health services and trace a program of research that has sought to harness American Indian cultural and spiritual traditions for reimagining helping services in a manner that truly centers Indigenous perspectives.

<https://doi.org/10.1016/j.jpsychires.2022.02.028>

Dispositional gratitude predicts the development of psychopathology and suicidal behaviors: Results from a 7-year population-based study of U.S. military veterans.

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Journal of Psychiatric Research
Volume 149, May 2022, Pages 168-176

Background

Dispositional gratitude has been implicated as a psychological characteristic that may modulate risk for mental health outcomes. Using a population-based sample of U.S. military veterans, this study evaluated the association between dispositional gratitude and the development of psychopathology and suicidal behaviors over a 7-year period.

Methods

A nationally representative sample of U.S. veterans was surveyed at four timepoints across seven years. Analyses were restricted to veterans without incident outcomes at baseline. Multivariable analyses were conducted to examine the relation between baseline levels of dispositional gratitude and risk of developing (a) major depressive disorder (MDD), generalized anxiety disorder (GAD), or posttraumatic stress disorder (PTSD); (b) suicidal ideation; and (c) suicide attempts.

Results

A total 9.6% of veterans developed MDD, GAD, and/or PTSD, 9.5% developed suicidal ideation, and 2.8% reported having attempted suicide over the 7-year follow-up period. Among veterans with high levels of dispositional gratitude, incidence was lower for MDD/GAD/PTSD (8.0%), suicidal ideation (6.8%), and suicide attempts (1.5%). Conversely, veterans with low dispositional gratitude were at substantially higher risk of developing MDD/GAD/PTSD (27.7%), suicidal ideation (33.6%), and suicide attempts (20.3%).

Conclusions

High dispositional gratitude may help protect against the development of psychopathology and suicidal behaviors in U.S. military veterans, whereas low gratitude may increase risk of developing these outcomes. Collectively, these results support the potential utility of enhancing gratitude as part of primary prevention efforts for veterans, service members, and other populations at heightened risk for adverse mental health outcomes.

Links of Interest

Pushups, run, plank and...tactical nap? Soldiers need more sleep, Army research says
<https://www.armytimes.com/news/your-army/2022/04/27/pushups-run-plank-andtactical-nap-soldiers-need-more-sleep-army-research-says/>

Tragedy Assistance Program for Survivors seeks service members, Veterans to serve as mentors to grieving military children
<https://blogs.va.gov/VAntage/102586/tragedy-assistance/>

Army sued over discharges of soldiers with addiction issues
<https://www.armytimes.com/news/your-army/2022/04/28/army-sued-over-discharges-of-soldiers-with-addiction-issues/>

Troops at Remote and Overseas Bases Attempt Suicide More Often, GAO Finds
<https://www.military.com/daily-news/2022/04/29/troops-remote-and-overseas-bases-attempt-suicide-more-often-gao-finds.html>

Hundreds of Sailors Being Moved Off Carrier After Surge of Suicides, Captain Tells Crew
<https://www.military.com/daily-news/2022/04/29/hundreds-of-sailors-being-moved-off-carrier-after-surge-of-suicides-captain-tells-crew.html>

Making the transition from service easier for military families
<https://www.militarytimes.com/education-transition/2022/05/01/making-the-transition-from-service-easier-for-military-families/>

Staff Perspective: Building Your Emergency Support Toolkit
<https://deploymentpsych.org/blog/staff-perspective-building-your-emergency-support-toolkit>

Staff Perspective: Recognizing the Experiences of Diverse Military Families - A Brief Introduction to Blue Star Families Racial Equity & Inclusion
<https://deploymentpsych.org/blog/staff-perspective-recognizing-experiences-diverse-military-families-brief-introduction-blue>

Staff Perspective: Navigating a Blended Family and Military Service
<https://deploymentpsych.org/blog/staff-perspective-navigating-blended-family-and-military-service>

Run Toward the Fire: My journey through mental illness

<https://health.mil/news/articles/2021/05/21/run-toward-the-fire-my-journey-through-mental-illness>

Taking Charge of Your Military Readiness during COVID-19

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

Resource of the Week – [Suicide Prevention: DOD Should Enhance Oversight, Staffing, Guidance, and Training Affecting Certain Remote Installations](#)

New, from the Government Accountability Office (GAO):

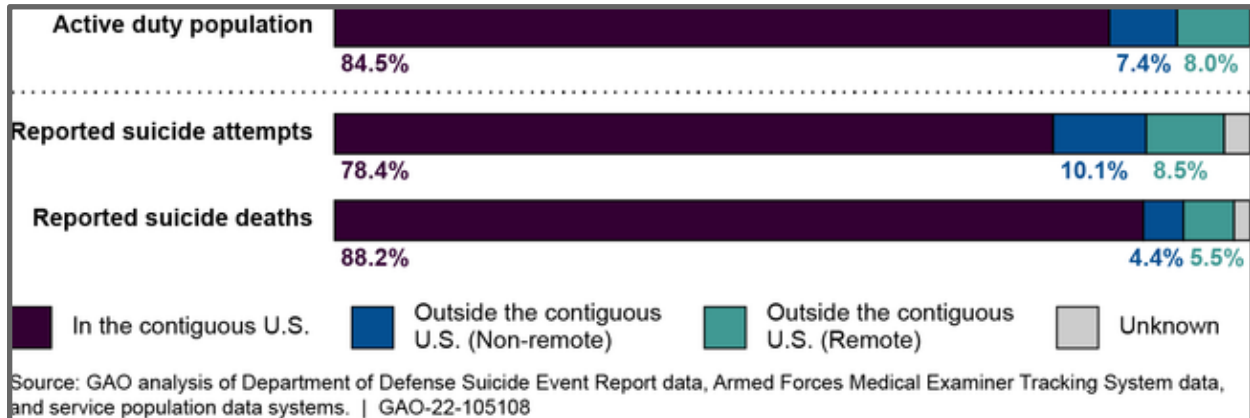
Fast Facts

- DOD recorded 384 active-duty servicemember suicides in 2020—an increase of 33.5% in the suicide rate since 2016. Some were outside the contiguous U.S., in remote locations with harsh living conditions and fewer resources.
- Feelings of isolation while separated from family and friends and less access to mental health services are risk factors in these locations that may contribute to suicides.
- We examined suicide data for servicemembers at remote installations, prevention efforts, and more. DOD has not fully assessed suicide risk at these installations. Our 14 recommendations address this and other issues.

...

The Department of Defense (DOD) and the military services have collected statutorily required suicide data for servicemembers and dependents, including those assigned to remote installations outside the contiguous United States (OCONUS). GAO's analysis suggested that these remote installations accounted for a slightly higher proportion of reported suicide attempts, but a lower proportion of reported suicide deaths relative to the proportion of servicemembers assigned to these locations in 2016-2020 (see figure). DOD officials stated that although access to non-military firearms is limited at installations outside the U.S., remote OCONUS installations can present risk factors like less access to mental health services and increased social isolation.

However, DOD has not fully assessed suicide risk at these installations.
Establishing a process to do so could enhance related suicide prevention efforts.



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