

CDP



Research Update -- June 9, 2022

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<https://doi.org/10.1111/jsr.13639>

The sleep physiology of nightmares in veterans with psychological trauma: Evaluation of a dominant model using participant-applied electroencephalography in the home environment.

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Journal of Sleep Research
First published: 29 May 2022

Nightmares are a core feature of posttraumatic stress disorder, are poorly understood, and are associated with serious negative outcomes. Their biology has been difficult to study, and the feasibility of capturing them in the naturalistic home environment has been poor. This said, the published research and dominant scientific model has focused on nightmares as a manifestation of noradrenergic hyperarousal during rapid eye movement sleep. The current study used at-home, participant-applied devices to measure nightmare physiology in posttraumatic stress disorder treatment-seeking veterans, by examining heartrate measures as indicators of noradrenergic tone, and sleep-stage characteristics and stability in the sleep preceding time-stamped nightmare awakenings. Our data indicate the high feasibility of participant-administered, at-home measurement, and showed an unexpected stability of -rapid eye movement sleep along with no evidence of heartrate elevations in sleep preceding nightmare awakenings. Altogether, these data highlight new opportunities for the study of nightmares while questioning the sufficiency of dominant models, which to date are largely theoretically based.

<https://doi.org/10.1111/jsr.13642>

Help for insomnia from the app store? A standardized rating of mobile health applications claiming to target insomnia.

Laura Simon, Josephin Reimann, Lena Sophia Steubl, Michael Stach, Kai Spiegelhalder, Lasse Bosse Sander, Harald Baumeister, Eva-Maria Messner, Yannik Terhorst

Journal of Sleep Research
First published: 27 May 2022

A large number of mobile health applications claiming to target insomnia are available in commercial app stores. However, limited information on the quality of these mobile health applications exists. The present study aimed to systematically search the European Google Play and Apple App Store for mobile health applications targeting insomnia, and evaluate the quality, content, evidence base and potential therapeutic benefit. Eligible mobile health applications were evaluated by two independent reviewers using the Mobile Application Rating Scale-German, which ranges from 1 – inadequate to 5 – excellent. Of 2236 identified mobile health applications, 53 were included in this study. Most mobile health applications (68%) had a moderate overall quality. Concerning the four main subscales of the Mobile Application Rating Scale-German, functionality was rated highest ($M = 4.01$, $SD = 0.52$), followed by information quality ($M = 3.49$, $SD = 0.72$), aesthetics ($M = 3.31$, $SD = 1.04$) and engagement ($M = 3.02$, $SD = 1.03$). While scientific evidence was identified for 10 mobile health applications (19%), only one study employed a randomized controlled design. Fifty mobile health applications featured sleep hygiene/psychoeducation (94%), 27 cognitive therapy (51%), 26 relaxation methods (49%), 24 stimulus control (45%), 16 sleep restriction (30%) and 24 sleep diaries (45%). Mobile health applications may have the potential to improve the care of insomnia. Yet, data on the effectiveness of mobile health applications are scarce, and this study indicates a large variance in the quality of the mobile health applications. Thus, independent information platforms are needed to provide healthcare seekers and providers with reliable information on the quality and content of mobile health applications.

<https://doi.org/10.1371/journal.pone.0267844>

Complex pain phenotypes: Suicidal ideation and attempt through latent multimorbidity.

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Background

Given the relatively high rates of suicidal ideation and attempt among people with chronic pain, there is a need to understand the underlying factors to target suicide prevention efforts. To date, no study has examined the association between pain phenotypes and suicide related behaviors among those with mild traumatic brain injuries.

Objective

To determine if pain phenotypes were independently associated with suicidal ideation / attempt or if comorbidities within the pain phenotypes account for the association between pain phenotypes and suicide related behaviors.

Methods

This is a longitudinal retrospective cohort study of suicide ideation/attempts among pain phenotypes previously derived using general mixture latent variable models of the joint distribution of repeated measures of pain scores and pain medications/treatment. We used national VA inpatient, outpatient, and pharmacy data files for Post-9/11 Veterans with mild traumatic injury who entered VA care between fiscal years (FY) 2007 and 2009. We considered a counterfactual causal modeling framework to assess the extent that the pain phenotypes during years 1–5 of VA care were predictive of suicide ideation/attempt during years 6–8 of VA care conditioned on covariates being balanced between pain phenotypes.

Results

Without adjustment, pain phenotypes were significant predictors of suicide related behaviors. When we used propensity scores to balance the comorbidities present in the pain phenotypes, the pain phenotypes were no longer significantly associated with suicide related behaviors.

Conclusion

These findings suggest that suicide ideation/attempt is associated with pain trajectories primarily through latent multimorbidity. Therefore, it is critical to identify and manage comorbidities (e.g., depression, post-traumatic stress disorder) to prevent tragic outcomes associated with suicide related behaviors throughout the course of chronic pain and mild traumatic brain injury management.

<https://doi.org/10.5014/ajot.2022.048561>

Participation Mediates the Relationship Between Postconcussive Symptoms and Suicidal Ideation Among Veterans.

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American Journal of Occupational Therapy
Online April 26 2022

Importance: Veterans with mild traumatic brain injury (mTBI) and associated symptoms are at risk for suicide. Postconcussive symptoms (PCS) may heighten risk for suicidal thoughts by limiting veterans' participation.

Objective: To investigate whether participation mediates the relationship between PCS and suicidal ideation.

Design: Cross-sectional, exploratory design. Structural equation models were used to investigate whether participation mediated the relationship between PCS and suicidal ideation.

Setting:
Community.

Participants:
Veterans with mTBI (N = 145).

Outcomes and Measures:
The Ohio State University TBI Identification Method was used to establish mTBI diagnosis. We identified latent variables for PCS and participation using the Neurobehavioral Symptom Inventory and select domains of the Medical Outcomes Study Short Form-36, respectively. We used the Beck Scale for Suicide Ideation to measure the presence of suicidal ideation.

Results:
Participation mediated the relationship between PCS and the presence of suicidal ideation (odds ratio [OR] = 1.09, $p = .011$). More severe PCS were associated with lesser participation ($\beta = -.86$, $p < .001$); greater participation was associated with lower odds of suicidal ideation (OR = 0.92, $p = .007$).

Conclusions and Relevance:

PCS may heighten risk for suicidal thoughts among veterans by limiting successful participation, a primary target of occupational therapy intervention. Thus, the results suggest that occupational therapy practitioners can play a substantial role in suicide prevention services for veterans with mTBI. Preventive services could mitigate suicide risk among veterans with mTBI by enabling sustained engagement in meaningful and health-promoting activity (e.g., reasons for living) and targeting PCS.

What This Article Adds:

Researchers have proposed that occupational therapy practitioners can help prevent veteran suicide by supporting their engagement in meaningful, health-promoting activity and by targeting suicide risk factors within their scope of practice. To the best of our knowledge, this is the first study to offer empirical support for such proposed suicide prevention efforts. Although additional research is needed, these results are promising and highlight a distinct role for occupational therapy in suicide prevention.

<https://doi.org/10.1177/0095327X221081222>

Examination of the Relationship between Self and Choice of Coping Strategies among U.S. Active Duty Military Wives.

Amy P. Page, Abigail M. Ross, Phyllis Solomon

Armed Forces & Society

First Published April 28, 2022

Previous research indicates that one's identity relates to one's use of specific coping strategies. Exploring the relationship between self and coping in military wives is crucial to understanding how they manage military lifestyle-related stressors. The researchers hypothesized that identity status, self-concept clarity, self-monitoring, mastery, and role conflict will be related to choice of emotion-focused coping or problem-focused coping strategies. Two hundred two participants completed an anonymous online survey containing standardized scales. Ordinary least squares (OLS) regression analyses revealed that emotion-focused coping had positive relationships with achieved identity status and role conflict. Problem-focused coping had positive relationships with moratorium status, self-concept clarity, self-monitoring, and mastery. Findings provide

preliminary support that sense of self is important in understanding how military wives choose to cope with particular challenges.

<https://doi.org/10.1002/jts.22838>

Psychological comorbidity: Predictors of residential treatment response among U.S. service members with posttraumatic stress disorder.

Kristen H. Walter, Cameron T. McCabe, Jessica R. Watrous, Casey B. Kohen, Jessica L. Beltran, Alex Kirk, Justin S. Campbell

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Residential posttraumatic stress disorder (PTSD) research in military samples generally shows that in aggregate, PTSD symptoms significantly improve over the course of treatment but can remain at elevated levels following treatment. Identifying individuals who respond to residential treatment versus those who do not, including those who worsen, is critical given the extensive resources required for such programs. This study examined predictors of treatment response among 282 male service members who received treatment in a U.S. Department of Defense residential PTSD program. Using established criteria, service members were classified as improved, indeterminate (referent), or worsened in terms of self-reported PTSD symptoms. Multinomial logistic regression results showed that for PTSD symptoms, higher levels of pretreatment PTSD symptom severity were associated with significantly lower odds of being in the improved group, adjusted odds ratio (aOR) = 0.955, $p = .018$. In addition, service members who completed treatment were significantly more likely to be in the improved group, aOR = 2.488, $p = .048$. Longer average pretreatment nightly sleep duration, aOR = 1.157, $p = .035$, and more severe pretreatment depressive symptoms, aOR = 1.109, $p = .014$, were associated with significantly higher odds of being in the improved group. These findings reveal clinical characteristics better suited for residential PTSD treatment and highlight implications for comorbid conditions.

<https://doi.org/10.1111/fare.12685>

How work-related guilt informs parenting and adolescent psychological distress in military families.

Meredith L. Farnsworth, Catherine W. O'Neal

Family Relations

First published: 25 April 2022

Objective

The current study examined inconsistent discipline as a linking mechanism connecting parental guilt about work to adolescent psychological distress in military families.

Background

Military families may face tensions connected to competing demands of family and the military career, which can produce a sense of parental guilt. This guilt may contribute to poor parenting behaviors, such as inconsistent discipline, which can be detrimental for adolescents (e.g., leading to depression and anxiety).

Method

A structural equation model with data from 223 military families (i.e., active duty father, civilian mother, and adolescent) examined the associations among parental guilt, inconsistent discipline, and adolescent psychological distress.

Results

Active duty fathers' guilt and inconsistent discipline were related to their perceptions of adolescent psychological distress, whereas civilian mothers' guilt was indirectly related to both their own and their partner's perceptions of adolescent psychological distress through their inconsistent discipline.

Conclusion

Inconsistent discipline is a parenting behavior related to parental guilt and adolescent psychological distress. More research is needed to better understand the nuances of military contexts for families.

Implications

Inconsistent discipline is a specific, malleable parenting behavior with implications for prevention and intervention programs designed for military families as well as family-related policies in the military.

<https://doi.org/10.1080/21635781.2022.2067919>

Psychological Hardiness and Grit Are Associated with Musculoskeletal Injury in U.S. Army Trainees.

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Military Behavioral Health

Published online: 30 May 2022

Musculoskeletal injuries (MSKIs) during U.S. Army Basic Combat Training (BCT) are pervasive, costly, and erode training effectiveness. Research has explored factors, particularly physical and demographic characteristics, which contribute to injury risk in military trainees. Psychological traits, such as hardiness and grit, have been associated with positive performance outcomes and retention during military training, but their relationship to injury risk is unclear. In this study, 2275 U.S. Army trainees completed validated measures of hardiness and grit at the start (T1) and end (T2) of BCT, and reported injuries sustained during BCT via weekly survey. A majority of trainees (70%) reported an injury during BCT. Trainees reporting high scores on grit and positive hardiness subscales at T1 had 20–30% lower odds of self-reported injury during training; those reporting high scores on negative hardiness subscales at T1 had 20–40% greater odds of self-reported injury. Trainees who reported an injury during BCT also reported higher scores on negative hardiness subscales at T2 compared to uninjured trainees. These findings provide novel evidence supporting an association between positive psychological traits and MSKI risk in military trainees, and underscore the importance of considering psychological resilience when assessing MSKI risk in military populations.

<https://doi.org/10.1001/jamapsychiatry.2022.1240>

Association of Drug Cues and Craving With Drug Use and Relapse: A Systematic Review and Meta-analysis.

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JAMA Psychiatry

Published online June 01, 2022

Key Points

Question

Are drug cues and craving associated with drug use outcomes?

Findings

This systematic review and meta-analysis, including 656 statistics from 237 studies and representing 51 788 participants, yielded a significant association between drug cues and craving and subsequent drug use and relapse.

Meaning

Results suggest that drug cues and craving are core mechanisms underlying drug use that are reliably and prospectively associated with drug use.

Abstract

Importance

Craving, which is a strong desire for drugs, is a new DSM-5 diagnostic criterion for substance use disorders (SUDs), which are the most prevalent, costly, and deadly forms of psychopathology. Despite decades of research, the roles of drug cues and craving in drug use and relapse remain controversial.

Objective

To assess whether 4 types of drug cue and craving indicators, including cue exposure, physiological cue reactivity, cue-induced craving, and self-reported craving (without cue exposure), are prospectively associated with drug use and relapse.

Data Sources

Google Scholar was searched for published studies from inception through December 31, 2018. In addition, backward and forward searches were performed on included articles to identify additional articles.

Study Selection

Included studies reported a prospective statistic that linked cue and craving indicators at time 1 to drug use or relapse at time 2, in humans.

Data Extraction and Synthesis

The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA)

guidelines were followed. Study characteristics and statistics were extracted and/or coded by 1 of the 2 authors and then checked by the other. Statistical analyses were performed from May to July 2021.

Main Outcomes and Measures

Random-effects models were used to calculate prospective odds ratios (ORs) representing the association between cue and craving indicators and subsequent drug use/relapse.

Results

A total of 18 205 records were identified, and 237 studies were included. Across 656 statistics, representing 51 788 human participants (21 216 with confirmed SUDs), a significant prospective association of all cue and craving indicators with drug use/relapse was found (OR, 2.05; 95% CI, 1.94-2.15), such that a 1-unit increase in cue and craving indicators was associated with more than double the odds of future drug use or relapse. A Rosenthal fail-safe analysis revealed that 180 092 null studies would need to be published to nullify this finding. Trim-and-fill analysis brought the adjusted effect size to an OR of 1.31 (95% CI, 1.25-1.38). Moderator analyses showed that some of the strongest associations were found for cue-induced craving, real cues or images, drug use outcome, same-day time lag, studies using ecological momentary assessment, and male participants.

Conclusions and Relevance

Findings from this systematic review and meta-analysis suggest that drug cue and craving indicators play significant roles in drug use and relapse outcomes and are an important mechanism underlying SUDs. Clinically, these results support incorporating craving assessment across stages of treatment, as early as primary care.

<https://doi.org/10.1111/fare.12669>

Factors influencing parental functioning and satisfaction for veteran mothers during civilian transition.

Nicole R. Morgan, Jennifer K. Karre, Keith R. Aronson, Kimberly J. McCarthy, Julia A. Bleser, Daniel F. Perkins

Family Relations

First published: 30 March 2022

Objective

Risk and protective factors associated with parental functioning (i.e., meeting child's emotional needs) and satisfaction (i.e., closeness) were examined among post-9/11 veteran mothers during their civilian transition.

Background

Post-military-separation stressors (e.g., relocation, benefit changes) can strain well-being and familial relationships. Stress, particularly in the presence of unresolved trauma from military-specific risks, can impinge upon parental functioning and satisfaction, negatively influencing child outcomes (e.g., social-emotional, academic, behavioral).

Method

A prospective cohort was identified from all active duty service members who separated in May–September 2016. Logistic regression analyses of surveys completed by post-9/11 veteran mothers (n = 711) assessed effects of protective (i.e., resilience) and military-specific risk factors (i.e., deployments) on parental functioning and satisfaction. Interactions between protective factors and deployments and combat (patrols and corollaries) were explored.

Results

Coping characteristics (e.g., healthy behaviors), absence of mental health conditions, and social supports were positively associated with parental functioning and satisfaction. Household financial security was not. Mothers who had deployed reported higher parental functioning and satisfaction. Mothers experiencing combat patrols were less likely to report high parental functioning.

Conclusion

Malleable protective factors positively influence parenting but do not buffer against combat exposure.

Implications

Interventions bolstering protective factors for veteran mothers can foster coping, reintegration, and positive child outcomes.

<https://doi.org/10.1016/j.aap.2022.106648>

Associations between Post-Traumatic stress disorder symptoms and automobile driving behaviors: A review of the literature.

John PK Bernstein, William P Milberg, Regina E McGlinchey, Catherine B Fortier

Accident Analysis & Prevention
Volume 170, June 2022, 106648

Highlights

- Twenty-two studies examined associations between PTSD and driving behaviors.
- Most studies were cross-sectional and used subjective driving measures.
- PTSD symptoms linked to increased hostile driving and unintentional errors.
- PTSD symptoms also associated with negative driving-related thoughts/emotions.

Abstract

Human factors are responsible for most motor vehicle accidents that occur on the road. Recent work suggests that symptoms of posttraumatic stress disorder (PTSD) are linked to reduced driving safety, yet none have provided a comprehensive review of this small, emerging literature. The present review identified twenty-two studies reporting associations between PTSD and driving behaviors. Among these, longitudinal designs ($k = 3$) and studies using objective driving performance measures (e.g., simulators) ($k = 2$) were rare. Most studies ($k = 18$) relied on brief screener measures of PTSD status/symptoms or a prior chart diagnosis, while few used a standardized structured interview measure to determine PTSD status ($k = 4$), and only a small number of studies assessed PTSD symptom clusters ($k = 7$). PTSD was most frequently associated with increased rates of hostile driving behaviors (e.g., cutting off others), unintentional driving errors (e.g., lapses in attention) and negative thoughts and emotions experienced behind the wheel. Findings regarding risk of motor vehicle accident and driving-related legal issues were variable, however relatively few studies ($k = 5$) explored these constructs. Future directions are discussed, including the need for work focused on concurrent PTSD symptom/driving-related changes, more comprehensive PTSD and driving assessment, and consideration of the contributions of comorbid traumatic brain injury history and other neurological and psychiatric conditions on driving outcomes.

<https://doi.org/10.1016/j.avb.2022.101744>

Associations between PTSD, depression, aggression, and TBI screening status: Test of a conditional process model.

Willie Hale, Sarah Vacek, Alicia Swan

Aggression and Violent Behavior

Available online 1 April 2022, 101744

Highlights

- Total effects models showed that PTSD severity was positively associated with both psychological and physical aggression.
- Depressive symptoms mediated the relationship between PTSD severity and psychological aggression.
- The mediated effect was only significant for individuals who did not screen positive for a history of TBI.

Abstract

PTSD is associated with increased physical and psychological aggression in civilian, active duty, and veteran populations in the extant literature. That said, not all individuals with PTSD exhibit aggressive behaviors. As such, more work is needed to identify mediators and moderators of this relationship. The present study examined a conditional process model that examined 1) the degree to which depressive symptoms mediated the relationship between PTSD and both physical and psychological aggression, and, 2) whether any of the paths in the mediation model differed for individuals who screened positive for TBI versus those who did not. For the overall sample, the PTSD severity total effect was significant for both types of aggression, and depression was a significant mediator for psychological, but not physical, aggression. The multiple groups model showed that the indirect effect seen in the total sample existed only for those who had not screened positive for TBI, though the direct effect was significant for both groups. These findings help reconcile conflicting results from earlier studies and have important clinical implications, chiefly that individuals with PTSD should be monitored for psychological aggression regardless of TBI screening status, and that treating concurrent depressive symptoms may help reduce psychological aggression specifically for those who do not screen positive for TBI.

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

Sleep disorder symptoms are associated with greater posttraumatic stress and anger symptoms in US Army service members seeking treatment for posttraumatic stress disorder.

Miles, S. R., Pruiksma, K. E., Slavish, D., Dietch, J. R., Wardle-Pinkston, S., Litz, B. T., Rodgers, M., Nicholson, K. L., Young-McCaughan, S., Dondanville, K. A., Nakase-Richardson, R., Mintz, J., Keane, T. M., Peterson, A. L., Resick, P. A., Taylor, D. J., & Consortium to Alleviate PTSD

Journal of Clinical Sleep Medicine
2022 Jun 1; 18(6): 1617-1627

Study objectives:

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

Methods:

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

Results:

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

Conclusions:

Insomnia and nightmares were related to PTSD and anger severity, and obstructive sleep apnea-hypopnea was related to anger. Better assessment and evidence-based treatment of these comorbid sleep impairments in service members with PTSD and significant anger should result in better PTSD, anger, and quality-of-life outcomes.

Clinical trials registration:

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

<https://doi.org/10.1089/jwh.2021.0488>

Psychosocial Interventions for Alcohol and/or Drug Misuse and Use Disorders in Women: A Systematic Review.

Wendy Kliewer, Dace S. Svikis, Nazish Yousaf, Heather Ashton, and John W. Cyrus

Journal of Women's Health

Online Ahead of Print: March 30, 2022

Background:

Although men and women who misuse substances have different needs, no rigorous systematic literature review has been conducted examining psychosocial substance use interventions for women across a broad range of types of therapeutic approaches and populations.

Materials and Methods:

PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were used to guide this review. English language, peer-reviewed research articles indexed in PubMed, PsycINFO, CINAHL Complete, and Web of Science through May 6, 2021, were searched. Peer-reviewed articles were included in the review if they were written in English; described a randomized controlled trial of a psychosocial intervention to reduce substance misuse and related problems in women; and reported quantitative data on alcohol or illicit drug use as an outcome that was linked to the interventions.

Results:

A total of 51 articles met eligibility criteria, reflecting a broad array of interventions with different levels of methodological rigor. Several, but not most, interventions were tailored to meet the needs of specific subgroups of women, but evidence regarding the efficacy of tailoring was inconclusive. Overall, 61% of studies reported one or more positive substance-related intervention effects, with target substance (alcohol only vs. other drugs only or both alcohol and other drugs) and intervention dosage associated with intervention success.

Conclusions:

Fewer studies targeting alcohol only reported one or more positive intervention outcomes. This warrants further study, given that polysubstance use is the norm, not the exception. Future research might also focus on reducing treatment barriers to women, as this has the potential to improve overall treatment outcomes for this population.

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

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

Laura A. Meis, Shirley M. Glynn, Michele R. Spont, Shannon M. Kehle-Forbes, David Nelson, Carl E. Isenhardt, Afsoon Eftekhari, Princess E. Ackland, Erin B. Linden, Robert J. Orazem, Andrea Cutting, Emily M. Hagel Campbell, Millie C. Astin, Katherine E. Porter, Erin Smith, Christopher D. Chuick, Kristen E. Lamp, Tessa C. Vuper, Taylor A. Oakley, Lila B. Khan, Sally K. Keckeisen & Melissa A. Polusny

Trials

Published: 30 March 2022

Background

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

stress disorder. This paper describes the methods of a pragmatic randomized controlled trial designed to evaluate if family inclusion in Prolonged Exposure can improve treatment adherence.

Methods

One hundred fifty-six veterans, with clinically significant symptoms of posttraumatic stress disorder, will be randomized to receive either standard Prolonged Exposure or Prolonged Exposure enhanced through family inclusion (Family-Supported Prolonged Exposure) across three different VA facilities. Our primary outcomes are session attendance and homework compliance. Secondary outcomes include posttraumatic stress disorder symptom severity, depression, quality of life, and relationship functioning. The study includes a concurrent process evaluation to identify potential implementation facilitators and barriers to family involvement in Prolonged Exposure within VA.

Discussion

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

Trial registration

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

<https://doi.org/10.1016/j.beth.2022.05.005>

Longitudinal Associations among Service Members' PTSD Symptoms, Partner Accommodation, and Partner Distress.

Steffany J. Fredman, Yunying Lea, Keith D. Renshaw Elizabeth S. Allen

Behavior Therapy

Available online 3 June 2022

Highlights

- Partners accommodate PTSD by changing their behaviors in response to

symptoms.

- We investigated links between accommodation and partner distress over time.
- PTSD symptoms predict increases in partner depression through accommodation.
- Partners who accommodate more are more depressed if accommodating to avoid conflict.
- Partners who accommodate more are less relationally satisfied.

Abstract

Romantic partners' accommodation of trauma survivors' posttraumatic stress disorder (PTSD) symptoms (e.g., participating in avoidance and safety behaviors, not expressing one's thoughts and feelings) is a putative mechanism linking PTSD symptoms and partner distress, but this hypothesis has never been empirically tested. The current study investigated this proposed within-couple mediation process from service members' PTSD symptoms to partners' depressive symptoms and relationship satisfaction through partner accommodation, as well as between-couple associations among these constructs and the possible moderating role of partners' conflict avoidance and helplessness (CAH) motivations for accommodating service members' PTSD symptoms. We examined these questions in 272 male service member/female civilian couples assessed four times over an 18-month period using the multiple-group version of the random-intercept cross-lagged panel model. Within couples, service members' higher levels of PTSD symptoms at one time point significantly predicted partners being more accommodating at the next time point (β s = .14 - .19), which, in turn, significantly predicted higher levels of partner depressive symptoms at the subsequent time point (β s = .09 - .19) but did not predict partners' subsequent relationship satisfaction. At the between-couple level, partner accommodation was significantly positively associated with partners' depressive symptoms only among those endorsing high CAH motivations for accommodation ($r = .50$). In addition, accommodation was significantly negatively associated with partners' relationship satisfaction regardless of CAH motivation level (r s = -.43 to -.49). These findings are discussed in light of the potential for couple-based treatments for PTSD to enhance partner individual and relational well-being.

<https://doi.org/10.1016/j.jaac.2022.03.024>

Transgenerational Factors Associated With Military Service: Comparison of Children of Veterans and Nonveterans in a Nationally Representative Sample.

Tanner J. Bommersbach, Robert Rosenheck, Taeho Greg Rhee

Objective

While the psychological effects of military service on the children of active-duty personnel have been studied extensively, little is known about the potential effects of military service for children of veterans after service has ended.

Method

Using nationally representative data from the 2018-2019 National Survey of Children's Health, school-age children of veteran families ($n = 4,028$) were compared with children of nonveteran families ($n = 38,228$). Owing to large sample sizes, effect sizes (relative risk and Cohen's d), rather than p values, were used to identify substantial differences in caregiver-reported sociodemographic, clinical, and school performance factors between children and caregivers in families with and without a veteran caregiver. Multivariate analyses were used to adjust for socioeconomic factors that could increase health service use.

Results

Children of veteran families were more likely to have higher family incomes, health insurance, and married caregivers, but were also reported to have higher rates of clinically recognized externalizing behavioral conditions (attention-deficit disorder/attention-deficit/hyperactivity disorder or conduct disorder) (17.6% vs 12.7%; relative risk 1.42; 95% CI 1.21-1.66) and adverse childhood experiences; no substantial differences were reported in clinically recognized anxiety or depression. After adjustment for potentially confounding factors, children in veteran families were still more likely to be reported to have externalizing problems (odds ratio 1.34; 95% CI 1.02-1.77).

Conclusion

After adjustment for socioeconomic advantages that may increase health service use, children of veteran families demonstrate substantially higher rates of clinically recognized externalizing problems. While explanations for this require further study, service systems working with veterans may consider integrating child-focused screening/services.

<https://doi.org/10.1111/fare.12669>

Factors influencing parental functioning and satisfaction for veteran mothers during civilian transition.

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Family Relations

First published: 30 March 2022

Objective

Risk and protective factors associated with parental functioning (i.e., meeting child's emotional needs) and satisfaction (i.e., closeness) were examined among post-9/11 veteran mothers during their civilian transition.

Background

Post–military-separation stressors (e.g., relocation, benefit changes) can strain well-being and familial relationships. Stress, particularly in the presence of unresolved trauma from military-specific risks, can impinge upon parental functioning and satisfaction, negatively influencing child outcomes (e.g., social–emotional, academic, behavioral).

Method

A prospective cohort was identified from all active duty service members who separated in May–September 2016. Logistic regression analyses of surveys completed by post-9/11 veteran mothers (n = 711) assessed effects of protective (i.e., resilience) and military-specific risk factors (i.e., deployments) on parental functioning and satisfaction. Interactions between protective factors and deployments and combat (patrols and corollaries) were explored.

Results

Coping characteristics (e.g., healthy behaviors), absence of mental health conditions, and social supports were positively associated with parental functioning and satisfaction. Household financial security was not. Mothers who had deployed reported higher parental functioning and satisfaction. Mothers experiencing combat patrols were less likely to report high parental functioning.

Conclusion

Malleable protective factors positively influence parenting but do not buffer against combat exposure.

Implications

Interventions bolstering protective factors for veteran mothers can foster coping, reintegration, and positive child outcomes.

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

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

Laura Josephine Hendriks, Dawn Phee & Dominic Murphy

Military Psychology

Published online: 01 Apr 2022

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

<https://doi.org/10.1007/s11606-022-07487-4>

Patterns of Potential Moral Injury in Post-9/11 Combat Veterans and COVID-19 Healthcare Workers.

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Journal of General Internal Medicine

Published: 05 April 2022

Background

Moral injury has primarily been studied in combat veterans but might also affect healthcare workers (HCWs) due to the COVID-19 pandemic.

Objective

To compare patterns of potential moral injury (PMI) between post-9/11 military combat veterans and healthcare workers (HCWs) surveyed during the COVID-19 pandemic.

Design

Cross-sectional surveys of veterans (2015–2019) and HCWs (2020–2021) in the USA.

Participants

618 military veterans who were deployed to a combat zone after September 11, 2001, and 2099 HCWs working in healthcare during the COVID-19 pandemic.

Main Measures

Other-induced PMI (disturbed by others' immoral acts) and self-induced PMI (disturbed by having violated own morals) were the primary outcomes. Sociodemographic variables, combat/COVID-19 experience, depression, quality of life, and burnout were measured as correlates.

Key Results

46.1% of post-9/11 veterans and 50.7% of HCWs endorsed other-induced PMI, whereas 24.1% of post-9/11 veterans and 18.2% of HCWs endorsed self-induced PMI. Different types of PMI were significantly associated with gender, race, enlisted vs. officer status, and post-battle traumatic experiences among veterans and with age, race, working in a high COVID-19–risk setting, and reported COVID-19 exposure among HCWs. Endorsing either type of PMI was associated with significantly higher depressive symptoms and worse quality of life in both samples and higher burnout among HCWs.

Conclusions

The potential for moral injury is relatively high among combat veterans and COVID-19 HCWs, with deleterious consequences for mental health and burnout. Demographic

characteristics suggestive of less social empowerment may increase risk for moral injury. Longitudinal research among COVID-19 HCWs is needed. Moral injury prevention and intervention efforts for HCWs may benefit from consulting models used with veterans.

<https://doi.org/10.1016/j.cbpra.2022.02.020>

Primary Care Treatment Integrating Motivation and Exposure for PTSD Symptoms and Hazardous Alcohol Use: A Case Series.

Katherine A. Buckheit, Eileen Barden, Rachael Shaw, Kyle Possemato, Nadine R. Mastroleo, Sheila A.M. Rauch

Cognitive and Behavioral Practice
Available online 4 April 2022

Highlights

- PTSD and alcohol use are highly comorbid, yet integrated treatment is underutilized.
- Offering treatment in primary care may increase use of integrated interventions.
- Case illustrations of a brief integrated intervention in primary care are presented.
- Both cases presented reduced their PTSD symptoms and alcohol use.
- Clinicians provide strategies to help facilitate use of integrated interventions.

Abstract

Symptoms of posttraumatic stress disorder (PTSD) and hazardous alcohol use are highly comorbid. Research on integrated interventions to address PTSD symptoms and hazardous alcohol use concurrently has demonstrated efficacy, yet integrated treatments are underutilized. Both patient (e.g., stigma, scheduling/logistics) and clinician (e.g., concern about symptom exacerbation and/or treatment dropout) barriers may impede utilization of integrated interventions among those with comorbid PTSD symptoms and hazardous alcohol use. Primary care behavioral health models (PCBH), in which embedded behavioral health providers deliver treatment to individuals with mild or moderate behavioral health symptoms in primary care, may help address treatment barriers by offering accessible behavioral health interventions in a destigmatizing setting. This paper presents two case examples from a randomized controlled trial testing the efficacy of an integrated intervention for PTSD symptoms and hazardous

alcohol use developed for and delivered in primary care. Outcome data and session-by-session content for two participants are included, along with discussion of barriers encountered during the course of treatment. Clinician-suggested strategies for navigating barriers to facilitate utilization of integrated interventions for PTSD symptoms and hazardous alcohol use are also discussed.

<https://doi.org/10.1017/S1754470X22000149>

Delivery of a trauma-focused CBT group for heterogeneous single-incident traumas in adult primary care: a follow-on case study.

Lilian Skilbeck and Christopher Spanton

The Cognitive Behaviour Therapist

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Group therapy for adult post-traumatic stress disorder (PTSD) has been a subject of debate over the past few years. A recent update on five international clinical practice guidelines on the use of group-therapy for PTSD in adults ranged from moderate support (e.g. the International Society for Traumatic Stress Studies) to no recommendation (e.g. the National Institute for Health and Care Excellence, NICE). However, a unanimous recommendation was that practitioners collaborated with their clients and weighed up the guidelines and client preferences to make the appropriate decisions. The current case study was guided by these recommendations. A minority of clients presenting to the service expressed a preference for group therapy for their PTSD symptoms. The current study follows on from a previous shared-trauma therapy group. It illustrates how the service took the NICE guidelines fully into account alongside the clients' needs and preferences to deliver a NICE-compliant heterogeneous trauma-focused CBT group. Twenty-four clients presenting with PTSD from different single-incident traumas opted for group therapy. Clients attended one of three 8-session trauma-focused CBT groups depending on preference (e.g. date/time, location). The groups were conducted face-to-face on a weekly basis. Seventeen clients completed treatment. Eleven clients no longer showed clinically important symptoms of PTSD as assessed on the PCL-5 and interview. This was sustained at 3-month follow-up. Four other clients showed reliable change. Two clients showed minimal improvement. This study is discussed with reference to opportunities, challenges and recommendations for clinical practice and research.

Key learning aims

It is hoped that the reader of this case study will increase their understanding of the following:

- (1) Delivery of a trauma-focused CBT group for heterogeneous single-incident traumas.
- (2) Taking full consideration of the NICE guidelines alongside the clients' needs and preferences.
- (3) Guiding the focus of therapy on processing the trauma memory and its aftermath.
- (4) Effective use of group processes to facilitate outcomes.

Links of Interest

Military Families' Hunger Often Worsened by Common Military Experiences, Reports Find

<https://www.defenseone.com/policy/2022/06/military-families-hunger-often-worsened-common-military-experiences/367650/>

Military families not having enough food is a national security issue, report says

<https://www.stripes.com/theaters/us/2022-06-03/food-insecurity-military-families-6225877.html>

- [Solving Food Insecurity among U.S. Veterans and Military Families](#)

They Served. Now, Inspired by What They Saw, They Sell.

Some veterans have started businesses that draw from their experiences in Iraq and Afghanistan, and thrived.

<https://www.nytimes.com/2022/05/30/us/politics/veterans-small-business.html>

55 Mental Health Resources for People of Color

<https://www.onlinemswprograms.com/resources/social-issues/mental-health-resources-racial-ethnic-groups/>

Florida mom channels grief into fight against veteran suicides

<https://www.militarytimes.com/veterans/2022/06/05/florida-mom-channels-grief-into-fight-against-veteran-suicides/>

Tips for Military Parents Planning PCS Moves with Children

<https://health.mil/News/Articles/2022/06/02/Tips-for-Military-Parents-Planning-PCS-Moves-with-Children>

New policy keeps HIV-positive troops deployable, bars involuntary separation in some cases

<https://www.militarytimes.com/news/pentagon-congress/2022/06/07/new-policy-keeps-hiv-positive-troops-deployable-bars-involuntary-separation-in-some-cases/>

Resource of the Week: [VHA LGBTQ+ Health Program](#)

From the Department of Veterans Affairs (VA):

The Department of Veterans Affairs (VA) welcomes all Veterans, families, caregivers, and survivor beneficiaries, including diverse gender identities and sexual orientations. “LGBTQ+” refers to lesbian, gay, bisexual, transgender, and queer identities. The “+” sign captures identities beyond LGBTQ, including but not limited to questioning, pansexual, asexual, agender, gender diverse, nonbinary, gender-neutral, and other identities. LGBTQ+ Veterans have faced stigma and discrimination, which can affect health. As a healthcare institution, we need to make sure that LGBTQ+ Veterans know that they are welcome at Veterans Health Administration (VHA).



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