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Research Update -- June 16, 2022

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<https://doi.org/10.1016/j.drugalcdep.2022.109461>

Military service branch differences in alcohol use, tobacco use, prescription drug misuse, and mental health conditions.

Megan S. Schuler, Eunice C. Wong, Rajeev Ramchand

Drug and Alcohol Dependence
Volume 235, 1 June 2022

Highlights

- Study population include 16,699 active duty service members in U.S. military.
- We test for differences across service branch in substance use and mental health outcomes.
- The Air Force had the lowest rates of nearly all substance use and mental health outcomes.
- Many outcomes were 2–3 times higher among Army, Marine Corps and Navy, after adjustment.
- Differences are not fully explained by branch differences in deployment/combat experiences.

Abstract

Introduction

Rates of substance use and mental health conditions vary across military service branches, yet branches also differ notably in terms of demographics and deployment experiences. This study examines whether branch differences in substance use and mental health outcomes persist after adjustment for a comprehensive set of demographic and deployment-related factors.

Methods

Data on 16,699 Armed Forces Active Duty service members were from the 2015 Department of Defense Health Related Behaviors Survey. Service branch-specific prevalences were estimated for self-reports of heavy episodic drinking (HED), possible alcohol use disorder (AUD), current smoking, e-cigarette use, smokeless tobacco use, prescription drug misuse, probable post-traumatic stress disorder (PTSD), probable depression, and probable anxiety. Using logistic regression, we assessed whether branch differences persisted after adjusting for an extensive array of demographic

factors (among full sample) and deployment/combat factors (among ever-deployed subgroup).

Results

HED, AUD, smoking, e-cigarette use, smokeless tobacco use, depression, and anxiety were highest in the Marine Corps; prescription drug misuse and PTSD were highest in the Army. HED, AUD, smoking, smokeless tobacco use, PTSD, depression, and anxiety were lowest in the Air Force; e-cigarette use and prescription drug misuse were lowest in the Coast Guard. Demographics and deployment/combat experiences differed across branches. After adjustment, service members in the Army, Marine Corps and Navy exhibited nearly 2–3 times the odds of multiple mental health conditions and substance use behaviors relative to the Air Force.

Conclusion

Service branch differences were not fully explained by variation in demographics and deployment/combat experiences.

<https://doi.org/10.1016/j.jpsychires.2022.04.004>

Problem anger in veterans and military personnel: Prevalence, predictors, and associated harms of suicide and violence.

Tracey Varker, Sean Cowlshaw, Jenelle Baur, Alexander C. McFarlane, ... David Forbes

Journal of Psychiatric Research
Volume 151, July 2022, Pages 57-64

Background

Problem anger is increasingly identified as an important issue, and may be associated with suicidality and violence. This study investigates the relationship between problem anger, suicidality, and violence amongst veterans and military personnel.

Methods

Cross-sectional survey data from $n = 12,806$ military personnel and veterans were subject to analyses. These considered the weighted prevalence of problem anger, while further analyses of veterans ($n = 4326$) considered risk factors and co-occurrence with other psychiatric conditions. Path analyses examined inter-relationships involving anger, violence and suicidality.

Results

There were 30.7% of veterans and 16.4% of military personnel that reported past month problem anger, while 14.9% of veterans and 7.4% of military personnel reported physical violence. There were higher levels of suicidality among veterans (30.3%), than military personnel (14.3%). Logistic regression models indicated that PTSD was the strongest risk factor for problem anger (PCL-5, OR = 21.68), while there were small but substantial increases in anger rates associated with depression (OR = 15.62) and alcohol dependence (OR = 6.55). Path models indicated that problem anger had an influence on suicide attempts, occurring primarily through suicidal ideation, and an influence on violence. Influences of problem anger on suicidal ideation and violence remained significant when controlling for co-occurring mental health problems.

Conclusions

Problem anger, violence, and suicidality are common and inter-related issues among military personnel and veterans. Problem anger is a unique correlate of suicidality, supporting the need for anger to be included as part of violence and suicide risk assessment, and clinician training.

<https://doi.org/10.1037/pspi0000360>

Mapping principal dimensions of prejudice in the United States.

Bergh, R., & Brandt, M. J.

Journal of Personality and Social Psychology
2022; 123(1), 154–173

Research is often guided by maps of elementary dimensions, such as core traits, foundations of morality, and principal stereotype dimensions. Yet, there is no comprehensive map of prejudice dimensions. A major limiter of developing a prejudice map is the ad hoc sampling of target groups. We used a broad and largely theory-agnostic selection of groups to derive a map of principal dimensions of expressed prejudice in contemporary American society. Across a series of exploratory and confirmatory studies, we found three principal factors: Prejudice against marginalized groups, prejudice against privileged/conservative groups, and prejudice against unconventional groups (with some inverse loadings for conservative groups). We documented distinct correlates for each factor, in terms of social identifications,

perceived threats, personality, and behavioral manifestations. We discuss how the current map integrates several lines of research, and point to novel and underexplored insights about prejudice. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1007/s40429-022-00415-w>

Is Problematic Internet and Smartphone Use Related to Poorer Quality of Life? A Systematic Review of Available Evidence and Assessment Strategies.

Masaeli, N., Billieux, J.

Current Addiction Reports

Published: 11 June 2022

Purpose of Review

Previous studies have explored the links between problematic Internet use (PIU) or problematic smartphone use (PSU) and quality of life (QOL). In this systematic review, we (i) describe the instruments used to assess QOL or health-related quality of life (HRQOL) in these studies, (ii) critically examine the content validity of the instruments used, and (iii) examine the relationships between PIU, PSU, QOL, and HRQOL.

Recent Findings

We identified 17 PIU and 11 PSU studies in a systematic search. Evidence suggests that PIU and PSU negatively correlate with either QOL or HQOL and most of their domains (especially mental and physical health). Multiple instruments were used to assess QOL or HRQOL in these studies. Our analysis showed an important heterogeneity in the domains covered by these instruments.

Summary

Because of the widespread prevalence of PIU and PSU, which tend to be linked with lower QOL or HRQOL, in particular poor mental and physical health, a more systematic public health campaign is required to target the healthy use of these communication devices. Prevention programs should also target vulnerable individuals, focusing on the most affected domains of QOL and HRQOL (i.e., physical and psychological health). Among the existing instruments, the World Health Organization Quality of Life for adults and the Pediatric Quality of Life Inventory for adolescents (aged 13–18 years) proved to be the most relevant, although new measurement instruments are needed to target domains that are specifically relevant in the context of PIU and PSU (e.g., physical and

psychological health domains such as sleep, loneliness, and quality of familial relations).

<https://doi.org/10.1093/milmed/usab554>

Ethical Responsibilities of a Military to the Social Determinants of Health of its Service Members.

Hunter Jackson Smith, MC, USA

Military Medicine

Published: 06 April 2022

A military exists in a unique position. It is an organization in which active duty members knowingly join or are conscripted into service with the understanding that there is an increased risk of mental and/or bodily harm as compared to many other occupations. However, while the nature of the profession can inherently be dangerous, it does not follow that its members be placed at undue excess risk if that risk can be reasonably avoided or reduced. Social determinants of health are one example of influences under a military's purview that impact health outcomes and well-being. Although the U.S. Military performs well across many health equity measures, disparities persist and require attention and redress. Military policies and practices deeply impact members' lives during and after service, and the durability and profundity of these effects establish the ethical grounds upon which any military policy should be structured. The ethical obligation is fortified by the extent of control a military exercises over its personnel. Taken together, these factors necessitate a concerted effort by militaries to remain cognizant of the ethical impacts of their policies and practices and to ensure focus remains on the well-being and readiness of its personnel. As such, militaries have ethical responsibilities to promote healthy social determinants of health among their service members via policies and public health measures.

<http://doi.org/10.21061/jvs.v8i1.299>

Transition Services Utilization Among US Women Veterans: A Secondary Analysis of a National Survey.

Fletcher, K., McDaniel, J., Thomas, K., Scaffa, M., Albright, D., Alsheri, M., & Anthony, J.

Journal of Veterans Studies

2022; 8(1), 164–174

The purpose of this study was to explore the military-to-civilian transition experiences among US women veterans. This study used a cross-sectional, mixed-methods survey research study to examine employment and personal well-being outcomes (sense of purpose) among a sample size of 822 women veterans. The survey instrument focused broadly on measuring different aspects of military transition. The quantitative analysis revealed, through the multivariable logistic regression models, a strong sense of purpose associated with belief in the helpfulness of transition services (aOR = 2.03, 95% CI = 1.06–3.90) and the use of a transition coach (3.43, 95% CI = 1.20–9.82). The qualitative analysis revealed, through manual content analysis, that 64% of women veterans used transition services. However, only 12% reported satisfaction with the available services. The study's findings present important feedback for organizations hoping to reach female veterans, such as many female veterans feel that the current efforts to assist with their transition are ineffective. For this study, women and female will be used interchangeably.

<https://doi.org/10.5664/jcsm.10002>

Brief behavioral treatment for insomnia decreases trauma-related nightmare frequency in veterans.

Ranney, R. M., Gloria, R., Metzler, T. J., Huggins, J., Neylan, T. C., & Maguen, S.

Journal of Clinical Sleep Medicine

2022 Apr 11

Study objectives:

Trauma-related nightmares are highly prevalent among veterans and are associated with higher severity insomnia and PTSD. Cognitive behavioral therapy for insomnia (CBT-I, typically 6-8 sessions) has been shown to reduce trauma-related nightmares. Brief behavioral treatment for insomnia (BBTI, 4 sessions) has been found to be comparable to CBT-I in decreasing insomnia severity; however, the effects of BBTI on nightmares have not been investigated. The current study tested the effects of BBTI on both trauma-related nightmares and non-trauma-related bad dreams using an active

control group, progressive muscle relaxation therapy (PMRT). Additionally, we tested whether baseline trauma-related nightmare frequency and baseline non-trauma-related bad dream frequency moderated changes in insomnia severity.

Methods:

Participants were 91 military veterans with insomnia disorder randomized to BBTI or PMRT. Participants reported insomnia severity on the Insomnia Severity Index and reported trauma-related nightmare frequency and non-trauma-related bad dream frequency on the Pittsburgh Sleep Quality Index--PTSD Addendum.

Results:

We found that BBTI significantly reduced trauma-related nightmares from baseline to post-treatment while PMRT did not. However, reductions in trauma-related nightmares were not maintained at six month follow up. Neither BBTI nor PMRT reduced non-trauma-related bad dreams from baseline to post-treatment. We also found that neither baseline trauma-related nightmare frequency nor baseline non-trauma-related bad dream frequency moderated changes in insomnia symptom severity.

Conclusions:

Findings from the current study suggest that BBTI may help to reduce trauma-related nightmares. Further research is needed to better understand potential mechanisms underlying how improved sleep may reduce trauma-related nightmares.

Clinical trial registration:

Registry: ClinicalTrials.gov; Name: Brief Behavioral Insomnia Treatment Study (BBTI); Identifier: NCT02571452; URL: <https://clinicaltrials.gov/ct2/show/NCT02571452>.

<https://doi.org/10.1037/pas0001130>

Concordance in PTSD symptom change between DSM-5 versions of the Clinician-Administered PTSD Scale (CAPS-5) and PTSD Checklist (PCL-5).

Lee, D. J., Weathers, F. W., Thompson-Hollands, J., Sloan, D. M., & Marx, B. P.

Psychological Assessment
2022; 34(6), 604–609

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) versions of the Clinician-Administered PTSD Scale (CAPS-5) and PTSD Checklist (PCL-5) are widely used PTSD measures. Researchers and clinicians routinely use both measures in tandem to quantify symptom change, despite substantive instrumentation differences beyond administration modality, and absent a theoretical rationale or differential hypotheses for the two measures. The degree to which these measures provide comparable estimates of symptom change is unknown. This study examined concordance in change between CAPS-5 and PCL-5 scores over time. Participants were male veterans (N = 198) randomly assigned to one of two group PTSD treatments. We administered both the CAPS-5 and PCL-5 at baseline, midtreatment, immediately posttreatment, and 3-, 6-, and 12-month posttreatment. Results indicated that CAPS-5 and PCL-5 scores changed over time in a similar manner, as evidenced by generally parallel repeated-measures effect sizes, highly correlated slopes of change ($r = .878$), and similar associations with improvements in measures of depression and psychosocial functioning. However, the two measures did not produce identical estimates of symptom change. Estimates of symptom improvement were somewhat less concordant at posttreatment follow-up assessments; by the 12-month posttreatment assessment, changes in CAPS-5 scores from baseline indicated somewhat greater symptom improvement than changes in PCL-5 scores (CAPS-5 ES_{sg} = -0.67, PCL-5 ES_{sg} = -0.53). Collectively, results indicate that CAPS-5 and PCL-5 scores produce similar but not identical estimates of PTSD symptom change. Thus, although PCL-5 scores closely approximate symptom change estimated by CAPS-5 scores, the two measures are not interchangeable. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/ser0000661>

Military chaplains and mental health clinicians: Overlapping roles and collaborative opportunities.

Cooper, D. C., Evans, C. A., Chari, S. A., Campbell, M. S., & Hoyt, T.

Psychological Services
Advance online publication

Military chaplains and mental health clinicians have unique professional roles and functions within the Department of Defense. However, they also have intersecting roles in delivering care to service members with mental health issues. Although diagnosis and treatment of clinical disorders is the primary focus of mental health clinicians, military chaplains are often the first contact made by service members seeking help for mental health concerns, due in part to issues of greater accessibility, ensured confidentiality, and less stigma. There is growing recognition of the importance of spirituality in the well-being and readiness of service members, as many mental health issues have a spiritual dimension. As a result, chaplains and mental health clinicians often address many of the same issues, albeit with different approaches. This review examines overlap in the work of chaplains and mental health clinicians and contrasts their complementary treatment approaches. These overlapping issues and complementary approaches highlight the potential for greater collaboration between these two professional groups, which could be beneficial for the care of service members. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1016/j.avb.2022.101745>

Incidence rates of emotional, sexual, and physical abuse in active-duty military service members, 1997–2015.

L Collette, SA von Esenwein, J Sprague-Jones, KE Moore, E Sterling

Aggression and Violent Behavior
Available online 6 April 2022

Highlights

- There has been a steady rise in incidence rates of sexual and emotional abuse reported between 1997 and 2015.
- Reports of physical abuse declined over the first part of the 21st century with a sharp increase in 2015.
- Female service members reported sexual, emotional, and physical abuse at higher rates than male service members.
- Paygrade, race, age, branch, and marital status were all associated with differences in the incidence of abuse.
- Increase in abuse reporting may be due to active efforts to normalize reporting and institutional resources available to service members.

Abstract

Sexual, emotional, and physical abuse are often underreported in the Military, and large-scale epidemiological research is limited. The current work examines the incidence rates of abuse across six demographic factors (age, gender, rank, marital status, race, and branch) using the Defense Medical Epidemiology Database (DMED) in active-duty U.S. military service members to establish a comparative cohort for future work in this area. Data were extracted from 1997 to 2015 and analyzed using a one-sample chi-square goodness-of-fit test. Women report emotional abuse over two times more than expected, physical abuse twice as much, and sexual abuse five times more than expected. Black service members were reported emotional abuse at rates 87% greater than anticipated based on base military proportions, reported double the amount of physical abuse than expected, and received sexual abuse diagnoses 35% more than expected. Paygrades E5-E9 had higher than expected emotional abuse rates, while married service members had higher than expected emotional and physical abuse rates. White, male, and higher rank service members reported lower than expected rates for any abuse type. The present study provides a strong foundation for further research and developing interventions aimed toward vulnerable populations in the U.S. military.

<https://doi.org/10.1016/j.jad.2022.04.006>

Comparing psychosocial functioning, suicide risk, and nonsuicidal self-injury between veterans with probable posttraumatic stress disorder and alcohol use disorder.

Shannon M. Blakey, Sarah C. Griffin, Jeremy L. Grove, Samuel C. Peter, ... Nathan A. Kimbrel

Journal of Affective Disorders
Volume 308, 1 July 2022, Pages 10-18

Highlights

- Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) often co-occur.
- Veterans with comorbid PTSD+AUD have poorer psychiatric and functional outcomes.
- Veteran nonsuicidal self-injury (NSSI) is a critical but understudied health outcome.

- Gulf War veterans with PTSD+AUD fared worse on most outcomes compared to AUD-only.
- PTSD (with or without AUD) was linked to poorer functioning, suicide risk, and NSSI.

Abstract

Background

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) are each common among United States (U.S.) military veterans and frequently co-occur (i.e., PTSD+AUD). Although comorbid PTSD+AUD is generally associated with worse outcomes relative to either diagnosis alone, some studies suggest the added burden of comorbid PTSD+AUD is greater relative to AUD-alone than to PTSD-alone. Furthermore, nonsuicidal self-injury (NSSI) is more common among veterans than previously thought but rarely measured as a veteran psychiatric health outcome. This study sought to replicate and extend previous work by comparing psychosocial functioning, suicide risk, and NSSI among veterans screening positive for PTSD, AUD, comorbid PTSD+AUD, and neither disorder.

Methods

This study analyzed data from a national sample of N = 1046 U.S. veterans who had served during the Gulf War. Participants self-reported sociodemographic, functioning, and clinical information through a mailed survey.

Results

Veterans with probable PTSD+AUD reported worse psychosocial functioning across multiple domains compared to veterans with probable AUD, but only worse functioning related to controlling violent behavior when compared to veterans with probable PTSD. Veterans with probable PTSD+AUD reported greater suicidal ideation and NSSI than veterans with probable AUD, but fewer prior suicide attempts than veterans with probable PTSD.

Limitations

This study was cross-sectional, relied on self-report, did not verify clinical diagnoses, and may not generalize to veterans of other military conflicts.

Conclusions

Findings underscore the adverse psychiatric and functional outcomes associated with PTSD and comorbid PTSD+AUD, such as NSSI, and highlight the importance of delivering evidence-based treatment to this veteran population.

<https://doi.org/10.1037/amp0001000>

Suicides of psychologists and other health professionals: National Violent Death Reporting System data, 2003–2018.

Li, T., Petrik, M. L., Freese, R. L., & Robiner, W. N.

American Psychologist
Advance online publication

Suicide is a prevalent problem among health professionals, with suicide rates often described as exceeding that of the general population. The literature addressing suicide of psychologists is limited, including its epidemiological estimates. This study explored suicide rates in psychologists by examining the National Violent Death Reporting System (NVDRS), the Centers for Disease Control and Prevention's data set of U.S. violent deaths. Data were examined from participating states from 2003 to 2018. Trends in suicide deaths longitudinally were examined. Suicide decedents were characterized by examining demographics, region of residence, method of suicide, mental health, suicidal ideation, and suicidal behavior histories. Psychologists' suicide rates are compared to those of other health professionals. Since its inception, the NVDRS identified 159 cases of psychologist suicide. Males comprised 64% of decedents. Average age was 56.3 years. Factors, circumstances, and trends related to psychologist suicides are presented. In 2018, psychologist suicide deaths were estimated to account for 4.9% of suicides among 10 selected health professions. As the NVDRS expands to include data from all 50 states, it will become increasingly valuable in delineating the epidemiology of suicide for psychologists and other health professionals and designing prevention strategies. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1080/13284207.2022.2055964>

Improving mental health care outcomes: the agile psychological medicine clinic.

Melissa Casey, Dinali Perera, Joanne Enticott, Hung Vo, Stana Cubra, Ashlee Gravell, Moana Waarea & Christine Miller

Clinical Psychologist
Published online: 06 Apr 2022

Objective

We hypothesised that providing evidence-based care to people presenting in crisis to three Emergency Departments and the 24/7 phone Psychiatric Triage Service in Victoria, Australia, would improve their clinical outcomes over time and experience of the adult mental health system. We tested this through a service prototype, the agile Psychological Medicine clinic.

Method

Descriptive statistics were used to understand the characteristics of people who presented in crisis. Patient journey maps were used to understand the impact of the system on the patient and assess whether they received the best clinical care over time. Insights from these analyses, and the evidence base, led to the development of the prototype. Using an open trial design, 194 patients received specialist treatment and effectiveness was measured through patient-reported outcome measures administered at initial and final appointments. Service utilisation was measured 12-months pre and post treatment.

Results

The agile Psychological Medicine clinic delivered value; outcomes significantly improved across psychological symptomology and behaviours. Reductions in emergency department presentations, phone triage calls and service costs resulted.

Conclusions

This innovative clinic demonstrated that access to front-end mental health treatment improves clinical outcomes, mitigates later complications and increases the prospects of keeping patients well over the longer term.

<https://doi.org/10.1016/j.jsat.2022.108775>

The impact of military sexual trauma and gender on receipt of evidence-based medication treatment among veterans with opioid use disorder.

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

Introduction:

Opioid use disorder (OUD), a chronic illness associated with substantial morbidity and mortality, is common in veterans. Despite several national Department of Veteran Affairs (VA) initiatives over the last 15 years to increase access to medications to treat OUD (MOUD), MOUD remain underutilized. Women and veterans with mental health comorbidities are less likely to receive MOUD. The current study evaluated associations between military sexual trauma (MST), one common comorbidity among veterans, and receipt of MOUD among VA outpatients. We also evaluated whether gender moderated the MST-MOUD association and whether mental health conditions were associated with lower rates of MOUD across MST status.

Methods:

In a cross-sectional study using a national sample of 80,845 veterans with OUD who sought care at VA facilities from 2009 to 2017, we fit mixed-effects logistic regression models to assess the association between MST and MOUD, adjusting for demographic and clinical characteristics, and with facility modeled as a random effect. Secondary analyses added interaction terms of MST x gender and MST x mental health diagnoses and compared average predicted probabilities to evaluate whether the MST and MOUD association varied by gender or mental health diagnoses. The study used a p-value threshold of .001 to determine significance due to multiple comparisons and large sample size.

Results:

Overall, 35% of veterans with OUD received MOUD. MST (8.1% overall; 5.2% of men, 48.8% of women) was not significantly associated with receipt of MOUD in a fully adjusted model (OR = 1.08; 99% CI 1.00, 1.17). No significant MST x gender interaction ($p = .377$) and no significant MST x mental health interaction ($p = .722$) occurred.

Conclusions:

Both men and women veterans with and without a history of MST received MOUD treatment at similar rates. Room for improvement exists in MOUD receipt and future research should continue to assess barriers to MOUD receipt.

<https://doi.org/10.1080/02699052.2022.2033847>

Demographic, military, and health comorbidity variables by mild TBI and PTSD status in the LIMBIC-CENC cohort.

O'Neil, M. E., Agyemang, A., Walker, W. C., Pogoda, T. K., Klyce, D. W., Perrin, P. B., Hsu, N. H., Nguyen, H., Presson, A. P., & Cifu, D. X.

Brain Injury

2022 Apr 16; 36(5): 598-606

Objective:

To describe associations of demographic, military, and health comorbidity variables between mild traumatic brain injury (mTBI) history and posttraumatic stress disorder (PTSD) status in a sample of Former and current military personnel.

Setting:

Participants recruited and tested at seven VA sites and one military training facility in the LIMBIC-CENC prospective longitudinal study (PLS), which examines the long-term mental health, neurologic, and cognitive outcomes among previously combat-deployed U.S. Service Members and Veterans (SM/Vs).

Participants:

A total of 1,540 SM/Vs with a history of combat exposure. Data were collected between 1/1/2015 through 3/31/2019.

Design:

Cross-sectional analysis using data collected at enrollment into the longitudinal study cohort examining demographic, military, and health comorbidity variables across PTSD and mTBI subgroups.

Main measures:

PTSD Checklist for DSM-5 (PCL-5), mTBI diagnostic status, Patient Health Questionnaire 9-item (PHQ-9), Pittsburgh Sleep Quality Index (PSQI), AUDIT-C, and other self-reported demographic, military, and health comorbidity variables.

Results:

Ten years following an index date of mTBI exposure or mid-point of military deployment, combat-exposed SM/Vs with both mTBI history and PTSD had the highest rates of depression symptoms, pain, and sleep apnea risk relative to SM/Vs without both of

these conditions. SM/Vs with PTSD, irrespective of mTBI history, had high rates of obesity, sleep problems, and pain.

Conclusion:

The long-term symptom reporting and health comorbidities among SM/Vs with mTBI history and PTSD suggest that ongoing monitoring and intervention is critical for addressing symptoms and improving quality of life.

<https://doi.org/10.1097/JXX.0000000000000711>

Examining the effects of chronic pain on work performance in the military.

Ransom, J. C., Brosz-Hardin, S., Calero, P., DeFord, N., & Burkard, J. F.

Journal of the American Association of Nurse Practitioners
2022 Jun 1; 34(6): 827-834

Background:

Effectively managing pain is a unique challenge for the U.S. military. Chronic pain has a tremendous detrimental impact on mission readiness throughout the Armed Forces. Examining the effects of chronic pain on readiness is critical to understanding and addressing these challenges.

Purpose:

The purpose of this study was to examine the associations of chronic pain and sleep disruption in the context of work performance among active duty military service members.

Methodological orientation:

The study design was a cross-sectional observational study that examined associations between patients with chronic pain and sleep disruption, in the context of work performance.

Results:

One hundred forty-five participants completed the study. Age, depression, sleep, and pain severity were consistently strong predictors of work performance.

Conclusions:

Patients performed better with age, whereas those with depression, sleep disruption, and increased pain severity performed poorly.

Implications for practice:

Research focused on the differences in work performance among age groups may provide a better understanding of coping strategies. Focused depression research can lead to a greater understanding of how mental health affects pain, sleep, and work. The findings of this study open the door to explore multiple approaches that could lead to treatments and preventions for military members living with chronic pain.

<https://doi.org/10.1056/NEJMoa2203199>

Chronic Traumatic Encephalopathy in the Brains of Military Personnel.

Priemer, D. S., Iacono, D., Rhodes, C. H., Olsen, C. H., & Perl, D. P.

The New England Journal of Medicine
2022 Jun 9; 386(23): 2169-2177

Background:

Persistent neuropsychiatric sequelae may develop in military personnel who are exposed to combat; such sequelae have been attributed in some cases to chronic traumatic encephalopathy (CTE). Only limited data regarding CTE in the brains of military service members are available.

Methods:

We performed neuropathological examinations for the presence of CTE in 225 consecutive brains from a brain bank dedicated to the study of deceased service members. In addition, we reviewed information obtained retrospectively regarding the decedents' histories of blast exposure, contact sports, other types of traumatic brain injury (TBI), and neuropsychiatric disorders.

Results:

Neuropathological findings of CTE were present in 10 of the 225 brains (4.4%) we examined; half the CTE cases had only a single pathognomonic lesion. Of the 45 brains from decedents who had a history of blast exposure, 3 had CTE, as compared with 7 of 180 brains from those without a history of blast exposure (relative risk, 1.71; 95%

confidence interval [CI], 0.46 to 6.37); 3 of 21 brains from decedents with TBI from an injury during military service caused by the head striking a physical object without associated blast exposure (military impact TBI) had CTE, as compared with 7 of 204 without this exposure (relative risk, 4.16; 95% CI, 1.16 to 14.91). All brains with CTE were from decedents who had participated in contact sports; 10 of 60 contact-sports participants had CTE, as compared with 0 of 165 who had not participated in contact sports (point estimate of relative risk not computable; 95% CI, 6.16 to infinity). CTE was present in 8 of 44 brains from decedents with non-sports-related TBI in civilian life, as compared with 2 of 181 brains from those without such exposure in civilian life (relative risk, 16.45; 95% CI, 3.62 to 74.79).

Conclusions:

Evidence of CTE was infrequently found in a series of brains from military personnel and was usually reflected by minimal neuropathologic changes. Risk ratios for CTE were numerically higher among decedents who had contact-sports exposure and other exposures to TBI in civilian life than among those who had blast exposure or other military TBI, but the small number of CTE cases and wide confidence intervals preclude causal conclusions. (Funded by the Department of Defense-Uniformed Services University Brain Tissue Repository and Neuropathology Program and the Henry M. Jackson Foundation for the Advancement of Military Medicine.).

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

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

Janeese A. Brownlow, Elizabeth A. Klingaman, Katherine E. Miller, Philip R. Gehrman

Journal of Affective Disorders

Volume 308, 1 July 2022, Pages 65-70

Highlights

- Combat exposure increases risk of traumatic stress and sleep problems.
- Lifetime and deployment-related traumas uniquely increased risk of insomnia.
- Mental health diagnoses were observed more in soldiers with insomnia than without.

Abstract

Background

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

Methods

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

Results

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

Limitations

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

Conclusion

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

<https://doi.org/10.1177/00333549221085240>

A Practical Review of Suicide Among Veterans: Preventive and Proactive Measures for Health Care Institutions and Providers.

Frank Ruiz, Lucile Burgo-Black, MD, Stephen C. Hunt, MD, MPH, Matthew Miller, PHD, MPH, Juliette F. Spelman, MD

Public Health Reports

First Published April 9, 2022

Suicide rates among veterans are higher than those of the general US population. Although veterans compose only 7.6% of the US population, nearly 14% of American adult suicides are among veterans. The rate of suicide is 1.5 times higher among all veterans and 2.1 times higher among female veterans compared with the general population. Only 47% of all veterans are enrolled in the US Department of Veterans Affairs (VA) Healthcare System, leaving a large number either not receiving health care or receiving it outside the VA. Recent legislation has improved access to care for veterans outside the VA, highlighting the need for a broad public health approach to address veteran suicide and the need for all health care institutions and clinicians to be familiar with the unique health concerns in this population. The purpose of this narrative review was to summarize the risk factors contributing to veteran suicide and to provide guidance on how to assess and mitigate these risks. Suicide is preventable through recognition of risk and prompt intervention. Health care providers both inside and outside the VA system are uniquely situated at the intersection of the many contributing factors to veteran suicide and should have a structured, proactive approach to address the problem.

<https://doi.org/10.3928/19382359-20220321-02>

The Effect of COVID-19 on the Mental Health of Military Connected Children and Adolescents.

Michelle L. Lawson, MD , Barbara Bowsher, MD , and Shana Hansen, MD

Pediatric Annals

Published Online: April 01, 2022

With a growing body of literature describing the coronavirus disease 2019 (COVID-19) pandemic's effect on children and adolescents, there remain few official reports regarding mental health in military connected youth. With sparse literature available specifically in youth associated with the Armed Forces, published studies on global child and adolescent mental health during the COVID-19 pandemic are first reviewed. Military

connected youth have unique needs and experiences. Implications of pandemic-related stressors on their mental health are suggested based on analysis of disaster and deployment literature. Military members have continued to move and deploy throughout the pandemic. Uniformed families have high risk factors for mental health concerns. Managing the mental health of military connected youth will fall heavily on civilian providers, both in primary and subspecialty practices. As such, vigilance for psychological health concerns and familiarity with military resources are vital for the mental wellness of our military pediatric patients.

<https://doi.org/10.1177/0095327X221080944>

U.S. Veterans and Civilians Describe Military News Coverage as Mediocre, Think Stories Affect Others More Than Themselves.

Parrott S, Albright DL, Eckhart N, Laha-Walsh K.

Armed Forces & Society

First Published April 11, 2022

The news media often portray military veterans in stereotypical ways, providing audiences narrow representations in which veterans are traumatized heroes. What happens when a veteran sees these storylines and assumes they affect how the public thinks about veterans? This question informs this study, which used a two-prong approach (online, telephone) to survey 1,047 American adults about news media and veterans. Respondents, including veterans and civilians, were asked to recall news stories about veterans, assess the quality of news coverage of veterans, and offer opinions concerning whether news coverage affects themselves and other people. When respondents could recall a news story about veterans, they described stereotypical stories related to victimization/harm, heroism, charity/social support, mental illness, and violence. Respondents, both civilian and veteran, described news coverage as mediocre and felt the news affects other people more than themselves.

<https://doi.org/10.1016/j.ctcp.2022.101590>

Quantifying the emotional experiences of partners of veterans with PTSD service dogs using ecological momentary assessment.

Leanne O. Nieforth, Ahmad Hakeem Abdul Wahab, Arman Sabbaghi, Shelley MacDermid Wadsworth, ... Marguerite E. O'Haire

Complementary Therapies in Clinical Practice
Volume 48, August 2022

Highlights

- Partners of veterans with service dogs reported higher levels of positive emotion.
- The influence of service dogs may go beyond veterans to influence partners.
- Findings help practitioners to prepare and educate families on what to expect.

Abstract

The objective of this study was to investigate the day-to-day experiences of positive and negative emotions among partners of veterans assigned service dogs for posttraumatic stress disorder (PTSD). As part of a larger clinical trial, a total of $N = 87$ partners of post-9/11 veterans with PTSD were recruited from a nonprofit service dog provider and participated in an ecological momentary assessment (EMA) protocol. The sample included partners of veterans who received a PTSD service dog after baseline ($n = 48$, treatment group) and partners of veterans on the waitlist for a service dog ($n = 39$, control group). Data were collected twice daily for two weeks at baseline and again at follow-up three months later, for approximately 56 assessments per participant (28 at baseline, 28 at follow up). Participants completed an average of 84% of questionnaires at baseline ($n = 23.6$) and 86% ($n = 24.1$) at follow-up. A total of 3780 EMA questionnaires were collected among partners for this analysis. Data were analyzed using a generalized linear mixed model. Three months following baseline, partners of veterans with service dogs reported statistically significant higher levels of positive emotions than the control partners ($p = .01$, $d = 0.39$) with small-to-medium effect sizes for each individual positive emotion. No statistically significant differences were reported for negative emotions ($p = .77$, $d = 0.21$). This study quantitatively identifies higher levels of positive emotion in partners who are cohabitating with a PTSD service dog compared to those partners who remained on the waitlist. Given the influence that positive emotions have on well-being and coping, findings suggest that the influence of service dogs may go beyond veterans to influence their cohabitating partners.

<https://doi.org/10.1177/02654075221089046>

Associations Between Distress Tolerance and Posttraumatic Stress Symptoms Among Combat Veterans and Their Parents: The Mediating Role of Parents' Accommodation.

Gadi Zerach, Tamar Gordon-Shalev

Journal of Social and Personal Relationships

First Published April 10, 2022

Objective:

Combat-related posttraumatic stress disorder (PTSD) might negatively impact the mental health of veterans' family members. Nevertheless, nearly no research has examined secondary PTSD symptoms (PTSS) in veterans' parents, and still to be explored are the mechanisms by which distress tolerance (DT) contributes to veterans' PTSS and parents' secondary PTSS (SPTSS). In the present study, we aimed to use a dyadic approach to explore the association between veterans' and parents' DT and their PTSS/SPTSS, as well as to examine the mediating role of parents' accommodation of veterans' behaviors in these associations.

Method:

A volunteer sample of 102 dyads of Israeli combat veterans and their parents responded to online validated self-report questionnaires in a cross-sectional study. Analysis included actor-partner interdependence modeling (APIM) and mediation analyses.

Results:

Veterans' PTSS was positively correlated with parents' SPTSS. Moreover, veterans' DT and parents' DT negatively predicted their own PTSS and SPTSS, respectively. Furthermore, veterans' DT negatively predicted their parents' SPTSS. Importantly, parents' accommodation mediated the links between veterans' DT and both veterans' PTSS and parents' SPTSS, as well as between parents' DT and veterans' PTSS with parents' SPTSS.

Conclusion:

Parents of combat veterans might be indirectly traumatized by their offspring's military experiences and suffer from secondary PTSS. Among both veterans and parents, low DT is associated with higher levels of parents' accommodation, which in turn is related to more posttraumatic symptoms.

<https://doi.org/10.1016/j.cbpra.2022.02.024>

Biweekly Delivery of a Group-Based Adaptation of Written Exposure Therapy (WET) for PTSD in Residential Substance Treatment.

Julie A. Schumacher, Kerry L. Kinney, Matthew C. Morris, Nicholas W. McAfee

Cognitive and Behavioral Practice
Available online 11 April 2022

Highlights

- PTSD is common in individuals seeking substance use treatment.
- Case series describes concurrent treatment of PTSD with an adaptation of written exposure therapy (WET) during residential substance use treatment for three individuals.
- Biweekly group delivery of an adaptation of WET was associated with favorable PTSD symptom outcomes in all three cases.

Abstract

Written exposure therapy (WET) is a brief intervention for posttraumatic stress disorder (PTSD) with promising and continually emerging research support. Given its efficiency in reducing symptom severity and resolving diagnoses, there is great interest in application to novel populations and settings. The current case series focuses on application of an adaptation of WET to three individuals participating in a residential substance use disorder treatment program in a group setting. The individuals had varying substance problems and trauma histories and all showed a favorable response. The series highlights the promise of an adaptation of WET as a concurrent treatment for PTSD in residential substance use treatment. Moreover, the case series suggests that an adaptation of WET has the potential to be successfully adapted to deliver services in a group environment and delivered in 2.5 weeks, thereby demonstrating the possibility of using an adaptation of WET as a means of maximizing the utilization of scarce resources to successfully treat a large number of individuals with PTSD in a time-limited residential treatment context.

<https://journals.sagepub.com/doi/abs/10.1177/10775595221088198>

Pre- and Perinatal Risk Factors for Child Maltreatment in Military Families Across the First Two Years of Life.

Kathrine S. Sullivan, PhD, Sabrina Richardson, PhD, Abigail Ross, PhD, Julie A. Cederbaum, PhD, Jacqueline Pflieger, PhD, Lisa Abramovitz, MPH, Anna Bukowinski, MPH, Valerie Stander, PhD

Child Maltreatment

First Published April 15, 2022

Military families are exposed to a unique constellation of risk factors, which may impact maltreatment outcomes. The present study examined prospective relationships between demographic, health, birth-related, and military-specific risk factors identified prior to a child's birth on their risk for maltreatment in the first two years of life. Data from the Millennium Cohort Study, Department of Defense (DoD) operational records and Family Advocacy Program data on met-criteria maltreatment, and Birth and Infant Health Research program data on suspected maltreatment were linked for 9076 service member parents. Discrete time survival analysis showed that preterm birth increased risk of maltreatment while parents' older age, physical health, and service in the Navy or Air Force decreased risk. Building on DoD's New Parent Support Program, findings suggest the need for universal and targeted prevention efforts, beginning during pregnancy, which limit or eliminate risk factors for maltreatment in military families.

Links of Interest

Could a Therapy Dog Help with Your Dental Anxiety?

<https://health.mil/News/Articles/2022/06/02/Could-a-Therapy-Dog-Help-with-Your-Dental-Anxiety>

“Don't Go Here. They'll Kill You.”—LGBTQ Troops, Families Face Mounting Discrimination With New Laws

<https://thewarhorse.org/lgbtq-military-troops-families-face-growing-discrimination-with-new-laws/>

Talents and passion: How eight amazing military teens helped better the lives of those around them in a pandemic

<https://www.militarytimes.com/news/your-military/2022/06/12/talents-and-passion-how-these-military-teens-helped-better-the-lives-of-those-around-them/>

Overseas military spouses struggle to continue teleworking for their federal agencies

<https://www.militarytimes.com/pay-benefits/mil-money/2022/06/10/overseas-military-spouses-struggle-to-continue-teleworking-for-their-federal-agencies/>

Army secretary on combating military sexual assault: "Every leader at every level is focused on this"

<https://www.cbsnews.com/news/army-secretary-christine-wormuth-ending-military-sexual-assault/>

Addressing the Shortage of Behavioral Health Clinicians: Lessons from the Military Health System

<https://www.rand.org/blog/2022/05/addressing-the-shortage-of-behavioral-health-clinicians.html>

Traumatic Brain Injury Vastly Increases Risk of Death in Post-9/11 Veterans, Mostly Through Suicide and Accidents

<https://journals.lww.com/neurotodayonline/Fulltext/2022/04070/>

[Traumatic_Brain_Injury_Vastly_Increases_Risk_of.3.aspx](https://journals.lww.com/neurotodayonline/Fulltext/2022/04070/Traumatic_Brain_Injury_Vastly_Increases_Risk_of.3.aspx)

- [Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001](https://journals.lww.com/neurotodayonline/Fulltext/2022/04070/Traumatic_Brain_Injury_Vastly_Increases_Risk_of.3.aspx)

The importance of treating insomnia in psychiatric illness

<https://www.mdedge.com/fedprac/article/253455/sleep-medicine/importance-treating-insomnia-psychiatric-illness>

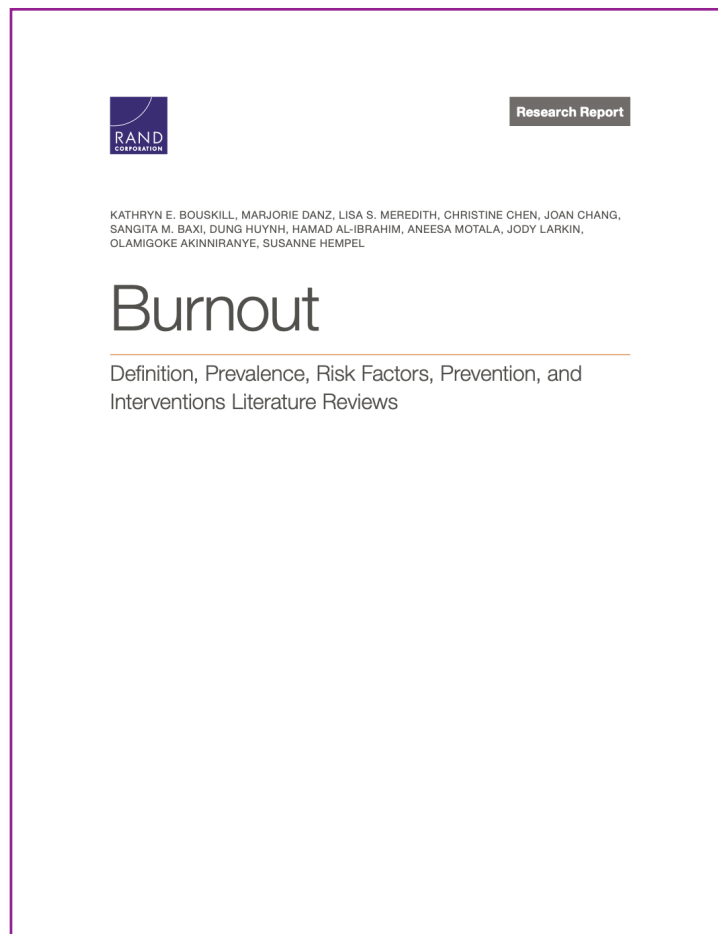
US Suicide Rates and Impact of Major Disasters Over the Last Century (Commentary)

<https://www.psychiatrist.com/pcc/covid-19/us-suicide-rates-impact-major-disasters-last-century/>

Resource of the Week – [Burnout: Definition, Prevalence, Risk Factors, Prevention, and Interventions Literature Reviews](#)

New, from the RAND Corporation:

The provision of mental health treatment is affected by the strength, health, and well-being of the health care workforce. Health care provider burnout—defined as chronic occupational-related stress, emotional exhaustion, disengagement, depersonalization, anhedonia, and hopelessness—poses a critical threat to mental and behavioral health care. This series of literature reviews addresses several aspects of burnout. Of over 14,000 screened citations, 469 studies met inclusion criteria. The authors document what is known about the concept of burnout, show burnout prevalence in health care facilities, evaluate the presence and absence of evidence for suggested risk factors of burnout, outline approaches for addressing burnout among military health care providers, and provide an overview of organizational interventions that have been suggested to prevent or mitigate workforce burnout.



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