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Uniformed Services University

Research Update -- June 23, 2022

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- Queer Social Control and the Homonormative Bargain: Sexual Harassment in the Era of Open LGBT Military Service.
- “Crying in My Uniform, For Sure”: A Qualitative Thematic Analysis of Loss and Grief Among Soldiers After Losing a Comrade in Combat.
- Links of Interest
- Resource of the Week: BIPOC Mental Health (Mental Health America)

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Behavioral health and treatment-seeking behaviors among deployed vs. non-deployed service members: How impactful is deployment on well-being?

Sarah Godby Vail, Rhodri Dierst-Davies, Danielle Kogut, Lauren Degiorgi Winslow, Jennifer Vargas, Patrick Koeppl & Kimberley Marshall-Aiyelawo

Military Psychology
Published online: 15 Jun 2022

Increasing attention has been dedicated to studying behavioral health of non-deployed military personnel. This investigation explored the impacts of a variety of sociodemographic and health factors on key behavioral health outcomes among active duty personnel. A secondary analysis was conducted using 2014 Defense Health Agency Health Related Behaviors Survey data (unweighted n = 45,762, weighted n = 1,251,606). Three logistic regression models investigated factors associated with reporting symptomatology consistent with depression, anxiety, and stress. We found that after adjusting for sociodemographic and other health variables (e.g., sleep), deployment was associated with stress but not anxiety or depression. Although deployed personnel were more likely to report increased levels of stress overall, few differences with respect to the sources of stressors were identified. While behavioral health screening and treatment needs may differ for non-deployed and deployed personnel, programs to support mental and physical well-being among all service members should be robustly promoted.

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Resilience enhancing programs in the U.S. military: An exploration of theory and applied practice.

Sarah A. McInerney, Edward Waldrep & Charles C. Benight

Military Psychology
Published online: 13 Jun 2022

U.S. service members are at an enhanced risk for developing mental disorders. To address these challenges, while promoting operational readiness and improving mental health outcomes, the Department of Defense directed each service component to develop and implement universal resilience enhancing programs. This paper provides a review of theoretical approaches conceptualizing resilience to trauma, including the theoretical foundations of programs currently in place. The resilience programs of U.S. Army, U.S. Air Force, U.S. Navy and U.S. Marine Corps are described, and available program effectiveness data are reviewed. Gaps between theory and practice are identified and an alternative method of assessing psychological readiness in Army units that is informed by resilience theory is offered as one way to address these gaps and scientific concerns. By comprehensively assessing the stressors affecting Soldiers at regular intervals, military leaders may be able to better identify and mitigate stressors in a systematic way that bolsters individual and unit psychological fitness. An enhanced psychological readiness metric stands to strengthen the validity of current resilience programs, bring clarity to the mechanisms of resilience, and provide a novel way for leaders to promote readiness in their units. Application of this metric within the infrastructure of existing reporting systems stands to improve mental health outcomes for Service Members, enhance the psychological readiness of the force, and reduce healthcare costs over time.

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https://doi.org/10.1001/jamapsychiatry.2022.1462

Implementation Strategies Used and Reported in Brief Suicide Prevention Intervention Studies.

Rudd, B. N., Davis, M., Doupnik, S., Ordorica, C., Marcus, S. C., & Beidas, R. S.

JAMA Psychiatry
2022 Jun 15

A systematic review and meta-analysis of 14 brief suicide prevention interventions (BSPs) delivered in health care settings demonstrated their efficacy and effectiveness at reducing suicide attempts and increasing treatment initiation. The techniques used to successfully carry out these interventions are implementation strategies (ie, methods used to enhance the adoption, implementation, or sustainability of a clinical practice). Owing to journals' space constraints or implementation science terminology being unfamiliar to those outside the field, published articles of efficacy/effectiveness studies may not fully document implementation strategies used. Although implementation

strategies used to support an intervention during efficacy/effectiveness studies may differ from those needed in real-world routine care, documenting the former provides an opportunity to inform the latter. In the current study, we asked authors of the studies included in the recent meta-analysis to share which implementation strategies were used to support the BSPs under investigation, then compared their responses with descriptions of implementation strategies in their publications.

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https://doi.org/10.1002/eat.23757

Trauma exposure and eating disorders: Results from a United States nationally representative sample.

Convertino, A. D., Morland, L. A., & Blashill, A. J.

International Journal of Eating Disorders
2022 Jun 19

Objective:
Sexual assault, child abuse, and combat have been linked to eating disorders (EDs). However, noninterpersonal trauma is relatively understudied, and therefore it is unknown whether noninterpersonal trauma is associated with EDs. Furthermore, most previous studies do not account for multiple trauma exposures, or the relative association of traumatic events with EDs in the same statistical model.

Method:
Multinomial regression was used to examine the association of lifetime ED diagnosis (anorexia nervosa [AN], bulimia nervosa [BN], binge eating disorder [BED]) with trauma type (sexual interpersonal, other interpersonal, war/combat, and noninterpersonal) in a nationally representative dataset of US adults in bivariate and multivariable (i.e., with all trauma types) models.

Results:
Sexual interpersonal trauma was significantly positively associated with AN and BED in bivariate and multivariable models. In the multivariable model, only BED was found to be equally associated with sexual interpersonal, other interpersonal, and noninterpersonal trauma.

Discussion:
These results indicate a strong positive association between sexual trauma and EDs, even when controlling for experiences of other trauma events. Future research should examine longitudinal mediators between trauma and EDs, especially sexual trauma, to identify what factors may explain this relationship.

Public significance statement:
Individuals with eating disorders often experience traumatic events but it is unclear whether specific trauma types are more or less common in this population. This study found that only events such as rape and sexual assault are associated with anorexia nervosa, but that most trauma types are associated with binge eating disorder. Therefore, the relationship between trauma and binge eating disorder may function differently than other eating disorders.

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https://doi.org/10.1002/da.23274

The effect of war injury and combat deployment on military wives' mental health symptoms.

Cozza, S. J., Ogle, C. M., Fisher, J. E., Zhou, J., Zuleta, R. F., Fullerton, C. S., & Ursano, R. J.

Depression and Anxiety
2022 Jun 16

Background:
Although much has been learned about the physical and psychological impacts of deployment and combat injury on military service members, less is known about the effects of these experiences on military spouses.

Methods:
The present study examined self-reported mental health symptoms (using the Brief Symptom Inventory [BSI]-18 and the posttraumatic stress disorder [PTSD] Checklist [PCL-C]) in wives of service members who were combat-injured (CI; n = 60); noninjured with cumulative deployment longer than 11 months (NI-High; n = 51); and noninjured with cumulativel deployment less than 11 months (NI-Low; n = 53).

Results:
36.7% and 11.7% of CI wives endorsed above threshold symptoms on the PCL-C and overall BSI-18, respectively. Multivariate linear regressions revealed that being a CI wife was associated with higher PCL-C, overall BSI-18, and BSI-18 anxiety subscale scores compared to NI-Low wives in models adjusted for individual and family characteristics, as well as prior trauma and childhood adversities. Compared with the NI-High group, the CI group was associated with higher overall BSI-18 scores.

Conclusions:
While CI wives evidenced fewer mental symptoms than expected, these findings suggest a negative impact of service member's combat injury on wives' mental health above that attributable to deployment, highlighting the need for trauma-informed interventions designed to support the needs of military wives affected by combat injury.

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https://doi.org/10.1136/bmjmilitary-2022-002128

Addressing moral injury in the military.

Phelps, A. J., Adler, A. B., Belanger, S., Bennett, C., Cramm, H., Dell, L., Fikretoglu, D., Forbes, D., Heber, A., Hosseiny, F., Morganstein, J. C., Murphy, D., Nazarov, A., Pedlar, D., Richardson, J. D., Sadler, N., Williamson, V., Greenberg, N., Jetly, R., & Members of the Five Eyes Mental Health Research and Innovation Collaborative

BMJ Military Health
First published June 15, 2022

Moral injury is a relatively new, but increasingly studied, construct in the field of mental health, particularly in relation to current and ex-serving military personnel. Moral injury refers to the enduring psychosocial, spiritual or ethical harms that can result from exposure to high-stakes events that strongly clash with one’s moral beliefs. There is a pressing need for further research to advance understanding of the nature of moral injury; its relationship to mental disorders such as posttraumatic stress disorder and depression; triggering events and underpinning mechanisms; and prevalence, prevention and treatment. In the meantime, military leaders have an immediate need for guidance on how moral injury should be addressed and, where possible, prevented. Such guidance should be theoretically sound, evidence-informed and ethically responsible. Further, the implementation of any practice change based on the guidance should contribute to the advancement of science through robust evaluation. This paper

draws together current research on moral injury, best-practice approaches in the adjacent field of psychological resilience, and principles of effective implementation and evaluation. This research is combined with the military and veteran mental health expertise of the authors to provide guidance on the design, implementation and evaluation of moral injury interventions in the military. The paper discusses relevant training in military ethical practice, as well as the key roles leaders have in creating cohesive teams and having frank discussions about the moral and ethical challenges that military personnel face.

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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.

Nieuwsma, J. A., O'Brien, E. C., Xu, H., Smigelsky, M. A., VISN 6 MIRECC Workgroup, HERO Research Program, & Meador, K. G.

Journal of General Internal Medicine
2022 Jun; 37(8): 2033-2040

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.

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https://doi.org/10.1002/jclp.23307

Do early responders and treatment non-responders offer guidance to make CPT group a more effective treatment?

Williams, M. W., King-Casas, B., Chiu, P. H., Sciarrino, N., Estey, M., Hunt, C., McCurry, K., & Graham, D. P.

Journal of Clinical Psychology
2022 Jul; 78(7): 1376-1387

Background:
Treatment dropout has been problematic with evidence-based treatments for posttraumatic stress disorder (PTSD), including cognitive processing therapy (CPT). This study sought to evaluate whether CPT group contributed to symptom improvement among treatment completers and non-completers.

Methods:
Sixty-one Iraq and Afghanistan combat Veterans self-selected CPT group or treatment as usual (TAU) forming a convenience sample. Defining treatment completion as attending at least nine sessions: 18 completed treatment, 20 dropped-out (DOs); 20 completed TAU, 3 lost to TAU follow-up.

Results:
Multiple Regression revealed significant pre-post-treatment improvement, the Clinician-Administered PTSD Scale (CAPS-IV, F(5, 40.1) = 2.53, p = 0.0436). Reviewing DOs' last available PTSD Checklist-Military Version scores before leaving treatment, six achieved clinically significant improvement of >10 points; seven a clinically reliable change of 5-10 points.

Conclusion:
These findings highlight that CPT group may be effective at reducing trauma-related symptoms among treatment completers and dropouts and point to the utility of a clinical definition of good treatment end-state.

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https://doi.org/10.1002/jts.22794

The role of general self-efficacy in intimate partner violence and symptoms of posttraumatic stress disorder among women veterans.

Webermann, A. R., Dardis, C. M., & Iverson, K. M.

Journal of Traumatic Stress
2022 Jun ;35(3): 868-878

Whereas some prior studies have assessed associations between general self-efficacy, intimate partner violence (IPV) experiences, and posttraumatic stress disorder (PTSD) symptoms cross-sectionally, there is limited research investigating the potential directions of these effects or the longitudinal effects over multiple assessment points. We investigated the role of general self-efficacy in experiences of IPV and PTSD symptoms across time among 411 women veterans of the U.S. Armed Forces. Online survey data were collected at baseline (Time 1; T1), 18 months after baseline (Time 2; T2), and 2 years after baseline (Time 3; T3). Structural equation models were used to test hypotheses that T2 general self-efficacy would mediate reciprocal associations between IPV experiences and PTSD symptoms while controlling for T2 IPV

experiences, T1 PTSD symptoms, and demographic and military covariates (i.e., age, military sexual trauma, and combat exposure). Specifically, we hypothesized that T2 general self-efficacy would mediate the association between (a) T1 IPV experiences and T3 IPV experiences, (b) T1 IPV experiences and T3 PTSD symptoms, (c) T1 PTSD symptoms and T3 IPV experiences, and (d) T1 PTSD symptoms and T3 PTSD symptoms. Findings revealed that T1 PTSD symptoms predicted lower T2 general self-efficacy, and, in turn, lower T2 general self-efficacy was associated with higher T3 IPV experiences, 95% CI [0.06, 0.41]; no other hypotheses were supported. The findings speak to the importance of clinical interventions which promote general self-efficacy as well as assess and treat PTSD symptoms among women who experience IPV.

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https://doi.org/10.1097/HTR.0000000000000774

Implementation of a Mobile Technology-Supported Diaphragmatic Breathing Intervention in Military mTBI With PTSD.

Wallace, T., Morris, J. T., Glickstein, R., Anderson, R. K., & Gore, R. K.

Journal of Head Trauma Rehabilitation
2022 May-Jun 01; 37(3): 152-161

Background:
Diaphragmatic breathing is an evidence-based intervention for managing stress and anxiety; however, some military veterans with mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) report challenges to learning and practicing the technique. BreatheWell Wear assists performance of breathing exercises through reminders, biofeedback, and visual, tactile, and auditory guidance.

Objective:
To evaluate feasibility of implementing BreatheWell Wear, a mobile smartwatch application with companion smartphone app, as an intervention for stress management in military veterans with mTBI and PTSD.

Methods:
Thirty veterans with chronic symptoms of mTBI and PTSD recruited from an interdisciplinary, intensive outpatient program participated in this pilot pragmatic clinical trial. Participants were randomly assigned to the experimental (BreatheWell Wear and conventional care) and control (conventional care) groups for 4 weeks. Conventional

care included instruction on relaxation breathing and participation in behavioral health therapy. Effects on goal attainment, treatment adherence, diaphragmatic breathing technique knowledge, and stress were measured through surveys and diaries. Changes in symptoms, mood, and well-being were measured pre/postintervention via the Posttraumatic Checklist for DSM-5, Beck Anxiety Inventory, Beck Depression Inventory, and Flourishing Scale.

Results:
Person-centered goal attainment (t = 4.009, P < .001), treatment adherence (t = 2.742, P = .001), diaphragmatic breathing technique knowledge (t = 1.637, P < .001), and reported ease of remembering to practice (t = -3.075, P = .005) were significantly greater in the experimental group. As expected, measures of PTSD, anxiety, depression, and psychological well-being showed clinically meaningful change in both groups, and both groups demonstrated reduced stress following diaphragmatic breathing.

Conclusion:
These preliminary findings indicate that BreatheWell Wear may be a clinically feasible tool for supporting diaphragmatic breathing as an intervention in veterans with mTBI and PTSD, and a future effectiveness trial is warranted.

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https://doi.org/10.1001/jamanetworkopen.2022.14771

Association of Premilitary Mental Health With Suicide Attempts During US Army Service.

Naifeh, J. A., Ursano, R. J., Stein, M. B., Mash, H., Aliaga, P. A., Fullerton, C. S., Dinh, H. M., Kao, T. C., Sampson, N. A., & Kessler, R. C.

JAMA Network Open
2022 Jun 1; 5(6): e2214771

Importance:
Approximately one-third of US soldiers who attempt suicide have not received a mental health diagnosis (MH-Dx) before their suicide attempt (SA), yet little is known about risk factors for SA in those with no MH-Dx.

Objective:
To examine whether premilitary mental health is associated with medically documented SA among US Army soldiers who do not receive an MH-Dx before their SA.

Design, setting, and participants:
This cohort study used data from a representative survey of soldiers in the US Army entering basic combat training from April 1, 2011, to November 30, 2012, who were followed up via administrative records for the first 48 months of service. Analyses were conducted from April 5, 2021, to January 21, 2022. Regular Army enlisted soldiers (n = 21 772) recruited from 3 US Army installations during the first week of service who agreed to have their administrative records linked to their survey responses were included.

Exposures:
Preenlistment lifetime history of mental disorder, suicide ideation, SA, and nonsuicidal self-injury (NSSI) as reported during the baseline survey. Service-acquired MH-Dx and sociodemographic and service-related variables were identified using administrative records.

Main outcomes and measures:
Documented SAs were identified using administrative medical records. Using a discrete-time survival framework, linear splines examined the pattern of SA risk over the first 48 months of service. Logistic regression analysis examined associations of lifetime baseline survey variables with subsequent, medically documented SA among soldiers who did vs did not receive an MH-Dx during service. Models were adjusted for time in service and sociodemographic and service-related variables.

Results:
Of the 21 722 respondents (86.2% male, 20.4% Black, 61.8% White non-Hispanic), 253 made an SA in the first 48 months of service (male [75.4%]; Black [22.7%], White non-Hispanic [59.9%], or other race or ethnicity [17.4%]). Risk of SA peaked toward the end of the first year of service for both those who did and did not receive an MH-Dx during service. Of the 42.3% of individuals reporting at least 1 of the 4 baseline risk factors, 50.2% received an administrative MH-Dx during service vs 41.5% of those with none, and 1.6% had a documented SA vs 1.0% of those with none. Among individuals with no MH-Dx, medically documented SAs were associated with suicide ideation (odds ratio [OR], 2.2; 95% CI, 1.1-4.4), SA (OR, 11.3; 95% CI, 4.3-29.2), and NSSI (OR, 3.0; 95% CI, 1.3-6.8). For those who received an MH-Dx, medically documented SAs were associated with mental disorder (OR, 1.4; 95% CI, 1.0-1.9), SA (OR, 3.4; 95% CI, 2.1-5.6), and NSSI (OR, 1.8; 95% CI, 1.1-2.8). Interactions indicated the only

explanatory variable that differed based on history of MH-Dx was preenlistment SA ($\chi 21$ = 4.7; P = .03), which had a larger OR among soldiers with no MH-Dx than among those with an MH-Dx.

Conclusions and relevance:
In this study, the period of greatest SA risk and baseline risk factors for SA were similar in soldiers with and without an MH-Dx. This finding suggests that knowledge of the time course and preenlistment mental health factors can equally aid in identifying SA risk in soldiers who do and do not receive an MH-Dx.

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https://doi.org/10.1111/sltb.12829

Military mental health professionals' suicide risk assessment and management before and after experiencing a patient's suicide.

Yunik, N. P., Schiff, M., Barzilay, S., Yavnai, N., Ben Yehuda, A., & Shelef, L.

Suicide & Life-Threatening Behavior
2022 Jun; 52(3): 392-400

Objective:
This study examines the association between a patient's suicide and the therapist's suicide risk assessment (SRA) and suicide risk management (SRM) of patients, following the occurrence.

Method:
SRA values range from "absence of suicidality" to "immediate suicidal intent to die". SRM consists of therapists' written recommendations. Rates of the various SRA and SRM values in therapists' evaluations were assessed 6-months prior to the suicide and at the two three- and six-month time-points thereafter.

Results:
Of the 150 soldiers who died by suicides, 30 (20%) visited 50 military therapists in the 6 months preceding their deaths. Using Wilcoxon signed rank test, lower SRA rates of "threatens suicide" were found 2 months after a patient's suicide. Regarding SRM, the mean rates for "recommendations for psychotherapy treatment" were higher at the two ($p = 0.022$) and the 3 month time-points ($p = 0.031$) after a suicide.

Conclusions:
The SRA findings may indicate therapists' fear of treating suicidal patients, causing them to overlook patients' non-prominent suicide-risk indicators. In SRM, the higher rate of recommendations for additional therapy sessions rather than military release or referrals to other therapists may relate to over-caution and attempts to control the patient's therapy ensuring it's done properly.

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https://doi.org/10.1111/sltb.12831

Trajectories of suicidal ideation following separation from military service: Overall trends and group differences.

Hoffmire, C. A., Borowski, S., Griffin, B. J., Maguen, S., & Vogt, D.

Suicide & Life-Threatening Behavior
2022 Jun; 52(3): 413-426

Background:
Although the transition out of military service is a high-risk time for suicidal ideation (SI), a paucity of research examines the development of SI during this transition process and veteran subgroups at risk for SI as they readjust to civilian life.

Methods:
A population-based, longitudinal post-9/11 veteran cohort reported SI frequency at 3, 9, 15, 21, and 27 months post-separation using the Patient Health Questionnaire-9. We identified distinct trajectories of SI over time (i.e., classes) using latent class growth analysis and examined demographic and military service predictors of class membership overall and by gender using multinomial logistic regression.

Results:
Four SI trajectories that were similar across genders were identified: resilient (90.1%), delayed onset (5.0%), remitting (2.7%), and chronic (2.2%). Younger age, minority race/ethnicity, medical and other (vs. honorable) separation types, and Veterans Health Administration service utilization were associated with increased odds of assignment to a higher-risk trajectory (delayed onset, remitting, and/or chronic vs. resilient), whereas continued service in the National Guard/Reserves and officer rank was associated with lower odds of assignment to a higher-risk trajectory.

Conclusions:
Findings regarding veterans at greatest risk for SI following military separation can inform targeted assessment and early intervention efforts.

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https://doi.org/10.1037/rep0000400

Factors associated with recovery from posttraumatic stress disorder in combat veterans: The role of deployment mild traumatic brain injury (mTBI).

Ord, A. S., Epstein, E. L., Shull, E. R., Taber, K. H., Martindale, S. L., & Rowland, J. A.

Rehabilitation Psychology
Advance online publication

Objective:
Examine factors associated with recovery from posttraumatic stress disorder (PTSD) and evaluate the role of deployment mild traumatic brain injury (mTBI) in the relationship between PTSD recovery and functional outcomes.

Method:
Post 9/11 combat veterans with lifetime history of PTSD (N = 124, 84.7% male) completed the Mid-Atlantic MIRECC Assessment of Traumatic Brain Injury (MMA-TBI), Salisbury Blast Interview (SBI), Clinician Administered PTSD scale (CAPS-5), cognitive assessment battery, and measures of depression, PTSD symptoms, neurobehavioral symptoms, sleep quality, pain interference, and quality of life.

Results:
Analyses of variance (ANOVA) results revealed significant differences in most behavioral health outcomes based on PTSD recovery, with participants who have recovered from PTSD showing less severe neurobehavioral and depressive symptoms, better sleep quality, less functional pain interference, and higher quality of life. No differences were found in cognitive functioning between those who have recovered from PTSD and those who have not. History of deployment mTBI did not significantly moderate the relationship between PTSD recovery and most functional and cognitive outcomes with the exception of 2 measures of processing speed. Specifically, among participants with history of deployment mTBI, those who have recovered from PTSD displayed better cognitive functioning than those who have not. Additionally, participants

who have not recovered from PTSD had higher levels of blast exposure during military service.

Conclusions:
PTSD recovery was associated with better psychological functioning and higher quality of life, but not with objective cognitive functioning. Deployment mTBI history moderated only the relationship between PTSD recovery status and tests of processing speed.

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https://doi.org/10.1371/journal.pone.0262955

Feasibility and preliminary efficacy for morning bright light therapy to improve sleep and plasma biomarkers in US Veterans with TBI. A prospective, open-label, single-arm trial.

Jonathan E. Elliott, Alisha A. McBride, Nadir M. Balba, Stanley V. Thomas, Cassandra L. Pattinson, Benjamin J. Morasco, Andrea Wilkerson, Jessica M. Gill, Miranda M. Lim

PLoS ONE
Published: April 14, 2022

Mild traumatic brain injury (TBI) is associated with persistent sleep-wake dysfunction, including insomnia and circadian rhythm disruption, which can exacerbate functional outcomes including mood, pain, and quality of life. Present therapies to treat sleep-wake disturbances in those with TBI (e.g., cognitive behavioral therapy for insomnia) are limited by marginal efficacy, poor patient acceptability, and/or high patient/provider burden. Thus, this study aimed to assess the feasibility and preliminary efficacy of morning bright light therapy, to improve sleep in Veterans with TBI (NCT03578003). Thirty-three Veterans with history of TBI were prospectively enrolled in a single-arm, open-label intervention using a lightbox (~10,000 lux at the eye) for 60-minutes every morning for 4-weeks. Pre- and post-intervention outcomes included questionnaires related to sleep, mood, TBI, post-traumatic stress disorder (PTSD), and pain; wrist actigraphy as a proxy for objective sleep; and blood-based biomarkers related to TBI/sleep. The protocol was rated favorably by ~75% of participants, with adherence to the lightbox and actigraphy being ~87% and 97%, respectively. Post-intervention improvements were observed in self-reported symptoms related to insomnia, mood, and pain; actigraphy-derived measures of sleep; and blood-based biomarkers related to peripheral inflammatory balance. The severity of comorbid PTSD was a significant

positive predictor of response to treatment. Morning bright light therapy is a feasible and acceptable intervention that shows preliminary efficacy to treat disrupted sleep in Veterans with TBI. A full-scale randomized, placebo-controlled study with longitudinal follow-up is warranted to assess the efficacy of morning bright light therapy to improve sleep, biomarkers, and other TBI related symptoms.

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https://doi.org/10.1037/ser0000659

Suicidal ideation and clinician-rated suicide risk in veterans referred for ADHD evaluation at a VA Medical Center.

Bjork, J. M., Shull, E. R., Perrin, P. B., & Shura, R. D.

Psychological Services
Advance online publication

The U.S. military veteran population experiences elevated rates of suicide relative to demographically matched community samples. Understanding suicide risk factors in veterans is therefore of critical importance. Accordingly, the Veterans Health Administration (VHA) has implemented elevated vigilance for suicidal ideation in its health care. One potential risk factor for suicidal ideation or behavior may be attention-deficit/hyperactivity disorder (ADHD), which is frequently characterized by impaired impulse control and experience of intense emotions. To determine whether ADHD, as diagnosed by VHA assessment, may represent an independent or interactive risk factor for suicidal ideation or suicide attempt, we examined potential linkages between VHA-assessed symptomatology of ADHD and suicide attempts or ideation, either with or without the presence of comorbid VHA-assessed psychiatric symptomatology. In a retrospective chart review, we compared severity of clinician-rated suicide risk in 342 veterans (82.5% male) referred to a VHA medical center for ADHD assessment, of whom 198 were diagnosed with ADHD. Contrary to our preregistered hypotheses, there were no main or additive effects of ADHD in terms of increased suicidal ideation, clinician-rated suicide risk or in incidence of lifetime suicide attempt. Motoric impulsivity in neurocognitive testing also showed no relationship with suicide risk or attempts. Rather, consistent with previous literature, presence of a mood disorder or other non-ADHD psychopathology was linked to suicide risk ratings and attempts, irrespective of presence of ADHD symptoms. These data suggest that once comorbid symptomatology such as depression is controlled for, ADHD alone is not associated with elevated

suicidal ideation or attempts in veterans. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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https://doi.org/10.1037/adb0000804

Co-occurring alcohol and mental health problems in the military: Prevalence, disparities, and service utilization.

Ayer, L., Ramchand, R., Karimi, G., & Wong, E. C.

Psychology of Addictive Behaviors
Advance online publication

Objective:
To examine the prevalence of co-occurring alcohol and mental health (MH) problems (COPs), perceived MH service need, and MH service utilization among active duty service members, and to identify differences in gender, race/ethnicity, age, and sexual orientation and gender identity.

Method:
16,699 active duty service members participated in the Department of Defense's 2015 Health Related Behaviors Survey. Measures included demographics, combat deployment, smoking status, problematic alcohol use (Alcohol Use Disorders Identification Test-C, AUDIT-C), posttraumatic stress disorder (PTSD Checklist, Civilian Version, PCL-C), depression (Patient Health Questionnaire-9, PHQ-9), anxiety (Generalized Anxiety Disorder-7, GAD-7), and perceived need for and use of MH services. We examined groups of service members with probable: COP, alcohol problem only, MH problem only, and neither.

Results:
Eight percent of service members reported COPs, 26.89% reported alcohol use problem only, and 9.41% reported a MH condition only. COPs were more common among those who were lesbian, gay, bisexual, and transgender (LGBT), those who had three or more combat deployments, and smokers, and less common among those aged 35 years and older, Asian or Black, and in the Air Force and Coast Guard (relative to Navy). Those reporting a probable MH problem only were significantly less likely to report use of past year MH counseling than those with probable COPs; otherwise, patterns of service utilization and perceived need were similar.

Conclusions:
COPs are common enough that screening for and attention to their co-occurrence are needed in the military, and some subgroups of service members are at particularly high risk for COPs. Future research and policy should delve deeper into how the needs of service members with COPs can be addressed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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Caring contacts for suicide prevention: A systematic review and meta-analysis.

Skopp, N. A., Smolenski, D. J., Bush, N. E., Beech, E. H., Workman, D. E., Edwards-Stewart, A., & Belsher, B. E.

Psychological Services
Advance online publication

Caring Contacts (CC), a low-cost intervention originally designed and tested by Jerome Motto in 1976, remains one of the few strategies to demonstrate efficacy in the prevention of suicide deaths. Interest in CC has increased steadily over the last several years in tandem with rising U.S. suicide rates and the acceleration of suicide prevention initiatives. There have been several efforts to design interventions modeled after Motto's strategy, and the recent publication of additional large-scale randomized controlled trials (RCTs) in alignment with the intent of Motto's original model afford an opportunity to systematically review efficacy findings. The current systematic review provides an updated and focused analysis of the evidence supporting the efficacy of CC. A systematic literature search of MEDLINE, EMBASE, PsycINFO, Cochrane Library, and ClinicalTrials.gov was conducted, and PRISMA, Cochrane, and GRADE guidelines were followed. Of 2,746 abstracts reviewed, 13 publications, comprising six randomized controlled trials (RCTs) met inclusion criteria. The studies encompassed 6,218 participants across four countries and military, veteran, and civilian health care systems. The primary outcome was suicide mortality; secondary outcomes were suicide attempts and emergency department (ED) presentations/hospitalizations. The DerSimonian–Laird random-effects univariate meta-analysis was used to estimate summary effect sizes and evaluate statistical heterogeneity. Summary risk ratio estimates ranged from 0.57 to 1.29 across outcomes and time points; most estimates indicated a protective effect. For suicide deaths and ED presentations/hospitalization, interval estimates at 1-

year postrandomization were consistent with either an increase or a decrease in risk. A protective effect was observed for suicide attempts at 1-year postrandomization. Implications and methodological recommendations for future work in this area reviewed and discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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Three clinical techniques from cognitive behavior therapy for suicide prevention.

Karina M. Vesco, Jessica M. LaCroix, Allison Bond, Amber Fox, Sissi Ribeiro, Charles Darmour & Marjan Ghahramanlou-Holloway

Social Work in Mental Health
Published online: 15 Apr 2022

A gap between psychotherapy research and practice exists, and many social workers may not be informed about evidence-based techniques used in cognitive behavioral therapy (CBT) for suicide prevention. Therefore, the purpose of this brief article is to introduce social workers to CBT targeting suicide risk in both outpatient and inpatient settings. Three clinical techniques incorporated into CBT for suicide are introduced: hope building, social support, and lethal means counseling. Practical tips, resources, and recommendations are offered to empower social workers to integrate these clinical tools into their current practice when working with clients at risk for suicide.

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Effect of massed v. standard prolonged exposure therapy on PTSD in military personnel and veterans: A non-inferiority randomised controlled trial.

Lisa Dell, Alyssa M. Sbisa, Andrew Forbes, Meaghan O'Donnell, Richard Bryant, Stephanie Hodson, David Morton, Malcolm Battersby, Peter W. Tuerk and Duncan Wallace

Psychological Medicine
Published online by Cambridge University Press: 20 April 2022

Background
A short, effective therapy for posttraumatic stress disorder (PTSD) could decrease barriers to implementation and uptake, reduce dropout, and ameliorate distressing symptoms in military personnel and veterans. This non-inferiority RCT evaluated the efficacy of 2-week massed prolonged exposure (MPE) therapy compared to standard 10-week prolonged exposure (SPE), the current gold standard treatment, in reducing PTSD severity in both active serving and veterans in a real-world health service system.

Methods
This single-blinded multi-site non-inferiority RCT took place in 12 health clinics across Australia. The primary outcome was PTSD symptom severity measured by the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) at 12 weeks. 138 military personnel and veterans with PTSD were randomised. 71 participants were allocated to SPE, with 63 allocated to MPE.

Results
The intention-to-treat sample included 138 participants, data were analysed for 134 participants (88.1% male, M = 46 years). The difference between the mean MPE and SPE group PTSD scores from baseline to 12 weeks-post therapy was 0.94 [95% confidence interval (CI) −4.19 to +6.07]. The upper endpoint of the 95% CI was below +7, indicating MPE was non-inferior to SPE. Significant rates of loss of PTSD diagnosis were found for both groups (MPE 53.8%, SPE 54.1%). Dropout rates were 4.8% (MPE) and 16.9% (SPE).

Conclusions
MPE was non-inferior to SPE in significantly reducing symptoms of PTSD. Significant reductions in symptom severity, low dropout rates, and loss of diagnosis indicate MPE is a feasible, accessible, and effective treatment. Findings demonstrate novel methods to deliver gold-standard treatments for PTSD should be routinely considered.

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Longitudinal PTSD symptom trajectories: Relative contributions of state anxiety, depression, and emotion dysregulation.

Emily A. Rooney, Caleb J. Hallauer, Hong Xie, Chia-Hao Shih, ... Xin Wang

Journal of Affective Disorders
Volume 308, 1 July 2022, Pages 281-288

Highlights

- Posttraumatic stress disorder symptoms were assessed over 12 months
- Baseline symptoms associated with state anxiety, depression, emotion dysregulation
- Symptom severity associated with posttraumatic stress disorder diagnosis
- State anxiety and depression associated with steeper decline in symptoms

Abstract

Background

Prospective research on the development and trajectory of PTSD symptoms after a traumatic event is crucial for assessment and early intervention. Further, examining predictors of PTSD pathology provides a better conceptualization of the temporal course of PTSD in trauma victims.

Methods

The present study examined PTSD symptom severity in individuals presenting to the emergency department (ED) following a traumatic event. Participants (N = 147) were assessed at four timepoints: 2-weeks, 3-months, between 6 and 9 months, and 12-months after ED admission. Growth curve modeling was conducted to examine changes in PTSD symptom severity over time. Age, sex, state anxiety, trait anxiety, emotion dysregulation, depression, and trauma type (motor vehicle accident [MVA] and assault), and PTSD diagnosis were included as covariates in the model.

Results

Results demonstrated that baseline PTSD symptom severity was positively associated with severity of depression and state (but not trait) anxiety, emotion dysregulation, and PTSD diagnosis. Results also revealed significant associations with PTSD symptom changes over time; greater state anxiety and depression symptoms at baseline were associated with steeper declines in PTSD symptoms over time.

Limitations

Data were collected at only four timepoints over the course of 12-months. Results may be different with more measurement points over longer periods and inclusion of pre-, peri- and post-trauma risk factors.

Conclusions

Results illustrate the relevance of assessing state anxiety, depression, and emotion

dysregulation in following trauma victims for trauma-related psychopathology over the course of time to alleviate the negative impact of the same.

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https://doi.org/10.1037/ser0000664

Military behavioral health technicians: Multiple relationship dilemmas and recommendations for supervision.

Reddy, M. K., Anthony, J. R., Rehmert, K. A., Wheat, A. R., & Hoyt, T.

Psychological Services
Advance online publication

Enlisted behavioral health technicians (BHTs) in the military provide behavioral health care to service members worldwide under the supervision of licensed providers. Given their paraprofessional role, BHTs serve in close social and personal proximity to their patient population and may be at risk for engaging in multiple relationships. In order to guide supervision of BHTs, a framework should be leveraged that examines power differentials, the duration of treatment, the nature of termination, the compatibility of multiple roles, supervisor consultation, and informed consent. Several illustrative scenarios are provided to demonstrate the utilization of this model in a manner that is sensitive to the unique nature of BHTs serving in the military cultural setting. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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https://doi.org/10.1093/socpro/spac024

Queer Social Control and the Homonormative Bargain: Sexual Harassment in the Era of Open LGBT Military Service.

Cati Connell

Social Problems
Published: 22 April 2022

Until recently, opportunities to analyze the sexual harassment of LGBTs in the U.S. military were constrained by their formal exclusion; the existing research was largely

conducted under the conditions of closed service, which were crucial to its operation. This article considers if and how sexual harassment is being re-conceptualized in the era of open service. Using in-depth interviews, I assess how current, future, and former service members narrate the emergence of open service and its relationship to sexual harassment. Although sexual blackmail may have lost some of its purchase under these conditions, I find that discussions and enactments of sexual harassment play a central role in containing the threat of queer contamination that has been introduced by open service. These are practices of what I term “queer social control” and demonstrate one of many reasons why inclusion should not be mistaken for acceptance; rather than resisting heterocisnormativity and the military’s role in its maintenance, the dynamics of LGBT incorporation actually reinforce it. This seemingly paradoxical finding is, in fact, the only logical outcome of the homonormative bargain that has been struck in the name of advancing LGBT rights.

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https://doi.org/10.1177/00302228221090749

“Crying in My Uniform, For Sure”: A Qualitative Thematic Analysis of Loss and Grief Among Soldiers After Losing a Comrade in Combat.

Einat Yehene, Ph.D, Talya Eitam, M.A.

OMEGA - Journal of Death and Dying
First Published April 22, 2022

Recent studies investigate grief among soldiers who experienced combat loss, but little research exists on the qualitative lived experience of such an event. In this study, semi-structured interviews were conducted with soldiers (n = 19) who lost a comrade (3–21 years ago) to delve into their bereavement process. The reflexive thematic analysis of soldiers’ accounts identified six main themes: (1) an unexpected and shattering experience; (2) emotional dissociation; (3) detachment from the outside world; (4) group formation; (5) accommodating the bereaved family; and (6) life-long impact. These themes were positioned on four distinct circles relating to the self and the surrounding social systems, indicating how soldiers’ grief unfolds and remains encapsulated and disenfranchised. The findings emphasize the value of peer support groups that should be facilitated and encouraged by official bodies—even years after—as part of providing social recognition.

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Links of Interest

Tips for managing stress
https://www.militarytimes.com/education-transition/2022/06/16/tips-for-managing-stress/

What soldiers need to know about the Army's new approach to sex crimes
https://taskandpurpose.com/analysis/army-sharp-program-change/

Marine veteran reframes fear as fuel for overcoming life's challenges
https://www.marinecorpstimes.com/news/your-marine-corps/2022/06/20/marine-veteran-reframes-fear-as-fuel-for-overcoming-lifes-challenges/

Trauma, Discrimination and PTSD Among LGBTQ+ People
https://ptsd.va.gov/PTSD/professional/treat/specific/trauma_discrimination_lgbtq.asp

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Resource of the Week: BIPOC Mental Health

From Mental Health America (MHA), a nonprofit in the community mental health space:

> The way we talk about things can often influence the way we think about them. In the field of mental health, we are familiar with "person first" language. This is language that prioritizes the identity of individuals as human beings with unique experiences and identities over their mental health status.
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> ***
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> This concept can be carried out as well in the way we refer to BIPOC (Black, Indigenous, and People of Color). The continued use of "minority or marginalized" sets up BIPOC communities in terms of their quantity instead of their quality and removes their personhood. The use of these terms directly contradicts MHA's focus on the individual and our hope to empower the individual as a whole person. The word "minority" also emphasizes the power differential between "majority" and "minority" groups and can make BIPOC feel as though "minority" is synonymous with inferiority.
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> ***
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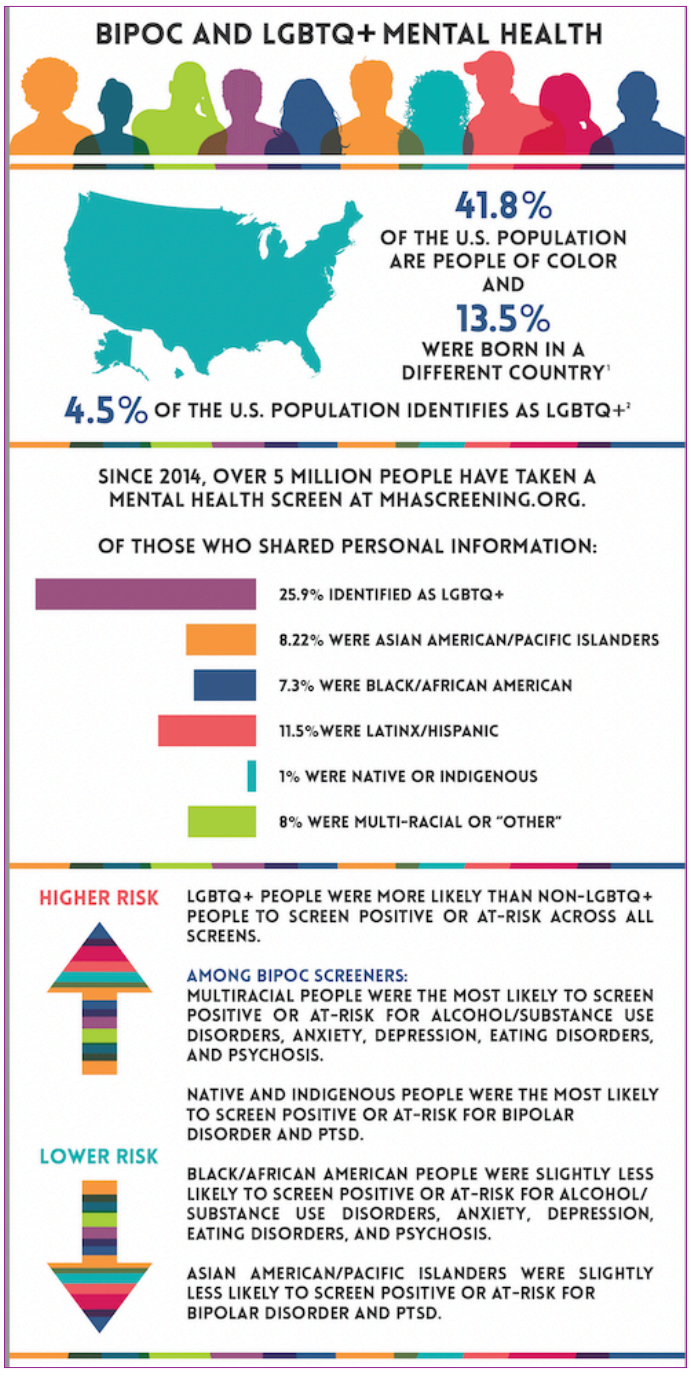
> To promote and be effective in addressing mental health for all, MHA uses a racial equity and intersectional lens to highlight, better understand, and effectively respond to the range of experiences held by individuals and families

with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, and language.

That's why we've put together the information in this hub:

- BIPOC mental health statistics and general information
- BIPOC Mental Health Infographic
- Healthcare disparities among Black, Indigenous, and People Of Color
- Policy issues relevant to special population



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