

# CDP



## Research Update -- July 7, 2022

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- The role of distress intolerance in suicidality among military sexual trauma survivors.
- DoD-VA Trauma Infection Research Collaboration.
- Differences in Chronic Pain Care among Veterans from Differing Racial and Ethnic Groups: Primary Care, Pain Clinic, Physical Therapy and Emergency/urgent Care Visits.
- Racial and Ethnic Disparities in Chronic Pain-related Mental Health Care in a Cohort of U.S. Military Veterans.
- Links of Interest
- VA/DoD Clinical Practice Guidelines: Use of Opioids in the Management of Chronic Pain (updated May 2022)

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<https://onlinelibrary.wiley.com/doi/epdf/10.1111/puar.13464>

**Black women in the military: Prevalence, characteristics, & correlates of sexual harassment.**

Breslin, R.A., Daniel, S., & Hylton, K.

Public Administration Review

May/June 2022

Sexual harassment is a persistent problem in the workplace that warrants further attention in public administration research. Despite the fact that Black women are one of the largest subpopulations in the military, most studies of sexual harassment treat women as a homogenous group and results generally reflect the experiences of White women given their overrepresentation in samples. Using data from a large-scale and representative survey of military members, we find that nearly one in five Black women in the military (17.9%) experienced sexual harassment in 2018. Our findings further detail Black women's sexual harassment experiences and advance the discourse on the need to address sexual harassment in the workplace through an intersectional lens in order to design more inclusive prevention and response programs and policies. For example, inclusive programs should proactively account for the experiences of Black women in the design and evaluation of prevention and response efforts.

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<https://doi.org/10.1001/jamaneurol.2022.1567>

**Cognitive Behavioral Therapy for Veterans With Comorbid Posttraumatic Headache and Posttraumatic Stress Disorder Symptoms: A Randomized Clinical Trial.**

McGeary, D. D., Resick, P. A., Penzien, D. B., McGeary, C. A., Houle, T. T., Eapen, B. C., Jaramillo, C. A., Nability, P. S., Reed, D. E., 2nd, Moring, J. C., Bira, L. M., Hansen, H. R., Young-McCaughan, S., Cobos, B. A., Mintz, J., Keane, T. M., & Peterson, A. L.

JAMA Neurology

2022 Jun 27

#### Importance:

Posttraumatic headache is the most disabling complication of mild traumatic brain injury. Posttraumatic stress disorder (PTSD) symptoms are often comorbid with posttraumatic headache, and there are no established treatments for this comorbidity.

#### Objective:

To compare cognitive behavioral therapies (CBTs) for headache and PTSD with treatment per usual (TPU) for posttraumatic headache attributable to mild traumatic brain injury.

#### Design, setting, and participants:

This was a single-site, 3-parallel group, randomized clinical trial with outcomes at posttreatment, 3-month follow-up, and 6-month follow-up. Participants were enrolled from May 1, 2015, through May 30, 2019; data collection ended on October 10, 2019. Post-9/11 US combat veterans from multiple trauma centers were included in the study. Veterans had comorbid posttraumatic headache and PTSD symptoms. Data were analyzed from January 20, 2020, to February 2, 2022.

#### Interventions:

Patients were randomly assigned to 8 sessions of CBT for headache, 12 sessions of cognitive processing therapy for PTSD, or treatment per usual for headache.

#### Main outcomes and measures:

Co-primary outcomes were headache-related disability on the 6-Item Headache Impact Test (HIT-6) and PTSD symptom severity on the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (PCL-5) assessed from treatment completion to 6 months posttreatment.

#### Results:

A total of 193 post-9/11 combat veterans (mean [SD] age, 39.7 [8.4] years; 167 male veterans [87%]) were included in the study and reported severe baseline headache-related disability (mean [SD] HIT-6 score, 65.8 [5.6] points) and severe PTSD symptoms (mean [SD] PCL-5 score, 48.4 [14.2] points). For the HIT-6, compared with usual care, patients receiving CBT for headache reported -3.4 (95% CI, -5.4 to -1.4;  $P < .01$ ) points lower, and patients receiving cognitive processing therapy reported -1.4 (95% CI, -3.7 to 0.8;  $P = .21$ ) points lower across aggregated posttreatment measurements. For the PCL-5, compared with usual care, patients receiving CBT for headache reported -6.5 (95% CI, -12.7 to -0.3;  $P = .04$ ) points lower, and patients receiving cognitive processing therapy reported -8.9 (95% CI, -15.9 to -1.9;  $P = .01$ ) points lower across aggregated

posttreatment measurements. Adverse events were minimal and similar across treatment groups.

Conclusions and relevance:

This randomized clinical trial demonstrated that CBT for headache was efficacious for disability associated with posttraumatic headache in veterans and provided clinically significant improvement in PTSD symptom severity. Cognitive processing therapy was efficacious for PTSD symptoms but not for headache disability.

Trial registration:

ClinicalTrials.gov Identifier: [NCT02419131](https://clinicaltrials.gov/ct2/show/study/NCT02419131).

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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.

Journal of the Society of Psychologists in Addictive Behaviors  
2022 Jun; 36(4): 419-427

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. (PsyInfo Database Record (c) 2022 APA, all rights reserved).

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<https://doi.org/10.1371/journal.pone.0270515>

## **Combat exposure and behavioral health in U.S. Army Special Forces.**

Rivera, A. C., LeardMann, C. A., Rull, R. P., Cooper, A., Warner, S., Faix, D., Deagle, E., Neff, R., Caserta, R., Adler, A. B., & Millennium Cohort Study Team

PLoS One

2022 Jun 28; 17(6): e0270515

Although combat has been found to be associated with adverse health outcomes, little is known about the impact of specific combat exposures, particularly among specialized personnel. This study examined the association of different types of combat exposures with behavioral health outcomes, and whether these associations differed by Army occupational specialization: General Purpose Forces infantrymen (n = 5,361), Ranger Qualified infantrymen (n = 308), and Special Forces personnel (n = 593). Multivariable regression models estimated the association of combat severity, type of combat event (fighting, killing, threat to oneself, death/injury of others), and type of killing with mental health disorders, trouble sleeping, and problem drinking. Combat severity, each type of combat event, and killing noncombatants were associated with adverse health outcomes after adjusting for covariates and other combat exposures. Except for trouble

sleeping, these associations did not differ by occupational specialization, though the prevalence and odds of outcomes were generally lower for Special Forces personnel.

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<https://doi.org/10.1002/smi.3153>

## **Changes in perceived stress during the COVID-19 pandemic among American veterans.**

Jordan P. Davis, John Prindle, Shaddy K. Saba, Denise D. Tran, Daniel S. Lee, Angeles Sedano, Carl A. Castro, Eric R. Pedersen

Stress & Health

First published: 23 April 2022

American veterans are a population that suffer from both context specific stressors as well as many population-specific major-life events. The present exploratory study utilises a longitudinal cohort of 1230 U.S. veterans surveyed from February 2020 through February 2021. We sought to understand heterogeneity in perceived stress, using growth mixture modelling, over this time period, how COVID-specific factors such as negative reactions to the pandemic, loneliness, and employment disruptions influence perceived stress trajectories, and how veterans vary across distal outcomes including posttraumatic stress disorder (PTSD), pain, depression, sleep problems, physical health, and alcohol use disorder. Results revealed a 4-class solution: Stable High, Stable Low, Steady Increasing, and Steady Decreasing classes. In terms of COVID specific factors, negative reactions to COVID were consistently associated with perceived stress for those in the Stable High and Steady Increasing classes whereas loneliness was associated with stress trajectories for all emergent classes. Finally, in terms of our distal outcomes, results showed a relatively robust pattern with veterans in the Stable High or Steady Increasing classes reporting worse scores across all outcomes including PTSD, pain, sleep problems, physical health, depression, and alcohol use disorder. Understanding the interplay between existing vulnerabilities, ongoing stressors, and behavioural health outcomes among veterans is crucial for prevention and intervention efforts.

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<https://doi.org/10.1177/0095327X221088325>

## **Training for Heat-of-the-Moment Thinking: Ethics Training to Prepare for Operations.**

Messervey DL, Peach JM, Dean WH, Nelson EA

Armed Forces & Society  
First Published April 25, 2022

Military ethics training has tended to focus on imparting ethical attitudes and on improving deliberative moral decision-making through classroom instruction. However, military personnel can be exposed to extreme conditions on operations, which can lead to heat-of-the-moment thinking. Under stress, individuals are more likely to engage in automatic processing than deliberative processing, and visceral states such as anger and disgust can increase a person's risk of behaving unethically. We propose that military ethics training could be improved by reinforcing classroom ethics training with interventions to counteract these risk factors. As training interventions, we recommend incorporating affect-labeling, goal-setting, and perspective-taking into realistic, pre-deployment training to make moral decision-making more robust against stress and other emotional experiences typical in combat. We outline steps researchers and trainers can take to test whether these interventions have the desired impact on ethical behavior.

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<https://doi.org/10.1016/j.psychres.2022.114589>

## **Post-traumatic stress disorder and depression are uniquely associated with disability and life dissatisfaction in post-9/11 veterans.**

John P.K. Bernstein, Jennifer Fonda, Alyssa Currao, Sahra Kim, ... Catherine B. Fortier

Psychiatry Research  
Volume 313, July 2022

### Highlights

- Examined relation between deployment trauma, disability and life dissatisfaction.
- Depressive and PTSD symptoms predicted disability and life dissatisfaction.



- Social support attenuated link between depression and comorbid disability/dissatisfaction.
- Low agreement between disability and dissatisfaction linked to depression and mTBI.

## Abstract

Veterans who served in post-9/11 conflicts and experience deployment trauma sequelae frequently endorse disability and dissatisfaction with life. Although correlated, disability and life dissatisfaction represent distinct constructs with separate implications for quality of life. We examined associations between deployment trauma sequelae, disability and life dissatisfaction in 288 post-9/11 Veterans. Participants completed assessments of psychiatric, somatic and social functioning. Self-reports evaluating disability and life dissatisfaction were used to group participants based on established criteria (i.e., Disability and Dissatisfaction, Disability Only, Dissatisfaction Only, or No Disability or Dissatisfaction). Multinomial logistic regressions revealed that greater post-traumatic stress disorder (PTSD) and depressive symptom severity were independently associated with increased odds of being in the Disability and Dissatisfaction group, the Disability Only group and the Dissatisfaction Only group, relative to the No Disability or Dissatisfaction group. Number of prior mild traumatic brain injuries (mTBI) was not associated with disability or dissatisfaction after accounting for other trauma sequelae. Social support attenuated the relationship between depression and membership in the Disability and Dissatisfaction group. Participants who reported greater dissatisfaction than disability endorsed greater depression and mTBI frequency. Overall, PTSD and depression convey a heightened risk of both disability and life dissatisfaction, while social support may be protective.

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<https://doi.org/10.1002/smi.3156>

## **Drug use over time among never-deployed US Army Reserve and National Guard soldiers: The longitudinal effects of non-deployment emotions and sex.**

Rachel A. Hoopsick, D. Lynn Homish, Schuyler C. Lawson, Gregory G. Homish

Stress & Health

First published: 02 May 2022

Some US military service members who have never been deployed experience negative emotions related to never having been deployed, and some work shows these

non-deployment emotions (NDE) are cross-sectionally associated with hazardous drinking for male, but not female, US Army Reserve/National Guard (USAR/NG) soldiers. However, it is not known if these effects extend to drug use or persist longitudinally, which is the focus of the current study. We conducted a longitudinal residual change analysis of a subset of data (N = 182 never-deployed soldiers) from Operation: SAFETY, an ongoing survey-based study of USAR/NG soldiers recruited from units across New York State. Outcome measures included current tobacco use, non-medical use of prescription drugs (NMUPD), current cannabis use, and other current illicit drug use (excluding cannabis) at four time points over a 3-year period. Results from bootstrapped residual change generalized estimating equation (GEE) models show that more negative NDE were longitudinally associated with a greater likelihood of current NMUPD among male, but not female, soldiers ( $p < 0.05$ ). NDE were not longitudinally associated with current tobacco use, cannabis use, or other illicit drug use among male or female soldiers ( $p_s > 0.05$ ). NDE may contribute to ongoing NMUPD among male USAR/NG soldiers who have never been deployed. Never-deployed soldiers, especially those with negative emotions related to never having been deployed, should not be overlooked in military screening and intervention efforts.

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<https://doi.org/10.1111/sltb.12848>

### **Risk factors for suicide in the Vietnam-era twin registry.**

Christopher W. Forsberg, Santiago A. Estrada, Aaron Baraff, Kathryn M. Magruder, Viola Vaccarino, Brett T. Litz, Matthew J. Friedman, Jack Goldberg, Nicholas L. Smith

Suicide and Life-Threatening Behavior

First published: 02 May 2022

#### Background

The risk of suicide among Veterans is of major concern, particularly among those who experienced a combat deployment and/or have a history of PTSD.

#### Design and methods

This was a retrospective cohort study of post-discharge suicide among Vietnam-era Veterans who are members of the Vietnam Era Twin (VET) Registry. The VET Registry is a national sample of male twins from all branches of the military, both of whom served on active duty between 1964 and 1975. Military service and demographic factors were available from the military records. Service in-theater was based on military records;

combat exposure and PTSD symptoms were assessed in 1987 by questionnaire. Mortality follow-up, from discharge to 2016, is identified from Department of Veterans Affairs, Social Security Administration, and National Death Index records; suicide as a cause of death is based on the International Classification of Death diagnostic codes from the death certificate. Statistical analysis used Cox proportional hazards regression to estimate the association of Vietnam-theater service, combat exposure, and PTSD symptoms with suicide while adjusting for military service and demographic confounding factors.

## Results

From the 14,401 twins in the VET Registry, there were 147 suicide deaths during follow-up. In adjusted analyses, twins who served in the Vietnam theater were at similar risk of post-discharge suicide compared with non-theater Veterans; there was no association between combat and suicide. An increase in severity of PTSD symptoms was significantly associated with an increased risk of suicide in adjusted analyses (hazard ratio = 1.13 per five-point increase in symptom score; 95% CI: 1.02–1.27).

## Conclusions

Service in the Vietnam theater is not associated with greater risk of suicide; however, PTSD symptom severity poses a degree of risk of suicide in Vietnam-era Veterans. Adequate screening for PTSD in Veterans may be promising to identify Veterans who are at increased risk of suicide.

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<https://doi.org/10.1016/j.jadr.2022.100361>

## **Psychosocial functioning deficits impact and are impacted by suicidal ideation in post-9/11 women veterans.**

Karen A. Lawrence, Dawne Vogt, Adam J. Dugan, Shawn Nigam, ... Brian N. Smith

Journal of Affective Disorders Reports  
Volume 9, July 2022

Women veterans in the United States (U.S.) are known to be at greater risk for suicide than non-veteran women (Hoffmire et al., 2021). Suicidal ideation (SI) is an established early predictor of suicide (Klonsky et al., 2016). Yet, to our knowledge, associations between psychosocial functioning and SI, over time, have not been examined in women veterans.

Broadly, psychosocial functioning has been defined with respect to a micro-level context consisting of daily functioning such as in work and family roles as well as a macro-level context comprising the pursuit of life goals and values (Ro and Clark, 2009). The present study is focused on the micro-level context and uses a measure designed to assess micro-level psychosocial functioning in the context of trauma-related psychopathology (Bovin et al., 2018). Aspects of psychosocial functioning have been identified as gender-specific risk factors associated with suicide attempt and death.

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<https://doi.org/10.1177/0095327X221076555>

### **Psychological and Sociological Profile of Women Who Have Completed Elite Military Combat Training.**

Tharion WJ, Friedl KE, Lavoie EM, Walker LA, McGraw SM, McClung HL.

Armed Forces & Society

First Published May 2, 2022

More than 75 women have successfully graduated from the U.S. Army Ranger Course since the integration of women into elite military combat training. This study sought to identify the psychological characteristics and sociological variables that contributed to their motivation and success. A guided interview and demographic and psychological questionnaires were used to assess characteristics of 13 women who successfully completed elite military combat training. Collectively, these women were college graduates and had well educated fathers, possessed high levels of grit and resiliency, and described themselves as self-competitive challenge seekers. These women all had a strong male influence in their lives. The characteristics of these pioneer women may be unique from subsequent cohorts as female participation in elite military combat training becomes the norm and as attitudes and experiences change for graduates of female combat training over time.

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<https://doi.org/10.1016/j.jpsychires.2022.04.040>

**Risk for PTSD symptom worsening during new PTSD treatment episode in a nationally representative sample of treatment-seeking U.S. veterans with subthreshold PTSD.**

Georgina M. Gross, Robert H. Pietrzak, Rani A. Hoff, Ira R. Katz, Ilan Harpaz-Rotem

Journal of Psychiatric Research  
Volume 151, July 2022, Pages 304-310

Previous research has examined risk factors associated with poorer treatment outcomes for military Veterans with PTSD. However, work has not examined risk for symptom worsening among Veterans with subthreshold PTSD. The aim of this study was to examine demographic, psychiatric, physical health, and pre-treatment PTSD symptom clusters associated with clinically significant worsening of PTSD among a nationally representative sample of United States (U.S.) Veterans with subthreshold PTSD. Participants were Veterans (weighted N = 3162; unweighted N = 236) with subthreshold PTSD entering a new episode of treatment at U.S. Veterans Affairs PTSD specialty clinics during fiscal years 2018 and 2019. Data was collected as part of the Veterans Outcome Assessment, a yearly baseline and 3-month follow-up telephone survey. Analyses used weighted calculations to support the use of VOA data to draw inferences about all eligible Veterans, and binary logistic regression was used to examine risk factors for symptom worsening. Over 1/3 (37.7%) of Veterans with subthreshold PTSD experienced clinically significant symptom worsening from baseline to follow-up. Adjusted analyses revealed several risk factors for symptom worsening, including demographic (e.g., male sex, White race), psychiatric (personality and anxiety disorders), health care utilization (e.g., more primary care encounters in the previous year), physical health disability, and specific baseline PTSD symptom clusters (negative affect and anxious arousal). Findings suggest that Veterans with subthreshold symptoms seeking treatment for PTSD are at risk for symptom worsening, and highlight the importance of assessment, prevention, and treatment in targeting veterans with PTSD symptoms below the diagnostic threshold.

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<https://doi.org/10.1016/j.addbeh.2022.107358>

**What's sleep got to do with it? Longitudinal associations between insomnia, PTSD, and alcohol use among U.S. Veterans.**

Jordan P. Davis, John Prindle, Shaddy K. Saba, Graham T. DiGuseppi, ... Eric R. Pedersen

Addictive Behaviors

Volume 132, September 2022,

### Highlights

- Insomnia, PTSD, and alcohol use have dynamic and complex associations.
- Spikes in insomnia can trigger downstream effects on PTSD and alcohol use.
- Large increases in alcohol use creates a delayed effect on increases in insomnia.

### Abstract

U.S. veterans are at risk for insomnia, which often co-occurs with symptoms of posttraumatic stress disorder (PTSD) and alcohol use. Much of the research on veterans and these three constructs is cross-sectional and focused on unidirectional pathways. Recent theoretical and empirical evidence suggests a dynamic interplay between insomnia, PTSD, and alcohol use, yet few longitudinal studies exist. A clearer understanding of these pathways is needed to help inform integrated treatments. Using a sample of 1,230 post-9/11 veterans assessed over four time points across 12 months, we used a latent difference score modeling approach to examine proportional and dynamic change between insomnia, PTSD, and alcohol. Results revealed a complex interplay between all three constructs. Higher prior levels of both PTSD and alcohol use were associated with greater subsequent changes in insomnia symptoms (i.e., worse sleep). Moreover, although veterans drank less frequently as their insomnia symptoms worsened over time, greater changes in insomnia symptoms (i.e., worse symptoms) was a mechanism linking PTSD and more frequent drinking. As the research on interventions addressing insomnia, PTSD, and alcohol is limited, there are opportunities for researchers and clinicians to develop programs that effectively target all three in integrated treatments.

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<https://doi.org/10.3928/02793695-20220428-01>

### **Moral Injury and Telemental Health Services: An Overview on Clinician Impact.**

Deana Goldin, PhD, DNP, APRN , Carissa Cabán-Alemán, MD , and Heidi von Harscher, PhD

Moral injury develops from enduring complex moral conflicts that occur when one's beliefs and values are violated by committing, perpetrating, failing to prevent, or witnessing acts that transgress one's deep moral compass. In response to the coronavirus disease 2019 pandemic and the extraordinary impact to patients and health care systems around the globe, telemental health has rapidly expanded as a means to optimize resource use and comply with social distancing mandates. Social determinants of health, which include financial inequity, have influences on pandemic situations, such as physical distancing and lockdowns, resulting in disproportionate delays in timely mental health diagnosis and management. The current article discusses an overview of how the demands of the pandemic have forced mental health clinicians working in telemental health to face a wide range of complex ethical and moral dilemmas.

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<https://doi.org/10.1080/21635781.2022.2067918>

### **Mediating Effects of Pain Catastrophizing on Sleep and Pain Intensity in Army Basic Trainees.**

Jason L. Judkins, Shannon Merkle, Kathryn Taylor, Brandon M. Roberts, Bradley M. Ritland, Stephen A. Foulis, Julie Hughes & Kristin J. Heaton

Military Behavioral Health  
Published online: 05 May 2022

Numerous stressors during Army Basic Combat Training can elevate pain. Previous research has shown that disrupted sleep may increase pain and pain catastrophizing. The purpose of this study is to examine the interrelationships between pain catastrophizing, sleep duration, sleep quality, and pain intensity in a military population. Measures included three standardized self-report instruments related to sleep and pain intensity. Linear mixed-model mediation analyses evaluated the direct effect of sleep on pain intensity and the indirect effect of pain catastrophizing on pain intensity. Participants (N=478, 57.7% male,  $20.8 \pm 3.96$  years) averaged  $6.39 \pm 1.01$  h of sleep per night and reported mild pain intensity ratings of  $3.4 \pm 2.02$ . Significant main effects of sleep duration ( $b = -0.23$ ) and quality ( $b = 0.11$ ) on pain intensity ( $p < 0.0001$ ) were

observed, however pain catastrophizing did not mediate these relationships ( $p=0.30$  and  $p=0.12$ ). Overall, data suggest that female trainees with poorer sleep quality also report greater levels of pain, a relationship that was significantly mediated by pain catastrophizing. Female trainees also reported greater levels of pain intensity and rumination, which reflects observations made within the general population.

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<https://doi.org/10.1007/s40501-022-00261-7>

## **Trauma-Informed Guilt Reduction Therapy: Overview of the Treatment and Research.**

Norman, S.

Current Treatment Options in Psychiatry

Published: 05 May 2022

### **Purpose of Review**

The purpose of this review is to describe Trauma-Informed Guilt Reduction Therapy (TrIGR), the Non-Adaptive Guilt and Shame (NAGS) model that underlies TrIGR, and the research supporting the use of TrIGR to treat the guilt and shame components of moral injury. TrIGR is a 6-session individual psychotherapy that helps clients consider their role in the traumatic event and find constructive ways to express important values, so that they no longer need to express values by suffering through guilt and shame.

### **Recent Findings**

A recently completed randomized controlled trial of TrIGR versus supportive care therapy included 144 post-9/11 veterans. TrIGR showed greater reductions in trauma-related guilt, PTSD symptoms, and depression symptoms. Participants in TrIGR had greater likelihood of losing their PTSD diagnosis and showing clinical meaningful change in PTSD and depression symptoms. Mean attendance was high; 5.3 out of 6 sessions.

### **Summary**

TrIGR is efficacious in reducing guilt that is common to moral injury as well as PTSD and depression symptoms among combat veterans. The next steps in the program of research to develop and evaluate TrIGR are studies with diverse trauma types and



populations as well as relative effectiveness studies comparing TrIGR to other evidence-based treatments for moral injury and PTSD.

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<https://doi.org/10.1016/j.amepre.2022.03.017>

## **The First Year After Military Service: Predictors of U.S. Veterans' Suicidal Ideation.**

Shelby Borowski, Anthony J. Rosellini, Amy E. Street, Jaimie L. Gradus, Dawne Vogt

American Journal of Preventive Medicine  
Available online 6 May 2022

### Introduction

Little is known about predictors of military veterans' suicidal ideation as they transition from service to civilian life, a potentially high-risk period that represents a critical time for intervention. This study examined factors associated with veterans' suicidal ideation in the first year after military separation.

### Methods

A national sample of U.S. veterans (N=7,383) from The Veterans Metrics Initiative Study reported on their mental health, psychosocial well-being, and demographic/military characteristics in an online survey at 3 and 9 months after separation. Cross-validated random forest models and mean decrease in accuracy values were used to identify key predictors of suicidal ideation. Bivariate ORs were calculated to examine the magnitude and direction of main effects associations between predictors and suicidal ideation. Data were collected in 2016/2017 and analyzed in 2021.

### Results

In the first year after separation, 15.1% of veterans reported suicidal ideation. Endorsing depression symptoms and, to a lesser extent, identifying oneself as experiencing depression, were most predictive of suicidal ideation. Other psychopathology predictors included higher anxiety and posttraumatic stress disorder symptoms. Psychosocial well-being predictors included higher health satisfaction and functioning, community satisfaction and functioning, and psychological resilience. Logistic models performed similarly to random forest models, suggesting that relationships between predictors and suicidal ideation were better represented as main effects than interactions.

## Conclusions

Results highlight the potential value of bolstering key aspects of military veterans' mental health and psychosocial well-being to reduce their risk for suicidal ideation in the first year after separation. Findings can inform interventions aimed at helping veterans acclimate to civilian life.

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<https://doi.org/10.1001/jamanetworkopen.2022.10731>

## **Analysis of Methods of Suicide Among US Military Veterans Recently Separated From Military Service.**

Stanley IH, Ravindran C, Morley SW, Stephens BM, Reger MA

JAMA Network Open  
May 6, 2022

Veterans who recently separated from military service have high suicide rates for several years after the transition.<sup>1</sup> It is unknown whether this risk differs by method of suicide. This study aimed to examine (1) firearm, suffocation, and poisoning suicide rates among recently separated veterans ( $\leq 5$  years) and the general veteran population and (2) demographic and military characteristics associated with risk of method-specific suicide mortality among recently separated veterans.

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In this cohort study, we found that recently separated male veterans were at increased risk for firearm suicide compared with the general veteran population, adjusting for age. We speculate that recently separated veterans may have more proximal familiarity and comfort with firearms and/or are more likely to own or have access to firearms, thereby increasing their risk for firearm suicide.

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<https://doi.org/10.1016/j.amepre.2022.04.034>

## **Health Disparities Among Lesbian, Gay, and Bisexual Service Members and Veterans.**

Felicia R. Carey, Cynthia A. LeardMann, Keren Lehavot, Isabel G. Jacobson, ...  
Rudolph P. Rull

American Journal of Preventive Medicine  
Available online 3 July 2022

### Introduction

This study investigated whether health disparities exist among lesbian, gay, and bisexual individuals serving in the U.S. military by examining the associations of sexual orientation with mental, physical, and behavioral health among a population-based sample of service members and veterans.

### Methods

Sexual orientation and health outcomes were self-reported on the 2016 Millennium Cohort Study follow-up questionnaire (N=96,930). Health outcomes were assessed across 3 domains: mental health (post-traumatic stress disorder, depression, anxiety, binge eating, problematic anger), physical health (multiple somatic symptoms, physical functioning, BMI), and behavioral health (smoking, problem and risky drinking, insomnia). Adjusted logistic regression models conducted between 2019 and 2022 estimated the associations between sexual orientation and each health outcome.

### Results

Lesbian, gay, and bisexual individuals (3.6% of the sample) were more likely to screen positive for post-traumatic stress disorder, depression, anxiety, binge eating, problematic anger, multiple somatic symptoms, and insomnia than heterosexual individuals. Gay/lesbian and bisexual women reported more adverse health outcomes (overweight and obesity, smoking, problem/risky drinking) than heterosexual women. Gay and bisexual men reported some adverse health outcomes (e.g., smoking and problem drinking) but better physical health (e.g., less overweight/obesity) than heterosexual men.

### Conclusions

Lesbian, gay, and bisexual service members reported poorer mental, physical, and behavioral health than heterosexual peers, most notably among gay/lesbian women and bisexual individuals. Findings suggest that lesbian, gay, and bisexual service members experience health disparities, despite many having equal eligibility for health care, highlighting the need for improved equity initiatives that promote cultural responsiveness, acceptance, and approaches to support the healthcare needs of lesbian, gay, and bisexual military members.

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<https://doi.org/10.1080/08995605.2022.2062973>

### **The role of mindfulness and resilience in Navy SEAL training.**

Andrew Ledford, Celeste Raver Luning, Deirdre P. Dixon, Patti Miles & Scott M. Lynch

Military Psychology

Published online: 04 May 2022

Mindfulness and resilience are thought to be essential qualities of the military's special operations community. Both are tested daily in Special Operations Forces (SOF) assessment and selection efforts to prepare candidates to persist through grueling training and complex combat situations; but these qualities are rarely measured. While military leadership places value on the concepts of mindfulness and resilience, there is minimal empirical research examining the role that they play in the completion of training. This longitudinal study followed three classes of SEAL candidates at Basic Underwater Demolition/SEAL (BUD/S) training over their six-month selection program. We estimated logit models predicting successful completion of BUD/S and specific types of failure in that training environment with indexes of mindfulness and resilience at the start of the program as predictors of completion. The results indicate that (1) mindfulness is unrelated to completion, while (2) resilience is positively related to completion, and (3) The results indicate that mindfulness is generally unrelated to completion, while resilience generally predicts completion.

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[https://n.neurology.org/content/98/18\\_Supplement/144.abstract](https://n.neurology.org/content/98/18_Supplement/144.abstract)

### **PTSD, Depression, and Cognitive Performance in Military Service Members With and Without History of mTBI.**

Carolyn Parsey, Hyun Jin Kang, Jason Barber, Nancy Temkin, Christine MacDonald

Neurology

May 2022, 98 (18 Supplement) 144

Objective:

Investigate the relationship of PTSD and depression symptoms and cognitive

performance in a longitudinal study of military personnel with and without history of mild TBI (mTBI)

**Background:**

Combat veterans often present with co-occurring PTSD and history of mTBI, and they typically demonstrate lower cognitive performances compared to those with either PTSD or history of mTBI. How severity of PTSD symptoms may influence the trajectory of cognitive performance is not well understood. We evaluated whether relationships between psychiatric symptoms and cognitive performance were more prominent in patients with history of blast mTBI versus controls at 5 year follow-up.

**Design/Methods:**

5-year follow up data from 280 participants enrolled in the EVOLVE longitudinal study of military personnel was examined. Groups were subdivided into patients with concussive blast TBI (n=171) and combat-deployed controls without history of blast exposure and TBI (non-blast controls; n=109). We evaluated 5-year outcomes of PTSD symptoms by the Clinician-Administered PTSD Scale (CAPS), depression symptoms by the Montgomery-Asberg Depression Rating Scale (MADRS), and cognitive performances by a standardized neuropsychological test battery.

**Results:**

Relative to the non-blast controls, the blast TBI group had significantly higher scores on the CAPS ( $p < .001$ ) and MADRS ( $p < .001$ ), and worse overall cognitive performances ( $p < .001$ ) at 5-year follow-up. Correlations between cognitive performance with CAPS or MADRS did not show statistically significant group differences ( $p > .05$ ).

**Conclusions:**

Our findings demonstrate evidence of worsening cognitive and emotional outcomes in military personnel with history of blast TBI history, relative to a well-matched control group of military personnel with a history of combat deployment but without TBI and blast history. Further modeling of trajectories of specific cognitive domain performances, including those most commonly seen in PTSD and mTBI, are warranted.

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<https://doi.org/10.1037/trm0000383>

**The role of distress intolerance in suicidality among military sexual trauma survivors.**

McGrew, S. J., Caulfield, N. M., Boffa, J. W., Houtsma, C., Capron, D. W., Vujanovic, A. A., Franklin, C. L., & Raines, A. M.

Traumatology

Advance online publication

Suicide is a growing public health concern, particularly among veterans. Notably, veterans who report experiencing a military sexual trauma (MST) are at even greater risk for suicide compared to those who do not. Research has implicated distress intolerance (DI), the perceived inability to withstand aversive emotional and somatic states, as an important risk factor for suicide. However, no research has examined the relationship between DI and suicidality among MST survivors. Thus, the purpose of the current study was to investigate the role of DI in suicidality (defined as suicidal thoughts, control of thoughts, plans, and impulses) using an outpatient sample of MST survivors. The sample included 64 veterans presenting for psychological services to an MST specialty clinic at a large southeastern Veterans Affairs hospital. As part of their intake evaluation, veterans completed a brief battery of self-report questionnaires to assist with diagnostic clarification and treatment planning. Results revealed a significant and positive relationship between DI and suicidality even after controlling for PTSD symptom severity. These findings suggest DI may play a key role in suicidality among MST survivors. Future research should seek to determine the extent to which reductions in DI result in subsequent reductions in suicidality among MST samples. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1093/milmed/usab482>

### **DoD-VA Trauma Infection Research Collaboration.**

Jay McDonald, MD, Stephen Y Liang, MD, MPHS, Ping Li, MS, Laveta Stewart, PhD, MSc, MPH, David R Tribble, MD, DrPH

Military Medicine

Volume 187, Issue Supplement\_2, May-June 2022, Pages 17–24

### **Background**

In the aftermath of wars, there is a surge in the number of wounded service members who leave active duty and become eligible for healthcare through the Department of Veterans Affairs (VA). Collaborations between the Department of Defense (DoD) and VA

are crucial to capture comprehensive data and further understand the long-term impact of battlefield trauma. We provide a summary of the development, methodology, and status of an effective collaboration between the Infectious Disease Clinical Research Program and the St. Louis VA Health Care System with the multicenter, observational Trauma Infectious Disease Outcomes Study (TIDOS), which examines the short- and long-term outcomes of deployment-related trauma.

## Methods

As part of TIDOS, wounded service members who transitioned to participating military hospitals in the United States (2009–2014) were given the opportunity to enroll in a prospective follow-up cohort study to continue to capture infection-related data after their hospital discharge. Enrollees in the TIDOS cohort who left military service and received health care through the VA also had the option of consenting to have relevant VA medical records abstracted and included with the study data. Infections considered to be complications resulting from the initial trauma were examined.

## Results

Among 1,336 TIDOS enrollees, 1,221 (91%) registered and received health care through the VA with 633 (47%) consenting to follow-up using VA records and comprising the TIDOS-VA cohort. Of the first 337 TIDOS-VA cohort enrollees, 38% were diagnosed with a new trauma-related infection following hospital discharge (median: 88 days; interquartile range: 18–351 days). Approximately 71% of the infections were identified through DoD sources (medical records and follow-up) and 29% were identified through VA electronic medical records, demonstrating the utility of DoD-VA collaborations. The TIDOS DoD-VA collaboration has also been utilized to assess intermediate and long-term consequences of specific injury patterns. Among 89 TIDOS-VA cohort enrollees with genitourinary trauma, 36% reported sexual dysfunction, 21% developed at least one urinary tract infection, 14% had urinary retention/incontinence, and 8% had urethral stricture. The rate of urinary tract infections was 0.05/patient-year during DoD follow-up time and 0.07/patient-year during VA follow-up time.

## Conclusions

Wider capture of infection-related outcome data through the DoD-VA collaboration provided a clearer picture of the long-term infection burden resulting from deployment-related trauma. Planned analyses include assessment of osteomyelitis among combat casualties with amputations and/or open fractures, evaluation of mental health and social factors related to injury patterns, and examination of health care utilization and cost in relation to infectious disease burdens.

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<https://doi.org/10.1016/j.jpain.2022.03.136>

## **Differences in Chronic Pain Care among Veterans from Differing Racial and Ethnic Groups: Primary Care, Pain Clinic, Physical Therapy and Emergency/urgent Care Visits.**

Jasmine Mares, Jenna Adamowicz, Brian C. Lund, Diana J. Burgess, ... Katherine Hadlandsmyth

The Journal of Pain

Volume 23, Issue 5, Supplement, May 2022, Pages 35-36

An abundance of research provides evidence for racial and ethnic minorities receiving less effective chronic pain treatment. As chronic pain disproportionately impacts US Military Veterans and has substantial physical, psychological, and societal consequences, the purpose of the current study was to identify differences in chronic pain care for African Americans, Asian Americans, and Hispanics, compared to Whites in the Veterans Health Administration. A chronic pain cohort was examined (N = 2,135,216) using VA administrative data from 2018. For each health care utilization variable, multivariate log binomial regression models compared differences between racial/ethnic groups and interactions with rural/urban residence. Additionally, an a priori definition of clinical significance was established due to the large sample size. Clinical significance was achieved if the aRR point estimate was < 0.91 or > 1.10 and was statistically significant. The current study found no differences in pain-related primary care visits among all racial/ethnic groups but did find that African Americans and Asian Americans were less likely to visit pain clinics. Rurality further decreased the likelihood of African Americans receiving pain clinic visits. African Americans were most likely to have pain-related physical therapy visits (aRR = 1.17, 95% CI: 1.16-1.18), followed by Hispanics (aRR = 1.10, 95% CI: 1.08-1.11), relative to Whites. However, this did not hold true with rural Hispanics (aRR = 0.97, 95% CI: 0.92-1.02). For emergency or urgent care visits, African Americans and Hispanics were both more likely to have chronic pain-related visits (aRR = 1.32 and 1.10). All interactions concerning rurality and emergency and urgent care were significant except for rural Hispanics who were less likely to receive emergency room or urgent care visits. The findings from the current study may be useful in further improving the Stepped Care Model of Pain Care to address differences in pain clinic and emergency/urgent care visits. Grant support from the Office of Rural Health grant #16023.

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<https://doi.org/10.1016/j.jpain.2022.03.134>

## **Racial and Ethnic Disparities in Chronic Pain-related Mental Health Care in a Cohort of U.S. Military Veterans.**

Jenna Adamowicz, Jasmine G. Mares, Brian Lund, Diana Burgess, ... Katherine Hadlandsmyth

The Journal of Pain

Volume 23, Issue 5, Supplement, May 2022, Page 35

Chronic pain is a significant problem that impacts the physical and psychological health of many U.S. Veterans. Fortunately, evidenced-based psychological treatments are available through the VA for chronic pain management. However, prior research has broadly shown racial/ethnic minority disparities regarding chronic pain management. The aim of the current study was to examine differences in utilization of VA chronic pain-related mental health care for African American, Asian American, and Hispanic Veterans compared to Whites. Veterans with chronic pain receiving care at the VA in 2018 were included (N = 2,135,216). Mental health care included clinic and telephone visits. Multivariate log binominal regression models were conducted, controlling for age and sex. Interactions with rurality were also explored. A point estimate between groups was considered clinically significant if  $p < .05$  and a difference  $>10\%$  was observed. Included Veterans had a mean age of 60.5 years (SD = 15.1) and identified as mostly White non-Hispanic (68%), male (89%), and urban residing (81%). Asian Americans were significantly less likely than Whites to receive chronic pain-related mental health care (aRR = 0.86, 95% CI: 0.81, 0.91). Both African Americans (aRR = 1.07, 95% CI: 1.05, 1.08) and Hispanics (aRR = 1.08, 95% CI: 1.05, 1.10) were more likely to receive mental health care than Whites, but this did not reach the level of clinical significance. A clinically significant interaction between rurality and race were observed, such that rural African Americans and Hispanic utilized mental health care more than Whites. These findings suggest that Asian American Veterans with chronic pain may be missing out on effective treatment services to manage their chronic pain. Possible reasons related to these disparities will be discussed. Funding was provided by the U.S. Department of Veterans Affairs (VA) Office of Rural Health (project number 16023). Visit [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov) to learn more. The work reported here was also supported by the US Department of Veterans Affairs Health Services Research and Development (HSR&D) Service through the Center for Access and Delivery Research and Evaluation (CADRE) Center (CIN 13-412). The views expressed in this poster are those of the

authors and do not necessarily reflect the position or policy of the US Department of Veterans Affairs or the United States Government.

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## Links of Interest

Their Fight Was Over. Why Did I Make It Home and They Did Not?

<https://thewarhorse.org/their-fight-was-over-why-did-i-make-it-home-and-they-did-not/>

Overturing Roe: What Might This Mean for Military Culture?

<https://www.lawfareblog.com/overturing-roe-what-might-mean-military-culture>

New rules make it easier to kick out airmen, guardians guilty of sexual assault

<https://www.airforcetimes.com/news/your-air-force/2022/06/30/new-rules-make-it-easier-to-kick-out-airmen-guilty-of-sexual-assault/>

Where Military Paychecks Are Prime Targets

An entire financial ecosystem surrounds the nation's military installations. It's a perilous landscape for young soldiers with little financial experience.

<https://www.nytimes.com/2022/06/30/your-money/fort-campbell-military-installations.html>

Flashbacks, anxiety and PTSD: Trauma is all around us in Ukraine (Opinion)

<https://www.washingtonpost.com/opinions/2022/07/01/ukraine-trauma-ptsd-recovery-war/>

Staff Perspective: Nightmares and Disturbing Dreams

<https://deploymentpsych.org/blog/staff-perspective-nightmares-and-disturbing-dreams>

Staff Perspective: What is Trauma? Careful Assessment Facilitates Effective Treatment

<https://deploymentpsych.org/blog/staff-perspective-what-trauma-careful-assessment-facilitates-effective-treatment>

Chlamydia is the Military's Most Common Sexually Transmitted Infection

<https://health.mil/News/Articles/2022/06/21/Chlamydia-is-the-Militarys-Most-Common-Sexually-Transmitted-Infection>

A Private War: Why PTSD Is Still Overlooked

<https://www.nytimes.com/2022/04/04/well/mind/ptsd-trauma-symptoms.html>

Thousands of San Diego Military Children on Daycare Waitlist as Navy Scrambles to Address Need

<https://www.military.com/daily-news/2022/07/05/thousands-of-san-diego-military-children-daycare-waitlist-navy-scrambles-address-need.html>

New Reserve Maternity Leave Policy Issued by Pentagon 18 Months After Congressional Order

<https://www.military.com/daily-news/2022/07/05/new-reserve-maternity-leave-policy-issued-pentagon-18-months-after-congressional-order.html>

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**Resource of the Week – [VA/DoD Clinical Practice Guidelines: Use of Opioids in the Management of Chronic Pain](#)**

Newly updated in May 2022:

The guideline describes the critical decision points in the Use of Opioids in the Management of Chronic Pain and provides clear and comprehensive evidence based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The workgroup consensus statements are provided to minimize harm and increase patient safety in patients requiring opioid therapy.



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Shirl Kennedy, BS, MA

Research Editor

Henry M. Jackson Foundation employee collaborating with Center for Deployment  
Psychology

Office: (727) 537-6160

Email: [shirley.kennedy.ctr@usuhs.edu](mailto:shirley.kennedy.ctr@usuhs.edu)