

CDP



Research Update -- July 14, 2022

What's Here:

- Psychologist veteran status as a predictor of veterans' willingness to engage in psychotherapy.
- Implementation of a Mobile Technology–Supported Diaphragmatic Breathing Intervention in Military mTBI With PTSD.
- Treatment for Moral Injury: Impact of Killing in War.
- Understanding Special Operations Forces Spouses Challenges and Resilience: A Mixed-Method Study.
- Posttraumatic stress disorder service dogs and the wellbeing of veteran families.
- My Commander in Chief is Black! The Mental Health Significance of Barack Obama's 2008 Presidential Election for Military Veterans.
- Health Conditions Among Special Operations Forces Versus Conventional Military Service Members: A VA TBI Model Systems Study.
- Prevalence of Polytrauma Clinical Triad Among Active Duty Service Members.
- Clinical utility of PTSD, resilience, sleep, and blast as risk factors to predict poor neurobehavioral functioning following traumatic brain injury: A longitudinal study in U.S. military service members.
- Engaging Stakeholders to Optimize Sleep Disorders' Management in the U.S. Military: A Qualitative Analysis.
- Stressful life events and trajectories of depression symptoms in a U.S. military cohort.
- Erectile Dysfunction in a U.S. National Sample of Male Military Veterans.

- Combat and Operational Stress Control Interventions and PTSD: A Systematic Review and Meta-Analysis.
- Mental Health Burden in Enlisted and Commissioned U.S. Military Veterans: Importance of Indirect Trauma Exposure in Commissioned Veterans.
- Functional outcomes from psychotherapy for people with posttraumatic stress disorder: A meta-analysis.
- More is not always better: 2 weeks of intensive cognitive processing therapy-based treatment are noninferior to 3 weeks.
- Pain and posttraumatic stress: Associations among women veterans with a history of military sexual trauma.
- Adaptive Disclosure: Theoretical Foundations, Evidence, and Future Directions.
- Post-traumatic stress disorder and hiring: The role of social media disclosures on stigma and hiring assessments of veterans.
- Longing for sleep after violence: The impact of PTSD symptoms, avoidance, and pain on insomnia among female veterans.
- Post-traumatic stress disorder and depression are uniquely associated with disability and life dissatisfaction in post-9/11 veterans.
- Association between burnout and insomnia in U.S. Air Force Pararescue personnel: A cross-sectional study.
- Gender differences in marital and military predictors of service member career satisfaction.
- Guiding Army Commanders' Decision-making Process in Managing Their Suicide Prevention Programs.
- Massed Cognitive Processing Therapy in Active-Duty Military: A Case Series.
- Chronic Traumatic Encephalopathy in the Brains of Military Personnel.
- Aggression and violent behavior in the military: Self-reported conflict tactics in a sample of service members and veterans seeking treatment for posttraumatic stress disorder.
- Links of Interest
- Resource of the Week: Military Statistics (Dudley Knox Library, Naval Postgraduate School)

<https://doi.org/10.1080/08995605.2022.2066937>

Psychologist veteran status as a predictor of veterans' willingness to engage in psychotherapy.

Julie D. Yeterian & Sunny J. Dutra

Military Psychology

Published online: 10 May 2022

Many veterans experience difficulties with mental health and functioning, yet many do not seek treatment and dropout rates are high. A small body of literature suggests that veterans prefer to work with providers or peer support specialists who are also veterans. Research with trauma-exposed veterans suggests that some veterans prefer to work with female providers. In an experimental study with 414 veterans, we examined whether veterans' ratings of a psychologist (e.g., helpfulness, ability to understand the participant, likelihood of making an appointment) described in a vignette were impacted by the psychologist's veteran status and gender. Results indicated that veterans who read about a veteran psychologist rated the psychologist as more able to help and understand them, reported being more willing to see and more comfortable seeing the psychologist, and reported greater belief that they should see the psychologist, relative to those who read about a non-veteran psychologist. Contrary to hypotheses, there was no main effect of psychologist gender nor any interaction between psychologist gender and psychologist veteran status on ratings. Findings suggest that having access to mental health providers who are also veterans may reduce barriers to treatment-seeking among veteran patients.

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

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

Wallace, Tracey MS, CCC-SLP; Morris, John T. PhD; Glickstein, Richard LCSW, LISW-CP; Anderson, Raeda K. PhD; Gore, Russell K. MD

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.

<https://doi.org/10.1007/s40501-022-00262-6>

Treatment for Moral Injury: Impact of Killing in War.

Kristine Burkman PhD, Rebecca Gloria PhD, Haley Mehlman BA, BS & Shira Maguen PhD

Current Treatment Options in Psychiatry

Published: 07 May 2022

Purpose of Review

Veterans who kill in war are at risk of developing negative mental health problems including moral injury, PTSD, spiritual distress, and impairments in functioning. Impact of Killing (IOK) is a novel, cognitive-behaviorally based treatment designed to address the symptoms associated with killing that focuses on self-forgiveness and moral repair through cultivation of self-compassion and perspective-taking exercises, such as letter writing, and active participation in values-driven behavior.

Recent Findings

In a pilot trial assessing IOK, participants demonstrated a reduction in multiple mental health symptoms and improvement in quality-of-life measures, and they reported IOK was acceptable and feasible. Furthermore, trauma therapists have reported that moral injury is relevant to their clinical work, expressed a desire for additional training on the impact of killing, and identified barriers that make addressing killing in clinical settings challenging. Data are currently being collected in a national multi-site trial to examine the efficacy of IOK, compared to a control condition.

Summary

IOK fills a critical treatment gap by directly addressing the guilt, shame, self-sabotaging behaviors, functional difficulties, impaired self-forgiveness, and moral/spiritual distress directly associated with killing in war. Typically provided following some initial trauma-processing treatment, IOK can be integrated in existing systems of trauma care, creating a pathway for a stepped model of treatment for moral injury.

<https://doi.org/10.1080/21635781.2022.2067921>

Understanding Special Operations Forces Spouses Challenges and Resilience: A Mixed-Method Study.

I. Richer, C. Frank & E. Guérin

Military Behavioral Health

Published online: 11 May 2022

Special Operations Forces (SOF) are high readiness units that frequently deploy on short notice, leaving their families to cope at home. The objective of this study was to better understand the unique challenges of SOF spouses and the risk and protective factors that contribute to their resilience. The study employed a mixed-methods design, including an online survey (n = 159 spouses) and in-depth semi-structured interviews (n = 29 spouses). Results indicate that while the majority of surveyed SOF spouses had good mental health, they seem to have a higher prevalence of poor mental health than conventional force spouses. Combined survey and interview results indicate that SOF spouses report high levels of work-life conflict and experience challenges related to the demands of the SOF lifestyle. Living in a rural area was inversely related to good mental health, and qualitative findings suggest that this association may be due to career limitations. Social support, especially from the SOF community and their SOF partner, was identified as critical for spouses' well-being. Participants also discussed having a military background, being independent, engaging in self-care, and using military family services and counseling as key to maintaining their well-being. Recommendations for support needs are discussed.

<https://doi.org/10.1080/20008198.2022.2062997>

Posttraumatic stress disorder service dogs and the wellbeing of veteran families.

Leanne O. Nieforth, Elise A. Miller, Shelley MacDermid Wadsworth & Marguerite E. O'Haire

European Journal of Psychotraumatology

Published online: 09 May 2022

Background

Benefits and challenges associated with service dogs for veterans with posttraumatic stress disorder (PTSD) may extend beyond veterans to their families.

Objective

The purpose of the current study is to evaluate the impact of veterans' PTSD service dogs on spouses and families in a parallel-group, longitudinal design with assessments at baseline and three months follow-up.

Method

A total of 88 United States military veteran spouses completed a survey composed of multiple standardized measures at baseline and three months later. In the intervention group (n = 48), veterans received service dogs shortly after baseline while the waitlist control group (n = 40) did not.

Results

Linear regression analyses demonstrated significantly lower caregiver satisfaction, higher caregiver burden and higher participation in life activities among spouses who had service dogs in their homes compared to those on the waitlist. Though not significant, small effect sizes were present among additional measures.

Conclusion

Results suggest that although previous literature demonstrates service dogs may offer significant improvements for veterans, spouses and children may not experience those same benefits. Clinicians should consider how to prepare veteran spouses and families for integrating service dogs into their home. Future studies should explore family-focused approaches for service dog integration, defining an optimal strategy for the benefit of the entire family.

<https://doi.org/10.1177/0095327X221082211>

My Commander in Chief is Black! The Mental Health Significance of Barack Obama's 2008 Presidential Election for Military Veterans.

Quintin Gorman, Jr., Tony N. Brown, Julian Culver

Armed Forces & Society
First Published May 9, 2022

This study investigated the mental health significance of Barack Obama's 2008 presidential election for military veterans. Many believed his election signaled a progressive shift in race relations and crucial challenge to White supremacy. Furthermore, many argued his election generated hope, especially among Blacks. We therefore hypothesized Black and Hispanic veterans would experience improved mental health after installment of the nation's first Black commander in chief. We also hypothesized White veterans would experience no change in their mental health. With nationally representative survey data from the Behavioral Risk Factor Surveillance System (BRFSS), we tested these hypotheses by predicting poor mental health days self-identified Black, Hispanic, and White veterans experienced preelection and postelection in fall 2008. Net of established social determinants of health, we estimated Black and Hispanic veterans, respectively, experienced approximately 2.01 and 2.17 fewer poor mental health days postelection, whereas White veterans experienced no significant postelection change. Sensitivity analyses seemed to corroborate these findings.

<https://doi.org/10.1097/HTR.0000000000000737>

Health Conditions Among Special Operations Forces Versus Conventional Military Service Members: A VA TBI Model Systems Study.

Garcia, A., Kretzmer, T. S., Dams-O'Connor, K., Miles, S. R., Bajor, L., Tang, X., Belanger, H. G., Merritt, B. P., Eapen, B., McKenzie-Hartman, T., & Silva, M. A.

Journal of Head Trauma Rehabilitation
2022 Jul-Aug 01 ;37(4): E292-E298

Objective:

To examine traumatic brain injury (TBI) characteristics and comorbid medical profiles of Special Operations Forces (SOF) Active Duty Service Member/Veterans (ADSM/Vs) and contrast them with conventional military personnel.

Setting:

The 5 Veterans Affairs (VA) Polytrauma Rehabilitation Centers.

Participants:

A subset of participants in the VA TBI Model Systems multicenter longitudinal study with

known SOF status. These included 157 participants who identified as SOF personnel (average age = 41.8 years; 96% male, 81% active duty), and 365 who identified as Conventional Forces personnel (average age = 37.4 years; 92% male, 30% active duty).

Design:

Retrospective analysis of prospective cohort, cross-sectional.

Main measures:

The Health Comorbidities Interview.

Results:

SOF personnel were more likely to have deployed to a combat zone, had more years of active duty service, and were more likely active duty at time of TBI. SOF personnel were more likely to have had mild TBI (vs moderate/severe) and their TBI caused by violent mechanism. SOF personnel had a higher number of comorbidities, with more diagnoses of chronic pain, osteoarthritis, hyperlipidemia, hip fractures, and obstructive sleep apnea.

Conclusion:

SOF personnel are at a higher risk for multimorbidity after TBI. Current rehabilitation practices should incorporate early screening and treatment of common conditions in this population, while future practices may benefit from a focus on prevention.

<https://doi.org/10.1093/milmed/usab199>

Prevalence of Polytrauma Clinical Triad Among Active Duty Service Members.

Laughter, S., Khan, M., Banaag, A., Madsen, C., & Koehlmoos, T. P.

Military Medicine

2022 Jul 1; 187(7-8): e856-e861

Introduction:

The polytrauma clinical triad (PCT), encompassing traumatic brain injury, PTSD, and chronic pain, has been identified as a significant concern in the Military Health System (MHS). Conditions in this triad mutually reinforce one another and can pose a significant challenge to treatment for patients and providers. Polytrauma clinical triad has

previously been studied in deployed veterans but remains understudied in the active duty military population. Therefore, this novel study seeks to determine the prevalence of PCT among active duty service members and to identify the subpopulations most at risk for PCT.

Materials and methods:

This cross-section study used the MHS Data Repository in order to retrospectively review all administrative claim data for active duty service members within the Army, Navy, Air Force, and Marine Corps from fiscal years 2010 to 2015. Specific ICD-9 codes were extracted that correlated with traumatic brain injury, PTSD, and chronic pain to determine the risk of PCT. We used logistic regression to compare individuals presenting with the PCT conditions to those service members without any of the PCT diagnoses codes.

Results:

The study identified 2,441,698 active duty service members eligible for inclusion. The prevalence of all three conditions of PCT was 5.99 per 1,000 patients. Patients with PCT were most likely to be 20-29 years old (52.15%), male (89.83%), White (59.07%), married (64.18%), Junior Enlisted (55.27%), and serving in the Army (74.71%).

Conclusion:

This study is the first to identify the risk of PCT in the active duty military population. Awareness of the risk and subsequent prompt identification of the triad will enable treatment through an integrated, team approach, which should alleviate potential patient suffering and improve the efficiency of care and readiness of service members.

<https://doi.org/10.1007/s11136-022-03092-4>

Clinical utility of PTSD, resilience, sleep, and blast as risk factors to predict poor neurobehavioral functioning following traumatic brain injury: A longitudinal study in U.S. military service members.

Lange, R. T., French, L. M., Bailie, J. M., Merritt, V. C., Pattinson, C. L., Hungerford, L. D., Lippa, S. M., & Brickell, T. A.

Quality of Life Research
2022 Aug; 31(8): 2411-2422

Purpose:

This study examined the clinical utility of post-traumatic stress disorder (PTSD), low resilience, poor sleep, and lifetime blast exposure as risk factors for predicting future neurobehavioral outcome following traumatic brain injury (TBI).

Methods:

Participants were 591 U.S. military service members and veterans who had sustained a TBI (n = 419) or orthopedic injury without TBI (n = 172). Participants completed the Neurobehavioral Symptom Inventory, PTSD Checklist, and the TBI-Quality of Life (TBI-QOL) scale at baseline and follow-up.

Results:

Using the four risk factors at baseline, 15 risk factor combinations were examined by calculating odds ratios to predict poor neurobehavioral outcome at follow-up (i.e., number of abnormal scores across five TBI-QOL scales [e.g., Fatigue, Depression]). The vast majority of risk factor combinations resulted in odds ratios that were considered to be clinically meaningful (i.e., ≥ 2.5) for predicting poor outcome. The risk factor combinations with the highest odds ratios included PTSD singularly, or in combination with poor sleep and/or low resilience (odds ratios = 4.3-72.4). However, poor sleep and low resilience were also strong predictors in the absence of PTSD (odds ratios = 3.1-29.8).

Conclusion:

PTSD, poor sleep, and low resilience, singularly or in combination, may be valuable risk factors that can be used clinically for targeted early interventions.

<https://doi.org/10.1093/milmed/usab341>

Engaging Stakeholders to Optimize Sleep Disorders' Management in the U.S. Military: A Qualitative Analysis.

Abdelwadoud, M., Collen, J., Edwards, H., Mullins, C. D., Jobe, S. L., Labra, C., Capaldi, V. F., Assefa, S. Z., Williams, S. G., Drake, C. L., Albrecht, J. S., Manber, R., Mahoney, A., Bevan, J., Grandner, M. A., & Wickwire, E. M.

Military Medicine

2022 Jul 1; 187(7-8) :e941-e947

Introduction:

Sleep disorders' are highly prevalent among U.S. active duty service members (ADSMs) and present well-documented challenges to military health, safety, and performance. In addition to increased need for sleep medicine services, a major barrier to effective sleep management has been a lack of alignment among patients, health providers, and economic-decision-makers. To address this gap in knowledge, the purpose of the present study was to engage diverse stakeholders vested in improving sleep disorders' management in the military.

Materials and methods:

We elicited feedback from ADSMs with sleep disorders (five focus group discussion, n = 26) and primary care managers (PCMs) (11 individual semi-structured interview) in two military treatment facilities (MTFs) in the National Capitol Region, in addition to national level military and civilian administrative stakeholders (11 individual semi-structured interview) about their experiences with sleep disorders' management in U.S. MTFs, including facilitators and barriers for reaching a definitive sleep diagnosis, convenience and effectiveness of sleep treatments, and key desired outcomes from interventions designed to address effectively sleep disorders in the U.S. military health care system (MHS). Recordings from focus groups and semi-structured interviews were transcribed verbatim and analyzed using QSR International's NVivo 12 software using inductive thematic analysis. The study was approved by Walter Reed National Military Medical Center Department of Research Programs.

Results:

Active duty service members with sleep disorders often fail to recognize their need for professional sleep management. Whereas PCMs identified themselves as first-line providers for sleep disorders in the military, patients lacked confidence that PCMs can make accurate diagnoses and deliver effective sleep treatments. Active duty service members cited needs for expeditious treatment, educational support and care coordination, and support for obtaining sleep treatments during deployment. Challenges that PCMs identified for effective management include insufficient time during routine care visits, delays in scheduling testing procedures, and limited number of sleep specialists. Primary care managers suggested offering evidence-based telehealth tools and enhanced care coordination between PCMs and specialists; standardized medical education, materials, and tools; patient preparation before appointments; self-administered patient education; and including behavioral sleep specialists as part of the sleep management team. For administrative stakeholders, key outcomes of enhanced sleep management included (1) improved resource allocation and cost savings, and (2) improved ADSM safety, productivity, and combat effectiveness.

Conclusion:

Current military sleep management practices are neither satisfactory nor maximally effective. Our findings suggest that solving the military sleep problem will require sustained effort and ongoing collaboration from AD/SM patients, providers, and health systems leaders. Important potential roles for telehealth and technology were identified. Future research should seek to enhance implementation of sleep management best practices to improve outcomes for patients, providers, MHS, and the military as a whole.

<https://doi.org/10.1038/s41598-022-14496-0>

Stressful life events and trajectories of depression symptoms in a U.S. military cohort.

Sampson, L., Cabral, H. J., Rosellini, A. J., Gradus, J. L., Cohen, G. H., Fink, D. S., King, A. P., Liberzon, I., & Galea, S.

Scientific Reports

2022 Jun 30; 12(1): 11026

Depression is a common mental disorder that may comprise distinct, underlying symptom patterns over time. Associations between stressful life events throughout the civilian lifecourse—including during childhood—and adult depression have been documented in many populations, but are less commonly assessed in military samples. We identified different trajectories of depression symptoms across four years in a military cohort using latent class growth analysis, and investigated the relationship between these trajectories and two domains of civilian life experiences: childhood adversity (e.g., being mistreated during childhood) and more proximal stressful experiences (e.g., divorce). A four-group depression model was identified, including a symptom-free group (62%), an increasing symptom group (13%), a decreasing symptom group (16%), and a "chronic" symptom group (9%). Compared to the symptom-free group, soldiers with childhood adversity were more likely to be in the chronic depression, decreasing, and increasing symptom groups. Time-varying adult stressors had the largest effect on depression symptoms for the increasing symptom group compared to other groups, particularly in the last two years of follow-up. This study indicates the importance of considering events from throughout the lifecourse—not only those from deployment—when studying the mental health of servicemembers.

<https://doi.org/10.1093/milmed/usac187>

Erectile Dysfunction in a U.S. National Sample of Male Military Veterans.

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Military Medicine

Published: 06 July 2022

Introduction

Erectile dysfunction (ED) is one of the most prevalent sexual dysfunctions in men and often co-occurs with physical and mental health issues. Military veterans are at elevated risk for many comorbid physical and mental health issues, including ED, although little research has examined the prevalence and health burden of ED in the general U.S. veteran population. The present study calculated the weighted lifetime prevalence of ED and its association with physical and mental health conditions in a nationally representative sample of U.S. veterans.

Materials and Methods

Using data from a nationally representative sample of 921 male U.S. veterans, self-report assessments assessed major depressive disorder (MDD), generalized anxiety disorder, probable post-traumatic stress disorder (PTSD), at-risk/problem gambling, and past two-week suicidal ideation and attempts, as well as 22 physical health conditions.

Results

The weighted lifetime prevalence of ED among veterans was 14.2% (95% CI = 12.0%-16.0%). Veterans with ED were more likely to be older than 60, unemployed, to have served less than four years in the military, and to have served in combat roles and in the Vietnam War. Relative to veterans without ED, veterans with ED had higher rates of sleep disorders (adjusted odds ratio [aOR] = 3.23), arthritis (aOR = 2.60), high cholesterol (aOR = 2.30), diabetes (aOR = 2.29), high blood pressure (aOR = 2.14), obesity (aOR = 2.12), heart disease (aOR = 2.10), cancer (aOR = 2.07), respiratory illness (aOR = 2.02), and chronic pain (aOR = 1.86). After adjusting for sociodemographic characteristics and physical health conditions, ED was associated with increased odds of MDD (aOR = 2.88), at-risk/problem gambling (aOR = 2.45), and suicidal ideation (aOR = 1.91) but not for generalized anxiety disorder (aOR = 1.69) or

probable PTSD (aOR = 1.63). When considered in the context of all mental health variables, MDD was independently associated with ED (aOR = 3.39).

Conclusion

This study examined both mental and physical health conditions associated with ED in a U.S. nationally representative sample of veterans. ED is prevalent in veterans and associated with elevated physical and mental health burden. Results highlight the importance of considering ED in disease prevention and treatment efforts in this population. These findings may help inform prevention approaches as well as clinical targets for early screening and treatment in vulnerable subgroups of this population. Notably, data collected relied on self-report assessments; data on race and socioeconomic status were not collected.

<https://doi.org/10.1093/milmed/usab310>

Combat and Operational Stress Control Interventions and PTSD: A Systematic Review and Meta-Analysis.

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Military Medicine

Volume 187, Issue 7-8, July-August 2022, Pages e846–e855

Introduction

Military personnel must prepare for and respond to life-threatening crises on a daily basis. This lifestyle places stress on personnel, and particularly so on deployed service members who are isolated from support systems and other resources. As part of a larger systematic review on the acceptability, efficacy, and comparative effectiveness of interventions designed to prevent, identify, and manage stress reactions, we assessed posttraumatic stress disorder (PTSD) outcomes.

Materials and Methods

We searched the electronic databases PsycINFO, PubMed, PTSDPubs, the Defense Technical Information Center, and Cochrane Central, as well as bibliographies of existing systematic reviews, to identify English-language studies evaluating the efficacy or comparative effectiveness of stress control interventions published since 1990.

Controlled trials and cohort comparisons of interventions with military, law enforcement, and first responders were included. Two independent reviewers screened literature using predetermined eligibility criteria. Researchers individually abstracted study-level information and outcome data and assessed the risk of bias of included studies; data were reviewed for accuracy by the project leader. Changes in PTSD symptom scores from baseline to post-intervention were converted to standardized mean differences for comparison across studies. Risk ratios were calculated for PTSD case rates post-deployment. When several studies that compared an intervention group with a similar control/comparator reported the same outcome category and measure type, we conducted meta-analysis. We conducted meta-regression by adding a categorical variable, representing setting (i.e., in theater) or population (military vs. law enforcement or first responders) to the meta-analysis model to assess whether this variable was associated with the outcome across studies. The quality of the body of evidence (QoE) was assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach, which considers study limitations (risk of bias), directness, consistency, precision, and publication bias.

Results

Sixteen controlled trials and 13 cohort comparisons reporting PTSD outcomes met inclusion criteria. Eight controlled trials and two cohort studies had high risk of bias, primarily due to poor, differential, or unknown response rate at follow-up. Twenty-four of the 29 studies included military personnel. Interventions included Acceptance-based Skills training, Attention Bias Modification training, stress inoculation with biofeedback, Critical Incident Stress Debriefing, group psychological debriefing, Eye Movement Desensitization and Reprocessing for sub-clinical stress, embedding mental health providers in theater, Third Location Decompression, reintegration programs, and a 3-week post-deployment residential program for psychological resource strengthening.

Meta-analyses of studies comparing a group that received a stress control intervention to a group that did not receive an intervention found no significant difference in reduction in PTSD symptom scores (moderate QoE) or PTSD case rate post-deployment (low QoE). A meta-analysis of studies comparing a specific stress control intervention to an active comparator (usually standard stress management education) found no significant effect on PTSD symptom scores (moderate QoE).

Conclusion

Although combat and operational stress control (COSC) interventions may play a valuable role in decreasing stress, decreasing absenteeism, and enabling return to duty, a systematic review of 29 studies that included a control/comparison group found little

evidence that COSC is effective in preventing PTSD or decreasing PTSD symptom scores in military personnel.

<https://doi.org/10.1080/00332747.2022.2068301>

Mental Health Burden in Enlisted and Commissioned U.S. Military Veterans: Importance of Indirect Trauma Exposure in Commissioned Veterans.

Addie N. Merians, Peter J. Na, Jack Tsai, Ilan Harpaz-Rotem & Robert H. Pietrzak

Psychiatry

Published online: 09 May 2022

Objective

To: 1) identify sociodemographic and military differences between enlisted and commissioned U.S. military veterans; (2) examine sociodemographic, military, trauma, and mental health histories of enlisted and commissioned veterans; and (3) evaluate interactions between enlistment status and trauma exposures in relation to mental health.

Method

Data were analyzed from the National Health and Resilience in Veterans Study, a nationally representative sample of U.S. military veterans. Screening instruments were used to assess posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalized anxiety disorder (GAD), alcohol and drug use disorders (AUD, DUD), and suicidal ideation (SI). Post-stratification weights were applied to analyses to permit generalizability to the U.S. veteran population.

Results

Enlisted veterans (7.5%–13.1%) were more likely than commissioned veterans (3.5%–11.1%) to screen positive for most mental health outcomes. Multivariable analyses revealed enlisted veterans were more likely than commissioned veterans to report past-year SI (odds ratio [OR] = 2.48). Enlistment status interacted with exposure to potentially traumatic events (PTEs), such that greater exposure to indirect PTEs was associated with a greater likelihood of screening positive for PTSD (OR = 1.12) and GAD (OR = 1.10) among commissioned relative to enlisted veterans. Commissioned veterans with higher exposures to adverse childhood experiences had increased odds (OR = 1.36) of endorsing SI relative to enlisted veterans.

Conclusions

The study found that while enlisted veterans had higher rates of SI relative to commissioned veterans, commissioned veterans with higher exposure to indirect PTEs may have an increased risk of screening positive for PTSD and GAD.

<https://doi.org/10.1016/j.janxdis.2022.102576>

Functional outcomes from psychotherapy for people with posttraumatic stress disorder: A meta-analysis.

Kelsey A. Bonfils, Cassidy L. Tennity, Benjamin A. Congedo, Benjamin A. Dolowich, ...
Gretchen L. Haas

Journal of Anxiety Disorders
Volume 89, June 2022

People with posttraumatic stress disorder (PTSD) experience a wide array of symptoms, often accompanied by significant functional and quality of life impairments. Evidence-based psychotherapies are effective for alleviating symptoms in this group, but functional outcomes following psychotherapy are understudied. This study aimed to synthesize existing work on functional outcomes of psychotherapy to conduct a meta-analytic investigation examining whether people with PTSD experience significant improvements in functioning and quality of life following a course of psychotherapy. A literature search was conducted for studies reporting results of randomized clinical trials of psychotherapies for people diagnosed with PTSD that included a functional or quality of life outcome measured at pre- and post-intervention. Both between-groups and within-groups analyses were conducted using a random effects model. Fifty-six independent samples were included. Results suggest that, on average, people with PTSD experience significant, moderate improvement in functional outcomes after a course of psychotherapy. Taken together, this meta-analysis represents a substantial advance in our understanding of functional outcomes of psychotherapy for people with PTSD. Findings suggest that psychotherapy is one vehicle through which functional outcomes may be improved for this group, though notably to a lesser degree than symptom improvement.

<https://doi.org/10.1037/tra0001257>

More is not always better: 2 weeks of intensive cognitive processing therapy-based treatment are noninferior to 3 weeks.

Held, P., Smith, D. L., Pridgen, S., Coleman, J. A., & Klassen, B. J.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Although there is mounting evidence that massed treatment for PTSD is both feasible and effective, many questions remain about the optimal length of intensive treatment programs (ITPs), as well as the role of adjunctive services, such as psychoeducation, mindfulness, and yoga. Our setting recently transitioned from a three-week ITP to a two-week program. Adjunctive services were reduced, but the amount of individual CPT between programs remained similar. The present study examined the effectiveness of a two-week ITP based on twice daily individual CPT sessions and evaluated the program's noninferiority to an established three-week ITP using a Bayesian analytical approach.

Method:

Bayesian linear mixed regression models were used to explore PTSD and depression changes over time, as well as predictors of change. Noninferiority of the two-week ITP to a three-week ITP was also established using a Bayes factor approach.

Results:

Results indicate that program participants change meaningfully in both PTSD and depression severity over the course of treatment, and that changes in posttraumatic cognitions predict subsequent changes in these outcomes. Further, the two-week ITP can be considered noninferior to the three-week ITP in both clinical outcomes and overall satisfaction.

Conclusions:

In the context of intensive PTSD treatment, the content of the ITP appears to matter more than its overall length. Shorter programs have the potential to increase access and treatment capacity. Our findings demonstrate the importance of continuous and rigorous program evaluation. Limitations as well as future directions for research, such as identifying the most effective treatment components, are discussed. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/tra0001272>

Pain and posttraumatic stress: Associations among women veterans with a history of military sexual trauma.

Shapiro, M. O., Short, N. A., Raines, A. M., Franklin, C. L., True, G., & Constans, J. I.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Chronic pain and posttraumatic stress disorder (PTSD) are two highly prevalent and comorbid conditions common within veteran populations. Notably, those with comorbid pain and PTSD tend to have more severe presentations and poorer quality of life than those with either disorder alone. Despite this well-established relationship, limited research has examined the association between pain and PTSD symptom severity among women veterans with a history of military sexual trauma (MST).

Method:

The current study included 107 women veterans presenting for psychological services to an MST specialty clinic at a large southeastern Veterans Affairs (VA) hospital in the United States.

Results:

Findings indicated a significant relationship between pain and overall PTSD symptom severity, as well as the intrusions and arousal and reactivity symptom clusters. Contrary to prediction, there was not a significant relationship between pain interference and PTSD symptom or cluster severity.

Conclusion:

Results highlight the importance of inquiring about pain when working with women veterans with a history of MST. Future research aimed at disentangling the causal relationship between pain and PTSD symptoms is crucial to enhance our understanding of these constructs. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1007/s40501-022-00264-4>

Adaptive Disclosure: Theoretical Foundations, Evidence, and Future Directions.

Benjamin C. Darnell Ph.D., Maya Bina N. Vannini B.S., Breanna Grunthal B.A., Natasha Benfer Ph.D. & Brett T. Litz Ph.D.

Current Treatment Options in Psychiatry

Published: 14 May 2022

Purpose of Review

Modern evidence-based practice (EBP) primarily consists of the blanket application of treatment packages to purportedly treat behavioral health syndromes regardless of patient characteristics or context, which may be why current EBPs for posttraumatic stress disorder (PTSD) are less effective for treating veterans and military service members (SMs) than for civilians. Adaptive Disclosure is designed to operate within the culture and ethos of the military, and developments since the publication of the original manual reflect further effort to meet the needs of this population. This review presents to providers the rationale and evidence for the original AD manual, as well as an overview of the more recent developments and directions of the literature.

Recent Findings

The original AD manual has demonstrated efficacy in two clinical trials and noninferiority when compared to another EBP for PTSD. Additional treatment elements and enhancements are based on a rehabilitative model for treatment, primarily targeting functional outcomes over symptom reduction and promoting shared decision-making.

Summary

AD and its recent enhancements target symptoms related to PTSD, moral injury, and traumatic loss, but more importantly, they target the functional concerns of veterans and SMs within the military cultural context. Current research is focused on maximizing treatment flexibility to provide clinicians and patients with an adaptable and evidence-based framework for treatment.

<https://doi.org/10.1111/peps.12520>

Post-traumatic stress disorder and hiring: The role of social media disclosures on stigma and hiring assessments of veterans.

Wenxi Pu, Philip L. Roth, Jason B. Thatcher, Christine L. Nittrouer, Mikki Hebl

Personnel Psychology

First published: 17 May 2022

A significant percentage of veterans suffer from post-traumatic stress disorder (PTSD). Veterans are often directed to social media platforms to seek support during their transition to civilian life. However, social media platforms are increasingly used to aid in hiring decisions, and these platforms may make veterans' PTSD more discoverable during the hiring process. Based on social identity theory and identity management theory, the integrated suspicion model, and the stigma literature, we conducted four studies that examine veterans' PTSD disclosures on social media and the consequences in the hiring process. Study 1 suggests that 16%–34% of veterans included cues related to PTSD status on social media. Study 2, based on 290 upper-level business students, shows that veterans with PTSD were more stigmatized than veterans without PTSD, and stigmatization is associated with more suspicion and lower hiring-related ratings (of expected task performance, expected organizational citizenship behaviors (OCB), expected counterproductive work behaviors (CWB), and intention to interview). Study 3, based on 431 working professionals with hiring experience, further supports relationships from Study 2. Study 4, based on 298 working professionals, identifies peril (i.e., perceptions regarding danger) as an additional mediator for the effects of PTSD on hiring-related ratings. In sum, we identify and explore the identity management conundrum that social media disclosure poses for veterans with PTSD in the hiring process and discuss potential remedies and avenues for future research.

<https://doi.org/10.1016/j.psychres.2022.114641>

Longing for sleep after violence: The impact of PTSD symptoms, avoidance, and pain on insomnia among female veterans.

Colin T. Mahoney, Danielle R. Shayani, Katherine M. Iverson

Psychiatry Research

Volume 313, July 2022,

Highlights

- Chronic pain mediates the association between PTSD symptom severity

insomnia.

- Experiential avoidance moderates this indirect effect of PTSD symptoms on insomnia.
- This moderated mediation model is found in a sample of female IPV survivors.
- Integrated interventions that address all of these issues concurrently are needed.

Abstract

Women survivors of intimate partner violence often struggle with mental and physical problems that arise from incidents of violence. Beyond posttraumatic stress disorder (PTSD), the most common outcome, women also may suffer from debilitating chronic pain due to physical injuries sustained during particularly violent physical and/or sexual encounters. This may be a key interaction to explore as PTSD can lead to avoidance of distressing experiences, including chronic pain, resulting in enduring medical problems such as extreme sleep difficulties. This study aimed to identify if posttraumatic stress disorder (PTSD) symptoms from intimate partner violence (IPV) experiences had a conditional indirect effect on insomnia via chronic pain severity moderated by experiential avoidance among women. Female Veterans of at least 18 years of age completed online surveys at three timepoints (T1-T3) between 2014 and 2017 that included measures of PTSD, chronic pain, experiential avoidance, and insomnia. A total of 411 women participated in the initial survey at T1; 208 had a lifetime history of IPV experiences. The conditional indirect effect of PTSD symptoms (T1) on insomnia (T3) via chronic pain (T2) contingent upon experiential avoidance (T2) was also significant, demonstrating a significant moderated mediation model. This model was not significant for women without a history of IPV at T1. The findings indicate that women with IPV-related PTSD symptoms who are highly avoidant are more likely to experience chronic pain, leading to worse insomnia. Women without IPV experiences did not exhibit this same pattern. Findings have implications for improving trauma-focused treatment, approach coping strategies, pain management, and sleep interventions to address these deleterious psychological and medical issues.

<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

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.

<https://doi.org/10.1080/08995605.2022.2058301>

Association between burnout and insomnia in U.S. Air Force Pararescue personnel: A cross-sectional study.

Sowan Kang, Andrew J. Waters & Craig J. Bryan

Military Psychology

Published online: 17 May 2022

Studies have examined burnout and its impact on health, to include its influence on sleep. While many studies report a significant relationship between burnout and insomnia in civilian populations, no studies have examined this relationship in a military population. The United States Air Force (USAF) Pararescue personnel are an elite combat force who are specially trained to conduct both first-line combat and full spectrum personnel recovery and may be at high risk of burnout and insomnia. The current study investigated the association between dimensions of burnout and insomnia, and also examined potential moderators of the associations. A cross-sectional survey was administered to 203 Pararescue personnel (Mean Age = 32.1 years; 100% Male; 90.1% Caucasian) recruited from six US bases. The survey included measures of three dimensions of burnout (emotional exhaustion, depersonalization, personal achievement), insomnia, psychological flexibility, and social support. Emotional exhaustion was significantly associated with insomnia with a moderate to large effect size, when controlling for covariates. Depersonalization, but not personal achievement, was also significantly associated with insomnia. There was no evidence that associations between burnout and insomnia were moderated by psychological flexibility or social support. These findings help to identify individuals at risk of insomnia and may ultimately be useful in developing interventions for insomnia in this population.

<https://doi.org/10.1111/fare.12697>

Gender differences in marital and military predictors of service member career satisfaction.

Towanda Street, Amy Lewin, Kelly Woodall, Raul Cruz-Cano, Marie Thoma, Valerie A. Stander

Family Relations

First published: 18 May 2022

Background

U.S. servicewomen may face unique military experiences unlike those of servicemen, and stressors can affect their satisfaction with the military. Understanding factors influencing satisfaction among the increasing number of U.S. servicewomen in the U.S.

military is important for retention.

Methods

Using family stress theory, data from service members and their spouses (N = 9325) enrolled in the Millennium Cohort Family Study were analyzed using cross-sectional linear regression to evaluate the relationship between military and family stressors and service members' military satisfaction, and how these relationships differ by gender.

Results

Service members with more deployment experience and better mental health were more satisfied with the military, while spouse employment outside the home and work–family conflict were associated with less satisfaction. Gender, marital quality, and social support moderated the relationships between stressors and military satisfaction, suggesting they may impact men and women differently. Overall, however, work–family conflict was associated with decrements in the career satisfaction of both men and women.

Conclusion

This study increases our understanding of the influence military and family stressors have on service members' satisfaction with the military. It also reveals gender differences in military satisfaction and recommends strategies to address the needs of diverse military families.

<https://doi.org/10.1007/s11920-022-01341-4>

Guiding Army Commanders' Decision-making Process in Managing Their Suicide Prevention Programs.

Amin, R., Donoho, C.J.

Current Psychiatry Reports

Published: 16 May 2022

Purpose of Review

This paper focuses on how mental health professionals working with Army commanders can help them make decisions based on valid population-based metrics. We first summarize the scope of the impact of suicides on the Army. We then describe the process by which decision-making can be optimized.

Recent Findings

The currently available tools in the US Army including BH Pulse, Unit Risk Inventory, The Azimuth Check, and the Army Readiness Assessment Program have a role in assisting mental health professionals. The specific advantages of BH Pulse over the other tools are highlighted.

Summary

The US Army has been committed to enhancing its suicide prevention program through comprehensive policies, procedures, and provisions of resources. Commanders are expected to interact with the suicide prevention programs in their units and maximize the systems in place to prevent suicides and other negative mental health outcomes. Commanders are expected to receive cues and signals from a variety of data sources to assist their decision-making process. We discuss the specific advantages of BH Pulse and recommend its routine use for primary prevention and utilizing this tool after incidents to make data-driven, justifiable decisions. Finally, recommendations are provided on enhancing a unit's suicide prevention program.

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

Massed Cognitive Processing Therapy in Active-Duty Military: A Case Series.

Kris L. Morris, Carey Schwartz, Tara E. Galovski, Katherine A. Dondanville, Jennifer Schuster Wachen

Cognitive and Behavioral Practice

Available online 18 May 2022

Highlights

- This case series describes the course of treatment of four active-duty service members receiving Massed Cognitive Processing Therapy in a 5-day mixed individual and group treatment format.
- All patients completed treatment and reported that treatment was tolerable.
- Massed delivery of CPT may improve access to care and promote rapid symptom reduction.

Abstract

Despite consistent evidence that Cognitive Processing Therapy (CPT) is an efficacious

treatment for posttraumatic stress disorder (PTSD), the effects among active-duty service members and veterans have been smaller than for civilians. Modifications to standard delivery may be needed to increase treatment engagement and completion, which could improve outcomes in this population. Delivering CPT in a massed format may reduce barriers to care and enable more rapid symptom reduction, yet clinicians and patients may have concerns about the tolerability and practicality of such interventions. This case series describes a course of CPT delivered in 5 days in a mixed group and individual format among 4 active-duty military service members as part of a larger randomized clinical trial. Although the pattern of symptom change differed between patients, most demonstrated clinically significant reductions in PTSD and depression symptoms during the 5-day treatment. Patients reported that the pace was tolerable and that the mixed group and individual format was beneficial. Although further research is needed to understand the longer-term outcomes of massed CPT, this therapy format has important implications for the future delivery of treatments for PTSD.

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

Chronic Traumatic Encephalopathy in the Brains of Military Personnel.

David S. Priemer, M.D., Diego Iacono, M.D., Ph.D., C. Harker Rhodes, M.D., Ph.D., Cara H. Olsen, Dr.P.H., and Daniel P. Perl, M.D.

New England Journal of Medicine
June 9, 2022

BACKGROUND

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

METHODS

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

RESULTS

Neuropathological findings of CTE were present in 10 of the 225 brains (4.4%) we examined; half the CTE cases had only a single pathognomonic lesion. Of the 45 brains from decedents who had a history of blast exposure, 3 had CTE, as compared with 7 of 180 brains from those without a history of blast exposure (relative risk, 1.71; 95% confidence interval [CI], 0.46 to 6.37); 3 of 21 brains from decedents with TBI from an injury during military service caused by the head striking a physical object without associated blast exposure (military impact TBI) had CTE, as compared with 7 of 204 without this exposure (relative risk, 4.16; 95% CI, 1.16 to 14.91). All brains with CTE were from decedents who had participated in contact sports; 10 of 60 contact-sports participants had CTE, as compared with 0 of 165 who had not participated in contact sports (point estimate of relative risk not computable; 95% CI, 6.16 to infinity). CTE was present in 8 of 44 brains from decedents with non-sports-related TBI in civilian life, as compared with 2 of 181 brains from those without such exposure in civilian life (relative risk, 16.45; 95% CI, 3.62 to 74.79).

CONCLUSIONS

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

<https://doi.org/10.1016/j.avb.2022.101734>

Aggression and violent behavior in the military: Self-reported conflict tactics in a sample of service members and veterans seeking treatment for posttraumatic stress disorder.

Casey L. Straud, Patricia A. Resick, Edna B. Foa, Sudie E. Back, ... Alan L. Peterson

Aggression and Violent Behavior
Available online 6 February 2022

Highlights

- Psychological aggression (85%) was more prevalent than physical aggression (11%).
- Shouting/yelling, insulting/swearing, and stomping off were commonly endorsed.
- Most participants reported engaging in psychological aggression on a weekly basis or more.
- About 1/10 participants reported engaging in physical aggression on a weekly basis or more.

Abstract

Irritability, angry outbursts, and aggression are common among individuals with posttraumatic stress disorder (PTSD). Although aggression can be a problem among many individuals with PTSD, research suggests that the relationship between PTSD and aggression might be particularly relevant among military/veteran populations as compared to civilians. The current study examined psychological and physical aggression in a large sample of treatment-seeking military service members and veterans (N = 1434) enrolled in nine PTSD clinical trials. A baseline assessment using a modified version of the Revised Conflict Tactics Scales evaluated aggression toward others in the past month. The results indicated that psychological aggression was more prevalent than physical aggression among military personnel with PTSD. Overall, 84.7% reported engaging in weekly psychological aggression, and 11.4% reported weekly physical aggression. Shouting at someone, insulting someone, and stomping off during a disagreement were the most frequent forms of psychological aggression endorsed. The findings provide a detailed account of the point prevalence and nature of various self-reported aggressive behaviors in military personnel with PTSD.

Links of Interest

Sailors, Marines reporting sexual assault will not be punished for related 'minor misconduct'

<https://www.navytimes.com/news/your-navy/2022/07/06/sailors-marines-reporting-sexual-assault-will-not-be-punished-for-related-minor-misconduct/>

Female Troops Diagnosed with STDs at 'Markedly' Higher Rates Than Males, Report Finds

<https://www.military.com/daily-news/2022/07/06/female-troops-diagnosed-stds-markedly-higher-rates-males-report-finds.html>

More than PT: How the Army is going after total fitness

<https://www.militarytimes.com/news/your-army/2022/07/11/more-than-pt-how-the-army-is-going-after-total-fitness/>

Resource of the Week: [Military Statistics](#)

From the [Dudley Knox Library](#) at the Naval Postgraduate School.

Military manpower, casualties, POWs, MIAs, arms trade, expenditures, costs

The screenshot shows the Dudley Knox Library website. At the top, there is a blue header with the NPS logo and the text "NAVAL POSTGRADUATE SCHOOL" and "Dudley Knox Library". Below the header, there is a navigation menu with various categories: Home, Comprehensive, Business & Industry, Crime & Justice, Demographics, Disaster & Safety, Economics & Finance, Education & Health, Energy & Environment, Foreign Aid, Government & Politics, Immigration & Migration, Military (highlighted), and Religion. Below the menu, there is a search bar and a "Search" button. The main content area is titled "Statistics" and includes a sub-section for "Military Statistics". Under "Military Statistics", there are three columns of information: "International Military Statistics" with a link to "Conflict Barometer", "US Military Information" with links to "Airwars - US Forces in Somalia", "Airwars - US Forces in Yemen", and "American War and Military Operations Casualties: Lists and Statistics", and "Military Manpower Statistics" with a description of the data.

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