

CDP



Research Update -- July 21, 2022

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<https://doi.org/10.1002/jts.22837>

The Ukraine crisis: Mental health resources for clinicians and researchers.

Mark Shevlin, Philip Hyland, Thanos Karatzias, Nino Makhashvili, Jana Javakhishvili, Bayard Roberts

Journal of Traumatic Stress
First published: 02 April 2022

The mental health consequences of the war in Ukraine will be enormous. Mental health professionals who are providing care for people in Ukraine, or those resettled elsewhere, may require access to standardized and validated assessment tools. We have developed a repository of mental health measures that are available in Ukrainian, Russian, and English and can be accessed at <http://www.traumameasuresglobal.com/ukraine>.

<https://doi.org/10.1089/tmj.2021.0263>

Implementation of Telehealth for Psychiatric Care in VA Emergency Departments and Urgent Care Clinics.

Michael J. Ward, John L. Shuster, Jr., Nicholas M. Mohr, Peter J. Kaboli, Amanda S. Mixon, Jennifer Kemmer, Corey Campbell, and Candace D. McNaughton.

Telemedicine and e-Health
Jul 2022.985-993

Objective:

To conduct a mixed-methods evaluation of an emergency telehealth intervention in unscheduled settings (emergency department [ED] and urgent care clinic [UCC]) within the Veterans Health Administration (VHA).

Materials and Methods:

We used the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework to conduct a mixed-methods evaluation of a novel telehealth program

implemented in the VHA (Hospital System) in March 2020. We compared the 3 months preimplementation (December 1, 2019 through February 29, 2020) with the 3 months postimplementation (April 1, 2020 through June 30, 2020), then followed sustainability through January 31, 2021. Qualitative data were obtained from surveys and semistructured interviews of staff and providers and analyzed with thematic analysis.

Results:

Patient demographics and dispositions were similar pre- and postimplementation. The telemental health intervention was used in 319 (83%) unscheduled mental health consultations in the postimplementation phase. After implementation, we did not detect adverse trends in length of stay, 7-day revisits, or 30-day mortality. Use remained high with 82% (n = 1,010) of all unscheduled mental health consultations performed by telemental health in the sustainability phase. Staff and clinician interviews identified the following themes in the use of telemental health: (1) enhanced efficiency without compromising quality and safety, (2) initial apprehension, (3) the COVID-19 pandemic, and (4) sustainability after resolution of the COVID-19 pandemic.

Conclusions:

This mixed-methods evaluation of unscheduled telemental health implementation found that its use was feasible, did not impact the safety and efficacy of mental health consultations, and was highly acceptable and sustainable in unscheduled settings.

<https://doi.org/10.1002/jts.22859>

Military sexual trauma in context: Ethnoracial differences in ecological resources among treatment-seeking veterans.

Peter P. Grau, Lisa M. Valentine, Tessa C. Vuper, Travis A. Rogers, Jennifer D. Wong, Minden B. Sexton

Journal of Traumatic Stress

First published: 12 July 2022

Veterans who have experienced military sexual trauma (MST) are at increased risk for a host of negative outcomes, including posttraumatic stress disorder, depressive disorders, and substance use disorders. Previous studies have shown racial differences in MST exposure, namely that Black veterans experience MST more frequently than White veterans. One way to help clinicians and researchers understand the impact of

these ethnoracial differences in MST exposure is through an applied theory of ecological resources, which has demonstrated ecological factors (e.g., aspects of identity, beliefs, and environmental stressors) contribute to veteran well-being in the aftermath of MST. The present study aimed to examine ethnoracial differences in ecological resources (i.e., available social support, spiritual coping, past-year interpersonal violence, financial sufficiency, and stable living environment). Participants (N = 505) were U.S. veterans who sought care at a Veterans Healthcare Administration clinic in the midwestern United States for mental health issues related to MST. Results demonstrated Black veterans were more likely than White veterans to report being financially insecure, $U = 18,091.50$, $z = -2.04$, $p = .042$, $r = .10$. Black veterans were also more likely to report spiritual beliefs that assisted with coping, Cramer's $V = .19$, but less likely to report having a social support system, Cramer's $V = .16$. These findings highlight the importance of assessing and addressing disparities illuminated by ethnoracial differences in ecological resources and barriers in veterans seeking care for MST.

<https://doi.org/10.5664/jcsm.10118>

Associations between treatment with melatonin and suicidal behavior: a nationwide cohort study.

Nikolaj Kjær Høier, Bsc Med , Trine Madsen, PhD , Adam P. Spira, PhD , Keith Hawton, DSc, FMedSci , Poul Jennum, DMSc , Merete Nordentoft, DMSc , Annette Erlangsen, PhD

Journal of Clinical Sleep Medicine
Published Online: July 8, 2022

STUDY OBJECTIVES:

Melatonin is often prescribed to patients with sleep disorders who are known to have elevated suicide risks. Yet, melatonin's association to suicidal behavior remains to be examined. We investigated whether individuals prescribed melatonin had higher rates of suicide and suicide attempts when compared to individuals who were not prescribed this drug, including both those with and without known mental disorders.

METHODS:

A cohort design was applied to longitudinal, register data on all persons aged 10+ years in Denmark during 2007-2016. Based on data from the National Prescription Register,

periods of being in treatment with melatonin were defined using information on number of tablets and daily defined dose. We calculated IRR for suicide and suicide attempts, as identified in register records, comparing those in treatment with melatonin to those not in treatment.

RESULTS:

Among 5,798,923 individuals, 10,577 (0.2%) were treated with melatonin (mean treatment length 50 days) during the study period. Of those, 22 died by suicide and 134 had at least one suicide attempt. People in treatment with melatonin had a 4-fold higher rate of suicide (IRR: 4.8; 95% CI, 3.0-7.5) and a 5-fold higher rate of suicide attempt (IRR: 5.9; 95% CI, 4.4-8.0) than those not in treatment and when adjusting for sex and age-group.

CONCLUSIONS:

Treatment with melatonin was associated with suicide and suicide attempt. While there are several possible explanations, attention to suicide risk is particularly warranted for people with mental comorbidity who are in treatment with melatonin.

<https://doi.org/10.1093/occmed/kqac045>

Military service and alcohol use: a systematic narrative review.

Osborne, A. K., Wilson-Menzfeld, G., McGill, G., & Kiernan, M. D.

Occupational Medicine
2022 Jul 11; 72(5): 313-323

Background:

Despite research highlighting the role of alcohol in military life, specifically in relation to mental health and certain combat experiences, there is no synthesised evidence looking at the relationship between military service and alcohol use.

Aims:

To synthesize and examine evidence exploring the relationship between military service and alcohol use.

Methods:

Six databases were examined across a 10-year period. Papers were included if they

involved a military population and focused on alcohol use. From 4046 papers identified, 29 papers were included in the review.

Results:

Military characteristics and experience were linked to high levels of alcohol use across military populations. Societal and cultural factors also played a role in alcohol use in military populations. Predatory behaviour of alcohol establishments, pressures to conform, an acceptance of alcohol use, and the role of religious services and military affiliated social networks were all considered. Excessive drinking impacted physical and mental health. Those diagnosed with PTSD and associated symptoms appeared to have greater alcohol use.

Conclusions:

This review identified certain characteristics and experiences of military service that are associated with higher levels of alcohol use. It is important to identify risk factors for alcohol misuse to develop appropriate policy, targeting prevention.

<https://doi.org/10.1007/s11136-022-03153-8>

Pain interference and health-related quality of life in caregivers of service members and veterans with traumatic brain injury and mental health comorbidity.

Tracey A. Brickell, Megan M. Wright, Hamid Ferdosi, Louis M. French & Rael T. Lange

Quality of Life Research
Published: 20 May 2022

Purpose

To examine (1) the relationship between caregiver pain interference with caregiver health-related quality of life (HRQOL), caregiver age, and service member/veteran (SMV) functional ability, and (2) change in caregiver pain interference longitudinally over 5 years.

Method

Participants were 347 caregivers of SMVs diagnosed with traumatic brain injury (TBI). Caregivers completed the SF-12v2 Health Survey Bodily Pain scale at an initial baseline evaluation and up to four annual follow-up evaluations. Caregivers were divided into three pain interference groups: High Pain Interference (n = 104), Neutral Pain

Interference (n = 117), and Low Pain Interference (n = 126). Caregivers also completed 15 HRQOL measures and a measure of SMV functional ability.

Results

The High Pain Interference group reported more clinically elevated scores on 13 measures compared to the Low Pain Interference group, and seven measures compared to the Neutral Pain Interference group. The Neutral Pain Interference group had more clinically elevated scores on three measures compared to the Low Pain Interference group. The High and Neutral Pain Interference groups were older than the Low Pain Interference group. Parent caregivers were older than intimate partner/sibling caregivers, but did not report worse pain interference. Caregiver age, and measures of Fatigue, Strain, Perceived Rejection, and Economic QOL were the strongest predictors of pain interference ($p < .001$), accounting for 28.2% of the variance. There was minimal change in Bodily Pain scores over five years. The interaction of time and age was not significant ($X^2 = 2.7$, $p = .61$).

Conclusion

It is important to examine pain in the context of HRQOL in caregivers, regardless of age.

<https://doi.org/10.1016/j.brat.2022.104124>

Acquisition, extinction, and return of fear in veterans in intensive outpatient prolonged exposure therapy: A fear-potentiated startle study.

Jessica Maples-Keller, Laura E. Watkins, K. Maria Nylocks, Carly Yasinski, ... Seth Davin Norrholm

Behaviour Research and Therapy

Volume 154, July 2022

Highlights

- Fear conditioning and extinction paradigms can model traumatic fear learning.
- Fear extinction learning is often impaired in PTSD patients.
- Extinction-based intensive outpatient exposure therapy can effectively treat PTSD.
- Improved laboratory extinction learning is linked to reduced clinical PTSD symptoms.

Abstract

Prolonged exposure (PE) therapy is a first-line treatment for posttraumatic stress disorder (PTSD) and involves repeated presentation of trauma-related cues without aversive outcomes. A primary learning mechanism of PE is fear extinction (new learning that a dangerous cue is now safe) and its retention (maintaining this new learning over time). Extant research suggests extinction is impaired in PTSD patients. In this study, we employed an established fear-potentiated startle-based paradigm to examine fear acquisition, extinction learning and retention before and after completion of intensive outpatient treatment. First, PTSD patients undergoing PE (n = 55) were compared to trauma-exposed patients without PTSD (n = 57). We identified excessive fear in PTSD patients during acquisition and extinction before treatment compared to non-PTSD patients. At post-treatment, we examined the return of fear after extinction in PTSD patients showing high or low treatment response to PE ($\geq 50\%$ change in PTSD symptom severity vs. $< 50\%$). High PE responders maintained fear extinction learning whereas low PE responders showed significant return of fear at post-treatment. These results replicate and extend previous findings of impaired extinction in PTSD and provide support for the proposed theoretical link between fear extinction and PE response.

<https://doi.org/10.1093/milmed/usac127>

Motives for and Barriers to Research Participation Among Racially and Ethnically Diverse Veterans.

Mary Beth Miller, PhD, Lisa Y Flores, PhD, Marjorie L Dorimé-Williams, PhD, Michael S Williams, PhD, Leticia D Martinez, MS, Lindsey K Freeman, MA, Adam T Everson, MS, Nicole A Hall, BA, J Kale Monk, PhD, Christina S McCrae, PhD, Brian Borsari, PhD

Military Medicine

Published: 18 May 2022

Introduction

Veterans in general—and especially those who identify as Veterans of color—are underrepresented in health-related treatment research. This contributes to health inequity by hindering the development of evidence-based treatment recommendations for people of color. This project utilized culturally centered research procedures to

identify health-related research priorities and examine motives for and barriers to research participation in a diverse sample of Veterans.

Materials and Methods

Veterans (N = 330, 32% female; 36% Black, 28% White, 15% Latinx, 12% Asian, 4% Multiracial) reported their experiences with and perspectives on health-related research online from remote locations. Linear regression was used to test associations between discrimination and motives/barriers for research. All procedures were approved by the Institutional Review Board (#2033562).

Results

Participants identified psychological concerns, particularly PTSD, as research priorities for Veterans in their communities, but also prioritized physical problems (e.g., brain injury) and social concerns (e.g., homelessness, access to care). Perceptions of, motives for, and barriers to research were similar across racial/ethnic groups. The most common motive was contributing to research that seems important, and the most common barrier was not knowing about research opportunities. Every-day experiences with discrimination (e.g., people acting as if they are afraid of you because of your race/ethnicity) were associated with more barriers to research among Black participants.

Conclusions

Experiences of racial/ethnic discrimination are associated with different research-related outcomes across racial/ethnic groups. Efforts to engage diverse populations should prioritize access to (not willingness to participate in) health-related research.

<https://doi.org/10.1016/j.brat.2022.104123>

Divergent experiences of U.S. veterans who did and did not complete trauma-focused therapies for PTSD: A national qualitative study of treatment dropout.

Shannon M. Kehle-Forbes, Princess E. Ackland, Michele R. Spont, Laura A. Meis, ...
Melissa A. Polusny

Behaviour Research and Therapy
Volume 154, July 2022

Highlights

- Completers and non-completers had many similar treatment experiences.

- Treatment-specific therapist support differentiated completers.
- Flexible, patient-centered delivery associated with completion.
- Interpretations of symptom worsening discriminated completers & non-completers.
- Full care team has a role in facilitating treatment completion.

Abstract

Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are first-line treatments for posttraumatic stress disorder (PTSD) and have been disseminated throughout the U.S. Veterans Health Administration. Treatment non-completion is common and lessens clinical effectiveness; however, prior work has failed to identify factors consistently associated with non-completion. Semi-structured interviews were conducted with a national sample of veterans who recently completed (n = 60) or did not complete (n = 66) PE or CPT. Non-completer interviews focused on factors that contributed to veterans' decisions to drop out and efforts undertaken to complete PE/CPT. Completer interviews focused on challenges faced in completing treatment and facilitators of completion. Transcripts were coded using a mixed deductive/inductive approach; constant comparison was used to identify differences between completers and non-completers. Completers and non-completers differed in the extent of treatment-specific therapist support received, therapists' flexibility in treatment delivery, the type of encouragement offered by the care team and social supports, their interpretation of symptom worsening, the perceived impact of treatment on functioning, and the impact of stressors on their treatment engagement. Treatment-specific therapist support, more patient-centered and flexible treatment delivery, leveraging the full care team, and addressing functional concerns are potential targets for PE and CPT engagement interventions.

<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/10.1016/j.jadr.2022.100366>

Investigating the antidepressant effects of CBT-I in those with major depressive and insomnia disorders.

Parky H. Lau, Alison E. Carney, Onkar S. Marway, Nicole E. Carmona, ... Colleen E. Carney

Journal of Affective Disorders Reports
Volume 9, July 2022

Highlights

- Cognitive behavioural therapy for insomnia (CBT-I) exerts a strong antidepressant effect.
- Changes in sleep-specific variables at post-treatment were evaluated as predictors of depression recovery.
- Rumination in response to fatigue significantly predicted depression outcomes at post-treatment.
- Younger, MDD-I patients with moderate depression symptoms may benefit most from CBT-I.

Abstract

Introduction

Cognitive behavioral therapy for insomnia (CBT-I) is a highly effective treatment for insomnia disorder that also helps with myriad clinically relevant, non-sleep specific symptoms - most notably, depression. Studies evaluating depression change after CBT-I suggest that CBT-I is an effective therapy for depression. Subsequently, empirical efforts have started investigating the mechanisms by which CBT-I exerts an antidepressant effect. The present study replicates the efficacy of CBT-I on depressive complaints and examines whether changes in sleep-specific variables predict depression outcome after CBT -I.

Methods

Seventy participants presenting with comorbid insomnia and major depressive disorders (MDD-I) completed four sessions of CBT-I over eight weeks. Participants completed daily sleep diaries and self-report measures at baseline and post-treatment to assess changes in sleep and mood-related variables.

Results

CBT-I was associated with large improvements in depression ($d = 0.8$). Tendencies to ruminate in response to fatigue predicted post-treatment depression improvements ($\beta = 0.294$). Other predictors of post-treatment mood improvement included younger age ($\beta = -0.191$) and lower baseline depression ($\beta = -0.472$).

Limitations

The study was an open trial without a control group, restricting conclusions that can be made. Participants who joined the trial received insomnia-specific treatment; therefore, questions relevant to those who are primarily seeking mood treatment cannot be addressed.

Discussion

The results suggest that younger MDD-I participants with moderate depression symptoms may benefit most from the antidepressant effects of CBT-I. Additionally, targeting the tendency to ruminate in response to fatigue is an important endeavor in CBT-I, as it produces depression improvement.

<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. For example, among post-9/11 service members, female gender was associated with a cluster of risk factors for suicide attempt and death that included presence of a psychiatric diagnosis and prior self-directed violence with an additional risk factor for suicide death being a recent failed intimate relationship (Skopp et al., 2016). In contrast, male gender was associated with a cluster of suicide attempt and death risk factors that were of a more externalizing and antisocial nature (Skopp et al., 2016). Yet, whether psychosocial functioning such as intimate relationship functioning also affects SI in women veterans is unknown. Given that SI is upstream of suicidal behavior in the ideation-to-action framework (Klonsky et al., 2016), understanding associations

between psychosocial functioning and SI has implications for prevention of suicidal behavior.

Although intimate relationship functioning was identified as a suicide risk factor among women service members, this and other psychosocial functioning domains may warrant attention after military service completion. Reintegrating post-9/11 women veterans are known to be more likely to report negative relationship and family experiences including divorce, relative to veteran men and non-veteran women (Adler-Baeder et al., 2006; Beder et al., 2011; U.S. Department of Veterans Affairs, 2014). Additionally, women veterans are more likely than veteran men to report being unemployed (Vogt et al., 2017). Therefore, psychosocial functioning, such as work and family functioning, are important factors to consider with respect to women veterans' mental health and within the context of their readjustment to civilian life after military service completion.

The present study extends prior research which showed that PTSD and depression symptom severity are bi-directionally related to psychosocial functioning in women veterans (Lawrence et al., 2021). Our objective in this study was to test the hypothesis that a bi-directional association would exist between SI and work, relationship, and parental domains of psychosocial functioning in women veterans, such that worsening functioning would exacerbate subsequent SI, and changes in SI would also impact subsequent psychosocial functioning.

<https://doi.org/10.1163/15685306-bja10089>

Adopting a Companion Dog Helps Veterans with Posttraumatic Stress Disorder in a Pilot Randomized Trial.

Stephen L. Stern, Erin P. Finley, Jim Mintz, Matthew D. Jeffreys, Bonnie V. Beaver, Laurel A. Copeland, Mistie D. Seawell, Courtney H. Bridgeman, Alison B. Hamilton, Emma L. Mata-Galan, Stacey Young-McCaughan, John P. Hatch, Ana Luiza C. Allegretti, Willie J. Hale, and Alan L. Peterson

Society & Animals

Online Publication Date: 23 May 2022

Despite significant treatment advances, many military veterans continue to suffer from posttraumatic stress disorder (PTSD) and associated symptoms, suggesting a need for new interventions. This pilot trial examined the change in psychological symptoms of 19

veterans in treatment for PTSD who were randomized either to adopt a dog immediately from a Humane Society shelter (n = 9) or to a three-month waitlist followed by dog adoption (n = 10). The dogs were companion dogs, not service animals. The investigators analyzed quantitative assessments using mixed regression models with repeated measures. All veterans also participated in periodic semi-structured interviews. The study results showed companion dog adoption to be a feasible adjunctive intervention that helped improve PTSD and depressive symptoms for most participants. These findings suggest that this is a promising approach that is worthy of further study.

<https://doi.org/10.4088/JCP.21r14143>

Real-Time Telehealth Versus Face-to-Face Management for Patients With PTSD in Primary Care: A Systematic Review and Meta-Analysis.

Scott, A. M., Bakhit, M., Greenwood, H., Cardona, M., Clark, J., Krzyzaniak, N., Peiris, R., & Glasziou, P.

The Journal of Clinical Psychiatry
2022 May 23; 83(4): 21r14143

Objective:

We conducted a systematic review and meta-analysis of randomized controlled trials comparing real-time telehealth (video, phone) with face-to-face therapy delivery to individuals with posttraumatic stress disorder (PTSD), by primary or allied health care practitioners.

Data Sources:

We searched MEDLINE, Embase, CINAHL, and Cochrane Central (inception to November 18, 2020); conducted a citation analysis on included studies (January 7, 2021) in Web of Science; and searched ClinicalTrials.gov and WHO ICTRP (March 25, 2021). No language or publication date restrictions were used.

Study Selection:

From 4,651 individual records screened, 13 trials (27 references) met the inclusion criteria.

Data Extraction:

Data on PTSD severity, depression severity, quality of life, therapeutic alliance, and treatment satisfaction outcomes were extracted.

Results:

There were no differences between telehealth and face-to-face for PTSD severity (at 6 months: standardized mean difference [SMD] = -0.11; 95% CI, -0.28 to 0.06), depression severity (at 6 months: SMD = -0.02; 95% CI, -0.26 to 0.22; P = .87), therapeutic alliance (at 3 months: SMD = 0.04; 95% CI, -0.51 to 0.59; P = .90), or treatment satisfaction (at 3 months: mean difference = 3.09; 95% CI, -7.76 to 13.94; P = .58). One trial reported similar changes in quality of life in telehealth and face-to-face.

Conclusions:

Telehealth appears to be a viable alternative for care provision to patients with PTSD. Trials evaluating therapy provision by telephone, and in populations other than veterans, are warranted.

<https://doi.org/10.1016/j.jpsychires.2022.05.037>

Variation in call volume to the Veterans Crisis Line by women and men veterans prior to and following onset of the COVID-19 pandemic.

Melissa E. Dichter, Sumedha Chhatre, Claire Hoffmire, Scarlett Bellamy, ... Ian McCoy

Journal of Psychiatric Research
Volume 151, July 2022, Pages 561-563

Objectives

To identify trends in volume of calls to the Veterans Crisis Line (VCL) around the onset of the COVID-19 pandemic.

Methods

Analysis of call frequency from VCL administrative records for all veteran contacts calling on their own behalf with gender identified from January 1, 2018 through December 31, 2020. Interrupted time series analysis used to identify potential impact of COVID-19 pandemic on call volume by women and men veteran contacts.

Results

Call volume to VCL from veterans increased over time, for both women and men veterans, with no significant change in call volume by women contacts following the onset of the COVID-19 pandemic and a decrease in calls by men contacts associated with COVID-19 onset. Call volume varied by month with patterns similar in years prior to and following COVID-19 onset.

Conclusions

The onset of the COVID-19 pandemic in 2020 was not associated with a spike in calls by veterans to VCL. The pandemic may have led to an increase in calls by some as well as a decrease in calls by others, leveling out the overall volume trends.

<https://doi.org/10.1016/j.jpsychires.2022.05.042>

Loneliness in U.S. military veterans during the COVID-19 pandemic: A nationally representative, prospective cohort study.

Peter J. Na, Elizabeth Straus, Jack Tsai, Sonya B. Norman, ... Robert H. Pietrzak

Journal of Psychiatric Research

Volume 151, July 2022, Pages 546-553

Loneliness was deemed a behavioral epidemic even prior to the COVID-19 pandemic. The COVID-19 pandemic and the subsequent social distancing policy measures have raised concerns about increased social isolation and loneliness, especially in vulnerable populations such as military veterans. However, little is known about the impact of the pandemic on longitudinal changes in loneliness in veterans, and potential protective psychosocial factors that may mitigate loneliness in this population. We analyzed data from the 2019–2020 National Health and Resilience in Veterans Study, which surveyed a nationally representative, prospective cohort of 3,078 US veterans before and 1-year into the pandemic. Prevalence, and risk and protective factors associated with changes in loneliness were examined. Results revealed that the prevalence of loneliness decreased over the study period—17.3% pre-pandemic to 15.9% peri-pandemic ($p = 0.032$). A total of 5.4% ($n = 164$) of veterans reported increased loneliness, 6.4% ($n = 196$) decreased loneliness, and 10.6% ($n = 325$) persistent loneliness during the pandemic. Multivariable logistic regression models indicated that not being married/partnered, and scoring lower on pre-pandemic measures of purpose in life and cognitive functioning were most strongly associated with increased loneliness. Pre-pandemic

psychiatric disorder, unpartnered marital status, and pandemic-related social restriction and financial stressors were most strongly associated with persistent loneliness. Collectively, these results suggest that, contrary to concerns, the prevalence of loneliness subtly decreased one year into the pandemic. Veterans who are not partnered, have pre-existing psychiatric conditions, and endorse more COVID-related stressors may be at higher risk for experiencing loneliness during the pandemic. Interventions that promote social connectedness, as well as that target the aforementioned risk and protective factors, may help mitigate loneliness in veterans.

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

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

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

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

Background

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

Methods

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

Results

There were 30.7% of veterans and 16.4% of military personnel that reported past month problem anger, while 14.9% of veterans and 7.4% of military personnel reported physical violence. There were higher levels of suicidality among veterans (30.3%), than military personnel (14.3%). Logistic regression models indicated that PTSD was the strongest risk factor for problem anger (PCL-5, OR = 21.68), while there were small but substantial increases in anger rates associated with depression (OR = 15.62) and

alcohol dependence (OR = 6.55). Path models indicated that problem anger had an influence on suicide attempts, occurring primarily through suicidal ideation, and an influence on violence. Influences of problem anger on suicidal ideation and violence remained significant when controlling for co-occurring mental health problems.

Conclusions

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

<https://doi.org/10.1037/ccp0000734>

Marriage checkup in integrated primary care: A randomized controlled trial with active-duty military couples.

Cigrang, J. A., Cordova, J. V., Gray, T. D., Fedynich, A. L., Maher, E., Diehl, A. N., & Hawrilenko, M.

Journal of Consulting and Clinical Psychology
2022 May; 90(5): 381-391

Objective:

This study assessed the efficacy of the marriage checkup, as adapted to integrated primary care settings and active-duty military couples, for improving relationship health and depressive symptoms.

Method:

Married couples (N = 244, Mage = 32.4, 67.6% Caucasian) in which at least one member was active-duty Air Force were recruited from bases across the U.S. via online advertisement, emails sent from medical clinics to enrolled beneficiaries, social media posts, and flyers, and randomly assigned to active treatment or waitlist control. Treatment and control couples were linked in pairs sequentially and pairs completed nine sets of questionnaires at baseline, 1-, and 6-month posttreatment. Outcome measures included the Couples Satisfaction Index, Intimate Safety Questionnaire, Responsive Attention Scale, Partner Compassion Scale, Communication Skills Test, and the Center for Epidemiologic Studies Depression Scale.

Results:

A three-level multilevel model indicated, after adjustment for multiple comparisons, treatment couples experienced statistically significant small-to-moderate improvements compared to the control group (Cohen's d from 0.21 to 0.55) at 1 month that were sustained at 6 months for relationship satisfaction, responsive attention, compassion toward their partners, communication skills, intimate safety, and depressive symptoms.

Conclusions:

A longitudinal randomized control trial of the MC supports the hypothesis that the MC significantly improves relationship satisfaction, intimacy, communication, partner compassion, responsive attention, and depressive symptoms. Implications for theory, treatment, and dissemination are discussed. (PsyInfo Database Record (c) 2022 APA, all rights reserved).

Trial registration: ClinicalTrials.gov [NCT02571478](https://clinicaltrials.gov/ct2/show/study/NCT02571478).

<https://doi.org/10.1093/sleep/zsac079.431>

The Relationship between Spirituality and Insomnia in Military Soldiers.

Nayeli Nunez-Cruz, Katherine Miller, Janeese Brownlow, Elizabeth Klingaman, Philip Gehrman

Sleep

Volume 45, Issue Supplement_1, June 2022, Page A193

Introduction

Insomnia is prevalent among military soldiers and contributes to poor physical and mental health outcomes. Spirituality has been found to mitigate mental and physical health complaints; however, there is a dearth of research on its relationship with insomnia, particularly among military soldiers. Therefore, this study examined the associations between spirituality, religiosity, and insomnia in a sample of Army soldiers.

Methods

Data were acquired from the All Army Study of the Army Study to Assess Risk and Resilience in Servicemembers (STARRS; $N=21,449$; mean age= 28.6; 88.24% male). Participants completed the Brief Insomnia Questionnaire, and current insomnia status was determined by DSM-5 criteria. They also completed questions on religious

affiliation, how often they attend religious services, and how religious or spiritual they consider themselves on a 4-point scale (1-Very to 4-Not at all). Chi-Square analyses were used to assess the magnitude of relationships.

Results

A total of 19.45% of this sample had insomnia. Self-reported religious affiliation was more common in those without insomnia (73.5%) than those with insomnia (69.9%; $p < .0001$). Self-reported spirituality and religiosity were associated with lower rates of insomnia ($p < .0001$; $p < .0001$). However, insomnia was associated with higher rates of regular attendance of religious services (29.8% vs. 26.0%; $p < .0001$).

Conclusion

In this sample of Army servicemembers, insomnia was less prevalent among those with a religious affiliation and those with regular attendance at religious services. In contrast, individuals with insomnia reported themselves to be less religious or spiritual compared to those without insomnia. These findings underline the importance of further research to understand whether spirituality provides any protective effects against insomnia.

Support (If Any)

This publication is based on public use data from Army STARRS (Inter-university Consortium for Political and Social Research, University of Michigan-<http://doi.org/10.3886/ICPSR35197-v1>), funded by U.S. NIMH-U01MH087981. KEM's time was supported by the U.S Department of Veterans Affairs, Veterans Health Administration (Clinical Science Research and Development Service – IK2 CX001874). EAK's time was supported by the U.S Department of Veterans Affairs, Rehabilitation Research and Development Service – 1IK2 RX001836.

<https://doi.org/10.1093/sleep/zsac079.318>

Sex Differences in Sleep Quality and Biomarker Levels in Service Members and Veterans with Chronic Mild Traumatic Brain Injury.

Vivian Guedes, Sara Mithani, Jackie Gottshall, Chen Lai, Christina Devoto, Jessica Gill, Kimbra Kenney, J Kent Werner

Sleep

Volume 45, Issue Supplement_1, June 2022, Page A144

Introduction

Sleep disorders are highly prevalent in military populations and are frequently associated with a history of traumatic brain injury (TBI). Despite the recent increase in female representation in the military, few studies have focused on sex differences in sleep quality in military populations. In this study, we examined biological sex differences in self-reported sleep quality and blood levels of protein biomarkers of TBI in a cohort of service members and veterans with chronic mild TBI (mTBI).

Methods

Participants (n=1,121) were enrolled in the Chronic Effects of Neurotrauma Consortium (CENC)/Long Term Impact of Military Brain Injury Consortium (LIMBIC) study. Females (n=147) and males (n=974) were classified into control (n=192, no TBI history) or mTBI (n=929, positive history of mTBI) groups. Self-reported sleep quality was assessed using PSQI (Pittsburgh Sleep Quality Index). Plasma levels of glial fibrillary acidic protein (GFAP), neurofilament light chain (NfL), Tau, interleukin (IL)-10, IL-6, and tumor necrosis factor-alpha (TNF α) were analyzed using a Simoa HD-X analyzer.

Results

Regression models revealed higher PSQI scores in females than males (β (SE)=1.36(0.40), $p=0.001$) and in the TBI group (β (SE)=1.97(0.36), $p<0.001$) in comparison to controls. TBI x sex interaction was not statistically significant. Within the mTBI group, females had higher PSQI scores ($p=0.031$) and GFAP levels ($p<0.001$) than males, which remained significant when controlling for demographics, number of mTBIs, and time since last mTBI. No other significant differences in biomarker levels were observed. In men, but not women, higher levels of GFAP were associated with lower PSQI scores (β (SE)=-1.38(0.43), $p=0.001$).

Conclusion

Our findings suggest sex differences in sleep quality after mTBI, providing insights into possible mechanisms underlying the development of chronic symptoms in military populations. Our results support the need for considering biological sex in the development of personalized therapeutic strategies for chronic TBI-related sleep disorders.

Support (If Any)

This work was supported by grant funding from: The U.S. Army Medical Research and Materiel Command, from the U.S. Department of Veterans Affairs Long-term Impact of Military-related Brain Injury Consortium/Chronic Effects of Neurotrauma Consortium under Award No.11O1CX002097-01 and the U.S Department of Defense under Award No.W81XWH-18-PH/TBIRP-LIMBIC.

<https://doi.org/10.1093/sleep/zsac079.323>

A Comprehensive Evaluation of Sleep Disorders in Male and Female U.S. Military Personnel.

Vincent Mysliwec, Matthew Brock, Kristi Pruiksma, Casey Straud, Daniel Taylor, Shana Hansen, Shannon Foster, Sarah Zwetig, Kelsi Gerwell, Stacey Young-McCaughan, Tyler Powell, John Blue Star, Daniel Cassidy, Jim Mintz, Alan Peterson

Sleep

Volume 45, Issue Supplement_1, June 2022, Pages A146–A147

Introduction

Sleep disorders are increasingly recognized in military personnel. However, no study has comprehensively evaluated male and female service members with clinically significant sleep disturbances. While, insomnia and obstructive sleep apnea (OSA) are the two most recognized sleep disorders, some studies have suggested that comorbid insomnia and OSA, also known as COMISA, potentially is the most frequent sleep disorder. Further little is known regarding the co-occurrence of nightmares, shift work disorder, depression, anxiety, and posttraumatic stress disorder (PTSD) in this population.

Methods

Participants were 309 active duty service members (females $n = 113$, male $n = 196$) in all branches of the military who underwent a clinically indicated sleep evaluation in a military sleep disorders center. All underwent an attended in-lab polysomnogram, were diagnosed with insomnia, OSA, or COMISA and completed self-report measures. Participants completed the Nightmare Disorder Index and Shift Work Disorder Index, and non-sleep questionnaires using the PCL-5 for post-traumatic stress disorder (PTSD), the PHQ-9 for depression, the GAD-7 for anxiety, and History of Head Injuries for traumatic brain injury (TBI).

Results

COMISA was diagnosed in 36.8% of the sample, insomnia in 32.7%, and OSA in 30.4%. Males were significantly more likely to have COMISA or OSA and females were more likely to have insomnia. Polysomnographic variables were consistent with the respective sleep diagnoses. Forty service members (12.9%) met criteria for nightmare

disorder; those with OSA were significantly less likely to have nightmares. Shift work disorder was present in 49 (15.9%) and did not differ between sleep diagnoses. PTSD was present in 57 (18%) and those with COMISA were significantly more likely to have PTSD. A history of head injuries was reported by 38.2% and there was no difference in rates between the sleep disorder groups.

Conclusion

The most frequent sleep disorder profile in service members with sleep disturbances was COMISA, which was associated with significantly higher rates of PTSD and anxiety. Conversely, OSA alone was not associated with higher rates of any comorbid disorders. Nightmare disorder and shift work are relatively prevalent in military personnel with sleep disorders.

Support (If Any)

This work was supported by the Defense Health Agency, Defense Medical Research and Development Program, Clinical Research Intramural Initiative for Military Women's Health (DM170708; Mysliwiec), and the Air Force Research Laboratory, Wright Patterson Air Force Base, Ohio (FA8650-18-2-6953; Peterson). The views expressed herein are solely those of the authors and do not represent an endorsement by or the official policy or position of the U.S. Air Force, the U.S. Army, the Defense Health Agency, the Department of Defense, the Department of Veterans Affairs, or the U.S. Government.

<https://doi.org/10.1016/j.whi.2022.04.003>

Aggression in Military Members With Mild Traumatic Brain Injury and Post-Traumatic Stress Disorder Is Associated With Intimate Partner Health-Related Quality of Life.

Tracey A. Brickell, Louis M. French, Megan M. Wright, Rael T. Lange

Women's Health Issues

Available online 25 May 2022

Objective

We aimed to examine the relationship between service member/veteran (SMV) aggression and health-related quality of life (HRQOL) in their intimate partners.

Methods

This prospective cohort study included 201 female intimate partner caregivers of post-9/11 male SMVs with a diagnosis of uncomplicated mild traumatic brain injury and post-traumatic stress disorder from a military treatment facility. Caregivers completed 17 HRQOL measures and rated the level the SMV experiences problems with verbal or physical expressions of irritability, anger, or aggression on the Mayo–Portland Adaptability Inventory, 4th edition. Caregivers were classified into three SMV Aggression groups: i) none or very mild (n = 53); ii) mild (n = 47); and iii) moderate or severe (n = 101). HRQOL scores were classified as clinically elevated using a cutoff of 60T or higher.

Results

Using χ^2 analysis, the moderate or severe group had a significantly higher proportion of clinically elevated scores on 15 HRQOL measures compared with the none or very mild group, and six measures compared with the mild group. The mild group had higher scores on two measures compared with the none or very mild group. Using analysis of covariance (and controlling for caregiver strain), the moderate or severe group had significantly higher scores on 11 HRQOL measures compared with the none or very mild group, and two measures compared with the mild group. The mild group had higher scores on five measures compared with the none or very mild group.

Conclusions

Many caregivers who report moderate to severe SMV aggression after a traumatic brain injury, report poor HRQOL beyond the strain of care provision. Traumatic brain injury and post-traumatic stress disorder programs should screen for and treat SMV aggression, and attend to the health needs of their caregivers.

<https://doi.org/10.1016/j.whi.2022.06.002>

Veterans Health Administration Screening for Military Sexual Trauma May Miss Over Half of Cases Among Midlife Women Veterans.

Anita S. Hargrave, Shira Maguen, Sabra S. Inslicht, Amy L. Byers, ... Carolyn J. Gibson

Women's Health Issues

Available online 9 July 2022

Background

Approximately 1 in 3 women veterans endorse military sexual trauma (MST) during Veterans Health Administration (VHA) screening. Higher rates have been reported in anonymous surveys.

Objective

We compared MST identified by VHA screening to survey-reported MST within the same sample and identified participant characteristics associated with discordant responses.

Methods

Cross-sectional data were drawn from an observational study of women veterans aged 45–64 enrolled in VHA care in Northern California, with data from mail- and web-based surveys linked to VHA electronic health records (EHRs). Between March 2019 and May 2020, participants reported sociodemographic characteristics, current depressive (Patient Health Questionnaire-9) and posttraumatic stress (PTSD checklist for DSM-5) symptoms, and MST (using standard VHA screening questions) in a survey; depression and posttraumatic stress disorder diagnoses (ICD-10 codes) and documented MST were identified from EHR. Associations between sociodemographic characteristics, mental health symptoms and diagnoses, and discordant MST reports (EHR-documented MST vs. MST reported on survey, not in EHR) were examined with multivariable logistic regression.

Results

In this sample of midlife women veterans ($n = 202$; mean age 56, $SD = 5$), 40% had EHR-documented MST, and 74% reported MST on the survey. Sociodemographic characteristics, mental health symptoms, and diagnosed depression were not associated with discordant MST responses. Women with an EHR-documented PTSD diagnosis had fivefold higher odds of having EHR-documented MST (vs. survey only; odds ratio 5.2; 95% confidence interval 2.3–11.9).

Conclusions

VHA screening may not capture more than half of women who reported MST on the survey. VHA screening may underestimate true rates of MST, which could lead to a gap in recognition and care for women veterans.

The Impact of Unit Cohesion on Insomnia Symptoms among Army Soldiers.

Holly Barilla, Philip Gehrman, Janeese Brownlow, Elizabeth Klingaman, Katherine Miller

Sleep

Volume 45, Issue Supplement_1, June 2022, Pages A194–A195

Introduction

Sleep disturbance is common in military personnel and is often related to stressful conditions and deployment to a warzone. Among soldiers, the achievement of unit goals and performance is often dependent upon how cohesive members of the unit are. The quality of unit experiences in terms of reliance on other unit members, feeling respected, and interpersonal relationships could impact the ability to sleep at night. The primary hypothesis of this analysis was that poorer quality unit experiences would be associated with worse sleep at night.

Methods

Data were acquired from the All Army Study of the Army Study to Assess Risk and Resilience in Service members (STARRS; N= 21,449; 28.65 {SD=7.45} years old; 88.24% male). Participants completed the Brief Insomnia Questionnaire, and current insomnia status was determined by DSM-5 criteria. They also completed survey items related to how much respect they had for their officers and other members of their unit as well as how much respect they received in return, their overall morale and if they felt they could rely on members of their unit. T-tests and Chi-square tests were used to examine the associations between insomnia and unit experiences.

Results

More negative feelings about unit cohesiveness was associated with higher rates of insomnia ($t(19401) = -41.19, p < .0001$). Similarly, greater feelings of not being respected by other unit members was associated with higher rates of insomnia ($X^2(3, N=19275) = 869.9, p < .0001$). Strongly believing that the job reward was not worth the effort that was put into their work also had a significant increase in disturbed sleep ($X^2(4, N=19214) = 1120.5, p < .0001$).

Conclusion

These results demonstrate that, among Army soldiers, poorer quality experiences with other unit members are related to higher rates of insomnia symptoms. Service members

who felt they could not rely on other members of their unit, did not feel their officers respected them, and could not speak openly to officers endorsed strong feelings regarding how cohesive their unit was and ultimately reported poorer sleep.

Support (If Any)

This publication is based on public use data from Army STARRS (Inter-university Consortium for Political and Social Research, University of Michigan-<http://doi.org/10.3886/ICPSR35197-v1>), funded by U.S. NIMH-U01MH087981. KEM's time was supported by the U.S Department of Veterans Affairs, Veterans Health Administration (Clinical Science Research and Development Service – IK2 CX001874). EAK's time was supported by the U.S Department of Veterans Affairs, Rehabilitation Research and Development Service – 1IK2 RX001836.

<https://doi.org/10.1080/07448481.2022.2076106>

“I just wanna be another person at school”: Disclosing veteran identity on campus and effects on campus engagement.

Bonnie M. Vest, Maximilian J. Brimmer, Laura A. Brady & Gregory G. Homish

Journal of American College Health

Published online: 27 May 2022

Objective:

To describe how veterans feel about disclosing their military status on campus and impacts on engagement with social and health-related services. Participants: Thirty-one university student veterans who participated in a student veterans' health study. Participants self-identified as White and male (90%) with an average age of 29.5 years and 6.7 years of military service.

Methods:

Qualitative interviews explored veterans' perceptions of belonging on campus and the impact of veteran identity on educational experiences. Data analysis used an inductive, content-based approach.

Results:

Themes included: (1) varied feelings around disclosing military service history, with

many preferring not to disclose; (2) visibility of resources on campus; and (3) use of resources on campus for social engagement, mental, and physical health.

Conclusions:

Findings illustrate student veterans' complex experiences, and how feelings about disclosing veteran identity on campus relate to resource use. Campuses should acknowledge and explore this complexity with student veterans' input to ensure that supports meet their needs.

<https://doi.org/10.1016/j.whi.2022.04.003>

Aggression in Military Members With Mild Traumatic Brain Injury and Post-Traumatic Stress Disorder Is Associated With Intimate Partner Health-Related Quality of Life.

Tracey A. Brickell, Louis M. French, Megan M. Wright, Rael T. Lange

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group, and six measures compared with the mild group. The mild group had higher scores on two measures compared with the none or very mild group. Using analysis of covariance (and controlling for caregiver strain), the moderate or severe group had significantly higher scores on 11 HRQOL measures compared with the none or very mild group, and two measures compared with the mild group. The mild group had higher scores on five measures compared with the none or very mild group.

Conclusions

Many caregivers who report moderate to severe SMV aggression after a traumatic brain injury, report poor HRQOL beyond the strain of care provision. Traumatic brain injury and post-traumatic stress disorder programs should screen for and treat SMV aggression, and attend to the health needs of their caregivers.

Links of Interest

Army implements policies to combat sexual assault in wake of Pentagon commission's report on sex crimes

<https://www.stripes.com/branches/army/2022-07-14/army-policies-sex-assault-6654056.html>

Navy broadens rules for sexual assault victims seeking restricted reports

<https://www.stripes.com/branches/navy/2022-07-13/navy-broadens-rules-for-sexual-assault-victims-seeking-restricted-reports-6637860.htm>

Why is Big Navy mum on mental health care shortages, long wait times?

<https://www.navytimes.com/news/your-navy/2022/07/14/why-is-big-navy-mum-on-mental-health-care-shortages-long-wait-times/>

Michigan's National Guard turns to dogs to help stop veteran suicide

<https://www.freep.com/story/news/local/michigan/2022/07/14/michigan-national-guard-dogs-help-stop-veteran-suicide/7816288001/>

New 988 suicide prevention hotline gives vets, troops an easier option for emergency care

<https://www.militarytimes.com/veterans/2022/07/18/new-988-suicide-prevention-hotline-gives-vets-troops-an-easier-option-for-emergency-care/>

Troops, veterans becoming less likely to recommend military service, survey finds
<https://www.stripes.com/theaters/us/2022-07-14/military-families-veterans-survey-6650327.html>

Here's DoD's plan to help the 24% of troops experiencing food insecurity
<https://www.militarytimes.com/pay-benefits/2022/07/15/heres-dods-plan-to-help-the-24-of-troops-experiencing-food-insecurity/>

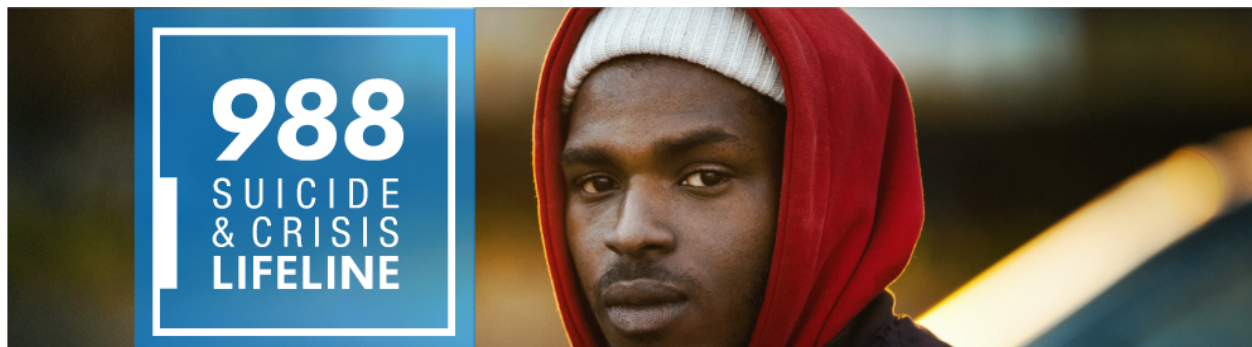
Meet the first transgender military training instructor in United States Air Force
<https://www.ksat.com/news/local/2022/07/18/meet-the-first-transgender-military-training-instructor-in-united-states-air-force/>

JBLM Army spouse combats PTSD with physical fitness
https://www.army.mil/article/258193/jblm_army_spouse_combats_ptsd_with_physical_fitness

Resource of the Week: [988 Partner Toolkit](#)

Information from the Substance Abuse and Mental Health Service Administration (SAMHSA) about the new 988 Suicide & Crisis Lifeline:

SAMHSA recognizes the need for governments, states, territories, tribes, crisis centers, and partners to speak with one voice to ensure there is a clear understanding about what 988 is and how it will work. We encourage you to use these communication outreach materials and build upon them with your community coalitions to meet the needs of your specific audiences.



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