

CDP



Research Update -- July 28, 2022

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- Links of Interest
- Resource of the Week: Strengthening Food Security in the Force Strategy and Roadmap (DOD: Office of the Under Secretary for Personnel & Readiness)

<https://doi.org/10.1016/j.beth.2022.07.005>

Acceptance and Commitment Therapy (ACT) Processes and Mediation: Challenges and How to Address Them.

Joanna J. Arch, Joel N. Fishbein, Lauren B. Finkelstein, Jason B. Luoma

Behavior Therapy

Available online 16 July 2022

Highlights

- Research on ACT's processes and mediating variables has been hindered by challenges.
- Five of these challenges are presented, with recommendations for addressing them.
- The challenges include difficulties in distinguishing process variables.
- The challenges also include suboptimal treatment sensitivity/specificity and power.
- Recommendations are made to advance the understanding of how ACT works.

Abstract

Acceptance and Commitment Therapy (ACT) emphasizes a focus on theory-driven processes and mediating variables, a laudable approach. The implementation of this approach would be advanced by addressing five challenges, including: 1) distinguishing ACT processes in measurement contexts; 2) developing and rigorously validating measures of ACT processes; 3) the earlier wide use of psychometrically weaker ACT process measures and the more limited use of stronger measures; 4) the inconsistency of evidence that ACT processes are sensitive or specific to ACT or mediate ACT outcomes specifically; 5) improving statistical power and transparency. Drawing on the existing literature, we characterize and provide evidence for each of these challenges. We then offer detailed recommendations for how to address each challenge in ongoing and future work. Given ACT's core focus on theorized processes, improving the measurement and evaluation of these processes would significantly advance the field's understanding of ACT.

<https://doi.org/10.1007/s41347-022-00252-8>

Technology-Based Methods for Training Counseling Skills in Behavioral Health: a Scoping Review.

Magill, M., Mastroleo, N.R. & Martino, S.

Journal of Technology in Behavioral Science

Published: 05 April 2022

In the present review, we consider technology-based methods for training and monitoring counseling skills in behavioral health (i.e., addictions, mental health, and behavioral medicine). We provide an overview of topical foci and design features, as well as review the available research. The Arksey and O'Malley framework for scoping review was used and there were two project phases. First, we reviewed and charted design features and training topics. Second, we reviewed and charted published research evaluating training outcomes. The search process yielded six commercial companies or academic research centers targeting online training of behavioral health counseling skills. These programs could be categorized by an avatar (i.e., computer-generated) or video (i.e., human actor) client interface, as well as by a completely interactive experience (i.e., virtual reality) or an experience with a pre-programmed, branch-logic interaction (i.e., computer simulation). One final company provided monitoring services only, without an explicit training component. The literature in this area is in its nascent stages, with primarily pilot scope and comparatively less progress if contrasted with fields such as general medicine. Online training and monitoring of behavioral health counseling skills is a promising emerging field with positive qualities such as scalability, resource efficiency, and standardization. Future research should emphasize (1) between-group randomized clinical trials, (2) comparisons to standard training practices, and (3) alignment with professional competency standards.

<https://doi.org/10.1007/s41347-022-00254-6>

Adherence to Daily Interactive Voice Response Calls for a Chronic Pain Intervention.

Brett Ankawi, John D. Piette, Eugenia Buta, Sara N. Edmond, R. Ross MacLean, Diana M. Higgins, Kathryn LaChappelle, Sarah L. Krein & Alicia A. Heapy

Due to concerns about the safety and efficacy of long-term opioid treatment, non-pharmacological interventions for chronic pain such as cognitive-behavioral therapy for chronic pain (CBT-CP) are being promoted as first-line treatments. Telehealth delivery is designed to increase access and reduce barriers to CBT-CP with comparable effectiveness relative to in-person treatments. Adherence to telehealth treatment protocols is an important consideration in evaluating treatment efficacy. Adherence to 11 weeks of interactive voice response (IVR) phone calls was assessed in this secondary analysis of patients with chronic pain (N = 117) who participated in a clinical trial comparing the effectiveness of an IVR-based CBT-CP program to in-person CBT-CP. Patients in both groups received daily IVR calls to monitor their status. Generalized linear models were used to examine the relationship between baseline characteristics and adherence to IVR calls. Trends in IVR adherence over time and difference in adherence rates between intervention groups were also examined. IVR call adherence was high (90%) and did not differ between intervention groups while participants were enrolled in the program. However, participants in the IVR-only group on average remained engaged in treatment longer and completed more total calls (72 compared to 61 for in-person). Patients with poor baseline cognitive functioning completed fewer IVR calls in the in-person CBT-CP group. Daily IVR calls as part of a CBT-CP intervention were widely accepted by participants. Adherence remained high throughout the intervention across patient subgroups. IVR-delivered CBT-CP may increase access to effective, non-pharmacological management of chronic pain.

<https://doi.org/10.3357/AMHP.6040.2022>

Sleep and Infantry Battle Drill Performance in Special Operations Soldiers.

Mantua, J., Shevchik, J. D., Chaudhury, S., Eldringhoff, H. P., Mickelson, C. A., & McKeon, A. B.

Aerospace Medicine and Human Performance
2022 Jul 1; 93(7): 557-561

BACKGROUND:

Although multiple studies have documented the impact of insufficient sleep on soldier performance, most studies have done so using artificial measures of performance (e.g.,

tablet or simulator tests). The current study sought to test the relationship between sleep and soldier performance during infantry battle drill training, a more naturalistic measure of performance.

METHODS:

Subjects in the study were 15 junior Special Operations infantry soldiers. Soldiers wore an actigraph and reported their subjective sleep duration and quality prior to close quarter battle (CQB) drills. Experienced leaders monitored each iteration of the CQB exercise and recorded the number of errors committed.

RESULTS:

The number of errors committed during the live ammunition iterations was negatively correlated with subjective number of hours slept and subjective sleep efficiency/quality during the month prior. Soldiers with subjective sleep duration ≥ 7 h had a significantly lower number of errors than soldiers with subjective sleep duration < 7 h (1.71 vs. 0.63 errors), and soldiers with sleep quality $< 85\%$ committed more errors than those with sleep quality $\geq 85\%$ (1.50 vs. 0.40 errors).

DISCUSSION:

These data preliminarily suggest that sleep quality and duration may influence subsequent performance on infantry battle drill training, particularly for soldiers with limited experience in battle drill conduction who have not yet perfected battle drill techniques. Future studies should enact sleep augmentation to determine the causal influence of sleep on performance in this setting.

<https://doi.org/10.15288/jsad.2022.83.537>

Problems With Sleep Are Common and Predict Increased Risk for Alcohol and Drug Use Among Reserve and National Guard Soldiers.

Vest, B. M., Hoopsick, R. A., Fillo, J., Homish, D. L., & Homish, G. G.

Journal of Studies on Alcohol and Drugs

Published Online: July 19, 2022

Objective:

Sleep problems are common among military members and may increase substance use

risk. This study examines longitudinal associations between sleep problems and substance use among U.S. Army Reserve and National Guard (USAR/NG) soldiers as well as differences between current and former soldiers.

Method:

Data are drawn from Operation: SAFETY (Soldiers and Families Excelling Through the Years), an ongoing prospective study of the health and well-being of USAR/NG soldiers and their spouses. We used generalized estimating equation models (N = 485 soldiers; 79.8% male) to examine residual change in substance use (alcohol problems, heavy drinking, current use of any drug, nonmedical use of prescription drugs [NMUPD], and illicit drugs) associated with sleep problems (globally and particular dimensions) over 3 years, controlling for probable post-traumatic stress disorder, age, sex, and substance use at the prior time point. Interaction models examined differences by military status (current vs. former soldier).

Results:

Sleep problems were associated with increased risk of heavy drinking ($p < .05$), any current drug use ($p < .05$), current NMUPD ($p < .01$), and current illicit use ($p < .05$). There were significant interactions between sleep quality and military status on any current drug use ($p < .01$) and current illicit use ($p < .05$) and between sleep duration and military status on current NMUPD ($p < .05$), such that the risk of substance use was greater for former compared with current soldiers.

Conclusions:

Sleep problems are prevalent among USAR/NG soldiers and are longitudinally associated with alcohol and drug use. This risk may increase for soldiers who have separated from the military. These findings support routine screening for sleep problems among soldiers and pre-discharge education around substance use risks related to unaddressed sleep problems.

<https://doi.org/10.1001/jamanetworkopen.2022.23236>

Association of Problematic Anger With Long-term Adjustment Following the Military-to-Civilian Transition.

Adler, A. B., LeardMann, C. A., Villalobos, J., Jacobson, I. G., Forbes, D., & Millennium Cohort Study Team

JAMA Network Open
2022 Jul 1; 5(7): e2223236

Importance:

Few studies have examined the role of problematic anger in long-term adjustment of service members transitioning out of the military.

Objective:

To determine the prevalence of problematic anger during the military-to-civilian transition period and the association of problematic anger with adjustment to civilian life.

Design, setting, and participants:

This cohort study used 2 waves of survey data administered approximately 5 years apart (time 1 [T1; September 26, 2014, to August 25, 2016] and time 2 [T2; October 23, 2019, to August 31, 2021]) from the Millennium Cohort Study, a population-based military study. Participants were US active-duty service members within 24 months of separating from military service at T1. Statistical analysis was performed from September 2021 to May 2022.

Exposures:

Problematic anger was operationalized as scoring at least 12 points on the 5-item Dimensions of Anger Reactions scale at T1.

Main outcomes and measures:

Behavioral and functional health (depression, posttraumatic stress disorder, problem drinking, functional limitations), relationship health (relationship quality, coping with parental demands, social support), and economic health (major financial problems, financial insecurity, homelessness, employment status) were assessed at T2.

Covariates, assessed at T1, included demographics, military characteristics, mental health, problem drinking, and physical health.

Results:

Of the 3448 participants, 2625 (76.1%) were male, 217 (6.3%) were Hispanic, 293 (8.5%) were non-Hispanic Black, and 2690 (78.0%) were non-Hispanic White; the mean (SD) age was 40.1 (8.5) years; 826 (24.0%) met criteria for problematic anger.

Prevalence of problematic anger was 15.9% (95% CI, 12.2%-19.7%) 24 months prior to military separation and 31.2% (95% CI, 26.2%-36.2%) 24 months following separation.

After adjusting for covariates, problematic anger was associated with greater likelihood of behavioral and functional health outcomes (eg, posttraumatic stress disorder: adjusted odds ratio, 1.55, 95% CI, 1.23-1.96), relationship health difficulties (eg, low

social support: aOR, 1.66; 95% CI, 1.23-2.24), and economic difficulties (eg, substantial financial insecurity: aOR, 1.64; 95% CI, 1.13-2.39) at T2.

Conclusions and relevance:

This cohort study found an association between prevalence of problematic anger during the military-to-civilian transition and problematic anger with subsequent adjustment difficulties among US service members. These findings suggest the need to equip service members proactively with skills to identify and manage anger as a way to support them before and during this period of transition.

<https://doi.org/10.1016/j.whi.2021.12.002>

Experiencing Sexual Assault and/or Stalking-Related Behavior is Associated with Binge Drinking and Substance Use Consequences in Deployed U.S. Servicewomen.

Cucciare, M. A., Mengeling, M. A., Han, X., Kennedy, K., Torner, J., & Sadler, A. G.

Women's Health Issues

2022 Jul-Aug; 32(4): 402-410

Background:

Being deployed is a risk factor for poor postdeployment mental health outcomes in U.S. servicewomen, including harmful drinking. However, to our knowledge, no studies have examined deployment-related sexual assault and exposure to stalking-related behavior in relation to binge drinking and substance use consequences in this population.

Methods:

A community sample of post-9/11 servicewomen from the Midwest, including both veterans and those actively serving (N = 991), completed computer-assisted telephone interviews after deployment. Logistic regression models examined associations between deployment-related sexual assault (attempted or completed) and stalking-related behavior (e.g., being left unwanted things, having property vandalized), and the likelihood of reporting binge drinking and substance use consequences after controlling for covariates.

Results:

U.S. servicewomen experiencing deployment-related sexual assault and/or stalking-

related behavior were more likely to report binge drinking in the past 4 weeks and at least one negative consequence of substance use in the past year. Also, 21.56% of the sample reported experiencing any deployment-related sexual assault and/or stalking-related behavior, 17.34% reported any stalking-related behavior and no sexual assault, 2.42% reported both sexual assault and stalking-related behavior, and 1.80% reported sexual assault and no stalking-related behavior. The most commonly endorsed behaviors were being followed or spied on (9.09%), receiving unsolicited correspondence (8.34%-8.74%), and having someone show up at places you were (6.90%).

Conclusions:

U.S. servicewomen experiencing sexual assault and/or stalking-related behavior during deployment may be at higher risk for binge drinking and experiencing negative consequence of substance use when compared with their peers not reporting these stressors.

<https://doi.org/10.1016/j.ehb.2022.101142>

The effect of combat exposure on sexually transmitted diseases.

Ackerman A.

Economics and Human Biology
2022 Aug; 46: 101142

Traumatic exposures can affect beliefs and behaviors related to the spread of sexually transmitted diseases (STDs), a persistent public health problem. I leverage a natural experiment created by variation in US military deployment location assignments to estimate how combat exposure changes a surviving deployed male veteran's probability of acquiring a sexually transmitted disease. I analyze longitudinal data from 1994 to 2008 on 485 deployed veterans with information theoretic methods to reduce the sensitivity of estimates to small samples, an infrequently observed outcome, and highly correlated covariates. For veterans assigned to a combat zone, I estimate combat exposure results in a 5.4 percentage point increase in the probability of acquiring an STD. Additional estimations provide evidence suggesting risky behaviors involving substance use or multiple sexual partners may serve as pathways from combat exposure to STDs. My results are relevant to discussions regarding STD screening and care needs for trauma exposed individuals.

<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/10.1093/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 ($\beta(\text{SE})=-1.38(0.43)$, $p=0.001$).

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/10.1097/HTR.0000000000000792>

Characteristics of Responders and Nonresponders in a Military Postconcussion Rehabilitation Program.

Nix, Caitlyn A. BA; Cummings, Latiba D. PA-C; Lu, Lisa H. PhD; Bowles, Amy O. MD

Journal of Head Trauma Rehabilitation
May 26, 2022

Objective:

To characterize treatment responders and nonresponders as measured by the Neurobehavioral Symptom Inventory (NSI) in order to understand whether certain traits in our patient population would characterize favorable response.

Setting:

Brain Injury Rehabilitation Service at Brooke Army Medical Center, Fort Sam Houston, San Antonio, Texas.

Patients:

In total, 655 active duty military patients with a diagnosis of mild traumatic brain injury (mTBI) who received treatment between 2007 and 2020 and completed self-report measures as part of routine care.

Design:

Observational retrospective analysis of outpatient clinical outcomes data.

Main Measures:

The primary outcome measure was the NSI, divided into the responder and nonresponder groups. Responders were defined by reliable change in NSI total score (decrease of ≥ 8 points from intake to discharge).

Findings:

Responders ($n = 395$) reported a higher level of symptom burden at intake on the NSI. Women responded proportionally more (70%) than men (58%). After treatment, responders reported improvements on all measures evaluated while nonresponders reported no change or slightly worse symptoms. Logistic regression analysis showed that posttraumatic stress symptoms at intake decreased odds of favorable treatment response while satisfaction with social relationships increased odds of favorable treatment response.

Conclusion:

The results from this process improvement project suggested that posttraumatic symptoms warrant programmatic attention in TBI clinics while social relationships may be a protective factor that can be capitalized to enhance troop readiness. Systematic examination of these characteristics should be conducted on a larger population within the military health system.

<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/10.1371/journal.pone.0269101>

Sex differences in outcomes from mild traumatic brain injury eight years post-injury.

Starkey NJ, Duffy B, Jones K, Theadom A, Barker-Collo S, Feigin V, on behalf of the BIONIC8 Research Group

PLoS ONE

Published: May 27, 2022

The long-term effects of mild TBI (mTBI) are not well understood, and there is an ongoing debate about whether there are sex differences in outcomes following mTBI. This study examined i) symptom burden and functional outcomes at 8-years post-injury in males and females following mTBI; ii) sex differences in outcomes at 8-years post-injury for those aged <45 years and ≥ 45 years and; iii) sex differences in outcomes for single and repetitive TBI. Adults (≥ 16 years at injury) identified as part of a population-based TBI incidence study (BIONIC) who experienced mTBI 8-years ago (N = 151) and a TBI-free sample (N = 151) completed self-report measures of symptoms and symptom burden (Rivermead Post-Concussion Symptom Questionnaire, Hospital Anxiety and Depression Scale, Post-traumatic Stress Disorder Checklist), and functional outcomes (Participation Assessments with Recombined Tools, Work Limitations Questionnaire). The mTBI group reported significantly greater post-concussion symptoms compared to

the TBI-free group ($F(1,298) = 26.84, p < .01, \eta^2 = .08$). Females with mTBI were twice as likely to exceed clinical cut-offs for post-concussive ($X^2(1) > 5.2, p < .05, V > .19$) and PTSD symptoms ($X^2(1) = 6.10, p = .014, V = .20$) compared to the other groups, and reported their health had the greatest impact on time-related work demands ($F(1,171) = 4.36, p = .04, \eta^2 = .03$). There was no interaction between sex and age on outcomes. The repetitive mTBI group reported significantly greater post-concussion symptoms ($F(1,147) = 9.80, p < .01, \eta^2 = .06$) compared to the single mTBI group. Twice the proportion of women with repetitive mTBI exceeded the clinical cut-offs for post-concussive ($X^2(1) > 6.90, p < .01, V > .30$), anxiety ($X^2(1) > 3.95, p < .05, V > .23$) and PTSD symptoms ($X^2(1) > 5.11, p < .02, V > .26$) compared with males with repetitive TBI or women with single TBI. Thus, at 8-years post-mTBI, people continued to report a high symptom burden. Women with mTBI, particularly those with a history of repetitive mTBI, had the greatest symptom burden and were most likely to have symptoms of clinical significance. When treating mTBI it is important to assess TBI history, particularly in women. This may help identify those at greatest risk of poor long-term outcomes to direct early treatment and intervention.

<https://doi.org/10.1371/journal.pone.0268346>

Prevalence of gambling problems, help-seeking, and relationships with trauma in veterans.

Olivia Metcalf , Ellie Lawrence-Wood, Jenelle Baur, Miranda Van Hooff, David Forbes, Meaghan O'Donnell, Nicole Sadler, Stephanie Hodson, Helen Benassi, Tracey Varker, Malcolm Battersby, Alexander C. McFarlane, Sean Cowlshaw

PLoS ONE

Published: May 25, 2022

Background and aims

Veterans who have recently left the military (i.e., transitioned) may be vulnerable to the development of psychiatric disorders, but little is known about gambling problems in this population. This study investigated the prevalence and risk factors of gambling problems, help-seeking amongst veterans with gambling problems, and relationships with trauma and posttraumatic psychopathology.

Methods

Cross-sectional self-report survey data from 3,511 Australian Defence Force members

who left the military within the past five years. Surveys included measures of gambling problems (PGSI); depressive symptoms (PHQ-9); posttraumatic stress disorder (PCL-5); help-seeking behaviours; military and non-military-related trauma.

Results

Prevalence rates for problem gambling (PGSI ≥ 5) were 4.6%, while an additional 8.8% were classified in terms of at-risk gambling (PGSI = 1–4). Time since leaving the military was not associated with gambling problems. Only 2.1% of veterans with problem gambling reported help-seeking for their gambling. While trauma exposure, depression, and Posttraumatic Stress Disorder (PTSD) were all related to gambling problems at the bivariate level, only arousal and dysphoric-related affect were uniquely associated with gambling problems when adjusting for covariates.

Discussion

Gambling problems may be under-recognised relative to other psychiatric issues. Posttraumatic mental health problems, rather than trauma exposure per se, may explain the relationship between trauma and gambling problems.

Conclusions

Some veterans are in a period of vulnerability during transition out of military service, and harms associated with gambling problems may be exacerbated during this period.

<https://doi.org/10.1017/S0033291722001647>

Prevalence of the dissociative subtype of post-traumatic stress disorder: A systematic review and meta-analysis.

White, W., Burgess, A., Dalgleish, T., Halligan, S., Hiller, R., Oxley, A., . . . Meiser-Stedman, R.

Psychological Medicine

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The dissociative subtype of post-traumatic stress disorder (PTSD-DS) was introduced in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and is characterised by symptoms of either depersonalisation or derealisation, in addition to a diagnosis of post-traumatic stress disorder (PTSD). This systematic review

and meta-analysis sought to estimate the point prevalence of current PTSD-DS, and the extent to which method of assessment, demographic and trauma variables moderate this estimate, across different methods of prevalence estimation. Studies included were identified by searching MEDLINE (EBSCO), PsycInfo, CINAHL, Academic Search Complete and PTSDpubs, yielding 49 studies that met the inclusion criteria (N = 8214 participants). A random-effects meta-analysis estimated the prevalence of PTSD-DS as 38.1% (95% CI 31.5–45.0%) across all samples, 45.5% (95% CI 37.7–53.4%) across all diagnosis-based and clinical cut-off samples, 22.8% (95% CI 14.8–32.0%) across all latent class analysis (LCA) and latent profile analysis (LPA) samples and 48.1% (95% CI 35.0–61.3%) across samples which strictly used the DSM-5 PTSD criteria; all as a proportion of those already with a diagnosis of PTSD. All results were characterised by high levels of heterogeneity, limiting generalisability. Moderator analyses mostly failed to identify sources of heterogeneity. PTSD-DS was more prevalent in children compared to adults, and in diagnosis-based and clinical cut-off samples compared to LCA and LPA samples. Risk of bias was not significantly related to prevalence estimates. The implications of these results are discussed further.

<https://doi.org/10.1093/milmed/usac173>

Predictors of Crosscutting Patterns of Psychological Health and Family Maltreatment.

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Military Medicine

Published: 24 June 2022

Introduction

Psychological problems and family maltreatment are significant public health problems. Although research focuses almost exclusively on either individual psychological problems or family maltreatment, there is substantial co-occurrence of these problems. Similarly, intervention services are often “siloes”: individuals with mental health needs are referred for mental health services, individuals with family conflict are referred for family-based treatment, etc. These treatment “silos” may miss the larger picture of the co-occurrence of risk, promotion, and the problems themselves. In a previous paper, we used latent class analysis to identify subgroups of individuals with crosscutting patterns

(i.e., classes) of psychological and family maltreatment problems. In this study, we explored the predictors of these latent classes.

Materials and Methods

Participants consisted of two large population samples of U.S. Air Force active duty members ($n_s = 27,895$ and $30,841$) who were married or cohabiting and had one or more children living in their household. Participants completed an anonymous community assessment survey, which included questionnaire items tapping personal, family, and community problems and well-being. Assessments were conducted in 2008 and 2011. All study procedures were approved by the authors' Institutional Review Board. We used exploratory factor analysis and latent class analysis to (1) identify higher-order factors of risk and promotive variables and (2) examine them as predictors of our previously identified latent classes.

Results

Findings indicated that individuals who reported better physical well-being as well as personal and family coping, relationship satisfaction, and support were more likely to be in the lowest-risk subgroup. Notably, individuals in the subgroup most at risk for serious violence and suicide, evidencing disinhibitory psychopathology, endorsed lower risk and higher promotive factors than those individuals in other high-risk subgroups who fell along the internalizing/externalizing continuum.

Conclusions

These findings reinforce the need for integrated prevention and treatment of psychological and family maltreatment problems. Not only do these problems often co-occur, but their risk and promotive factors also tend to be intertwined. The unique (i.e., not on the continuum of the other five classes) problem profile of participants evidencing disinhibitory psychopathology is matched by a unique risk/promotive factor profile, and they will thus likely require a unique intervention approach.

<https://doi.org/10.1002/jcop.22912>

Service use and barriers to care among homeless veterans: Results from the National Veteran Homeless and Other Poverty Experiences (NV-HOPE) study.

Jack Tsai, Katherine Kelton

Journal of Community Psychology
First published: 24 June 2022

The objective of this study was to examine types of services U.S. veterans seek when they experience homelessness, characteristics associated with service use, and reasons for not using services. Data from a 2021 nationally representative survey of 1004 low-income U.S. veterans were analyzed with descriptive and multivariable analyses. One-quarter of low-income U.S. veterans with experiences of homelessness reported using homeless services while they were homeless and about 27% reported using U.S. Department of Veterans Affairs (VA) healthcare or benefits while homeless. Black and Hispanic veterans were more likely to use both homeless services and VA services while homeless than veterans of other race/ethnic groups. The most common barriers to services were: veterans felt they did not need help, they did not have information about services, there was stigma and shame, and transportation barriers were encountered. These findings suggest veterans use various VA and community-based homeless and healthcare services, but they do experience barriers that may be improved with better public information and care coordination to improve service uptake among homeless veterans.

<https://doi.org/10.1093/milmed/usac165>

Depression, Insomnia, and Obesity Among Post-9/11 Veterans: Eating Pathology as a Distinct Health Risk Behavior.

Christine M Ramsey, PhD, Allison E Gaffey, PhD, Cynthia A Brandt, MD, MPH, Sally G Haskell, MD, MS, Robin M Masheb, PhD

Military Medicine

Published: 21 June 2022

Introduction

Understanding the interrelationships between co-occurring chronic health conditions and health behaviors is critical to developing interventions to successfully change multiple health behaviors and related comorbidities. The objective of the present study was to examine the effects of depression, insomnia, and their co-occurrence on risk of obesity and to examine the role of health risk behaviors as potential confounders of these relationships with an emphasis on eating pathologies.

Methods

Iraq and Afghanistan conflict era veterans (n = 1,094, 51.2% women) who participated in the Women Veterans Cohort Study between July 2014 and September 2019 were categorized as having depression, insomnia, both, or neither condition. Logistic regression models were used to examine group differences in the risk of obesity. Health risk behaviors (i.e., eating pathology, physical activity, smoking, and hazardous drinking) were then assessed as potential confounders of the effects of depression and insomnia on the likelihood of obesity.

Results

Obesity was most prevalent in individuals with co-occurring insomnia and depression (53.2%), followed by depression only (44.6%), insomnia only (38.5%), and neither condition (30.1%). Importantly, maladaptive eating behaviors confounded the depression–obesity association but not the insomnia–obesity association. There was no evidence that insufficient physical activity, smoking, or hazardous drinking confounded the effects of insomnia or depression on obesity.

Conclusions

These findings exemplify the complex relationships between multiple health conditions and behaviors that contribute to obesity. Elucidating these associations can enhance the precision with which interventions are tailored to efficiently allocate resources and reduce the severe health impact of obesity among veterans.

<https://doi.org/10.1080/08995605.2022.2083448>

The relationship between anxiety, coping, and disordered-eating attitudes in adolescent military-dependents at high-risk for excess weight gain.

Senait Solomon, Lisa M. Shank, Jason M. Lavender, M. K. Higgins Neyland, Julia Gallager-Teske, Bethelhem Markos, Hannah Haynes, Hannah Repke, Alexander J. Rice, Tracy Sbrocco, Denise E. Wilfley, Natasha A. Schvey, Sarah Jorgensen, Brian Ford, Caitlin B. Ford, Mark Haigney, David A. Klein, Jeffrey Quinlan & Marian Tanofsky-Kraff

Military Psychology

Published online: 21 Jun 2022

Adolescent military-dependents are an understudied population who face unique stressors due to their parents' careers. Research suggests that adolescent military-dependents report more anxiety and disordered-eating than their civilian counterparts. While anxiety symptoms predict the onset and worsening of disordered-eating attitudes, the mechanisms underlying this relationship remain unclear. One factor that may underlie this relationship, and be particularly relevant for military-dependent youth, is coping. Therefore, we examined adolescent military-dependents ($N = 136$; 14.5 ± 1.5 years; 59.6% female; BMI-z: 1.9 ± 0.4) who were at-risk for adult obesity and binge-eating disorder due to an age- and sex-adjusted BMI \geq 85th percentile and loss-of-control eating and/or elevated anxiety. Participants completed an interview assessing disordered-eating attitudes and questionnaires on anxiety symptoms and coping strategies at a single time point. Bootstrapping models were conducted to examine the indirect paths between anxiety symptoms and disordered-eating attitudes through five coping subscales (aggression, distraction, endurance, self-distraction, and stress-recognition). Adjusting for relevant covariates, no significant indirect paths through the coping subscales ($p > .05$) were found in any models. General coping, nonspecific to eating, may not be a pathway between anxiety symptoms and disordered-eating attitudes among adolescents. Future research should examine other potential mediators of this relationship.

<https://doi.org/10.1093/arclin/acac040>

Contributory Etiologies to Cognitive Performance in Multimorbid Post-9/11 Veterans: The Deployment Trauma Phenotype.

Sahra Kim, Alyssa Currao, John Bernstein, Jennifer R Fonda, Catherine B Fortier

Archives of Clinical Neuropsychology

Published: 19 June 2022

Objective

This study examined cognitive functioning in post-9/11 Veterans with the deployment trauma phenotype (DTP), comprised of co-occurring diagnoses of depressive disorder (major depressive disorder and or persistent depressive disorder/dysthymia),

posttraumatic stress disorder (PTSD), and mild traumatic brain injury (mTBI), using objective neuropsychological measures.

Method

Participants included a cross-sectional sample of 399 post-9/11 Veterans who completed clinical interviews and neuropsychological tests as part of a larger study at VA Boston Healthcare System. Confirmatory factor analysis identified four cognitive domains: attention, cognitive control/processing speed, episodic memory, and cognitive flexibility. Veterans with DTP and its constituent diagnoses in isolation, two-way diagnostic combinations, and no constituent diagnoses were compared.

Results

Veterans with DTP had a twofold increased prevalence for below average performance in cognitive control/processing speed compared with those with no constituent diagnoses (prevalence ratios [PRs] = 2.04; 95% confidence interval [CI]: 1.03–4.05). The PTSD + depressive disorder group also had a twofold increased prevalence for below average performance in episodic memory (PR = 2.16; 95% CI: 1.05–4.43).

Conclusions

The deployment trauma phenotype is associated with clinically significant decrease in cognitive control/processing speed in post-9/11 Veterans. Comorbid PTSD and depressive disorder negatively impacted performances in episodic memory. Mild TBI alone showed no cognitive deficits. Clinical interventions should target psychiatric symptoms with a transdiagnostic approach to address this multimorbid population.

<https://doi.org/10.21203/rs.3.rs-1405867/v1>

Dog Ownership May Promote Cardiac Health in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.

Steven H. Woodward, Stephen R. Baldassarri, Robert H. Pietrzak

Research Square (preprint)

Posted 21 Jun, 2022

Dog ownership has been associated with reduced cardiovascular and all-cause mortality in epidemiological samples. U.S. military Veterans exhibit elevated rates of cardiovascular disease. Associations between dog ownership and cardiovascular

disease were examined in the National Health and Resilience in Veterans Study (NHRVS) which surveys nationally representative samples of U.S. military Veterans. Dog ownership data were obtained from 3078 Veterans and cross-tabulated with self-reported cardiovascular disease and risk factors. Adjustments were made for age, gender, trauma load, posttraumatic stress disorder (PTSD), major depressive disorder (MDD), alcohol/substance use, and exercise. Relative to non-owners, dog owners (39.2% of sample) were younger, more likely to meet criteria for PTSD and/or MDD, and to report more exercise. Dog ownership was associated with lower adjusted odds of hypertension and dyslipidemia. Dog ownership interacted with exercise to lower odds of self-reported heart disease by 33% and mitigated an effect of trauma load on hypertension. Conversely, the lowering of odds for diabetes and stroke in young and middle-aged Veterans reversed sign in older Veterans. Finally, dog ownership doubled the risk for stroke in Veterans who smoked. Increased physical activity remains the most likely factor accounting for these results, though potentially adverse interactions with aging and concurrent medical conditions call for additional investigation.

<https://doi.org/10.1093/milmed/usac156>

Physical Injuries, Treatment-Seeking, and Perceived Barriers to Treatment in U.S. Army Drill Sergeants.

Toby D Elliman, PhD, Bruce S Cohen, PhD, Kristin J Heaton, PhD, Susan P Proctor, DSc

Military Medicine

Published: 20 June 2022

Introduction

Drill sergeants work under mentally and physically challenging conditions. The current study examined self-reported rates of physical injuries in drill sergeants; rates of treatment-seeking for injuries; perceived barriers toward treatment-seeking; and associated demographic and environmental factors.

Materials and Methods

Drill sergeants from across all Army basic training locations completed self-report surveys from September to November of 2018. In total, 726 drill sergeants were included in analyses. Drill sergeants indicated whether they had acquired an injury during their time in the drill sergeant role and whether they had sought treatment for all

such injuries. Furthermore, drill sergeants rated their agreement with a number of possible perceived barriers to treatment-seeking for physical injuries. Regression models examining each phenomenon included hours of sleep obtained per day; general- and health-specific leadership behaviors of the company command teams; unit cohesion; time as a drill sergeant; duty location; gender; military operational specialty; years in the military; previous combat deployments; and route of assignment. The study was approved by the Walter Reed Army Institute of Research Institutional Review Board.

Results

In total, 38% of respondents reported acquiring an injury during their time as drill sergeants. Of those who had acquired an injury, 61% reported seeking medical help for all injuries acquired. Injuries were more likely in females (49%) than in males (34%) and less likely in drill sergeants reporting at least 6 hours of sleep (27%) versus those reporting 5 hours (40%) and 4 hours or less (43%). Reported comparisons were significant after controlling for demographic and environmental variables in regression models. The most strongly endorsed perceived barriers to treatment-seeking were “Seeking help would place too much burden on the other drill sergeants” (69%) and “Seeking help would interfere with my ability to train the recruits” (60%). Both of these perceived barriers were significantly associated with reduced treatment-seeking in injured drill sergeants, after controlling for demographic and environmental variables.

Conclusions

This study is the first to examine injury occurrence, treatment-seeking, and perceived barriers to treatment-seeking in U.S. Army drill sergeants. Building on previous studies that showed the negative effects of sleep deprivation on the safety and behavioral health of drill sergeants, the current study gives further evidence of the negative effects of such sleep deprivation, this time in the domain of physical injuries. The results suggest that pursuing strategies that allow for healthier sleep duration may contribute to injury reduction.

<https://doi.org/10.1093/arclin/acac040>

Contributory Etiologies to Cognitive Performance in Multimorbid Post-9/11 Veterans: The Deployment Trauma Phenotype.

Sahra Kim, Alyssa Currao, John Bernstein, Jennifer R Fonda, Catherine B Fortier

Objective

This study examined cognitive functioning in post-9/11 Veterans with the deployment trauma phenotype (DTP), comprised of co-occurring diagnoses of depressive disorder (major depressive disorder and or persistent depressive disorder/dysthymia), posttraumatic stress disorder (PTSD), and mild traumatic brain injury (mTBI), using objective neuropsychological measures.

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Results

Veterans with DTP had a twofold increased prevalence for below average performance in cognitive control/processing speed compared with those with no constituent diagnoses (prevalence ratios [PRs] = 2.04; 95% confidence interval [CI]: 1.03–4.05). The PTSD + depressive disorder group also had a twofold increased prevalence for below average performance in episodic memory (PR = 2.16; 95% CI: 1.05–4.43).

Conclusions

The deployment trauma phenotype is associated with clinically significant decrease in cognitive control/processing speed in post-9/11 Veterans. Comorbid PTSD and depressive disorder negatively impacted performances in episodic memory. Mild TBI alone showed no cognitive deficits. Clinical interventions should target psychiatric symptoms with a transdiagnostic approach to address this multimorbid population.

<https://doi.org/10.1093/milmed/usac169>

Suicide Behavior Results From the U.S. Army's Suicide Prevention Leadership Tool Study: The Behavioral Health Readiness and Suicide Risk Reduction Review (R4).

Ltc Justin M Curley, MD, USA, Farifteh F Duffy, PhD, Paul Y Kim, MA, Kristina M Clarke-Walper, MPH, Lyndon A Riviere, PhD, Joshua E Wilk, PhD

Military Medicine

Published: 21 June 2022

Introduction

The U.S. Army developed a new tool called the Behavioral Health Readiness and Suicide Risk Reduction Review (R4) for suicide prevention. A 12-month evaluation study with the primary objective of testing the hypothesis (H1) that Army units receiving R4 would demonstrate improved outcomes in suicidal-behavior measures following the intervention, relative to control, was then conducted. The results of analyses to answer H1 are herein presented.

Materials and Methods

The R4 intervention (R4-tools/instructions/orientation) evaluation study, Institutional Review Board approved and conducted in May 2019-June 2020, drew samples from two U.S. Army divisions and employed a repeated measurement in pre-/post-quasi-experimental design, including a nonequivalent, but comparable, business-as-usual control. Intervention effectiveness was evaluated using self-report responses to suicide-related measures (Suicide Behaviors Questionnaire—Revised/total-suicide behaviors/ideations/plans/attempts/non-suicidal self-injuries) at 6-/12-month intervals. Analyses examined baseline to follow-up linked and cross-sectional cohorts, incidence/prevalence, and intervention higher-/lower-use R4 subanalyses.

Results

Both divisions demonstrated favorable in-study reductions in total-suicide burden, with relatively equivalent trends for total-suicide behaviors, total-suicide risk (Suicide Behaviors Questionnaire—Revised), suicidal ideations, and non-suicidal self-injuries. Although both demonstrated reductions in suicide plans, the control showed a more robust trend. Neither division demonstrated a significant reduction in suicide attempts, but subgroup analyses showed a significant reduction in pre-coronavirus disease 2019-attempt incidence among those with higher-use R4 relative to control.

Conclusions

There is no evidence of harm associated with the R4 intervention. R4 effectiveness as a function of R4 itself requires confirmatory study. R4 is judged an improvement (no evidence of harm + weak evidence of effectiveness) over the status quo (no safety data or effectiveness studies) with regard to tool-based decision-making support for suicide prevention in the U.S. Army.

Links of Interest

Veterans Crisis Line gets new phone number — 988

<https://www.stripes.com/theaters/us/2022-07-15/veterans-crisis-hotline-suicide-prevention-6664899.html>

Pension Poaching: Learn to spot scammers and who you can trust for support

<https://blogs.va.gov/VAntage/105618/pension-poaching-learn-to-spot-scammers-and-who-you-can-trust-for-support/>

New program to cut child care costs for military families coming to more states

<https://www.armytimes.com/pay-benefits/2022/07/20/new-program-to-cut-child-care-costs-for-military-families-coming-to-more-states/>

Chewing on Problems Doesn't Make Them Easier to Swallow – Here are Three Tips to Help

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Chewing-on-Problems-Doesnt-Make-Them-Easier-to-Swallow--Here-are-Three-Tips-to-Help/>

Mental Health Needs for Service Members with Traumatic Brain Injury

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Mental-Health-Needs-for-Service-Members-with-Traumatic-Brain-Injury>

The military may be required to start tracking suicides by job assignments

<https://www.militarytimes.com/news/pentagon-congress/2022/07/21/the-military-may-be-required-to-start-tracking-suicides-by-job-assignments-in-hopes-of-more-answers/>

Army soldier uses TikTok to talk about trauma and to break stigmas. 'I won't stop'

<https://www.sacbee.com/news/nation-world/national/article263712003.html>

The military's top hospital is copying wounded troops' tattoos onto their prosthetic limbs

<https://taskandpurpose.com/news/walter-reed-tattoos-prosthetic-limbs/>

Addressing Well-being Throughout the Health Care Workforce: The Next Imperative

<https://jamanetwork.com/journals/jama/fullarticle/2794541>

'Semper Parents' an insider's guide for parents of Marines

<https://www.stripes.com/living/lifestyle/2022-07-25/terri-barnes-book-review-semper-parents-6762295.html>

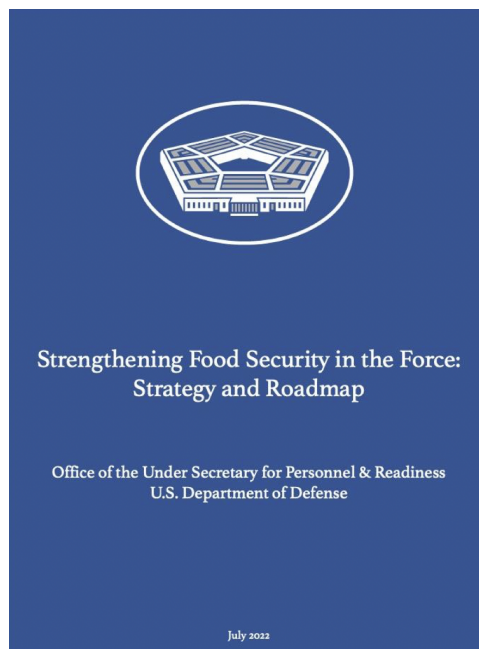
Too Many National-Security Workers Shun Mental-Health Care, Leaders Say

<https://www.defenseone.com/policy/2022/07/too-many-national-security-workers-shun-mental-health-care-leaders-say/374880/>

Resource of the Week: [Strengthening Food Security in the Force Strategy and Roadmap](#)

From the Office of the Under Secretary for Personnel & Readiness (DOD):

This strategy and roadmap outlines a plan to address food insecurity, delivering a holistic approach that starts with an effort to understand the experiences of Service members and their families. These evidence-informed actions address a breadth of issues, and include goals across six lines of effort designed to: 1) increase access to healthy food, 2) enhance spouse economic opportunities, 3) review Service member pay and benefits, 4) reinforce financial resources and awareness, 5) encourage Service members and families to seek available resources and services, and 6) expand data collection and reporting.



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