

# CDP



## Research Update – August 18, 2022

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- Resource of the Week: Provider Self-Care (Psychological Health Center of Excellence)

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<https://doi.org/10.1016/j.jpsychires.2022.07.033>

## **Moral injury among U.S. combat veterans with and without PTSD and depression.**

Norman, S. B., Nichter, B., Maguen, S., Na, P. J., Schnurr, P. P., & Pietrzak, R. H.

Journal of Psychiatric Research  
2022 Aug 1; 154: 190-197

### Background:

Questions persist about how often potentially morally injurious events (PMIEs) are associated with posttraumatic stress disorder (PTSD) and depression.

### Methods:

This study examined the overlap of morally injurious events with probable PTSD and depression in a nationally representative sample of U.S. combat veterans (n = 1,321, mean age 59.1, 93.7% male).

### Results:

Most veterans with probable PTSD (72.2%), probable depression (72.4%), and probable PTSD and/or depression (68.4%), endorsed experiencing PMIEs; 31.1-35.3% of these participants endorsed perpetration, 45.1-50.4% endorsed witnessing others, and 52.6-55.7% endorsed betrayal. The prevalence of PMIEs among veterans without current probable PTSD and/or depression was 33.7%, 32.3%, and 31.5%, respectively; 7.9-9.1% of these participants endorsed perpetration-based PMIEs, 19.2-20.3% witnessing, and 19.8-21.8% endorsed betrayal. PMIEs were more prevalent among veterans with probable PTSD or depression relative to those without (ORs ranging 2.14-3.32; p's < 0.001).

### Conclusions:

This is the first nationally representative study to examine the prevalence of PMIEs among veterans with and without probable PTSD or depression. Results highlight the importance of understanding distress and functional impairment in these veterans to evaluate whether they may benefit from intervention. PMIEs were strikingly more prevalent among veterans with probable PTSD and depression, suggesting that veterans without PMIEs are the minority among combat veterans with these disorders.

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<https://doi.org/10.1037/tra0001058>

**The association of self-reported romantic relationship satisfaction and anhedonia symptoms secondary to posttraumatic stress among trauma-exposed male service members/veterans.**

Blais, R. K.

Psychological Trauma: Theory, Research, Practice, and Policy  
2022; 14(2), 318–325

**Objective.** Higher posttraumatic stress disorder (PTSD) symptoms are associated with poorer romantic relationship satisfaction in military samples. Studies have examined PTSD symptom clusters and their association with relationship satisfaction, but these studies are limited to the pre-Diagnostic and Statistical Manual (DSM)-5 PTSD models or samples of women. The current study explored the best fitting model of PTSD using contemporary symptoms and examined the association of symptom clusters and relationship satisfaction in a sample of partnered male service members/veterans who reported exposure to a probable Criterion A event. **Method.** Factor analyses of 6 competing PTSD models were compared using confirmatory factor analysis in a sample of 499 men. Path analysis was then used to examine which symptom clusters were uniquely associated with relationship satisfaction after accounting for covariates in a subsample of 217 men who reported probable Criterion A exposure. **Results.** The Anhedonia and Hybrid Models had the best fit to the data in both the larger sample and subsample of men reporting probable trauma exposure. Models had comparable model fit, thus symptom clusters from both models were examined as predictors of relationship satisfaction in 2 separate analyses adjusted for covariates. In both analyses, only higher anhedonia symptoms were associated with lower romantic relationship satisfaction.

**Conclusions.**

Data was cross-sectional so causality cannot be inferred, but it appears that poorer relationship satisfaction is more common when symptoms of anhedonia are high. Interventions to improve relationship satisfaction among those reporting posttraumatic stress symptoms may be most effective if they focus on reducing anhedonia. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1002/jts.22867>

## **Lifetime trauma exposure profiles and alcohol use over time among U.S. Reserve and National Guard soldiers.**

Bonnie M. Vest, Nomi S. Weiss-Laxer, D. Lynn Homish, Gregory G. Homish

Journal of Traumatic Stress

First published: 28 July 2022

Although trauma exposure is a recognized risk factor for alcohol use, research on military populations has emphasized combat exposure, with minimal consideration of exposure to other potentially traumatic events (PTEs). We aimed to (a) identify, characterize, and quantify subgroups of service members based on PTE patterns; (b) examine associations between trauma exposure subgroups and alcohol use; and (c) examine these associations longitudinally. Data were drawn from Operation: SAFETY, a longitudinal study of health and well-being among U.S. Army Reserve/National Guard soldiers (N = 478). Exposure to 15 PTEs, including childhood maltreatment, noninterpersonal events (e.g., natural disasters, accidents), interpersonal trauma, and military-related exposures, was assessed at baseline. Latent profile analysis was conducted to characterize mutually exclusive trauma profiles; profile membership was used to longitudinally predict alcohol use in generalized estimating equation models. Four exposure profiles were identified: intimate partner violence (IPV)/combat trauma (8.4%, n = 40), combat trauma (24.7%, n = 118), childhood trauma (8.4%, n = 40), and low trauma (58.6%, n = 280). In adjusted models, compared to the low trauma profile, IPV/combat profile membership was longitudinally associated with alcohol problems, OR = 2.44, p = .005. Membership in other trauma profiles was not associated with alcohol use. Within the IPV/combat profile, men had a higher risk of frequent heavy drinking than women. Results suggest a need to comprehensively screen for lifetime PTE exposure, particularly IPV, in military populations. Given the high prevalence of nonmilitary PTEs, an inclusive, trauma-informed approach to health care and service provision is warranted.

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<https://doi.org/10.5664/jcsm.10130>

**The underestimation of sleep duration phenotype is associated with better treatment response to cognitive behavior therapy for insomnia in patients with chronic insomnia: a preliminary study.**

Qimeng Sun, MD , Yanyuan Dai, MD , Baixin Chen, MD , Alexandros N. Vgontzas, MD , Maria Basta, MD , Xiangdong Tang, MD, PhD , Sen Zhang, MD , Yun Li, MD

Journal of Clinical Sleep Medicine

Published Online: July 12, 2022

**STUDY OBJECTIVES:** To examine treatment response to cognitive behavior therapy for insomnia (CBT-I) in patients with chronic insomnia with and without underestimation of sleep duration.

**METHODS:**

We studied 41 patients with chronic insomnia who had received 5-week CBT-I. Self-reported and objective sleep were assessed with sleep diary and actigraphy, respectively. Sleep perception was calculated as self-reported total sleep time (TST)/objective TST. The underestimation of sleep duration group (USDG) was defined based on sleep perception less than the median of the overall sample (85%). Insomnia Severity Index (ISI) was used to assess the severity of insomnia.

**RESULTS:**

The total scores of ISI decreased significantly after CBT-I in both groups with and without underestimation of sleep duration. Compared to pre-treatment, self-reported sleep efficiency (SE) increased and total wake time (TWT) decreased after CBT-I, while the magnitude of changes in SE ( $d=1.40$  vs.  $d=0.81$ , interaction- $p=0.016$ ) and TWT ( $d=-1.82$  vs.  $d=-0.85$ , interaction- $p<0.001$ ) were larger in the USDG. Furthermore, self-reported sleep onset latency (interaction- $p=0.520$ ) and wake after sleep onset (interaction- $p=0.052$ ) decreased in the USDG (all  $p<0.05$ ), but not in patients without underestimation of sleep duration. Linear regressions showed that lower sleep perception at baseline predicted greater increase in self-reported SE ( $\beta=-0.99$ ,  $p<0.001$ ) and TST ( $\beta=-0.51$ ,  $p=0.006$ ), and greater decrease in self-reported TWT ( $\beta=1.22$ ,  $p=0.023$ ) after CBT-I after adjusting for confounders.

**CONCLUSIONS:**

The current preliminary study suggests that sleep perception moderates the self-reported CBT-I effects on chronic insomnia: the phenotype of underestimation of sleep duration is associated with a better response to CBT-I, especially in self-reported sleep parameters.

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<https://doi.org/10.5664/jcsm.10164>

**Caregiver sleep impairment and service member and veteran adjustment following traumatic brain injury is related to caregiver health-related quality of life.**

Tracey A. Brickell, DPsych , Megan M. Wright, MA , Jamie K. Sullivan, BA , Nicole V. Varbedian, BS , Kathryn A. Nose, BA , Lauren M. Rather, BA , Nicole K. Tien, BA , Louis M. French, PsyD , Rael T. Lange, PhD

Journal of Clinical Sleep Medicine

Published Online: August 1, 2022

**STUDY OBJECTIVES:**

To examine the relationship between caregiver sleep impairment and/or service member/veteran (SMV) adjustment post-traumatic brain injury (TBI), with caregiver health-related quality of life (HRQOL).

**METHODS:**

Caregivers (N=283) completed 18 measures of HRQOL, sleep impairment, and SMV adjustment. Caregivers were classified into four sleep impairment/SMV adjustment groups: [1] Good Sleep/Good Adjustment (n=43), [2] Good Sleep/Poor Adjustment (n=39), [3] Poor Sleep/Good Adjustment (n=55), and [4] Poor Sleep/Poor Adjustment (n=146).

**RESULTS:** The Poor Sleep/Poor Adjustment group reported significantly worse scores on most HRQOL measures and a higher prevalence of clinically elevated scores ( $\geq 60T$ ) on the majority of comparisons compared to the other three groups. The Good Sleep/Poor Adjustment and Poor Sleep/Good Adjustment groups reported worse scores on the majority of the HRQOL measures and a higher prevalence of clinically elevated scores on seven comparisons compared to the Good Sleep/Good Adjustment group. Fewer differences were found between the Good Sleep/Poor Adjustment and Poor Sleep/Good Adjustment groups. The Poor Sleep/Poor Adjustment group reported a higher prevalence of severe ratings for SMV Irritability, Anger, and Aggression compared to the Good Sleep/Poor Adjustment group.

**CONCLUSIONS:**

While the presence of either caregiver sleep impairment or poor SMV adjustment singularly was associated with worse caregiver HRQOL, the presence of both sleep impairment and poor SMV adjustment was associated with further impairment in

HRQOL. Caregivers could benefit from sleep intervention. Treatment of SMVs neurobehavioral problems may improve the SMV's recovery, and lessen sleep problems, distress, and burden among their caregivers.

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### **A Post-Traumatic Growth Perspective on PTSD: Implications for Those Who Have Served and Their Partners.**

Deborah Norris, Kimberley Smith Evans, Heidi Cramm & Linna Tam-Seto

Military Behavioral Health

Published online: 05 Aug 2022

Research emphasizing the negative psychosocial impacts of service-related post-traumatic stress disorder (PTSD) for military members, veterans, and their families is well established. Post-traumatic growth (PTG), positive psychological change resulting from managing adverse life events and situations, is an alternate outcome considered in research focusing on the impacts of serious illness and other life-altering circumstances on families. Little is known, however, about the processes that create and sustain PTG within military and veteran family systems. This paper will review conceptualizations of PTG and consider its relevance as a construct for analysis of outcomes related to the experiences of partners of military members and veterans living with PTSD and other operational stress injuries.

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<https://doi.org/10.1002/jts.22814>

### **Associations among child abuse history, deployment-related traumatic events, mental disorders, and suicidal behaviors in Canadian Regular Force personnel.**

Taillieu, T. L., Sareen, J., & Afifi, T. O.

Journal of Traumatic Stress

2022 Aug; 35(4): 1060-1071



Increasing attention has been focused on suicidal behavior among military personnel. Exposure to deployment-related traumatic events (DRTEs) and child abuse (CA) both have been associated with mental disorders and suicidal behaviors among military personnel. Thus, the primary objectives of this study were to examine (a) sex differences in CA history and DRTEs, past-year mental disorders, and past-year suicide-related outcomes and (b) independent, cumulative, and interactive effects of CA history and DRTEs on past-year mental disorders and suicide outcomes among Canadian military personnel. Data were from the representative Canadian Forces Mental Health Survey collected in 2013 (N = 8,161; response rate = 79.8%). The results indicated a high prevalence of trauma exposure, with sex differences noted for specific trauma types. Both CA history and DRTEs were strongly associated with mental disorders, CA history: aORs = 1.60-2.44; DRTEs; aORs = 1.67-3.88. Cumulative, but not interactive, effects were noted for the effects of CA history and DRTEs on most mental disorders. Associations between CA history and DRTEs on suicide outcomes were largely indirect via their impact on mental disorders. Information regarding the role of specific types of predeployment trauma on mental disorders and suicidal behavior can be used to develop more targeted prevention and intervention strategies aimed at improving the mental health of military personnel.

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<https://doi.org/10.1002/jts.22820>

**The associations between posttraumatic stress disorder and delay discounting, future orientation, and reward availability: A behavioral economic model.**

Olin, C. C., McDevitt-Murphy, M. E., Murphy, J. G., Zakarian, R. J., Roache, J. D., Young-McCaughan, S., Litz, B. T., Keane, T. M., Peterson, A. L., & Consortium to Alleviate PTSD

Journal of Traumatic Stress  
2022 Aug; 35(4): 1252-1262

The theoretical framework of behavioral economics, a metatheory that integrates operant learning and economic theory, has only recently been applied to posttraumatic stress disorder (PTSD). A behavioral economic theory of PTSD reflects an expansion of prior behavioral conceptualization of PTSD, which described PTSD in terms of respondent and operant conditioning. In the behavioral economic framework of PTSD, negatively reinforced avoidance behavior is overvalued, in part due to deficits in environmental reward, and may be conceptualized as a form of reinforcer pathology

(i.e., excessive preference for and valuation of an immediate reinforcer). We investigated cross-sectional relationships between PTSD severity and several constructs rooted in this behavioral economic framework, including future orientation, reward availability, and delay discounting in a sample of 110 military personnel/veterans (87.2% male) who had served combat deployments following September 11, 2001. Total PTSD severity was inversely related to environmental reward availability,  $\beta = -.49$ ,  $\Delta R^2 = 0.24$ ,  $p < .001$ ; hedonic reward availability,  $\beta = -.32$ ,  $\Delta R^2 = 0.10$ ,  $p = .001$ ; and future orientation,  $\beta = -.20$ ,  $\Delta R^2 = 0.04$ ,  $p = .032$ , but not delay discounting,  $r = -.05$ ,  $p = .633$ . An examination of individual symptom clusters did not suggest that avoidance symptoms were uniquely associated with these behavioral economic constructs. The findings offer support for a behavioral economic model of PTSD in which there is a lack of positive reinforcement as well as a myopic focus on the present.

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<https://doi.org/10.1002/jts.22825>

### **Correlates and clinical associations of military sexual assault in Gulf War era U.S. veterans: Findings from a national sample.**

Patel, T. A., Mann, A. J., Nomamiukor, F. O., Blakey, S. M., Calhoun, P. S., Beckham, J. C., Pugh, M. J., & Kimbrel, N. A.

Journal of Traumatic Stress  
2022 Aug; 35(4): 1240-1251

Military sexual assault (MSA) is a prevalent issue among military personnel that can have direct implications on postmilitary mental health. Gulf War era U.S. veterans represent the first cohort in which women veterans were integrated into most aspects of military service except for combat. The present study sought to build on prior studies by identifying characteristics associated with the occurrence of MSA and clinical correlates of MSA and examining how these differ between men and women. This study analyzed cross-sectional survey data from a national sample of treatment-seeking Gulf War era veterans. Participants ( $N = 1,153$ ) reported demographic information, clinical outcomes, military background, and history of MSA. MSA was more common among female veterans ( $n = 100$ , 41.3%) than male veterans ( $n = 32$ , 3.6%). The odds of experiencing MSA were approximately 19 times higher for female veterans relative to their male peers,  $OR = 18.92$ ,  $p < .001$ . Moreover, as expected, MSA was robustly associated with probable current posttraumatic stress disorder, probable current depression, and past-year suicidal ideation in female veterans, whereas combat exposure was robustly

associated with these sequelae in male veterans. The present findings confirm that a large proportion of female veterans from the Gulf War era experienced MSA and highlight the deleterious correlates of MSA on veterans' mental health. Sex differences of correlates of MSA and subsequent clinical associations are highlighted.

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<https://doi.org/10.1089/tmj.2021.0421>

### **From Office-Based Treatment to Telehealth: Comparing Clinical Outcomes and Patient Participation in a Psychiatric Intensive Outpatient Program with a Large Transdiagnostic Sample.**

Jessica M. Gannon, Jaspreet S. Brar, Susanna Zawacki, Tiffany Painter, Kelly O'Toole, and K. N. Roy Chengappa.

Telemedicine and e-Health  
Aug 2022; 1126-1133

#### Introduction:

Patient participation and clinical outcomes of a precoronavirus disease 2019 (COVID-19) office-based transdiagnostic psychiatric intensive outpatient program (IOP) were compared with those of telehealth IOP during COVID-19.

#### Materials and Methods:

Weeks of enrollment, Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7) assessments, and sociodemographic and clinical factors (including group track and diagnosis) were collected during pre-COVID-19 (n = 191) and during COVID-19 (n = 200). Continuous and categorical measures of GAD-7 and PHQ-9 were analyzed; potential sociodemographic and clinical covariates to scores were also explored.

#### Results:

There were no statistically significant differences in participation between time periods. Associations were observed between PHQ-9/GAD-7 score improvement and number of assessments. Significant score reductions occurred in both periods, and differences in change scores were not significant. Sociodemographic and clinical factors were not significantly different between time periods. Patients with commercial insurance had significantly higher improvement in both mean and categorical PHQ-9 scores ( $t = 2.77$ ,  $p = 0.006$ ;  $\chi^2 = 10.47$ ,  $df = 1$ ,  $p = 0.001$ ) and GAD-7 scores ( $t = 2.29$ ,  $p = 0.023$ ;  $\chi^2 = 8.58$ ,

df = 1, p = 0.003) than those with public insurance. Patients with anxiety disorders had significantly greater improvements (F = 4.49, p = 0.004;  $\chi^2 = 9.15$ , df = 3, p = 0.027) in GAD-7 during COVID-19.

Discussion:

Significant improvements in PHQ-9/GAD-7 scores and measures of participation were not significantly different between telehealth and office-based IOP, nor were they greatly influenced by clinical or sociodemographic factors. Further study is needed of possible care disparities for publicly insured patients.

Conclusion:

Despite some limitations, telehealth IOP appears to be a clinically appropriate option for a diverse sociodemographic and diagnostically heterogeneous psychiatric population.

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<https://doi.org/10.1089/tmj.2021.0318>

### **Portal Message Language Use Prior to Suicide, Suicide Attempts, and Hospitalization for Depression.**

Michelle J. Duvall, Nathaniel E. Miller, Frederick North, William B. Leasure, and Jennifer L. Pecina.

Telemedicine and e-Health  
Aug 2022; 1143-1150

Introduction:

Previous research suggests patients may be willing to communicate serious psychiatric concerns through patient portals.

Methods:

Retrospective chart review of portal messages sent by patients who had an emergency department (ED) visit or hospitalization for depression, self-harm, or suicidality or had a completed suicide (cases) was reviewed for content that was suggestive of depression or self-harm and language indicating emotional distress. Comparison with a randomly selected group (controls) was performed.

Results:

During the study period 420 messages were sent by 149 patients within 30 days of

death by suicide, ED visit, and/or hospitalization related to depression, suicidality, or suicide attempt. Thirteen patients died by suicide but only 23% (3 of 13) sent one or more portal messages within 30 days before their death. None mentioned thoughts of self-harm. There were 271 messages sent by patients who were hospitalized, 142 messages by those who presented to the ED, and 56 messages patients who attempted suicide. Patient messages from cases were more likely than messages from controls to convey a depressed mood (17.1% vs. 3.1%, odds ratio 6.5; 95% confidence interval 3.6–11.9,  $p < 0.0001$ ), thoughts of suicide or self-harm (4.8% vs. 0%  $p < 0.0001$ ), or have a distressed tone (24.0% vs. 1.7%, odds ratio 18.7; 95% confidence interval 8.6–41,  $p < 0.0001$ ).

#### Conclusions:

Patient portal messages from patients with subsequent hospitalizations for depression and suicidality do report thoughts of depression, distress, and thoughts of self-harm. However, portal use before completed suicide was not helpful at identifying at-risk patients although total numbers were small.

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<https://doi.org/10.1016/j.beth.2022.07.010>

### **ACT: A Process-Based Therapy in search of a process.**

Shane McLoughlin, Bryan T. Roche

Behavior Therapy

Available online 6 August 2022

#### Highlights

- RFT is arguably not sufficiently well-supported and its links to ACT are tenuous.
- Most studies of ACT's core process have accidentally measured Neuroticism instead.
- One cannot engage in valued action without having value clarity.
- ACT's underlying philosophy may negatively affect the therapeutic process.

A large array of randomized controlled trials and meta-analyses have determined the efficacy of Acceptance and Commitment Therapy (ACT). However, determining that ACT works does not tell us how it works. This is especially important to understand given the current emphasis on Process-Based Therapy, the promise of which is to identify manipulable causal mediators of change in psychotherapy, and how their

effectiveness is moderated by individual contexts. This paper outlines four key areas of concern regarding ACT's status as a Process-Based Therapy. First, the relationship between ACT and Relational Frame Theory has been widely asserted but not yet properly substantiated. Second, most of the studies on ACT's core process of change, psychological flexibility, have used invalid measures. Third, while lots of research indicates means by which individuals can be helped to behave consistently with their values, there is virtually no research on how to help people effectively clarify their values in the first instance, or indeed, on an iterative basis. Finally, the philosophy underlying ACT permits a-moral instrumentalism, presenting several ethical challenges. We end by making several recommendations for coherent methodological, conceptual, and practical progress within ACT research and therapy.

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<https://doi.org/10.1016/j.beth.2022.07.012>

### **Serial mediators of memory support strategies used with Cognitive Therapy for depression: Improving outcomes through patient adherence and treatment skills.**

Laurel D. Sarfan, Garret G. Zieve, Firdows Mujir, Nicole B. Gumpert, ... Allison G. Harvey

Behavior Therapy

Available online 5 August 2022

#### Highlights

- Present study tested serial mediators of memory support strategies used in treatment.
- Participants were adults with major depressive disorder receiving Cognitive Therapy.
- Depression severity and global impairment were evaluated as outcomes.
- Adherence and utilization/competence of treatment skills serially mediated outcomes.
- Memory support strategies may boost important treatment mechanisms and outcomes.

#### Abstract

Patient memory for treatment is poor. Memory support strategies can be integrated within evidence-based psychological treatments to improve patient memory for treatment, and thereby enhance patient outcomes. The present study evaluated

possible mechanisms of these memory support strategies. Specifically, we tested whether therapist use of memory support strategies indirectly predicts improved patient outcomes via serial improvements in (a) patient adherence throughout treatment and (b) patient utilization and competency of treatment skills. Adults with major depressive disorder (N=178, mean age=37.93, 63% female, 17% Hispanic or Latino) were randomized to Cognitive Therapy plus a Memory Support Intervention or Cognitive Therapy-as-usual. Because therapists from both treatment groups used memory support strategies, data from conditions were combined. Blind assessments of depression severity and overall impairment were conducted before treatment, immediately post-treatment (POST), at six-month follow-up (6FU), and at 12-month follow-up (12FU). Patient adherence to treatment was rated by therapists and averaged across treatment sessions. Patients completed measures of treatment mechanisms – namely, utilization and competency in cognitive therapy skills – at POST, 6FU, and 12FU. Results of serial mediation models indicated that more therapist use of memory support predicted lower depression severity at POST, 6FU, and 12FU indirectly and sequentially through (a) increased patient adherence during treatment and (b) more utilization and competency of Cognitive Therapy skills at POST, 6FU, and 12FU. The same patterns were found for serial mediation models predicting lower overall impairment at POST, 6FU, and 12FU. Together, boosting memory for treatment may represent a promising means to enhance pantreatment mechanisms (i.e., adherence and treatment skills) as well as patient outcomes.

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<https://doi.org/10.1016/j.cpr.2022.102192>

### **Do psychosocial treatment outcomes vary by race or ethnicity? A review of meta-analyses.**

Jesse R. Cogle, Anouk L. Grubaugh

Clinical Psychology Review  
Volume 96, August 2022, 102192

The past two decades have seen an increase in the number of psychotherapy clinical trials that were adequately powered to compare clinical outcomes across different racial and ethnic groups. Reviews have concluded that outcomes are generally equivalent, though there is still widespread skepticism of how these therapies perform in diverse populations. The current study reviewed 23 meta-analyses that considered race/ethnicity as a predictor of treatment outcome in psychotherapies across a range of



psychiatric disorders. In general, these reviews did not find differences in outcomes between ethnic/racial minorities relative to White participants. Cumulative evidence of no race/ethnic differences in reported outcomes was strong for some disorders (e.g., depression, PTSD), though data were lacking or insufficient for other mental health conditions (e.g., borderline personality disorder, eating disorders). We also identified several gaps in the literature that provide directions for future research to better understand racial-ethnic differences in psychotherapy outcomes.

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<https://doi.org/10.1016/j.ctcp.2022.101644>

**Complementary/integrative healthcare utilization in US Gulf-War era veterans: Descriptive analyses based on deployment history, combat exposure, and Gulf War Illness.**

Kelton, K., Young, J. R., Evans, M. K., Eshera, Y. M., Blakey, S. M., Mann, A., Pugh, M. J., Calhoun, P. S., Beckham, J. C., & Kimbrel, N. A.

Complementary Therapies in Clinical Practice  
2022 Jul 31; 49: 101644

Complementary and integrative health (CIH) approaches have gained empirical support and are increasingly being utilized among veterans to treat a myriad of conditions. A cluster of medically unexplained chronic symptoms including fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems, often referred to as Gulf War Illness (GWI) prominently affect US Gulf War era (GWE) veterans, yet little is known about CIH use within this population. Using data collected as part of a larger study ( $n = 1153$ ), we examined the influence of demographic characteristics, military experiences, and symptom severity on CIH utilization, and utilization differences between GWE veterans with and without GWI. Over half of the sample (58.5%) used at least one CIH modality in the past six months. Women veterans, white veterans, and veterans with higher levels of education were more likely to use CIH. GWE veterans with a GWI diagnosis and higher GWI symptom severity were more likely to use at least one CIH treatment in the past six months. Over three quarters (82.7%) of veterans who endorsed using CIH to treat GWI symptoms reported that it was helpful for their symptoms. Almost three quarters (71.5%) of veterans indicated that they would use at least one CIH approach if it was available at VA. Results provide a deeper understanding of the likelihood and characteristics of veterans



utilizing CIH to treat health and GWI symptoms and may inform expansion of CIH modalities for GWE veterans, particularly those with GWI.

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

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

Forsberg, C. W., Estrada, S. A., Baraff, A., Magruder, K. M., Vaccarino, V., Litz, B. T., Friedman, M. J., Goldberg, J., & Smith, N. L.

Suicide & Life-Threatening Behavior  
2022 Aug; 52(4): 631-641

#### **Background:**

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

#### **Design and methods:**

This was a retrospective cohort study of post-discharge suicide among Vietnam-era Veterans who are members of the Vietnam Era Twin (VET) Registry. The VET Registry is a national sample of male twins from all branches of the military, both of whom served on active duty between 1964 and 1975. Military service and demographic factors were available from the military records. Service in-theater was based on military records; combat exposure and PTSD symptoms were assessed in 1987 by questionnaire. Mortality follow-up, from discharge to 2016, is identified from Department of Veterans Affairs, Social Security Administration, and National Death Index records; suicide as a cause of death is based on the International Classification of Death diagnostic codes from the death certificate. Statistical analysis used Cox proportional hazards regression to estimate the association of Vietnam-theater service, combat exposure, and PTSD symptoms with suicide while adjusting for military service and demographic confounding factors.

#### **Results:**

From the 14,401 twins in the VET Registry, there were 147 suicide deaths during follow-up. In adjusted analyses, twins who served in the Vietnam theater were at similar risk of post-discharge suicide compared with non-theater Veterans; there was no association between combat and suicide. An increase in severity of PTSD symptoms was

significantly associated with an increased risk of suicide in adjusted analyses (hazard ratio = 1.13 per five-point increase in symptom score; 95% CI: 1.02-1.27).

#### Conclusions:

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

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<https://doi.org/10.3122/jabfm.2022.03.210377>

### **Patient and Clinician Perspectives on Two Telemedicine Approaches for Treating Patients with Mental Health Disorders in Underserved Areas.**

Jennifer D. Hall, Maria N. Danna, Theresa J. Hoeft, Leif I. Solberg, Linda H. Takamine, John C. Fortney, John Paul Nolan and Deborah J. Cohen

The Journal of the American Board of Family Medicine  
May 2022, 35 (3) 465-474

#### Background:

Primary care practices in underserved and/or rural areas have limited access to mental health specialty resources for their patients. Telemedicine can help address this issue, but little is known about how patients and clinicians experience telemental health care.

#### Methods:

This pragmatic randomized effectiveness trial compared telepsychiatry collaborative care, where telepsychiatrists provided consultation to primary care teams, to a referral approach, where telepsychiatrists and telepsychologists assumed responsibility for treatment. Twelve Federally Qualified Health Centers in rural and/or underserved areas in 3 states participated.

#### Results:

Patients and clinicians reported that both interventions alleviated barriers to accessing mental health care, provided quality treatment, and offered improvements over usual care. Telepsychiatry collaborative care was identified as better for patients with difficulty developing trust with new providers. This approach also required more primary care involvement than referral care, creating more opportunities for clinician learning related

to mental health diagnosis and treatment. The referral approach was identified as better suited for patients with higher complexity or desiring specific psychotherapies.

Conclusions:

Both approaches addressed patient needs and provided access to specialty mental health care. Each approach better aligned with different patients' needs, suggesting that having both approaches available to practices is optimal for supporting patient-centered care.

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<https://doi.org/10.1111/jsr.13639>

**The sleep physiology of nightmares in veterans with psychological trauma: Evaluation of a dominant model using participant-applied electroencephalography in the home environment.**

Anne Richards, Steven H. Woodward, David Paul G. Baquirin, Leslie M. Yack, Thomas J. Metzler, Nikhila S. Udupa, Emily J. Staggs, Thomas C. Neylan

Journal of Sleep Research  
First published: 29 May 2022

Nightmares are a core feature of posttraumatic stress disorder, are poorly understood, and are associated with serious negative outcomes. Their biology has been difficult to study, and the feasibility of capturing them in the naturalistic home environment has been poor. This said, the published research and dominant scientific model has focused on nightmares as a manifestation of noradrenergic hyperarousal during rapid eye movement sleep. The current study used at-home, participant-applied devices to measure nightmare physiology in posttraumatic stress disorder treatment-seeking veterans, by examining heartrate measures as indicators of noradrenergic tone, and sleep-stage characteristics and stability in the sleep preceding time-stamped nightmare awakenings. Our data indicate the high feasibility of participant-administered, at-home measurement, and showed an unexpected stability of -rapid eye movement sleep along with no evidence of heartrate elevations in sleep preceding nightmare awakenings. Altogether, these data highlight new opportunities for the study of nightmares while questioning the sufficiency of dominant models, which to date are largely theoretically based.

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<https://doi.org/10.1080/02791072.2022.2082901>

## **Weeding Out the Stigma: Older Veterans in Illinois Share Their Experiences Using Medical Cannabis.**

Kelly Lynn Clary, Hyojung Kang , PhD, Laura Quintero Silva & Julie Bobitt , PhD

Journal of Psychoactive Drugs  
Published online: 31 May 2022

Many U.S. Veterans are using cannabis for medical purposes. Modern research findings continue to point to medical cannabis as a potentially effective alternative to prescription medications for treating a range of medical conditions. While research exists on the use levels of cannabis, limited research can be found on the perceived stigma of using cannabis, especially among older Veterans. We surveyed 121 older U.S. Veterans who were enrolled in the Illinois Medical Cannabis Patient Program during Fall 2020. We then used maximum variation sampling to select a subset of 32 Veterans to partake in a phone interview. Two researchers conducted and qualitatively coded 30-minute audiotaped semi-structured interviews. Interview topics included (1) the use of cannabis, opioids, and benzodiazepines; (2) interactions with medical providers; (3) stigma regarding cannabis use; and (4) educational materials. We share findings from stigma. We identified three themes: (1) stereotypes regarding people who use cannabis, (2) media portrayal of cannabis users, and (3) hesitation in disclosing cannabis use. Stigma creates situations in which older Veterans may be hesitant to disclose their use of cannabis with physicians and friends/family, which can be dangerous and socially isolating. Additional research is needed to expand upon our findings with more generalizable methods.

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<https://doi.org/10.1186/s40359-022-00850-4>

## **Mental health and psychological wellbeing of maritime personnel: a systematic review.**

Brooks, S.K., Greenberg, N.

BMC Psychology  
Published: 30 May 2022

## Background

Seafaring has frequently been reported to be a 'risky occupation' in terms of both physical and mental health. Individuals working in seafaring professions are exposed to various stressors in the workplace, including social isolation, exposure to poor physical conditions and long work hours. This systematic review aimed to update previous reviews by collating recent literature (published between 2012 and 2021) on the factors associated with mental health and wellbeing in seafaring personnel.

## Methods

Four electronic databases were searched in April 2021 for primary peer-reviewed studies on factors associated with the mental health and psychological wellbeing of seafarers or interventions to improve the wellbeing of seafarers, published in English in or after the year 2012. Thematic analysis was used to synthesise the data and standardised measures of quality appraisal were used to assess risk of bias.

## Results

Sixty-three studies were reviewed. Risk factors for poor mental health among seafarers appear to be younger age; being single; poor physical health; exposure to noise/vibration; feeling unsafe; high job demands; long working hours; night/irregular shifts; poor sleep; poor team cohesion; poor perception of management; poor social support; lack of autonomy; scheduling uncertainties; long duration at sea; and over-commitment.

## Conclusions

There are numerous steps that maritime managers could take to improve the wellbeing of their personnel, including increased monitoring of the potential for poor mental health in their staff, increasing crew numbers and provision of education and support.

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<https://doi.org/10.1080/15027570.2022.2075484>

## **A Brief Primer on Enhancing Islamic Cultural Competency for Deploying Military Medical Providers.**

Anisah Bagasra, Brian A. Moore, Jason Judkins, Christina Buchner, Stacey Young-McCaughan, Geno Foral, Alyssa Ojeda, Monty T. Baker & Alan L. Peterson

The contemporary operating environment for deployed United States military operations largely focuses on deployments to predominantly Islamic countries. The differences in cultural values between deployed military personnel and the citizens of these Islamic countries present a unique challenge to military personnel, especially when offering medical care. Cultural competency provides insights that can greatly increase the effectiveness of any military operation. Recent research indicates deployed military medical providers desire increased opportunities for cultural competency training prior to deployment. This primer provides an overview of religious values such as qadr—the belief that Allah has willed for something to happen—and of the Islamic belief that Allah has placed individuals to be caretakers of their bodies. It also highlights the impact of religio-cultural norms as important factors influencing medical decisions and health behaviors. Enhanced understanding of these principles can greatly improve the efficacy of patient care when consulting with and caring for Muslims who may be conflicted about receiving medical care from a non-Muslim. As military medical personnel become more culturally informed when preparing for deployment, they increase the likelihood of establishing positive relationships and providing effective medical care.

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<https://doi.org/10.1097/NMD.0000000000001480>

### **Adverse Childhood Experiences and Their Impact on Sleep in Adults: A Systematic Review.**

Vadukapuram, Ramu; Shah, Kaushal; Ashraf, Sahar; Srinivas, Sushma; Elshokiry, Amir Bishay; Trivedi, Chintan; Mansuri, Zeeshan; Jain, Shailesh

The Journal of Nervous and Mental Disease  
June 2022 - Volume 210 - Issue 6 - p 397-410

Adverse childhood experiences (ACEs) before the age of 18 years are pervasive and noteworthy public health concerns. The ACEs are associated with sleep disorders in later life. In this study, we conduct a systematic review to explore the effects of ACEs on sleep in adulthood. Using Medical Subject Headings keywords, we searched Medline, PubMed, PubMed Central, the American Psychological Association PsycArticles, and PsychInfo databases to evaluate the association between ACEs and sleep disturbances. ACEs increase the odds of developing chronic short sleep duration, that

is, <6 hours of sleep per night compared with optimal sleep duration of 7–9 hours per night during adulthood. The ACEs are positively associated with poor sleep characteristics such as short sleep duration and long-term sleep problems. Clinicians should pay close attention to developmental trauma care, access community health programs, and help develop better coping skills, resiliency, and good sleep habits in their patients.

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### **Links of Interest**

Army looks at easing rules for alcohol in barracks to help reduce sexual assaults, suicides

<https://www.stripes.com/branches/army/2022-07-27/army-barracks-alcohol-assaults-suicides-6787929.html>

Concussion Linked to Depression, Anxiety and PTSD, Studies Show

<https://health.mil/News/Articles/2021/09/28/Concussion-may-be-linked-to-Depression-Anxiety-and-PTSD-Studies-Show>

V.A. encouraging Americans to self-screen for PTSD

<https://13wham.com/news/local/va-encouraging-americans-to-self-screen-for-ptsd>

Staff Perspective: Stigma and Military Pediatric Behavioral Health Care

<https://deploymentpsych.org/blog/staff-perspective-stigma-and-military-pediatric-behavioral-health-care>

Staff Perspective: Using Humor to Reduce Stigma Around Mental Health

<https://deploymentpsych.org/blog/staff-perspective-using-humor-reduce-stigma-around-mental-health>

Does your combat and service experience make you a better caregiver?

<https://www.rallypoint.com/command-post/does-your-combat-and-service-experience-make-you-a-better-caregiver>

Defense Department Keeping Its Autism Care Program Through 2028

<https://www.military.com/daily-news/2022/08/04/defense-department-keeping-its-autism-care-program-through-2028.html>

Air Force Pilot Program Centralizes Resources for Sexual Assault, Harassment Survivors

<https://www.airforcemag.com/air-force-pilot-program-centralizes-resources-sexual-assault-harassment-survivors/>

Israeli study showing higher Parkinson's disease risk in PTSD patients bolsters research on US veterans

<https://www.stripes.com/veterans/2022-08-04/parkinson-disease-study-6874367.html>

The Power of Deliberate Connection

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/The-Power-of-Deliberate-Connection>

The Systemic Need to Address Minority Mental Health

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/The-Systemic-Need-to-Address-Minority-Mental-Health>

Air Force Launches Program to Help Sexual Assault, Harassment Survivors at 7 Bases

<https://www.military.com/daily-news/2022/08/08/air-force-launches-program-help-sexual-assault-harassment-survivors-7-bases.html>

Service dog helps ease Army veteran's anxiety

<https://www.militarytimes.com/veterans/2022/08/14/service-dog-helps-ease-army-veterans-anxiety/>

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**Resource of the Week:** [Provider Self-Care](#)

From the [Psychological Health Center of Excellence](#):

Compared to their civilian counterparts, military mental health providers are at higher risk of burnout and compassion fatigue. Recognizing the early warning signs of these conditions and implementing self-care strategies are key to maintaining wellness and providing sound patient care. The Defense Health Agency and the Psychological Health Center of Excellence offer information and resources to providers to prevent and alleviate burnout and compassion fatigue.





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Shirl Kennedy, BS, MA

Research Editor

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

Office: (727) 537-6160

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