

# CDP



## Research Update -- September 8, 2022

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<https://doi.org/10.1080/08995605.2022.2082812>

## **The role of military identity in substance use and mental health outcomes among U.S. Army Reserve and National Guard Soldiers.**

Bonnie M. Vest, Rachel A. Hoopsick, D. Lynn Homish & Gregory G. Homish

Military Psychology

Published online: 07 Jun 2022

We investigated how military identity (i.e., veteran identity centrality—the extent to which military service is central to an individual’s sense of self) relates to substance use and mental health among U.S. Army Reserve and National Guard (USAR/NG) soldiers. Data were drawn from Operation: SAFETY, a longitudinal survey study of USAR/NG soldiers. Regression models ( $n = 413$  soldiers) examined relationships between military identity and substance use (i.e., alcohol problems, past 3-months non-medical use of prescription drugs (NMUPD), illicit drug use, tobacco use), and mental health (i.e., generalized anxiety, anger, depression, and PTSD), controlling for sex, race, age, education, years of military service, military status (current/former), and deployment (ever/never). In adjusted models, stronger military identity was not related to alcohol, illicit drug, or tobacco use, but was associated with past 3-months NMUPD (OR: 1.40, 95% CI: 1.12, 1.75,  $p < .01$ ) and greater symptoms of anger (IRR: 1.02, 95% CI: 1.01, 1.03,  $p < .01$ ), generalized anxiety (IRR: 1.05, 95% CI: 1.01, 1.10,  $p < .01$ ), depression (IRR: 1.06, 95% CI: 1.02, 1.10,  $p < .01$ ), and PTSD (IRR: 1.07, 95% CI: 1.02, 1.12,  $p < .01$ ). The findings demonstrate the importance of military identity for health-related outcomes. NMUPD suggests potential self-medication and avoidance of help-seeking, as admitting difficulties may conflict with military identity.

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<https://doi.org/10.1007/s11325-021-02474-1>

## **The potential role of sleep symptoms in tobacco withdrawal for the success of cessation therapies.** (Letter to the Editor)

Ygor L. Matos, Priscila K. Morelhão, Vinícius Dokkedal-Silva, Sergio Tufik & Monica L. Andersen

Sleep and Breathing

Published: 13 August 2021

Smoking is among the main causes of preventable deaths worldwide and inflicts high costs on health systems. According to World Health Organization (WHO), cigarettes promote a range of conditions, such as cancer and cardiac diseases, and constitute one of the most important behavioral health risks in the world. Thus, it is vital to seek effective cessation therapies with high adherence.

The quality of sleep needs to be considered in individuals who are struggling to quit smoking. According to Leonel et al., a bidirectional relationship between sleep quality and nicotine addiction must be reflected. This would constitute a vicious cycle, with tobacco use negatively affecting sleep, and unhealthy sleeping habits leading to a worse smoking profile. It is possible that better sleep, which is influenced by physical activity and an overall healthier lifestyle in smokers, could contribute to decreases in cigarette consumption and the associated urge and craving to use it.

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<https://doi.org/10.1002/jts.22869>

### **Posttraumatic cognitions and sexual assault: Understanding the role of cognition type in posttraumatic stress symptoms and problematic alcohol use.**

Elizabeth Lehinger, Michele Bedard-Gilligan, Ash Holloway, Debra Kaysen

Journal of Traumatic Stress

First published: 23 August 2022

Identifying potential mechanisms underlying the association between posttraumatic stress symptoms (PTSS) and problematic alcohol use is an important target among college women who have experienced sexual assault. This study examined the role of posttraumatic cognitions in this association among college women (N = 530) who experienced either an alcohol-involved assault or non-alcohol-involved assault, using baseline assessment data from a larger study examining cognitive and emotional risk factors for problem drinking. Conditional path analysis was used to examine the indirect effects of posttraumatic cognitions on the association between PTSS and alcohol use consequences, with assault type as a moderator. The findings revealed a significant indirect path from PTSS to alcohol use consequences through posttraumatic cognitions,  $B = 0.21$ ,  $SE = 0.04$ ,  $p < .001$ , 95% CI [0.13, 0.29],  $\beta = .16$ ,  $R^2 = .32$ . Exploratory analyses revealed a significant conditional indirect effect through self-blame cognitions,  $R^2 = .31$ , whereby the indirect effect of self-blame on the association between

posttraumatic stress and alcohol consequences was present among participants who experienced alcohol-involved assault,  $B = 0.10$ ,  $SE = 0.03$ ,  $p < .001$ , 95% CI [0.06, 0.16],  $\beta = .07$ , but not among those who experienced a non-alcohol-involved assault,  $B = 0.03$ ,  $SE = 0.03$ ,  $p = 0.32$ , 95% CI [-0.02, 0.08],  $\beta = .02$ . Posttraumatic cognitions are a potential mechanism underlying the link between posttraumatic stress and alcohol consequences. Addressing posttraumatic cognitions, particularly those related to self-blame, may be an important target for interventions promoting healthy recovery following alcohol-involved assault.

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<https://doi.org/10.2196/30065>

## **Computerized Psychological Interventions in Veterans and Service Members: Systematic Review of Randomized Controlled Trials.**

Pearson R, Carl E, Creech SK

Journal of Medical Internet Research  
Vol 24, No 6 (2022): June

### Background:

Computerized psychological interventions can overcome logistical and psychosocial barriers to the use of mental health care in the Veterans Affairs and Department of Defense settings.

### Objective:

In this systematic review, we aim to outline the existing literature, with the goal of describing: the scope and quality of the available literature, intervention characteristics, study methods, study efficacy, and study limitations and potential directions for future research.

### Methods:

Systematic searches of two databases (PsycINFO and PubMed) using PRISMA (Preferred Reporting Item for Systematic Reviews and Meta-Analyses) guidelines were conducted from inception until November 15, 2020. The following inclusion criteria were used: the study was published in an English language peer-reviewed journal, participants were randomly allocated to a computerized psychological intervention or a control group (non-computerized psychological intervention active treatment or nonactive control group), an intervention in at least one treatment arm was primarily

delivered through the computer or internet with or without additional support, participants were veterans or service members, and the study used validated measures to examine the effect of treatment on psychological outcomes.

#### Results:

This review included 23 studies that met the predefined inclusion criteria. Most studies were at a high risk of bias. Targeted outcomes, participant characteristics, type of support delivered, adherence, and participant satisfaction were described. Most of the examined interventions (19/24, 79%) yielded positive results. Study limitations included participant characteristics limiting study inference, high rates of attrition, and an overreliance on self-reported outcomes.

#### Conclusions:

Relatively few high-quality studies were identified, and more rigorous investigations are needed. Several recommendations for future research are discussed, including the adoption of methods that minimize attrition, optimize use, and allow for personalization of treatment.

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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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<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

Journal of Military Ethics

Published online: 02 Jun 2022

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/10.1037/ort0000627>

**A pilot evaluation of sexual and gender minority identity measures in a treatment-engaged military veteran sample.**

Cramer, R. J., Kaniuka, A. R., Lange, T. M., Brooks, B. D., Feinstein, B. A., & Hilgeman, M. M.

The American Journal of Orthopsychiatry  
2022; 92(4): 442-451

exual and gender minority (SGM) military veterans have endured a history of discriminatory policies and hetero- and cis-sexist-related military culture that can negatively impact identity and mental health. The present pilot evaluation examined measure characteristics of the Lesbian, Gay, and Bisexual Identity Scale (LGBIS) and lesbian, gay, and bisexual positive identity measure (LGB-PIM) in a clinical sample of SGM military veterans in order to assess the potential use of these instruments in understanding identity and mental health in the context of program implementation. A cross-sectional pilot survey of 83 SGM veterans was conducted in 10 veterans affairs sites. Self-report data were collected as part of a quality improvement project across 2018 and 2019. Results showed that the sample was characterized by low internalized prejudice and identity uncertainty, as well as generally high positive aspects of identity (e.g., identity affirmation, authenticity, social justice beliefs). LGB-PIM subscale internal consistency values were acceptable ( $\alpha$  range = .89-.92), whereas LGBIS subscale values varied ( $\alpha$  range = .51-.87). Acceptance concerns, identity uncertainty, and social justice beliefs distinguished mental health symptom severity levels. Higher identity uncertainty and social justice beliefs were associated with worse symptoms of depression, anxiety, and suicide risk. Preliminary results support further application and study of the LGB-PIM and some LGBIS subscales as possible tools in program development and improvement within military veteran samples. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

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<https://doi.org/10.1521/pedi.2022.36.3.339>

**Prevalence of Personality Disorders Across Veteran Samples: A Meta-Analysis.**

Emily R. Edwards, Hannah Tran, Joseph Wroblewski, Yocheved Rabhan, Justin Yin, Catarina Chiodi, Marianne Goodman and Joseph Geraci



Despite priorities around mental health, Veteran health care organizations have historically considered personality disorders to be preexisting conditions ineligible for disability benefits. However, growing evidence suggests potentially elevated prevalence of these disorders among military and Veteran samples and attests to implications of risk. The current study provides a meta-analytic review of literature on the prevalence of personality disorders in Veteran samples. Analysis of 27 unique samples, comprising 7,161 Veterans, suggests alarmingly high rates of Veteran personality disorders. Prevalence was highest for paranoid (23%) and borderline (21%) personality disorders and lowest for histrionic (0.8%) personality disorder. Rates were generally highest among Veterans experiencing substance use or elevated suicide risk and among studies establishing diagnoses through clinical interview (versus official medical record review). Results attest to the need for Veteran health care organizations to acknowledge personality disorders in this population, through both research and treatment, and to consider reclassifying personality disorders as potential “service-connected conditions.”

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<https://doi.org/10.1037/cps0000087>

**When a patient dies by suicide: A consideration of PTSD Criterion A and disentangling self-blame from medicolegal blame.**

Stanley, I. H., & Marx, B. P.

Clinical Psychology: Science and Practice  
2022; 29(2), 121–123

Comments on the article by D. MacGarry et al. (see record 2022-49820-001), in which they discuss their findings from a systematic review examining the impact of an adult patient’s suicide attempt or death by suicide on mental health providers’ psychological and professional well-being. The commenting authors consider two pertinent aspects of a patient’s suicide along psychological and professional dimensions, in line with MacGarry et al. First, in terms of psychological impacts, they consider whether a patient’s suicide can, and if so under what conditions, lead to the mental health provider developing posttraumatic stress disorder (PTSD) as currently defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Relatedly, they consider the

applicability of other DSM–5 trauma- and stressor-related diagnoses, such as adjustment disorder. Second, regarding professional impacts and their intersection with psychological impacts, they discuss a prominent posttraumatic reaction that can occur regardless of PTSD diagnostic status, namely self-blame, and the importance and challenges of disentangling self-blame from medicolegal blame. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1177/08862605221101197>

### **Sexual Violence in Military Service Members/Veterans Individual and Interpersonal Outcomes Associated with Single and Multiple Exposures to Civilian and Military Sexual Violence.**

Blais RK, Livingston WS, Barrett TS, Tannahill HS

Journal of Interpersonal Violence

First Published June 4, 2022

Sexual harassment and violence is a grave public health concern and risk for revictimization increases following initial exposure. Studies of sexual revictimization in military samples are generally limited to women and are focused on rates of posttraumatic stress disorder (PTSD), with no examination of how revictimization relates to interpersonal outcomes, such as relationship or sexual satisfaction. The current study addressed these gaps in a sample of 833 women and 556 men service members/veterans. Self-reported outcomes of PTSD, depression, suicidal ideation, sexual function, and relationship satisfaction were compared across those reporting exposure to sexual harassment and violence before the military only (i.e., pre-military), during the military only (i.e., military sexual harassment and violence [MSV]), before and during the military (i.e., revictimization), and to no exposure. More than half of women (51.14%,  $n = 426$ ) reported revictimization and only 5.79% ( $n = 28$ ) of men reported revictimization. Among women, those reporting MSV or revictimization tended to report higher PTSD, depression, and suicidal ideation relative to pre-military sexual violence and no sexual violence exposure. No interpersonal outcomes were significantly different among these sexual violence groups. Among men, revictimization was associated with higher PTSD, depression, and sexual compulsivity. PTSD and depression were also higher among those reporting MSV only. No effects were found for premilitary sexual trauma exposure only or relationship satisfaction for either group. Findings highlight the particularly bothersome nature of MSV, whether it occurred alone or in tandem with

premilitary sexual violence. Findings also show unique gender differences across outcomes, suggesting interventions following sexual harassment and violence may differ for men and women.

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<https://doi.org/10.1016/j.beth.2022.05.005>

## **Longitudinal Associations Among Service Members' PTSD Symptoms, Partner Accommodation, and Partner Distress.**

Steffany J. Fredman, Yunying Le, Keith D. Renshaw, Elizabeth S. Allen

Behavior Therapy

Available online 3 June 2022

### Highlights

- Partners accommodate PTSD by changing their behaviors in response to symptoms.
- We investigated links between accommodation and partner distress over time.
- PTSD symptoms predict increases in partner depression through accommodation.
- Partners who accommodate more are more depressed if accommodating to avoid conflict.
- Partners who accommodate more are less relationally satisfied.

### Abstract

Romantic partners' accommodation of trauma survivors' posttraumatic stress disorder (PTSD) symptoms (e.g., participating in avoidance and safety behaviors, not expressing one's thoughts and feelings) is a putative mechanism linking PTSD symptoms and partner distress, but this hypothesis has never been empirically tested. The current study investigated this proposed within-couple mediation process from service members' PTSD symptoms to partners' depressive symptoms and relationship satisfaction through partner accommodation, as well as between-couple associations among these constructs and the possible moderating role of partners' conflict avoidance and helplessness (CAH) motivations for accommodating service members' PTSD symptoms. We examined these questions in 272 male service member/female civilian couples assessed four times over an 18-month period using the multiple-group version of the random intercept cross-lagged panel model. Within couples, service members' higher levels of PTSD symptoms at one time point significantly predicted partners being

more accommodating at the next time point ( $\beta_s = .14-.19$ ), which, in turn, significantly predicted higher levels of partner depressive symptoms at the subsequent time point ( $\beta_s = .09-.19$ ) but did not predict partners' subsequent relationship satisfaction. At the between-couple level, partner accommodation was significantly positively associated with partners' depressive symptoms only among those endorsing high CAH motivations for accommodation ( $r = .50$ ). In addition, accommodation was significantly negatively associated with partners' relationship satisfaction regardless of CAH motivation level ( $r_s = -.43$  to  $-.49$ ). These findings are discussed in light of the potential for couple-based treatments for PTSD to enhance partner individual and relational well-being.

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<https://doi.org/10.1080/23311908.2022.2083864>

### **Perceptions of hazing among young male United States military service members: A qualitative analysis.**

Elizabeth C. Metzger, Jasmin N. Bennett, Cristóbal S. Berry-Cabán, Elizabeth J. Allan, Christopher J. Guenther, Bryce M. Meerhaeghe, Brian Borsari, Donna M. Kazemi & Lindsay M. Orchowski

Cogent Psychology

Published online: 03 Jun 2022

This study examines hazing among a sample of young male service members in the United States (US) military. Individual semi-structured interviews were conducted with active duty service members ( $N = 10$ ) aged 18 to 24 at a large Southeastern US Army post to examine their conceptualization of hazing. Thematic analysis revealed three emergent themes: (1) the definition of hazing and hazing behaviors; (2) the ritualistic nature of hazing; and (3) the sexual nature of hazing. Most participants provided their own definition of hazing. One participant had difficulty in differentiating between hazing and bullying, the others had distinct definitions as they relate to motives. Results are consistent with prior research indicating that service members lack a full understanding of what constitutes hazing attributes and demonstrate an inability to accurately define hazing in line with current US military policy. Investigation into understanding hazing in the US military is warranted, including the intersection between sexual victimization and hazing. Thus, prevention programming is needed to reduce hazing, and ameliorate negative mental, emotional, and physical outcomes that result from these acts in the military.

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<https://doi.org/10.1016/j.jbtep.2022.101746>

## **Using an ecological momentary assessment protocol to understand problem anger in veterans.**

Tracey Varker, Hussain-Abdulah Arjmand, Olivia Metcalf, Sean Cowlshaw, ... Mark Hinton

Journal of Behavior Therapy and Experimental Psychiatry  
Volume 76, September 2022, 101746

### Highlights

- Problem anger is common in veterans and is experienced frequently and severely.
- Ecological momentary assessment measures can be used to support treatment planning.
- Ecological momentary assessment holds promise as a low-intensity anger intervention.

### Abstract

#### Background and objectives

Problem anger is highly destructive, and is one of the most commonly reported issues in military and veteran populations. The goal of this study was to use ecological momentary assessment (EMA) to explore and characterize moment-to-moment experiences of problem anger in a sample of Australian veterans.

#### Methods

Sixty veterans with problem anger (measured on the Dimensions of Anger Reactions Scale) completed measures of anger and anger rumination, before and after a 10-day EMA period which assessed the frequency, intensity, and expression of momentary anger experiences.

#### Results

Findings showed that 75% of respondents indicated some level of anger during EMA monitoring. In 25% of cases, anger was reported as severe. Moreover, anger was expressed verbally in 43% of cases, and expressed physically in 27% of cases. While anger fluctuated frequently during the day, more severe anger was more likely to be

reported in the late afternoon/early evening. Problem anger symptoms decreased significantly over time, from pre-EMA to post EMA ( $p < .001$ ).

#### Limitations

The generalizability of findings is limited to a predominantly male sample, with low levels of risk of harm or violence. The study was also limited in the selection of outcome variables assessed and the lack of a control group; other momentary factors could influence experience of problem anger and provide further explanation of study results.

#### Conclusions

EMA is a valuable assessment tool for individuals with problem anger, and the potential for EMA as an intervention needs to be explored further.

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<https://doi.org/10.1080/03007995.2022.2081452>

### **Clinical and economic burden of major depressive disorder with acute suicidal ideation or behavior in a US Veterans Health Affairs database.**

Cheryl Neslusan, Ishveen Chopra, Kruti Joshi & Jennifer Voelker

Current Medical Research and Opinion

Published online: 30 Jun 2022

#### Objective

Although a high incidence of major depressive disorder (MDD) and an increased risk of suicide are observed among the veteran population, there are yet limited real-world data characterizing patients with MDD with acute suicidal ideation/behavior (MDSI) in the Veterans Health Administration (VHA) system. We assessed the clinical and economic burden, including comorbidities, treatment patterns, health care resource utilization, and health care costs, among veterans and their family members with MDSI within the VHA system.

#### Methods

This retrospective, longitudinal analysis of VHA datasets (10/1/2015–3/31/2018) evaluated the clinical and economic burden associated with MDSI and compared this population with matched MDD alone (i.e. MDD diagnosis without acute suicidal ideation/behavior) and non-MDD (i.e. neither MDD nor acute suicidal ideation/behavior) cohorts.

## Results

Among 11,203 patients with MDSI, the proportions of patients who filled a prescription for  $\geq 1$  antidepressant during the 12-month pre- and 6-month post-periods were significantly higher compared with patients with MDD alone (53.7% vs 28.8%,  $p < .05$ ; and 72.3% vs 44.1%,  $p < .05$ ; respectively). During the 12-month pre-period, the MDSI cohort had the highest proportion of patients with  $\geq 1$  mental health-related inpatient visit compared with the MDD alone and non-MDD cohorts (13.2% vs 2.3% vs 1.4%, respectively;  $p < .05$ ), and the highest mental health-related costs per patient (\$8853 vs \$1913 vs \$1079, respectively). For the 6-month post-period, the MDSI cohort had the highest proportion of patients with  $\geq 1$  mental health-related inpatient visit compared with the MDD alone and non-MDD cohorts (60.4% vs 7.9% vs 0.8%, respectively;  $p < .05$ ), and had the highest mental health-related costs per patient (\$20,334 vs \$4803 vs \$545, respectively).

## Conclusions

Findings demonstrate significant clinical and economic burden for those in the VHA system diagnosed with MDSI and highlight unmet needs and opportunities for improving the care of this vulnerable group.

## PLAIN LANGUAGE SUMMARY

There are limited real-world data regarding patients diagnosed with major depressive disorder and having suicidal thoughts/behavior (MDSI) in the Veterans Health Administration (VHA) system. We examined data on 11,203 patients with MDSI from the VHA between October 1, 2015 and March 31, 2018. We compared patients with MDSI with patients with major depressive disorder alone (MDD) and patients with no depression (non-MDD). Our results showed that patients with MDSI were treated with more antidepressant therapy, had more hospital stays (inpatient visits), and incurred greater costs than the MDD and non-MDD patients. These results highlight the unmet need and potential opportunity to improve patient care among veterans and their families with MDSI.

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<https://doi.org/10.4088/JCP.21m14123>

**Suicide risk in a national VA sample: roles of psychiatric diagnosis, behavior regulation, substance use, and smoking.**

Swann AC, Graham DP, Wilkinson AV, Kosten TR



Background:

Most suicides are first attempts that are difficult to predict, possibly reflecting impaired and unstable behavior regulation. We sought to identify characteristics specifically associated with severe suicidal behavior by comparing risk ratios (RRs) for severe suicidal attempts (ATTP) to RRs for suicidal ideation (SI) only in a transdiagnostic sample of Veterans, focusing on impulsive-aggressive or externalizing behavior (EB), substance use disorders (SUDs), and recurrent affective or psychotic disorders (ie, severe mental illness [SMI]).

Methods:

The VA Information and Computing Infrastructure (VINCI) Data Navigators provided aggregate phenotype counts and relevant ICD and clinic codes from about 350,000 Veterans in the US Department of Veterans Affairs national Million Veterans Program (MVP). Data were collected by MVP between 2011 and 2017, without relationship to the current work. Work on this report and related analyses took place from April 11, 2020, to October 6, 2021.

Results:

We compared 3 suicide risk groups: 1,269 Veterans with previous ATTP, 109,836 with SI only, and 242,872 without previous suicidality. Nearly three-fourths of ATTP Veterans did not have SMI diagnoses. RR for ATTP behavior was highest in Veterans with EB (25.4), followed by those with SUD (13.9); both RRs were greater than RRs for Veterans with schizophrenia (7.4) or bipolar disorder (7.8). ATTP RR was greater for smoking than for major depressive disorder (5.0 vs 3.5, respectively). RR for smoking, across clinical groups, was strongly related to RR for ATTP risk, but not for SI only.

Discussion:

ATTP suicidal behavior was more strongly associated with EB and SUD than with SMI. Suicide risk is associated with SUD or EB beyond SMI, so routine clinical encounters in primary care and emergency settings must recognize EB, SUD, and smoking as risks for severe suicidal behavior.

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<https://10.1056/NEJMoa2203199>

**Chronic Traumatic Encephalopathy in the Brains of Military Personnel.**



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

New England Journal of Medicine  
June 9, 2022

## BACKGROUND

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

## METHODS

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

## RESULTS

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

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

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

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

Aggression and Violent Behavior  
Volume 66, September–October 2022, 101734

Highlights

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

Abstract

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

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<https://doi.org/10.5664/jcsm.10074>

## **Acute sleep interventions as an avenue for treatment of trauma-associated disorders.**

Kevin M. Swift, PhD, Connie L. Thomas, MD, Thomas J. Balkin, PhD, Emily G. Lowery-Gionta, PhD, Liana M. Matson, PhD

Journal of Clinical Sleep Medicine  
Published Online: September 1, 2022

Scientific evidence that acute, posttrauma sleep disturbances (eg, nightmares and insomnia) can contribute significantly to the pathogenesis of trauma-induced disorders is compelling. Sleep disturbances precipitating from trauma are uniquely predictive of daytime posttrauma symptom occurrence and severity, as well as subsequent onset of mental health disorders, including post-traumatic stress disorder. Conversely, adequate sleep during the acute posttrauma period is associated with reduced likelihood of adverse mental health outcomes. These findings, which are broadly consistent with what is known about the role of sleep in the regulation of emotion, suggest that the acute posttrauma period constitutes a “window of opportunity” during which treatment of sleep disturbances may be especially effective for preventing or mitigating progression of aberrant psychophysiological processes. At this point, the weight of the scientific evidence supporting this possibility warrants initiation of clinical trials to confirm the benefits of targeted prophylactic sleep enhancement, and to establish treatment guidelines as appropriate.

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<https://doi.org/10.1080/15299732.2022.2120155>

## **The Dissociative Subtype of Post-Traumatic Stress Disorder: A Systematic Review of the Literature using the Latent Profile Analysis.**

Alberto Misitano, Andrea Stefano Moro, Mattia Ferro & Barbara Forresi

Journal of Trauma & Dissociation  
Published online: 04 Sep 2022

A PTSD subtype with dissociative symptoms (D-PTSD) was included in the DSM-5 recognizing the existence of a more severe form of PTSD, associated to past trauma,

high comorbidity, and complex clinical management. As research is rapidly growing and results are inconsistent, a better investigation of this subtype is of primary importance. We conducted a systematic review of studies using Latent Profile Analysis to investigate the existence of a D-PTSD subtype. Covariates of D-PTSD were included, to understand additional symptoms, risk factors and comorbidities. The search was performed on PubMed, EBSCOHost, and PTSDPubs according to 2020 PRISMA guidelines. Eligible articles assessed trauma exposure, PTSD symptoms and diagnosis, and dissociation, in adult samples. 13 of 165 articles met the inclusion criteria. All identified a dissociative subtype of PTSD, mainly characterized by higher levels of depersonalization and derealization. D-PTSD profile sometimes presented other dissociative symptoms, such as gaps in awareness and memory, other comorbid disorders, and a history of abuse. Despite some limitations, this review supports the existence of a dissociative subgroup of individuals among those with PTSD. More rigorous studies are needed to clarify these findings and their clinical implications.

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<https://doi.org/10.1016/j.comppsy.2022.152333>

### **Childhood trauma increases vulnerability to attempt suicide in adulthood through avoidant attachment.**

H. Ihme, E. Olié, P. Courtet, W. El-Hage, ... R. Belzeaux

Comprehensive Psychiatry  
Volume 117, August 2022, 152333

#### Highlights

- Neurodevelopmental profile of suicide attempters.
- Profile characterized through avoidant attachment and childhood trauma.
- Childhood trauma influences suicide attempts in adulthood through avoidant attachment.
- Only emotional abuse found to influence suicidal ideation.

#### Abstract

##### Background

Childhood trauma and affective disorders are known risk factors for adult suicidal behavior. Studies have shown a mediating effect of insecure attachment on the effect of childhood trauma and suicidal behavior but so far it is not clear whether this effect is related to an attachment dimension (anxiety, avoidance).

## Aim

The present study sought to examine the mediating effect of attachment anxiety and avoidance on suicidal behavior.

## Methods

We analyzed data on childhood trauma, attachment style, depression severity, presence of prior suicide attempts and current suicide ideation from 96 patients diagnosed with an affective disorder. Two mediation analyses were conducted to assess the effect of childhood trauma on 1) prior suicide attempts and 2) current suicidal ideation through its effect on attachment.

## Results

We found that childhood trauma had a complete mediated effect on the presence of prior suicide attempts through its effect on avoidant attachment ( $a_1b_1 = 0.0120$ , 95%-CI [0.0031, 0.0276]). However, only emotional abuse had a direct influence on suicidal ideation ( $c' = 0.0273$ ,  $p < 0.01$ ) without any indirect effect of anxious or avoidant attachment.

## Limitations

Variables were not assessed in a prospective way and sample size was small.

## Conclusions

Our findings suggest that individuals with avoidant attachment and childhood trauma are likely to present a high suicide risk. Since avoidant attachment is associated with altered perceptions and eventual rejection of social support, we recommend to screen for attachment early and to engage patients in therapeutical approaches focusing on the client-therapist alliance.

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<https://doi.org/10.1186/s40621-022-00381-x>

## **Would restricting firearm purchases due to alcohol- and drug-related misdemeanor offenses reduce firearm homicide and suicide?**

Magdalena Cerdá, Ava D. Hamilton, Melissa Tracy, Charles Branas, David Fink & Katherine M. Keyes

## Background

Substance-related interactions with the criminal justice system are a potential touchpoint to identify people at risk for firearm violence. We used an agent-based model to simulate the change in firearm violence after disqualifying people from owning a firearm given prior alcohol- and drug-related misdemeanors.

## Methods

We created a population of 800,000 agents reflecting a 15% sample of the adult New York City population.

## Results

Disqualification from purchasing firearms for 5 years after an alcohol-related misdemeanor conviction reduced population-level rates of firearm homicide by 1.0% [95% CI 0.4–1.6%] and suicide by 3.0% [95% CI 1.9–4.0%]. Disqualification based on a drug-related misdemeanor conviction reduced homicide by 1.6% [95% CI 1.1–2.2%] and suicide by 4.6% [95% CI 3.4–5.8%]. Reductions were generally 2 to 8 times larger for agents meeting the disqualification criteria.

## Conclusions

Denying firearm access based on a history of drug and alcohol misdemeanors may reduce firearm violence among the high-risk group. Enactment of substance use-related firearms denial criteria needs to be balanced against concerns about introducing new sources of disenfranchisement among already vulnerable populations.

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<http://dx.doi.org/10.1136/bmjmilitary-2022-002135>

## **Body dysmorphic disorder, muscle dysmorphia, weight and shape dissatisfaction and the use of appearance-enhancing drugs in the military: a systematic review.**

Briana Applewhite, M Olivola, C Tweed, U Wesemann, H Himmerich

BMJ Military Health

Published Online First: 08 June 2022

## Background

Body dysmorphic disorder (BDD) and muscle dysmorphia (MD) are common but often underdiagnosed disorders. These disorders have rarely been explored in the context of military personnel by mental health researchers despite the emphasis on physical fitness in military populations. We conducted a comprehensive systematic literature review on scientific studies of BDD and MD and the accompanying symptoms within the military.

## Methods

We used the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines and used PubMed, Web of Science and PsycINFO as databases with “body dysmorphic disorder,” “muscle dysmorphia,” “body image,” “performance and image enhancing drugs,” “anabolic steroid,” military personnel,” “soldiers,” “navy,” “air force,” “army” and “armed forces” as search terms.

## Results

A total of 20 eligible articles reporting data of 42 952 study participants were used. According to the identified literature, prevalence rates of BDD in the military are ~10% in men and ~20% in women, whereas ~15% of men and ~5% of women may suffer from MD. Further identified related problems in military populations were excessive bodybuilding, the use of anabolic drugs, the intake of stimulants, weight and shape concerns, and weight-control behaviours.

## Conclusions

BDD, MD, as well as the use of anabolic and stimulating drugs, are highly prevalent in military personnel. Despite the importance of these problems in the military, there are no military-specific treatment studies available. A pre-existing focus on physical appearance and fitness might contribute to the decision to pursue a professional military career. The military environment might be a maintaining factor of BDD or MD, but not the ultimate cause of the disorder in an affected individual.

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<https://doi.org/10.1080/08995605.2022.2086415>

## **Prevalence and characteristics associated with firearm ownership among low-income U.S. veterans.**

Jack Tsai, Alexander Testa, Robert H. Pietrzak & Eric B. Elbogen

This study examined the prevalence of firearm ownership among low-income U.S. military veterans and associated sociodemographic, trauma, and clinical characteristics. Data were analyzed from a nationally representative study of low-income U.S. veterans conducted in 2021 (n = 1,004). Hierarchical logistic regression analyses identified characteristics associated with firearm ownership and mental health correlates of firearm ownership. The results revealed 41.7% of low-income U.S. veterans (95% confidence interval [CI] = 38.7–44.8%) reported owning firearms in their household. Controlling for other factors, firearms owners were significantly more likely to be male and living in their own house. There were no significant associations between trauma exposure (history of assault, unwanted social contact, death of close friend/family, homelessness) or mental health characteristics (history of bipolar disorder, suicide attempt, drug use problems) with firearm ownership. In conclusion, two of five low-income U.S. veterans own a firearm; the prevalence of firearm ownership is higher among men and homeowners. Targeted research on these key segments of the U.S. veteran population and ways to mitigate their firearm misuse may be needed.

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### **Links of Interest**

Ask the Doc: I've Got a Friend I'm Worried About – What Should I Do?

<https://health.mil/News/Articles/2021/09/15/Ask-the-Doc-Ive-Got-a-Friend-Im-Worried-About-What-Should-I-Do>

Reported sexual assaults across US military increase by 13%

<https://www.militarytimes.com/news/pentagon-congress/2022/08/31/reported-sexual-assaults-across-us-military-increase-by-13/>

The military's sexual assault problem is only getting worse

<https://www.militarytimes.com/news/your-military/2022/09/01/the-militarys-sexual-assault-problem-is-only-getting-worse/>

LGBTQ Military Kids Attempted Suicide at Much Higher Rate Than Their Civilian Peers, New Research Finds

<https://www.military.com/daily-news/2022/08/31/lgbtq-military-kids-attempted-suicide-much-higher-rate-their-civilian-peers-new-research-finds.html>

- [Mental Health Among LGBTQ Youth with a Parent in the Military](#)



Staff Perspective: Social Isolation in Veterans - A Deadly Oxymoron

<https://deploymentpsych.org/blog/staff-perspective-social-isolation-veterans-deadly-oxymoron>

Staff Perspective: DOD Child Collaboration Study - Enhancing and Expanding Use of Tele-education and Telehealth Care in Support of Military Children

<https://deploymentpsych.org/blog/staff-perspective-dod-child-collaboration-study-enhancing-and-expanding-use-tele-education-and>

Trauma, Transitioning and Treatment

<https://www.maketheconnection.net/read-stories/trauma-transitioning-and-treatment/>

What Makes a Useful “Predictor” of Risk for Suicide Attempt? (Editorial)

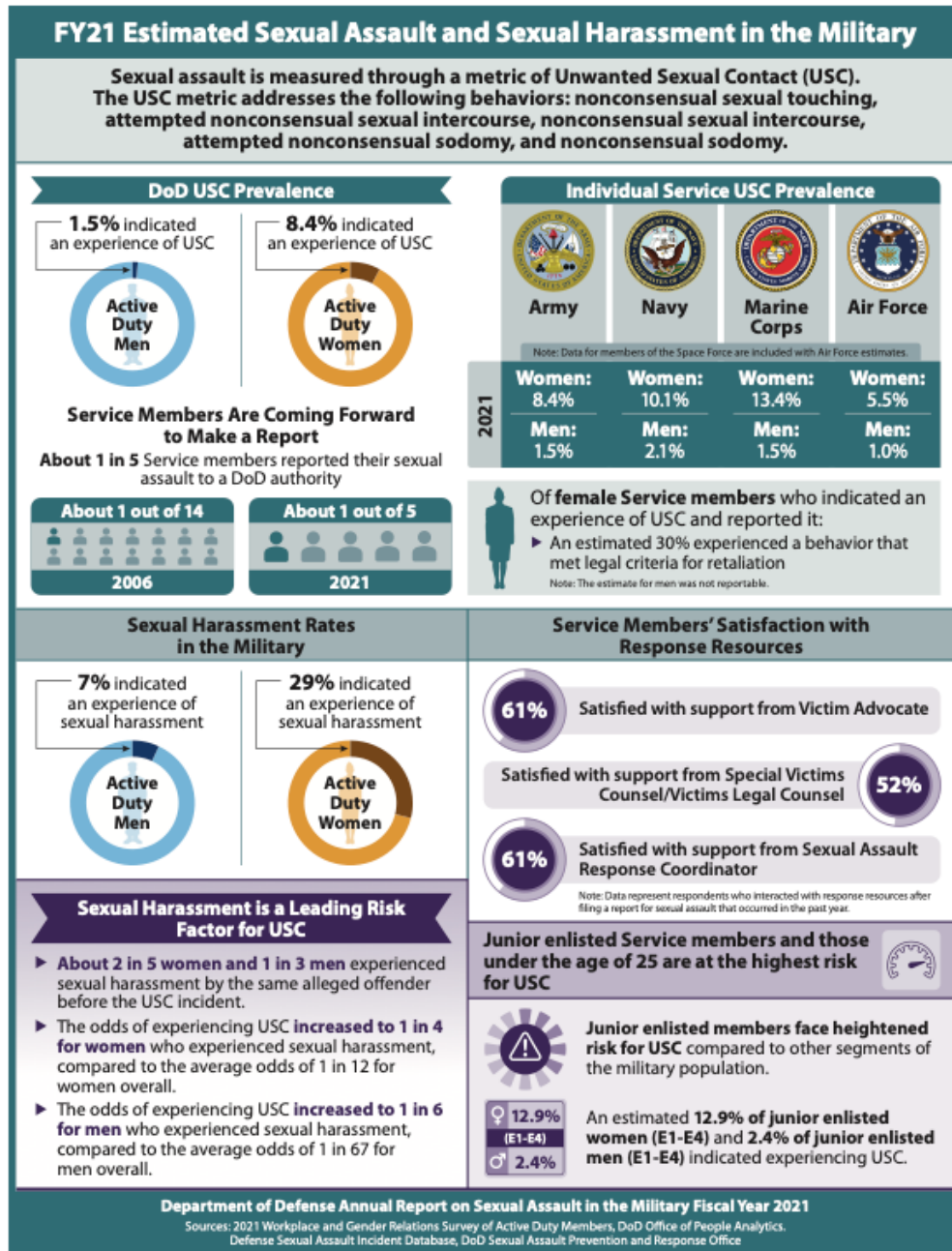
<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2795955>

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**Resource of the Week: [Department of Defense Annual Report on Sexual Assault in the Military, Fiscal Year 2021](#)**

The Department of Defense Annual Report on Sexual Assault in the Military, Fiscal Year 2021 was provided to Congress on September 1, 2022. The data provided in the reports serve as the foundation and catalyst for future sexual assault prevention, training, victim care, and accountability goals.

Upon the release of the Fiscal Year 2021 Annual Report, Secretary of Defense Lloyd Austin issued a memorandum to senior DoD leadership directing Actions to Address and Prevent Sexual Assault and Sexual Harassment in the Military. The memorandum is available [here](#).



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