

CDP



Research Update -- October 6, 2022

What's Here:

- Aggression in Military Members With Mild Traumatic Brain Injury and Post-Traumatic Stress Disorder Is Associated With Intimate Partner Health-Related Quality of Life.
- Relationship-undermining statements by psychotherapists with clients who present with marital or couple problems.
- Drug use over time among never-deployed US Army Reserve and National Guard soldiers: The longitudinal effects of non-deployment emotions and sex.
- A bidirectional examination of mental health symptoms and perceptions of leader support: Which comes first?
- Involving a Significant Other in Treatment of Patients With PTSD Symptoms: A Systematic Review of Treatment Interventions.
- Psychologist veteran status as a predictor of veterans' willingness to engage in psychotherapy.
- Partner outcomes from an uncontrolled trial of Couple HOPES: A guided online couple intervention for posttraumatic stress disorder and relationship enhancement.
- The differential effects of sleep deprivation on pain perception in individuals with or without chronic pain: A systematic review and meta-analysis.
- Prospective longitudinal assessment of sensorimotor gating as a risk/resiliency factor for posttraumatic stress disorder.

- Experiences of children growing up with a parent who has military-related post-traumatic stress disorder: a qualitative systematic review.
- Central disorders of hypersomnolence: diagnostic discrepancies between military and civilian sleep centers.
- Reculturation: A new perspective on military-civilian transition stress.
- Baseline eHealth Behaviors of Service Members: A Retrospective, Cross-Sectional Analysis of Patient Portal Use Before the Pandemic.
- The Effectiveness of Self-Esteem-Related Interventions in Reducing Suicidal Behaviors: A Systematic Review and Meta-Analysis.
- Firearm Lethal Means Counseling Among Women: Clinical and Research Considerations and a Call to Action.
- Complex post-traumatic stress disorder.
- Health Disparities Among Lesbian, Gay, and Bisexual Service Members and Veterans.
- Associations of combat exposure and parental locus of control in deployed mothers and fathers.
- Erectile Dysfunction in a U.S. National Sample of Male Military Veterans.
- Impact of discrimination and coping on Veterans' willingness to seek treatment for physical and mental health problems.
- Traumatic stress symptom expression following indirect exposure: A multidisciplinary investigation.
- A person-centered approach to identifying at-risk U.S. army soldiers-in-training based on adverse childhood experiences.
- The Veterans Health Administration's integrated model of care increases accessibility and delivery of mental health services.
- The Moral Injury Symptoms Scale—Military Version—Short Form: Further Scale Validation in a U.S. Veteran Sample.
- Links of Interest
- Resource of the Week – CDP Presents: Dyadic Interventions - Involving Significant Others in Suicide Prevention

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

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

Tracey A. Brickell, DPsych, Louis M. French, PsyD, Megan M. Wright, MA, Rael T. Lange, PhD

Women's Health Issues

Vol 32, Issue 5, p 526-533, September 1, 2022

Objective

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

Methods

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

Results

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

Conclusions

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

<https://doi.org/10.1111/famp.12774>

Relationship-undermining statements by psychotherapists with clients who present with marital or couple problems.

William J. Doherty, Steven M. Harris

Family Process

First published: 07 April 2022

This study examined the prevalence of relationship undermining statements by psychotherapists as reported by clients in individual therapy who presented with relationship problems, and whether these statements were associated with worse outcomes for client relationships. Participants (n = 101) reported on recollections of whether their therapist had suggested that their partner would never change, had a diagnosable personality/mental health disorder, had negative motives, that the relationship was doomed from the start or beyond repair now, or that divorce/breakup was their best option. Findings showed high prevalence of these undermining statements and associations with poorer relationship outcomes and shorter duration of therapy. We discuss potential explanations for this phenomenon and offer implications for the training of therapists who treat individual clients with relationship problems.

<https://doi.org/10.1002/smi.3156>

Drug use over time among never-deployed US Army Reserve and National Guard soldiers: The longitudinal effects of non-deployment emotions and sex.

Rachel A. Hoopsick, D. Lynn Homish, Schuyler C. Lawson, Gregory G. Homish

Stress & Health

First published: 02 May 2022

Some US military service members who have never been deployed experience negative emotions related to never having been deployed, and some work shows these non-deployment emotions (NDE) are cross-sectionally associated with hazardous drinking for male, but not female, US Army Reserve/National Guard (USAR/NG) soldiers. However, it is not known if these effects extend to drug use or persist longitudinally, which is the focus of the current study. We conducted a longitudinal residual change analysis of a subset of data ($N = 182$ never-deployed soldiers) from Operation: SAFETY, an ongoing survey-based study of USAR/NG soldiers recruited from units across New York State. Outcome measures included current tobacco use, non-medical use of prescription drugs (NMUPD), current cannabis use, and other current illicit drug use (excluding cannabis) at four time points over a 3-year period. Results from bootstrapped residual change generalized estimating equation (GEE) models show that more negative NDE were longitudinally associated with a greater likelihood of current NMUPD among male, but not female, soldiers ($p < 0.05$). NDE were not longitudinally associated with current tobacco use, cannabis use, or other illicit drug use among male or female soldiers ($p_s > 0.05$). NDE may contribute to ongoing NMUPD among male USAR/NG soldiers who have never been deployed. Never-deployed soldiers, especially those with negative emotions related to never having been deployed, should not be overlooked in military screening and intervention efforts.

<https://doi.org/10.1080/08995605.2022.2085957>

A bidirectional examination of mental health symptoms and perceptions of leader support: Which comes first?

Alexxa F. Bessey, Kristen Jennings Black & Thomas W. Britt

Military Psychology

Published online: 11 Jul 2022

Leader support for psychological health (LSPH) has been identified as an important factor in the prediction of mental health symptoms among warfighters. Although research has examined the relationship between LSPH and mental health symptoms, the extent to which this relationship is bidirectional has been underexplored. Consequently, the present study examined the longitudinal relationships between

perceived LSPH and mental health symptoms (depression and PTSD) among military personnel over a 5-month period. We found that perceived LSPH at Time 1 (T1) was associated with fewer mental health symptoms at Time 2 (T2); however, mental health symptoms at T1 were also associated with lower perceptions of LSPH at T2. The results differed slightly based on the type of symptoms experienced, but the relationships between perceived LSPH and symptoms did not vary based on whether soldiers had been exposed to combat. However, it is important to note that the overall sample had low combat experience. Despite this, these findings may suggest that the assumption that leader support can enhance soldier mental health may fail to consider that the symptoms themselves may also affect how leaders are perceived. Therefore, organizations such as the military should consider both directions to optimally understand the relationship between leaders and subordinate mental health.

<https://doi.org/10.1177/15248380221082939>

Involving a Significant Other in Treatment of Patients With PTSD Symptoms: A Systematic Review of Treatment Interventions.

Eline Meuleman, Mèlanie Sloover, and Elisa van Ee

Trauma, Violence, & Abuse

First published online April 7, 2022

Previous studies have called for the inclusion of social support in the treatment of PTSD. The current review identifies interventions for adults with PTSD symptoms, which include a significant other as a source of social support. 11 articles focusing on eight interventions were found, including a total of 495 participants who had experienced trauma. These interventions were divided according to level of involvement of the significant other in treatment. Significant others were either passively or actively involved in the treatment. Preliminary results show that interventions actively involving a significant other in the treatment of the patient with posttraumatic stress symptoms were most effective in reducing PTSD symptoms. The current review provides recommendations for future research and suggests that significant others should be actively involved in the treatment of PTSD symptoms.

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

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

Julie D. Yeterian & Sunny J. Dutra

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

<https://doi.org/10.1002/jts.22878>

Partner outcomes from an uncontrolled trial of Couple HOPES: A guided online couple intervention for posttraumatic stress disorder and relationship enhancement.

Crenshaw, A. O., Whitfield, K. M., Collins, A., Valela, R., Varma, S., Landy, M. S. H., Ip, J., Donkin, V., Earle, E., Siegel, A., Samonas, C., Bushe, J., Mensah, D. H., Xiang, A., Doss, B. D., Morland, L., Wagner, A. C., Fitzpatrick, S., & Monson, C. M.

Journal of Traumatic Stress

First published: 18 September 2022

Posttraumatic stress disorder (PTSD) is associated with significant individual and relationship impairment for people with PTSD and their romantic partners. Conjoint treatments, such as cognitive behavioral conjoint therapy for PTSD (CBCT), are designed to address individual and relationship factors, yet significant barriers impede accessing in-person therapy. Couple HOPES (i.e., Helping Overcome PTSD and Enhance Satisfaction) is a coach-guided, online couple intervention for PTSD based on CBCT that was designed to address these barriers. Previous investigations have found preliminary efficacy of Couple HOPES for improving PTSD symptoms, relationship functioning, and some individual functioning domains for the partner with probable PTSD. However, no study to date has tested individual outcomes for romantic partners, which is needed to fully evaluate the intervention's promise. The current study tested these partner outcomes in a combined, uncontrolled sample of 27 couples. Intent-to-intervene analyses found significant improvements at postintervention in four of eight tested outcomes, including ineffective arguing, $g = 0.74$; anger, $g = 0.32$; perceived health, $g = 0.67$; and quality of life, $g = 0.56$. Depressive symptoms, generalized anxiety, alcohol misuse, and work functioning did not significantly change, $gs = 0.17$ – 0.42 . Among participants who completed a 1-month follow-up assessment, generalized anxiety, $g = 0.43$, and perceived health, $g = 0.73$, significantly improved over follow-up, whereas anger, $g = -0.48$, lost gains previously made. Results were largely consistent in the completer sample. These findings show the potential of Couple HOPES to have broad benefits not only for individuals with probable PTSD but also for their romantic partners.

<https://doi.org/10.1016/j.smr.2022.101695>

The differential effects of sleep deprivation on pain perception in individuals with or without chronic pain: A systematic review and meta-analysis.

Jeremy R. Chang, Siu-Ngor Fu, Xun Li, Shirley X. Li, ... Arnold YL. Wong

Sleep Medicine Reviews

Available online 27 September 2022

Many experimental sleep deprivation (SD) studies were conducted to clarify the causal relationship between sleep and pain. This systematic review and meta-analysis aimed to update the evidence regarding the effects of different experimental SD paradigms on various pain outcomes. Five databases were searched from their inception to June 2022. Separate random-effects models were used to estimate the pooled effect sizes

(ES) of different experimental SD paradigms on various pain outcomes. Thirty-one studies involving 699 healthy individuals and 47 patients with chronic pain were included. For healthy individuals, limited evidence substantiated that total SD significantly reduced pain threshold and tolerance (ES 0.74–0.95), while moderate evidence supported that partial SD significantly increased spontaneous pain intensity (ES 0.30). Very limited to moderate evidence showed that sleep fragmentation significantly increased peripheral and central sensitization in healthy individuals (ES 0.42–0.79). Further, there was very limited evidence that total or partial SD significantly aggravated spontaneous pain intensity in people with chronic pain. Our results accentuated that different SD paradigms differentially increased subjective pain intensity and worsened peripheral/central pain sensitization in healthy individuals, whereas the corresponding findings in people with chronic pain remain uncertain. Further rigorous studies are warranted to quantify their relationships in clinical populations.

<https://doi.org/10.1038/s41386-022-01460-9>

Prospective longitudinal assessment of sensorimotor gating as a risk/resiliency factor for posttraumatic stress disorder.

Acheson, D. T., Baker, D. G., Nievergelt, C. M., Yurgil, K. A., Geyer, M. A., & Risbrough, V. B.

Neuropsychopharmacology
2022 Oct 3

Little is understood about cognitive mechanisms that confer risk and resiliency for posttraumatic stress disorder (PTSD). Prepulse Inhibition (PPI) is a measure of pre-attentional response inhibition that is a stable cognitive trait disrupted in many neuropsychiatric disorders characterized by poor behavioral or cognitive inhibition, including PTSD. Differentiating between PTSD-related phenotypes that are pre-existing factors vs. those that emerge specifically after trauma is critical to understanding PTSD etiology and can only be addressed by prospective studies. This study tested the hypothesis that sensorimotor gating performance is associated with risk/resiliency for combat-related PTSD. As part of a prospective, longitudinal study, 1226 active duty Marines and Navy Corpsman completed a PPI test as well as a clinical interview to assess PTSD symptoms both before, and 3 and 6 months after a combat deployment. Participants that developed PTSD 6 months following deployment (N=46) showed lower PPI across pre and post-deployment time points compared to participants who did not

develop PTSD (N=1182) . Examination of the distribution of PTSD across PPI performance revealed a lower than expected number of cases in the highest performing quartile compared to the rest of the distribution ($p < 0.04$). When controlling for other factors that predict PTSD in this population, those in the top 25% of PPI performance showed a >50% reduction in chance to develop PTSD (OR = 0.32). Baseline startle reactivity and startle habituation were not significantly different between PTSD risk and control groups. These findings suggest that robust sensorimotor gating may represent a resiliency factor for development of PTSD following trauma.

<https://doi.org/10.11124/JBIES-20-00229>

Experiences of children growing up with a parent who has military-related post-traumatic stress disorder: a qualitative systematic review.

Cramm, H., Godfrey, C. M., Murphy, S., McKeown, S., & Dekel, R.

JBIE Evidence Synthesis
2022 Jul 1 ;20(7): 1638-1740

Objective:

The objective of this review is to describe the experiences of children growing up in military families with a parent who has military-related post-traumatic stress disorder.

Introduction:

Whether serving as a peacekeeper or warrior, military service is both physically and psychologically demanding, increasing exposures to potentially traumatic and morally injurious events and threats to personal safety. Those who have served in the military are at increased risk of developing post-traumatic stress disorder, which includes symptoms such as emotional numbing, withdrawal, and hyperarousal. Research has focused on the experiences of, and impacts on, spouses and partners of military veterans with post-traumatic stress disorder, with quantitative and synthesis studies reporting on measurable impacts on children growing up in military families where a parent is diagnosed with post-traumatic stress disorder.

Inclusion criteria:

This review included children who are currently living in, or have grown up in, military families in domestically peaceful nations that deploy their armed forces to global locations of political instability, armed civil conflict, or natural disasters for the purposes

of peacekeeping, humanitarian aid, or war. This review also included parents living with post-traumatic stress disorder who speak specifically about the experience of their children. Situations of homeland conflict were excluded. The military families of interest are those with one or more parent with a diagnosis of post-traumatic stress disorder associated with military service. Traumatic experiences leading to post-traumatic stress disorder can be acquired prior to military service or through unrelated experiences, so it cannot be presumed that military service or even combat deployment, in and of itself, causes post-traumatic stress disorder. This review includes the experiences of children currently in childhood as well as adult children of a parent with current or previous military service.

Methods:

The following databases were first searched in August 2016 and updated in January 9, 2020: MEDLINE, Embase, Web of Science Core Collection, CINAHL, PsycINFO, AMED, ERIC, and ProQuest Dissertations and Theses Global. This review was conducted in accordance with JBI methodology for systematic reviews of qualitative evidence and with an a priori protocol.

Results:

Twelve studies were included. The majority of the studies were published after 2006. Elicited through data from adult (n = 65) and adolescent (n = 43) children and/or their parents (n = 65), the review represents the experiences of participants from military families in the United States, Canada, and Australia. There were four synthesized findings: i) Parental post-traumatic stress disorder creates a volatile and distressing climate within the family, eliciting a range of responses from children (87 findings across three categories); ii) Parental post-traumatic stress disorder ripples through the family system, disrupting interpersonal communication and relationships during childhood (57 findings across four categories); iii) Children can experience emotional and psychological difficulties well into adulthood (80 findings across five categories); and iv) Making sense of it all and moving beyond parental post-traumatic stress disorder can take significant time, energy, and support (74 findings across four categories).

Conclusions:

The quality of the included studies proved to be high, giving strength to this review. Effective ways of communicating with children about the nature of both the traumatic exposure and the post-traumatic stress disorder itself must be developed. While individuals with post-traumatic stress disorder deserve appropriate interventions to alleviate symptoms and improve functioning, it is not sufficient for recovery from post-traumatic stress disorder either for the individual or for the family who has been deeply affected themselves. Prospective and longitudinal research is needed, ensuring that

both the voice of the child and of multiple perspectives within family systems are included and compared.

<https://doi.org/10.5664/jcsm.10144>

Central disorders of hypersomnolence: diagnostic discrepancies between military and civilian sleep centers.

Thomas, C. L., Vattikuti, S., Shaha, D., Werner, J. K., Hansen, S., Collen, J., Capaldi, V. F., & Williams, S.

Journal of Clinical Sleep Medicine
2022 Oct 1; 18(10): 2433-2441

Study objectives:

The majority of active-duty service members obtain insufficient sleep, which can influence diagnostic evaluations for sleep disorders, including disorders of hypersomnolence. An incorrect diagnosis of hypersomnia may be career ending for military service or lead to inappropriate medical care. This study was conducted to assess the rates at which narcolepsy (Nc) and idiopathic hypersomnia (IH) are diagnosed by military vs civilian sleep disorders centers.

Methods:

This retrospective study utilized claims data from the Military Health System Data Repository. The analyses compared diagnostic rates of military personnel by provider type-either civilian provider or military provider-from January 1, 2016 to December 31, 2019. Three diagnostic categories for Nc and IH: Nc or IH, Nc only, and IH only, were assessed with multivariate logistic regression models.

Results:

We found that among service members evaluated for a sleep disorder, the odds ratios of a positive diagnosis at a civilian facility vs a military facility for Nc or IH was 2.1, for Nc only was 2.1, and IH only was 2.0 over the 4-year period.

Conclusions:

Civilian sleep specialists were twice as likely to diagnose central disorders of hypersomnolence compared to military specialists. Raising awareness about this

discrepancy is critical given the occupational and patient care-related implications of misdiagnoses.

—

<https://doi.org/10.1080/08995605.2022.2094175>

Reculturation: A new perspective on military-civilian transition stress.

Jeremy S. Joseph, Lorraine Smith-MacDonald, Meg C. Filice & Matthew S. Smith

Military Psychology

Published online: 30 Jun 2022

Various forms of assistance are offered to help US Veterans achieve success in their post-military lives in recognition of their service. Despite the many successes, a significant number of Veterans continue to remain at risk for negative mental health outcomes, including suicidality and low levels of life satisfaction. These findings may be due to challenges arising from cultural identity dissonance. Problematic strategies used by Veterans to reduce this dissonance can result in a lack of belongingness, a key component in Joiner's Interpersonal Theory of Suicide. The authors suggest that research on the immigrant experience of acculturation may provide a new perspective to better understand issues of identity and sense of belonging in Veterans. Given that most Veterans return to the culture in which they grew up, the authors offer the term "reculturation." The authors propose clinical psychology focus on exploring the reculturation process of Veterans to support program engagement and suicide prevention.

<https://doi.org/10.1093/milmed/usac168>

Baseline eHealth Behaviors of Service Members: A Retrospective, Cross-Sectional Analysis of Patient Portal Use Before the Pandemic.

Stephanie J Raps, USAF, NC, PhD MSN, RN-BC, Dechang Chen, PhD, Suzanne Bakken, PhD, RN, FAAN, FACMI, Jesus Caban, PhD, Mary B Engler, PhD, RN, MS, FAHA

Introduction

The use of electronic health (eHealth) tools has the potential to support the overall health, wellness, fitness status, and ability to deploy worldwide of active duty service members (SMs). Additionally, the Coronavirus Disease 2019 pandemic forced healthcare organizations to quickly convert to virtual care settings to decrease face-to-face interactions and increase access to healthcare using technology. The shift to virtual care and the push to increase use of eHealth tools heightened the need to understand how military members interact with eHealth tools. Little is known about the factors that influence SMs use of eHealth tools and if having a health condition increases or decreases use. To evaluate these factors, we completed a cross-sectional, retrospective analysis on a sample of 198,388 active duty SMs aged 18 to 68 years.

Materials and Methods

We used two Military Health System (MHS) data sources—Tricare Online (TOL) Patient Portal 2018 audit logs and outpatient electronic health record data. Using eHealth behaviors identified in the audit logs, we evaluated and compared individual characteristics (i.e., “gender”, “age”, “race”, and “marital status”), environmental factors (i.e., “rank”, “military branch”, and “geographic location”), and six available health conditions (i.e., congenital health defects, amputation, anxiety, sleep, traumatic brain injury, and depression). Since moderate usage of eHealth tools is linked to improved health outcomes, adherence, communication, and increased consumer satisfaction, a logistic regression model was developed to find the factors most associated with moderate (3–11 logins per year) use of the portal.

Results

Electronic health use increased by SMs with underlying health conditions or if they were managing family member health. Most SMs who used the TOL Patient Portal were of ages 25-34 years, White, and married. The mean age is 32.53 for males and 29.98 for females. Over half of the TOL Patient Portal SM users utilized the portal one to two times. Most SMs used the TOL Patient Portal in Virginia, Texas, California, Florida, North Carolina, Georgia, and Maryland. The highest use was during the months of March to May. Frequent patient portal actions include searching for appointments, viewing health information, viewing medical encounters, and refilling medications. Although SMs with congenital health defects, anxiety, sleep issues, and depression have higher patient portal use rates, SMs with depression have a negative association with using the patient portal at a “moderate” rate. Viewing family member health

information and searching for appointments were strongly associated with patient portal moderate use.

Conclusions

Our findings support top military initiatives to improve the overall health, wellness, and readiness of SMs while decreasing the MHS's overall cost of care while providing a foundation to compare "pre" and "post" pandemic eHealth behaviors. It is essential to note that SMs are more likely to use a patient portal to seek information or manage family member health. This key factor identifies the significance of family health promotion and readiness in the active duty SM's life. The long-term goal of our study is to build the foundation for delivering tailored health information and eHealth tools to promote health and readiness-centric patient engagement.

<https://doi.org/10.3389/fpsy.2022.925423>

The Effectiveness of Self-Esteem-Related Interventions in Reducing Suicidal Behaviors: A Systematic Review and Meta-Analysis.

Dat, N. T., Mitsui, N., Asakura, S., Takanobu, K., Fujii, Y., Toyoshima, K., Kako, Y., & Kusumi, I.

Frontiers in Psychiatry

Published online 2022 Jun 15

Suicide is a serious social issue and is often treated using psychological interventions. The current systematic review and meta-analysis aimed to investigate the effectiveness of self-esteem-related interventions on suicidal behaviors. A systematic literature search for randomized controlled trials (RCTs) including a self-esteem component was conducted on 29 May 2021 and updated on 4 April 2022. In total, 12 studies were included in the systematic review and five studies were included in the meta-analysis. Small effect sizes were found for suicidal ideation at post intervention [$g = -0.24$, 95% CI (-0.48, 0.00)] and a 3-month follow-up [$g = -0.36$, 95% CI (-0.62, -0.11)]. However, these results should be interpreted cautiously due to the limited number of included studies and varied sample population. In conclusion, the current review suggests that future intervention studies should incorporate self-esteem enhancement in the treatment of suicidal behaviors, especially for suicidal ideation.

<https://doi.org/10.1007/s40501-022-00273-3>

Firearm Lethal Means Counseling Among Women: Clinical and Research Considerations and a Call to Action.

Talia L. Spark PhD, MS, Chelsea M. Cogan PhD, Lindsey L. Monteith PhD & Joseph A. Simonetti MD, MPH

Current Treatment Options in Psychiatry
Volume 9, pages 301–311 (2022)

Purpose of review

Firearm injury is the leading mechanism of suicide among US women, and lethal means counseling (LMC) is an evidence-based suicide prevention intervention. We describe current knowledge and research gaps in tailoring LMC to meet the needs of US women.

Recent findings

Available LMC and firearm suicide prevention literature has not fully considered how LMC interventions should be tailored for women. This is especially important as firearm ownership and firearm-related suicides among women are increasing. Additional research is needed to better understand firearm characteristics, behaviors, and beliefs of US women, particularly related to perceptions of personal safety and history of trauma. Research is also needed to identify optimal components of LMC interventions (e.g., messengers, messages, settings) and how best to facilitate safety practices among women with firearm access who are not themselves firearm owners but who reside in households with firearms. Finally, it will be important to examine contextual and individual factors (e.g., rurality, veteran status, intimate partner violence) which may impact LMC preferences and recommendations.

Summary

This commentary offers considerations for applying existing knowledge in LMC and firearm suicide prevention to clinical practice and research among US women, among whom the burden of firearm suicide is increasing.

[https://doi.org/10.1016/S0140-6736\(22\)00821-2](https://doi.org/10.1016/S0140-6736(22)00821-2)

Complex post-traumatic stress disorder.

Andreas Maercker, Marylene Cloitre, Rahel Bachem, Yolanda R. Schlumpf, ... Martin Bohus

The Lancet

Volume 400, Issue 10345, 2–8 July 2022, Pages 60-72

Complex post-traumatic stress disorder (complex PTSD) is a severe mental disorder that emerges in response to traumatic life events. Complex PTSD is characterised by three core post-traumatic symptom clusters, along with chronic and pervasive disturbances in emotion regulation, identity, and relationships. Complex PTSD has been adopted as a new diagnosis in the ICD-11. Individuals with complex PTSD typically have sustained or multiple exposures to trauma, such as childhood abuse and domestic or community violence. The disorder has a 1–8% population prevalence and up to 50% prevalence in mental health facilities. Progress in diagnostics, assessment, and differentiation from post-traumatic stress disorder and borderline personality disorder is reported, along with assessment and treatment of children and adolescents. Studies recommend multicomponent therapies starting with a focus on safety, psychoeducation, and patient-provider collaboration, and treatment components that include self-regulatory strategies and trauma-focused interventions.

<https://doi.org/10.1016/j.amepre.2022.04.034>

Health Disparities Among Lesbian, Gay, and Bisexual Service Members and Veterans.

Felicia R. Carey, Cynthia A. LeardMann, Keren Lehavot, Isabel G. Jacobson, ... Rudolph P. Rull

American Journal of Preventive Medicine

Volume 63, Issue 4, October 2022, Pages 521-531

Introduction

This study investigated whether health disparities exist among lesbian, gay, and bisexual individuals serving in the U.S. military by examining the associations of sexual orientation with mental, physical, and behavioral health among a population-based sample of service members and veterans.

Methods

Sexual orientation and health outcomes were self-reported on the 2016 Millennium Cohort Study follow-up questionnaire (N=96,930). Health outcomes were assessed across 3 domains: mental health (post-traumatic stress disorder, depression, anxiety, binge eating, problematic anger), physical health (multiple somatic symptoms, physical functioning, BMI), and behavioral health (smoking, problem and risky drinking, insomnia). Adjusted logistic regression models conducted between 2019 and 2022 estimated the associations between sexual orientation and each health outcome.

Results

Lesbian, gay, and bisexual individuals (3.6% of the sample) were more likely to screen positive for post-traumatic stress disorder, depression, anxiety, binge eating, problematic anger, multiple somatic symptoms, and insomnia than heterosexual individuals. Gay/lesbian and bisexual women reported more adverse health outcomes (overweight and obesity, smoking, problem/risky drinking) than heterosexual women. Gay and bisexual men reported some adverse health outcomes (e.g., smoking and problem drinking) but better physical health (e.g., less overweight/obesity) than heterosexual men.

Conclusions

Lesbian, gay, and bisexual service members reported poorer mental, physical, and behavioral health than heterosexual peers, most notably among gay/lesbian women and bisexual individuals. Findings suggest that lesbian, gay, and bisexual service members experience health disparities, despite many having equal eligibility for health care, highlighting the need for improved equity initiatives that promote cultural responsiveness, acceptance, and approaches to support the healthcare needs of lesbian, gay, and bisexual military members.

<https://doi.org/10.1111/fare.12725>

Associations of combat exposure and parental locus of control in deployed mothers and fathers.

Neveen Ali-Saleh Darawshy, Abigail H. Gewirtz, Cheuk H. Cheng, Timothy Piehler

Family Relations

First published: 04 July 2022

Objective

Relying upon the military family stress model, we evaluated the associations between combat exposure, PTSD symptoms, and parental locus of control (PLOC) among mothers and fathers with history of deployment, using a multigroup analysis.

Background

Few studies have investigated the correlates of deployment-related stressors for deployed mothers and none have examined perceptions of parenting efficacy. The relationship between combat exposure and PTSD symptoms may differ by gender.

Method

The sample (421 fathers and 117 mothers) was selected by combining baseline data from two distinct randomized controlled trials of a parenting program for post-deployed military families: ADAPT and ADAPT 4 U (Gewirtz et al., 2018a).

Results

Our analyses revealed a significant indirect effect of PTSD symptoms between combat exposure and PLOC, among deployed parents, with no gender differences in the indirect effect.

Conclusion

Relationships between combat exposure, PTSD symptoms, and PLOC support a military family stress model, and highlight the need to support parents with PTSD symptoms because PTSD symptoms appear to be a mechanism through which combat exposure affects parenting beliefs and perceptions.

Implications

Prevention and intervention research should focus on how parenting programs might help to reduce PTSD symptoms and improve parental perceptions of efficacy, confidence, and control.

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

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

Bailey M Way, BSc, Kaelyn R Griffin, BA, Shane W Kraus, PhD, Jack Tsai, PhD, Robert H Pietrzak, PhD

Introduction

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

Materials and Methods

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

Results

The weighted lifetime prevalence of ED among veterans was 14.2% (95% CI = 12.0%-16.0%). Veterans with ED were more likely to be older than 60, unemployed, to have served less than four years in the military, and to have served in combat roles and in the Vietnam War. Relative to veterans without ED, veterans with ED had higher rates of sleep disorders (adjusted odds ratio [aOR] = 3.23), arthritis (aOR = 2.60), high cholesterol (aOR = 2.30), diabetes (aOR = 2.29), high blood pressure (aOR = 2.14), obesity (aOR = 2.12), heart disease (aOR = 2.10), cancer (aOR = 2.07), respiratory illness (aOR = 2.02), and chronic pain (aOR = 1.86). After adjusting for sociodemographic characteristics and physical health conditions, ED was associated with increased odds of MDD (aOR = 2.88), at-risk/problem gambling (aOR = 2.45), and suicidal ideation (aOR = 1.91) but not for generalized anxiety disorder (aOR = 1.69) or probable PTSD (aOR = 1.63). When considered in the context of all mental health variables, MDD was independently associated with ED (aOR = 3.39).

Conclusion

This study examined both mental and physical health conditions associated with ED in a U.S. nationally representative sample of veterans. ED is prevalent in veterans and associated with elevated physical and mental health burden. Results highlight the importance of considering ED in disease prevention and treatment efforts in this population. These findings may help inform prevention approaches as well as clinical targets for early screening and treatment in vulnerable subgroups of this population.

Notably, data collected relied on self-report assessments; data on race and socioeconomic status were not collected.

<https://doi.org/10.1037/adb0000861>

Impact of discrimination and coping on Veterans' willingness to seek treatment for physical and mental health problems.

Miller, M. B., Monk, J. K., Flores, L. Y., Everson, A. T., Martinez, L. D., Massey, K., Blanke, E. M., Dorimé-Williams, M. L., Williams, M. S., McCrae, C. S., & Borsari, B.

Psychology of Addictive Behaviors
Advance online publication

Objective:

This study aimed to provide insight into health disparities among Veterans by (a) documenting the prevalence of physical and mental health problems in a racially diverse sample of Veterans, (b) comparing Veterans' willingness to seek treatment for various physical and mental health conditions, and (c) examining the impact of discrimination and coping on willingness to seek treatment.

Method:

Veterans reported on current physical and mental health symptoms and the importance of treatment for various health conditions. Patterns were examined in the full sample (N = 334, 32% female) and the subsample who reported hazardous alcohol use in the past year (n = 116, 33% female). Linear regression was used to test alternative coping as a moderator of the association between experiences with discrimination and willingness to seek treatment among Veterans of color (n = 242, 37% female).

Results:

Participants reported greater willingness to seek treatment for physical than mental health conditions. Sleep problems (75%) and substance use (74%) were the most prevalent health behaviors, but they were rated lowest in treatment importance. Among Veterans of color, everyday experiences with discrimination were generally associated with less willingness to seek physical or mental health treatment, but often only among those who denied use of coping strategies.

Conclusions:

Veterans are least willing to seek treatment for the health conditions that are most prevalent in their communities. Coping strategies may mitigate the negative association between discriminatory experiences and willingness to seek treatment among Veterans of color. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/trm0000386>

Traumatic stress symptom expression following indirect exposure: A multidisciplinary investigation.

Sprang, G., & Steckler, Z.

Traumatology

Advance online publication

Some researchers and theorists have posited that the biopsychosocial response to indirect trauma exposure that occurs during the course of one's professional trauma work may be qualitatively different than traumatic stress symptoms that occur following a primary exposure. This study investigates the ways trauma symptoms subsequent to indirect exposure are expressed and the domains and domain-specific symptoms that predict membership in different diagnostic outcome categories. A multidisciplinary group of 181 professionals was interviewed using the Secondary Traumatic Stress Clinical Algorithm as a guide and the Clinician-Administered PTSD Scale-5 to establish symptom profiles. Multinomial logistic regression analysis was used to assess the relationship between secondary traumatic stress domains and symptoms, and outcomes, with age, sex, age–sex interaction, and profession used as covariates. The analysis suggests that symptoms of intrusion and arousal/reactivity have the strongest effect on all outcomes when all other terms in the model are held constant. Age, sex, and profession predicted membership in various symptomatic categories. The results of the study illustrate how secondary trauma symptoms manifest, the covariates that moderate the professional's response to indirect trauma, and highlight potential areas of focus for intervention that can be preventative or treatment-oriented. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/trm0000395>

A person-centered approach to identifying at-risk U.S. army soldiers-in-training based on adverse childhood experiences.

Reed-Fitzke, K., Duncan, J. M., Wojciak, A. S., Ferraro, A. J., Sánchez, J., & Smith, K. M.

Traumatology

Advance online publication

Military service members are confronted with numerous stressors as they progress through their career. Given the military's desire to maintain mission readiness, it is imperative to identify areas of early intervention to promote optimal functioning and health. This study used the stress process framework and a person-centered approach to identify subgroups of soldiers-in-training based on adverse childhood experiences (ACEs). Specifically, two questions were addressed: (a) Are there distinct profiles of ACEs among soldiers-in-training, and (b) who are the most at-risk soldiers-in-training? The sample consisted of 30,836 soldiers-in-training from the Army study to Assess Risk and Resilience in Servicemembers. Five subgroups were identified using latent profile analysis: low adversity, moderate emotional adversity, elevated emotional adversity, moderate structural adversity, and high cumulative adversity. Results from a multivariate and univariate analyses of variance indicated significant small main effects of profile membership in anxiety, depression, posttraumatic stress disorder, and resilient mindset. Those with high cumulative adversity and elevated emotional adversity appeared to be the most at-risk regarding mental health, yet those with high cumulative adversity had similar levels of resilient mindset as the lower adversity groups. Those with elevated emotional adversity had the lowest levels of resilient mindset. Findings provide a more holistic understanding of unique combinations of ACEs among individuals' as they enter military service. ACEs profiles may help providers identify those who may benefit from targeted supports (e.g., trauma-informed mental health providers) prior to or during service for those who may be most vulnerable to poor outcomes. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/ser0000683>

The Veterans Health Administration's integrated model of care increases accessibility and delivery of mental health services.

Peter, S. C., Halverson, T. F., Blakey, S. M., Pugh, M. J., Beckham, J. C., Calhoun, P. S., & Kimbrel, N. A.

Psychological Services
Advance online publication

Depression and posttraumatic stress disorder (PTSD) are two of the most common mental health conditions experienced by veterans. It is unclear what individual and system level factors are associated with receiving mental health treatment for these concerns. Using a national sample of Gulf War Era veterans who endorsed lifetime diagnoses of either depression or PTSD (N = 425), regression analyses were used to predict past-year treatment utilization. Predictor variables were those indicated in the behavioral model of health care utilization, including predisposing demographic variables (e.g., age, race), enabling variables (e.g., service connection, enrollment in Veterans Health Administration [VHA]), and need-based variables (e.g., current symptom severity). VHA enrollment was associated with a three- and five-times higher odds of being treated for depression or PTSD, respectively. Income and symptom severity were also positively associated with treatment utilization. Among individuals with diagnoses of depression and/or PTSD, VHA enrollment was the strongest predictor of receiving mental health treatment for these diagnoses, controlling for all other variables in the model including recent contact with the health care system, current symptom severity, and the presence of other enabling resources. Results suggest that the VHA's integrated model of care increases accessibility and delivery of effective mental health services. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1007/s10943-022-01606-5>

The Moral Injury Symptoms Scale—Military Version—Short Form: Further Scale Validation in a U.S. Veteran Sample.

Ryan P. Chesnut, Cameron B. Richardson, Nicole R. Morgan, Julia A. Bleser, Kimberly J. McCarthy & Daniel F. Perkins

Journal of Religion and Health
Volume 61, pages 3384–3401 (2022)

This study assessed the Moral Injury Symptoms Scale – Military Version – Short Form’s (MISS-M-SF) factor structure and construct validity. Participants included 3650 combat-deployed U.S. veterans who answered all 10 MISS-M-SF items from the sixth wave of The Veterans Metric Initiative (TVMI). EFA results suggested a two-factor solution, based on item wording, fit best. CFA results indicated a bifactor model (one general factor and two method factors, based on item wording) fit best. Further investigation revealed that a one-factor model could be used despite the data’s multidimensionality. Item-level analyses revealed four items represented the general factor exceptionally well, potentially simplifying assessment in research and clinical applications. Construct validity was also demonstrated through moderate to high correlations with conceptually related measures.

Links of Interest

DoD considers universal pre-kindergarten for 4-year-old military kids

<https://www.militarytimes.com/news/your-military/2022/09/28/dod-considers-universal-pre-kindergarten-for-4-year-old-military-kids/>

Fears of openly gay troops were vastly overblown: Pentagon report: Think tank that studied ‘don’t ask, don’t tell’ repeal to close Sept. 30

<https://www.militarytimes.com/news/your-military/2022/09/28/fears-of-openly-gay-troops-were-vastly-overblown-pentagon-report/>

Air Force leaders urge more focus on mental health as suicides rise

<https://www.airforcetimes.com/news/your-air-force/2022/09/28/air-force-leaders-urge-more-focus-on-mental-health-as-suicides-rise/>

Even More Young Americans Are Unfit to Serve, a New Study Finds. Here’s Why.

<https://www.military.com/daily-news/2022/09/28/new-pentagon-study-shows-77-of-young-americans-are-ineligible-military-service.html>

Group offers support for Veterans battling moral injury

<https://news.va.gov/109140/support-veterans-battling-moral-injury/>

VA community clinics expand Ketamine treatment options for depression

<https://www.militarytimes.com/off-duty/military-culture/2022/09/29/va-community-clinics-expand-ketamine-treatment-options-for-depression/>

VA defends suicide prevention data, says problem is improving

<https://www.militarytimes.com/veterans/2022/09/29/va-defends-suicide-prevention-data-says-problem-is-improving/>

Staff Perspective: Where's the Parenting Manual Regarding Youth Suicide?

<https://deploymentpsych.org/blog/staff-perspective-where%E2%80%99s-parenting-manual-regarding-youth-suicide>

Staff Perspective: Eating Disorders and Suicide Risk

<https://deploymentpsych.org/blog/staff-perspective-eating-disorders-and-suicide-risk>

Staff Perspective: Misconceptions About Sleep

<https://deploymentpsych.org/blog/staff-perspective-misconceptions-about-sleep>

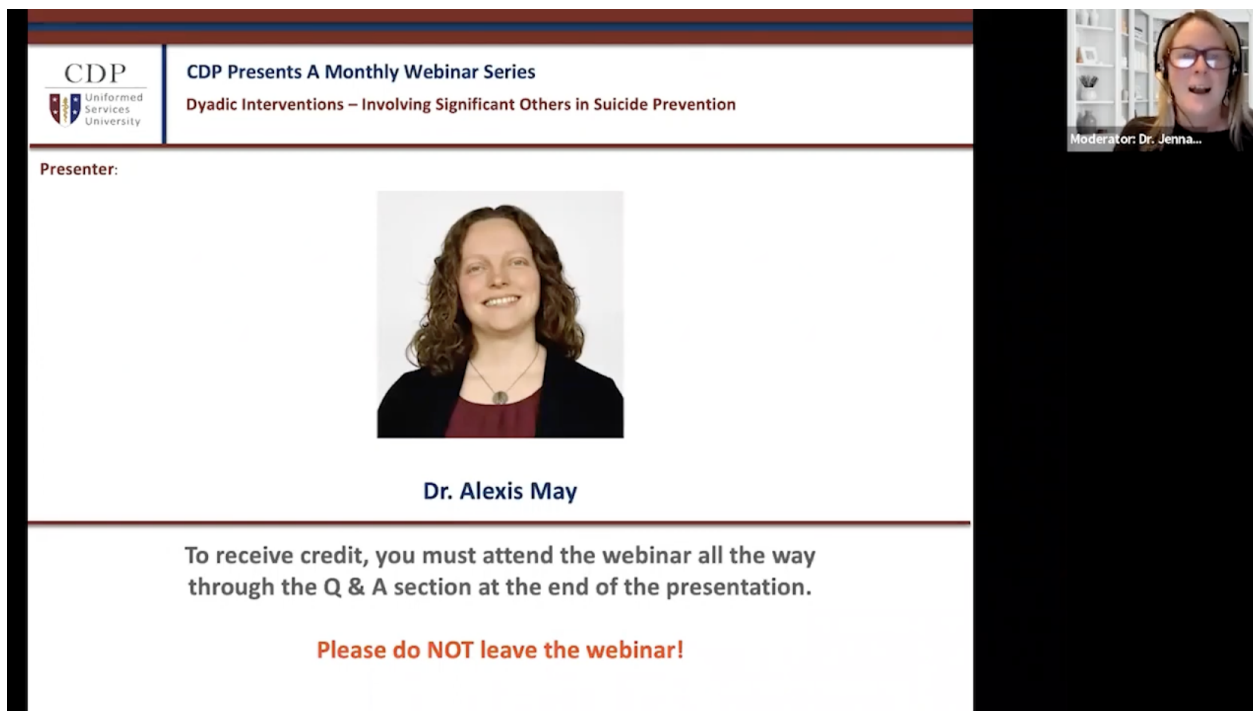
Resource of the Week – [CDP Presents: Dyadic Interventions - Involving Significant Others in Suicide Prevention](#)

From the Center for Deployment Psychology:

In this 90-minute webinar participants will learn about new suicide prevention interventions that incorporate significant others and loved ones. Over the last two decades the frequency of suicidal thoughts, behaviors, and deaths has risen in the United States and remains high. This crisis has spurred the rapid development of interventions to prevent suicide. A common element across these interventions is their sole focus on the suicidal individual. This is in stark contrast to the critical role interpersonal connections play in suicide risk – a role highlighted by suicide theory, empirical data, complementary evidence, and best practice recommendations. However, including loved ones in treatments for suicidal individuals also presents unique challenges – suicidal individuals fear stigma, poor response to their disclosure and being a burden to others. Allies of suicidal individuals are hindered by misinformation, limited self-efficacy in helping, and high stress levels.

The presentation will explore what contemporary suicide theories suggest about the role of significant others in suicide prevention and describe emerging interventions that involve significant others. The presentation will take a deep dive into the couples crisis response plan, a novel single session suicide


prevention intervention currently being tested among psychiatrically hospitalized Service members and Veterans.



CDP
Uniformed
Services
University

CDP Presents A Monthly Webinar Series
Dyadic Interventions – Involving Significant Others in Suicide Prevention

Presenter:



Dr. Alexis May

To receive credit, you must attend the webinar all the way through the Q & A section at the end of the presentation.

Please do NOT leave the webinar!

Moderator: Dr. Jenna...

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