

# CDP



## Research Update -- October 13, 2022

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<https://doi.org/10.1002/jts.22880>

**What we talk about when we talk about trauma: Content overlap and heterogeneity in the assessment of trauma exposure.**

Karen-Inge Karstoft, Chérie Armour

Journal of Traumatic Stress

First published: 25 September 2022

The accurate definition and assessment of trauma exposure is the foundation for replicable studies of mental health problems following trauma exposure. However, scales developed to assess trauma exposure might vary widely in terms of item content; overlap; and specifications of trauma intensity, frequency, duration, and timing. We compared eight frequently used self-report measures of trauma exposure to address content overlap and measurement heterogeneity. Combined, these measures assess 44 disparate exposures. Mean overlap across scales was moderate ( $M = 0.41$ , range: 0.25–0.48 across scales). Pairwise overlap between scales ranged from .19 to .59. We found 18 exposures (40.9%) that were included in one scale and three exposures (6.8%) that were included in all eight scales. Four of the included scales assess trauma frequency, five assess intensity or perceived danger, two assess duration, and four assess timing. The implications of measurement heterogeneity for clinical research as well as for comparability and replication of trauma-related research are discussed.

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<https://doi.org/10.1002/jts.22854>

**A meta-analysis of the association between shame and dissociation.**

Justine A. Rudy, Scott McKernan, Nicole Kouri, Wendy D'Andrea

Journal of Traumatic Stress

Volume 35, Issue 5; October 2022; Pages 1318-1333

Shame and dissociation have been implicated theoretically and empirically in trauma exposure and its sequelae, with shame understood as an intense negative emotion and

dissociation as a reaction to intense negative emotions. Understanding the connection between shame and dissociation is important for theory and practice; however, the strength of this association remains unclear. For example, in therapy, both shame and dissociation serve as a barrier to engaging with emotion. Theoretically, these two states should be distinct, as one (dissociation) confers low affective intensity and the other (shame) high intensity. The present meta-analysis focused on the magnitude of the association between these two phenomena and investigated the extent to which gender, trauma exposure, psychiatric comorbidities, and demographic characteristics influence this association given their independent links to shame and dissociation. An initial search of six databases identified 151,844 articles. Duplicates were removed, and additional articles were excluded based on abstract and title screening. After contacting authors for missing data, a full-text screen yielded 25 articles for the present analysis. The results indicate that shame and dissociation were moderately correlated ( $k = 33$ ,  $n = 4,705$ ),  $r = .42$ , 95% CI [.35, .48],  $p < .001$ , but no clear clinical moderators emerged. Despite this association, very few studies utilized experimental designs to examine the association between these constructs. Future research should focus on experimental study designs to investigate the extent to which shame induces dissociation or vice versa.

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<https://doi.org/10.1002/jts.22832>

### **Posttraumatic stress disorder–related anhedonia as a predictor of psychosocial functional impairment among United States veterans.**

Casey L. May, Blair E. Wisco, Victor A. Fox, Brian P. Marx, Terence M. Keane

Journal of Traumatic Stress

Volume 35, Issue 5; October 2022; Pages 1334-1342

Prior research suggests that anhedonia symptoms related to posttraumatic stress disorder (PTSD; i.e., diminished interest, detachment from others, and difficulty experiencing positive emotions) are consistently associated with a higher degree of impairment in psychosocial functioning beyond that associated with other PTSD symptoms. Unfortunately, much of this research has used cross-sectional study designs; relied upon outdated DSM diagnostic criteria; and failed to control for potentially confounding variables, such as the presence of co-occurring depression. This study used data from Waves 2 and 4 ( $n = 1,649$ ) of the Veterans' After-Discharge Longitudinal Registry (Project VALOR), a longitudinal dataset of U.S. Army and Marine

veterans. As measured using the Inventory of Psychosocial Functioning, Wave 4 psychosocial functioning was regressed on seven PTSD symptom factors at Wave 2 (i.e., intrusions, avoidance, negative affect, anhedonia, externalizing behaviors, anxious arousal, and dysphoric arousal) and potential Wave 2 confounds. The Anhedonia factor,  $\beta = .123$ , most strongly predicted later psychosocial functional impairment beyond the impact of other PTSD symptom factors,  $\beta_s = -.076-.046$ . Clinical implications of these findings are also discussed.

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<https://doi.org/10.1002/jts.22833>

### **Prevalence and correlates of self-reported cognitive difficulties in deployment-injured U.S. military personnel.**

Sarah M. Jurick, Cameron T. McCabe, Jessica R. Watrous, Lauren E. Walker, Ian J. Stewart, Michael R. Galarneau

Journal of Traumatic Stress

Volume 35, Issue 5; October 2022; Pages 1343-1356

Cognitive difficulties typically resolve within days to weeks following mild traumatic brain injury (mTBI); however, a sizable proportion of individuals continue to report cognitive symptoms months to years later that are often associated with posttraumatic stress disorder (PTSD) and depression to a greater degree than a history of mTBI. The current study sought to evaluate the prevalence of self-reported cognitive difficulties as well as the relative contributions of demographic, injury-related, and mental health variables in a large study of U.S. military personnel injured during deployment since 2001. Slightly fewer than half (42.0%) of participants reported elevated cognitive difficulties compared with a normative population; however, this was driven primarily by those who screened positive for PTSD or depression. Hierarchical linear regression revealed that various demographic and injury factors, including lower educational attainment, retired or separated military status, enlisted rank, and a history of deployment-related mTBI, were associated with more self-reported cognitive difficulties,  $f^2 = 0.07$ . Screening positive for PTSD or depression accounted for 32.1% of the variance in self-reported cognitive symptoms,  $f^2 = 0.63$ , whereas injury variables, including a history of deployment-related mTBI, albeit significant in the model, accounted for 1.6%. The current findings add to the growing body of literature underscoring the importance of screening for and treating mental health conditions in injured military personnel.

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<https://doi.org/10.1002/jts.22838>

**Psychological comorbidity: Predictors of residential treatment response among U.S. service members with posttraumatic stress disorder.**

Kristen H. Walter, Cameron T. McCabe, Jessica R. Watrous, Casey B. Kohen, Jessica L. Beltran, Alex Kirk, Justin S. Campbell

Journal of Traumatic Stress

Volume 35, Issue 5; October 2022; Pages 1381-1392

Residential posttraumatic stress disorder (PTSD) research in military samples generally shows that in aggregate, PTSD symptoms significantly improve over the course of treatment but can remain at elevated levels following treatment. Identifying individuals who respond to residential treatment versus those who do not, including those who worsen, is critical given the extensive resources required for such programs. This study examined predictors of treatment response among 282 male service members who received treatment in a U.S. Department of Defense residential PTSD program. Using established criteria, service members were classified as improved, indeterminate (referent), or worsened in terms of self-reported PTSD symptoms. Multinomial logistic regression results showed that for PTSD symptoms, higher levels of pretreatment PTSD symptom severity were associated with significantly lower odds of being in the improved group, adjusted odds ratio (aOR) = 0.955,  $p = .018$ . In addition, service members who completed treatment were significantly more likely to be in the improved group, aOR = 2.488,  $p = .048$ . Longer average pretreatment nightly sleep duration, aOR = 1.157,  $p = .035$ , and more severe pretreatment depressive symptoms, aOR = 1.109,  $p = .014$ , were associated with significantly higher odds of being in the improved group. These findings reveal clinical characteristics better suited for residential PTSD treatment and highlight implications for comorbid conditions.

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

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

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

Journal of Traumatic Stress

Volume 35, Issue 5; October 2022; Pages 1535-1545

Veterans who have experienced military sexual trauma (MST) are at increased risk for a host of negative outcomes, including posttraumatic stress disorder, depressive disorders, and substance use disorders. Previous studies have shown racial differences in MST exposure, namely that Black veterans experience MST more frequently than White veterans. One way to help clinicians and researchers understand the impact of these ethnoracial differences in MST exposure is through an applied theory of ecological resources, which has demonstrated ecological factors (e.g., aspects of identity, beliefs, and environmental stressors) contribute to veteran well-being in the aftermath of MST. The present study aimed to examine ethnoracial differences in ecological resources (i.e., available social support, spiritual coping, past-year interpersonal violence, financial sufficiency, and stable living environment). Participants (N = 505) were U.S. veterans who sought care at a Veterans Healthcare Administration clinic in the midwestern United States for mental health issues related to MST. Results demonstrated Black veterans were more likely than White veterans to report being financially insecure,  $U = 18,091.50$ ,  $z = -2.04$ ,  $p = .042$ ,  $r = .10$ . Black veterans were also more likely to report spiritual beliefs that assisted with coping, Cramer's  $V = .19$ , but less likely to report having a social support system, Cramer's  $V = .16$ . These findings highlight the importance of assessing and addressing disparities illuminated by ethnoracial differences in ecological resources and barriers in veterans seeking care for MST.

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<https://doi.org/10.1002/jts.22881>

**The role of time since trauma on treatment outcomes of veterans in two intensive posttraumatic stress disorder treatment programs.**

Cailan Splaine, Dale L. Smith, Philip Held

Journal of Traumatic Stress

First published: 05 October 2022

Research on the impact of time since trauma (TST) on posttraumatic stress disorder (PTSD) treatment outcomes lacks consensus and has not been examined in cognitive processing therapy (CPT)–based intensive PTSD treatment programs (ITPs). Furthermore, little is known about how TST impacts other trauma-related outcomes, such as depressive symptoms and negative posttrauma cognitions. We examined whether TST predicted severity and changes in PTSD and depressive symptoms and negative posttrauma cognitions, controlling for trauma type (combat or military sexual trauma), age, sex, and race, in two separate samples of veterans with PTSD who completed 2-week (n = 132) or 3-week (n = 407) CPT-based ITPs. In the 3-week sample, PTSD symptom reduction differed based on TST; however, these differences lacked clinical significance, TST x Time  $R^2_b = .002$ , and were not replicated in the 2-week sample,  $R^2_b < .001$ . TST did not significantly predict depressive symptoms,  $R^2_b = .005$ , or negative posttrauma cognition severity or changes,  $R^2_b = .002$ , in the 3-week sample. In the 2-week sample, linear mixed-effects models indicated that TST also did not significantly predict PTSD or depressive symptoms,  $R^2_b < .001$ , or negative posttrauma cognition severity or changes,  $R^2_b = .002$ . These findings suggest that TST is not a clinically relevant predictor of PTSD symptoms, depressive symptoms, or negative posttrauma cognitions among individuals engaged in CPT-based ITPs. Future research should investigate the association between TST and trauma-related outcomes in more trauma type– and age-diverse samples within different intensive treatment settings.

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

Brickell, T. A., French, L. M., Wright, M. M., & Lange, R. T.

Women's Health Issues  
2022 Sep-Oct; 32(5) :526-533

#### **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  $\chi^2$  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.

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### **Residual sleepiness in veterans with post-traumatic stress disorder and obstructive sleep apnea.**

Ali A. El-Solh, Hoang Bui, Yolanda Lawson & Parveen Attai

Sleep and Breathing

Published: 08 July 2022

## Purpose

The causes of residual excessive sleepiness (RES) in patients with post-traumatic stress disorder (PTSD) and obstructive sleep apnea (OSA) are multifactorial and modulated by comorbid conditions. The aim of the present study was to elucidate clinical and polysomnographic determinants of RES in continuous positive airway pressure (CPAP)-adherent OSA veterans with PTSD.

**Methods** The study protocol consisted of a retrospective analysis of consecutive cases of patients with PTSD who presented to the Veterans Affairs sleep clinics with adequately treated OSA between June 1, 2017 and October 15, 2021. Based on the Epworth Sleepiness Scale (ESS), patients were categorized into RES (ESS  $\geq$  11) and no RES (ESS < 11) groups. Demographic and PSG data were subjected to univariate and multivariate analyses to ascertain predictive factors of RES.

## Results

Out of 171 veterans with PTSD who were adherent to CPAP, 59 (35%) continued to experience RES. The RES group had a decrease in mean ESS score of  $1.2 \pm 4.5$  after CPAP treatment compared with  $4.6 \pm 4.9$  for the no RES group ( $< 0.001$ ). A dose–response was observed between CPAP use and RES ( $p = 0.003$ ). Multivariate regression analysis identified higher baseline ESS (OR 1.30; 95% CI 1.16–1.44), greater percentage of time spent in REM sleep (OR 0.91; 95% CI 0.85–0.96), CPAP use less than 6 h (OR 2.82; 95% CI 1.13–7.01), and a positive screen for depression (OR 1.69; 95% CI 1.03–4.72) as independent predictors of RES in patients with PTSD and OSA.

## Conclusion

RES is highly prevalent in patients with PTSD and OSA despite adherence to CPAP and is independently associated with percentage time spent in REM, duration of CPAP utilization, and symptoms of depression.

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<https://doi.org/10.1016/j.jand.2022.07.002>

## **Service, Scholarship, and Sacrifice: A Qualitative Analysis of Food Security Barriers and Strategies among Military-Connected Students.**

Kerry R. Schinkel, Rachael Budowle, Christine M. Porter, Boyi Dai, ... Jill F. Keith

Journal of the Academy of Nutrition and Dietetics

Available online 6 July 2022

## Background

In the United States, 41% of 4-year university student veterans have reported food insecurity, but literature on food insecurity among military-connected students is limited.

## Objective

The objective of the study was to increase knowledge of military-connected student food insecurity experiences and potential strategies to address food access.

## Design

The study is a cross-sectional survey and nonexperimental qualitative cohort analysis.

## Participants and setting

Military-connected students (n = 127) responded to a survey sampling all enrolled students at a Mountain West land grant university during spring 2020. Military-connected student focus group participants (n = 8) were purposively sampled from the same university during fall 2020.

## Main outcome measures

Main outcome measures were demographic data and food insecurity rates. Qualitative measures included responses to questions about food insecurity among military-connected students, actions for improving food insecurity, and insight into food access resources on campus.

## Statistical analysis

Descriptive statistics were used to determine food insecurity rates. Qualitative analysis included audio recording and transcription, then a step-by-step process for coding and theme development.

## Results

Food insecurity was reported by 42.5% of military-connected student survey respondents. Qualitative analysis revealed themes about current and planned food access resources, barriers to food security, and strategies to promote military-connected student food security. Main themes related to resources were access to resources and food offerings. Main barrier themes were pride and shame. Main strategy themes included military pride and military connections and culture.

## Conclusions

Military-connected students are at least as vulnerable to food insecurity as the student body at large. Qualitative analysis identified barriers and strategies for food security

among military-connected students. Feelings of pride in identifying with the military seemed to amplify feelings of shame about food insecurity; however, this pride and sense of military community also suggest that food security efforts specifically tailored to military-connected students could be successful.

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<https://doi.org/10.1016/j.jad.2022.07.003>

## **Psychological well-being in US veterans with non-fatal suicide attempts: A multi-cohort population-based study.**

Bradley A. Brown, Fallon R. Goodman, Robert H. Pietrzak, Jonathan Rottenberg

Journal of Affective Disorders  
Volume 314, 1 October 2022, Pages 34-43

### Highlights

- Psychological well-being was attenuated among veteran suicide attempt survivors.
- Some attempt survivors reported higher psychological well-being than non-attempters.
- Protective factors were stronger predictors of well-being than risk factors.
- Curiosity and optimism were linked to psychological well-being in attempt survivors.

### Abstract

#### Background

Most people who survive suicide attempts neither re-attempt suicide nor die by suicide. Research on suicide attempt survivors has primarily focused on negative endpoints (e.g., increased suicide risk) rather than positive outcomes. One important outcome is psychological well-being (PWB), defined as positive functioning across emotional, intrapersonal, and interpersonal domains. We compared PWB among US military veterans with (i.e., attempt survivors) and without (i.e., non-attempters) a history of suicide attempt(s) using data from three nationally representative cohorts.

#### Methods

Each US veteran cohort (Cohort1: N = 3148; Cohort2: N = 1474; Cohort3: N = 4042) completed measures of suicidality (e.g., attempt history), character strengths (e.g., curiosity, optimism), psychological symptoms (e.g., depression), and indicators of PWB

(e.g., happiness). t-Tests were conducted to examine group differences in PWB; hierarchical regressions were conducted to examine suicide attempt status as a predictor of PWB controlling for symptoms and demographics. Multivariable regressions were conducted to identify predictors of PWB among attempt survivors.

### Results

In each cohort, reported PWB was markedly lower among suicide attempt survivors than non-attempters ( $d_s = 0.9\text{--}1.2$ ), even after adjusting for mental health symptoms. Individual differences in PWB were observed, with a subset of suicide attempt survivors reporting higher PWB levels than non-attempters (1.4–7.4 %). Curiosity and optimism were positively associated with PWB among suicide attempt survivors ( $r_s = 0.60\text{--}0.78$ ).

### Limitations

Data were cross-sectional, limiting inferences about causation and directionality of associations.

### Conclusions

Findings highlight diminished PWB as an important and understudied concern among veteran attempt survivors. Collectively, our findings underscore the importance of considering PWB in the research, assessment, and treatment of suicidality.

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<https://doi.org/10.1080/16506073.2022.2109511>

### **Mechanisms underlying interoceptive exposure: belief disconfirmation or extinction? A preliminary study.**

Rivkah Ginat-Frolich, Anna Kara-Ivanov, Asher Y. Strauss, Ayelet Myers & Jonathan D. Huppert

Cognitive Behaviour Therapy  
Published online: 11 Oct 2022

Interoceptive exposure, or exposure to one's feared physical sensations, has been shown to be an important technique in cognitive behavioral therapies for anxiety disorders and related constructs, such as anxiety sensitivity (AS). The current study sought to further clarify the underlying cognitive-behavioral mechanisms of interoceptive exposure in a lab-based, analog study with individuals high in AS. Participants ( $n = 59$ ) were randomized into three groups: a cognitive-behavioral intervention emphasizing

belief disconfirmation (Cbl), a behavioral intervention emphasizing exposure (BI), and a control condition. Self-report measures assessing AS, catastrophizing of bodily sensations, and subjective units of distress (SUDS) were collected before, during and after the intervention. Participants also completed online questionnaires at a one-month follow-up. Following the Cbl but not BI, a decrease was observed in both AS and catastrophizing interpretations. Furthermore, only the Cbl group exhibited a decrease in SUDS ratings, whereas the BI group exhibited a significant increase. Notably, these effects were not maintained at a one-month follow-up. Findings suggest that cognitive interventions without repeated behavioral exposure may be sufficient in reducing self-reported anxiety-related symptoms and catastrophic misinterpretations, though not at maintaining them. This raises questions regarding the role of pure behavioral mechanisms in exposure.

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<https://doi.org/10.1093/sleep/zsac117>

### **The association between race- and ethnicity-related stressors and sleep: the role of rumination and anxiety sensitivity.**

Michael W Otto, Rebecca E Lubin, David Rosenfield, Daniel J Taylor, Jeffrey L Birk, Colin A Espie, Ari Shechter, Donald Edmondson, Justin M Shepherd, Michael J Zvolensky

Sleep

Volume 45, Issue 10, October 2022, zsac117

#### Study Objectives

This study was designed to investigate the association between psychosocial factors and self-reported sleep duration and two indices of sleep quality in a racially and ethnically diverse sample of adults. We investigated the relations between both rumination and anxiety sensitivity with these self-reported sleep outcomes. We also examined rumination and anxiety sensitivity as moderators of three race- and ethnicity-related stressors: discrimination, acculturative stress, and socioeconomic status.

#### Methods

In a cross-sectional design, we assessed 1326 adults (ages 18–48 years) selected for self-reported racial and ethnic minority status. Regression analyses were used to examine the associations between demographic, social/environmental stressors,

depression severity, rumination, and anxiety sensitivity and three sleep outcomes: sleep duration, sleep quality subscale, and global sleep quality.

### Results

Our findings supported the hypothesized role of rumination as an amplification factor for the influence of race- and ethnicity-related stressors on sleep duration and quality. Rumination was associated with all three sleep outcomes (sleep duration, sleep quality subscale, and global sleep quality) and was a moderator of the associations between discrimination and all 3 sleep outcomes. Anxiety sensitivity was not consistently associated with these sleep outcomes. Depression symptoms did not account for these findings.

### Conclusions

If confirmed in longitudinal study, our findings introduce a potentially important treatment target—rumination—for addressing sleep disparities in prevention or intervention models. Rumination appears to amplify the negative sleep consequences of race- and ethnicity-related stressors and is a modifiable treatment target.

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<https://doi.org/10.1007/s11469-022-00870-6>

## **On Public Stigma of Posttraumatic Stress Disorder (PTSD): Effects of Military vs. Civilian Setting and Sexual vs. Physical Trauma.**

Thibodeau, R., Merges, E.

International Journal of Mental Health and Addiction

Published: 08 July 2022

Some research indicates that public stigma of posttraumatic stress disorder (PTSD) may be relatively benign compared to other psychiatric conditions. However, the severity of PTSD stigma may vary as a function of the setting—military vs. civilian—for a traumatic event and the type of trauma—sexual assault vs. physical assault—that a person experiences. In an online experiment, 870 participants read vignettes in which a woman protagonist experienced a traumatic assault. The vignettes systematically varied as to (1) the military vs. civilian setting of the assault, (2) the type of assault—sexual vs. physical—that she experienced, and (3) whether she was diagnosed with PTSD in the aftermath of the assault. Measures of self-reported social distance and several affective, attitudinal, and behavioral dimensions of stigma were administered. Results indicated

that the presence vs. absence of a PTSD diagnosis substantially increased public stigma across several measures. Less consistent but nevertheless noteworthy effects of setting and type of trauma also emerged. The current results valuably add to the small body of knowledge on PTSD stigma and highlight avenues for future research on this damaging phenomenon.

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<https://doi.org/10.1002/jts.22861>

### **Gender differences in medication prescribing patterns for veterans with posttraumatic stress disorder: A 10-year follow-up study.**

Katherine Hadlandsmyth, Nancy C. Bernardy, Brian C. Lund

Journal of Traumatic Stress  
First published: 07 July 2022

Women veterans with posttraumatic stress disorder (PTSD) have historically received more psychiatric medications than men. The current analysis identified prescribing trends of medications recommended for (i.e., select antidepressants) and against (i.e., benzodiazepines, select antidepressants, antipsychotics, and select anticonvulsants) use in PTSD treatment among women and men in 2010–2019. All veterans receiving care for PTSD in 2019 were identified using national U.S. Department of Veterans Affairs (VA) administrative data. Multivariable logistic regression analyses, adjusted for demographic characteristics and psychiatric comorbidities, were used to contrast the likelihood of receiving a medication class across genders. Sensitivity analyses using identical selection methods were conducted for the calendar years 2010, 2013, and 2016. In 2019, 877,785 veterans received treatment for PTSD within the VA, 13.5% of whom were women. Across medication classes and years, women were more likely to receive all psychiatric medications of interest. Relative to men, women were slightly more likely to receive antidepressants recommended for PTSD in 2019, adjusted odds ratio (aOR) = 1.07, 95% CI [1.06, 1.09]. However, gender differences for medications recommended against use for PTSD were notably larger, including benzodiazepines, aOR = 1.62, 95% CI [1.59, 1.65]; anticonvulsants, aOR = 1.41, 95% CI [1.38, 1.44]; and antidepressants recommended against use for PTSD, aOR = 1.26, 95% CI [1.19, 1.33]. To inform tailored intervention strategies, future work is needed to fully understand why women receive more medications recommended against use for PTSD.

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<https://doi.org/10.1093/milmed/usac189>

## **NSI and PCL-5 Normative Tables for Active Duty Service Members Affected by Traumatic Brain Injury.**

Juliana Z Llop, BA, Peter J Hoover, MS, Caitlyn A Nix, BA, Lisa H Lu, PhD, Amy O Bowles, MD, Jesus J Caban, PhD

Military Medicine

Published: 07 July 2022

### Introduction

Many service members (SMs) have been diagnosed with traumatic brain injury. Currently, military treatment facilities do not have access to established normative tables which can assist clinicians in gauging and comparing patient-reported symptoms. The aim of this study is to provide average scores for both the Neurobehavioral Symptom Inventory (NSI) and Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) for active duty SMs based upon varying demographic groups.

### Methods

Average scores were calculated for both the NSI and PCL-5 surveys from SMs who attended a military outpatient traumatic brain injury clinic. For this analysis, only the initial surveys for each SM were considered. The identifying demographics included age group, gender, grade, and race.

### Results

Four normative tables were created to show the average scores of both the NSI and PCL-5 surveys grouped by demographics. The tables are grouped by Age Group/Gender/Race and Grade/Gender/Race.

### Conclusion

Clinicians and healthcare administrators can use the scores reported in this study to determine where SM NSI or PCL-5 scores fall within the average for their demographic group.

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<https://doi.org/10.1007/s40501-022-00270-6>

## **Practical Implications of Research on Intimate Partner Violence Experiences for the Mental Health Clinician.**

Doyle, K.W., Knetig, J.A. & Iverson, K.M.

Current Treatment Options in Psychiatry  
Volume 9, pages 280–300 (2022)

### Purpose of review

Individuals experiencing mental health difficulties are at heightened risk for experiencing past and recent intimate partner violence (IPV), including sexual, psychological, and physical violence and/or stalking, from an intimate partner. Yet, mental health clinicians often report limited knowledge about IPV, especially best clinical practices for identifying and addressing IPV experiences in routine mental health care.

### Recent findings

This paper reviews literature on IPV experiences, including prevalence, linkages with mental health problems, considerations for vulnerable populations, and evidence-based practices for screening, assessment, and intervention for IPV in the context of mental health care. These practices are rooted in trauma-informed and person-centered care principles and emphasize safety and empowerment.

### Summary

We conclude by commenting on common clinician challenges and considerations for case conceptualization for individuals experiencing IPV.

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<https://doi.org/10.1093/milmed/usac200>

## **Management of Chronic Pain and PTSD in Veterans With tDCS+Prolonged Exposure: A Pilot Study.**

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## Introduction

Chronic pain and posttraumatic stress disorder (PTSD) are prevalent comorbid conditions, particularly in Veterans; however, there are few integrated treatments for chronic pain and PTSD. Instead, interventions are typically implemented separately and may involve addictive opioids. Although there are highly effective, non-pharmacological treatments for PTSD, they are plagued by high dropout, which may be exacerbated by comorbid pain, as these PTSD treatments typically require increased activity. Importantly, a noninvasive pain treatment, tDCS (transcranial direct current stimulation) shows indications of effectiveness and may be integrated with psychological treatments, even when delivered via telehealth. This study examines the feasibility and initial efficacy of integrating home telehealth tDCS with prolonged exposure (PE), an evidence-based PTSD treatment.

## Materials and Methods

Thirty-nine Veterans were contacted, 31 consented to evaluation, 21 were enrolled, and 16 completed treatment and provided pre- and post-treatment data at one of two Veterans Affairs Medical Centers. Transcranial direct current stimulation sessions corresponded with PE exposure assignments, as there is theoretical reason to believe that tDCS may potentiate extinction learning featured in PE.

## Results

Patients evinced significant improvement in both pain interference and PTSD symptoms and a trend toward improvement in depression symptoms. However, a significant change in pain intensity was not observed, likely because of the small sample size.

## Discussion

The findings provide initial support for the feasibility of an entirely home-based, integrated treatment for comorbid PTSD and pain.

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<https://doi.org/10.1016/j.ctim.2022.102850>

**Findings from a pilot study of Trauma Center Trauma-Sensitive Yoga versus cognitive processing therapy for PTSD related to military sexual trauma among women Veterans.**

Belle Zaccari, Athena D.F. Sherman, Sarah Febres-Cordero, Melinda Higgins, Ursula Kelly

Complementary Therapies in Medicine  
Volume 70, November 2022, 102850

### Highlights

- Women Veterans' PTSD symptoms improved similarly with Trauma Center Trauma-Sensitive Yoga (TCTSY) & psychotherapy.
- Women in the trauma-sensitive yoga intervention demonstrated benefits sooner and had higher treatment completion than those in psychotherapy.
- TCTSY treatment retention & completion were higher than CPT, suggesting TCTSY is a more acceptable treatment than CPT.

### Abstract

#### Objective

The study objective was to explore the preliminary efficacy of trauma-sensitive yoga compared to cognitive processing therapy (CPT) for women Veterans with posttraumatic stress disorder (PTSD) related to military sexual trauma (MST) in a pilot randomized control trial (RCT). We then compared these results to published interim results for the subsequent full-scale RCT.

#### Method

The analytic sample included women Veterans (N = 41) with PTSD related to MST accessing healthcare in a southeastern Veterans Affairs Health Care System. The majority were African American, non-Hispanic (80.5 %). The protocol-driven group interventions, Trauma Center Trauma-Sensitive Yoga (TCTSY; n = 17) and the evidence-based control condition, CPT (n = 24), were delivered weekly for 10 and 12 sessions, respectively. Multilevel linear models (MLM) were used to compare changes over time between the two groups.

#### Results

The primary outcomes presented here are PTSD symptom severity and diagnosis, assessed using the Clinician Administered PTSD Scale (CAPS) and the PTSD Symptom Checklist (PCL) total scores. PTSD symptom severity on both clinician-administered (CAPS) and self-reported (PCL) measures, improved significantly ( $p < .005$ ) over time, with large within group effect sizes (0.90–0.99) consistent with the subsequent RCT. Participants in the TCTSY group showed clinically meaningful improvements earlier than the CPT group participants from baseline on the CAPS and PCL Total scores.

## Conclusions

Results support published findings of the effectiveness of TCTSY in the treatment for PTSD related to MST among women Veterans, particularly African American women. TCTSY warrants consideration as an adjunctive, precursor, or concurrent treatment to evidence-based psychotherapies. Future research should include patient preference, men with sexual trauma, and civilian populations.

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

## **Veterans Health Administration Screening for Military Sexual Trauma May Not Capture Over Half of Cases Among Midlife Women Veterans.**

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

Women's Health Issues

Volume 32, Issue 5, September–October 2022, Pages 509-516

### Background

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

### Objective

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

### Methods

Cross-sectional data were drawn from an observational study of women veterans aged 45–64 enrolled in VHA care in Northern California, with data from mail- and web-based surveys linked to VHA electronic health records (EHRs). Between March 2019 and May 2020, participants reported sociodemographic characteristics, current depressive (Patient Health Questionnaire-9) and posttraumatic stress (PTSD checklist for DSM-5) symptoms, and MST (using standard VHA screening questions) in a survey; depression and posttraumatic stress disorder diagnoses (ICD-10 codes) and documented MST were identified from EHRs. Associations between sociodemographic characteristics, mental health symptoms and diagnoses, and discordant MST reports (EHR-

documented MST vs. MST reported on survey, not in EHR) were examined with multivariable logistic regression.

## Results

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

## Conclusions

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

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<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.

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<https://doi.org/10.1177/0095327X221103295>

### **Overturing the “Risk Rule” of 1988, Opting for New Risks: U.S. Women Servicemembers and the War in Afghanistan.**

Connie A. Buscha

Armed Forces & Society

First published online July 10, 2022

#### Abstract

The evolution of the status of American women as warriors between Operation Desert Shield/Desert Storm in 1990-1991 and the War in Afghanistan, beginning in 2001 [and simultaneously the Iraq War in 2003] is explored. This era of American civil-military history included rescinding the ‘Risk Rule’ of 1988, the formal ban on women serving in ground combat units. This generation of women’s legitimate military service as warriors began. The Afghanistan War period also exposed, however, the physical and emotional risks military women often face from their own colleagues on a global scale in the form of sexual violence. As a society, we purposefully must eliminate such risks inherent in the contemporary All-Volunteer Force (AVF) and clean up the resulting messes before we even consider taking the risk of conscription and mass mobilization of American women in our next war.

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<https://doi.org/10.1007/s41542-022-00120-0>

### **Organizational Context as a Predictor of Positive Adjustment among Soldiers Following Combat Deployment.**

Gutierrez, I.A., Adler, A.B.

Occupational Health Science  
Volume 6, pages 451–473 (2022)

Occupational models of soldier health have emphasized the importance of conceptualizing adjustment to stressful events in terms of positive outcomes, not just the absence of negative outcomes. However, research on adjustment following deployment has primarily examined negative outcomes, and comparatively little attention has been paid to identifying factors associated with positive outcomes following combat deployment. To better understand predictors of positive adjustment, we analyzed surveys from 550 soldiers administered four months and seven months following a combat deployment to assess how changes in perceived leadership quality, unit cohesion, and perceived organizational support affected three indices of positive adjustment: agency, work effectiveness, and life satisfaction. At the bivariate level, unit cohesion, leadership, and perceived organizational support were positively associated with all three indicators of positive adjustment. Longitudinal difference score models with the three occupational factors included simultaneously revealed that changes in unit cohesion were positively associated with agency and life satisfaction, changes in ratings of non-commissioned officer leadership were positively associated with change in all three well-being outcomes, and changes in perceived organizational support were positively associated with agency and work effectiveness. Findings highlight the importance of cohesion, leadership, and organizational support for enhancing positive outcomes among recently deployed soldiers.

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<https://doi.org/10.1080/10826084.2022.2096235>

### **Historical Trends in Veteran Community Substance Use Treatment: 2000–2019.**

Emily R. Edwards, Gabriella Epshteyn, Ariana Dichiara, Shayne Snyder & Daniel Gorman

Substance Use & Misuse  
Volume 57, 2022 - Issue 10

Background: Substance use is a significant health crisis for the Veteran population. Prior research has thoroughly examined Veteran substance use within Veterans Health Administration (VHA) settings. However, such data tends to be outdated, and there is minimal research on substance use services delivered outside of VHA systems. This study examines historical patterns of Veteran substance use using a large sample of



community-based substance-use treatment admissions. Methods: Data were drawn from the Substance Abuse and Mental Health Data Archive Treatment Episode Data Set-Admissions. Of the 39,425,886 total admissions between 2000 and 2019, 1,361,339 were of Veterans. Analyses compared Veteran versus non-Veteran admissions on demographics and historical trends in nature of substance-use admissions. Results: Relative to non-Veterans, Veteran admissions were more likely to be prompted by alcohol use. Over time, heterogeneity in substances prompting admissions has increased dramatically for both Veterans and non-Veterans, with particularly notable increases in opiate and stimulant use. Conclusion: Results suggest Veterans admitted to community substance-use treatment are unique relative to their non-Veteran peers. Development and implementation of treatments to target a range of substances while also considering the environmental challenges (e.g., homelessness) commonly faced by this population appear essential to best servicing community-based Veterans.

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### **Links of Interest**

Join the fight to end domestic violence: Learn the warning signs

<https://news.va.gov/109027/join-the-fight-to-end-domestic-violence/>

For veteran suicides, the numbers may be far worse than the government says (opinion)

<https://thehill.com/opinion/congress-blog/3675128-for-veteran-suicides-the-numbers-may-be-far-worse-than-the-government-says/>

As suicides rise, US military seeks to address mental health

<https://www.militarytimes.com/news/your-military/2022/10/10/as-suicides-rise-us-military-seeks-to-address-mental-health/>

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### **Resource of the Week: [VA releases 2022 National Veteran Suicide Prevention Annual Report](#)**

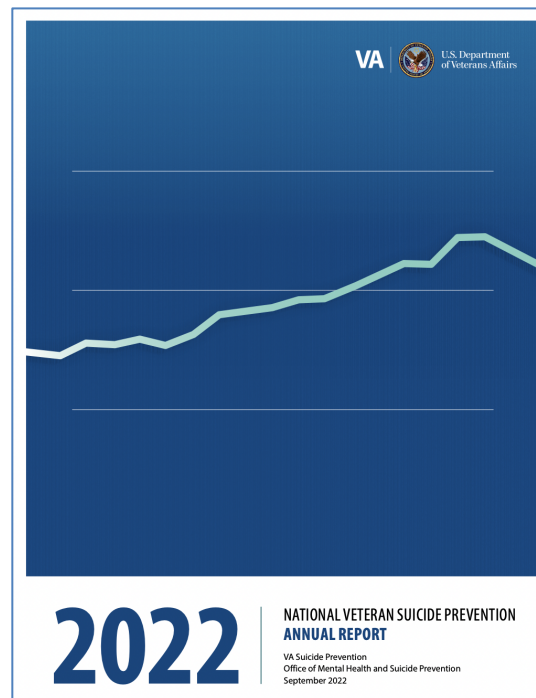
From [press release](#):

Key findings from the 2022 National Veteran Suicide Prevention Annual Report include:

- In 2019 and 2020, Veteran suicides decreased in consecutive years by 307 and

- 343 deaths — the biggest decrease in the suicide count and rate since 2001.
- From 2018 to 2020, the age- and sex-adjusted suicide rate among Veterans fell by 9.7%
  - Among women Veterans, the age-adjusted suicide rate fell by 14.1%, compared to 8.4% among non-Veteran women. The age-adjusted suicide rate for women Veterans in 2020 was the lowest since 2013, and the age-adjusted suicide rate for Veteran men was the lowest since 2016.
  - From 2019 to 2020, Veteran suicide rates fell across all racial groups.
  - Comparisons of trends in Veteran suicide and COVID-19 mortality over the course of 2020 and across Veteran demographic and clinical subgroups did not indicate an impact of the COVID-19 pandemic on Veteran suicide mortality.

Direct link to report: <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>



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