

CDP



Research Update -- November 3, 2022

What's Here:

- Depressive Symptoms and Conspiracy Beliefs.
- Pre- and Perinatal Risk Factors for Child Maltreatment in Military Families Across the First Two Years of Life.
- A randomized trial of brief couple therapy for PTSD and relationship satisfaction.
- Social media and internet-based communication in military families during separation: An international scoping review.
- Depression symptoms as a potential mediator of the association between disordered eating symptoms and sexual function in women service members and veterans.
- Chronic Pain, PTSD and Moral Injury in Military Veterans: Suffering and the Compromised Self.
- Improving Pain Care Using Psychosocial Screening and Patient Education among Veterans.
- Service-Connected Disabilities and Suicide Attempts in Veterans: The Moderating Role of Mental Health Care Utilization.
- Resilience to Suicidal Ideation among U.S. Military Veterans with Posttraumatic Stress: Results from the National Health and Resilience in Veterans Study.
- Differences in alcohol screening and alcohol problems among United States veterans based on military service history.

- The relationship between emotion regulation difficulties and PTSD outcomes during group cognitive processing therapy for PTSD.
- PTSD symptom severity mediates the impact of war zone stress exposure on postdeployment physical health: The Fort Devens Gulf War veterans cohort.
- Making Ends Meet: Employment, Cash Transfers, and Poverty in Post-9/11 Era Wounded Military Veterans.
- Military Marriages: Do Adaptive Processes Promote Marital Resilience?
- Caregivers of people with substance use or mental health disorders in the US.
- Psychometric Comparison of the Mindful Attention Awareness Scale and the Five Facet Mindfulness Questionnaire in Veterans Treated for Posttraumatic Stress Disorder.
- Journey to wellness: A socioecological analysis of veterans in recovery from substance use disorders.
- Suicide Risk Assessment and Safety Planning in Integrated Primary Care Settings: Recommendations for Behavioral Health Consultants.
- Circadian, light, and sleep skills program: Efficacy of a brief educational intervention for improving sleep and psychological health at sea.
- The bi-directional relationship between post-traumatic stress disorder and obstructive sleep apnea and/or insomnia in a large U.S. military cohort.
- Cognitive behavioral therapy-based treatments for insomnia and nightmares in adults with trauma symptoms: a systematic review.
- Central disorders of hypersomnolence: diagnostic discrepancies between military and civilian sleep centers.
- Military adolescents' experiences of change and discontinuity: Associations with psychosocial factors and school success.
- Association of Problematic Anger With Long-term Adjustment Following the Military-to-Civilian Transition.
- Links of Interest
- Resource of the Week: Defense Health Agency Administrative Instruction: Suicide Risk Care Pathway for Adult Patients in the Defense Health Agency

<https://doi.org/10.1002/acp.4011>

Depressive Symptoms and Conspiracy Beliefs.

Jon Green, James N. Druckman, Matthew A. Baum, David Lazer, Katherine Ognyanova, Roy H. Perlis

Applied Cognitive Psychology
First published: 22 October 2022

Conspiratorial beliefs can endanger individuals and societies by increasing the likelihood of harmful behaviors such as the flouting of public health guidelines. While scholars have identified various correlates of conspiracy beliefs, one factor that has received scant attention is depressive symptoms. We use three large surveys to explore the connection between depression and conspiracy beliefs. We find a consistent association, with the extent of the relationship depending on individual and situational factors. Interestingly, those from relatively advantaged demographic groups (i.e., White, male, high income, educated) exhibit a stronger relationship between depression and conspiracy beliefs than those not from such groups. Further, situational variables that ostensibly increase stress—such as having COVID-19 or parenting during COVID-19—exacerbate the relationship while those that seem to decrease stress, such as social support, vitiate it. The results provide insight about the development of targeted interventions and accentuate the need for theorizing about the mechanisms that lead depression to correlate with conspiracy beliefs.

<https://doi.org/10.1177/10775595221088198>

Pre- and Perinatal Risk Factors for Child Maltreatment in Military Families Across the First Two Years of Life.

Sullivan, K. S., Richardson, S., Ross, A., Cederbaum, J. A., Pflieger, J., Abramovitz, L., Bukowinski, A., & Stander, V.

Child Maltreatment
Advance online publication

Military families are exposed to a unique constellation of risk factors, which may impact maltreatment outcomes. The present study examined prospective relationships between demographic, health, birth-related, and military-specific risk factors identified prior to a child's birth on their risk for maltreatment in the first two years of life. Data from the Millennium Cohort Study, Department of Defense (DoD) operational records and Family Advocacy Program data on met-criteria maltreatment, and Birth and Infant Health Research program data on suspected maltreatment were linked for 9076 service member parents. Discrete time survival analysis showed that preterm birth increased risk of maltreatment while parents' older age, physical health, and service in the Navy or Air Force decreased risk. Building on DoD's New Parent Support Program, findings suggest the need for universal and targeted prevention efforts, beginning during pregnancy, which limit or eliminate risk factors for maltreatment in military families.

<https://doi.org/10.1037/ccp0000731>

A randomized trial of brief couple therapy for PTSD and relationship satisfaction.

Morland, L. A., Knopp, K. C., Khalifian, C. E., Macdonald, A., Grubbs, K. M., Mackintosh, M...Monson, C. M.

Journal of Consulting and Clinical Psychology
(2022) 90(5), 392-404

Cognitive behavioral conjoint therapy (CBCT) is commonly employed to treat various presenting problems, including posttraumatic stress disorder (PTSD), relationship dissatisfaction, and functional impairment (e.g., difficulty with intimate relationships, work tasks), when working with both partners in a couple. Using a randomized controlled trial, this study examined whether a brief version of CBCT (bCBCT) produced greater reductions in PTSD symptoms across in-person and virtual modalities than family PTSD education sessions. 137 dyads (i.e., Veterans and partners) self-reported on their relationship satisfaction and Veterans' functional impairment at 5 time points (i.e., before, during, immediately following, 3 months after treatment, and 6 months after treatment). Overall, Veterans experienced greater decreases in PTSD symptoms in both modalities of bCBCT than in family PTSD education sessions, and the symptom reduction was generally maintained across the follow-up periods.

<https://doi.org/10.1177/14614448221117767>

Social media and internet-based communication in military families during separation: An international scoping review.

Wood A., Gray L., Bowser-Angermann J., Gibson, P, Fossey, M, & Godier-McBard, L

New Media & Society
Advance online publication

Social media/internet-based communication (SM/IBC) usually facilitates connectedness among civilian families, but SM/IBC may pose unique challenges for military families. This international review of literature explored how military families used SM/IBC during separation (e.g., deployment) and the impacts of SM/IBC on military families. A 5-stage literature evaluation and translation framework was used to examine 11 empirical articles. Overall, 4 main themes emerged, indicating types and frequency of SM/ IBC with Service members as well as positive and negative effects of SM/IBC on separated military families.

<https://doi.org/10.1080/08995605.2022.2052661>

Depression symptoms as a potential mediator of the association between disordered eating symptoms and sexual function in women service members and veterans.

Livingston, W. S., Fargo, J. D., & Blais, R. K.

Military Psychology
(2022) 34(6), 687-696

This study examined the associations between disordered eating symptoms (e.g., eating restraint, shape concerns), depressive symptoms, and sexual function (e.g., sexual arousal, ability to orgasm) in a sample of 494 women Service members/Veterans (SM/Vs). These associations were examined within the context of SM/Vs' marital status, discharge status (i.e., Veteran or active duty), history of military sexual trauma (MST), and trauma exposure. Overall, women SM/Vs who reported higher levels of disordered eating symptoms also reported higher levels of depressive symptoms and, in turn, lower levels of sexual function.

<https://doi.org/10.1080/21635781.2021.2000905>

Chronic Pain, PTSD and Moral Injury in Military Veterans: Suffering and the Compromised Self.

Louise Morgan & Dominic Aldington

Military Behavioral Health
Volume 10, 2022 - Issue 4

Veterans with chronic pain may face complex additional challenges, notably the potentially high rate of comorbid post-traumatic stress disorder. Linked to this is the developing concept of moral injury, essentially feelings of guilt and shame associated with transgressing one's moral beliefs. Work has begun to explore moral injury in the context of psychological trauma, however it has not to date been considered in relation to chronic pain. As the moral injury concept is still developing, this paper explores what is known about the roles of guilt and shame in psychological trauma and chronic pain, and aims to set this in a military context, to begin to understand clinical implications and to make recommendations for further research. A search of the literature reveals that guilt and shame in psychological trauma and chronic pain are not well understood, and research has predominantly focused on these as consequences, rather than as potential contributory elements. Literature is currently separated, focusing either on PTSD or on chronic pain, and we suggest a more integrated approach is required.

<https://doi.org/10.1080/21635781.2021.2004267>

Improving Pain Care Using Psychosocial Screening and Patient Education among Veterans.

David Cosio

Military Behavioral Health
Volume 10, 2022 - Issue 4

Pain education programming is considered one avenue of treatment for comorbid chronic pain and mental health disorders. The purpose of the current single group, longitudinal ex post facto study was to determine whether participation in a pain education program would decrease symptoms on psychiatric and functional disability domains using emerging screening measures. A sample of 90 Veterans participated in a pain education program at a Midwestern VA Medical Center between November 1, 2013 and October 31, 2014. The Pain Education School program is a comprehensive program that is open to all Veterans and introduces them to different modalities that deal with chronic pain available in the VA hospital. All participants completed pre- and post-education screening measures. Paired-samples t-tests were conducted to evaluate the impact of the pain education program on Veterans' scores on these measures. The current study found a significant difference in depression ($p=.005$; $d=.18$), mobility ($p=.000$; $d=.47$), social participation ($p=.001$; $d=.30$), and total functional disability scores ($p=.001$; $d=.30$) upon completion of the program. The current study serves as a model of how to use emerging screening measures and education programming to enhance clinical practice and decision-making to better address Veterans' needs.

<https://doi.org/10.1080/21635781.2021.2013350>

Service-Connected Disabilities and Suicide Attempts in Veterans: The Moderating Role of Mental Health Care Utilization.

Shane T. W. Kuhlman, Todd M. Bishop, Patrick Walsh & Wilfred R. Pigeon

Military Behavioral Health
Volume 10, 2022 - Issue 4

United States veteran suicide rates have increased over the past two decades. Designations of service-connected disabilities (designations tied to injury during military service) are also increasing, especially those associated with mental health disorders. However, recent research around disability and suicide in veterans is mixed, and no research has been completed on the association between disability and mental health service utilization. The current study hoped to fill these gaps in the literature with a secondary data analysis of a sample of 36,048 Veterans Healthcare Administration (VHA) veterans. Mental health disorders and demographics were controlled for in a logistic regression model predicting suicide attempt status by the intersection of service-connected disability and mental health care utilization. Mental health service visits moderated the positive relationship between service-connected disability designations

and suicide attempts; those who utilized services were less likely to attempt suicide, especially those at higher service-connected disability designations with mental health disorders. The results suggest individuals who have disability designations that also seek help are less likely to make a suicide attempt. The study was limited by scope of the sample (only VHA veterans with service connected disabilities). Results have implications for preventative interventions in the VHA/Veterans Benefits Administration.

<https://doi.org/10.1080/21635781.2021.2015019>

Resilience to Suicidal Ideation among U.S. Military Veterans with Posttraumatic Stress: Results from the National Health and Resilience in Veterans Study.

Shaina A. Kumar, Christina L. Hein, David DiLillo & Robert H. Pietrzak

Military Behavioral Health
Volume 10, 2022 - Issue 4

Veterans with combat exposure experience high rates of posttraumatic stress symptoms (PTSS) and associated suicidal ideation. The current study examined whether social support (i.e., social connectedness and social engagement) and protective psychological factors (i.e., resilience and altruism) moderated the relation between PTSS and suicidal ideation severity in a sample of 149 U.S. military combat veterans who served in the Vietnam War or Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND). Consistent with expectations, initial PTSS were positively associated with concurrent and three-year follow-up severity of suicidal ideation. Moderation analyses revealed the relation between initial PTSS and concurrent suicidal ideation severity was no longer significant at above average levels of social connectedness, social engagement, and psychological resilience. Further, the relation between initial PTSS and suicidal ideation severity three years later continued to be buffered by above average levels of social engagement. Results suggest social connectedness, psychological resilience, and social engagement help moderate initial severe thoughts of suicide linked to PTSS, while social engagement might be the strongest protective factor against severe suicidal ideation over time. Empirically-supported prevention and treatment efforts enhancing social engagement may help promote resilience to severe PTSS-related suicidal ideation among veterans from Vietnam and OEF/OIF/OND combat eras.

<https://doi.org/10.1037/ser0000584>

Differences in alcohol screening and alcohol problems among United States veterans based on military service history.

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

Psychological Services
2022 Nov; 19(4): 710-718

Military deployment is a risk factor for alcohol problems, and postdeployment alcohol problems are more prevalent among part-time reservists than full-time active duty service members. However, emerging research suggests that reservists who never experience deployment are also at risk. We examined if never-deployed/activated reserve veterans differed from active duty/deployed veterans in alcohol screening and misuse. Using pooled cross-sectional data from the National Survey on Drug Use and Health (NSDUH; 2015-2019), we estimated the prevalence of past-year self-reported alcohol screening by a health care provider and measured DSM-IV alcohol abuse and alcohol dependence among U.S. veterans aged 18-49 years with at least one health care visit in the past year (N = 4,148). We used regression models to examine for differences in these outcomes between never-deployed/activated reserve veterans and active duty/deployed veterans. Overall, 15% of veterans reported not being screened for alcohol use, despite 1 in 11 meeting DSM-IV criteria for alcohol abuse/dependence. Active duty/deployed veterans were more likely to have been screened for alcohol use than never-deployed/activated reserve veterans ($p < .05$). However, there was no difference in past-year alcohol abuse ($p > .05$) or dependence ($p > .05$) between never-deployed/activated reserve veterans and veterans with a history of active duty service/activation. Never-deployed/activated reserve veterans are less likely to be screened for alcohol use than active duty/deployed veterans, despite no significant difference in meeting alcohol abuse/dependence criteria. Providers may not recognize never-deployed reservists as veterans. We recommend systematic screening for military service history and alcohol use for all veterans, regardless of deployment/active duty service. (PsyInfo Database Record (c) 2022 APA, all rights reserved).

<https://doi.org/10.1037/ser0000546>

The relationship between emotion regulation difficulties and PTSD outcomes during group cognitive processing therapy for PTSD.

Shnaider, P., Boyd, J. E., Cameron, D. H., & McCabe, R. E.

Psychological Services
2022 Nov; 19(4): 751-759

Emotion regulation difficulties (difficulty regulating the experience, occurrence, and expression of emotions) are associated with the severity of posttraumatic stress disorder (PTSD) symptoms across trauma types (e.g., childhood abuse, sexual assault, combat trauma). Despite emerging research suggesting that evidence-based treatments for PTSD, including cognitive processing therapy (CPT), are effective in improving emotion regulation difficulties, some have argued that these therapies may not be as safe or acceptable to patients compared to non-trauma focused treatments. Accordingly, the current study sought to determine the impact of pre-treatment emotion regulation difficulties on PTSD treatment outcomes and dropout, as well as whether emotion regulation difficulties improve over the course of treatment with group CPT among individuals with PTSD. One hundred and one individuals with PTSD participated in group CPT. Repeated measures t-tests found significant pre- to post-treatment improvements for emotion regulation difficulties ($d = .79$). Further, hierarchical linear modeling and logistic regression analyses revealed that pre-treatment emotion regulation difficulties were neither significantly associated with changes in PTSD symptoms over the course of treatment ($d = -.07$) nor with treatment dropout ($OR = 1.00$). These findings suggest that CPT delivered in a group setting to individuals with PTSD can lead to significant improvement in emotion regulation and that emotion regulation difficulties do not negatively impact treatment outcome or patient retention. (PsychoInfo Database Record (c) 2022 APA, all rights reserved).

<https://doi.org/10.1037/tra0001286>

PTSD symptom severity mediates the impact of war zone stress exposure on postdeployment physical health: The Fort Devens Gulf War veterans cohort.

Vandiver, R. A., Wachen, J. S., Spiro, A., Kaiser, A. P., Tyzik, A. L., & Smith, B. N.

Abstract

Objective:

Exposure to traumatic events is associated with increased risk for negative physical health outcomes, but more work is needed to advance understanding of the mechanisms underlying this relationship. As military deployments frequently involve trauma exposure, this issue has clear implications for veteran populations. This longitudinal study examined the role of mental health symptomatology (i.e., PTSD, depression, and anxiety) in the association between war zone stress and postdeployment physical health in Gulf War veterans.

Method:

Data were collected in three waves over 7 years from a sample of 2,929 (92% male) Army personnel who were deployed to the 1990–1991 Gulf War. Structural equation modeling (SEM) was used to examine the associations linking war zone stress exposure reported at deployment return with subsequent physical health 6 to 7 years later, including the postdeployment onset of health symptoms and conditions and health functioning. The roles of PTSD, depression, and anxiety symptom severity as potential risk mechanisms linking stress exposure with later health outcomes were examined.

Results:

Self-reported higher stress exposure was linked with greater severity of PTSD, depression, and anxiety symptoms. SEM analyses revealed that PTSD symptom severity was the only significant mediator of stress exposure on subsequent physical health.

Conclusion:

Findings support the unique and significant role of PTSD in the development of physical health problems in the wake of war zone stress for Gulf War veterans. These results suggest that targeted PTSD interventions could reduce or prevent future physical health problems that can result from trauma exposure and mental health sequelae linked to military service. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Impact Statement

In a longitudinal study following 2,929 U.S. Army personnel who were deployed in the 1990–1991 Gulf War, PTSD was demonstrated to be a mediating link between warzone stress exposure and the onset of physical health symptoms and conditions, as well as to lower health functioning in the years following Gulf War deployment. This study is one

of a growing number of investigations to examine the long-term effects of war zone stress exposure using longitudinal data. Study findings demonstrate that if war zone-related PTSD remains untreated, it could continue to negatively affect health over the years and decades following deployment. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1177/0095327X221107392>

Making Ends Meet: Employment, Cash Transfers, and Poverty in Post–9/11 Era Wounded Military Veterans.

Barr, N., Albert, V., Peterson, A., Berghammer, L., & Kintzle, S.

Armed Forces & Society

First published online July 17, 2022

Over 36% of post–9/11 era veterans have a disability, but little research has examined wounded veterans' finances. We investigated main and interaction effects of income sources and demographic, military, and mental health characteristics on household poverty and deep poverty to better understand wounded veterans' financial outcomes. Data were drawn from the 2018 Wounded Warrior Survey (n = 33,067). Two logistic regression models investigated direct associations between independent variables and poverty outcomes; predictive margins and average marginal effects were calculated for employment and cash transfers on outcomes. 56% of respondents reported full- or part-time employment, and 17% met criteria for household poverty. Of those, 75% met criteria for deep poverty. Cash transfers were negatively associated with poverty and deep poverty, and part-time employment was positively associated with poverty compared with not working. Employment was insufficient protection against poverty in this sample of wounded veterans—transfers were a critical bulwark.

<https://doi.org/10.1080/21635781.2022.2098884>

Military Marriages: Do Adaptive Processes Promote Marital Resilience?

Lesleigh Pullman & Zhigang Wang

A variety of factors can influence job performance and retention of military personnel, including family-related stress and satisfaction. Maintaining satisfying romantic relationships can be challenging for all couples, but the military lifestyle adds unique challenges that military couples must overcome. Our study included 702 female civilian spouses of Canadian Armed Forces members. We examined a selection of enduring traits, emergent traits, relationship resources, military experiences, and nonmilitary circumstances to predict perceived marital stability and the mediating and interactive influence of adaptive processes. We found that adaptive processes mediated the relationship between select risk factors and perceived marital stability. A less insecure attachment style, a lower degree of financial instability, and fewer children were all associated with better adaptive processes, which was in turn associated with more perceived marital stability. Current deployment did not influence these results, nor did adaptive processes moderate the relationship between any risk factor and perceived marital stability. These findings suggest that promoting healthy and positive spousal interactions, communications, and support among military couples may mitigate the risk associated with a variety of military and nonmilitary challenges that military marriages face.

<https://doi.org/10.1080/08897077.2022.2074605>

Caregivers of people with substance use or mental health disorders in the US.

Christine Timko , PhD, Mai Chee Lor , MPH, Fernanda Rossi , PhD, Amber Peake & Michael A. Cucciare , PhD

Substance Abuse
Volume 43, 2022 - Issue 1

Background:

Caregiving for persons with substance use and/or mental health disorders (SU/MHD) and other conditions places significant strains on caregivers.

Methods:

The present study used Behavioral Risk Factor Surveillance System (a US health survey) data to (1) compare caregivers of recipients with SU/MHD to those of recipients

with other conditions on demographic and caregiving characteristics and health outcomes and (2) examine demographic and caregiving characteristics that were associated with poorer health outcomes among caregivers of persons with SU/MHD.

Results:

Caregivers of people with SU/MHD were more likely than other caregiver groups (of recipients with medical, cognitive, developmental disability, and old age–related conditions) to report poor general health, physical health, and mental health, as well as activities limitations, having been diagnosed with depression, and binge drinking. Among the group of caregivers of recipients with SU/MHD, those caring for a parent were more likely to report poor physical health, poor mental health, depression, and binge drinking than those caring for a friend, relative, child, or spouse. In addition, caregivers who provided SU/MHD-related caregiving for a longer duration and for whom caregiving included household help were less likely to report poor mental health, depression, or binge drinking.

Conclusions:

Findings underscore the importance of the substance use disorder treatment system developing improved institutional and structural support for caregivers of recipients with SU/MHD.

<https://doi.org/10.1007/s12671-022-01948-x>

Psychometric Comparison of the Mindful Attention Awareness Scale and the Five Facet Mindfulness Questionnaire in Veterans Treated for Posttraumatic Stress Disorder.

John R. Duffy, Michael L. Thomas, Jill Bormann & Ariel J. Lang

Mindfulness

Volume 13, pages 2202–2214 (2022)

Objectives

Mindfulness is increasingly relevant to posttraumatic stress disorder (PTSD) in veterans as a treatment component. The Mindful Attention Awareness Scale (MAAS) and Five Facet Mindfulness Questionnaire (FFMQ) are measures commonly used to assess mindfulness, but it is unclear if these scales measure distinct constructs, and their

applicability to veterans has not been studied. We compare the psychometric properties of the MAAS and FFMQ in data collected from clinical trials.

Methods

Across three trials involving veterans with PTSD (n = 487), analyses of factor structure, reliability, and validity were conducted for the MAAS and FFMQ. Validity analyses examined correlations between scales, demographic associations, treatment effects, and correlations with the PTSD Checklist 4 (PCL-4) and the World Health Organization Quality of Life scale (WHOQOL).

Results

The MAAS was consistent with a single-factor measurement model, and the FFMQ was consistent with a five-factor model. The FFMQ did not have a clear higher-order factor. Scores for both the MAAS and FFMQ demonstrated good reliability. Treatment had positive association with both MAAS and FFMQ Nonreactivity scores, and follow-up PCL-4 scores were strongly negatively associated with baseline MAAS scores and FFMQ Acting with Awareness and Nonreactivity scores. Also, WHOQOL scores were associated with MAAS and FFMQ baseline and change scores indicating good validity in this population.

Conclusion

The MAAS and FFMQ are reliable and valid measures of mindfulness in veterans with PTSD, though they measure different aspects of mindfulness, suggesting clinical trials should not use the MAAS or FFMQ as outcomes by themselves.

<https://doi.org/10.1002/ajcp.12615>

Journey to wellness: A socioecological analysis of veterans in recovery from substance use disorders.

Simone P. Grisamore, Rebecca L. Nguyen, Elzbieta K. Wiedbusch, Mayra Guerrero, Carlie E. A. Cope, Mary G. Abo, Leonard A. Jason

American Journal of Community Psychology

First published: 18 July 2022

Substance use disorders are increasingly prevalent among veterans in the United States. Veterans in recovery face unique challenges, such as high rates of psychiatric

comorbidities, difficulties adjusting to civilian life, and inadequate housing and mental health services. While prior research has explored veterans' experiences in recovery, studies have not implemented a multilevel perspective in their analyses. The current qualitative study examined how individual veteran experiences intersect with interpersonal and systemic factors. Semistructured focus groups were conducted with veterans who were former or current residents of recovery homes (N = 20). Thematic analysis was utilized to explore veterans' personal experiences through the CHIME-D framework (connectedness, hope & optimism, identity, meaning in life, empowerment, and difficulties). The data were further analyzed within a socioecological model (intrapersonal, interpersonal, and community). Each component of the CHIME-D framework was salient across all focus groups, with connectedness, empowerment, and difficulties being the most prominent themes that occurred across all socioecological levels. Results suggest that recovery initiatives can effectively assist veterans by promoting empowerment, facilitating social connections, and addressing cooccurring difficulties across multiple socioecological contexts. Additionally, treatment programs should encourage veterans to take on meaningful roles in their communities. Future research should continue to explore veterans' recovery experiences using a socioecological model.

Highlights

- Veterans have specific characteristics that hinder or benefit their substance use recovery.
- Applying a socioecological model to the connectedness, hope & optimism, identity, meaning in life, empowerment, and difficulties framework captures veterans' recovery experiences.
- Individual, interpersonal, and community-level support are all paramount to recovery.
- Veterans who are empowered and connected within their communities help peers in recovery.

<https://doi.org/10.1007/s42843-022-00067-4>

Suicide Risk Assessment and Safety Planning in Integrated Primary Care Settings: Recommendations for Behavioral Health Consultants.

Dueweke, A.R., Bridges, A.J.

Primary care is an important setting for improving identification and treatment of people at risk for suicide. However, there are few standardized protocols for management of suicide risk in primary care. In this paper, we outline evidence-based practice considerations for behavioral health consultants (BHCs) tasked with conducting suicide risk assessments and safety planning interventions in integrated primary care behavioral health (PCBH) settings. Specifically, we highlight the importance of a nonjudgmental and direct approach to suicide risk assessment, a supportive therapeutic relationship, and a stepped care approach wherein suicide risk is managed in the least restrictive setting possible.

<https://doi.org/10.1016/j.sleh.2022.05.010>

Circadian, light, and sleep skills program: Efficacy of a brief educational intervention for improving sleep and psychological health at sea.

Emily A. Schmied, Elizabeth M. Harrison, Alexandra P. Easterling, Suzanne L. Hurtado, Gena L. Glickman

Sleep Health

Available online 21 July 2022

Objectives

Military service poses unique threats to sleep and circadian health, and the shipboard environment presents further challenges. Disrupted sleep and circadian rhythms are linked to myriad health and safety issues that compromise readiness, including negative psychological health outcomes. Thus, one advantage of mitigating sleep problems includes the possibility of also enhancing mental health.

Procedures

We evaluated the efficacy of the Circadian, Light, and Sleep Skills program for shipboard military personnel for improving sleep, and examined the impact of sleep on mental health in participating sailors. Questionnaires were administered to US sailors (N = 150) assigned to three ships (one control, two intervention) before the program (T1), immediately afterward (T2), and 2-4 months later, after a period at sea (T3). Outcomes included motivation to improve sleep; sleep and circadian knowledge; frequency of

sleep-promoting behaviors; sleep quality (Pittsburgh Sleep Quality Index); and mental health symptoms. Satisfaction with specific program elements and perceived relevance were also examined.

Main findings

Sleep and circadian knowledge, frequency of sleep-promoting behaviors, and sleep quality improved from T1 to T3 in the intervention versus control group. Sleep quality also mediated the effects of the underway (at sea) period on mental health. The intervention was well received, with high satisfaction and perceived relevance ratings.

Principal conclusions

A brief 30-min intervention before an underway period improved sleep, circadian, and psychological health outcomes in shipboard sailors, even months later. Broader dissemination of this program may provide significant positive impact with minimal investment of resources.

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

The bi-directional relationship between post-traumatic stress disorder and obstructive sleep apnea and/or insomnia in a large U.S. military cohort.

Evan D. Chinoy, Felicia R. Carey, Claire A. Kolaja, Isabel G. Jacobson, ... Rachel R. Markwald

Sleep Health

Available online 24 September 2022

Objectives

Determine if a bi-directional relationship exists between the development of sleep disorders (obstructive sleep apnea [OSA] and/or insomnia) and existing post-traumatic stress disorder (PTSD), and vice versa; and examine military-related factors associated with these potential relationships.

Design

Longitudinal analyses of a prospective representative U.S. military cohort.

Participants

Millennium Cohort Study responders in 2011-2013 (Time 1 [T1]) and 2014-2016 (Time 2 [T2]) without insomnia or OSA at T1 (N = 65,915) or without PTSD at T1 (N = 71,256).

Measurements

Provider-diagnosed OSA, self-reported items for insomnia, provider-diagnosed PTSD, and current PTSD symptoms were assessed at T1 and T2. Adjusted multivariable models identified military-related factors associated with new-onset PTSD in those with OSA and/or insomnia, and vice versa.

Results

Self-reported history of provider-diagnosed PTSD without current symptoms at T1 was associated with new-onset OSA only and comorbid OSA/insomnia at T2, while current PTSD symptoms and/or diagnosis was associated with new-onset insomnia only. OSA/insomnia at T1 was consistently associated with newly reported PTSD symptoms or diagnosis except that insomnia only was not associated with newly reported provider-diagnosed PTSD. Military-related risk factors significantly associated with the bi-directional relationship for new-onset PTSD or OSA/insomnia included prior deployment with higher combat exposure and recent separation from the military; being an officer was protective for both outcomes.

Conclusions

In this large military cohort, findings suggest that PTSD and OSA and/or insomnia are bi-directionally predictive for their development, which was sometimes revealed by health care utilization. Relevant military-related risk factors should be considered in efforts to prevent or treat PTSD and/or sleep disorders.

<https://doi.org/10.1007/s12144-022-03512-1>

Cognitive behavioral therapy-based treatments for insomnia and nightmares in adults with trauma symptoms: a systematic review.

Fadia Isaac, Samia R. Toukhsati, Mirella DiBenedetto & Gerard A. Kennedy

Current Psychology

Published: 21 July 2022

Post-Traumatic Stress Disorder (PTSD) is one of the most frequently reported psychopathological conditions following trauma. PTSD occurs in people who experience and/or witness, either directly or vicariously traumatic events such as accidents, natural disasters and personal assaults (APA, 2013). Depending on the country of residence and social background, the lifetime prevalence of PTSD ranges from 1.3 to 12.2%, (Karam et al., 2014). PTSD leads to several negative physical, psychological and social sequelae. These include but are not limited to physical pain, gastrointestinal and cardio-respiratory issues, anxiety, depression, premature death, onset of Type 2 diabetes, drug and alcohol use, reduced occupational capacity and loss of important personal relationships (Pacella et al., 2013; Pietrzak et al., 2011; Schlenger et al., 2015; Shalev et al., 2017; Vogt et al., 2016).

Insomnia and nightmares are the most prevalent sleep disturbances reported by people with PTSD (Buysse et al., 2006; Pruiksma et al., 2016). Studies show that 70% to 91% of people with PTSD have difficulty initiating sleep, staying asleep, and may experience chronic nightmares (Neylan et al., 1998; Ohayon & Shapiro, 2000). Notably, insomnia and nightmares are the most frequently reported residual health problems following a successful resolution of PTSD treatment with psychological interventions (Pruiksma et al., 2016).

In a sample of 108 US military veterans receiving psychological treatment for PTSD, insomnia and nightmares were highly prevalent at baseline (92% and 69%, respectively), and remained high following psychological treatment (77% and 52%, respectively) (Pruiksma et al., 2016). A recent clinical trial by Taylor and colleagues (Taylor et al., 2020) showed that both insomnia and nightmares remained in the clinically significant range following a prolonged exposure therapy treatment for PTSD even among those who achieved remission of PTSD.

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

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

Connie L. Thomas, MD , Shashaank Vattikuti, MD , David Shaha, MD , J. Kent Werner, MD , Shana Hansen, MD , Jacob Collen, MD , Vincent F. Capaldi, ScM, MD , Scott Williams, MD

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/10.1111/fare.12740>

Military adolescents' experiences of change and discontinuity: Associations with psychosocial factors and school success.

Catherine Walker O'Neal, Clairee Peterson, Jay A. Mancini

Family Relations

First published: 20 July 2022

Objective

Drawing from the contextual model of family stress, social support and depressive symptoms were examined as two psychosocial factors that may link experiences of change and discontinuity common to military families to military adolescents' school success (i.e., academic achievement, school engagement, and homework commitment).

Background

Many military adolescents experience frequent changes that create discontinuity (e.g., parental deployments, relocations) and can impact their school success. Research has not examined psychosocial factors as a possible mechanism explaining the link between family change and discontinuity and adolescents' school success.

Method

A path model based on 821 military adolescents' responses examined how experiences of family discontinuity were associated with adolescents' psychosocial factors and, in turn, their school success after accounting for grade level, sex, and racial/ethnic minority status. Indirect effects between family discontinuity and school success were also evaluated.

Results

For adolescents attending public school off the military installation, parental deployment was significantly associated with less social support, and recent relocation was significantly associated with elevated depressive symptoms. Both psychosocial factors were associated with adolescents' academic achievement, school engagement, and homework commitment.

Implications

Prevention and intervention efforts directed at enhancing both social support and positive mental health are discussed at various systemic levels including families, schools, and communities.

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

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

Adler AB, LeardMann CA, Villalobos J, Jacobson IG, Forbes D, Millennium Cohort Study Team

JAMA Network Open
July 21, 2022

Key Points

Question

What is the association of problematic anger with long-term adjustment following the transition of US service members to civilian life?

Findings

In this cohort study of 3448 active-duty service members transitioning out of the military, the prevalence of problematic anger 2 years after separation (31.2%) was nearly double the prevalence 2 years before separation (15.9%). Problematic anger was associated with behavioral health problems, relationship health concerns, and economic difficulties approximately 5 years later.

Meaning

These findings suggest that problematic anger may be a determinant of maladjustment, offering a point of intervention for emotion regulation management to improve military-to-civilian transition.

Abstract

Importance

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

Objective

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

Design, Setting, and Participants

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

Exposures

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

Main Outcomes and Measures

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

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

Results

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

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

After adjusting for covariates, problematic anger was associated with greater likelihood of behavioral and functional health outcomes (eg, posttraumatic stress disorder: adjusted odds ratio, 1.55, 95% CI, 1.23-1.96), relationship health difficulties (eg, low social support: aOR, 1.66; 95% CI, 1.23-2.24), and economic difficulties (eg, substantial financial insecurity: aOR, 1.64; 95% CI, 1.13-2.39) at T2.

Conclusions and Relevance

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

Links of Interest

Mental health over the 'mission': Service members fear repercussions for seeking help, nonprofit founder says

<https://www.pilotonline.com/military/vp-nw-military-mental-health-20221027-cej5jicx4bdspffqqw6ypqgviv-story.html>

Tips for military families to communicate effectively with schools and teachers

<https://militaryreach.auburn.edu/FamilyStoryDetails?resourceid=e20f0aed-1d58-43d6-9e24-375e0b084171>

Staff Perspective: Racial Battle Fatigue (RBF) - Helping Service Members Navigate a Grueling Reality as a Perceived Enemy Combatant

<https://deploymentpsych.org/blog/staff-perspective-racial-battle-fatigue-rbf-helping-service-members-navigate-grueling-reality>

Resource of the Week: [Defense Health Agency Administrative Instruction: Suicide Risk Care Pathway for Adult Patients in the Defense Health Agency](#)

PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (y), establishes the Defense Health Agency's (DHA) procedures to screen and comprehensively assess patients in the Defense Health Agency (DHA) (who, hereafter, are referred to collectively as "patients"), for suicide risk; manage and treat patients at-risk for suicide using evidence-based and evidence-informed practices; track at-risk patients during periods of increased risk; train the DHA workforce on suicide risk care procedures; measure outcomes for suicide risk care in the DHA; and report suicide deaths and attempts identified in Active Duty Service members (ADSM) and Reserve Component Service members on active duty for a period of more than 30 days, who, hereafter, are referred to collectively as "ADSMs." For purposes of this guidance, this policy applies to adult patients, defined as the term used under applicable state law the Military Medical Treatment Facility (MTF) delivering care resides and is inclusive of any minors who may be able to consent for behavioral health care under applicable state law on their own.

Risk Level	Features, Warning Signs, and Risk Factors	Action
High Acute Risk	<p><u>Essential Features:</u></p> <ul style="list-style-type: none"> - Suicidal ideation with intent to die by suicide - Inability to maintain safety, independent of external support/help <p><u>Common warning signs:</u></p> <ul style="list-style-type: none"> - A plan for suicide - Recent attempt and/or ongoing preparatory behaviors - Acute major mental illness (e.g., major depressive episode, acute mania, acute psychosis, recent/current drug relapse) - Exacerbation of personality disorder (e.g., increased borderline symptomatology) <p><u>Common Risk Factors:</u></p> <ul style="list-style-type: none"> - Access to means - Acute psychosocial stressor (e.g., job loss, relationship dissolution, substance abuse relapse) 	<ul style="list-style-type: none"> - Typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors - These individuals may need to be directly observed until they are transferred to a secure unit and kept in an environment with limited access to lethal means (e.g., keep away from sharps, cords or tubing, toxic substances) - During hospitalization, co-occurring conditions should also be addressed
Intermediate Acute Risk	<p><u>Essential Features:</u></p> <ul style="list-style-type: none"> - Suicidal ideation to die by suicide - Ability to maintain safety, independent of external support/help <p>These individuals may present similarly to those at high acute risk, sharing many of the features and warning signs. Differences exhibited by patients at intermediate acute risk may be lack of intent based upon an identified reason for living (e.g., children), ability to abide by a safety plan, and maintain their own safety. Preparatory behaviors are likely to be absent.</p>	<ul style="list-style-type: none"> - Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g., acute psychosis) - Outpatient management of suicidal thoughts and/or behaviors must be intensive, and include (but not limited to): frequent contact, regular reassessment of risk, and a well-articulated safety plan - BH treatment must also address any co-occurring conditions

Low Acute Risk	<p><u>Essential Features:</u></p> <ul style="list-style-type: none"> - No current suicidal intent AND - No specific and current suicidal plan AND - No recent preparatory behaviors AND - Collective high confidence (e.g., patient, care provider, family member) in the ability of the patient to independently maintain safety <p>Patients at Low Acute Risk may have suicidal ideation, but it will generally be with little or no intent or specific current plan. If a plan is present, the plan is typically general and/or vague, without any associated preparatory behaviors (e.g., "I'd shoot myself if things got bad enough, but I don't have a gun"). These patients will generally be capable of engaging in appropriate coping strategies, and if categorized as Low Acute Risk, should exhibit the willingness and ability to utilize a safety plan in a crisis situation. If not, consideration of a higher risk level is warranted.</p>	<ul style="list-style-type: none"> - Can be managed in Primary Care - Outpatient BH treatment may be indicated, particularly if suicidal ideation and co-occurring conditions exist
-----------------------	--	---

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