



Research Update – November 17, 2022

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Cannabis dosing and administration for sleep: a systematic review.

Rob Velzeboer, Adeeb Malas, Pierre Boerkoel, Katie Cullen, Michelle Hawkins, Jordanna Roesler, Wayne Wei-Ku Lai

Sleep

Volume 45, Issue 11, November 2022, zsac218

Study objectives

As cannabis is increasingly used to treat sleep disorders, we performed a systematic review to examine the effects of cannabis on sleep and to guide cannabis prescribers in their recommendations to patients, specifically focusing on dosing.

Methods

We searched EMBASE, Medline, and Web of Science and identified 4550 studies for screening. Five hundred sixty-eight studies were selected for full-text review and 31 were included for analysis. Study results were considered positive based on improvements in sleep architecture or subjective sleep quality. Bias in randomized controlled trials was assessed using Cochrane Risk of Bias tool 2.0.

Results

Sleep improvements were seen in 7 out of 19 randomized studies and in 7 out of 12 uncontrolled trials. There were no significant differences between the effects of tetrahydrocannabinol and cannabidiol. Cannabis showed most promise at improving sleep in patients with pain-related disorders, as compared to those with neurologic, psychiatric, or sleep disorders, and showed no significant effects on healthy participants' sleep. While subjective improvements in sleep quality were often observed, diagnostic testing showed no improvements in sleep architecture. Adverse events included headaches, sedation, and dizziness, and occurred more frequently at higher doses, though no serious adverse events were observed.

Conclusion

High-quality evidence to support cannabis use for sleep remains limited. Heterogeneity in cannabis types, doses, timing of administration, and sleep outcome measures limit the ability to make specific dosing recommendations.

<https://doi.org/10.1093/sleep/zsac149>

The natural history of insomnia: high sleep reactivity interacts with greater life stress to predict the onset of acute insomnia.

Walker, J. L., Vargas, I., Drake, C. L., Ellis, J. G., Muench, A., & Perlis, M. L.

Sleep

2022 Sep 8; 45(9): zsac149

Study objectives:

Prior research suggests that some individuals have a predisposition to experience insomnia following acute stressors (i.e. sleep reactivity). The present study was a proof of concept and specifically aimed to provide additional empirical evidence that the link between stressful life events and the onset of acute insomnia is moderated by sleep reactivity.

Methods:

About 1,225 adults with a history of good sleep (Mage = 53.2 years, 68% female, 83% white) were recruited nationwide for an online study on sleep health. Participants completed surveys to assess sleep reactivity (baseline), sleep patterns (daily sleep diary), and stressful life events (weekly survey). All daily and weekly measures were completed for a one-year period. Sleep diary data were used to identify sleep initiation/maintenance difficulties, including whether they met criteria for acute insomnia at any point during the one-year interval.

Results:

Participants with high sleep reactivity compared to low sleep reactivity were at 76% increased odds of developing acute insomnia during the one-year interval. In general, greater weekly stressful life events were associated with greater insomnia during the subsequent week. Those participants with high sleep reactivity demonstrated a stronger relationship between weekly stressful life events and insomnia, such that they reported the greatest levels of insomnia following weeks where they experienced a greater number of stressful life events.

Conclusions:

These results further support the sleep reactivity model of insomnia, and specifically, provide evidence that sleep reactivity predicts the incidence of acute insomnia in a sample of participants with no history of insomnia.

See also: [Why do some people develop insomnia in response to stressful life events and others do not?](#)

<https://doi.org/10.1080/08995605.2022.2139122>

Diversity, equity, and inclusion correlates of racial/ethnic harassment and discrimination in the U.S. military.

Samantha Daniel, Brice McKeever, Rachel Breslin, Rachel Clare, Ashlea Klahr & Stephanie E. V. Brown

Military Psychology

Published online: 10 Nov 2022

As one of the most racially/ethnically diverse workplaces in the United States, the Department of Defense (DoD) has been on the forefront in driving diversity initiatives. Yet, racial/ethnic harassment and discrimination (REHD) in the military persist and threaten mission readiness. Despite this, limited research exists identifying factors that influence REHD in the U.S. military that could be leveraged for prevention and intervention. In this study, we sought to identify how diversity, equity, and inclusion (DEI) factors in the workplace are associated with REHD in order to identify potential targets for prevention and policy efforts to improve racial/ethnic relations in the U.S. military. Using the 2017 Workplace and Equal Opportunity Survey of Active Duty Members, we found military, leadership, and unit DEI climate factors were the top predictors of REHD, though the relative importance of each predictor varied by racial/ethnic minority status. In particular, we found military and leadership attention to REHD to be the top predictors for Racial/Ethnic Minority active duty members whereas workplace hostility was the top predictor for non-Hispanic White active duty members. Implications for programs and policies surrounding REHD in the U.S. military are discussed.

<https://doi.org/10.1177/15248380211025237>

Post-Traumatic Orientation to Bodily Signals: A Systematic Literature Review.

Tsur, N., & Talmon, A.

Trauma, Violence & Abuse
2023 Jan; 24(1): 174-188

Theoretical literature suggests that trauma and (PTSD) may instigate changes in the interpretation of bodily signals. Some findings support these inquiries, revealing that exposure to traumatic events and PTSD are associated with pain catastrophizing, body vigilance, fear of pain, and other manifestations of bodily perceptions and interpretations. However, these findings are not integrated into an inclusive empirically based conceptualization, thus leading to a limited comprehension of this phenomenon. This systematic literature review was conducted to synthesize the existing literature referring to orientation to bodily signals. Using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, the review included a final of 48 manuscripts that addressed orientation to bodily signals among participants (aged 18 and above) and its potential associations with PTSD. The review revealed that most studies assessed one orientation manifestation, which was tested for its link to PTSD. The majority of the manuscripts were cross-sectional and included participants who faced combat, vehicle accidents, or various types of traumas. Only five manuscripts focused on interpersonal trauma and abuse. Most manuscripts reported significant correlations, revealing that trauma and PTSD are associated with a negative, catastrophic and frightful interpretation of bodily signals. These findings emphasize the need to encapsulate the various manifestations of orientation to bodily signals under a unified construct, as proposed by the term post-traumatic orientation to bodily signals. Further research is needed to illuminate the circumstances and processes by which trauma is implicated in post-traumatic orientation to bodily signals.

<https://doi.org/10.1097/HTR.0000000000000800>

Research Letter: Long-Term Outcomes Following Cognitive Rehabilitation for Mild Traumatic Brain Injury: A 5-Year Follow-Up of a Cohort From the SCORE Randomized Clinical Trial.

Kennedy, J. E., Cooper, D. B., Curtiss, G., Shelton, J. L., Bowles, A. O., Tate, D. F., Eapen, B. C., & Vanderploeg, R. D.

The Journal of Head Trauma Rehabilitation
2022 Nov-Dec; 37(6): 390-395

Objective:

To examine the functioning of military service members 5 years after completing a randomized controlled trial (RCT) of cognitive rehabilitation for mild traumatic brain injury (mTBI).

Setting:

Home-based telephonic interview and internet-based self-ratings.

Participants:

Sixty-nine of the 126 (55%) active-duty service members who were enrolled in a 4-arm RCT of cognitive rehabilitation 3 to 24 months after mTBI and were successfully contacted by phone 5 years later. Original and 5-year follow-up participants in each of 4 RCT treatment arms included: psychoeducation (n = 32 original, n = 17 follow-up), computer (n = 30 original, n = 11 follow-up), therapist-directed (n = 30 original, n = 23 follow-up), integrated (n = 34 original, n = 18 follow-up).

Design:

Inception cohort evaluated 5 years after completion of an RCT of cognitive rehabilitation.

Main measures:

Postconcussion symptoms (Neurobehavioral Symptom Inventory total score), psychological distress (Symptom Checklist-90-revised Global Severity Index score), and functional cognitive/behavioral symptoms (Key Behaviors Change Inventory total average score).

Results:

Participants' postconcussive symptoms and psychological distress improved at the 5-year follow-up. Functional cognitive/behavioral symptoms were not significantly improved, but therapeutic gains were maintained across time, to 5 years after completing the RCT.

Conclusion:

In this sample of military personnel, postconcussive symptoms and psychological distress significantly improved from posttreatment to 5 years after cognitive rehabilitation, regardless of treatment arm. Functional cognitive/behavioral symptoms significantly improved with treatment while treatment gains were maintained at the 5-year follow-up. Replication of these results with a larger sample and interim data between 18 weeks and 5 years post-treatment is needed.

<https://doi.org/10.1097/HTR.0000000000000792>

Characteristics of Responders and Nonresponders in a Military Postconcussion Rehabilitation Program.

Nix, C. A., Cummings, L. D., Lu, L. H., & Bowles, A. O.

Journal of Head Trauma Rehabilitation
2022 Nov-Dec; 37(6): E458-E466

Objective:

To characterize treatment responders and nonresponders as measured by the Neurobehavioral Symptom Inventory (NSI) in order to understand whether certain traits in our patient population would characterize favorable response.

Setting:

Brain Injury Rehabilitation Service at Brooke Army Medical Center, Fort Sam Houston, San Antonio, Texas.

Patients:

In total, 655 active duty military patients with a diagnosis of mild traumatic brain injury (mTBI) who received treatment between 2007 and 2020 and completed self-report measures as part of routine care.

Design:

Observational retrospective analysis of outpatient clinical outcomes data.

Main measures:

The primary outcome measure was the NSI, divided into the responder and nonresponder groups. Responders were defined by reliable change in NSI total score (decrease of ≥ 8 points from intake to discharge).

Findings:

Responders (n = 395) reported a higher level of symptom burden at intake on the NSI. Women responded proportionally more (70%) than men (58%). After treatment, responders reported improvements on all measures evaluated while nonresponders reported no change or slightly worse symptoms. Logistic regression analysis showed that posttraumatic stress symptoms at intake decreased odds of favorable treatment

response while satisfaction with social relationships increased odds of favorable treatment response.

Conclusion:

The results from this process improvement project suggested that posttraumatic symptoms warrant programmatic attention in TBI clinics while social relationships may be a protective factor that can be capitalized to enhance troop readiness. Systematic examination of these characteristics should be conducted on a larger population within the military health system.

<https://doi.org/10.1097/HTR.0000000000000779>

Latent Neuropsychological Profiles to Discriminate Mild Traumatic Brain Injury and Posttraumatic Stress Disorder in Active-Duty Service Members.

J. S., Merkley, T. L., Dennis, E. L., Hillary, F. G., Velez, C., Cooper, D. B., Kennedy, J., Lewis, J., York, G., Menefee, D. S., McCauley, S. R., Bowles, A. O., Wilde, E. A., & Tate, D. F.

The Journal of Head Trauma Rehabilitation
2022 Nov-Dec; 37(6): E438-E448

Objective:

To determine whether cognitive and psychological symptom profiles differentiate clinical diagnostic classifications (eg, history of mild traumatic brain injury [mTBI] and posttraumatic stress disorder [PTSD]) in military personnel.

Methods:

US Active-Duty Service Members (N = 209, 89% male) with a history of mTBI (n = 56), current PTSD (n = 23), combined mTBI + PTSD (n = 70), or orthopedic injury controls (n = 60) completed a neuropsychological battery assessing cognitive and psychological functioning. Latent profile analysis was performed to determine how neuropsychological outcomes of individuals clustered together. Diagnostic classifications (ie, mTBI, PTSD, mTBI + PTSD, and orthopedic injury controls) within each symptom profile were examined.

Results:

A 5-profile model had the best fit. The profiles differentiated subgroups with high

(34.0%) or normal (21.5%) cognitive and psychological functioning, cognitive symptoms (19.1%), psychological symptoms (15.3%), and combined cognitive and psychological symptoms (10.0%). The symptom profiles differentiated participants as would generally be expected. Participants with PTSD were mainly represented in the psychological symptom subgroup, while orthopedic injury controls were mainly represented in the high-functioning subgroup. Further, approximately 79% of participants with comorbid mTBI and PTSD were represented in a symptomatic group (~24% = cognitive symptoms, ~29% = psychological symptoms, and 26% = combined cognitive/psychological symptoms). Our results also showed that approximately 70% of military personnel with a history of mTBI were represented in the high- and normal-functioning groups.

Conclusions:

These results demonstrate both overlapping and heterogeneous symptom and performance profiles in military personnel with a history of mTBI, PTSD, and/or mTBI + PTSD. The overlapping profiles may underscore why these diagnoses are often difficult to diagnose and treat, but suggest that advanced statistical models may aid in identifying profiles representing symptom and cognitive performance impairments within patient groups and enable identification of more effective treatment targets.

<https://doi.org/10.1097/HTR.0000000000000757>

Longitudinal Patterns of Alcohol Use Following Traumatic Brain Injury in an Active Duty and Young Veteran Military Sample: A VA TBI Model Systems Study.

Steffen-Allen, F. T., Marton, K. M., Graves, L. V., Ketchum, J. M., Silva, M. A., Loughlin, J. K., Pawlowski, C. A., Finn, J., & Chung, J. S.

The Journal of Head Trauma Rehabilitation
2022 Nov-Dec; 37(6): 350-360

Objective:

To describe alcohol use among younger military active duty service members and veterans (SMVs) in the first 5 years after traumatic brain injury (TBI) and examine whether differential alcohol use patterns emerge as a function of brain injury severity and active duty service at time of injury.

Setting:

Veterans Affairs (VA) Polytrauma Rehabilitation Centers (PRCs).

Participants:

In total, 265 SMVs enrolled in the VA Traumatic Brain Injury Model Systems (TBIMS) PRC national database. Participants sustained a TBI of any severity level; received inpatient care at a PRC within 1 year of injury; were younger than 40 years; and completed survey interviews or questionnaires regarding their pre- and postinjury alcohol use for at least 3 of 4 time points (preinjury, postinjury years 1, 2, and 5).

Main measures:

Self-reported alcohol use, defined as amount of weekly consumption and endorsement of binge drinking. Participant information related to demographics, injury, TBI severity, active duty status, mental health treatment, and FIM (Functional Independence Measure) total scores was also obtained to examine impact of these as covariates in the analyses.

Results:

Alcohol use generally increased following an initial period of reduced consumption for SVMs with moderate-to-severe TBI. Individuals with mild TBI showed an opposite trend, with an initial period of increased use, followed by a decline and return to baseline levels in the long term. However, alcohol use did not significantly differ over time within this subsample after adjusting for covariates.

Conclusions:

The current study identified longitudinal alcohol use among a young, military/veteran cohort with a history of TBI, an at-risk population for problematic alcohol use. Patterns of self-reported alcohol consumption suggest the time frame of 2 to 5 years postinjury may be a critical window of opportunity for further intervention to maintain lowered levels of alcohol use, particularly among SVMs with moderate-to-severe TBI.

<https://doi.org/10.1080/00332747.2022.2062661>

Attachment Style and Risk of Suicide Attempt Among New Soldiers in the U.S. Army.

Wang, J., Naifeh, J. A., Herberman Mash, H. B., Morganstein, J. C., Fullerton, C. S., Cozza, S. J., Stein, M. B., & Ursano, R. J.

Psychiatry
2022 Winter; 85(4): 387-398

Objective:

Among U.S. Army soldiers suicide attempts (SAs) are a significant public health concern, particularly early in service. We examined the association of attachment style with SA and suicide ideation (SI) among U.S. Army soldiers.

Methods:

We analyzed survey data from new soldiers who participated in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). The sample consists of 38,507 soldiers entering Basic Combat Training (BCT) between April 2011 and November 2012. Attachment style (secure, preoccupied, fearful, and dismissing) was assessed using items from the Relationship Questionnaire. Lifetime (pre-enlistment) SA and SI were assessed with a modified Columbia Suicide Severity Rating Scale. Logistic regression analyses examined associations of attachment style with lifetime SA, SI, and attempts among ideators, after adjusting for socio-demographic characteristics.

Results:

The secure attachment style was associated with lower odds of SA (OR = 0.76, 95% CI = 0.63-0.92), whereas preoccupied (OR = 4.63, 95% CI = 3.83-5.61), fearful (OR = 4.08, 95% CI = 3.38-4.94), or dismissing (OR = 1.56, 95% CI = 1.24-1.96) attachment styles were associated with higher odds of SA. Similar results were found for SI. Importantly, both preoccupied (OR = 1.67, 95% CI = 1.37-2.04) and fearful (OR = 1.70, 95% CI = 1.38-2.08) attachment were associated with attempts among ideators.

Conclusion:

These findings highlight the clinical importance of attachment style in predicting suicidal behavior and as possible targets for intervention. A critical next step is for prospective research to examine whether attachment style predicts future suicidal behavior.

<https://doi.org/10.1016/j.apmr.2022.07.009>

Retrospective Examination of Service Dog Training Program Participation and Mental Healthcare Utilization.

RN Schulz, KC Jannace, EJ Hisle-Gorman, PF Pasquina

Objective

To investigate the association between Service Dog Training Program (SDTP) participation and mental health care utilization.

Design

Retrospective cohort study.

Setting

Outpatient rehabilitation clinic at a large military treatment facility.

Participants

Military Health System beneficiaries who attended at least 1 SDTP session at a large military treatment facility (N=597). SDTP program enrollment records identified participants.

Intervention

The SDTP, a unique application of animal-assisted therapy, is intended to improve the mental and cognitive health for individuals with war-related trauma.

Main Outcome Measures

Negative binomial regression calculated the associations between the SDTP participation rate and 2 mental health care utilization outcomes: mental health encounter days and psychotropic medication months' supply.

Results

Most of the 597 participants were male, enlisted service members, and aged 25-34 years. Approximately 46% had a posttraumatic stress disorder diagnosis, 21% had a traumatic brain injury diagnosis, 47% had an opioid prescription, and 58% had a sleep aid prescription pre-SDTP participation. Participation was categorized into low (≤ 1 sessions), medium (> 1 and ≤ 2 sessions), and high (> 2 sessions) monthly participation. In adjusted analysis, high monthly SDTP participation was associated with 18% fewer post-SDTP mental health encounter days (rate ratio [RR], 0.82; 95% confidence interval [CI], 0.68-0.96) than low monthly SDTP participation. High monthly SDTP participation was also associated with a 22% fewer post-SDTP psychotropic prescription months' supply (RR, 0.78; 95% CI, 0.64-0.95) than low monthly SDTP participation in adjusted analysis.

Conclusions

Results suggest that participants who attend more than 2 SDTP sessions monthly encounter mental health care differently post SDTP than participants who attended 1 or fewer monthly sessions. Adjunct therapies, such as the SDTP, may offer patients a nonstigmatizing way to engage in mental health care.

<https://doi.org/10.1016/j.jpsychires.2022.07.047>

Encouraging the use of the Veterans Crisis Line among high-risk Veterans: A randomized trial of a Crisis Line Facilitation intervention.

Mark A. Ilgen, Amanda M. Price, Lara N. Coughlin, Paul N. Pfeiffer, ... Peter C. Britton

Journal of Psychiatric Research

Volume 154, October 2022, Pages 159-166

Highlights

- Veterans have fewer suicide attempts after intervention encouraging Crisis Line use.
- Use of the Veterans Crisis Line was common in both conditions.
- Crisis Line Facilitation has the potential to reduce suicide risk.

Abstract

The Veterans Crisis Line (VCL) is a core component of VA's suicide prevention strategy. Despite the availability and utility of the VCL, many Veterans do not utilize this resource during times of crisis. A brief, psychoeducational behavioral intervention (termed Crisis Line Facilitation [CLF]) was developed to increase utilization of the VCL and reduce suicidal behaviors in high-risk Veterans. The therapist-led session includes educational information regarding the VCL, as well as a chance to discuss the participant's perceptions of contacting the VCL during periods of crisis. The final component of the session is a practice call placed to the VCL by both the therapist and the participant. The CLF intervention was compared to Enhanced Usual Care (EUC) during a multi-site randomized clinical trial for 307 Veteran participants recently hospitalized for a suicidal crisis who reported no contact with the VCL in the prior 12 months. Initial analyses indicated that participants randomized to the CLF intervention were less likely to report suicidal behaviors, including suicide attempts compared to participants randomized to receive EUC over 12-months of follow-up ($\chi^2 = 18.48/p < 0.0001$), however this effect

was not sustained when analyses were conducted on an individual level. No significant differences were found between conditions on VCL utilization. Initial evidence suggests a brief CLF intervention has an impact on preventing suicidal behaviors in Veterans treated in inpatient mental health programs; however, it may not change use of the VCL. This brief intervention could be easily adapted into clinical settings to be delivered by standard clinical staff.

<https://doi.org/10.1037/ser0000691>

Dialectical behavior therapy for justice-involved veterans (DBT-J): Feasibility and acceptability.

Edwards, E. R., Dichiara, A., Epshteyn, G., Snyder, S., Linzer, S., Riglietti, K., Weishoff, N., Lee, A., Tsai, J., Marcano, E., Geraci, J., & Goodman, M.

Psychological Services
Advance online publication

Justice-involved veterans are a high-risk, high-need subgroup serviced by behavioral health services within the Veterans Health Administration (VHA) system. Justice-involved veterans often have complex mental health and substance use difficulties, a myriad of case management needs, and a range of criminogenic needs that are difficult to treat with traditional outpatient VHA services. The present study represents an initial evaluation of dialectical behavior therapy for justice-involved veterans (DBT-J), a novel psychotherapy program providing 16 weeks of skills-based group therapy and individualized case management services to veterans with current or recent involvement with the criminal justice system. A total of 13 veterans were successfully enrolled into this initial acceptability and feasibility trial. Results broadly suggested DBT-J to be characterized by high ease of implementation, successful recruitment efforts, strong participant attendance and retention, high treatment fidelity, and high acceptability by veteran participants, DBT-J providers, and adjunctive care providers alike. Although continued research using comparison conditions is necessary, veterans who completed participation in DBT-J tended to show reductions in criminogenic risk across the course of treatment. Cumulatively, these findings suggest DBT-J holds potential as a VHA-based intervention to address the various needs of justice-involved veterans. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/prj0000534>

Veteran community engagement and social connection needs following inpatient psychiatric hospitalization.

Chen, J. I., Ono, S. S., Laliberte, A. Z., Roth, B., Dobscha, S. K., & The Center To Improve Veteran Involvement In Care Veteran Engagement Group (VEG), U.S. Department of Veterans Affairs (VA), Center to Improve Veteran Involvement in Care (CIVIC), VA Portland Health Care System.

Psychiatric Rehabilitation Journal
Advance online publication

Objective:

To understand barriers and facilitators to engaging in community activities for increasing social connectedness among recently psychiatrically hospitalized veterans, a population at elevated risk for suicide.

Method:

We completed 30 semistructured qualitative interviews with veterans within 1 week of discharge from inpatient psychiatric hospitalization. Our interviews focused on understanding past and current barriers, facilitators, and needs for engaging in community activities after psychiatric hospitalization. Data were analyzed using a modified grounded theory approach.

Results:

Veterans shared feeling a lack of belonging and discussed several barriers to community engagement including lack of self-confidence, limited knowledge of opportunities, and negative expectations. Veterans identified several ways to facilitate engagement in community activities such as centralizing information on community activities and providing active support posthospitalization.

Conclusions and Implications for Practice:

Veterans by and large valued community and the role of community activities for increasing social connectedness. However, more active intervention for supporting engagement in community activities appears necessary to facilitate connection posthospitalization. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1177/10731911221113571>

Self-Rated Versus Clinician-Rated Assessment of Posttraumatic Stress Disorder: An Evaluation of Discrepancies Between the PTSD Checklist for DSM-5 and the Clinician-Administered PTSD Scale for DSM-5.

Kramer, L. B., Whiteman, S. E., Petri, J. M., Spitzer, E. G., & Weathers, F. W.

Assessment

First published online August 1, 2022

Posttraumatic stress disorder (PTSD) is commonly assessed with self-rated or clinician-rated measures. Although scores from these assessment modalities are strongly associated, they are often discrepant for individual symptoms, total symptom severity, and diagnostic status. To date, no known studies have empirically identified the sources of these discrepancies. In the present study, we had three aims: (a) replicate previously identified discrepancies; (b) examine contribution of possible objective predictors of discrepancies, including negative response bias, random responding, conscientiousness, neuroticism, and verbal IQ; and (c) identify subjective sources of discrepancies through analysis of participant feedback. Trauma-exposed undergraduates (N = 60) were administered the PTSD Checklist for DSM-5 (PCL-5), the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and other questionnaires. Interviewers identified discrepancies between corresponding PCL-5/CAPS-5 scores and asked participants to describe their attributions for discrepancies. Discrepancies, both dimensional and dichotomous, occurred at the item, cluster, and total score level. Objective predictors were weakly associated with discrepancies. The most commonly reported reasons for discrepancies were time-frame reminders, comprehension of symptoms, trauma-related attribution errors, increased awareness, and general errors. These findings help explain discordance between the PCL-5 and CAPS-5, and inform use and interpretation of these two widely used PTSD measures in clinical and research applications.

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

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

Sonya B. Norman, Brandon Nichter, Shira Maguen, Peter J. Na, ... Robert H. Pietrzak

Background

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

Methods

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

Results

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

Conclusions

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

<https://doi.org/10.1080/87567555.2022.2106469>

Student Veterans' Perspectives of Higher Education Contexts: Beyond the Non-traditional Student.

Meredith A. Rausch & Megan M. Buning

An increase in student veterans on campuses creates issues similar to the growing population of other nontraditional students, yet unique experiences for this population. Although higher education environments are working to provide on-campus support for military populations, student veterans continue to report issues with communication, understanding, and support for their military service. This study investigated student veteran experiences of the higher education classroom on a southeastern university campus. Overall, the majority of participants reported positive interactions with professors but struggled with peers and schedules. Included are implications for working with student veterans in higher education.

<https://doi.org/10.1016/j.jpsychires.2022.07.034>

Crisis service utilization following completion of a suicide safety plan for Veterans with and without affective and nonaffective psychosis.

Samantha A. Chalker, Emma M. Parrish, Camila S. Martinez Ceren, Colin A. Depp, ... Neal Doran

Journal of Psychiatric Research

Volume 154, October 2022, Pages 219-223

Objective

Psychosis is associated with increased suicide risk. Safety planning is a suicide prevention practice that is associated with decreased suicidal behavior and psychiatric hospitalizations. A common feature of safety planning is listing of crisis line numbers. The primary purpose of this study was to compare Veterans with and without psychosis who completed a safety plan in terms of their next year crisis service use, including Veterans Crisis Line (VCL) calls, and suicidal behavior.

Methods:

Data were drawn from the VA San Diego's electronic medical record system for (N = 1602) safety plans from 2018 to 2021. Clinical records of crisis services and suicide attempt/death were recorded for one year after the safety plan.

Results:

Following completion of a safety plan, Veterans with psychosis were more likely to have a next year psychiatric hospitalization (OR = 4.1), emergency department visit (OR = 2.3), and psychiatric emergency clinic visit (OR = 2.2) than those without psychosis. In contrast, there were no group differences in likelihood of calling the VCL.

Conclusions:

Veterans with psychosis who recently completed a safety plan do not show elevated rates of VCL use that are commensurate with increases in crisis service use. Interventions for this high-risk group may focus on understanding the motivation and ability to call the VCL as ways to enhance safety planning.

<https://doi.org/10.1037/drm0000144>

Text analysis of veteran nightmare scripts in a cognitive-behavioral nightmare treatment.

Crowley, M. D., Davis, J. L., Miller, K. E., & Balliett, N.

Dreaming
(2022); 32(3), 269–280

Nightmares are a frequent and distressing complaint of trauma-exposed veterans. However, less is known about the language of these nightmares and how the nightmare narrative changes in rescripting therapy. This study reports on the Linguistic Inquiry and Word Count variables of word count, affective processes, positive and negative emotion words, cognitive processes, and drives in 20 veterans participating in a study examining the efficacy of exposure, relaxation, and rescripting therapy for posttrauma nightmares. It was hypothesized that there would be significant increases in affective processes, positive emotion words, cognitive processes, and drives and significant decreases in negative emotion words and word count from nightmare transcription to rescription. It was further hypothesized that noncombat-related nightmares would demonstrate significantly larger changes in Linguistic Inquiry and Word Count processes than combat-related nightmares. The analysis revealed a significant decrease in word count ($p < .001$) and a significant increase in positive emotion words ($p < .03$). Noncombat-related nightmare rescriptions decreased significantly more in word count than combat-related rescriptions. Results from this study suggest that the content of written nightmare narratives can be significantly changed over the course of rescripting

therapy. Further research is needed to investigate how these changes may be linked to other clinical outcomes. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1080/21635781.2022.2098885>

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

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

Military Psychology

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

<https://doi.org/10.1037/tra0001329>

Emergence of probable PTSD among U.S. veterans over the military-to-civilian transition.

Copeland, L. A., Finley, E. P., Rubin, M. L., Perkins, D. F., & Vogt, D. S.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Despite theorizing that posttraumatic stress disorder (PTSD) symptomatology may be exacerbated during the military-to-civilian transition, little research has delved into the trajectory of trauma-related symptomatology or the impact of diverse factors on timing of PTSD onset. To understand risk and protective factors for PTSD during the transition into civilian life, this study examined demographic, experiential, and psychosocial characteristics that may explain variation in PTSD symptoms and timing of onset.

Method:

A nationwide sample representing 48,965 U.S. veterans separating from military service in fall 2016 responded to six Web-based surveys over 3 years. Assessments included PTSD symptoms, stress, warfare exposures, military sexual trauma, moral injury events, resilience, and social support. Multivariable models estimated covariates of positive PTSD screen or symptoms.

Results:

Trauma exposure during military service was high at 59%. Probable PTSD was detected in 26% of the sample at baseline, with additional cases in each survey wave for an overall rate of 30%. Meeting criteria for probable PTSD covaried with current stress, female gender, and minority race/ethnicity; baseline psychological resilience and concurrent social support mitigated the risk. PTSD symptoms correlated positively with stress levels at current and previous time points. Social support was protective but only when contemporaneous with the PTSD symptoms.

Conclusions:

This study illustrates the need for ongoing social support for veterans coping with symptoms of PTSD, life stressors, and postmilitary trauma, suggesting a countervailing influence of psychological resilience and contemporaneous (but not historical) social support on symptom exacerbation. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/tra0001267>

Vulnerability reawakened: Increased substance use among aging traumatized veterans during COVID-19 pandemic.

Solomon, Z., Ginzburg, K., Ohry, A., & Mikulincer, M.

Objective:

This study prospectively assesses the implication of (a) exposure to distant trauma of war captivity, (b) stressful life events across the life span, and (c) posttraumatic stress disorder (PTSD) trajectories and current PTSD, on substance use during the COVID-19 pandemic.

Method:

One hundred and twenty Israeli ex-prisoners of war (ex-POWs) and 65 matched veterans of the 1973 Yom Kippur War filled out self-report questionnaires in 4 waves of assessment (T1-18, T2-30, T3-35, and T4-42 years after the war). A fifth wave of assessment (T5) was conducted in the midst of the COVID-19 pandemic, 47 years after the war.

Results:

Whereas in the earlier assessments (T1-T4) war captivity was not related to substance use, during the COVID-19 pandemic (T5) ex-POWs reported higher increase of use of alcohol, tranquilizers, cannabis, and sleep medications than comparable veterans. War-induced PTSD trajectories that were prospectively measured between T1-T4, and concurrent PTSD during the pandemic (T5) were related to increase in substance use during the pandemic (T5).

Conclusions:

The findings demonstrate the long-term effects of both earlier experience of severe traumatic stress in young adulthood and the resultant PTSD trajectories, as reflected in increased substance use among the elderly, in the face of subsequent calamity.
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<https://doi.org/10.1016/j.jpsychires.2022.07.060>

Examining the associations between PTSD symptom clusters and alcohol-related problems in a sample of low-SES treatment-seeking Black/African American adults.

Ian C. Fischer, Melanie E. Bennett, Robert H. Pietrzak, Brian C. Kok, Daniel J.O. Roche

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) often co-occur. This comorbidity negatively influences treatment outcomes, functioning, and quality of life. To better understand the relation between PTSD and AUD, research has begun to examine the influence of PTSD symptom clusters on alcohol-related problems. The current study is the first to analyze the associations between PTSD symptom clusters and alcohol consumption and AUD symptom severity in a treatment-seeking sample of Black/African American (AA) adults with co-occurring AUD and PTSD symptoms. Examination of these associations may help to facilitate greater recovery in this underserved population by identifying more precise targets for treatment. PTSD symptom clusters were identified from both the current 4-factor model identified in the DSM-5 and from a recently proposed 7-factor model. Participants were Black/AA adults (50.6% male) who endorsed trauma exposure and were seeking treatment for alcohol misuse. The majority (66%) were unemployed and almost half (45%) reported an income at or lower than \$20,000. In the 4-factor model, results showed Cluster D symptoms of PTSD (i.e., negative alterations in cognitions and mood) were independently associated with alcohol consequences. Use of the 7-factor model, which divides Cluster D into symptoms of negative affect and anhedonia, further demonstrated that only anhedonic symptoms were independently associated with alcohol consequences. No symptom clusters were uniquely associated with alcohol consumption. Results suggest the absence of positive emotions, rather than the presence of negative emotions, are primarily associated with alcohol-related problems in a sample of trauma-exposed, Black/AA adults seeking treatment for alcohol misuse.

Links of Interest

Out of uniform. Still in the fight.

<https://www.washingtonpost.com/national-security/2021/11/10/veterans-day-2021-mission-continues/>

Many vets are landing jobs, but the transition can be tough

<https://www.militarytimes.com/education-transition/2022/11/13/many-vets-are-landing-jobs-but-the-transition-can-be-tough/>

'A life companion': These service dogs are helping veterans cope with PTSD

<https://www.nbcnews.com/news/latino/veterans-latinos-service-dogs-ptsd-k9s-warriors-rcna56439>

Indigenous Airman Celebrates Religious Approval to Have Long Hair in Uniform
<https://www.military.com/daily-news/2022/11/15/indigenous-airman-celebrates-religious-approval-have-long-hair-uniform.html>

How one university is helping veterans through higher education
<https://www.militarytimes.com/news/your-military/2022/11/15/how-one-school-is-helping-veterans-through-higher-education/>

Resource of the Week: [Navigating a Big Transition – Military Service Members' Earnings and Employment After Active-Duty Service](#)

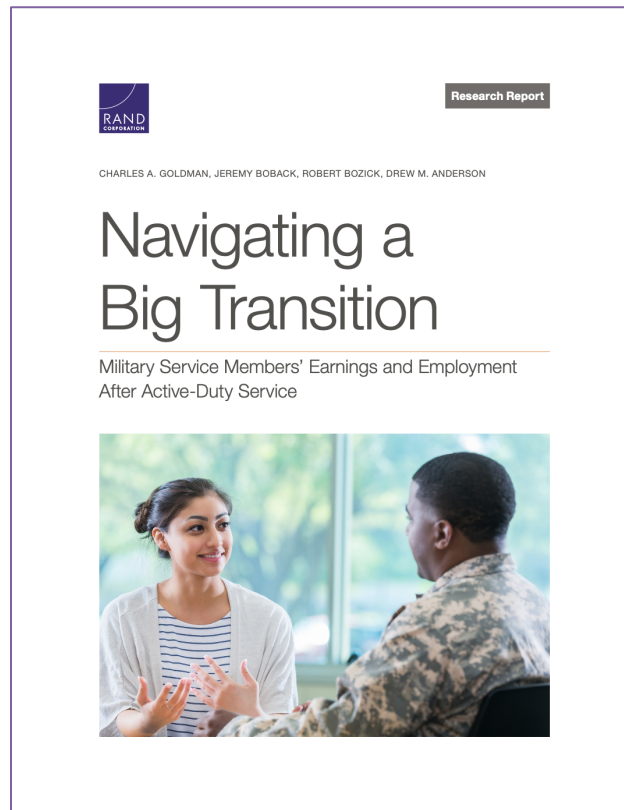
New, from the RAND Corporation:

Improving enlisted service member transitions from active duty to civilian life calls for better information about how service members fare in their transitions. The authors examined the relationship among enlisted service members' military occupations, personal characteristics, and civilian employment outcomes over the first three years after separation from active duty. They used detailed empirical analysis of more than 1 million service records, matched to employment and earnings after separation. The data encompass all separations from the armed forces from 2002 through 2010.

Earnings varied markedly in relation to the former service member's military occupation. Individuals who worked in intelligence and information systems consistently appeared in the high tier of post-service earnings. Those who worked in combat arms, medical, supply, and transportation were generally in the moderate or low tier of post-service earnings. These gaps point to military occupations that might need additional support to develop marketable skills, either during the whole of service members' military careers or around the time of transition.

Higher levels of education achieved at the time of separation were associated with greater earnings after separation. Separations after poor conduct or substance abuse were associated with lower earnings. Deployment during service had mixed association with post-service earnings, depending on service, gender, and length of service.

Service members in most military occupations had lower earnings after leaving the service compared with their final year of active duty. This finding emphasizes the importance of building marketable skills for service members and supporting their transitions into the civilian labor force.



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