

# CDP



## Research Update -- December 1, 2022

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- Is cognitive behavioral therapy for insomnia (CBTi) efficacious for treating insomnia symptoms in shift workers? A systematic review and meta-analysis.
- Maladaptive therapist schemas in CBT practice, training and supervision: A scoping review.
- Links of Interest
- Resource of the Week: Deficiencies in Lethal Means Safety Training, Firearms Access Assessment, and Safety planning for Patients with Suicidal Behaviors by Firearms (Department of Veterans Affairs, Office of Inspector General)

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<https://doi.org/10.1093/milmed/usac240>

## **Barriers and Potential Solutions to Implementing Evidence-Based PTSD Treatment in Military Treatment Facilities.**

Carmen P McLean, PhD, Jeffrey Cook, PhD, MSC, USN (Ret.), David S Riggs, PhD, Alan L Peterson, PhD, BSC, USAF (Ret.), Stacey Young-McCaughan, RN, PhD, AN, USA (Ret.), Elisa V Borah, PhD, Katherine Anne Comtois, PhD, MPH, Katherine A Dondanville, PsyD, Erin Frick, PsyD, Christopher K Haddock, PhD, Jeffrey Mann, PsyD, David Reynolds, PhD, USAF, BSC, Melissa Mistretta, BA, Andrea Neitzer, MS, Amy Brzuchalski, PMHNP, USA, AN, Spencer P Clayton, PhD, USAF, BSC, Allison M Conforte, PhD, USN, MSC, Tyler D DuMars, PhD, USA, MSC, Kendra Ekundayo, PhD, USAF, BSC, Araceli Flores, PhD, Jessica Hein, MBA, Jeremy Jinkerson, PhD, USAF, BSC, Felicia Keith, PhD, Hana J Kim, PhD, MSCP, USPHS, Jared S Link, PsyD, USAF, BSC, Debra Nofziger, PsyD, Kirsten Pollick, PhD, Erik N Ringdahl, PhD, USAF, BSC, John Waggoner, PsyD, USAF, BSC, Craig Woodworth, PsyD, Craig S Rosen, PhD, For the TACTICS Research Group

Military Medicine

Published: 09 August 2022

### Introduction

Prolonged exposure therapy is an effective treatment for posttraumatic stress disorder that is underutilized in health systems, including the military health system.

Organizational barriers to prolonged exposure implementation have been hypothesized but not systematically examined. This multisite project sought to identify barriers to increasing the use of prolonged exposure across eight military treatment facilities and describe potential solutions to addressing these barriers.

### Materials and Methods

As part of a larger project to increase the use of prolonged exposure therapy in the military health system, we conducted a needs assessment at eight military treatment facilities. The needs assessment included analysis of clinic administrative data and a series of stakeholder interviews with behavioral health clinic providers, leadership, and support staff. Key barriers were matched with potential solutions using a rubric developed for this project. Identified facilitators, barriers, and potential solutions were summarized in a collaboratively developed implementation plan for increasing prolonged exposure therapy tailored to each site.

## Results

There was a greater than anticipated consistency in the barriers reported by the sites, despite variation in the size and type of facility. The identified barriers were grouped into four categories: time-related barriers, provider-related barriers, barriers related to patient education and matching patients to providers, and scheduling-related barriers. Potential solutions to each barrier are described.

## Conclusions

The findings highlight the numerous organizational-level barriers to implementing evidence-based psychotherapy in the military health system and offer potential solutions that may be helpful in addressing the barriers.

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<https://doi.org/10.1080/10810730.2022.2121881>

## **PTSD Coverage in the New York Times: Implications for the State of Mental Health in the U.S.**

Long, A., Jain, P., & Roark, J.

Journal of Health Communication  
2022 Jul 3 ;27(7): 471-483

Post-Traumatic Stress Disorder (PTSD) has been portrayed in media in a skewed way such that the coverage overrepresents combat-precipitated trauma and neglects to communicate treatment options, which has direct implications for people with PTSD. Given the traumatic nature of contemporary events such as the COVID-19 pandemic and the emergence of social movements concerning traumatic violence such as #MeToo and Black Lives Matter, this study examines if media coverage of PTSD has evolved to account for these changes. We specifically examined sourcing and framing in PTSD news coverage published by The New York Times from 1999 to 2020 using quantitative content analysis. The findings indicate that the coverage overrepresents combat trauma and neglects to communicate treatment options; favors men over women in sourcing of the news stories; and uses more thematic, compared to episodic framing. The theoretical and practical implications of the findings are discussed.

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<https://doi.org/10.1002/jts.22888>

## **We need to build the evidence: A systematic review of psychological first aid on mental health and well-being.**

Sabrina Herмосilla, Sarah Forthal, Karolina Sadowska, Elizabeth B. Magill, Patricia Watson, Kathleen M. Pike

Journal of Traumatic Stress

First published: 27 October 2022

Ensuring effective mental health and psychosocial support is crucial following exposure to a potentially traumatic event and can have long-term consequences for individuals, families, and communities. Psychological first aid (PFA) has become a widespread intervention of choice following exposure to conflict or disaster; however, its impact is unknown. This systematic review assessed PFA efficacy in improving the mental health and psychosocial well-being of individuals exposed to potentially traumatic events. We searched PubMed, PsycINFO, PTSDpubs, and EMBASE for peer reviewed studies evaluating programmatic outcomes of PFA, or an adapted intervention, published in English before March 9, 2021. Studies evaluating training outcomes or program feasibility were excluded. The primary outcomes were reported measures of participant mental health and psychosocial well-being, with narrative results presented for each. The Cochrane Risk of Bias tool was applied. Of 9,048 potentially eligible citations, 12 studies with a total of 1,437 participants met the inclusion criteria. Only one study was a randomized controlled trial. The findings from all studies suggest a positive impact of PFA, with most reporting reduced symptoms of anxiety, depression, posttraumatic stress, and distress, as well as improved ratings of mood, the experience of safety, connectedness, and a sense of control, among youth and adults. Risk of bias was generally high. Inconsistent intervention components, insufficient evaluation methodologies, and a high risk of bias within the reviewed studies present challenges in assessing PFA efficacy, and an imbalance between popular support for PFA and scant evidence of outcome data exists. Further research is needed to justify the proliferation of PFA.

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<https://doi.org/10.1001/jama.2022.20304>

## **Screening for Obstructive Sleep Apnea in Adults: US Preventive Services Task Force Recommendation Statement**

## US Preventive Services Task Force

JAMA

November 15, 2022

### Importance

Current prevalence of obstructive sleep apnea (OSA) in the US is not well established; however, based on cohort and survey data, in 2007-2010 the estimated prevalence of at least mild OSA (defined as an apnea-hypoxia index [AHI]  $\geq 5$ ) plus symptoms of daytime sleepiness among adults aged 30 to 70 years was 14% for men and 5% for women, and the estimated prevalence of moderate to severe OSA (defined as AHI  $\geq 15$ ) was 13% for men and 6% for women. Severe OSA is associated with increased all-cause mortality. Other adverse health outcomes associated with untreated OSA include cardiovascular disease and cerebrovascular events, type 2 diabetes, cognitive impairment, decreased quality of life, and motor vehicle crashes.

### Objective

To update its 2017 recommendation, the US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the benefits and harms of screening for OSA in adults.

### Population

Asymptomatic adults (18 years or older) and adults with unrecognized symptoms of OSA.

### Evidence Assessment

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for OSA in the general adult population.

### Recommendation

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for OSA in the general adult population. (I statement)

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<https://doi.org/10.1016/j.sleep.2022.10.031>

**Increased incidence of alcohol use disorder and alcohol-related psychiatric disorders in patients with obstructive sleep apnea: A nationwide population-based cohort study.**

Yu-Ping Huang, Wu-Chien Chien, Chi-Hsiang Chung, Yu-Chieh Huang, ... Nian-Sheng Tzeng

Sleep Medicine

Volume 101, January 2023, Pages 197-204

Highlights

- Patients with sleep apnea experienced a 1.486-fold higher risk for the incident of alcohol-related disorders.
- For alcohol-related disorders, sleep apnea may be a potential predisposing factor and use of psychoactive medicine may reduce the risk of alcohol-related disorders.

Abstract

Background

Obstructive sleep apnea (OSA) and alcohol-related diseases (ARDs), including alcohol use disorder, alcohol-related psychiatric disorders, alcoholic liver disease, alcoholic polyneuropathy alcoholic cardiomyopathy, and alcoholic gastritis, are both highly prevalent conditions. Alcohol consumption is associated with a higher risk of sleep apnea. However, whether OSA increases the risk of ARD has not, as yet, been studied comprehensively. Our study aimed to determine whether OSA increases the subsequent risk of ARD.

Methods

This study utilized the data from Taiwan's National Health Insurance Database between 2000 and 2015. We identified 7722 individuals newly diagnosed with OSA and randomly selected sex-, age-, and index date-matched (1:3) 22,166 controls without OSA, with a total of 29,888 subjects. We used the Fine and Gray's survival analysis to estimate the effects of OSA on ARD.

Results

The OSA cohort had an adjusted hazard ratio of subsequent ARDs as 1.486 (95% Confidence Interval: 1.301–1.698), when comparing the cohort without OSA. The Kaplan-Meier analysis showed that the cumulative incidence of ARDs was significantly

higher in the OSA cohort than in the controls in the first year of follow-up, till the end of the follow-up. A post-hoc analysis showed that OSA was associated with alcohol use disorder, alcohol-related psychiatric disorders, and alcoholic liver disease, but not alcoholic polyneuropathy, alcoholic cardiomyopathy, and alcoholic gastritis. The use of psychoactive medication, including the sedative-hypnotics, antidepressants or antipsychotics were associated with a lower risk of ARDs.

## Conclusions

Our study demonstrates that the OSA patients are at a higher risk of developing ARDs.

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<https://doi.org/10.1016/j.psychres.2022.114849>

## **A psychometric assessment of the Military Suicide Attitudes Questionnaire (MSAQ).**

Cramer, R. J., Montanaro, E., VanSickle, M., Cacace, S., Zabelski, S., Smith, E. L., Franks, M., Grover, S., & Cunningham, C. A.

Psychiatry Research  
2022 Nov; 317: 114849

Suicide rates remain high among military populations. Stigmatizing beliefs about suicide contribute to the problem of heightened suicide risk as a deterrent for help-seeking. Measurement of military suicide stigma is therefore an important gap in the literature as a necessity toward the development of military suicide prevention programming. This paper assessed the factor structure, reliability, and validity of the Military Suicide Attitudes Questionnaire (MSAQ). Study 1 featured secondary analysis of a suicide risk dataset from active duty treatment-seeking military personnel (N = 200). Study 2 was a secondary analysis of a statewide assessment of Army National Guard service members' beliefs about mental health and suicide (N = 1116). Factor analyses results collectively supported a four-factor Military Suicide Attitudes Questionnaire (MSAQ) structure: discomfort, unacceptability, support, and empathic views. Subscale reliabilities ranged from 0.77 to 0.83 across samples. Unacceptability and support displayed significant negative correlations with psychological distress. Men displayed more negative suicide-related beliefs compared to women counterparts. Discomfort and unacceptability beliefs displayed significant positive associations with perceived barriers to care. The final short version of the MSAQ is an efficient, multi-dimensional measure



of military suicide-related beliefs. The instrument can be used for public health assessment and program evaluation in military settings.

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<https://doi.org/10.1089/neu.2022.0340>

### **Associations of military service history and health outcomes in the first five years after traumatic brain injury.**

Kumar, R., Klyce, D. W., Nakase-Richardson, R., Pugh, M. J., Walker, W. C., & Dams-O'Connor, K.

Journal of Neurotrauma  
2022 Nov 18

For many years, experts have recognized the importance of studying traumatic brain injury (TBI) among active duty service members and Veterans. A majority of this research has been conducted in Veterans Administration (VA) or Department of Defense (DoD) settings. Though, far less is known about military personnel who seek their medical care outside these settings. Studies that have been conducted in civilian settings have either not enrolled active duty or Veteran participants, or failed to measure military history, precluding study of TBI outcomes by military history. The purpose of the present study was to determine associations between military history and medical (prevalence of 25 comorbid health conditions), cognition [Brief Test of Adult Cognition by Telephone (BACT)], and psychological health [Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), suicidality (9th item from PHQ-9)] in the first five years after TBI. In this prospective study, we analyzed data from the TBI Model Systems National Database. Participants were 7,797 individuals with TBI admitted to one of 21 civilian inpatient rehabilitation facilities from April 1, 2010, to November 19, 2020, and followed up to five years. We assessed the relationship between military history (any versus none, combat exposure, service era, and service duration) and TBI outcomes. We found specific medical conditions were significantly more prevalent 1-year post-TBI among individuals who had a history of combat deployment (lung disorders, post-traumatic stress disorder (PTSD), and sleep disorder), served in post-draft era (chronic pain, liver disease, arthritis), and served >4 years (high cholesterol, PTSD, sleep disorder). Individuals with military history without combat deployment had modestly more favorable cognition and psychological health in the first five years post-injury relative to those without military history. Our data suggest individuals with TBI with military history are heterogeneous, with some favorable and

other deleterious health outcomes, relative to their non-military counterparts, which may be driven by characteristics of service, including combat exposure and era of service.

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<https://doi.org/10.1093/sleepadvances/zpac030>

### **Nightmare disorder and low back pain in veterans: cross-sectional association and effect over time.**

Taylor, K. A., Schwartz, S. W., Alman, A. C., Goode, A. P., Dagne, G. A., Sebastião, Y. V., & Foulis, P. R.

Sleep Advances

2022 Sep 10; 3(1): zpac030

Low back pain (LBP) disproportionately impacts US military veterans compared with nonveterans. Although the effect of psychological conditions on LBP is regularly studied, there is little published to date investigating nightmare disorder (NMD) and LBP. The purpose of this study was to (1) investigate whether an association exists between NMD and LBP and (2) estimate the effect of NMD diagnosis on time to LBP. We used a retrospective cohort design with oversampling of those with NMD from the Veterans Health Administration (n = 15 983). We used logistic regression to assess for a cross-sectional association between NMD and LBP and survival analysis to estimate the effect of NMD on time to LBP, up to 60-month follow-up, conditioning on age, sex, race, index year, Charlson Comorbidity Index, depression, anxiety, insomnia, combat exposure, and prisoner of war history to address confounding. Odds ratios (with 95% confidence intervals [CIs]) indicated a cross-sectional association of 1.35 (1.13 to 1.60) and 1.21 (1.02 to 1.42) for NMD and LBP within 6 months and 12 months pre- or post-NMD diagnosis, respectively. Hazard ratios (HRs) indicated the effect of NMD on time to LBP that was time-dependent-HR (with 95% CIs) 1.27 (1.02 to 1.59), 1.23 (1.03 to 1.48), 1.19 (1.01 to 1.40), and 1.10 (0.94 to 1.29) in the first 3, 6, 9, and 12 months post-diagnosis, respectively-approximating the null (1.00) at >12 months. The estimated effect of NMD on LBP suggests that improved screening for NMD among veterans may help clinicians and researchers predict (or intervene to reduce) risk of future back pain.

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<https://doi.org/10.1016/j.ctcp.2022.101644>

**Complementary/integrative healthcare utilization in US Gulf-War era veterans: Descriptive analyses based on deployment history, combat exposure, and Gulf War Illness.**

Kelton, K., Young, J. R., Evans, M. K., Eshera, Y. M., Blakey, S. M., Mann, A. J. D., Pugh, M. J., Calhoun, P. S., Beckham, J. C., & Kimbrel, N. A.

Complementary Therapies in Clinical Practice  
2022 Nov; 49: 101644

Complementary and integrative health (CIH) approaches have gained empirical support and are increasingly being utilized among veterans to treat a myriad of conditions. A cluster of medically unexplained chronic symptoms including fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems, often referred to as Gulf War Illness (GWI) prominently affect US Gulf War era (GWE) veterans, yet little is known about CIH use within this population. Using data collected as part of a larger study (n = 1153), we examined the influence of demographic characteristics, military experiences, and symptom severity on CIH utilization, and utilization differences between GWE veterans with and without GWI. Over half of the sample (58.5%) used at least one CIH modality in the past six months. Women veterans, white veterans, and veterans with higher levels of education were more likely to use CIH. GWE veterans with a GWI diagnosis and higher GWI symptom severity were more likely to use at least one CIH treatment in the past six months. Over three quarters (82.7%) of veterans who endorsed using CIH to treat GWI symptoms reported that it was helpful for their symptoms. Almost three quarters (71.5%) of veterans indicated that they would use at least one CIH approach if it was available at VA. Results provide a deeper understanding of the likelihood and characteristics of veterans utilizing CIH to treat health and GWI symptoms and may inform expansion of CIH modalities for GWE veterans, particularly those with GWI.

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<https://doi.org/10.1002/jclp.23369>

**Predictors of posttraumatic stress symptom severity and meaning made in treatment-seeking veterans.**

Owens, G. P., Hamrick, L. A., Keller, E. M., Perkins, M., Collins, S., Thomas, E. A., Haag, I., Swan, S., & Pickering, N.

Journal of Clinical Psychology  
2022 Dec; 78(12): 2564-2578

**Objective:**

Combat-exposed veterans risk encountering events that disrupt beliefs. To facilitate reduced discrepancy between prior beliefs and current trauma appraisals, veterans may engage in a process of meaning-making. Meaning-making can lead to positive outcomes, such as integrating the traumatic event into one's life narrative or adapting global meaning (meaning made) or elicit distress. Given these potentially different outcomes, this study examined potential correlates of posttraumatic stress symptom (PTSS) severity and meaning made, including relationship attachment dimensions of anxiety and avoidance, and difficulties with emotion regulation, while controlling for combat exposure.

**Method:**

Veterans receiving mental health services at a Veterans Affairs (VA) Medical Center and a VA community-based outpatient clinic (N = 130) completed measures through a paper-and-pencil survey. Almost all participants (92%) were male, with a mean age of 55.92 years.

**Results:**

In terms of meaning made, lower levels of attachment anxiety and emotional clarity (an aspect of emotion regulation) predicted higher meaning made. In terms of PTSS severity, higher attachment avoidance, attachment anxiety, and difficulties engaging in goal-directed behavior (an aspect of emotion regulation) significantly predicted higher PTSS severity.

**Conclusion:**

Aspects of both attachment style and emotion regulation difficulties affect meaning made and PTSS severity. These constructs may be especially relevant for clinicians working with veterans to help PTSS and support meaning made postcombat.

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<https://doi.org/10.1080/13854046.2021.1974566>

## **Mechanisms through which executive dysfunction influences suicidal ideation in combat-exposed Iraq and Afghanistan veterans.**

Crocker, L. D., Jurick, S. M., Merritt, V. C., Keller, A. V., Hoffman, S. N., Davey, D. K., & Jak, A. J.

The Clinical Neuropsychologist  
2022 Nov; 36(8): 2073-2092

### **Objective:**

Executive dysfunction has previously been associated with suicidality, but it remains unclear how deficits in executive functioning contribute to increased suicidal thoughts and behaviors. Although it has been proposed that poorer executive functioning leads to difficulty generating and implementing appropriate coping strategies to regulate distress and inhibit suicidal thoughts and behaviors, studies have not systematically examined these relationships. Therefore, the present study examined various hypotheses to elucidate the mechanisms through which executive dysfunction influences suicidal ideation (SI) in combat-exposed Iraq/Afghanistan veterans.

### **Method:**

Veterans who endorsed SI were compared to those who denied SI on demographic and diagnostic variables and measures of neuropsychological functioning, psychological symptoms, coping styles, and combat experiences. Serial mediation models were tested to examine mechanistic relationships among executive functioning, psychological distress, coping, and SI.

### **Results:**

Those who endorsed SI had worse executive functioning, greater psychological distress, and greater avoidant coping relative to those who denied SI. Serial mediation model testing indicated a significant indirect path, such that executive dysfunction increased psychological distress, which in turn increased avoidant coping, leading to SI.

### **Conclusions:**

Findings support and extend previous hypotheses regarding how executive functioning contributes to increased risk of suicidality via increased distress and avoidant coping. Intervention efforts focused on reducing suicidality may benefit from techniques that enhance executive functioning (e.g. computerized training, cognitive rehabilitation) and in turn reduce distress prior to targeting coping strategies.

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<https://doi.org/10.1080/07448481.2020.1851231>

## **Examining mental health stigma in a first-year seminar for student veterans.**

Morris, P. A., Carpenter, D., Agbonlahor, O., & Rodriguez, F.

Journal of American College Health  
2022 Nov-Dec; 70(8): 2247-2252

### Objective:

To examine perceptions of mental health stigma among first-year student service members/veterans (SSM/Vs).

### Participants:

107 SSM/Vs enrolled in a first-semester seminar completed a pre- and post-test measuring five constructs; 1) stigma toward mental health in the military, 2) academic readiness, 3) mental health stigma in college, 4) connection to campus, and 5) resiliency.

### Methods:

Data were analyzed using paired samples t-tests to measure growth on the scales of interest, along with a multiple regression analysis to establish predictors of growth.

### Results:

Stigma-Military and Connection to Campus increased while Stigma-College reduced ( $p < .05$ ). For the regression analysis, statistically significant predictors of stigma include number of deployments and having served in a combat role ( $p < .05$ )

### Conclusions:

Results suggest classroom interventions for SSM/Vs on campus may be related to reduced stigma toward mental health services. This study provides a starting point for expanding research on health and wellness curricular interventions for SSM/V.

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<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 Evan, MA, Heidi Cramm, PhD & Linna Tam-Seto, PhD

Military Behavioral Health  
Volume 10, 2022 - Issue 2

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.

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<https://doi.org/10.3389/fpsyg.2022.941019>

## **Mapping the network biology of metabolic response to stress in posttraumatic stress disorder and obesity.**

Chacko TP, Toole JT, Richman S, Spink GL Jr, Reinhard MJ, Brewster RC, Costanzo ME and Broderick G

Frontiers in Psychology  
26 July 2022

The co-occurrence of stress-induced posttraumatic stress disorder (PTSD) and obesity is common, particularly among military personnel but the link between these conditions is unclear. Individuals with comorbid PTSD and obesity manifest other physical and psychological problems, which significantly diminish their quality of life. Current understanding of the pathways connecting stress to PTSD and obesity is focused

largely on behavioral mediators alone with little consideration of the biological regulatory mechanisms that underlie their co-occurrence. In this work, we leverage prior knowledge to systematically highlight such bio-behavioral mechanisms and inform on the design of confirmatory pilot studies. We use natural language processing (NLP) to extract documented regulatory interactions involved in the metabolic response to stress and its impact on obesity and PTSD from over 8 million peer-reviewed papers. The resulting network describes the propagation of stress to PTSD and obesity through 34 metabolic mediators using 302 documented regulatory interactions supported by over 10,000 citations. Stress jointly affected both conditions through 21 distinct pathways involving only two intermediate metabolic mediators out of a total of 76 available paths through this network. Moreover, oxytocin (OXT), Neuropeptide-Y (NPY), and cortisol supported an almost direct propagation of stress to PTSD and obesity with different net effects. Although stress upregulated both NPY and cortisol, the downstream effects of both markers are reported to relieve PTSD severity but exacerbate obesity. The stress-mediated release of oxytocin, however, was found to concurrently downregulate the severity of both conditions. These findings highlight how a network-informed approach that leverages prior knowledge might be used effectively in identifying key mediators like OXT though experimental verification of signal transmission dynamics through each path will be needed to determine the actual likelihood and extent of each marker's participation.

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<https://doi.org/10.1016/j.janxdis.2022.102613>

**A systematic review and meta-analysis of individual and couple therapies for posttraumatic stress disorder: Clinical and intimate relationship outcomes.**

Iris Sijercic, Rachel E. Liebman, Jennifer Ip, Kristen M. Whitfield, ... Candice M. Monson

Journal of Anxiety Disorders

Volume 91, October 2022, 102613

The association between symptoms of posttraumatic stress disorder (PTSD) in adults and difficulties in intimate relationships is well documented. Growing literature suggests that interpersonally-oriented therapies, such as couple and family interventions, may lead to improvements in both PTSD symptoms and intimate relationship functioning. However, it is unknown how individual PTSD treatments compare to couple/family interventions in relational outcomes. The present study was a systematic review and meta-analysis of individual and couple/family treatments to examine changes in PTSD



symptoms and intimate relationship functioning. Twelve couple treatment studies with 13 unique samples and 7 individual treatment studies with 9 unique samples met inclusion criteria. No family-based treatments were identified. Meta-analytic findings indicated moderate to large reductions in PTSD symptoms for both couple and individual studies. Small but significant improvements in intimate relationship functioning across individual and couple studies were observed. Moderation analysis suggested that across both individual and couple treatment formats, trauma-focused treatments had larger effects on PTSD symptoms. Trauma-focused treatments had larger effects on intimate relationship functioning for individual studies. Military status did not moderate outcomes. This study supports the utility of both individual and couple treatment formats for treating PTSD and provides preliminary support for these modalities for also enhancing intimate relationship functioning.

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<https://doi.org/10.1016/j.janxdis.2022.102611>

**Is it worth it to personalize the treatment of PTSD? – A variance-ratio meta-analysis and estimation of treatment effect heterogeneity in RCTs of PTSD.**

Philipp Herzog, Tim Kaiser

Journal of Anxiety Disorders  
Volume 91, October 2022, 102611

Several evidence-based treatments for posttraumatic stress disorder (PTSD) are recommended by international guidelines (e.g., APA, NICE). While their average effects are in general high, non-response rates indicate differential treatment effects. Here, we used a large database of RCTs on psychotherapy for PTSD to determine a reliable estimate of this heterogeneity in treatment effects (HTE) by applying Bayesian variance ratio meta-analysis. In total, 66 studies with a total of 8803 patients were included in our study. HTE was found for all psychological treatments, with varying degrees of certainty, only slight differences between psychological treatments, and active control groups yielding a smaller variance ratio compared to waiting list control groups. Across all psychological treatment and control group types, the estimate for the intercept was 0.12, indicating a 12% higher variance of posttreatment values in the intervention groups after controlling for differences in treatment outcomes. This study is the first to determine the maximum increase in treatment effects of psychological treatments for PTSD by personalization. The results indicate that there is comparatively high heterogeneity in treatment effects across all psychological treatment and control groups,

which in turn allow personalizing psychological treatments by using treatment selection approaches.

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<https://doi.org/10.1016/j.jpsychires.2022.08.001>

## **Identifying factors associated with elevated suicidal intent among U.S. military veterans.**

Brandon Nichter, Peter J. Na, Ian H. Stanley, Brian P. Marx, ... Robert H. Pietrzak

Journal of Psychiatric Research  
Volume 155, November 2022, Pages 68-74

### Objective

Suicidal intent is a risk factor for engagement in suicidal behavior, use of violent means, and suicide mortality. Yet, scarce research has examined factors associated with suicidal intent among U.S. military veterans, a population at high risk for suicide. This study examined vulnerability factors associated with suicidal intent in a population-based sample of U.S. veterans.

### Methods

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study, which surveyed a representative sample of 4069 U.S. veterans. Analyses estimated the prevalence of current suicidal intent (i.e., veterans' report that they would likely attempt suicide in the future) and examined factors most strongly associated with suicidal intent.

### Results

Forty-nine veterans (1.4%; 95% confidence interval = 1.0–1.8%) reported suicidal intent. Recurrent past-year suicidal ideation ( $\geq 2$  times), low dispositional gratitude, current depression, current insomnia, childhood sexual abuse, and a prior suicide attempt were most strongly associated with suicidal intent (7.1–50.1% of the total explained variance). Veterans with several of these co-occurring factors were at highest risk for suicidal intent; of veterans with 0,  $\geq 1$ ,  $\geq 2$ ,  $\geq 3$ , and  $\geq 4$  of these factors, 0.1%, 4.4%, 10.8%, 19.5%, and 28.1% reported suicidal intent, respectively.

### Discussion

Specific vulnerability factors, particularly when co-occurring, may increase veterans'

intention of attempting suicide. Findings underscore the importance for clinicians to continuously assess suicidal intent when working with this population, particularly as veterans' reports of suicidal thinking increases.

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<https://doi.org/10.1093/milmed/usac232>

## **Prospective Associations of Military Discharge Characterization with Post-active Duty Suicide Attempts and Homelessness: Results from the Study to Assess Risk and Resilience in Servicemembers—Longitudinal Study (STARRS-LS).**

James A Naifeh, PhD, Vincent F Capaldi, II, MD, Carol Chu, PhD, Andrew J King, MS, Katherine A Koh, MD, Brian P Marx, PhD, Ann Elizabeth Montgomery, PhD, Robert W O'Brien, PhD, Nancy A Sampson, BA, Ian H Stanley, PhD, Jack Tsai, PhD, Dawne Vogt, PhD, Robert J Ursano, MD, Murray B Stein, MD, MPH, Ronald C Kessler, PhD

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### Introduction

Active duty service members transitioning to civilian life can experience significant readjustment stressors. Over the past two decades of the United States' longest sustained conflict, reducing transitioning veterans' suicidal behavior and homelessness became national priorities. However, it remains a significant challenge to identify which service members are at greatest risk of these post-active duty outcomes. Discharge characterization, which indicates the quality of an individual's military service and affects eligibility for benefits and services at the Department of Veterans Affairs, is a potentially important indicator of risk.

### Materials and Methods

This study used data from two self-report panel surveys of the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS) (LS1: 2016-2018, n = 14,508; and LS2: 2018-2019, n = 12,156), which were administered to respondents who previously participated while on active duty in one of the three Army STARRS baseline self-report surveys (2011-2014): the New Soldier Study (NSS), a survey of soldiers entering basic training; All Army Study, a survey of active duty soldiers around the world; and the Pre-Post Deployment Study, a survey of soldiers before and after combat deployment. Human Subjects Committees of the participating institutions approved all recruitment, informed consent, and data collection protocols. We used

modified Poisson regression models to prospectively examine the association of discharge characterization (honorable, general, “bad paper” [other than honorable, bad conduct, dishonorable], and uncharacterized [due to separation within the first 180 days of service]) with suicide attempt (subsample of n = 4334 observations) and homelessness (subsample of n = 6837 observations) among those no longer on active duty (i.e., separated or deactivated). Analyses controlled for other suicide attempt and homelessness risk factors using standardized risk indices that were previously developed using the LS survey data.

## Results

Twelve-month prevalence rates of self-reported suicide attempts and homelessness in the total pooled LS sample were 1.0% and 2.9%, respectively. While not associated with suicide attempt risk, discharge characterization was associated with homelessness after controlling for other risk factors. Compared to soldiers with an honorable discharge, those with a bad paper discharge had an increased risk of homelessness in the total sample (relative risk [RR] = 4.4 [95% CI = 2.3-8.4]), as well as within subsamples defined by which baseline survey respondents completed (NSS vs. All Army Study/Pre-Post Deployment Study), whether respondents had been separated (vs. deactivated), and how much time had elapsed since respondents were last on active duty.

## Conclusions

There is a robust association between receiving a bad paper discharge and post-separation/deactivation homelessness. Policies that enhance transition assistance and access to mental healthcare for high-risk soldiers may aid in reducing post-separation/deactivation homelessness among those who do not receive an honorable discharge.

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## **Cannabis use and suicide risk among Gulf War veterans.**

Jeremy L. Grove, Nathan A. Kimbrel, Sarah C. Griffin, Tate Halverson, Mark A. White, Shannon M. Blakey, Jean C. Beckham, Eric A. Dedert, David B. Goldston, Mary J. Pugh & Patrick S. Calhoun

Death Studies

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Cannabis use has been indicated as a risk factor for suicide in veterans. This study of Gulf War veterans tested the relationship between self-report past year cannabis use and (a) past year suicidal ideation and (b) risk for suicidal behavior. Data were from a national sample (N = 1126) of Gulf War veterans. Logistic regression models indicated cannabis use was associated with past year suicidal ideation and elevated risk for suicidal behavior, independent of key covariates. In corroboration with research on other military populations, this study indicates a potentially concerning association between cannabis use and suicide risk in Gulf War veterans.

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### **Correlates of incarceration history among military veterans.**

Katherine Kelton, Elizabeth E. Van Voorhees, Eric B. Elbogen, VA Mid-Atlantic MIRECC Workgroup & Kirsten H. Dillon

Military Psychology

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Veterans with histories of incarceration are at greater risk for poor physical and mental health outcomes, yet prior research in this population has focused on specific subsets of veterans or a narrow range of predictors. We utilized the Bronfenbrenner Socioecological Model as the framework to evaluate correlates of incarceration history in a large sample of Iraq and Afghanistan-era veterans at four levels: demographic, historical, clinical, and contextual. Participants were 2,904 veterans (76.9% male; 49.5% White and 46.5% Black; mean age 38.08, SD = 10.33), 700 of whom reported a history of incarceration. Four logistic regression models predicting history of incarceration were tested, adding demographic, historical, clinical, and contextual variables hierarchically. In the final model, younger age (OR = 0.99, 95% CI = 0.98–1.00), male gender (OR of being female = 0.28, 95% CI = 0.21–0.38), belonging to a historically marginalized group (OR of being White = 0.69, 95% CI = 0.56–0.84), family history of incarceration (OR = 1.47, 95% CI = 1.10–1.94), adult interpersonal trauma (OR = 1.39, 95% CI = 1.28–1.51), problematic alcohol use (OR = 1.03, 95% CI = 1.02–1.05), drug abuse (OR = 1.15, 95% CI = 1.11–1.19), and unemployment (OR for being employed = 0.76, 95% CI = 0.62–0.92) were significantly associated with a history of incarceration. Implications of these findings for developing interventions and supporting systems to effectively target this high-risk population of veterans are discussed.

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### **Sleepiness in adults: An umbrella review of a complex construct.**

Vincent P. Martin, Régis Lopez, Yves Dauvilliers, Jean-Luc Rouas, ... Jean-Arthur Micoulaud-Franchi

Sleep Medicine Reviews  
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Sleepiness involves many dimensions that require investigation. Since sleepiness is often defined operationally, we exhaustively inventoried all the assessment tools designed to measure it in an umbrella review, without any preconceptions, i.e. a review of reviews. We included all reviews and systematic reviews related to sleepiness assessment tools published up to March 2021. Three investigators independently assessed the eligibility of studies for inclusion and identified 36 relevant reviews. In total, 99 tools were identified and classified into 8 categories. We classified them depending on their category, their publication year and the number of mentions in the 36 included reviews. The 6 most frequently cited were the Epworth sleepiness scale, the multiple sleep latency test, the maintenance of wakefulness test, the Stanford sleepiness scale, the Karolinska sleepiness scale, and the psychomotor vigilance task. Despite the limitation that we may have missed some recently developed tools, this historical perspective on sleepiness measurement is a first step toward a better delineation of the different dimensions underlying the constructs of sleepiness, and will serve as a basis for further discussion in the clinical and research sleep community.

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### **Is cognitive behavioral therapy for insomnia (CBTi) efficacious for treating insomnia symptoms in shift workers? A systematic review and meta-analysis.**

Amy C. Reynolds, Alexander Sweetman, Meagan E. Crowther, Jessica L. Paterson, ... Peter R. Eastwood

Shift workers commonly report insomnia symptoms. Cognitive behavioral therapy for insomnia (CBTi) is the first line treatment for insomnia, however efficacy in shift workers is not well understood. This systematic review and meta-analysis evaluates existing trials of CBTi in shift working populations. A systematic literature search was conducted across seven electronic databases (n = 2120). Fifty-two full-text articles were reviewed and of these, nine studies (across ten publications with a total of 363 participants) were deemed suitable for inclusion. Heterogeneity was considerable between studies, with variability in study design, style and delivery of intervention, and follow-up times. Small sample sizes were common and attrition was high. Some studies modified aspects of CBTi for use in shift workers, while others were limited to psycho-education as part of larger intervention studies. Mean differences (MD) pre and post CBTi were modest for both the insomnia severity index (ISI; MD: -3.08, 95% CI: -4.39, -1.76) and the Pittsburgh sleep quality index (PSQI; MD: -2.38, 95% CI: -3.55, -1.21). Neither difference was of a magnitude considered to reflect a clinically significant improvement. Tailored approaches to CBTi are needed for shift workers to improve efficacy, ideally including co-production with workers to ensure interventions meet this population's needs.

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### **Maladaptive therapist schemas in CBT practice, training and supervision: A scoping review.**

Jason Roscoe, Julie Taylor

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#### **Background**

Maladaptive therapist schemas are hypothesised to generate difficulties within cognitive behavioural therapy practice, training and supervision. Without adequate identification and management, they negatively affect the cognitions and emotions of the therapist, leading them to behave in ways that risk ruptures or therapy and supervision being delivered in a sub-optimal fashion. Consequently, there is a need to synthesise the

research that has been undertaken to date on the content, prevalence, identification, and management of maladaptive therapist schemas.

#### Method

A scoping review was undertaken of studies that have been published since 2001 on the impact of maladaptive therapist schemas (also referred to interchangeably as beliefs or cognitions) in Cognitive behavioural therapy practice, training and supervision. Thirteen studies were identified in a literature search from four electronic databases, a reference list search of identified articles and hand searches.

#### Results

Three overall themes were identified in the research, (1) prevalence of therapist schemas (2) specific therapist beliefs and (3) therapist characteristics associated with the delivery of sub-optimal CBT or supervision. Whilst there is little empirical support for therapist schemas, therapist resistance and beliefs relating to the fear of using exposure therapy were identified. Therapist intolerance of uncertainty and self-esteem were recurrent factors.

#### Conclusion

There is no consensus on how to define, identify, formulate or respond to maladaptive therapist beliefs or schemas in clinical practice, training or supervision. Further research is needed to better understand their origins, maintaining factors and appropriate management of their impact.

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#### **Links of Interest**

'A place to begin to heal': Fort Meade opens a resiliency center for those who bear the weight of secret, stressful missions

<https://www.stripes.com/branches/army/2022-11-16/fort-meade-resiliency-center-8075947.html>

VA suicide prevention efforts need more focus on gun safety training

<https://www.militarytimes.com/veterans/2022/11/17/va-suicide-prevention-efforts-need-more-focus-on-gun-safety-training/>

Shields & Stripes helps improve mental health for Veterans, first responders

<https://news.va.gov/110954/shields-stripes-helps-improve-mental-health/>



Veteran caregiver kids: America wants to hear your story

<https://www.militarytimes.com/veterans/2022/11/18/veteran-caregiver-kids-america-wants-to-hear-your-story/>

DoD wants to hear from 110K military families with special needs

<https://www.militarytimes.com/news/your-military/2022/11/18/dod-wants-to-hear-from-110k-military-families-with-special-needs/>

After years of work, where's the Army's suicide prevention regulation?

<https://www.armytimes.com/news/your-army/2022/11/22/after-years-of-work-heres-the-armys-suicide-prevention-regulation/>

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**Resource of the Week: [Deficiencies in Lethal Means Safety Training, Firearms Access Assessment, and Safety planning for Patients with Suicidal Behaviors by Firearms](#)**

From the Department of Veterans Affairs, Office of Inspector General:

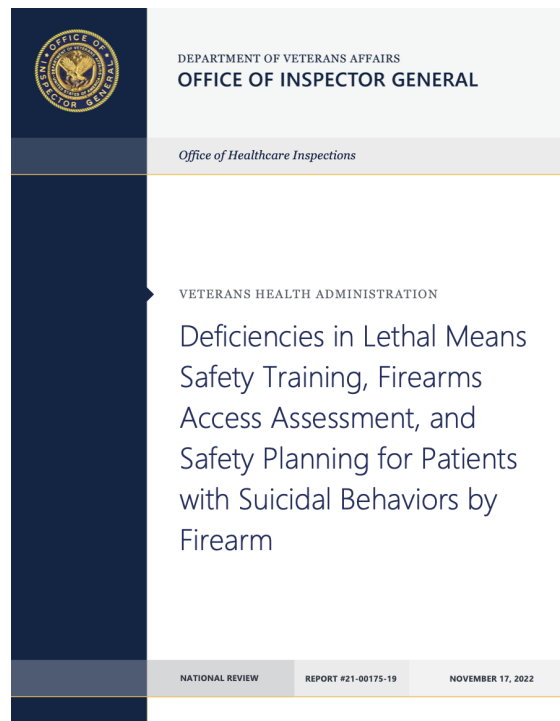
The VA Office of Inspector General (OIG) conducted a review of Veterans Health Administration's lethal means safety (LMS) training, firearms access and safe storage discussions within suicide risk assessments and safety plans, and clinicians' perspectives on lethal means interventions.

The OIG examined the electronic health records of 480 patients with firearm-related suicide behavior events. Among 15 patients with fatal firearm-related suicide behavior events, who required a comprehensive suicide risk evaluation (CSRE) prior to the event, three lacked required documentation. Six of the remaining 12 failed to assess firearms access and three of six CSREs that documented firearms access failed to include safe storage discussion. Among patients with a non-fatal firearm suicide behavior event, staff failed to include safe storage discussions in approximately 30 percent of CSREs and 21 percent of safety plans.

One-third of Veterans Integrated Service Networks fell below an average of 90 percent compliance with one-time, mandatory LMS training completion. The OIG conducted a national survey of mental health, primary care, and emergency department clinicians. Among respondents who completed LMS training, 75 to 81 percent reported asking most or every patient about firearms access when

assessing suicide risk and safety planning. However, only 50 to 56 percent of respondents who did not complete the LMS training reported asking most or every patient about firearms access. The same pattern emerged for safe storage discussions. Additionally, about 60 percent of clinicians who completed LMS training, and about a third of clinicians who did not complete the training, reported documenting firearms access and safe storage discussions.

The OIG made seven recommendations to the Under Secretary for Health related to training compliance and oversight, one-time LMS training, CSRE and safety plan completion, and evaluation of staff barriers to conducting and documenting the suicide risk identification strategy, firearms access, and safe storage discussions.



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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