

# CDP



## Research Update -- December 8, 2022

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- Links of Interest
- Resource of the Week: DOD Office for Diversity, Equity, and Inclusion – Demographic Infographics

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<https://doi.org/10.1176/appi.ps.202100523>

## **Adapting the Cultural Formulation Interview for the Military.**

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Psychiatric Services  
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### Objective:

U.S. military service members, veterans, and their families increasingly seek care from providers with limited knowledge of military culture. The 16-item core DSM-5 Cultural Formulation Interview (CFI) was designed to integrate cultural factors into assessment and treatment of mental disorders. Although the CFI was designed for use with all patients, it is unknown whether the CFI adequately assesses military culture. The authors describe a methodology to determine the need for specific CFI versions and how to create a version for use with persons affiliated with the military.

### Methods:

Published articles on cultural competence in the military were systematically reviewed. Cultural domains were abstracted from each article, inductively coded, and hierarchically organized for assessment against the core CFI. A military CFI was created with additional implementation instructions, questions, and probes when the core CFI was inadequate for eliciting relevant cultural domains.

### Results:

Sixty-three articles were included. Coding revealed 22 military culture domains, of which only five would be elicited in the core CFI without additional guidance. Twelve of 16 questions in the core CFI required additional instructions, five benefited from question edits, and 10 needed additional probing questions. On the basis of these results, the authors crafted a military version of the CFI for service members, veterans, and their families.

## Conclusions:

The military CFI for clinicians assesses aspects of military culture that are not comprehensively evaluated through the core CFI. The development process described in this article may inform the creation of other versions when the core CFI does not comprehensively assess cultural needs for specific populations.

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<https://doi.org/10.1007/s40429-022-00454-3>

## **Treatment of Alcohol Use Problems Among Rural Populations: a Review of Barriers and Considerations for Increasing Access to Quality Care.**

Davis, C.N., O'Neill, S.E.

Current Addiction Reports

Published: 22 November 2022

### Purpose of Review

Individuals living in rural areas face unique challenges when accessing services for alcohol-related problems and are at increased risk of experiencing alcohol-related harms. We outline research on rural-urban treatment gaps in alcohol use treatment, identify common barriers to treatment, and provide recommendations for how to address the difficulties faced by this population.

### Recent Findings

Globally, individuals living in rural and remote areas are less likely to receive care for alcohol-related concerns compared to those residing in urban areas. Rural areas suffer from insufficient access to specialty providers, and rural residents are likely to experience greater stigma regarding seeking treatment for alcohol-related concerns.

### Summary

Given rural-urban disparities in access to treatment for alcohol use concerns, treatment efforts should incorporate stakeholders across the medical system. Telehealth options are particularly promising for increasing access to care. Adaptations should emphasize existing strengths among rural populations, such as strong religious beliefs and close community ties.

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<https://doi.org/10.1002/jts.22889>

## **Impact of moral injury and posttraumatic stress disorder on health care utilization and suicidality in rural and urban veterans.**

Kimber J. Parry, Bret L. Hicken, Wei Chen, Jianwei Leng, Steven Allen, Zachary Burningham

Journal of Traumatic Stress

First published: 03 November 2022

This study explored the impact of moral injury (MI) and posttraumatic stress disorder (PTSD) on health care utilization, mental health complexity, and suicidality in rural and urban veterans. Analyses combined data from the Salt Lake City PTSD Clinic Intake Database and the Department of Veterans Affairs Corporate Data Warehouse. Participants (N = 1,545; Mage = 45.9 years) were predominately male (88.3%) and White (87.8%). Adjusted analyses indicated associations between a 1-unit increase in Moral Injury Events Scale (MIES) score and increased mental health complexity, RR = 1.01, 95% CI [1.01, 1.02],  $p < .001$ ; psychotropic medication utilization, RR = 1.01, 95% CI [1.01, 1.03],  $p < .001$ ; VA drug class count, RR = 1.01, 95% CI [1.00, 1.01],  $p = .030$ ; outpatient utilization, RR = 1.01, 95% CI [1.01, 1.02],  $p < .001$ ; and mental health outpatient utilization, RR = 1.01, 95% CI [1.00, 1.03],  $p < .001$ . For the MIES x PTSD interaction, all associations remained statistically significant with similar estimated effects. However, for rural veterans, this interaction did not significantly affect utilization. Among those with PTSD, a 1-unit MIES increase was associated with an increased risk of suicidality, OR = 1.02, 95% CI [1.01, 1.04], and psychiatric admission, OR = 1.02, 95% CI [1.00, 1.04]. Findings suggest that higher MIES scores predict increased health care utilization and mental health complexity. Further, PTSD combined with higher MIES scores may increase the risk of suicidality and psychiatric admission. Rural veterans with PTSD and higher MIES scores may require additional outreach and intervention.

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<https://doi.org/10.1002/jts.22892>

## **Risk factors for the presence and persistence of posttraumatic stress symptoms following traumatic brain injury in U.S. service members and veterans.**

Rael T. Lange, Louis M. French, Sara Lippa, Samantha M. Baschenis, Kelly C. Gillow, Megan E. Glazer, Alicia A. Rogers, Kendal E. Cristaudo, Jason M. Bailie, Lars Hungerford, Jan Kennedy, Tracey A. Brickell

Journal of Traumatic Stress

First published: 31 October 2022

This study aimed to identify risk factors predictive of the presence and persistence of posttraumatic stress disorder (PTSD) symptom reporting following traumatic brain injury (TBI). Participants were 1,301 U.S. service members and veterans (SMVs) divided into four groups: uncomplicated mild TBI (mTBI;  $n = 543$ ); complicated mild, moderate, severe, and penetrating TBI ( $n = 230$ ); injured controls ( $n = 340$ ); and noninjured controls ( $n = 188$ ). We examined 25 factors related to demographic, injury-related, military-specific, treatment/health care need, and mental health/social support variables. Seven factors were statistically associated with the presence of DSM-IV-TR symptom criteria for PTSD: premorbid IQ, combat exposure, depression, social participation, history of mTBI, need for managing mood and stress, and need for improving memory and attention,  $p < .001$  (51.3% variance). When comparing the prevalence of these risk factors in a longitudinal cohort ( $n = 742$ ) across four PTSD trajectory groups (i.e., asymptomatic, improved, developed, persistent), a higher proportion of participants in the persistent PTSD group reported worse depression, a lack of social participation, and history of mTBI. Additionally, a higher proportion of participants in the persistent and developed PTSD groups reported the need for managing mood/stress and improving memory/attention. When considered simultaneously, the presence of  $\geq 1$  or  $\geq 2$  risk factors was associated with a higher proportion of participants in the developed and persistent PTSD groups,  $ps < .001$ . These risk factors may be useful in identifying SMVs at risk for the development and/or persistence of PTSD symptoms who may need intervention.

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<https://doi.org/10.1016/j.amepre.2022.07.010>

### **Post-Combat-Injury Opioid Prescription and Alcohol Use Disorder in the Military.**

Alcover, K. C., Poltavskiy, E. A., Howard, J. T., Watrous, J. R., Janak, J. C., Walker, L. E., & Stewart, I. J.

American Journal of Preventive Medicine

2022 Dec; 63(6): 904-914

## Introduction:

Previous studies have identified combat exposure and combat traumatic experience as problematic drinking risk factors. Increasing evidence suggests that opioid use increases the risk of alcohol use disorder. This study investigated the association between opioid prescription use after injury and (1) alcohol use disorder and (2) severity of alcohol use disorder among deployed military servicemembers.

## Methods:

Deidentified health records data of 9,029 deployed servicemembers from a retrospective cohort study were analyzed. Data were randomly selected from the Department of Defense Trauma Registry and included servicemembers with combat injuries during deployment in Iraq or Afghanistan (2002-2016). Pharmacy records and International Classification of Diseases, Ninth and Tenth Revision diagnosis codes were used. Three groups were identified (no opioid prescription use, nonpersistent opioid prescription use, and persistent opioid prescription use) and were compared on the basis of alcohol use disorder risk using Cox proportional hazard models. Data analyses were performed in 2021.

## Results:

Of the 9,029 servicemembers with combat injury, 2,262 developed alcohol use disorder (1,322 developed severe alcohol use disorder). Compared with no opioid prescription use, increased alcohol use disorder risk was associated with persistent opioid prescription use, with a hazard ratio of 1.13 (95% CI=1.02, 1.26). After covariate adjustment, increased risk remained statistically significant (hazards ratio=1.24; 95% CI=1.10, 1.39). There was no significant difference in alcohol use disorder risk between no opioid prescription use and nonpersistent opioid prescription use. The risk of severe alcohol use disorder did not vary by opioid use among servicemembers with alcohol use disorder diagnosis.

## Conclusions:

The findings of the study suggest that the incidence of alcohol use disorder was higher among injured servicemembers with persistent opioid prescription use than among those without opioid use. If replicated in prospective studies, the findings highlight the need for clinicians to consider the current and history of alcohol use of patients in initiating treatment involving opioids.

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<https://doi.org/10.1017/S0033291720001786>

## **Unit cohesion during deployment and post-deployment mental health: is cohesion an individual- or unit-level buffer for combat-exposed soldiers?**

Campbell-Sills, L., Flynn, P. J., Choi, K. W., Ng, T. H. H., Aliaga, P. A., Broshek, C., Jain, S., Kessler, R. C., Stein, M. B., Ursano, R. J., & Bliese, P. D.

Psychological Medicine  
2022 Jan; 52(1): 121-131

### Background:

Unit cohesion may protect service member mental health by mitigating effects of combat exposure; however, questions remain about the origins of potential stress-buffering effects. We examined buffering effects associated with two forms of unit cohesion (peer-oriented horizontal cohesion and subordinate-leader vertical cohesion) defined as either individual-level or aggregated unit-level variables.

### Methods:

Longitudinal survey data from US Army soldiers who deployed to Afghanistan in 2012 were analyzed using mixed-effects regression. Models evaluated individual- and unit-level interaction effects of combat exposure and cohesion during deployment on symptoms of post-traumatic stress disorder (PTSD), depression, and suicidal ideation reported at 3 months post-deployment (model n's = 6684 to 6826). Given the small effective sample size ( $k = 89$ ), the significance of unit-level interactions was evaluated at a 90% confidence level.

### Results:

At the individual-level, buffering effects of horizontal cohesion were found for PTSD symptoms [ $B = -0.11$ , 95% CI (-0.18 to -0.04),  $p < 0.01$ ] and depressive symptoms [ $B = -0.06$ , 95% CI (-0.10 to -0.01),  $p < 0.05$ ]; while a buffering effect of vertical cohesion was observed for PTSD symptoms only [ $B = -0.03$ , 95% CI (-0.06 to -0.0001),  $p < 0.05$ ]. At the unit-level, buffering effects of horizontal (but not vertical) cohesion were observed for PTSD symptoms [ $B = -0.91$ , 90% CI (-1.70 to -0.11),  $p = 0.06$ ], depressive symptoms [ $B = -0.83$ , 90% CI (-1.24 to -0.41),  $p < 0.01$ ], and suicidal ideation [ $B = -0.32$ , 90% CI (-0.62 to -0.01),  $p = 0.08$ ].

### Conclusions:

Policies and interventions that enhance horizontal cohesion may protect combat-exposed units against post-deployment mental health problems. Efforts to support



individual soldiers who report low levels of horizontal or vertical cohesion may also yield mental health benefits.

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<https://doi.org/10.1016/j.janxdis.2022.102645>

### **Treatment response trajectories in residential PTSD programs for veterans: A national cohort investigation.**

Grau, P. P., Sripada, R. K., Pietrzak, R. H., Ganoczy, D., & Harpaz-Rotem, I.

Journal of Anxiety Disorders  
Volume 92, December 2022, 102645

Although improving residential PTSD care is a priority for the Department of Veterans Affairs, previous evaluations have been limited by a lack of systematic data collection across more than two timepoints. This study used recently available data to assess symptom trajectories in a large, national sample of veterans who engaged in residential PTSD treatment. Group-based trajectory analysis PROC TRAJ was used to identify PTSD residential treatment response in a national cohort of veterans (n = 10,832) and the subset of veterans (n = 6515) receiving evidence-based psychotherapy (EBP). PTSD symptoms were assessed at intake, discharge, and 4-month follow-up. Predictors of trajectory membership were estimated using multinomial models. For the full cohort, a three-group trajectory model provided the best fit with the following identified groups: “Severe/Stable” (51.8%), “Moderate/Rebound” (40.1%), and “Mild/Rebound” (8.1%). For the EBP sub-cohort, a three-group trajectory model was selected with the following groups: “Severe/Stable” (58.5%), “Moderate/Rebound” (34.1%), and “Mild/Rebound” (7.4%). Across all trajectories, psychological distress, pain severity, substance use, Iraq/Afghanistan combat era, non-White race, and treatment dropout were associated with poorer treatment response. In the EBP sub-cohort, homelessness and unemployment at the time of admission were also associated with poorer treatment outcomes to varying degrees. This study demonstrates that residential treatment for PTSD is associated with heterogeneous treatment trajectories which highlight the need to continue to explore and improve residential PTSD treatment outcomes. Our results underscore the importance of obtaining follow-up data and identifying ways to maintain therapeutic gains following discharge.

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<https://doi.org/10.1111/fare.12757>

## **Influence of family factors on service members' decisions to leave the military.**

Kelly A. Woodall, Alejandro P. Esquivel, Teresa M. Powell, Lyndon A. Riviere, Paul J. Amoroso, Valerie A. Stander, for the Millennium Cohort Family Study Team

Family Relations

First published: 31 August 2022

### Background

Service member retention is a crucial aspect in maintaining and advancing the U.S. military and its mission. To increase retention, it is important to understand why active duty personnel voluntarily leave while they are still highly qualified. For married service members, spouses likely influence the decision to stay or leave military service.

### Objective

The current study used data from the Millennium Cohort Family Study for 4,539 dyads comprising service members and their spouses to investigate family predictors of voluntary military separation.

### Methods

Multivariate mediation analyses were conducted to evaluate the role of military satisfaction (spouse and service member) and work–family conflict as mediators of the effects of both family life and military stressors on risk for military separation, while accounting for spouse and service member demographics.

### Results

Results identified significant family factors operating through work–family conflict and military satisfaction that were associated with increased likelihood of service member voluntary separation, including number of children, spouse bothered by finances, and service member months away from home. Service members with spouses who reported higher levels of social support were significantly less likely to voluntarily separate, after operating through both work–family conflict and military satisfaction.

### Conclusion and Implications

Findings suggest that work–family conflict and military satisfaction play an important synergistic role in predicting the impact family and career factors have on voluntary separation. These modifiable factors may guide potential interventions to increase military retention efforts.

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<https://doi.org/10.1177/0192513X211030>

**“This Gradual Swing Back into Us”: Active Duty Army Spouses’ Experiences During Homecoming and Post-Deployment Family Reintegration.**

Drew, A. L., Blankenship, A. E., Kritikos, T. K., Jacoby, V. M., Dondanville, K. A., Yarvis, J. S., Sharrieff, A.-F., McGeary, C. A., Blount, T. H., Young-McCaughan, S., Peterson, A. L., & DeVoe, E. R.

Journal of Family Issues  
2022; 43(7), 1946–1967

There is acknowledgment that deployments can be stressful for military spouses; however, less is known about their experiences post-deployment. This qualitative study examined the post-deployment experiences of 16 female spouses, whose active duty Army husband had returned from deployment within the previous 2 years and who had a young child during the deployment. Spouses reported that the time surrounding their husbands’ return was one of the great transitions, often accompanied by stress. Most families were able to work through challenges and show positive adjustment over time. However, some spouses described severe post-deployment challenges marked by disconnect from their partners; three of these were spouses whose husbands had posttraumatic stress disorder. The findings address how spouses prepared for their husband’s return, their reunion experiences, the process of reintegrating their husband into family life, and individual changes in the partners post-deployment. Facilitators and challenges to adjustment were identified as potential targets for interventions.

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<https://doi.org/10.1177/0095327X221094646>

**Gender Disparities in Active Duty Air Force Parents’ Childcare Access: Pre-Pandemic Costs, Utilization, and Career Impacts.**

King, E. L., Myint, H., Gardner, T. R., Mitchell, M. R., & Beitz, K. A.

Armed Forces & Society  
First published online June 13, 2022

Past reports indicate that enduring Department of Defense (DoD) childcare shortfalls may disproportionately affect women, but details regarding gender effects are unknown. This exploratory study sought to uncover the military childcare system's pre-pandemic state by analyzing two Air Force (AF) survey datasets—the 2017 AF Community Feedback Tool and 2020 AF Childcare Survey—to examine gender gaps in active duty AF parents' childcare access, cost and utilization, and perceptions of childcare impacts on career progression and retention. Results reveal that women—particularly those in the lowest ranks with less time on station—report more difficulties accessing childcare than male counterparts. Furthermore, fathers paid nothing for childcare and relied on spouses for childcare at higher rates, while mothers paid for care, relied on DoD childcare programs, were on DoD waitlists, reported childcare-related career impacts, and reported childcare affected their retention decisions at higher rates. Policy recommendations to improve childcare across the force are discussed.

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<https://doi.org/10.1080/08995605.2022.2083448>

### **The relationship between anxiety, coping, and disordered-eating attitudes in adolescent military-dependents at high-risk for excess weight gain.**

Senait Solomon, Lisa M. Shank, Jason M. Lavender, M. K. Higgins Neyland, Julia Gallager-Teske, Bethelhem Markos, Hannah Haynes, Hannah Repke, Alexander J. Rice, Tracy Sbrocco, Denise E. Wilfley, Natasha A. Schvey, Sarah Jorgensen, Brian Ford, Caitlin B. Ford, Mark Haigney, David A. Klein, Jeffrey Quinlan & Marian Tanofsky-Kraff

Military Psychology

Published online: 21 Jun 2022

Adolescent military-dependents are an understudied population who face unique stressors due to their parents' careers. Research suggests that adolescent military-dependents report more anxiety and disordered-eating than their civilian counterparts. While anxiety symptoms predict the onset and worsening of disordered-eating attitudes, the mechanisms underlying this relationship remain unclear. One factor that may underlie this relationship, and be particularly relevant for military-dependent youth, is coping. Therefore, we examined adolescent military-dependents ( $N = 136$ ;  $14.5 \pm 1.5$  years; 59.6% female; BMI-z:  $1.9 \pm 0.4$ ) who were at-risk for adult obesity and binge-eating disorder due to an age- and sex-adjusted BMI  $\geq$  85th percentile and loss-of-control eating and/or elevated anxiety. Participants completed an interview assessing

disordered-eating attitudes and questionnaires on anxiety symptoms and coping strategies at a single time point. Bootstrapping models were conducted to examine the indirect paths between anxiety symptoms and disordered-eating attitudes through five coping subscales (aggression, distraction, endurance, self-distraction, and stress-recognition). Adjusting for relevant covariates, no significant indirect paths through the coping subscales ( $ps > .05$ ) were found in any models. General coping, nonspecific to eating, may not be a pathway between anxiety symptoms and disordered-eating attitudes among adolescents. Future research should examine other potential mediators of this relationship.

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<https://doi.org/10.1016/j.cpr.2022.102228>

### **Attachment processes in posttraumatic stress disorder: A review of mechanisms to advance theories and treatments.**

Richard A. Bryant

Clinical Psychology Review

Available online 28 November 2022, 102228

Current conceptualisations of posttraumatic stress disorder (PTSD) are driven by biological, learning, and cognitive models that have shaped current treatments of the disorder. The strong influence of these models has resulted in a relative neglect of social mechanisms that can influence traumatic stress. There is abundant evidence from experimental, observational, and clinical studies that social factors can moderate many of the mechanisms articulated in prevailing models of PTSD. In this review it is proposed that attachment theory provides a useful framework to complement existing models of PTSD because it provides explanatory value for social factors can interact with biological, learning, and cognitive processes that shape traumatic stress response. The review provides an overview of attachment theory in the context of traumatic stress, outlines the evidence for how attachment factors can moderate stress responses and PTSD, and considers how harnessing attachment processes may augment recovery from and treatment of PTSD. This review emphasizes that rather than conceptualizing attachment theory as an independent theory of traumatic stress, there is much to gain by integrating attachment mechanisms into existing models of PTSD to accommodate the interactions between cognitive, biological, and attachment processes.

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<https://doi.org/10.1017/S1754470X22000538>

## **A qualitative examination of trainee perspectives on cognitive behavioural supervision.**

Guindon, J., Myhr, G., & Renaud, J.

The Cognitive Behaviour Therapist

Published online by Cambridge University Press: 01 December 2022

Clinical supervision is the main method by which mental health professionals acquire the competence to deliver safe and effective therapy. The cognitive behavioural supervision (CBS) approach to supervision parallels CBT in structure and form, which may facilitate learning. Although supervision is integral to trainee development, little is known about what CBS interventions trainees consider helpful. Using a qualitative content analysis methodology, we aimed to identify the specific CBS interventions that trainees find most helpful. Eight trainees completing a CBT rotation in an out-patient hospital setting received weekly individual supervision by staff psychiatrists and psychologists. Following each supervision meeting, trainees completed open-ended responses describing what they found most and least helpful. Responses from 127 meetings were coded using a CBS framework. Overall, trainees found many aspects of supervision helpful. The interventions most frequently noted as valuable were teaching, planning, formulating, training/experimenting, and evaluation of their work. When trainees mentioned unhelpful events, insufficient collaboration and a desire for more or less supervision structure were most frequently noted. These results suggest that the perceived helpfulness of supervision may be tied to the use of CBS interventions that provide trainees with concrete skills that facilitate learning. Further suggestions and implications for supervisors are discussed.

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<https://doi.org/10.1001/jamahealthforum.2022.4069>

## **Association of Recreational Cannabis Legalization With Alcohol Use Among Adults in the US, 2010 to 2019.**

Macha V, Abouk R, Drake C.

JAMA Health Forum  
2022; 3(11): e224069

## Key Points

### Question

How do recreational cannabis laws affect alcohol use among adults in the US?

### Findings

In this cross-sectional study with a difference-in-differences analysis of 4.2 million adults in all 50 states from 2010 to 2019, recreational cannabis laws were associated with a 0.9 percentage point increase in any alcohol use among the population overall but not in binge or heavy drinking. Results were primarily determined by younger adults (18-24 years) and men.

### Meaning

These findings suggest that increased alcohol use may be an unintended consequence of recreational cannabis laws.

## Abstract

### Importance

In the US, cannabis use has nearly doubled during the past decade, in part because states have implemented recreational cannabis laws (RCLs). However, it is unclear how legalization of adult-use cannabis may affect alcohol consumption.

### Objective

To estimate the association between implementation of state RCLs and alcohol use among adults in the US.

### Design, Settings, and Participants

This was a cross-sectional study of 4.2 million individuals who responded to the Behavioral Risk Factor Surveillance System in 2010 to 2019. A difference-in-differences approach with demographic and policy controls was used to estimate the association between RCLs and alcohol use, overall and by age, sex, race and ethnicity, and educational level. Data analyses were performed from June 2021 to March 2022.

### Exposures

States with RCLs, as reported by the RAND–University of Southern California Schaeffer Opioid Policy Tools and Information Center.

## Main Outcomes and Measures

Past-month alcohol use, binge drinking, and heavy drinking.

## Results

Of 4.2 million respondents (median age group, 50-64 years; 2 476 984 [51.7%] women; 2 978 467 [58.3%] non-Hispanic White individuals) in 2010 through 2019, 321 921 individuals lived in state-years with recreational cannabis laws. Recreational cannabis laws were associated with a 0.9 percentage point (95% CI, 0.1-1.7; P = .02) increase in any alcohol drinking but were not significantly associated with binge or heavy drinking. Increases in any alcohol use were primarily among younger adults (18-24 years) and men, as well as among non-Hispanic White respondents and those without any college education. A 1.4 percentage point increase (95% CI, 0.4-2.3; P = .006) in binge drinking was also observed among men, although this association diminished over time.

## Conclusions and Relevance

This cross-sectional study and difference-in-differences analysis found that recreational cannabis laws in the US may be associated with increased alcohol use, primarily among younger adults and men.

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<https://doi.org/10.1001/jamanetworkopen.2022.43848>

## **Placebo Response and Media Attention in Randomized Clinical Trials Assessing Cannabis-Based Therapies for Pain: A Systematic Review and Meta-analysis.**

Gedin, F., Blomé, S., Pontén, M., Lalouni, M., Fust, J., Raquette, A., Vadenmark Lundquist, V., Thompson, W. H., & Jensen, K.

JAMA Network Open

November 28, 2022

## Key Points

### Question

What is the size of the placebo response in cannabinoid trials for clinical pain, and is the magnitude of placebo response associated with media attention on the trials?

### Findings

This meta-analysis of 20 studies of 1459 individuals found a significant pain reduction in response to placebo in cannabinoid randomized clinical trials. Media attention was



proportionally high, with a strong positive bias, yet not associated with the clinical outcomes.

### Meaning

These findings suggest that placebo has a significant association with pain reduction as seen in cannabinoid clinical trials, and the positive media attention may shape placebo responses in future trials.

### Abstract

#### Importance

Persistent pain is a common and disabling health problem that is often difficult to treat. There is an increasing interest in medicinal cannabis for treatment of persistent pain; however, the limited superiority of cannabinoids over placebo in clinical trials suggests that positive expectations may contribute to the improvements.

#### Objective

To evaluate the size of placebo responses in randomized clinical trials in which cannabinoids were compared with placebo in the treatment of pain and to correlate these responses to objective estimates of media attention.

#### Data Sources

A systematic literature search was conducted within the MEDLINE and Embase databases. Studies published until September 2021 were considered.

#### Study Selection

Cannabinoid studies with a double-blind, placebo-controlled design with participants 18 years or older with clinical pain of any duration were included. Studies were excluded if they treated individuals with HIV/AIDS or severe skin disorders.

#### Data Extraction and Synthesis

The study followed the Preferred Reporting Items for Systematic Review and Meta-analyses reporting guideline. Data were extracted by independent reviewers. Quality assessment was performed using the Risk of Bias 2 tool. Attention and dissemination metrics for each trial were extracted from Altmetric and Crossref. Data were pooled and analyzed using a random-effects statistical model.

#### Main Outcomes and Measures

Change in pain intensity from before to after treatment, measured as bias-corrected standardized mean difference (Hedges  $g$ ).

## Results

Twenty studies, including 1459 individuals (mean [SD] age, 51 [7] years; age range, 33-62 years; 815 female [56%]), were included. Pain intensity was associated with a significant reduction in response to placebo, with a moderate to large effect size (mean [SE] Hedges  $g$ , 0.64 [0.13];  $P < .001$ ). Trials with low risk of bias had greater placebo responses ( $q_1 = 5.47$ ;  $I^2 = 87.08$ ;  $P = .02$ ). The amount of media attention and dissemination linked to each trial was proportionally high, with a strong positive bias, but was not associated with the clinical outcomes.

## Conclusions and Relevance

Placebo contributes significantly to pain reduction seen in cannabinoid clinical trials. The positive media attention and wide dissemination may uphold high expectations and shape placebo responses in future trials, which has the potential to affect the outcome of clinical trials, regulatory decisions, clinical practice, and ultimately patient access to cannabinoids for pain relief.

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<https://doi.org/10.1001/jamanetworkopen.2022.44221>

## **Trends and Disparities in Firearm Fatalities in the United States, 1990-2021.**

Rees, C. A., Monuteaux, M. C., Steidley, I., Mannix, R., Lee, L. K., Barrett, J. T., & Fleegler, E. W.

JAMA Network Open  
2022; 5(11) :e2244221

## Key Points

### Question

How have firearm fatality rates varied over a 32-year period in the United States?

### Findings

In this cross-sectional study of 1 110 421 firearm fatalities, all-intent firearm fatality rates declined to a low in 2004, then increased 45.5% by 2021. Firearm homicides were highest among Black non-Hispanic males, and firearm suicide rates were highest among White non-Hispanic men ages 70 years and older.

## Meaning

This study found marked disparities in firearm fatality rates between men and women and by racial and ethnic group, and these disparities increased in recent years.

## Abstract

### Importance

Firearm fatality rates in the United States have reached a 28-year high. Describing the evolution of firearm fatality rates across intents, demographics, and geography over time may highlight high-risk groups and inform interventions for firearm injury prevention.

### Objective

To understand variations in rates of firearm fatalities stratified by intent, demographics, and geography in the US.

### Design, Setting, and Participants

This cross-sectional study analyzed firearm fatalities in the US from 1990 to 2021 using data from the Centers for Disease Control and Prevention. Heat maps, maximum and mean fatality rate graphs, and choropleth maps of county-level rates were created to examine trends in firearm fatality rates by intent over time by age, sex, race, ethnicity, and urbanicity of individuals who died from firearms. Data were analyzed from December 2018 through September 2022.

### Main Outcomes and Measures

Rates of firearm fatalities by age, sex, race, ethnicity, urbanicity, and county of individuals killed stratified by specific intent (suicide or homicide) per 100 000 persons per year.

### Results

There were a total of 1 110 421 firearm fatalities from 1990 to 2021 (952 984 among males [85.8%] and 157 165 among females [14.2%]; 286 075 among Black non-Hispanic individuals [25.8%], 115 616 among Hispanic individuals [10.4%], and 672 132 among White non-Hispanic individuals [60.5%]). All-intents total firearm fatality rates per 100 000 persons declined to a low of 10.1 fatalities in 2004, then increased to 14.7 fatalities (45.5% increase) by 2021. From 2014 to 2021, male and female firearm homicide rates per 100 000 persons per year increased from 5.9 to 10.9 fatalities (84.7% increase) and 1.1 to 2.0 fatalities (87.0% increase), respectively. Firearm suicide rates were highest among White non-Hispanic men aged 80 to 84 years (up to 46.8 fatalities/100 000 persons in 2021). By 2021, maximum rates of firearm homicide were up to 22.5 times higher among Black non-Hispanic men (up to 141.8 fatalities/100 000

persons aged 20-24 years) and up to 3.6 times higher among Hispanic men (up to 22.8 fatalities/100 000 persons aged 20-24 years) compared with White non-Hispanic men (up to 6.3 fatalities/100 000 persons aged 30-34 years). Males had higher rates of suicide (14.1 fatalities vs 2.0 fatalities per 100 000 persons in 2021) and homicide (10.9 fatalities vs. 2.0 fatalities per 100 000 persons in 2021) compared with females. Metropolitan areas had higher homicide rates than nonmetropolitan areas (6.6 fatalities vs 4.8 fatalities per 100 000 persons in 2021). Firearm fatalities by county level increased over time, spreading from the West to the South. From 1999 to 2011 until 2014 to 2016, fatalities per 100 000 persons per year decreased from 10.6 to 10.5 fatalities in Western states and increased from 12.8 to 13.9 fatalities in Southern states.

### Conclusions and Relevance

This study found marked disparities in firearm fatality rates by demographic group, which increased over the past decade. These findings suggest that public health approaches to reduce firearm violence should consider underlying demographic and geographic trends and differences by intent.

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<https://doi.org/10.1002/jts.22875>

### **A meta-analysis of the association between event-related rumination and posttraumatic growth: The Event-Related Rumination Inventory and the Posttraumatic Growth Inventory.**

Niamh Allen, David Hevey, Clodagh Cogley, Fiadhait O'Keeffe

Journal of Traumatic Stress

Volume 35, Issue 6, Pages 1575-1585

December 2022

Trauma can disrupt an individual's core beliefs about themselves, others, and the world. Posttraumatic growth (PTG) is thought to be the outcome of a reconstruction process involving ruminative processing. This meta-analysis examined the strength of the associations between event-related intrusive and deliberate rumination and PTG. The moderating effects of variables including age, time since trauma exposure, and trauma type were examined. Eight databases were searched for English-language, peer reviewed studies examining the associations between PTG and types of event-related rumination in adults. Effect sizes (Pearson's  $r$ ) were extracted and analyzed, and study quality was assessed using the Study Quality Assessment Tool for Observational and

Cohort studies. In total, 46 studies were included based on the inclusion and exclusion criteria. A significant main effect was observed for the association between retrospectively reported deliberate rumination that occurred soon after a traumatic event and PTG,  $r = .45$ , 95% CI [.41, .49]. There was significant variability in effect sizes, and the strength of this association differed according to age. The association between intrusive rumination and PTG was not significant and varied in direction. Deliberate rumination that occurred relatively soon following trauma exposure was shown to be positively associated with PTG. The findings highlight the importance of supporting trauma survivors to engage in the deliberate cognitive processing of their experiences to encourage PTG. Longitudinal research is needed to further delineate the temporal role of event-related rumination in PTG development.

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<https://doi.org/10.1002/jts.22867>

### **Lifetime trauma exposure profiles and alcohol use over time among U.S. Reserve and National Guard soldiers.**

Bonnie M. Vest, Nomi S. Weiss-Laxer, D. Lynn Homish, Gregory G. Homish

Journal of Traumatic Stress  
Volume 35, Issue 6, Pages 1642-1655  
December 2022

Although trauma exposure is a recognized risk factor for alcohol use, research on military populations has emphasized combat exposure, with minimal consideration of exposure to other potentially traumatic events (PTEs). We aimed to (a) identify, characterize, and quantify subgroups of service members based on PTE patterns; (b) examine associations between trauma exposure subgroups and alcohol use; and (c) examine these associations longitudinally. Data were drawn from Operation: SAFETY, a longitudinal study of health and well-being among U.S. Army Reserve/National Guard soldiers ( $N = 478$ ). Exposure to 15 PTEs, including childhood maltreatment, noninterpersonal events (e.g., natural disasters, accidents), interpersonal trauma, and military-related exposures, was assessed at baseline. Latent profile analysis was conducted to characterize mutually exclusive trauma profiles; profile membership was used to longitudinally predict alcohol use in generalized estimating equation models. Four exposure profiles were identified: intimate partner violence (IPV)/combat trauma (8.4%,  $n = 40$ ), combat trauma (24.7%,  $n = 118$ ), childhood trauma (8.4%,  $n = 40$ ), and low trauma (58.6%,  $n = 280$ ). In adjusted models, compared to the low trauma profile,

IPV/combat profile membership was longitudinally associated with alcohol problems, OR = 2.44,  $p = .005$ . Membership in other trauma profiles was not associated with alcohol use. Within the IPV/combat profile, men had a higher risk of frequent heavy drinking than women. Results suggest a need to comprehensively screen for lifetime PTE exposure, particularly IPV, in military populations. Given the high prevalence of nonmilitary PTEs, an inclusive, trauma-informed approach to health care and service provision is warranted.

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<https://doi.org/10.1002/jts.22879>

### **Comparing immediate- and delayed-onset posttraumatic stress disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions–III (NESARC-III).**

Zoe Bourgault, Christine Ibrahim, Bernard Le Foll, Ahmed N. Hassan

Journal of Traumatic Stress  
Volume 35, Issue 6, Pages 1744-1755  
December 2022

Delayed-onset posttraumatic stress disorder (PTSD) is defined as a period of 6 months or more between trauma exposure and episode onset. Due to the limited research and lack of epidemiological studies on this form of the disorder, we investigated its prevalence, clinical features, and psychiatric comorbidities in a nationally representative sample of U.S. adults. Using National Epidemiologic Survey on Alcohol and Related Conditions–III (NESARC-III) data collected from individuals who met the DSM-5 criteria for PTSD ( $N = 1,980$ ), we compared delayed- and immediate-onset PTSD with regard to demographic and clinical variables, including comorbidity with psychiatric and substance use disorder (SUD) diagnoses. The overall prevalence of delayed-onset PTSD was 11.0%. Respondents with delayed-onset PTSD were more likely than those with immediate-onset PTSD to report active military combat exposure, more physical and emotional difficulties, and higher levels of pain; these individuals were also more likely to be divorced and less likely to meet the diagnostic criteria for select SUDs. After adjusting for confounding variables, we found a decreased risk of delayed-onset PTSD among individuals with hallucinogen use disorder, OR = 0.30; 95% CI [0.11, 0.87],  $d = 0.5$ . We found no significant associations between PTSD onset status and any other SUD, including alcohol use disorder, after adjusting for covariates. Further longitudinal research is required to investigate the temporal associations between PTSD onset and

its clinical characteristics and comorbidities, as this could have implications on disorder progression and treatment approaches.

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<https://doi.org/10.1002/jts.22872>

### **Sexual compulsivity, erectile dysfunction, and suicidality among male survivors of military sexual violence.**

Rebecca K. Blais, Bingyu Xu, Tim Hoyt, Tierney Lorenz, Lindsey L. Monteith

Journal of Traumatic Stress  
Volume 35, Issue 6, Pages 1709-1720  
December 2022

Although military sexual trauma (MST) is associated with an increased risk of suicide, suicide attempts, and suicidal ideation among service members and veterans, there is limited knowledge regarding the mechanisms of MST and suicidality among men. The current study examined whether MST was associated with sexual compulsivity and/or erectile dysfunction and if these, in turn, explained elevated suicidal thoughts and the likelihood of engaging in future suicidal behavior after accounting for mental health, military, and demographic characteristics. Service members and veterans who reported their gender as male (N = 508) were recruited via social media and completed online self-report measures assessing MST, erectile dysfunction, sexual compulsivity, suicidal ideation frequency, and the likelihood of engaging in future suicidal behavior. Path analysis was used to examine the study hypotheses. In total, 67 participants (13.2%) reported a history of MST; of these individuals, 27 (40.3%) reported suicidal ideation in the past 12 months, and 29 (43.9%) reported an increased likelihood of engaging in future suicidal behavior. MST was associated with increased sexual compulsivity, which, in turn, predicted more frequent suicidal ideation as well as a higher self-reported likelihood of engaging in future suicidal behavior. MST was associated with higher levels of erectile dysfunction, but erectile dysfunction was not associated with suicidal ideation in the adjusted model. Although the data were cross-sectional, precluding determinations of causality, the results support assessing and intervening with regard to sexual compulsivity to mitigate the risk for suicide-related outcomes among men who experience MST.

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<https://doi.org/10.1037/ccp0000759>

## **Culturally adapted digital mental health interventions for ethnic/racial minorities: A systematic review and meta-analysis.**

Ellis, D. M., Draheim, A. A., & Anderson, P. L.

Journal of Consulting and Clinical Psychology  
(2022) 90(10), 717–733

### Objective:

Digital mental health interventions (DMHIs) are typically designed as “one-size fits all” which may perpetuate health disparities for racialized minorities. This systematic review identified culturally adapted DMHIs and examined their efficacy and acceptability among racial and ethnic minorities.

### Method:

APA PsycInfo, Web of Science, and Pubmed databases were searched between 2000 and 2021. Studies that examined the development or impact of a culturally adapted DMHI for racial or ethnic minority populations using quantitative and/or qualitative methodologies were included. Meta-analyses explored the efficacy of DMHIs, and moderator analyses were used to identify differences in effect sizes due to study quality, clinical outcomes, therapist support, and attrition.

### Results:

Thirty-two studies met inclusion criteria and were reviewed. DMHIs were deemed acceptable and feasible in most studies ( $n = 24$ ). Among eligible randomized controlled studies ( $n = 12$ ) comprising 653 participants, results indicated that culturally adapted DMHIs produced a large, positive, significant effect ( $g = 0.90$ ) across a range of outcomes when compared to wait-list and treatment as usual control conditions. The average attrition rate per study was 42%, and most participants did not complete all modules despite reporting high satisfaction.

### Conclusions:

Culturally adapted DMHIs are efficacious and acceptable. Such interventions represent a powerful opportunity to circumvent barriers to mental health treatment and improve mental health equity among racially and ethnically minoritized communities. However, the prevalence of feasibility studies, lack of active comparison treatments—and limited research for Black and Indigenous populations—indicate that more research is needed



to achieve this purpose. Recommendations are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.1037/ccp0000726>

**Ethnoracial status, intersectionality with gender, and psychotherapy utilization, retention, and outcomes.**

Joiner, T. E., Robison, M., Robertson, L., Keel, P., Daurio, A. M., Mehra, L. M., & Millender, E.

Journal of Consulting and Clinical Psychology  
(2022) 90(10), 837–849

**Objective:**

Psychotherapy access, utilization, retention, and effectiveness require continued improvement, especially for groups for whom availability and outcomes may be currently suboptimal, including ethnoracial minorities. Further, ethnoracial status' intersectionality with other identity variables (e.g., gender) may relate to structural barriers to care and effectiveness of care, an area in need of further research.

**Method:**

The Florida State University Psychology Clinic, a low-cost population-facing treatment center, has routinely collected clinically relevant information on all consenting clients, including severity of clinical presentation at intake and over time, number of therapy sessions attended and of no-shows, premature termination, demographics, etc. A large sample of clients (N = 2,076; 57% women; 67.9% non-Hispanic White) on whom we collected and entered at least some data, though missing data were common, has accrued. We conducted chi-square tests to examine treatment utilization gaps, analysis of variance to measure differences in intake severity, and analysis of covariance to measure differences in treatment effectiveness.

**Results:**

Based on the percentages of ethnoracial minority groups with mental disorders in the broader local community, we are falling short in outreach to Black clients, and when we do engage them, we retain them suboptimally. Once well engaged, however, results across groups suggest few differences in outcomes by ethnoracial status, gender, or their intersection. Ethnoracial match was associated with more sessions attended in

Black people. Conclusions: Psychotherapy effectiveness has the potential to be optimized for everyone, and a promising direction in this regard is the case conceptualization of a cultural formulation interview and cultural humility mindset.

#### Impact Statement

More than ever, in the wake of the COVID-19 pandemic, communities of color need both outreach and effective treatment. This study strongly suggests that once well engaged, psychotherapy effectiveness can be optimized for everyone, particularly in regard to ethnoracial and gender identity. This shows promise around the case conceptualization of a cultural formulation interview and cultural humility mindset. Through better understanding of how clients' various social and cultural identities impact treatment outcomes, these findings can continue to pave the way for more inclusive, culturally informed, and effective treatment for those who need it most. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

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<https://doi.org/10.5664/jcsm.10214>

#### **Clinical and polysomnographic features of trauma associated sleep disorder.**

Brock, M. S., Matsangas, P., Creamer, J. L., Powell, T., Hansen, S. L., Foster, S. N., Self, T. C., & Mysliwiec, V.

Journal of Clinical Sleep Medicine  
2022 Dec 1; 18(12): 2775-2784

#### Study objectives:

Trauma associated sleep disorder is a proposed parasomnia that develops after trauma with clinical features of trauma related nightmares, disruptive nocturnal behaviors, and autonomic disturbances. The purpose of this case series is to better characterize the clinical and video-polysomnographic features of patients meeting clinical criteria for this proposed parasomnia.

#### Methods:

Semistructured clinical interview and detailed video-polysomnography review of 40 patients. Movements and vocalizations in rapid eye movement sleep were quantified according to the rapid eye movement sleep behavior disorder severity scale.

### Results:

Patients (n = 40, 32 males) were service members and veterans with a median age of 38.9 years (range 24-57 years) who reported trauma related nightmares and disruptive nocturnal behaviors at home. On video-polysomnography, 28 (71.8%) patients had disruptive nocturnal behaviors in rapid eye movement sleep consisting of limb, head, and axial movements; vocalizations were present in 8 (20%). On the rapid eye movement sleep behavior disorder severity scale, most (n = 28, 71.8%) had a low rating but those with greater severity (n = 11, 28.2%) had a higher prevalence of posttraumatic stress disorder (P = .013) and markedly less N3 sleep (P = .002). The cohort had a high rate of insomnia (n = 35, 87.5%) and obstructive sleep apnea (n = 19, 47.5%). Most patients were treated with prazosin (n = 29, 72.5%) with concomitant behavioral health interventions (n = 25, 64.1%); 15 (51.7%) patients receiving prazosin reported improved symptomatology.

### Conclusions:

Disruptive nocturnal behaviors can be captured on video-polysomnography during rapid eye movement sleep, although they may be less pronounced than what patients report in their habitual sleeping environment. Clinical and video-polysomnographic correlations are invaluable in assessing patients with trauma associated sleep disorder to document objective abnormalities. This case series provides a further basis for establishing trauma associated sleep disorder as a unique parasomnia.

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<https://doi.org/10.1016/j.jad.2022.08.126>

### **Who improves in trauma-focused treatment: A cluster analysis of treatment response in VA patients undergoing PE and CPT.**

Grau, P. P., Bohnert, K. M., Ganoczy, D., & Sripada, R. K.

Journal of Affective Disorders  
Volume 318, 1 December 2022, Pages 159-166

### Background:

Although most veterans with posttraumatic stress disorder (PTSD) benefit from evidence-based treatments, questions persist concerning the profiles of those at risk for poor outcomes. To help address these gaps, this study analyzed a large clinical cohort of veterans receiving prolonged exposure (PE) or cognitive processing therapy (CPT).

#### Methods:

Cluster analysis using Ward's method with Euclidian distances identified clinically meaningful subgroups of veterans in a national cohort (n = 20,848) using variables maintained in the electronic medical record. The clusters were then compared via one-way analysis of variance and Tukey's HSD on indicators of treatment progress including PTSD symptom change, clinical recovery, clinically significant change, remission, and treatment completion.

#### Results:

Effect size differences on clinical outcome measures for PE and CPT were negligible. Less than half of veterans achieved at least a 15-point reduction in PCL-5 score and half completed treatment. We identified 10 distinct clusters. Higher rates of PTSD service-connected disability were linked to poorer outcomes across multiple clusters, especially when combined with Post-Vietnam service era. Non-White race was also linked with poorer clinical outcomes. Factors associated with better outcomes included a greater proportion of female veterans, especially when combined with recent service era, and longer PTSD diagnosis duration.

#### Conclusions:

This study suggests the need to improve PTSD treatment outcomes for non-White and male veterans, examine treatment response in Post-Vietnam era veterans, and consider ways in which the service connection process could hinder treatment response. The results from this study also indicate the benefits of integrating elements of clinical complexity into an analytic approach.

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<https://doi.org/10.1016/j.jpsychores.2022.111034>

### **Analysis of the bidirectional relationships between posttraumatic stress and depression symptoms with physical health functioning in post-9/11 veteran men and women deployed to a war zone.**

Kelsey N. Serier, Dawne Vogt, Shivani Pandey, Brian N. Smith

Journal of Psychosomatic Research  
Volume 162, November 2022, 111034

#### Objective

Many war-zone deployed post-9/11 veterans report negative mental health symptoms

related to their military service, which can have consequences for physical health symptoms and the impact of physical health on functioning. The current study examined the longitudinal, bidirectional relationships between mental health symptoms and physical health functioning in veteran men and women, allowing for exploration of gender differences.

### Methods

A sample of 1032 post-9/11 veterans (women: n = 554; men: n = 478) who recently returned from a war-zone deployment completed self-report measures of posttraumatic stress disorder (PTSD) symptoms, depression symptoms, and physical health functioning at 3 time points spanning approximately 7 years. Gender-stratified longitudinal cross-lagged panel analyses were used to examine bidirectional relationships.

### Results

PTSD symptom severity was negatively associated with physical health functioning across time. For women, associations were reciprocal, such that those reporting poorer physical health functioning reported more severe PTSD symptoms at later time points. Men with greater PTSD symptom severity reported poorer physical health functioning at later time points, but there was no evidence of bidirectionality. Men and women with more severe depression symptoms reported worse later physical health functioning, which further exacerbated depression symptoms across time.

### Conclusions

Findings showed that individual differences in mental health symptoms both set the stage for and were impacted by physical health functioning in post-9/11 veterans. Although additional research is needed, the current study suggests that healthcare approaches that consider the whole person, such as through integration of mental and physical health treatments, may be particularly relevant for post-9/11 veterans.

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### Links of Interest

DHA's E Caregiver Directory Puts Resources at Your Fingertips

<https://www.health.mil/News/Articles/2022/11/30/DHAs-E-Caregiver-Directory-Puts-Resources-at-Your-Fingertips>

Staff Perspective: Just Say “No”: My Current Approach to Self-Care

<https://deploymentpsych.org/blog/staff-perspective-just-say-%E2%80%9Cno%E2%80%9D-my-current-approach-self-care>

Staff Perspective: Resources to Discover Resilience-building Apps for Military-Connected Clients

<https://deploymentpsych.org/blog/staff-perspective-resources-discover-resilience-building-apps-military-connected-clients>

Hawaii gun permit ruling sides with ‘homesick’ Navy officer

<https://apnews.com/article/health-lawsuits-gun-politics-hawaii-honolulu-87ab2bc0f2ad283fcf2191c4c3f55170>

New mental health scholarships designed to counter VA staff shortfalls

<https://www.militarytimes.com/veterans/2022/11/23/new-mental-health-scholarships-designed-to-counter-va-staff-shortfalls/>

Two former Secretaries of Defense are studying why so many veterans are in prison

<https://www.wearethemighty.com/veterans/why-so-many-veterans-are-in-prison/>

Pentagon Scrubbing All Policies of Language That Stigmatizes Mental Health Conditions

<https://www.military.com/daily-news/2022/11/30/pentagon-scrubbing-all-policies-of-language-stigmatizes-mental-health-conditions.html>

Culture of Silence: In US military, sexual assault against men is vastly underreported

<https://theintercept.com/2022/11/29/military-sexual-assault-men/>

Note to New Congress: To Tame Suicide in the Military, Take Aim at Brain Injuries (opinion)

<https://defenseopinion.com/note-to-new-congress-to-tame-suicide-in-the-military-take-aim-at-brain-injuries/304/>

Neurodiversity Among Service Members in the U.S. Military

<https://militaryreach.auburn.edu/FamilyStoryDetails?resourceid=868f1c73-0092-468d-883d-0d0d80117d31>

Honoring Our Indigenous American Service Members

<https://militaryreach.auburn.edu/FamilyStoryDetails?resourceid=b00a96f0-4023-4503-9aa6-b245e842a839>

VA to host town halls for Veterans, families during 'PACT Act Week of Action'

<https://news.va.gov/111511/va-host-town-halls-pact-act-week-of-action/>

Allowance for the most at-risk military families begins to take shape: DoD guidance issued on new Basic Needs Allowance, but how many people will it actually help?

<https://www.militarytimes.com/news/your-military/2022/12/02/allowance-for-the-most-at-risk-military-families-begins-to-take-shape/>

Tips for Managing Stress Around the Holidays

<https://www.maketheconnection.net/read-stories/holiday-stress/>

Telemedicine Rollbacks—Why Providing Care Across State Lines Is No Longer as Simple as It Was Early in the Pandemic

<https://jamanetwork.com/journals/jama/fullarticle/2799241>

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**Resource of the Week: [DOD Office for Diversity, Equity, and Inclusion – Demographic Infographics](#)**

Includes:

- [2022 Portrait of Black / African American Service Members and DoD / Other Government Civilians](#)
- [2022 Portrait of Women in the Services and DoD / Other Government Civilian Women](#)
- [2022 Portrait of Asian American and Pacific Islander Service Members and DoD/Other Government Civilians](#)
- [2022 Portrait of Hispanic Service Members and DoD / Other Government Civilians](#)
- [2021 Portrait of American Indian / Alaska Native Service Members](#)
- [2021 Portrait of DoD Disability Civilian Employment](#)



# OFFICE FOR DIVERSITY, EQUITY, AND INCLUSION

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### Office for Diversity, Equity, and Inclusion

The changing face of the Nation demands that we change. As the demographic make-up of the American population continues to evolve, it is imperative that the Department of Defense focus its efforts on emerging talent to ensure that we successfully attract, recruit, develop and retain a highly-skilled Total Force capable of meeting current and future mission requirements.

Connect with us on social media to find out how you can get involved:



### Welcome to ODEI

Office for Diversity, Equity, and Inclusion (ODEI) is an organization aligned under the Office of the Under Secretary of Defense (Personnel and Readiness) that develops and executes diversity management and equal opportunity policies and programs affecting active duty and reserve component military personnel, and DOD civilian employees.

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