

# CDP



## Research Update -- March 30, 2023

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- Resource of the Week: Defense Health Primer: TRICARE Comprehensive Autism Care Demonstration (Congressional Research Service)

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<https://doi.org.10.1001/jamapsychiatry.2023.0053>

## **Recommendation for Cannabis Use Disorder Diagnosis in a Context of Cannabis for Therapeutic Purposes (Viewpoint)**

Chung T, Steinberg ML, Bridgeman MB

JAMA Psychiatry

Published online March 15, 2023

Clarification of the DSM-5-TR1 diagnosis of cannabis use disorder (CUD) among individuals using cannabis for therapeutic purposes (CTP) is critical in the context of increasing legalization and use. In a US national survey, 11% of individuals who used CTP met criteria for past-year CUD. Alarmingly, 17% of new patients starting CTP who had no DSM-5 diagnosis for CUD at baseline developed CUD within 3 months of initiating cannabis use. These are relatively small proportions of people using CTP who met criteria for CUD, given that the International Narcotics Control Board estimated that almost all individuals who report use of CTP will develop a CUD due to frequent, chronic use. These divergent prevalence estimates reflect a controversy regarding the extent to which DSM-based CUD diagnosis accurately captures a problematic pattern of cannabis use when applied to individuals who report CTP.

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<https://doi.org/10.1001/jamanetworkopen.2022.49797>

## **Use of Cannabis and Other Pain Treatments Among Adults With Chronic Pain in US States With Medical Cannabis Programs.**

Bicket MC, Stone EM, McGinty EE

JAMA Network Open

January 6, 2023

Of the 1724 individuals identified as having chronic pain, 1661 (96.3%) completed the full survey (948 [57.1%] female; mean [SD] age, 52.3 [16.9] years); 31.0% (95% CI, 28.2%-34.1%) of adults with chronic pain reported having ever used cannabis to manage their pain; 25.9% (95% CI, 23.2%-28.8%) reported using cannabis to manage

their chronic pain in the past 12 months, and 23.2% (95% CI, 20.6%-26.0%) reported using cannabis in the past 30 days. Most people who reported using cannabis to manage chronic pain also reported having used either at least 1 other pharmacologic (94.7%; 95% CI, 91.3%-96.8%) or nonpharmacologic pain treatment (70.6%; 95% CI, 64.8%-75.7%).

More than half of adults who used cannabis to manage their chronic pain reported that use of cannabis led them to decrease use of prescription opioid, prescription nonopioid, and over-the-counter pain medications, and less than 1% reported that use of cannabis increased their use of these medications. Fewer than half of respondents reported that cannabis use changed their use of nonpharmacologic pain treatments. Among adults with chronic pain in this study, 38.7% reported that their used of cannabis led to decreased use of physical therapy (5.9% reported it led to increased use), 19.1% reported it led to decreased use of meditation (23.7% reported it led to increased use), and 26.0% reported it led to decreased used of cognitive behavioral therapy (17.1% reported it led to increased use)

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<https://doi.org/10.1007/s40266-022-00995-2>

## **Prevention, Practice, and Policy: Older US Veterans' Perspectives on Cannabis Use.**

Julie Bobitt, Kelly Clary, Michael Krawitz, Laura Quintero Silva & Hyojung Kang

Drugs & Aging

Published: 17 January 2023

### Background and Objective

Veterans often struggle with disabling physical and mental health conditions that tend to worsen as they age. Current medications used to treat these conditions include opioids and benzodiazepines though they can have negative side effects. Looking for alternatives to these medications, many older Veterans use cannabis for medical purposes. We aimed to develop a deeper understanding of older Veterans' cannabis use.

### Methods

We used maximum variation sampling to select 32 Veterans who had completed baseline and follow-up surveys to participate in semi-structured interviews.

## Results

After applying a thematic analysis, results show older Veterans are using medical cannabis as a means of harm reduction as an adjunct or substitute for other medications and substances with limited guidance from their healthcare providers. Veterans also reported that there exists an inconsistency across the Veterans Health Administration system regarding the interpretation and application of cannabis policies.

## Conclusions

Drawing from these findings, we explore medical cannabis as a harm reduction technique and discuss how a lack of physician engagement and current Veterans Health Administration policies discourage older Veterans from discussing and potentially benefiting from the use of medical cannabis.

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<https://doi.org/10.1002/jts.22919>

## **Social interactions in trauma disclosure: A multi-informant and multiconstruct investigation.**

Naomi Ennis, Anne C. Wagner, Tae L. Hart, Candice M. Monson

Journal of Traumatic Stress

First published: 09 March 2023

Research has established that social factors are integral to trauma recovery. Yet, there is relatively little data on the association between social interactions from different supports and posttraumatic stress disorder (PTSD) symptoms. Moreover, few studies have measured these factors from multiple informants. This paper examined social interactions from different sources (i.e., negative and positive reactions from a chosen close other [CO], family/friends, and general non-COs) and their association with PTSD symptoms using multi-informant reports of the social constructs (i.e., from the individual exposed to trauma [TI] and their CO). Participants (N = 104 dyads) were recruited from an urban center within 6 months of the TIs' exposure to a traumatic event. TIs were assessed using the Clinician-Administered PTSD Scale. TI self-report,  $t(97) = 2.58$ ,  $p = .012$ , and CO collateral report of disapproval from family/friends,  $t(97) = 2.14$ ,  $p = .035$ , and TI self-report of general disapproval,  $t(97) = 4.91$ ,  $p < .001$ , emerged as significant predictors of PTSD symptoms when compared with other social constructs.

Interventions that target family members' and friends' reactions to trauma survivors and

societal discourse around trauma and reactions to trauma survivors are recommended. Clinical interventions that buffer against TIs' experiences of disapproval and guide COs on the provision of supportive responses are discussed.

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<https://doi.org/10.1016/j.jad.2023.01.020>

## **Identifying at-risk marines: A person-centered approach to adverse childhood experiences, mental health, and social support.**

Kayla Reed-Fitzke, Cynthia A. LeardMann, Armeda S. Wojciak, Anthony J. Ferraro, ... Rudolph P. Rull

Journal of Affective Disorders  
Volume 325, 15 March 2023, Pages 721-731

### Highlights

- Distinct classes of adverse childhood experiences were ascertained from survey data.
- Moderate childhood adversity with parent loss increased depression and PTSD risk.
- Elevated childhood adversity increased risks of PTSD and social support problems.
- Low childhood adversity with parent separation raised risk of social support problems.
- A person-centered approach improves understanding of adverse childhood experiences.

### Abstract

#### Background

Previous research indicates an association between adverse childhood experiences (ACES) and health outcomes; however, most of these studies rely on variable-centered techniques. This study implemented a person-centered approach to provide a more nuanced understanding of these relations.

#### Methods

The sample consisted of 3611 male Marines who completed two surveys, one prior to service and another during or after service. A series of latent class analyses were conducted to identify homogenous subgroups, using ACE categories as indicators.

Hierarchical regressions were conducted to examine the relationships between classes, deployment experiences, depression and PTSD, and social support problems.

### Results

Five classes were identified: Low Adversity (48.8 %), Low Adversity – Parental Separation (PS; 33.1 %), Elevated Adversity (7.0 %), Moderate Adversity – Violence/Safety (5.7 %), and Moderate Adversity – Parental Loss (PL; 5.4 %). Several classes were associated with outcomes; in reference to Low Adversity, Moderate Adversity – PL was associated with depression and PTSD, Elevated Adversity was associated with PTSD and social support problems, and Low Adversity – PS was associated with social support problems. Experiencing moderate to high combat appeared to modify the associations between Moderate Adversity – PL and depression and PTSD.

### Limitations

Study sample was limited to U.S. Marines; ACEs indicators were limited to specific categories, not allowing for a full range of potential childhood traumatic experiences.

### Conclusions

Findings suggest a nuanced connection between ACEs and mental health; using specific patterns of ACEs, particularly multifaceted indicators of adversity that are inclusive of parental absence may have more utility than the sheer number of ACEs as an indicator for those who may be at a heightened risk for mental health concerns.

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<https://doi.org/10.1080/21635781.2022.2151535>

## **Nonfatal Suicidal Behaviors among Former Active Duty Servicemembers—United States, 2013–2019.**

Ellen Yard, Melissa Brown & Deborah Stone

Military Behavioral Health

Published online: 09 Jan 2023

Examine characteristics associated with increased odds of nonfatal suicidal behaviors among former active-duty servicemembers (F-ADSM) using data from the 2013–2019 National Survey on Drug Use and Health (NSDUH). F-ADSM were respondents who reported being separated/retired from the military and previously serving on active-duty.

For each outcome of interest (suicidal ideation, made a suicide plan, made a suicide attempt), we used multivariable logistic regression with backwards elimination to identify characteristics with statistically significant associations. In the 12 months preceding the survey, 3.6% of F-ADSM reported suicidal ideation, 1.0% reported making a plan, and 0.3% reported making a suicide attempt. There were increased odds of self-reported suicide attempts among F-ADSM who were female; aged 18–49 years; non-Hispanic black; gay or bisexual; divorced/separated or widowed; not employed; in poverty; binged alcohol in the past month; or ever had a major depressive episode. Suicide can be prevented through a comprehensive, upstream approach addressing veteran's holistic needs to prevent them from becoming suicidal in the first place, and support veterans at increased risk.

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<https://doi.org/10.1016/j.jpsychires.2023.01.013>

### **Putting the pieces together to understand anger in combat veterans and service members: Psychological and physical contributors.**

Shannon R. Miles, Sarah L. Martindale, Julianne C. Flanagan, Maya Troyanskaya, ...  
Risa Nakase-Richardson

Journal of Psychiatric Research  
Volume 159, March 2023, Pages 57-65

Dysregulated anger can result in devastating health and interpersonal consequences for individuals, families, and communities. Compared to civilians, combat veterans and service members (C–V/SM) report higher levels of anger and often have risk factors for anger including posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), pain, alcohol use, and impaired sleep. The current study examined the relative contributions of established variables associated with anger (e.g., combat exposure, current PTSD symptoms, history of TBI, pain interference, and hazardous alcohol use) in 1263 C–V/SM. Sleep impairments, represented by poor sleep quality and obstructive sleep apnea (OSA) risk, were also evaluated as potential mediators of the relationships between established risk factors and anger, and therefore potential modifiable treatment targets. Multiple regression model results revealed that PTSD symptoms ( $\beta = 0.517$ ,  $p < .001$ ), OSA risk ( $\beta = 0.057$ ,  $p = .016$ ), pain interference ( $\beta = 0.214$ ,  $p < .001$ ), and hazardous alcohol use ( $\beta = 0.054$ ,  $p = .009$ ) were significantly associated with anger. Results of the mediation models revealed that OSA risk accounted for the association between PTSD and anger, in addition to the association between pain interference and



anger. The current study extends previous literature by simultaneously examining factors associated with anger using a multivariable model in a large sample of C–V/SM. Additionally, treating OSA may be a novel way to reduce anger in C–V/SM who have PTSD and/or pain interference.

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<https://doi.org/10.1177/14733250221150378>

### **Qualitative examination of homecoming experiences among active-duty military fathers during reintegration.**

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

Qualitative Social Work

First published online January 9, 2023

Active-duty military fathers are frequently away from their families throughout their military career and are faced with readjusting to family and garrison life after each separation. For fathers of very young children, reintegration can have unique challenges due to the tremendous developmental progression occurring in early childhood and the impact of lengthy deployment separations. While much of the research on military families focuses on extreme negative experiences (e.g., reactions to war injuries and posttraumatic stress disorder), little is known about the common experiences of military families. This qualitative study explores the reintegration experiences of 15 active-duty U.S. Army fathers with a child under six in their home during the deployment. Homecoming experiences were coded and analyzed to distinguish four adjustment factors and five adaptation challenges. Most fathers described having mixed experiences during reintegration, with 93% referencing at least one factor making adjustment easier (e.g., communication with their spouse during deployment), and 80% referencing at least one factor making adjustment difficult (e.g., child's initial hesitation or perceived rejection). Adjustment facilitators included: spending quality time with family, individual and family growth, quality communication during deployment, and the service member's parental perspective taking. Challenges to adjustment included negative postdeployment reactions of children, difficulty readjusting to family and civilian life, and service member psychological changes. These findings expand our understanding of the reintegration experience of active-duty fathers with young children and identify common challenges and facilitators that can be addressed through

culturally informed supportive services across the deployment cycle.

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<https://doi.org/10.3138/jmvfh-2022-0038>

**Loving a broken soul: The lived experience perspective on the implications of Veterans' moral injuries for families.**

Laryssa Lamrock

Journal of Military, Veteran and Family Health

Version of record: 9 January 2023

Research on and investigation of potential implications of moral injury (MI) for Veteran family members remains uncharted territory while its harsh realities play out in their homes. Family members can feel a sense of distance and divide from the Veteran and, as a result, are left on the periphery trying to understand. Many internalize this distance as a reflection of their own worth or the quality of their relationship with the Veteran. Secondary exposure to events through the Veteran can also lead family members to question their own beliefs about the world, humanity, institutions, their loved one, or themselves. One also cannot help but wonder, what do the farther-reaching tentacles of MI grip? What are the potential implications for children's development and their own moral schemas? Could family support and understanding play a vital role in the Veteran's recovery from MI? This article discusses potential implications for family members of Veteran MI from the lived experience perspective of the spouse of a Veteran with posttraumatic stress disorder and MI who has a professional background in the fields of Veteran and family mental health and family peer support.

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<https://doi.org/10.1111/sltb.12940>

**Differences in firearm storage practices among United States military servicemembers who have and have not disclosed suicidal thoughts or attended behavioral health sessions.**

Michael D. Anestis PhD, Allison E. Bond MA, Daniel W. Capron PhD, AnnaBelle O. Bryan MS, Craig J. Bryan PsyD ABPP

Anestis, M. D., Bond, A. E., Capron, D. W., Bryan, A. O., & Bryan, C. J.

Suicide and Life-Threatening Behavior

First published: 09 January 2023

### Introduction

Two-thirds of military suicides are by firearm, and unsafe storage increases the risk of suicide. Understanding who is at risk for suicide, their interactions with behavioral healthcare, and their firearm storage habits have implications for suicide prevention.

### Method

Probability-based sampling was used. Inclusion criteria were current military service and firearm ownership. Analyses focused on those who endorsed past year (n = 180) or past month suicidal ideation (n = 85).

### Results

Servicemembers with undisclosed past year ideation stored firearms at home more often and with a locking device less often. Servicemembers with past year ideation who did not attend recent behavioral health sessions stored firearms with a locking device and loaded less often. Servicemembers with undisclosed suicidal ideation in the past month stored firearms with a locking device less often. Servicemembers with past month ideation who have not attended recent behavioral health sessions stored firearms with a locking device and loaded less often.

### Conclusions

Servicemembers experiencing undisclosed suicidal ideation and who are not receiving treatment generally have more ready access to firearms. Safe firearm storage messaging needs to be disseminated in a manner that shifts social norms around firearm storage, whether or not suicide risk is known.

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<https://doi.org/10.1002/jts.22906>

**The impact of trauma-focused psychotherapy for posttraumatic stress disorder on interpersonal functioning: A systematic review and meta-analysis of randomized clinical trials.**

Benjamin A. Swerdlow, Shelby N. Baker, Feea R. Leifker, Casey L. Straud, David C. Rozek, Lauren M. Sippel

Interpersonal functioning is a common concern for people with posttraumatic stress disorder (PTSD) but is not a key target of most trauma-focused psychotherapies (TFPs). We preregistered and undertook a systematic review and meta-analysis of randomized clinical trials (RCTs) examining the efficacy of TFPs for improving interpersonal functioning. Studies were identified through the PTSD Trials Standardized Data Repository, scholarly databases, and the solicitation of unpublished data from the PTSD research community following current PRISMA guidelines. We used random effects meta-analysis to estimate within-group change (i.e., pre- to posttreatment) in interpersonal functioning. Meta-analytic findings yielded a medium total effect of TFP on interpersonal functioning,  $g = 0.54$ , 95% CI [0.37, 0.72], with high between-study heterogeneity. Sensitivity analyses yielded substantively equivalent point estimates when outliers were excluded,  $g = 0.55$ , and when only the most well-established individual TFPs were included,  $g = 0.57$ . In contrast, allocation to a control condition was associated with little average change in interpersonal functioning,  $g = 0.04$  [-0.12, 0.21]. Formal tests did not yield clear evidence of publication bias. Bias-corrected estimates varied but centered around a medium effect,  $g_s = 0.41$ – $1.11$ . There was a medium-to-large association between change in interpersonal functioning and change in PTSD symptoms,  $r_s = -.35$ – $.44$ . The extant literature on TFPs and interpersonal functioning is small and heterogeneous, indicating the need for more focused attention on this outcome. Results suggest that, on average, TFPs are moderately efficacious for improving interpersonal functioning; however, additional treatment may be needed to meet the desired level of improvement.

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<https://doi.org/10.1001/jamapsychiatry.2022.4525>

### **US Religious Leaders' Views on the Etiology and Treatment of Depression.**

Anna Holleman, PhD; Mark Chaves, PhD

JAMA Psychiatry

January 11, 2023

## Key Points

### Question

What do clergy believe about the etiology and appropriate treatment of depression?

### Findings

In this cross-sectional study of a nationally representative sample of 890 primary leaders of religious congregations, the leaders overwhelmingly embraced a medical understanding of the causes and treatment of depression. When clergy endorsed religious causes and treatment, those religious views mainly supplemented rather than replaced a medical view, although a nontrivial minority endorsed only religious interpretations.

### Meaning

Most of the leaders endorsed views about the etiology and appropriate treatment of depression in line with contemporary medical models, which should encourage further collaboration between medical professionals and religious leaders to address mental health difficulties in communities.

## Abstract

### Importance

Religious leaders commonly provide assistance to people with mental illness, but little is known about clergy views regarding mental health etiology and appropriate treatment.

### Objective

To assess the views of religious leaders regarding the etiology and treatment of depression.

### Design, Setting, and Participants

This cross-sectional study used the National Survey of Religious Leaders, which is a nationally representative survey of leaders of religious congregations in the United States, with data collected from February 2019 to June 2020. Data were analyzed in September and October 2022.

**Main Outcomes and Measures** Views about causes of depression (chemical imbalance, genetic problem, traumatic experience, demon possession, lack of social support, lack of faith, and stressful circumstances) and appropriate treatments (seeing a mental health professional, taking prescribed medication, and addressing the situation through religious activity).

## Results

The analytic sample was limited to congregations' primary leaders (N = 890), with a 70% cooperation rate. Clergy primarily endorsed situational etiologies of depression, with 93% (95% CI, 90%-96%) endorsing stressful circumstances, 82% (95% CI, 77%-87%) endorsing traumatic experiences, and 66% (95% CI, 59%-73%) endorsing lack of social support. Most clergy also endorsed a medical etiology, with 79% (95% CI, 74%-85%) endorsing chemical imbalance and 59% (95% CI, 52%-65%) endorsing genetics. A minority of clergy endorsed religious causes: lack of faith (29%; 95% CI, 22%-35%) or demon possession (16%; 95% CI, 10%-21%). Almost all of the religious leaders who responded to the survey would encourage someone with depressive symptoms to see a mental health professional (90%; 95% CI, 85%-94%), take prescribed medication (87%; 95% CI, 83%-91%), and address symptoms with religious activity (84%; 95% CI, 78%-89%). A small but nontrivial proportion endorsed a religious cause of depression without also endorsing chemical imbalance (8%; 95% CI, 5%-12%) or genetics (20%; 95% CI, 13%-27%) as a likely cause. A similar proportion would encourage someone exhibiting depressive symptoms to engage in religious treatment without also seeing a mental health professional (10%; 95% CI, 5%-14%) or taking prescribed medication (11%; 95% CI, 8%-15%).

## Conclusions and Relevance

In this cross-sectional survey, the vast majority of clergy embrace a medical understanding of depression's etiology and treatment. When clergy employ a religious understanding, it most commonly supplements rather than replaces a medical view, although a nontrivial minority endorse only religious interpretations. This should encourage greater collaboration between medical professionals and clergy in addressing mental health needs.

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<https://doi.org/10.1093/milmed/usab320>

## **Visuomotor Synchronization: Military Normative Performance.**

Maruta, J., Spielman, L. A., & Ghajar, J.

Military Medicine

2023 Mar 20; 188(3-4): e484-e491

Introduction:

Cognitive processes such as perception and reasoning are preceded and dependent on

attention. Because of the close overlap between neural circuits of attention and eye movement, attention may be objectively quantified with recording of eye movements during an attention-dependent task. Our previous work demonstrated that performance scores on a circular visual tracking task that requires dynamic synchronization of the gaze with the target motion can be impacted by concussion, sleep deprivation, and attention deficit/hyperactivity disorder. The current study examined the characteristics of performance on a standardized predictive visual tracking task in a large sample from a U.S. Military population to provide military normative data.

#### Materials and methods:

The sample consisted of 1,594 active duty military service members of either sex aged 18-29 years old who were stationed at Fort Hood Army Base. The protocol was reviewed and approved by the U.S. Army Medical Research and Materiel Command Institutional Review Board. Demographic, medical, and military history data were collected using questionnaires, and performance-based data were collected using a circular visual tracking test and Trail Making Test. Differences in visual tracking performance by demographic characteristics were examined with a multivariate analysis of variance, as well as a Kolmogorov-Smirnov test and a rank-sum test. Associations with other measures were examined with a rank-sum test or Spearman correlations.

#### Results:

Robust sex differences in visual tracking performance were found across the various statistical models, as well as age differences in several isolated comparisons. Accordingly, norms of performance scores, described in terms of percentile standings, were developed adjusting for age and sex. The effects of other measures on visual tracking performance were small or statistically non-significant. An examination of the score distributions of various metrics suggested that strategies preferred by men and women may optimize different aspects of visual tracking performance.

#### Conclusion:

This large-scale quantification of attention, using dynamic visuomotor synchronization performance, provides rigorously characterized age- and sex-based military population norms. This study establishes analytics for assessing normal and impaired attention and detecting changes within individuals over time. Practical applications for combat readiness and surveillance of attention impairment from sleep insufficiency, concussion, medication, or attention disorders will be enhanced with portable, easily accessible, fast, and reliable dynamic eye-tracking technologies.

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<https://doi.org/10.1093/milmed/usab173>

## **Translating Public Health Recommendations Using the Army Design Methodology.**

Watkins, E. Y., Beymer, M. R., Johnson, L., Ball, J. D., Benedict, T., Ross, M. C., Bibio, D., Maule, A., & Engen, C.

Military Medicine

2023 Mar 20; 188(3-4): e857-e862

The U.S. Army employs over 470,000 active duty soldiers throughout the world. Although the Army also employs hundreds of public health professionals, public health recommendations are often not framed in ways that are readily actionable to senior Army leaders. This case study shows how public health findings were translated into actionable recommendations using the Army Design Methodology (ADM) and subsequently implemented by installation leadership. Following a perceived increase in suicides at Fort Wainwright, Alaska, in 2019, installation leadership requested that the U.S. Army Public Health Center conduct an epidemiological consultation. A mixed-methods approach was used to gather qualitative and quantitative data. The ADM was used to translate the findings and provide actionable recommendations for senior Army leaders. Many recommendations were implemented within a year of the report's release and included modifications to gym facilities, dining halls, and sleeping areas. Key improvements included the installation of \$900,000 worth of new gym equipment in existing physical fitness facilities, increasing the basic daily food allowance by 44% to facilitate the purchase of healthy options, and the installation of blackout blinds in all barracks to ensure more restful sleep during times of peak sunlight. The ADM is well understood by senior Army leaders. Use of the ADM in future military-specific public health studies could ensure a more effective uptake and implementation of public health recommendations.

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<https://doi.org/10.1016/j.jbtep.2023.101851>

## **Virtual reality interventions for the treatment of anxiety disorders: A scoping review.**

Andersen, N. J., Schwartzman, D., Martinez, C., Cormier, G., & Drapeau, M.



**Background: & Objectives:**

Virtual Reality (VR) refers to an artificial, immersive three-dimensional environment with interactive sensory stimuli. VR is typically incorporated into the psychotherapeutic process as a means of providing exposure therapy. The objectives of this scoping review were to synthesize the most up-to-date evidence on the outcomes, acceptability, and side effects of VR interventions for treating anxiety disorders in adults.

**Methods:**

This scoping review is grounded in the methodological framework of Arksey and O'Malley (2005). The databases searched were PubMed, EMBASE, Web of Science, PsycINFO, and ProQuest Dissertations and Theses.

**Results:**

The search process identified 112 unique citations. 52 (46%) of the eligible articles examined participants with specific phobias, 25 (22%) with PTSD, 21 (19%) with social anxiety disorder, 12 (10%) with panic disorder with or without agoraphobia, and 3 (3%) with generalized anxiety disorder. VR interventions often led to statistically significant and meaningful reductions in symptoms for people with anxiety disorders. Additionally, they were acceptable to clients and associated with minimal side effects for all types of anxiety disorders, except for Combat-Related PTSD in Vietnam veterans.

**Limitations:**

Limitations included the fact that the studies in this review were of varying quality, and that articles in languages other than English and French were excluded.

**Conclusion:**

VR interventions appeared to be a viable alternative to conventional exposure therapy. Future research should include more male participants and have a stronger emphasis on acceptability and side effects. Increased traction for VR interventions for generalized anxiety disorder and panic disorder is also important.

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<https://doi.org/10.1093/milmed/usac056>

**Development of an Animal Model of Military-Relevant Traumatic Stress.**

Henschen, D., Swift, K., Taylor, R., Scott, E., May, M., Ngouajio, B., Jenkins, K., Johnson Iii, F., Jeong, I., Silva, G., Matson, L., & Lowery-Gionta, E.

Military Medicine

2023 Mar 20; 188(3-4): 561-571

Introduction:

Acute Stress Reactions (ASRs) affect a subgroup of individuals who experience traumatic stress. In the context of military operations, such reactions are often termed Combat and Operational Stress Reactions (COSRs). COSRs not only encompass all symptoms of ASRs but also include additional symptoms related to military combat and may develop at a rate higher than the general public experiences ASRs. Despite an obvious need, there are currently no approved pharmacologic treatments or guidelines for ASR and/or COSR. Preclinical rodent stress models and behavioral assessments are used to evaluate pharmacotherapies and elucidate underlying mechanisms. Here, we combined established traumatic stress models to develop a model of traumatic stress relevant to military trauma exposure and measured behavioral outcomes that reflect outcomes observed in ASRs and COSRs.

Materials and methods:

Adult male rats underwent exposure to either a combination of two or three traumatic stress exposures (e.g., predator exposure, underwater trauma (UWT), and/or inescapable shock) or control procedures. Behavioral performance on the open field, elevated plus maze, and acoustic startle response (SR) was then assessed 24- and 48-hours following stress/control procedures.

Results:

In Experiment 1, rats were exposed to a two-stressor model, where predator exposure was coupled with UWT. Minor behavioral deficits were observed in SR for stress-exposed rats as compared to controls. In Experiment 2, inescapable shock was added to predator exposure and UWT. Behavioral performance deficits were observed across all behavioral tests. In Experiment 3, procedures from Experiment 2 were repeated with the only major modification being a shortened predator exposure duration, which resulted in performance deficits in SR only.

Conclusions:

We found that the three-stressor model of Experiment 2 resulted in the greatest overall behavioral disturbance (both in the number of variables and magnitude of stress effects). Interestingly, behavioral deficits elicited from the shorter predator exposure were distinct from those observed with longer predator exposure times. Together, these

results generally suggest that combined preclinical stressors with military-relevant elements result in behavioral performance deficits reflective of post-trauma phenotypes in Soldiers. The present findings support the use of both physical and psychological stressors to model operationally relevant traumatic stress exposure.

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<https://doi.org/10.1093/milmed/usab462>

## **Prevalence of Sensory Dysfunction in Smell and/or Taste in Veterans with Traumatic Brain Injury and Link to Demographics and Comorbidities.**

Cabello Ballester, L. M., Borrás-Fernández, I. C., Jovet-Toledo, G., & Molina-Vicenty, I. L.

Military Medicine

2023 Mar 20; 188(3-4): 555-560

### Introduction:

Traumatic brain injury (TBI) entails chronic neurological symptoms and deficits, such as smell and taste impairment. In the general population, a prevalence of 13.5% for smell impairment, 17% for taste impairment, and 2.2% for both have been reported. Studies establishing prevalence of sensorial dysfunction in the U.S. general population showed that prevalence increased with age and was higher in ethnic minorities and men. To understand the mechanisms that lead to these deficits, the prevalence of sensory dysfunction was studied in the Veteran TBI population of the VA Caribbean Healthcare System (VACHS). The aims were to find the prevalence of sensorial dysfunction in smell and/or taste in TBI patients at the VACHS Polytrauma Clinic and its association with demographic characteristics and medical comorbidities. The hypothesis was that the prevalence of sensory dysfunction in smell and/or taste of VACHS Veterans (mostly Hispanics minority) with TBI will be higher than the one historically reported in the literature for the U.S. general population.

### Materials and methods:

A retrospective record review was held at the VACHS Polytrauma Clinic from January 2018 to January 2020 (before coronavirus disease 2019 pandemic) to evaluate the prevalence of sensory dysfunction. Data on demographics and comorbidities in the electronic medical records, and the TBI Second-Level Evaluation note, that was previously completed by a physician from the Polytrauma Clinic at the VACHS to diagnose and characterized the TBI event, were reviewed. Data were summarized

using descriptive statistics. To establish the relation among demographic characteristics and comorbidities with the prevalence of smell and/or taste sensory dysfunction, chi-square and Fisher's exact tests were used.

#### Results:

A total of 81 records were reviewed. This corresponded to all the patients diagnosed with TBI in the VACHS Polytrauma Clinic from January 2018 to January 2020. The prevalence of sensory dysfunction in the studied population was 38.3%. Men tend to present a higher prevalence of smell and/or taste dysfunction (40.0%) in comparison with women (16.7%); however, the difference did not achieve statistical significance ( $P = .399$ ). Hispanics had a relatively higher prevalence of sensory dysfunction than non-Hispanics, but this difference did not reach statistical significance ( $P = .210$ ). Forty-nine subjects were combat Veterans (60.5%). There was a significant correlation regarding the combat status of the subjects ( $P = .014$ ), where 24 of the 49 combat Veterans presented smell and/or taste dysfunction (49.0%). A marginal significance was observed for obesity; obese participants were less likely to have a significant smell and/or taste dysfunction ( $P = .053$ ).

#### Conclusion:

The investigators found that the prevalence of sensory dysfunction in smell and/or taste in VACHS Veterans with TBI was 38.3% ( $n = 31$ ). A significant association was found between smell and/or taste dysfunction and being a combat veteran ( $P = .018$ ). A marginally significant association to obesity was also observed ( $P = .053$ ). To the scientific community, the results will serve as a base for sensorial dysfunction and TBI research given that this prevalence, and the correlation to demographics and comorbidities, has not been fully established in the Veteran population.

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<https://doi.org/10.1093/milmed/usab379>

### **Military Exposures Predict Mental Health Symptoms in Explosives Personnel but Not Always as Expected.**

Barczak-Scarboro, N. E., Hernández, L. M., & Taylor, M. K.

Military Medicine

2023 Mar 20; 188(3-4): e646-e652

Objective:

The aim of this study was to determine the unique and combined associations of various military stress exposures with positive and negative mental health symptoms in active duty service members.

Materials and methods:

We investigated 87 male U.S. Navy Explosive Ordnance Disposal (EOD) technicians (age  $M \pm SE$ , range  $33.7 \pm 0.6$ , 22-47 years). Those who endorsed a positive traumatic brain injury diagnosis were excluded to eliminate the confounding effects on mental health symptoms. Using a survey platform on a computer tablet, EOD technicians self-reported combat exposure, deployment frequency (total number of deployments), blast exposure (vehicle crash/blast or 50-m blast involvement), depression, anxiety, posttraumatic stress, perceived stress, and life satisfaction during an in-person laboratory session.

Results:

When controlling for other military stressors, EOD technicians with previous involvement in a vehicle crash/blast endorsed worse mental health than their nonexposed counterparts. The interactions of vehicle crash/blast with deployment frequency and combat exposure had moderate effect sizes, and combat and deployment exposures demonstrated protective, rather than catalytic, effects on negative mental health scores.

Conclusions:

Military stressors may adversely influence self-reported symptoms of negative mental health, but deployment experience and combat exposure may confer stress inoculation.

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<https://doi.org/10.1177/13558196221149930>

**Enablers and barriers to military veterans seeking help for mental health and alcohol difficulties: A systematic review of the quantitative evidence.**

Hitch, C., Toner, P., & Armour, C.

Journal of Health Services Research & Policy  
2023 Jan 13; 13558196221149930

Objective:

Research exploring the enablers and barriers that exist for military veterans seeking to

address their poor mental health has produced ambiguous results. To identify the enablers and barriers correctly, this study systematically reviews the literature, including research that included alcohol and had a clearly defined veteran population.

#### Methods:

Six databases were searched. Inclusion criteria specified that empirical studies related to veterans that had ceased military service and were seeking help for poor mental health and/or alcohol difficulties. Critical Appraisal Skills Programme and AXIS appraisal tools were used to assess quality and bias. A narrative synthesis approach was adopted for analysis. From 2044 studies screened, 12 were included featuring 5501 participants.

#### Results:

Forty-four enablers and barriers were identified, with thirty-two being statistically significant. Post-traumatic stress disorder had the greatest number of enabler/barrier endorsements to veterans seeking help. Depression, anxiety, experience and attitudes also acted as enablers/barriers. Most studies were of fair methodological quality. Limitations included that samples were skewed towards US army veterans. Little research exists concerning those that have ceased military service.

#### Conclusions:

Veteran help-seeking is likely enabled by poor mental health symptomology and comorbidity, which suggests veterans reach a crisis point before they seek help. Further research on alcohol misuse and attitude formation is required. The field would also benefit from alternative study designs including qualitative studies with non-US participants.

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<https://doi.org/10.1093/sleepadvances/zpad001>

### **Probable trauma associated sleep disorder in post-9/11 US Veterans.**

Kenneth A Taylor, Vincent Mysliwec, Nathan A Kimbrel, Ann V Augustine, The VA Mid-Atlantic MIRECC Registry Workgroup, Christi S Ulmer

SLEEP Advances

Volume 4, Issue 1, 2023, zpad001

#### Study Objectives

The purpose of this study was to (1) estimate trauma associated sleep disorder (TASD)

prevalence among post-9/11 era veterans and to describe differences in service and comorbid mental health clinical characteristics among individuals with and without probable T ASD, and (2) estimate T ASD prevalence and characteristics of reported traumatic experiences stratified by sex.

## Methods

We used cross-sectional data from the post-deployment mental health study of post-9/11 veterans, which enrolled and collected baseline data from 2005 to 2018. We classified veterans as having probable T ASD using self-reported measures: traumatic experiences from the traumatic life events questionnaire (TLEQ) and items from the Pittsburgh sleep quality index with Addendum for posttraumatic stress disorder (PTSD) mapped to T ASD diagnostic criteria and ascertained mental health diagnoses (PTSD, major depressive disorder [MDD]) via Structured Clinical Interview for DSM-IV. We calculated effect sizes as prevalence ratios (PR) for categorical variables and Hedges'  $g$  for continuous variables.

## Results

Our final sample included 3618 veterans (22.7% female). T ASD prevalence was 12.1% (95% CI: 11.1% to 13.2%) and sex-stratified prevalence was similar for female and male veterans. Veterans with T ASD had a much higher comorbid prevalence of PTSD (PR: 3.72, 95% CI: 3.41 to 4.06) and MDD (PR: 3.93, 95% CI: 3.48 to 4.43). Combat was the highest reported most distressing traumatic experience among veterans with T ASD (62.6%). When stratifying by sex, female veterans with T ASD had a wider variety of traumatic experiences.

## Conclusions

Our results support the need for improved screening and evaluation for T ASD in veterans, which is currently not performed in routine clinical practice.

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<https://doi.org/10.1037/pas0001208>

## **Factor structure and psychometric performance of the PCL-5 in a clinical sample of veterans seeking treatment in a VA PTSD outpatient clinic.**

Jenkins-Guarnieri, M., McEuin, C., Smolenski, D., Hosey, R., Macobin, B., & Prins, A.

Psychological Assessment  
2023; 35(4), 325–338

There is a clear need to improve the measurement of posttraumatic symptoms in veterans seeking trauma-focused treatment. We evaluated the structure and psychometric performance of the Posttraumatic Stress Disorder (PTSD) Checklist for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (PCL-5) in a naturalistic sample of veterans engaging in evidence-based therapy in a Veterans Affairs (VA) PTSD outpatient clinic. We collected data from 500 sequential patients at the beginning and end of treatment, evaluating the PCL-5 factor structure followed by psychometric analyses. Results align with recent research following rigorous methods and advanced statistical techniques in suggesting a unidimensional factor structure for the PCL-5, with indications for its items representing a general factor with no clear support for multiple factors or subscales aligned with specific symptom clusters. In addition, psychometric analyses suggest a wider range of potential cutoff scores predicting PTSD diagnosis that may be specific to this population or setting. Given the remaining research questions surrounding the PCL-5 and its structure and functioning specifically, as well as the evolving conceptualizations of PTSD as a psychological disorder, further research is needed to guide clinical practice and future research. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

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<https://doi.org/10.1176/appi.prcp.20220027>

### **Recent Stressful Experiences and Suicide Risk: Implications for Suicide Prevention and Intervention in U.S. Army Soldiers.**

Catherine L. Dempsey, Ph.D., MPH, David M. Benedek, M.D., Kelly L. Zuromski, Ph.D., Matthew K. Nock, Ph.D., David A. Brent, M.D., Jingning Ao, MPH., Matthew W. Georg, MPH., Katy Haller, MSPH., Pablo A. Aliaga, M.S., Steven G. Heeringa, PhD., Ronald C. Kessler, Ph.D., Murray B. Stein, M.D., MPH., Robert J. Ursano, M.D.

Psychiatric Research & Clinical Practice  
Volume 5, Issue 1 , Spring 2023, Pages 24-36

#### Objectives

To identify the extent to which the presence of recent stressful events are risk factors for suicide among active-duty soldiers as reported by informants.

#### Methods

Next-of-kin (NOK) and supervisors (SUP) of active duty soldiers (n = 135) who died by



suicide and two groups of living controls: propensity-matched (n = 128) and soldiers who reported suicidal ideation in the past year, but did not die (SI) (n = 108) provided data via structured interviews from the Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Multivariate logistic regression analyses were used to create a risk score for suicide.

## Results

The odds of suicide increased significantly for soldiers experiencing relationship problems, military punishment, and perceived failure or humiliation in the month prior to death. Suicide risk models with these risk factors predicted suicide death among those who reported SI in the past year (OR = 5.9, [95% CI = 1.5, 24.0]  $\chi^2 = 6.24$ ,  $p = 0.0125$ , AUC, 0.73 (0.7, 0.8) NOK) and (OR = 8.6, [95% CI = 1.4, 51.5]  $\chi^2 = 5.49$ ,  $p = 0.0191$ , AUC, 0.78 (0.7, 0.8); SUP) suggesting the combination of these recent stressors may contribute to the transition from ideation to action.

## Conclusions

Our findings suggest for the first time recent stressors distinguished suicide ideating controls from suicide decedents in the month prior to death as reported by informants. Implications for preventive intervention efforts for clinicians, supervisors and family members in identifying the transition from ideation to action are discussed.

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<https://doi.org/10.1016/j.jen.2022.12.004>

## **Emergency Departments Treating Veterans for Suicide: Ensuring Quality Care for Veterans Outside of Department of Veterans Affairs Health Care Facilities.**

Angie Waliski PhD, Monica M. Matthieu PhD, LCSW, M. Kathryn Allison PhD, MPH, Michael P. Wilson MD, PhD, Elisabeth M. Skaggs AAS, David A. Adkins MHA, Richard R. Owen MD

Journal of Emergency Nursing  
Volume 49, Issue 2, March 2023, Pages 255-265

## Introduction

Veterans die by suicide at higher rates than nonveterans. Given that the emergency department is often the first point of entry to healthcare following a suicide attempt, it would be beneficial for community providers to have knowledge of the characteristics, medical issues, and effective treatments most often associated with those having

served in the military to ensure guideline concordant and quality suicide care. This study aimed to identify assessment and referral practices of emergency departments at rural community hospitals related to care for suicidal veterans and explore the feasibility and acceptability of identifying veterans in need of postdischarge aftercare.

### Methods

This qualitative exploratory study involved content analysis of semistructured interviews. Ten emergency clinicians from 5 rural Arkansas counties with high suicide rates were interviewed about their experiences working with suicidal patients within the emergency department and perceptions of assessment, management, and referral practices.

### Results

Although most of the emergency departments had a process for assessing for suicide risk, emergency clinicians did not always feel confident in their knowledge of assessing and caring for suicidal patients. Military history was not included in assessment, treatment, or aftercare planning, nor were brief interventions such as safety planning or lethal means safety education provided.

### Discussion

Best practices for suicide assessment and management of veterans exist; however, challenges specific to the emergency department regarding staff training and engaging the community to effectively link at-risk veterans to needed care hinder implementation. Veteran-inclusive assessment and intervention practices could enhance the quality of care provided in community emergency departments.

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<https://doi.org/10.1016/j.pmn.2022.12.007>

## **The Role of Psychological Factors in Chronic Pain Treatment Outcomes in the Military.**

Linda H. Eaton Ph.D., R.N., Diane M. Flynn M.D., Alana D. Steffen Ph.D., Ardith Z. Doorenbos Ph.D., R.N., F.A.A.N.

Pain Management Nursing  
Available online 17 January 2023

### Purpose

Chronic pain treatment in the military includes complementary and integrative health

(CIH) therapies that may affect psychological factors such as pain catastrophizing, chronic pain acceptance, pain self-efficacy, and patient activation. The unique roles that psychosocial factors play in how CIH approaches reduce pain are not clear. This study examined if a holistic pain management program improved pain outcomes through psychological mediators in service members with chronic pain.

#### Design

Secondary analysis of a clinical trial.

#### Methods

Active-duty service members (n = 210) were randomly assigned to a 3-week course of standard rehabilitative care or standard rehabilitative care combined with CIH therapies. Both treatments were followed by a 3-week functional restoration program. Study measures were completed pre- and post-treatment using the Military Health System's Pain Assessment Screening Tool and Outcomes Registry. Mediation analyses tested the indirect effects of the change in psychological factors before functional restoration on the change in pain impact (e.g., pain intensity, pain interference, functional status) after functional restoration.

#### Results

All psychological factors except for chronic pain acceptance were related to improved pain impact ( $p < .05$ ). Furthermore, a change in psychological factors prior to functional restoration was related to the change in pain impact after functional restoration. However, the addition of CIH therapies to standard rehabilitative care did not result in changes in pain outcomes mediated by the psychological factors.

#### Conclusions

Although psychological factors were related to pain outcomes, the effect of CIH therapies on chronic pain did not occur via a change in the four psychological factors.

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<https://doi.org/10.1136/bmj-2022-072398>

#### **Telemental health for clinical assessment and treatment.**

Sugarman D E, Busch A B.

BMJ

Published 16 January 2023

Telemental health—the use of videoconferencing or audio only (telephone) in mental health care—has accelerated tremendously since the start of the covid-19 pandemic. Meta-analyses have examined the reliability (ie, concordance) of assessment and the efficacy/effectiveness of telemental health compared with in-person care. Results indicate that telemental health assessment and clinical outcomes are similar compared with in-person care but there is much unexplained variability, as well as evidence that patient clinical and demographic characteristics can influence these findings. Further, gaps exist in the literature regarding specific patient populations (eg, psychotic disorders, children/adolescents), treatment modalities (eg, group therapy), audio only telemedicine, and hybrid care that mixes in-person with telemental health care. These gaps provide important directions for the next generation of telemental health research. Comprehensive clinical guidelines from mental health organizations are available to telemental health practitioners and focus on five content themes: legal and regulatory issues, clinical considerations, standard operating procedures and protocols, technical requirements, and considerations of specific populations and settings.

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<https://doi.org/10.1038/s41380-022-01935-7>

### **Suicidal behavior across a broad range of psychiatric disorders.**

Yingcheng E. Xu, Daniel A. Barron, Katherin Sudol, Sidney Zisook & Maria A. Oquendo

Molecular Psychiatry

Published: 19 January 2023

Suicide is a leading cause of death worldwide. In 2020, some 12.2 million Americans seriously contemplated suicide, 3.2 million planned suicide attempts, and 1.2 million attempted suicide. Traditionally, the approach to treating suicidal behavior (SB) has been to treat the “underlying” psychiatric disorder. However, the number of diagnoses associated with SB is considerable. We could find no studies describing the range of disorders reported to be comorbid with SB. This narrative review summarizes literature documenting the occurrence of SB across the lifespan and the full range of psychiatric diagnoses, not only BPD and those that comprise MDE, It also describes the relevance of these observations to clinical practice, research, and nosology. The literature searches contained the terms “suicid\*” and each individual psychiatric diagnosis and identified 587 studies. We did not include case reports, case series, studies only addressing suicidal ideation or non-suicidal self-injury (NSSI), studies on self-harm, not

distinguishing between SB and NSSI and studies that did not include any individuals that met criteria for a specific DSM-5 diagnosis (n = 366). We found that SB (suicide and/or suicide attempt) was reported to be associated with 72 out of 145 diagnoses, although data quality varied. Thus, SB is not exclusively germane to Major Depressive Episode (MDE) and Borderline Personality Disorder (BPD), the only conditions for which it is a diagnostic criterion. That SB co-occurs with so many diagnoses reinforces the need to assess current and past SB regardless of diagnosis, and supports the addition of charting codes to the DSM-5 to indicate current or past SB. It also comports with new data that specific genes are associated with SB independent of psychiatric diagnoses, and suggests that SB should be managed with specific suicide prevention interventions in addition to treatments indicated for co-occurring diagnoses. SB diagnostic codes would help researchers and clinicians document and measure SB's trajectory and response to treatment over time, and, ultimately, help develop secondary and tertiary prevention strategies. As a separate diagnosis, SB would preclude situations in which a potentially life-threatening behavior is not accounted for by a diagnosis, a problem that is particularly salient when no mental disorder is present, as is sometimes the case.

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### **Links of Interest**

The sinking ship of Theseus: Adapting the US military to the modern family  
(commentary)

<https://warontherocks.com/2023/03/the-sinking-ship-of-theseus-adapting-the-u-s-military-to-the-modern-family/>

DoD to offer tax-saving child care accounts, other benefits for troops

<https://www.militarytimes.com/pay-benefits/mil-money/2023/03/23/dod-to-offer-child-care-tax-saving-accounts-other-benefits-for-troops/>

VA Rolls Out New Mental Health Scholarship as Need Increases

<https://www.military.com/daily-news/2023/03/22/va-rolls-out-new-mental-health-scholarship-need-increases.html>

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## Resource of the Week: Defense Health Primer: [TRICARE Comprehensive Autism Care Demonstration](#)

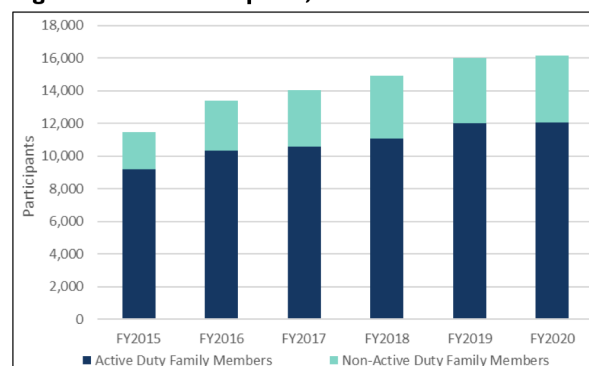
New, from the Congressional Research Service (In Focus):

Since the 1950s, Congress has enacted numerous Department of Defense (DOD) health entitlements and benefits under the TRICARE program to support servicemembers, military retirees, and their dependent family members. The Defense Health Agency (DHA) administers the TRICARE program, which offers or pays for a range of services for military families who have special needs, including those diagnosed with autism spectrum disorder (ASD).

In Fiscal Year (FY) 2020, DOD estimated that a total of 35,473 dependent family members have an ASD diagnosis. TRICARE policies authorize coverage of certain health care and support services to mitigate the effects of ASD; however, not all available therapies have been covered under the basic TRICARE benefit. Over the past two decades, Congress has directed permanent or temporary TRICARE coverage policy modifications to include additional autism care services for military families. DOD administers part of these services under the Comprehensive Autism Care Demonstration (ACD).

This In Focus describes the evolution of DOD's coverage of autism care services, the ACD, and certain ACD challenges for potential congressional consideration.

**Figure I. ACD Participants, FY2015-FY2020**



**Source:** CRS graphic based on DHA, *Comprehensive Autism Care Demonstration Annual report 2021*, December 3, 2021, p. 6.

- See also: [Navigating special education as a military family: A focus on school-aged children](#) (Military REACH)

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