

CDP



Research Update -- May 4, 2023

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<https://doi.org/10.1080/08995605.2022.2094175>

Reculturation: A new perspective on military-civilian transition stress.

Jeremy S. Joseph, Lorraine Smith-MacDonald, Meg C. Filice & Matthew S. Smith

Military Psychology

Volume 35, 2023 - Issue 3

Various forms of assistance are offered to help US Veterans achieve success in their post-military lives in recognition of their service. Despite the many successes, a significant number of Veterans continue to remain at risk for negative mental health outcomes, including suicidality and low levels of life satisfaction. These findings may be due to challenges arising from cultural identity dissonance. Problematic strategies used by Veterans to reduce this dissonance can result in a lack of belongingness, a key component in Joiner's Interpersonal Theory of Suicide. The authors suggest that research on the immigrant experience of acculturation may provide a new perspective to better understand issues of identity and sense of belonging in Veterans. Given that most Veterans return to the culture in which they grew up, the authors offer the term "reculturation." The authors propose clinical psychology focus on exploring the reculturation process of Veterans to support program engagement and suicide prevention.

<https://doi.org/10.1080/08995605.2022.2099708>

Health disparities among millennial veterans by sexual orientation.

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Military Psychology

Volume 35, 2023 - Issue 3

The objective of this study was to examine sexual orientation-based disparities in six self-reported health outcomes among millennial aged military veterans. We collected data using The Millennial Veteran Health Study, a cross-sectional internet-based survey with extensive quality control measures. The survey was fielded April through

December 2020 and targeted millennial aged veterans across the United States. A total of 680 eligible respondents completed the survey. We assessed six binary health outcomes: alcohol use, marijuana use, frequent chronic pain, opioid misuse, high psychological distress, and fair or poor health status. Using logistic regression adjusted for a range of demographic, socioeconomic, and military-based covariates, we find that bisexual veterans consistently report worse health than straight veterans for all six health outcomes tested. Results for gay or lesbian, compared to straight veterans, were less consistent. Sensitivity models with continuous outcomes, and stratified by gender, found similar results. These results have implications for improving the health of bisexual individuals, including addressing discrimination, belonging, and social identity, particularly in institutional settings that have traditionally heteronormative and masculine cultures such as the military.

<https://doi.org/10.1080/08995605.2022.2109363>

Promoting resilience and psychological wellbeing of military providers: The Navy Medicine Caregiver Occupational Stress Control (CgOSC) program.

Eileen Delaney, Robert Gerardi, Monique Beauchamp, Gabriel Tellez & Vasudha Ram

Military Psychology

Volume 35, 2023 - Issue 3

Military Medicine providers (sometimes referred to as caregivers) not only endure the stress of supporting the medical readiness of operational commands, they take on the continuous demands involved in providing direct care to military beneficiaries. Research shows that occupational stress and burnout impacts the health and wellbeing of providers, increases job turnover, and reduces the quality of patient care. Thus, interventions have aimed to reduce burnout and enhance the wellbeing of military providers. Although these efforts have shown promise, there is much room for improvement. Navy Medicine has implemented the Caregiver Occupational Stress Control (CgOSC) program at its commands, with the objectives to enhance provider wellbeing and resilience, improve retention, and ensure the quality of patient care. This article introduces the Navy Medicine CgOSC program, describes the implementation of the CgOSC program at Navy Medicine commands, and delineates how the program is tracked for program adherence. This tracking method can serve as a model for other healthcare organizations that are establishing programs that aim to promote the wellbeing of their providers.

<https://doi.org/10.1080/08995605.2022.2112884>

Limitations of benefit finding as a coping mechanism for combat-related PTSD symptoms.

Michael D. Wood, Heather M. Foran & Thomas W. Britt

Military Psychology
Volume 35, 2023 - Issue 3

Benefit finding has been identified as a buffer of the combat exposure-PTSD symptom link in soldiers. However, benefit finding may have a limited buffering capacity on the combat-PTSD symptom link over the course of a soldier's post-deployment recovery period. In the present study, soldiers returning from Operation Iraqi Freedom (OIF) were surveyed at two different time periods post-deployment: Time 1 was 4 months post-deployment (n = 1,510), and Time 2 was at 9 months post-deployment (n = 783). The surveys assessed benefit finding, PTSD symptoms, and combat exposure. Benefit finding was a successful buffer of the cross-sectional relationship between combat exposure and PTSD reexperiencing symptoms at Time 1, but not at Time 2. In addition, the benefit finding by combat interaction at time 1 revealed that greater benefit finding was associated with higher symptoms under high combat exposure at Time 2 after controlling for PTSD arousal symptoms at Time 1. The results of the present study indicate that benefit finding may have a buffering capacity in the immediate months following a combat deployment, but also indicates that more time than is allotted during the post-deployment adjustment period is needed to enable recovery from PTSD. Theoretical implications are discussed.

<https://doi.org/10.1080/08995605.2022.2114278>

Associations between depression, stress, and e-cigarette use among OEF/OIF veterans.

Denise D. Tran, Jordan P. Davis, Colin Ring, Jennifer Wang, Reagan E. Fitzke, Adam M. Leventhal & Eric R. Pedersen

The COVID-19 pandemic has had profound mental and behavioral health implications for the general U.S. population. However, little is known regarding outcomes for U.S. veterans, who represent a population with high rates of depression, stress, and e-cigarette use. One month prior to the pandemic-related closures (February 2020), 1230 OEF/OIF veterans (ages 18–40) completed an online baseline survey. Six months later, participants completed a follow-up survey (83% retention rate). Hierarchical negative binomial regressions were used to examine the relationship between baseline depression and past 30-day e-cigarette use at follow-up and whether baseline stress moderated this relationship. Veterans who screened positive for depression or who endorsed higher stress levels reported greater e-cigarette use at follow-up. Stress also moderated the relationship between depression and e-cigarette use, such that regardless of stress levels, a positive depression screen was associated with greater rates of later e-cigarette use. However, for those with a negative depression screen, higher stress levels were associated with greater e-cigarette use relative to lower stress levels. Veterans with pre-pandemic depression and stress may be at highest risk for e-cigarette use. Ongoing assessment and treatment for depression and promoting stress management skills for veterans in e-cigarette use prevention and intervention programs may be valuable.

<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.

<https://doi.org/10.2196/42053>

The PTSD Family Coach App in Veteran Family Members: Pilot Randomized Controlled Trial.

van Stolk-Cooke, K., Wielgosz, J., Hallenbeck, H. W., Chang, A., Rosen, C., Owen, J., & Kuhn, E.

JMIR Formative Research
2023 Jan 5; 7: e42053

Background:

Posttraumatic stress disorder (PTSD) among US military veterans can adversely impact their concerned significant others (CSOs; eg, family members and romantic partners). Mobile apps can be tailored to support CSO mental health through psychoeducation, coping skills, and stress monitoring.

Objective:

This study assessed the feasibility, acceptability, and potential efficacy of PTSD Family

Coach 1.0, a free, publicly available app that includes psychoeducation, stress management tools, self-assessments, and features for connecting to alternative supports, compared with a psychoeducation-only version of the app for cohabitating CSOs of veterans with PTSD.

Methods:

A total of 200 participants with an average age of 39 (SD 8.44) years, primarily female (193/200, 97%), and White (160/200, 80%) were randomized to self-guided use of either PTSD Family Coach 1.0 (n=104) or a psychoeducation-only app (n=96) for 4 weeks. Caregiver burden, stress, depression, anxiety, beliefs about treatment, CSO self-efficacy, and relationship functioning assessed using measures of dyadic adjustment, social constraints, and communication danger signs were administered via a web survey at baseline and after treatment. User satisfaction and app helpfulness were assessed after treatment. Data were analyzed using linear mixed methods.

Results:

Overall, 50.5% (101/200) of randomized participants used their allocated app. Participants found PTSD Family Coach 1.0 somewhat satisfying (mean 4.88, SD 1.11) and moderately helpful (mean 2.99, SD 0.97) to use. Linear mixed effects models revealed no significant differences in outcomes by condition for caregiver burden (P=.45; Cohen d=0.1, 95% CI -0.2 to 0.4), stress (P=.64; Cohen d=0.1, 95% CI -0.4 to 0.6), depression (P=.93; Cohen d= 0.0, 95% CI -0.3 to 0.3), anxiety (P=.55; Cohen d=-0.1, 95% CI -0.4 to 0.2), beliefs about treatment (P=.71; Cohen d=0.1, 95% CI -0.2 to 0.3), partner self-efficacy (P=.59; Cohen d=-0.1, 95% CI -0.4 to 0.2), dyadic adjustment (P=.08; Cohen d=-0.2, 95% CI -0.5 to 0.0), social constraints (P=.05; Cohen d=0.3, 95% CI 0.0-0.6), or communication danger signs (P=.90; Cohen d=-0.0, 95% CI -0.3 to 0.3). Post hoc analyses collapsing across conditions revealed a significant between-group effect on stress for app users versus nonusers ($\beta=-3.62$; $t_{281}=-2.27$; $P=.02$).

Conclusions:

Approximately half of the randomized participants never used their allocated app, and participants in the PTSD Family Coach 1.0 condition only opened the app approximately 4 times over 4 weeks, suggesting limitations to this app version's feasibility. PTSD Family Coach 1.0 users reported moderately favorable impressions of the app, suggesting preliminary acceptability. Regarding efficacy, no significant difference was found between PTSD Family Coach 1.0 users and psychoeducation app users across any outcome of interest. Post hoc analyses suggested that app use regardless of treatment condition was associated with reduced stress. Further research that improves app feasibility and establishes efficacy in targeting the domains most relevant to CSOs is warranted.

Trial registration:

ClinicalTrials.gov NCT02486705; <https://clinicaltrials.gov/ct2/show/NCT02486705>

https://www.rand.org/pubs/research_reports/RRA2166-1.html

The societal and economic burden of insomnia in adults: An international study.

Hafner, Marco, Robert J. Romanelli, Erez Yerushalmi, and Wendy M. Troxel

RAND Corporation

Document Number: RR-A2166-1

2023

In this study, we sought to understand the societal and economic burden of insomnia in high-income, Organisation for Economic Co-operation and Development countries within Northern, Southern and Western Europe, as well as North America and Australia. The focus of the study was on adult populations with chronic insomnia, defined as difficulty falling or staying asleep or non-restorative sleep experienced at least 3 times per week for at least 3 months, with daytime impairment. Methods included a review of the published literature, secondary database analyses and economic modelling. We identified information from the literature on insomnia among 16 countries across the regions of interest, with an overall estimated prevalence of chronic insomnia of 8%, representing approximately 41.6 million working-age adults. We found that insomnia is associated with poorer self-rated life satisfaction and estimated that individuals with insomnia would be willing to trade approximately 14% of their annual per capita household income to avoid its negative consequences. At the national level this translates to between \$1.5 and \$127.1 billion, annually, attributable to chronic insomnia (in 2019 United States Dollars [USD]). Chronic insomnia is also associated with an average loss in workplace productivity of 45-54 days, resulting in estimated annual losses in national gross-domestic product ranging from 0.64% to 1.31%, or approximately \$1.8 to \$207.5 billion (2019 USD). Given the substantial societal and economic effects of insomnia, strategies are needed to better mitigate its burden to positively impact the health, well-being and productivity of individuals and society, as a whole.

Key Findings

- Approximately 8% of adults suffer from chronic insomnia.

- Individuals with insomnia are estimated to be willing to trade approximately 14% of their annual per capita household income to avoid its negative consequences.
- Chronic insomnia is associated with an average loss of 45-54 days in workplace productivity, resulting in estimated annual losses in national gross-domestic product ranging from 0.64% to 1.31%, or approximately \$1.8 to \$207.5 billion.

<https://doi.org/10.1016/j.jpsychires.2023.02.009>

Phenotypic predictors of suicide subtypes from pre-to postdeployment in active duty military personnel.

Lily A. Brown, Yiqin Zhu, Hillary Coon, Stacey Young-McCaughan, ... Douglas E. Williamson

Journal of Psychiatric Research
Volume 160, April 2023, Pages 163-170

Highlights

- Three classes were identified based on predeployment characteristics in veterans
- Class 1 had the highest scores on PTSD severity at postdeployment.
- Class 1 had the highest proportion of suicide ideation and attempts at postdeployment.
- It is possible to predict suicide risk at postdeployment based on predeployment data.

Abstract

Military service members are at increased risk for suicide, but there are few strategies for detecting those who are at highest risk after a deployment. Using all available data collected from 4119 Military service members before and after their deployment to Iraq for Operation Iraqi Freedom, we tested whether predeployment characteristics clustered together to predict postdeployment suicidal risk. Latent class analysis showed that three classes best characterized the sample at predeployment. Class 1 had significantly higher scores on PTSD severity pre- and postdeployment than Classes 2 and 3 ($P_s < .001$). At postdeployment, Class 1 also had a greater proportion of endorsement of lifetime and past year suicidal ideation than Classes 2 and 3 ($P_s < .05$) and a greater proportion of lifetime suicide attempts than Class 3 ($P < .001$). Class 1 also had a greater proportion of endorsement of past-30-days intention to act on suicidal thoughts

than Classes 2 and 3 ($P_s < .05$) and past-30-days specific plan for suicide than Classes 2 and 3 ($P_s < .05$). The study showed that based only on predeployment data, it is possible to determine which service members might be at highest risk for suicidal ideation and behavior at postdeployment.

<https://doi.org/10.1007/s11910-023-01251-9>

Management of Psychological Complications Following Mild Traumatic Brain Injury.

Silverberg, N.D., Mikolić, A.

Current Neurology and Neuroscience Reports

Published: 10 February 2023

Purpose of Review

It has been clear for decades that psychological factors often contribute to mild traumatic brain injury (mTBI) outcome, but an emerging literature has begun to clarify which specific factors are important, when, for whom, and how they impact recovery. This review aims to summarize the contemporary evidence on psychological determinants of recovery from mTBI and its implications for clinical management.

Recent Findings

Comorbid mental health disorders and specific illness beliefs and coping behaviors (e.g., fear avoidance) are associated with worse recovery from mTBI. Proactive assessment and intervention for psychological complications can improve clinical outcomes. Evidence-based treatments for primary mental health disorders are likely also effective for treating mental health disorders after mTBI, and can reduce overall post-concussion symptoms. Broad-spectrum cognitive-behavioral therapy may modestly improve post-concussion symptoms, but tailoring delivery to individual psychological risk factors and/or symptoms may improve its efficacy. Addressing psychological factors in treatments delivered primarily by non-psychologists is a promising and cost-effective approach for enhancing clinical management of mTBI.

Summary

Recent literature emphasizes a bio-psycho-socio-ecological framework for understanding mTBI recovery and a precision rehabilitation approach to maximize

recovery. Integrating psychological principles into rehabilitation and tailoring interventions to specific risk factors may improve clinical management of mTBI.

<https://doi.org/10.1016/j.sleh.2022.12.001>

Nightmare disorder in active-duty US military personnel.

Brian A. Moore, Allison Brager, Jason Judkins, Vincent Mysliwicz

Sleep Health

Available online 9 February 2023

Study objectives

Military personnel experience high rates of traumatic experiences. Despite this, few studies have examined the presence of nightmare disorder in military personnel. The primary aim of this study was to examine diagnoses of nightmare disorder across the 4 largest branches of the active-duty US military.

Design & participants

Data and service branch densities used to derive the expected rates of diagnoses of nightmare disorder were drawn from the Defense Medical Epidemiology Database. The branches examined included all active-duty services members in the US Army, Navy, Marine Corps, and Air Force, who served between 2016 and 2021. Single-sample chi-square goodness of fit tests were conducted to examine within-variable differences for military relevant variables.

Results

Between 2016 and 2019, the incidence rates of nightmare disorder (per 10,000 service members) in the US Department of Defense ranged from 11.3 in 2016 to a low of 6.9 in 2018. Service members who were classified as non-white, female, over the age of 35, married, in the Army, and/or a noncommissioned officer, were diagnosed at greater rates relative to their representation in the military population ($p < .001$).

Conclusion

Our findings of higher than expected rates of nightmare disorder in older, senior service members as well as those in the Army align with the known precipitant of nightmares, and trauma. However, the reason for the finding that female and Black service members have higher than expected rates is not readily apparent.

<https://doi.org/10.1371/journal.pone.0280431>

“Feel the need to prepare for Armageddon even though I do not believe it will happen”: Women Veterans’ Firearm Beliefs and Behaviors during the COVID-19 Pandemic, Associations with Military Sexual Assault and Posttraumatic Stress Disorder Symptoms.

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PLoS ONE

Published: February 10, 2023

Aims

Firearm purchasing increased within the U.S. during the coronavirus disease 2019 pandemic. While rates of firearm ownership and suicide are elevated among women Veterans compared to women non-Veterans, no studies have examined if and how firearm beliefs and behaviors changed among women Veterans during the pandemic. We examined women Veterans’ changes in firearm beliefs and engagement in firearm behaviors during the early pandemic era.

Method

3,000 post-9/11 era women Veterans were invited to participate in a survey. 501 respondents (May-December 2020) comprised the sample for this concurrent nested mixed-method analysis. Thematic analysis and log-binomial regression were used.

Results

13.88% (n = 69) of women Veterans in our sample reported changes in their firearm beliefs; 22.15% (n = 109) reported engaging in firearm behaviors. The most prevalent reported behaviors were making household firearms more accessible (16.13%) and purchasing ammunition (11.97%). Smaller percentages reported carrying a firearm more frequently (6.71%), loading previously unloaded firearms (5.69%), or purchasing a firearm (4.24%). Thematic analysis suggested firearm behaviors were likely driven by a perceived increased need to protect oneself, family, and property due to: (1) uncertainties brought on by the pandemic; (2) pandemic-related threats necessitating self-defense, preparedness, and self-sufficiency; (3) political, social, and racial unrest and protests. PTSD symptom severity and military sexual assault history were

associated with higher prevalence of changes in firearm beliefs and engagement in firearm behaviors during the pandemic.

Discussion

Consideration of women Veterans' prior experiences and pandemic-related factors may be necessary to contextualize firearm discussions and inform future research. Given associations of military sexual assault and PTSD symptoms with firearm beliefs and behaviors, it may be crucial to ensure that such discussions are trauma-informed.

<https://doi.org/10.1002/jts.22914>

Development of a brief support and education intervention for loved ones of veterans with posttraumatic stress disorder.

Sarah B. Campbell, Catherine M. Caska Wallace

Journal of Traumatic Stress

First published: 09 February 2023

Clinical practice guidelines for managing posttraumatic stress disorder (PTSD) encourage incorporating loved ones into treatment, and supportive relationships can increase engagement in mental health care for veterans with PTSD. This study describes the iterative refinement, feasibility/acceptability testing, and national dissemination of a brief support and psychoeducation intervention for loved ones of veterans with PTSD. Loved ones ($n = 181$; range: 1–11 per group) attended and qualitatively rated “PTSD 101 for Family and Friends: A Support and Education Workshop.” Open-ended questions were used to gather data on suggestions for improvement and descriptions of helpful content, and the workshop was refined following participant and operational partner feedback using a quality improvement framework. Rating quantitative items on a 1–5 scale, participants found the overall quality ($M = 4.76$) and relevance ($M = 4.82$) to be excellent, noting they learned substantial new information ($M = 4.45$). Sense of support ($M = 4.95$), intentions to use the material ($M = 4.87$), PTSD self-efficacy ($M = 4.41$), and understanding of PTSD ($M = 4.76$) were rated favorably. Common themes among helpful elements were a sense of shared experience and optimism and increased knowledge of treatments/resources. Suggestions for improvement referenced logistics. Following continual stakeholder feedback and refinement, the workshop represents a novel method for providing loved ones with empirically supported psychoeducation, coping skills, and community. It is

being disseminated by the Family Services Section of the Veterans Health Administration Office of Mental Health and Suicide Prevention.

<https://doi.org/10.3138/jmvfh-2022-0057>

Negative cognitions in the context of suicidality after exposure to military-related potentially morally injurious events.

SA Houle, J Inhaber, R Jetly, AR Ashbaugh

Journal of Military, Veteran and Family Health

First published: 10 February 2023

Moral injury (MI) refers to the psycho-spiritual consequences of events that deeply transgress a person's core moral beliefs and values. Such events are reportedly common in the military context, and strong associations have been demonstrated between exposure to potentially morally injurious events (PMIEs) and suicidality. This study explored differences in negative cognitions between treatment-seeking Canadian Armed Forces members and Veterans with and without current suicidal thoughts and behaviours (STBs), all of whom reported current distress in response to a PMIE. Those exhibiting STBs reported stronger negative beliefs about the self. Scores for event-related guilt cognitions and self-blame were similar across individuals with and without STBs. Individuals reporting STBs also displayed higher depression and symptoms of posttraumatic stress disorder. The results suggest that severity of mental health symptoms and negative self-evaluations may be most pertinent in their association with suicidality in the MI context. Results remain preliminary, however, and additional research is needed to properly examine how event and self-related evaluations affect suicidality after PMIEs.

Introduction:

Consistent associations are found between exposure to potentially morally injurious events (PMIEs) and suicidal thoughts and behaviours (STBs). Studies examining cognitions after PMIEs have focused on those describing one's role in the event (e.g., "I did something wrong") rather than those describing sense of self (e.g., "I am a bad person"). Stable internal attributions (e.g., "I did a bad thing because I'm a bad person") are shown to be particularly psychologically harmful; therefore, this is an important limitation. The study explored differences in negative cognitions in those reporting and not reporting STBs after a PMIE.

Methods:

This study is a secondary analysis of data from a treatment-seeking sample of Canadian military members and Veterans reporting distress after a PMIE (N = 55). Participants completed clinician-administered interviews on STBs and questionnaires measuring negative cognitions.

Results:

More than half (n = 30) of participants endorsed current STBs, and 20.0% (n = 11) reported previously attempting suicide. There were no differences in cognitions related to hindsight/responsibility, wrongdoing, lack of justification, self-blame, or negative cognitions about the world. Participants with STBs reported more negative cognitions about the self than those without current STBs.

Discussion:

Results suggest that negative cognitions focusing on stable features of the self, rather than on events, may be more important in their association with STBs after a PMIE. This is consistent with the notion that shame, rather than guilt, is more problematic in psychopathology and STBs.

<http://doi.org/10.1017/S1041610222001053>

Subjective cognitive difficulties and posttraumatic stress disorder interact to increase suicide risk among middle-aged and older US military veterans.

Cations, M., Cook, J. M., Nichter, B., Esterlis, I., & Pietrzak, R. H.

International Psychogeriatrics

Published online by Cambridge University Press: 09 February 2023

Objectives

To examine the role of subjective cognitive difficulties (SCD), posttraumatic stress disorder (PTSD), and their interaction in predicting suicidal ideation and current suicidal intent in middle-aged and older United States (US) military veterans.

Design

Population-based cross-sectional study.

Setting and participants

Data were analyzed from the 2019 to 2020 National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of 3602 US veterans aged 50 years and older (mean age = 69.0).

Measurements

Questionnaires including the Medical Outcomes Study Cognitive Functioning Scale (SCD), PTSD Checklist for DSM-5 (PTSD), Patient Health Questionnaire-9 (suicidal ideation in the previous two weeks), and the Suicide Behaviors Questionnaire-Revised (current suicidal intent).

Results

A total of 154 (4.4%) veterans screened positive for current PTSD, 239 (6.7%) reported past two-week suicidal ideation, and 37 (1.0%) reported current suicidal intent. The probability of suicidal ideation among veterans with both SCD and PTSD was more than six times higher than that observed in the full sample (44.5% vs. 6.7%) and more than 2.5 times higher than that observed in veterans with SCD and no PTSD (44.5% vs. 17.5%). Veterans with both subjective memory and concentration difficulties were more likely to report suicidal intent, though the interaction between SCD and PTSD was not significantly associated with suicidal intent.

Conclusion

Middle-aged and older U.S. veterans with subjective cognitive impairment and PTSD report higher rates of suicidal ideation than those with SCD alone. Interventions targeting SCD and PTSD may mitigate suicide risk among middle-aged and older veterans.

<https://doi.org/10.1016/j.jad.2023.02.025>

Sex-specific risk and resilience correlates of suicidal ideation in U.S. military veterans.

EA Stefanovics, MN Potenza, J Tsai, B Nichter, RH Pietrzak

Journal of Affective Disorders

Volume 328, 1 May 2023, Pages 303-311

Objectives

To estimate the prevalence and identify gender-specific risk factors associated with suicidal ideation (SI) in a nationally representative sample of U.S. military veterans.

Methods

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of 4069 veterans. Bivariate and multivariable analyses were conducted to identify factors associated with SI in male and female veterans.

Results

The prevalence of SI was significantly higher in female than male veterans (18.1 % vs. 11.2 %). In female veterans, results of a relative importance analysis revealed that the majority of explained variance in SI (Nagelkerke $R^2 = 0.54$) was accounted for by lower psychological resilience (44.4 %), and history of non-suicidal self-injury (24.4 %) and alcohol use disorder (20.6 %). In male veterans, the majority of explained variance in SI (Nagelkerke $R^2 = 0.32$) was accounted for by higher loneliness (19.5 %) and hostility (19.1 %), and lower purpose in life (16.3 %).

Conclusions

Suicidal ideation is prevalent among U.S. veterans, particularly in female veterans. Different risk factors emerged as strong correlates of SI in female and male veterans, which may be used to inform gender-specific suicide prevention and treatment efforts in this population.

<https://doi.org/10.1080/08995605.2023.2204060>

Hope, proactive personality, coping styles, and satisfaction with life among veterans during COVID-19.

Elizabeth R. Grzesik & Arpita Ghosh

Military Psychology

Published online: 01 May 2023

Veterans of the U.S. Armed Forces are an at-risk population given their increased mental health concerns resulting from their military service. However, there has been limited research conducted with this population during the novel coronavirus (COVID-

19) pandemic. The purpose of this exploratory study was to examine aspects of positive psychological functioning with 132 U.S. veterans during COVID-19 using Lazarus and Folkman's (1984) transactional model of stress and coping. Specifically, we examined the personal resources of hope and proactive personality, two coping styles, and satisfaction with life. We performed correlation analyses to determine how these constructs related to each other. We also conducted a regression analysis to examine if the two dimensions of hope, proactive personality, adaptive coping, and maladaptive coping predicted veterans' satisfaction with life. Lastly, we utilized a mediation analysis to investigate whether two coping styles mediated the relationships among personal resources and satisfaction with life. Findings from the regression analysis suggested hope pathways and proactive personality were significant predictors of satisfaction with life. Results from the mediation analysis suggested that adaptive and maladaptive coping did not mediate the relationships among personal resources and satisfaction with life.

<https://doi.org/10.1016/j.jpsychires.2023.03.015>

Pre-deployment aggressiveness, combat exposure and moral injury as contributors to posttraumatic stress symptoms among combatants: A two-year prospective study.

Zerach, G., Ben-Yehuda, A., & Levi-Belz, Y.

Journal of Psychiatric Research
2023 May; 161: 158-164

Combatants who are exposed to events which transgress deeply held moral beliefs might face lasting psychopathological outcomes such as Moral Injury (MI) and posttraumatic stress symptoms (PTSS). However, insight about pre-deployment personality factors which might facilitate the MI process and its negative consequences is sparse. In this prospective study, we examined pre-deployment aggressiveness as a possible predictor of exposure to combat and potentially morally injurious events (PMIEs), trauma-related guilt and shame and PTSS among Israeli active-duty combatants. A sample of 335 active-duty Israeli combatants participated in a 2.5-year prospective study with three waves of measurements (T1: 12 months before enlistment, T2: 6 months following enlistment-pre deployment, and T3: 18 months following enlistment-post deployment). Participants' characteristics were assessed via semi-

structured interviews (T1) and validated self-report measures of aggressiveness (T2), combat exposure, PMIEs and PTSS (T3) between 2019 and 2021. Results show that higher levels of pre-deployment aggressiveness predicted both combat exposure and PMIEs-'betrayal'. Combat exposure mediated the association between aggressiveness and PTSS post deployment. Importantly, pre-deployment aggressiveness was significantly associated with the PMIEs-'betrayal' that are associated with trauma-related guilt and shame, which in turn were associated with high levels of PTSS post deployment. Our results highlight the implications of pre-deployment aggressiveness for different forms of exposure to potentially traumatic events during military service. Identification of at-risk combatants for PTSS following exposure to PMIEs of betrayal might provide these combatants with a tailor-made type of preparation regarding moral and ethical situations, which should be investigated in future studies.

<https://doi.org/10.1016/j.jpsychires.2023.03.042>

A disproportionate burden: Prevalence of trauma and mental health difficulties among sexual minority versus heterosexual U.S. military veterans.

Chang, C. J., Fischer, I. C., Depp, C. A., Norman, S. B., Livingston, N. A., & Pietrzak, R. H.

Journal of Psychiatric Research
2023 May; 161: 477-482

This study examined sociodemographic, military, and trauma characteristics, and mental health concerns that differ by sexual orientation in a nationally representative sample of U.S. military veterans. Data were analyzed from 4069 veterans who participated in the National Health and Resilience Veterans Study (NHRVS). Compared with veterans who self-reported as heterosexual (n = 3,491, 94.7%), sexual minority veterans (n = 161, 5.3%) were more likely to be younger, women, Hispanic, unmarried/partnered, have lower household income, and to have enlisted in the military, and served for 4-9 years (relative to 3 or less or 10 or more). After adjusting for demographic variables, sexual minority veterans remained more likely to report childhood sexual abuse (odds ratio [OR] = 2.82), military sexual trauma (OR = 2.29), adverse childhood experiences (Cohen's d = 0.11), current and lifetime drug use disorder (ORs = 3.66 and 2.41, respectively), current alcohol use disorder (OR = 1.62), current and lifetime posttraumatic stress disorder (PTSD; ORs = 2.03 and 1.55, respectively), non-suicidal self-injury (NSSI; OR = 3.19), and future suicide intent (OR =

2.65). Among sexual minority veterans, more years of military service was associated with greater odds of lifetime PTSD, and lower annual household income with greater odds of lifetime drug use disorder and NSSI. Consistent with research in non-veterans, results suggest that sexual minority veterans experience greater trauma and mental health burden relative to their heterosexual peers. They further underscore the importance of interventions that prevent and mitigate adverse mental health outcomes in this population.

<https://doi.org/10.1177/10731911221092420>

Optimizing the Beck Scale for Suicide Ideation: An Item Response Theory Approach Among U.S. Military Personnel.

Podlogar, M. C., Gutierrez, P. M., & Osman, A.

Assessment

2023 Jun; 30(4): 1321-1333

The Beck Scale for Suicide Ideation (BSS) is one of the most used and empirically supported suicide risk assessment measures for behavioral health clinicians and researchers. However, the 19-item BSS is a relatively long measure and can take 5 to 10 minutes to administer. This study used Item Response Theory (IRT) techniques across two samples of mostly U.S. military service members to first identify ($n_1 = 1,899$) and then validate ($n_2 = 757$) an optimized set of the most informative BSS items. Results indicated that Items 1, 2, 4, 6, and 15 provided a similar-shaped test information curve across the same range of the latent trait as the full-length BSS and showed reliable item functioning across participant characteristics. The sum score of these five items showed a linear score linkage with the full-scale score, $\rho > 0.87$, and was equally as sensitive as the full scale for prospectively predicting near-term suicidal behavior at 74% with a cut score ≥ 1 (equivalent to full-scale score ≥ 6). Results are consistent with those from civilian samples. In time- or length-limited assessments, using these five BSS items may improve administration efficiency over the full BSS, while maintaining classification sensitivity. This study suggests that summing Items 1, 2, 4, 6, and 15 of the Beck Scale for Suicide Ideation (BSS) is an acceptable approach for shortening the full-length measure.

<https://doi.org/10.1111/acer.15045>

Sex differences in the relation between military sexual trauma and risk for alcohol misuse among U.S. Army Reserve and National Guard soldiers.

Fillo, J., Anderson Goodell, E. M., Homish, D. L., & Homish, G. G.

Alcoholism, Clinical and Experimental Research
2023 Apr; 47(4): 736-747

Background:

Military sexual trauma (MST) is linked to a range of deleterious health outcomes. Extant literature has focused disproportionately on mental health sequelae of MST. Research is needed to better understand the extent to which MST contributes to alcohol misuse and related problems - key issues facing service members. Additionally, sex differences in the nature and prevalence of MST may impact sequelae. The present research examined (a) the prevalence of an MST history among female and male service members, (b) relations between MST history and risk for alcohol misuse and related problems, and (c) potential sex differences in these experiences and outcomes.

Methods:

Data from current and previous service members (334 males and 70 females) were drawn from Operation: SAFETY (Soldiers and Families Excelling Through the Years), a longitudinal study of U.S. Army Reserve and National Guard (USAR/NG) soldiers and their partners. Analyses examined the prevalence and types of MST experienced, relations between MST history and three alcohol-related variables (total consumption, heavy drinking frequency, and alcohol-related problems), and differences by sex.

Results:

Approximately one-third (33.7%) of service members reported an MST history. Females (61.4%) reported an MST history at more than twice the rate of males (27.8%). Interactions between MST and sex were significant for all alcohol-related variables. Among males, an MST history was related to 70% higher alcohol consumption, 86% higher heavy drinking frequency, and 45% higher alcohol problem scores. An MST history was unrelated to alcohol-related variables among females.

Conclusion:

Findings suggest a higher prevalence of MST among USAR/NG service members than is often reported in the literature, particularly among males. An MST history was

associated with higher and more hazardous/harmful current alcohol consumption among male service members, highlighting the need for greater screening, prevention, and intervention among a population already at high risk for problematic alcohol use. Results underscore that MST is an important and prevalent experience requiring greater study alongside more traditional notions of service-connected trauma.

<https://doi.org/10.1037/pri0000205>

The essentials of creating effective safety planning-type interventions for suicidal patients.

Knapp, Samuel

Practice Innovations
Advance online publication

Abstract

Safety planning type interventions (SPTIs) reduce suicide attempts as either stand-alone interventions or as part of a more comprehensive treatment. They now represent the standard of care when working with suicidal patients. This article reviews the goals of SPTIs, their effectiveness, rationale, legal and risk management implications, composition, and how to use them effectively. Effective SPTIs are created collaboratively, rely extensively on patient input, disrupt patients' suicidal thinking, and increase the patients' connections with others, sense of personal autonomy, and belief in their ability to cope with suicidal thoughts. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement

Collaboratively developed safety plans can prevent many suicide attempts. This article provides psychotherapists with essential information about safety plans and how to implement them. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1027/0227-5910/a000898>

Clinically Significant Scores for Thwarted Belonging and Perceived Burden from the Interpersonal Needs Questionnaire (INQ-15).

Caroline Silva, Phillip N. Smith, Megan Rogers, Thomas E. Joiner, Brad Foote, and Kimberly A. Van Orden

Crisis

Published Online: February 10, 2023

Background:

Social disconnection is associated with all-cause mortality and suicide. Measures of social disconnection with reliable cut-off scores are needed to aid in the assessment of clinically significant change.

Aims:

The current study sought to identify reliable clinical cut-off scores for the 15-item Interpersonal Needs Questionnaire (INQ-15), which assesses two indices of social disconnection associated with suicide ideation – thwarted belonging (TB) and perceived burden (PB) on others. Methods: The INQ-15 and measures of suicide ideation were administered to psychiatric outpatients (Nsample1 = 493; Nsample2 = 213) and psychiatric inpatients (Nsample3 = 79; Nsample4 = 87).

Results: Reliable cut-off scores discriminating between the presence and absence of suicide ideation were identified across samples (TB \geq 36 for psychiatric outpatients and \geq 32 for inpatients; PB \geq 12 for both psychiatric outpatients and inpatients). Limitations: Data are cross-sectional; thus, conclusions cannot be made about the predictive utility of INQ scores for future suicide ideation, attempts, or death.

Conclusions:

The INQ-15 yields scores with reliable cut-off scores for both TB and PB that represent clinically significant levels of social disconnection. These cut-off scores can be used in treatment trials and clinical practice to assess clinical improvement (or decline) in belonging and perceived burden.

Links of Interest

Early data shows 37% suicide decrease in units with holistic health

<https://www.armytimes.com/news/your-army/2023/04/26/early-data-shows-37-suicide-decrease-in-units-with-holistic-health/>

You're Valued, Too: Overcoming the Challenges of Military Spousal Employment
<https://militaryreach.auburn.edu/FamilyStoryDetails?resourceid=1adc20d1-27c1-43c9-9eae-cb557ab21a34>

Sexual assault in the military keeps rising while prosecutions fall
<https://www.militarytimes.com/news/your-military/2023/04/27/sexual-assault-in-the-military-keeps-rising-while-prosecutions-fall/>

What's great about being military kids, from two Marine dads
<https://www.militarytimes.com/opinion/commentary/2023/04/28/whats-great-about-being-military-kids-from-two-marine-dads/>

Staff Perspective: Purple Up! in Support of Military Children
<https://deploymentpsych.org/blog/staff-perspective-purple-support-military-children>

Staff Perspective: Military PCS Moves - Their Impact on Military Partners
<https://deploymentpsych.org/blog/staff-perspective-military-pcs-moves-their-impact-military-partners>

The Army Needs to Talk About its Problem with Leaders Taking Their Own Lives (opinion)
<https://www.military.com/daily-news/opinions/2023/04/28/army-needs-talk-about-its-problem-leaders-taking-their-own-lives.html>

White men in similar DOD civilian tech jobs earning more than women and minorities, study finds
<https://www.stripes.com/theaters/us/2023-05-01/pay-disparity-military-tech-jobs-9976596.html>

- [Demographic Diversity of the Science, Technology, Engineering, and Mathematics \(STEM\) Workforce in the U.S. Department of Defense: Analysis of Compensation and Employment Outcomes \(RAND\)](#)

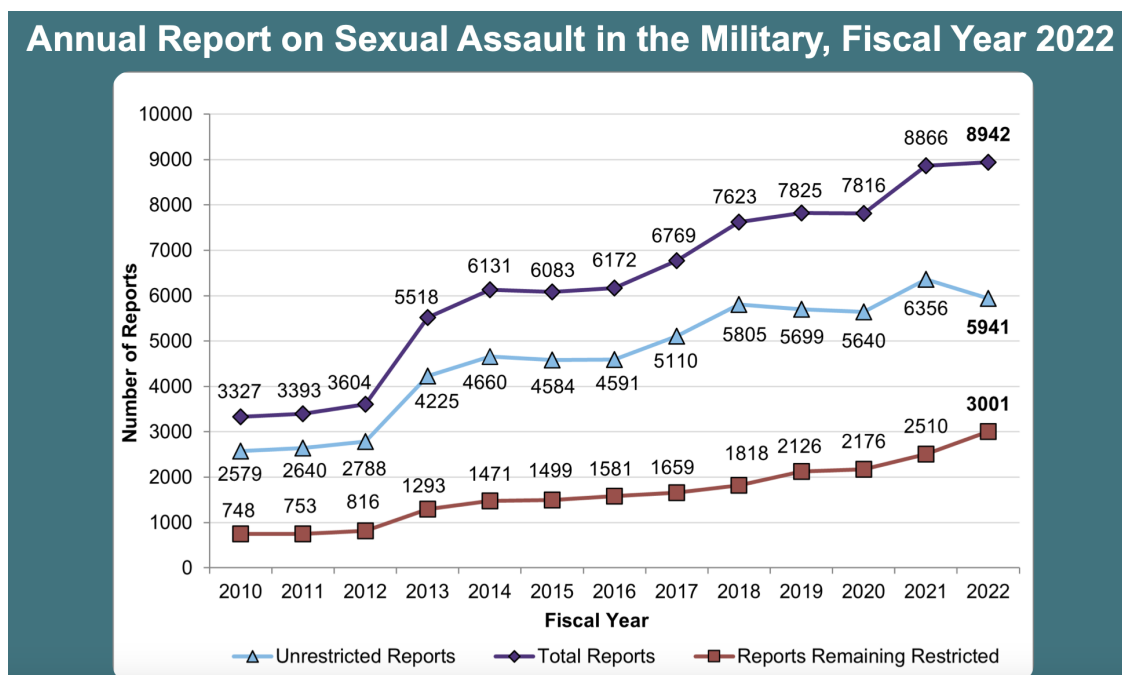
Suicide crisis in the military fueled by ineffective screening for brain injuries (opinion)
<https://thehill.com/opinion/congress-blog/3981083-suicide-crisis-in-the-military-fueled-by-ineffective-screening-for-brain-injuries/>

Resource of the Week: [Department of Defense Annual Report on Sexual Assault in the Military, Fiscal Year 2022](#)

From the DoD Sexual Assault Prevention and Response Office (SAPRO):

The Department of Defense Annual Report on Sexual Assault in the Military, Fiscal Year 2022 was provided to Congress on April 27, 2023. The data provided in the reports serve as the foundation and catalyst for future sexual assault prevention, training, victim care, and accountability goals.

Upon the release of the Fiscal Year 2022 Annual Report, the Under Secretary of Defense for Personnel and Readiness, Mr. Gilbert Cisneros, Jr., issued a memorandum to senior DoD leadership directing Actions to Address and Prevent Sexual Assault and Sexual Harassment in the Military. The memorandum is available [here](#).



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