

CDP



Research Update -- May 11, 2023

What's Here:

- Nightmare disorder in active-duty US military personnel.
- Development of a brief support and education intervention for loved ones of veterans with posttraumatic stress disorder.
- Objective and Subjective Sleep Measures Are Related to Suicidal Ideation and Are Transdiagnostic Features of Major Depressive Disorder and Social Anxiety Disorder.
- Ruptured selves: moral injury and wounded identity.
- The Use of Opioids in the Management of Chronic Pain: Synopsis of the 2022 Updated U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline.
- High Risk of Substance Use Disorder–Related Outcomes in Veterans Released from Correctional Facilities in Mid to Late Life.
- Exploring the Relationship Between Moral Injury and PTSD Symptoms in Suicide Attempt Survivors.
- A Qualitative Systematic Review of Enablers and Barriers to HelpSeeking for Veterans that have Completely Left the Military Within the Context of Mental Health and Alcohol.
- Endocannabinoid System and Exogenous Cannabinoids in Depression and Anxiety: A Review.
- Military families with young children with disabilities: Families' and providers' perceptions.

- Reculturation: A new perspective on military-civilian transition stress.
- Military Sexual Trauma Among Women Veterans Using Veterans Health Administration Reproductive Health Care: Screening Challenges and Associations with Post-Military Suicidal Ideation and Suicide Attempts.
- Identifying Central Symptoms and Bridge Pathways Between Autism Spectrum Disorder Traits and Suicidality Within an Active Duty Sample.
- Suicide Notes, Attempts, and Attempt Lethality During Episodes of Ideation Among Suicidal Soldiers and Marines.
- Calibrating the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) for detecting alcohol-related problems among Canadian, UK and US soldiers: cross-sectional pre-deployment and post-deployment survey results.
- Association between burnout and insomnia in U.S. Air Force Pararescue personnel: A cross-sectional study.
- Limitations of benefit finding as a coping mechanism for combat-related PTSD symptoms.
- A bidirectional examination of mental health symptoms and perceptions of leader support: Which comes first?
- An Application of the Confluence Model of Sexual Aggression Among Young Adult Male Soldiers.
- Mental Health Outcomes Among American Indian and Alaska Native U.S. Army Soldiers: A Serial Cross-Sectional Analysis.
- Association of Recent and Past Suicide Attempts With Health-Related Quality of Life.
- Supporting Mental Health and Psychological Resilience Among the Health Care Workforce: Gaps in the Evidence and Urgency for Action.
- Associations among meaning in life, coping, and distress in trauma-exposed U.S. military veterans.
- Links of Interest
- Our Epidemic of Loneliness and Isolation 2023: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

<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 Mysliwiec

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/10.1002/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/10.3390/brainsci13020288>

Objective and Subjective Sleep Measures Are Related to Suicidal Ideation and Are Transdiagnostic Features of Major Depressive Disorder and Social Anxiety Disorder.

Klumpp, H., Chang, F., Bauer, B. W., & Burgess, H. J.

Brain Sciences

2023 Feb 8; 13(2): 288

Suicide is a major public health problem and previous studies in major depression and anxiety show problematic sleep is a risk factor for suicidal ideation (SI). However, less is known about sleep and SI in social anxiety disorder (SAD), despite the pervasiveness of SAD. Therefore, the current study comprised participants with major depressive disorder (MDD) (without comorbid SAD) (n = 26) and participants with SAD (without comorbid MDD) (n = 41). Wrist actigraphy was used to estimate sleep duration, wake after sleep onset, and sleep efficiency; sleep quality was evaluated with self-report. Self-report was also used to examine SI. These measures were submitted to independent t-tests and multiple regression analysis. t-test results revealed sleep and SI did not differ between MDD and SAD groups. Multiple regression results showed shorter sleep duration and worse sleep quality related to greater SI when taking symptom severity and age into account. Post-hoc partial correlational analysis showed these sleep-SI relationships remained significant after controlling for symptom severity and age. Preliminary findings indicate sleep and SI may be transdiagnostic features of MDD and SAD. Evidence of distinct sleep-SI relationships are consistent with previous reports showing that sleep difficulties contribute to SI. Altogether, improving sleep duration and sleep quality may reduce the risk of SI.

<https://doi.org/10.1007/s11019-023-10138-y>

Ruptured selves: moral injury and wounded identity.

Cahill, J.M., Moyse, A.J. & Dugdale, L.S.

Medicine, Health Care and Philosophy

Published: 13 February 2023

Moral injury is the trauma caused by violations of deeply held values and beliefs. This paper draws on relational philosophical anthropologies to develop the connection between moral injury and moral identity and to offer implications for moral repair, focusing particularly on healthcare professionals. We expound on the notion of moral identity as the relational and narrative constitution of the self. Moral identity is formed and forged in the context of communities and narrative and is necessary for providing a

moral horizon against which to act. We then explore the relationship between moral injury and damaged moral identities. We describe how moral injury ruptures one's sense of self leading to moral disorientation. The article concludes with implications for moral repair. Since moral identity is relationally formed, moral repair is not primarily an individual task but requires the involvement of others to heal one's identity. The repair of moral injury requires the transformation of a moral identity in community.

<https://doi.org/10.7326/M22-2917>

The Use of Opioids in the Management of Chronic Pain: Synopsis of the 2022 Updated U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline.

Sandbrink, F., Murphy, J. L., Johansson, M., Olson, J. L., Edens, E., Clinton-Lont, J., Sall, J., Spevak, C., & VA/DoD Guideline Development Group

Annals of Internal Medicine
2023 Mar; 176(3): 388-397

Description:

In May 2022, leadership within the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) approved a joint clinical practice guideline for the use of opioids when managing chronic pain. This synopsis summarizes the recommendations that the authors believe are the most important to highlight.

Methods:

In December 2020, the VA/DoD Evidence-Based Practice Work Group assembled a team to update the 2017 VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain. The guideline development team included clinical stakeholders and conformed to the National Academy of Medicine's tenets for trustworthy clinical practice guidelines. The guideline team developed key questions to guide a systematic evidence review that was done by an independent third party and distilled 20 recommendations for care using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system. The guideline team also created 3 one-page algorithms to help guide clinical decision making. This synopsis presents the recommendations and highlights selected recommendations on the basis of clinical relevance.

Recommendations:

This guideline is intended for clinicians who may be considering opioid therapy to manage patients with chronic pain. This synopsis reviews updated recommendations for the initiation and continuation of opioid therapy; dose, duration, and taper of opioids; screening, assessment, and evaluation; and risk mitigation. New additions are highlighted, including recommendations about the use of buprenorphine instead of full agonist opioids; assessing for behavioral health conditions and factors associated with higher risk for harm, such as pain catastrophizing; and the use of pain and opioid education to reduce the risk for prolonged opioid use for postsurgical pain.

<https://doi.org/10.1007/s11606-023-08057-y>

High Risk of Substance Use Disorder–Related Outcomes in Veterans Released from Correctional Facilities in Mid to Late Life.

Lisa C. Barry, David C. Steffens, Kenneth E. Covinsky, Yeates Conwell, John Boscardin, Yixia Li & Amy L. Byers

Journal of General Internal Medicine

Published: 13 February 2023

Background

Veterans Affairs (VA) is likely to encounter a growing number of veterans returning to the community in mid to late life following incarceration (i.e., experiencing reentry). Yet, rates of negative health outcomes due to substance use disorders (SUDs) in this population are unknown.

Objective

To determine risk of and risk factors for SUD-related emergency department visits and inpatient hospitalizations (ED/IPH) and overdose death among older reentry veterans compared with never-incarcerated veterans.

Design

Retrospective cohort study using national VA and Medicare healthcare systems data.

Participants

Veterans age ≥ 50 , incarcerated for ≤ 5 consecutive years, and released between October 1, 2010, and September 30, 2017 (N = 18,803), were propensity score–

matched 1:5 with never-incarcerated veterans (N = 94,015) on demographic characteristics, reason for Medicare eligibility, and SUD history.

Main Measures

SUD-related ED/IPH (overall and substance-specific) were obtained from in-/outpatient VA health services and CMS data within the year following release date/index date (through September 30, 2018). Overdose death within 1 year was identified using the National Mortality Data Repository. Fine-Gray proportional hazards regression compared risk of SUD-related ED/IPH and overdose death between the two groups.

Results

The number of SUD-related ED/IPHs and overdose deaths was 2470 (13.1%) and 72 (0.38%) in the reentry sample versus 4402 (4.7%) and 198 (0.21%) in the never-incarcerated sample, respectively. Mid-to-late-life reentry was associated with higher risk of any SUD-related ED/IPH (13,136.2 vs. 2252.8 per 100,000/year; adjusted hazard ratio [AHR] = 2.19; 95% confidence interval [CI] = 2.08, 2.30) and overdose death (382.9 vs. 210.6 per 100,000/year; AHR = 2.24, 95% CI = 1.63, 3.08).

Conclusions

Older reentry veterans have more than double the risk of experiencing SUD-related ED/IPH (overall and substance-specific) and overdose death, even after accounting for SUD history and other likely confounders. These findings highlight the vulnerability of this population. Improved knowledge regarding SUD-related negative health outcomes may help to tailor VA reentry programming.

<https://doi.org/10.1007/s10608-023-10356-x>

Exploring the Relationship Between Moral Injury and PTSD Symptoms in Suicide Attempt Survivors.

Woller, S.J., Boffa, J.W. & Schmidt, N.B.

Cognitive Therapy and Research

Published: 13 February 2023

Background

Research has suggested that some individuals report posttraumatic stress disorder (PTSD) symptoms following a suicide attempt (SA). However, there is debate as to

whether one's own SA should be recognized as a criterion event for PTSD symptoms. Alternatively, trauma research has identified moral injury as a consequence of trauma that is related to PTSD and broader mental health issues. The present study had two primary aims: to broadly explore PTSD and perceptions of one's SA as a PMIE; and to expand our understanding of the relationship between PTSD and PMIEs among SA survivors.

Methods

Participants (N = 152) reporting a lifetime SA were recruited from Amazon's Mechanical Turk to complete self-report measures of PTSD symptoms and PMIE specific to their SA, as well as self-report measures of shame, and guilt. Descriptive statistics and regressions were used to examine the study aims. Levels of PTSD symptoms and PMIE secondary to a SA were comparable with previous samples.

Results

Perceptions of one's SA as a PMIE were statistically significantly associated with global PTSD symptoms, while PTSD intrusion symptoms were uniquely associated with perceptions of one's SA as a PMIE.

Conclusions

The results from this study suggest that a SA is a potentially traumatic event that could lead to symptoms of PTSD and perceptions of one's SA as a PMIE.

<https://doi.org/10.21061/jvs.v9i1.376>

A Qualitative Systematic Review of Enablers and Barriers to Help Seeking for Veterans that have Completely Left the Military Within the Context of Mental Health and Alcohol.

Journal of Veterans Studies

2023; Volume: 9 Issue: 1, 15–30

The variation in the definition of a veteran, and the preference for quantitative methods, has created mixed findings regarding the process of veteran help-seeking (HS) for mental health/alcohol issues. To understand HS enablers/barriers for those having ceased military employment, a systematic review of qualitative HS literature is warranted. Six databases were searched. Data were analysed thematically. From 1,154 titles/abstracts screened, six studies elicited four themes: military culture, problem

severity, the system, and relationships/support. Enablers/barriers were individual and group specific. Alcohol was often an initial HS barrier whereas mental health symptomology and peer/community support were enablers. Themes collectively suggest HS is a progressive journey. Many studies had reporting issues so fully assessing study quality was challenging. Limited qualitative studies exist concerning those having ceased service altogether. A qualitative approach is advantageous as underlying processes can be explored. Interventions could improve the HS process/journey, at individual and group/community levels.

<https://doi.org/10.3390/brainsci13020325>

Endocannabinoid System and Exogenous Cannabinoids in Depression and Anxiety: A Review.

Hasbi, A.; Madras, B.K.; George, S.R.

Brain Sciences
2023; 13(2) :325

Background:

There is a growing liberalization of cannabis-based preparations for medical and recreational use. In multiple instances, anxiety and depression are cited as either a primary or a secondary reason for the use of cannabinoids.

Aim:

The purpose of this review is to explore the association between depression or anxiety and the dysregulation of the endogenous endocannabinoid system (ECS), as well as the use of phytocannabinoids and synthetic cannabinoids in the remediation of depression/anxiety symptoms. After a brief description of the constituents of cannabis, cannabinoid receptors and the endocannabinoid system, the most important evidence is presented for the involvement of cannabinoids in depression and anxiety both in human and from animal models of depression and anxiety. Finally, evidence is presented for the clinical use of cannabinoids to treat depression and anxiety.

Conclusions:

Although the common belief that cannabinoids, including cannabis, its main studied components—tetrahydrocannabinol (THC) and cannabidiol (CBD)—or other synthetic derivatives have been suggested to have a therapeutic role for certain mental health

conditions, all recent systematic reviews that we report have concluded that the evidence that cannabinoids improve depressive and anxiety disorders is weak, of very-low-quality, and offers no guidance on the use of cannabinoids for mental health conditions within a regulatory framework. There is an urgent need for high-quality studies examining the effects of cannabinoids on mental disorders in general and depression/anxiety in particular, as well as the consequences of long-term use of these preparations due to possible risks such as addiction and even reversal of improvement.

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

Military families with young children with disabilities: Families' and providers' perceptions.

Michelle M. Sands, Stacy N. McGuire, Hedda Meadan, Robyn DiPietro-Wells, Rebecca E. Hacker

Early Childhood Research Quarterly
Volume 64, 3rd Quarter 2023, Pages 61-71

Active duty military families have unique life experiences that can affect individual members and also the family as a whole. While many benefits to the military lifestyle exist, previous research has described how children of active duty military families may also be more at-risk for emotional and academic difficulties as a result of parent absence, family stress or strain. For active duty military families who have children with disabilities, mobility and change can be especially stressful. However, limited research has been conducted to understand the experiences and perceptions of military families who have young children with disabilities. The purpose of this study was to explore (a) the experiences and needs of military families with young children with disabilities, and (b) the experiences and recommendations of early intervention professionals who work with young children with disabilities and their military families. Semi-structured individual interviews were conducted with six active duty military family members who have a children with disabilities, and focus groups were conducted with 12 early intervention service providers. Findings of the study include unique experiences and needs of military family members with young children with disabilities that have been highlighted in previous literature, as well as some unique findings specific to those receiving services under part of Part C of the Individuals with Disabilities Education Act.

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

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

Joseph, J. S., Smith-MacDonald, L., Filice, M. C., & Smith, M. S.

Military Psychology

2023 May-Jun; 35(3): 193-203

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/10.1177/08862605221145725>

Military Sexual Trauma Among Women Veterans Using Veterans Health Administration Reproductive Health Care: Screening Challenges and Associations with Post-Military Suicidal Ideation and Suicide Attempts.

Monteith, L. L., Kittel, J. A., Schneider, A. L., Miller, C. N., Holliday, R., Katon, J. G., Brenner, L. A., & Hoffmire, C. A.

Journal of Interpersonal Violence

2023 Jun; 38(11-12): 7578-7601

Military sexual trauma (MST) is highly prevalent among women veterans. Research among MST survivors has focused on individuals receiving care in specific settings,

such as mental health services. There is a dearth of knowledge regarding MST prevalence and associations in other settings commonly accessed by women veterans, including reproductive healthcare settings. We examined MST prevalence (overall, by MST type and extent of underreporting) and associations with suicidal ideation and suicide attempts, among women veterans accessing Veterans Health Administration (VHA) reproductive health care. Our sample included 352 post-9/11 women veterans who used VHA reproductive health care in Fiscal Year (FY) 2018 and participated in a cross-sectional survey. Approximately 68.7% screened positive for MST, including 44.9% who reported experiencing military sexual assault. Notably, 30.8% reported MST on the survey, but had a negative MST screen for their most recent MST screen in their VHA medical record. Both military sexual harassment and assault were associated with increased prevalence of experiencing suicidal ideation following military service; however, a significant association among military sexual harassment, past-month suicidal ideation, and post-military suicide attempts was not detected. Military sexual assault was uniquely associated with past-month suicidal ideation and post-military suicide attempts. As MST and underreporting are highly prevalent among women veterans using VHA reproductive health care, rescreening for MST within this population is essential. A trauma-informed approach is recommended irrespective of prior MST screening results and may facilitate suicide prevention in this population. Addressing barriers to MST disclosure and preventing MST and its sequelae remain critical.

<https://doi.org/10.1080/13811118.2021.1993398>

Identifying Central Symptoms and Bridge Pathways Between Autism Spectrum Disorder Traits and Suicidality Within an Active Duty Sample.

Smith, A. R., Hunt, R. A., Grunewald, W., Jeon, M. E., Stanley, I. H., Levinson, C. A., & Joiner, T. E.

Archives of Suicide Research
2023 Apr-Jun; 27(2): 307-322

Objective:

This study employed network analysis to characterize central autism spectrum disorder (ASD) traits and suicide symptoms within an active duty military sample as well as to identify symptoms that may bridge between ASD traits and suicidality (i.e., suicidal ideation and behaviors).

Method:

Participants were active duty U.S. military service members (N = 287). Autism spectrum traits, suicidality, depression, and suicide related constructs were assessed online via self-report.

Results:

Within the combined ASD trait-suicidality network, suicide rumination, suicide behaviors, and depression had the highest strength centrality. The most central bridge symptoms between ASD and suicidality were thwarted belongingness, social skills deficits, and depressive symptoms.

Conclusions:

Social skills deficits and thwarted belongingness may function as a meaningful bridge between ASD symptoms and suicidality within active duty members. Individuals with ASD symptoms who additionally present with high levels of thwarted belongingness and/or considerable social skills deficits may be at increased risk for suicidality.

HIGHLIGHTS

Within an ASD-suicidality network, social skills deficits, low belonging, and depression had the greatest bridge strength. Although low belonging emerged as a bridge symptom, perceived burdensomeness did not. Suicide rumination, suicide behaviors, and depression were the most central symptom in an ASD-suicidality network. Symptoms related to social skills deficits may connect ASD traits and suicidality.

<https://doi.org/10.1080/13811118.2021.1988785>

Suicide Notes, Attempts, and Attempt Lethality During Episodes of Ideation Among Suicidal Soldiers and Marines.

Huppert, T. K., Fruhbauerova, M., Kerbrat, A. H., DeCou, C. R., & Comtois, K. A.

Archives of Suicide Research
2023 Apr-Jun; 27(2): 261-274

Objective:

Suicide remains a significant public health problem among military personnel despite expanded suicide prevention efforts over the last two decades. It is important to

understand the behavioral antecedents of suicide, including the writing of a suicide note, to inform efforts to identify imminent risk. However, the completion of a suicide note increasing the likelihood of making a suicide attempt (SA) and predicting a higher lethality SA during episodes of suicidality have not been evaluated.

Method:

To determine whether or not the completion of a suicide note increased the likelihood of making a SA during a given episode of suicidal ideation (current or worst) and predicted a higher lethality SA, we conducted secondary data analysis with a sample of 657 help-seeking, active-duty U.S. Soldiers and Marines. We hypothesized that service members who completed a suicide note would be more likely to make a SA during that given episode of suicidality and make a higher lethality SA.

Results:

Completion of a suicide note increased the likelihood of making a SA in both current and worst episodes of suicidal ideation. Additionally, writing a suicide note predicted making a higher lethality SA during a service member's current episode of ideation but not their worst episode.

Conclusions:

This is the first study to examine note-writing behavior during episodes of suicidal ideation rather than following a suicide death or attempt, demonstrating a non-trivial number (17%) had written a suicide note and this increased the likelihood of making a SA and a higher lethality SA.

HIGHLIGHTS

The first study of suicide notes during periods of ideation regardless of attempt. A suicide note written during an episode of ideation predicted making an attempt. A suicide note predicted making a more lethal suicide attempt.

<https://doi.org/10.1136/bmjopen-2022-068619>

Calibrating the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) for detecting alcohol-related problems among Canadian, UK and US soldiers: cross-sectional pre-deployment and post-deployment survey results.

Duffy, F. F., Sudom, K., Jones, M., Fear, N. T., Greenberg, N., Adler, A. B., Hoge, C. W., Wilk, J. E., & Riviere, L. A.

Objectives:

Excessive alcohol use can bring about adverse health and work-related consequences in civilian and military populations. Screening for excessive drinking can help identify individuals at risk for alcohol-related problems who may require clinical interventions. The brief validated measures of alcohol use such as the Alcohol Use Disorders Identification Test (AUDIT), or abbreviated AUDIT-Consumption (AUDIT-C), are often included in military deployment screening and epidemiologic surveys, but appropriate cut-points must be used to effectively identify individuals at risk. Although the conventional AUDIT-C cut-points ≥ 4 for men and ≥ 3 for women are commonly used, recent validation studies of veterans and civilians recommend higher cut-points to minimise misclassification and overestimation of alcohol-related problems. This study aims to ascertain optimal AUDIT-C cut-points for detecting alcohol-related problems among serving Canadian, UK and US soldiers.

Design:

Cross-sectional pre/post-deployment survey data were used.

Settings:

Comprised Army locations in Canada and UK, and selected US Army units.

Participants:

Included soldiers in each of the above-mentioned settings.

Outcome measures:

Soldiers' AUDIT scores for hazardous and harmful alcohol use or high levels of alcohol problems served as a benchmark against which optimal sex-specific AUDIT-C cut-points were assessed.

Results:

Across the three-nation samples, AUDIT-C cut-points of $\geq 6/7$ for men and $\geq 5/6$ for women performed well in detecting hazardous and harmful alcohol use and provided comparable prevalence estimates to AUDIT scores ≥ 8 for men and ≥ 7 for women. The AUDIT-C cut-point $\geq 8/9$ for both men and women performed fair-to-good when benchmarked against AUDIT ≥ 16 , although inflated AUDIT-C-derived prevalence estimates and low positive predictive values were observed.

Conclusion:

This multi-national study provides valuable information regarding appropriate AUDIT-C cut-points for detecting hazardous and harmful alcohol use, and high levels of alcohol problems among soldiers. Such information can be useful for population surveillance, pre-deployment/post-deployment screening of military personnel, and clinical practice.

<https://doi.org/10.1080/08995605.2022.2058301>

Association between burnout and insomnia in U.S. Air Force Pararescue personnel: A cross-sectional study.

Kang, S., Waters, A. J., & Bryan, C. J.

Military Psychology

2023 Jan-Feb; 35(1): 1-11

Studies have examined burnout and its impact on health, to include its influence on sleep. While many studies report a significant relationship between burnout and insomnia in civilian populations, no studies have examined this relationship in a military population. The United States Air Force (USAF) Pararescue personnel are an elite combat force who are specially trained to conduct both first-line combat and full spectrum personnel recovery and may be at high risk of burnout and insomnia. The current study investigated the association between dimensions of burnout and insomnia, and also examined potential moderators of the associations. A cross-sectional survey was administered to 203 Pararescue personnel (Mean Age = 32.1 years; 100% Male; 90.1% Caucasian) recruited from six US bases. The survey included measures of three dimensions of burnout (emotional exhaustion, depersonalization, personal achievement), insomnia, psychological flexibility, and social support. Emotional exhaustion was significantly associated with insomnia with a moderate to large effect size, when controlling for covariates. Depersonalization, but not personal achievement, was also significantly associated with insomnia. There was no evidence that associations between burnout and insomnia were moderated by psychological flexibility or social support. These findings help to identify individuals at risk of insomnia and may ultimately be useful in developing interventions for insomnia in this population.

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

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

Wood, M. D., Foran, H. M., & Britt, T. W.

Military Psychology
2023 May-Jun; 35(3): 233-244

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/10.1080/08995605.2022.2085957>

A bidirectional examination of mental health symptoms and perceptions of leader support: Which comes first?

Bessey, A. F., Black, K. J., & Britt, T. W.

Military Psychology
2023 Mar-Apr; 35(2): 119-131

Leader support for psychological health (LSPH) has been identified as an important factor in the prediction of mental health symptoms among warfighters. Although research has examined the relationship between LSPH and mental health symptoms, the extent to which this relationship is bidirectional has been underexplored. Consequently, the present study examined the longitudinal relationships between perceived LSPH and mental health symptoms (depression and PTSD) among military personnel over a 5-month period. We found that perceived LSPH at Time 1 (T1) was associated with fewer mental health symptoms at Time 2 (T2); however, mental health symptoms at T1 were also associated with lower perceptions of LSPH at T2. The results differed slightly based on the type of symptoms experienced, but the relationships between perceived LSPH and symptoms did not vary based on whether soldiers had been exposed to combat. However, it is important to note that the overall sample had low combat experience. Despite this, these findings may suggest that the assumption that leader support can enhance soldier mental health may fail to consider that the symptoms themselves may also affect how leaders are perceived. Therefore, organizations such as the military should consider both directions to optimally understand the relationship between leaders and subordinate mental health.

<https://doi.org/10.1177/08862605231153895>

An Application of the Confluence Model of Sexual Aggression Among Young Adult Male Soldiers.

Orchowski, L. M., Oesterle, D. W., Berry-Cabán, C. S., Borsari, B., Kahler, C. W., Kazemi, D. M., & Berkowitz, A. D.

Journal of Interpersonal Violence

First published online February 26, 2023

Sexual violence in the U.S. military is a serious concern. Whereas numerous studies document the prevalence of sexual violence among service members, far less research has examined etiological risk factors for sexual aggression perpetration among service members. The present study sought to evaluate the applicability of the Confluence Model of Sexual Aggression among a sample of young adult men engaged in active-duty military service within the U.S. Army. Anonymous surveys were completed by 326 male soldiers between the ages of 18 and 24 at a large military installation in the Southeastern region of the United States. Men's likelihood to engage in sexual aggression was operationalized as men's perceived likelihood to persist with sexual

activity despite a partner's resistance. Aligning with the Confluence Model of Sexual Aggression, two composite variables reflecting hostile masculinity and tendency toward impersonal sex were created. A linear regression indicated that the main effects of hostile masculinity and impersonal sex were significantly associated with greater perceived likelihood of sexual aggression perpetration. Results also revealed that while the interaction term between hostile masculinity and impersonal sex was significant, the direction of the relationship suggests that the effect of impersonal sex is weaker at higher levels of hostile masculinity. These findings lend evidence to help identify those at elevated risk for perpetrating sexual aggression, as well as informing programmatic efforts to prevent sexual assault within the military.

<https://doi.org/10.1093/milmed/usad049>

Mental Health Outcomes Among American Indian and Alaska Native U.S. Army Soldiers: A Serial Cross-Sectional Analysis.

Matthew R Beymer, PhD, MPH, Andria Apostolou, PhD, MPH, Colin M Smith, MD, David M Paschane, PhD, Stephanie A Q Gomez, PhD, Tamara D James, PhD, Amy Millikan Bell, MD, MPH, Theresa Santo, PhD, MPH, Phillip J Quartana, PhD

Military Medicine

Published: 27 February 2023

Introduction

American Indian and Alaska Native (AI/AN) individuals in the USA experience higher rates of mental illness and preventable death than the general population. Published research demonstrates that AI/AN veterans experience similar disparities to other minorities compared to non-minority veterans; few studies, however, have assessed mental health outcomes in AI/AN active duty military members. The objective of this study was to determine differences in depression, anxiety, hazardous alcohol consumption, and suicidal ideation among AI/AN soldiers compared to soldiers of other races during the Coronavirus Disease 2019 (COVID-19) pandemic.

Materials and Methods

We conducted repeated cross-sectional electronic surveys to assess the mental health of active duty and activated reserve U.S. Army soldiers within three commands in the Northwestern Continental United States, Republic of Korea, and Germany during May-June 2020 (T1) and December 2020-January 2021 (T2). The primary exposure of

interest in the present analysis was race and ethnicity, and the primary outcomes were probable depression with functional impairment (subsequently “depression”), probable anxiety with functional impairment (subsequently “anxiety”), hazardous alcohol use, and suicidal ideation. Multivariable logistic regression models were used to determine the association between demographics and COVID-19 concerns on mental health outcomes for each time point.

Results

A total of 21,293 participants responded to the survey at T1 (participation rate = 28.0%), and 10,861 participants responded to the survey at T2 (participation rate = 14.7%). In the multivariable model, AI/AN participants had 1.36 higher adjusted odds of suicidal ideation (95% CI: 1.02-1.82) at T1 and 1.50 greater adjusted odds of suicidal ideation at T2 (95% CI: 1.00-2.24), when compared to non-Hispanic White participants. During T1, there was no significant difference detected between AI/AN and non-Hispanic White participants for anxiety (adjusted odds ratio: 1.21; 95% CI: 0.91-1.60) (Table IV). However, AI/AN participants had 1.82 greater adjusted odds of anxiety when compared to non-Hispanic White participants at T2 (adjusted odds ratio: 1.82; 95% CI: 1.29-2.57). There were no significant differences detected between AI/AN participants and non-Hispanic White participants in multivariable models for either depression or hazardous alcohol use at both time points.

Conclusions

Although we hypothesized that all adverse mental health outcomes would be higher for AI/AN service members at both time points, there were no significant differences at each of the time points analyzed for most of the outcomes analyzed. However, differences in suicidal ideation were found at both time points. Analyses and proposed interventions should account for diversity and heterogeneity of AI/AN populations.

<https://doi.org/10.4088/JCP.22m14441>

Association of Recent and Past Suicide Attempts With Health-Related Quality of Life.

Bommersbach, T. J., Rosenheck, R. A., & Rhee, T. G.

The Journal of Clinical Psychiatry
2023 Feb 27; 84(2): 22m14441

Background:

Suicide prevention is a major public health priority. The effectiveness of suicide prevention initiatives is typically assessed by reductions in incidents of suicidal behavior. However, the association of suicide attempts with changes in measures of overall health-related quality of life (HRQOL) has been understudied.

Methods:

Nationally representative data from 36,309 adults from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions Wave III (NESARC-III) were used to compare 3 groups: individuals with any suicide attempt in the past 3 years, individuals with a suicide attempt prior to the past 3 years, and those with no prior attempts. Using the 12-item Short Form (SF-12) items, standard measures of mental component score (MCS) and physical component score (PCS) of HRQOL and of quality-adjusted life-years (QALYs) were constructed and compared across these groups. Multivariable regression analyses adjusted scores for sociodemographic, diagnostic, and behavioral covariates.

Results:

Overall, 1.0% (n = 355) reported an attempt in the last 3 years, 4.3% (n = 1,569) reported an attempt prior to the past 3 years, and 94.7% (n = 34,385) had no prior attempt. In unadjusted analysis, individuals with recent attempts reported much lower MCS scores compared to individuals with no prior attempts (-13.5 points; 95% confidence interval [CI], -15.4 to -11.6) as well as those with past attempts (-7.7 points; 95% CI, -8.5 to -7.0). QALYs were also much lower (-0.13; 95% CI, -0.14 to -0.11 for those with recent attempts and -0.09; 95% CI, -0.10 to -0.08 for those with past attempts, respectively). Adjustment for correlated factors, especially psychiatric disorders and substance use disorders, accounted for 75%-86% of the association of recent and past suicide attempts with MCS-HRQOL and 89%-91% of QALYs; ie, these factors were largely incorporated in these measures of HRQOL.

Conclusions:

Individuals with relatively recent suicide attempts report significantly lower MCS-HRQOL and QALYs compared to both individuals with no prior attempts and individuals with more remote attempts. Psychiatric and substance use comorbidities account for most but not all of the group differences in these measures and thus provide a brief approach to assessing suicide prevention initiatives encompassing multiple aspects of well-being and providing a basis for future cost-benefit analysis.

<https://doi.org/10.1370/afm.2933>

Supporting Mental Health and Psychological Resilience Among the Health Care Workforce: Gaps in the Evidence and Urgency for Action.

Oluwatoyin Akinnusotu, Atiq Bhatti, Chyke A. Doubeni and Mark Williams

The Annals of Family Medicine
February 2023, 21 (Suppl 2) S100-S102

Since the COVID-19 pandemic started, health care workers have faced various challenges to their mental health due to extreme working conditions. Yet these workers have continued to deliver care in the face of stressors and death among their patients, family, and social networks. The pandemic highlighted weaknesses within our health care work environment, especially pertaining to a need to provide increased psychological resilience to clinicians. There has been little research to determine the best practices for psychological health in workplaces and interventions to improve psychological resilience. Although some studies have attempted to provide solutions, there are noteworthy gaps in the literature on effective interventions to use in the time of crisis. The most common include an absence of preintervention data concerning the overall mental well-being of health care workers, inconsistent application of interventions, and a lack of standard assessment tools across studies. There is an urgent need for system-level strategies that not only transform the way workplaces are organized, but also destigmatize, recognize, support, and treat mental health conditions among health care workers. There is also need for more evidence-based resources to improve resilience on the job, and thereby increase clinicians' capacity to address new medical crises. Doing so may mitigate rates of burnout and other psychological conditions in times of crisis among health care workers.

<https://doi.org/10.1037/ser0000755>

Associations among meaning in life, coping, and distress in trauma-exposed U.S. military veterans.

Morse, J. L., Wooldridge, J. S., Afari, N., Angkaw, A. C., Schnurr, P. P., Lang, A. J., Capone, C., & Norman, S. B.

Abstract

Experiencing meaning in life may be particularly relevant following traumatic experiences as individuals who report meaning post trauma report less psychological distress. Engaging in avoidant coping, however, may be a sign of underlying psychological distress in the aftermath of traumatic experiences. We sought to examine associations among meaning in life, avoidant coping, and psychological distress in a sample of trauma-exposed veterans. Secondary cross-sectional analyses were conducted on data from veterans exposed to a traumatic event(s) who experienced clinically meaningful guilt (N = 145). Questionnaires on meaning in life, avoidant coping, and psychological distress were administered, and structural equation modeling was used to test direct effects. Path analysis revealed that greater meaning was associated with lower depression, anxiety, and posttraumatic stress symptomatology, while higher avoidant coping was associated with greater depression, anxiety, posttraumatic stress, and somatization symptomatology. Participants who report more meaning in life and report lower avoidant coping post trauma may experience less psychological distress. If replicated longitudinally, results could suggest cultivating meaning in life and reducing avoidant coping may decrease psychological distress. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement

Efforts to understand how resilience and coping relate to veterans' experiences following exposure to traumatic events is crucial to optimizing psychological interventions. Results suggest cultivating meaning in life and reducing engagement in avoidant coping may promote veterans' psychological well-being. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Links of Interest

New Pentagon policy looks to expand mental health care access for troops
<https://www.stripes.com/theaters/us/2023-05-05/military-mental-health-suicide-pentagon-10024837.html>

Pentagon set to implement law requiring them to provide mental health services after lengthy delay

<https://www.cnn.com/2023/05/02/politics/pentagon-mental-health-law-brandon-caserta/index.html>

Sailor's suicide prompts new, speedier process for troops seeking help

<https://www.navytimes.com/news/your-military/2023/05/05/sailors-suicide-prompts-new-speedier-process-for-troops-seeking-help/>

A very good girl deploys on carrier Ford: Sage the therapy dog

<https://www.navytimes.com/news/your-navy/2023/05/03/a-very-good-girl-deploys-on-carrier-ford-sage-the-therapy-dog/>

'The Army doesn't wait for you': Child care a challenge for military couples who deploy

<https://www.stripes.com/branches/army/2023-05-04/army-soldiers-child-care-deployments-10013472.html>

Alcohol and the Army: A Toxic Relationship

<https://www.armyupress.army.mil/Journals/NCO-Journal/Archives/2023/February/Alcohol-and-the-Army/>

Mental Health First Aid: Training People to Help Others

<https://www.rand.org/blog/rand-review/2023/05/mental-health-first-aid-training-people.html>

The Marine Corps will once again require troops to get breathalyzed

<https://www.marinecorpstimes.com/news/your-marine-corps/2023/05/08/the-marine-corps-will-once-again-require-troops-to-get-breathalyzed/>

Binge Eating in the Military

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Binge-Eating-in-the-Military>

First Episode Psychosis in Service Members

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/First-Episode-Psychosis-in-Service-Members>

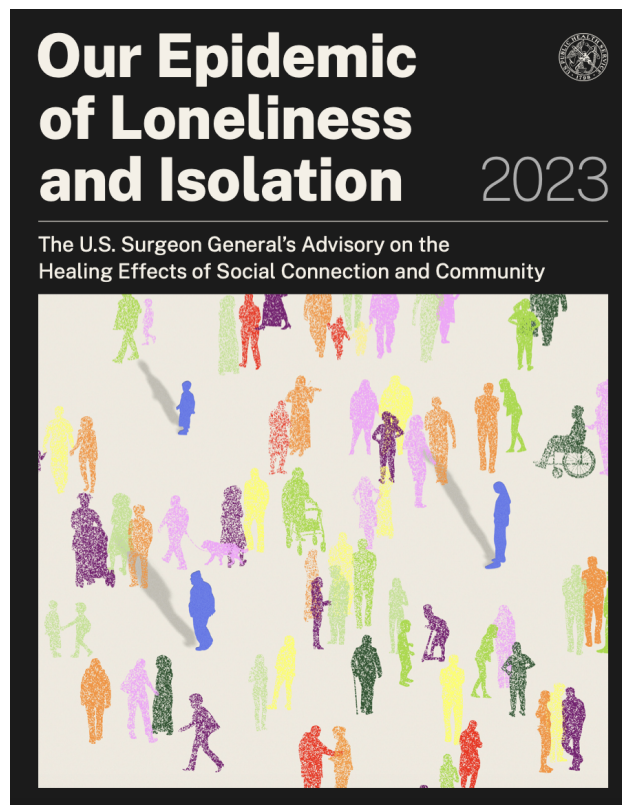
Resource of the Week – [Our Epidemic of Loneliness and Isolation 2023: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community](#)

From [press release](#):

...

Even before the onset of the COVID-19 pandemic, approximately half of U.S. adults reported experiencing measurable levels of loneliness. Disconnection fundamentally affects our mental, physical, and societal health. In fact, loneliness and isolation increase the risk for individuals to develop mental health challenges in their lives, and lacking connection can increase the risk for premature death to levels comparable to smoking daily.

The Surgeon General’s Advisory on Our Epidemic of Loneliness and Isolation - PDF lays out a framework for a National Strategy to Advance Social Connection, which has never been implemented before in the United States. It details recommendations that individuals, governments, workplaces, health systems, and community organizations can take to increase connection in their lives, communities, and across the country and improve their health.



Shirl Kennedy, BS, MA

Research Editor

Henry M. Jackson Foundation employee collaborating with Center for Deployment
Psychology

Office: (727) 537-6160

Email: shirley.kennedy.ctr@usuhs.edu