

CDP



Research Update -- May 18, 2023

What's Here:

- Sleep deficiency, operational fatigue and the interplay of compromising factors: Analysis to aid in fatigue management.
- Associations among meaning in life, coping, and distress in trauma-exposed U.S. military veterans.
- An Application of the Confluence Model of Sexual Aggression Among Young Adult Male Soldiers.
- Families transition, too! Military families transition out of service: a scoping review of research from the Five Eyes nations.
- Exploring the use of the Interpersonal Needs Questionnaire to examine suicidal thoughts and behaviors among Post-9/11 U.S. Combat Veterans: An integrative review.
- Trauma focused psychotherapy in patients with suicidal ideation: A scoping review.
- Posttraumatic Stress Disorder Complicated by Traumatic Brain Injury: A Narrative Review.
- If it's offered, will they come? Practical considerations when offering intensive PTSD treatment in an outpatient Veterans Affairs PTSD clinic.
- Physical and psychological challenges faced by military, medical and public safety personnel relief workers supporting natural disaster operations: a systematic review.

- State Cannabis Legalization and Cannabis Use Disorder in the US Veterans Health Administration, 2005 to 2019.
- Quasi-experimental Controlled Study on the Effect of Autism Resource Clinic Guardian Attendance at a Military Treatment Facility.
- Demographic characteristics, mental health conditions, and psychotherapy use of veterans in couples and family therapy.
- Rates and Correlates of Alcohol and Substance Use Among Women Veterans During the COVID-19 Pandemic: The Moderating Role of COVID-Specific Anxiety.
- Compensation and Pension Exams for Military Sexual Trauma–Related Posttraumatic Stress Disorder: Examiner Perspectives, Clinical Impacts on Veterans, and Strategies.
- An open trial of the Things You Do Questionnaire: Changes in daily actions during internet-delivered treatment for depressive and anxiety symptoms.
- In-person and telehealth treatment of veterans with insomnia disorder using cognitive behavioral therapy for insomnia during the COVID-19 pandemic.
- Characterizing the Influence of Exposure to Military Sexual Trauma and Intimate Partner Violence on Mental Health Outcomes among Female Veterans.
- Racial and ethnic mental health disparities in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.
- Pre-deployment aggressiveness, combat exposure and moral injury as contributors to posttraumatic stress symptoms among combatants: A two-year prospective study.
- The potentially morally injurious nature of encountering children during military deployments: A call for research.
- Trends in Traumatic Brain Injury Among U.S. Service Members Deployed in Iraq and Afghanistan, 2002–2016.
- Links of Interest
- Resource of the Week – Achieving Whole Health: A New Approach for Veterans and the Nation (National Academies)

<https://doi.org/10.1111/jsr.13788>

Sleep deficiency, operational fatigue and the interplay of compromising factors: Analysis to aid in fatigue management.

Jameson, J. T., Markwald, R. R., Kubala, A. G., Roma, P. G., Biggs, A. T., Lai, K., & Russell, D. W.

Journal of Sleep Research
2023 Jun; 32(3): e13788

The United States Navy is a high-reliability organization that must maintain optimum performance under challenging conditions. One key challenge for sailors is obtaining sufficient sleep, which can lead to fatigue and other outcomes that compromise operational readiness. Identifying sleep issues and their causes is critical for military leaders to care for their personnel, and to make informed, risk-based operational decisions. Though previous studies in shipboard environments have implicated factors responsible for insufficient sleep (e.g. poor sleep environment and work demands), there has been less research into characterizing the complex interplay among such factors in relation to sleep and work-related fatigue outcomes. This study seeks to address this gap. Data were drawn from the Afloat Safety Climate Assessment Survey of 7617 sailors from 73 ships. The survey included demographic characteristics and measures of crew endurance (e.g. sleep, occupational impairment due to fatigue). Descriptive analyses characterized the presence and severity of sleep issues across subpopulations and operational settings (e.g. the type of ship); structural equation modelling techniques characterized and quantified the statistical associations among factors. The results indicate that sleep deficits are widespread, holding across subpopulations and operational settings. Though sleep deficits varied across subpopulations, no group obtained an average of more than 7 hr of sleep per night. Fatigue-induced occupational functional impairment was directly related to sleep deficiency, and sleep environment and job-related factors were contributors to sleep deficiency. Moreover, job-related factors emerged as potentially more consequential. Lastly, factors may exist aboard a ship that could help promote better sleep.

<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.

Psychological Services
Advance online publication

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)

<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/10.1080/10522158.2023.2167896>

Families transition, too! Military families transition out of service: a scoping review of research from the Five Eyes nations.

Jessica Dodge, Caroline Kale, Mary Keeling, Rachael Gribble, Sean Taylor-Beirne, Stephen Maher, Carl Castro, Nicola T Fear & Kathrine Sullivan

Journal of Family Social Work
Volume 25, 2022 - Issue 4-5

There is minimal research about the military-to-civilian transition (MCT) from the perspective of the family. The goal of this scoping review was to identify what is known about military families across the Five Eyes Nations (FVEY) (Australia, Canada, New Zealand, the United Kingdom, and the United States) during this phase as well as

identify gaps in the evidence base. Scoping review methods were employed with a narrative review process to conceptualize and organize results. The initial search returned 2,219 sources. From these, 27 sources about military family experiences during MCT were identified. Overall, there was limited research on this topic with the majority of sources being from gray literature. A contributing factor to this lack of literature could be the conflation of the MCT with other military transitions (i.e. deployments). Sources highlighted four major themes that influenced identified needs and current services for military families during MCT: (1) mental health; (2) barriers to care; (3) financial needs; and (4) targeted transition support. The limited literature documents promising family skills-based interventions during MCT. However, there is a need for more empirical research on existing family-based interventions and experiences and needs of the family as a unit during MCT.

<https://doi.org/10.1080/08995605.2023.2178223>

Exploring the use of the Interpersonal Needs Questionnaire to examine suicidal thoughts and behaviors among Post-9/11 U.S. Combat Veterans: An integrative review.

Jayna Mocerri-Brooks, Linda Garand, L. Kathleen Sekula & Thomas E. Joiner

Military Psychology

Published online: 01 Mar 2023

This integrative review expands on the work of Kramer et al. (2020), by reviewing studies that utilized the Interpersonal Needs Questionnaire (INQ) to examine the interpersonal constructs (thwarted belongingness and perceived burdensomeness) of the Interpersonal Theory of Suicide (ITS) to understand suicidal thoughts and behaviors among service members and Veterans with combat experience. Very few studies (n = 9) in the literature were identified, however important relationships were revealed between combat exposure/experiences, thwarted belongingness, perceived burdensomeness, and suicidal thoughts and behaviors among military samples. Studies also reported risk factors for high levels of thwarted belongingness or perceived burdensomeness in military samples, such as moral injuries, betrayal, and aggression. This review highlights the utility of the INQ to measure ITS constructs among Post-9/11 U.S. Combat Veterans.

<https://doi.org/10.1016/j.crbeha.2023.100102>

Trauma focused psychotherapy in patients with suicidal ideation: A scoping review.

Lisa Burbach, Raman Dhaliwal, Matthew Reeson, Taylor Erick, ... Olga Winkler

Current Research in Behavioral Sciences

Volume 4, 2023, 100102

Highlights

- Those with suicidal ideation may be excluded from trauma focused therapy.
- Trauma therapy is associated with improved trauma and depression symptoms.
- This review found trauma therapy may also improve suicidal ideation.
- Heterogenous study methodology warrants more rigorous future research.

Abstract

This scoping review focused on the use of trauma focused therapy (TFT) with participants who have suicidal ideation. Methods: Following the PRISMA extension for Scoping Reviews guidelines, MEDLINE, EMBASE, APA PsycINFO, and CINAHL databases were searched on March 18, 2021. Peer-reviewed studies in English reporting on the use of TFT with patients with suicidal ideation or Borderline Personality Disorder (BPD) were included. Results: From 3,272 publications, 43 studies were included. Most studies utilized Prolonged Exposure, Eye Movement Desensitization and Reprocessing, Cognitive Processing Therapy, and other exposure-based interventions, alone or in combination with another intervention. Approximately 50% of studies used intensive (two sessions or more per week) delivery of the intervention. Studies mainly focused on clinical improvement of symptoms, rather than suicidality. Overall, studies reported symptom improvements in Posttraumatic Stress Disorder, depression, and BPD symptoms, suicidal ideation and non-suicidal self-injury, with few critical adverse events on record. Conclusion: Despite increased research interest in this area, knowledge gaps remain. Greater attention to mixed methods studies may increase our understanding of the lived experience of those with suicidal ideation undergoing TFT. There is a need for studies to explore the effect of TFT on symptoms associated with psychiatric diagnoses other than PTSD, and for studies reporting on the significance of both sex and gender of patients. Prospective interventional studies that focus on participants with suicidal ideation, and consensus on standardized suicidal ideation outcome measures, are also needed. There is a need to compare intensive vs. non-intensive TFT, and to examine whether inclusion of emotion regulation skills is a

significant determinant of suicidal risk outcomes in this context. In contrast to common apparent clinical practice decisions restricting TFT to patients without suicidal symptoms, limited evidence indicates that TFT, including intensive delivery, may not increase suicide risk. Due to methodological issues, further studies are needed to confirm this observation and to determine any increased risk for specific patient subgroups and TFT interventions.

<https://doi.org/10.1007/s42399-023-01431-1>

Posttraumatic Stress Disorder Complicated by Traumatic Brain Injury: A Narrative Review.

Stephen L. Aita, Kaitlyn R. Schuler, Steven L. Isaak, Nicholas C. Borgogna, Grant G. Moncrief, Sean D. Hollis & Benjamin D. Hill

SN Comprehensive Clinical Medicine
5, Article number: 92 (2023)

We reviewed the phenomenology of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), as well as the combined effects of PTSD + TBI comorbidity on functional outcomes. We also provide a series of research and treatment recommendations based on gaps in the literature with an emphasis on culture, interpersonal trauma, and treatment. Rates of PTSD + TBI are remarkably high. This comorbidity is especially common among combat-exposed military populations (with current estimates among Veterans returning from Afghanistan/Iraq at approximately 48%), as well as individuals who experience motor vehicle collisions (estimated base rate = 12%). These conditions often co-occur primarily because the events preceding the brain injury are both physically and psychologically traumatic. In many cases of PTSD + TBI, especially mild TBI, psychological factors largely account for accompanying functional outcomes (e.g., cognitive sequela, somatosensory health, quality of life, occupational functioning, social engagement). Overall, we suggest the importance of integrative teams in the early assessment, conceptualization, and treatment of PTSD + TBI. Psychological interventions and cognitive rehabilitation may synergistically improve psychological and functional outcomes for this patient population.

<https://doi.org/10.1521/bumc.2023.87.1.46>

If it's offered, will they come? Practical considerations when offering intensive PTSD treatment in an outpatient Veterans Affairs PTSD clinic.

Nicole A. Sciarrino and Ursula S. Myers

Bulletin of the Menninger Clinic
Published Online: March 2023

Evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) are efficacious; however, treatment dropout remains high. The delivery of intensive EBPs for PTSD (i.e., sessions three times per week or more) and telemental health may address barriers impacting dropout. Current evidence for intensive EBPs comes primarily from programs specifically designed for this level of care. Therefore, the feasibility of delivering intensive EBPs for PTSD in traditional outpatient clinics remains unclear. The aim of this pilot study was to identify veteran level of interest in intensive treatment and explore the feasibility of delivering intensive treatment via telemental health in an outpatient PTSD clinic at a Veterans Affairs (VA) hospital. One provider offered intensive treatment to 14 veterans. Three of the veterans initiated intensive treatment and completed with benefit. Veteran and system-level barriers, as well as veteran preferences for initiating intensive therapy and suggestions for implementing intensive EBPs in a routine outpatient clinic, are discussed.

<https://doi.org/10.1007/s12144-023-04368-9>

Physical and psychological challenges faced by military, medical and public safety personnel relief workers supporting natural disaster operations: a systematic review.

Natalie Ein, Rachel A. Plouffe, Jenny J. W. Liu, Julia Gervasio, Clara Baker, R. Nicholas Carleton, Susan A. Bartels, Jennifer E. C. Lee, Anthony Nazarov & J. Don Richardson

Current Psychology
Published: 28 February 2023

Natural disasters, including floods, earthquakes, and hurricanes, result in devastating consequences at the individual and community levels. To date, much of the research

reflecting the consequences of natural disasters focuses heavily on victims, with little attention paid to the personnel responding to such disasters. We conducted a systematic review of the challenges faced by military, medical and public safety personnel supporting natural disaster relief operations. Specifically, we report on the current evidence reflecting challenges faced, as well as positive outcomes experienced by military, medical and public safety personnel following deployment to natural disasters. The review included 382 studies. A large proportion of the studies documented experiences of medical workers, followed by volunteers from humanitarian organizations and military personnel. The most frequently reported challenges across the studies were structural (i.e., interactions with the infrastructure or structural institutions), followed by resource limitations, psychological, physical, and social challenges. Over 60% of the articles reviewed documented positive or transformative outcomes following engagement in relief work (e.g., the provision of additional resources, support, and training), as well as self-growth and fulfillment. The current results emphasize the importance of pre-deployment training to better prepare relief workers to manage expected challenges, as well as post-deployment supportive services to mitigate adverse outcomes and support relief workers' well-being.

<https://doi.org/10.1001/jamapsychiatry.2023.0019>

State Cannabis Legalization and Cannabis Use Disorder in the US Veterans Health Administration, 2005 to 2019.

Hasin, D. S., Wall, M. M., Choi, C. J., Alschuler, D. M., Malte, C., Olfson, M., Keyes, K. M., Gradus, J. L., Cerdá, M., Maynard, C. C., Keyhani, S., Martins, S. S., Fink, D. S., Livne, O., Mannes, Z., Sherman, S., & Saxon, A. J.

JAMA Psychiatry
2023 Apr 1; 80(4): 380-388

Importance:

Cannabis use disorder (CUD) is increasing among US adults. Few national studies have addressed the role of medical cannabis laws (MCLs) and recreational cannabis laws (RCLs) in these increases, particularly in patient populations with high rates of CUD risk factors.

Objective:

To quantify the role of MCL and RCL enactment in the increases in diagnosed CUD prevalence among Veterans Health Administration (VHA) patients from 2005 to 2019.

Design, setting, and participants:

Staggered-adoption difference-in-difference analyses were used to estimate the role of MCL and RCL in the increases in prevalence of CUD diagnoses, fitting a linear binomial regression model with fixed effects for state, categorical year, time-varying cannabis law status, state-level sociodemographic covariates, and patient age group, sex, and race and ethnicity. Patients aged 18 to 75 years with 1 or more VHA primary care, emergency department, or mental health visit and no hospice/palliative care within a given calendar year were included. Time-varying yearly state control covariates were state/year rates from American Community Survey data: percentage male, Black, Hispanic, White, 18 years or older, unemployed, income below poverty threshold, and yearly median household income. Analysis took place between February to December 2022.

Main outcomes and measures:

As preplanned, International Classification of Diseases, Clinical Modification, ninth and tenth revisions, CUD diagnoses from electronic health records were analyzed.

Results:

The number of individuals analyzed ranged from 3 234 382 in 2005 to 4 579 994 in 2019. Patients were largely male (94.1% in 2005 and 89.0% in 2019) and White (75.0% in 2005 and 66.6% in 2019), with a mean (SD) age of 57.0 [14.4] years. From 2005 to 2019, adjusted CUD prevalences increased from 1.38% to 2.25% in states with no cannabis laws (no CLs), 1.38% to 2.54% in MCL-only enacting states, and 1.39% to 2.56% in RCL-enacting states. Difference-in-difference results indicated that MCL-only enactment was associated with a 0.05% (0.05-0.06) absolute increase in CUD prevalence, ie, that 4.7% of the total increase in CUD prevalence in MCL-only enacting states could be attributed to MCLs, while RCL enactment was associated with a 1.12% (95% CI, 0.10-0.13) absolute increase in CUD prevalence, ie, that 9.8% of the total increase in CUD prevalence in RCL-enacting states could be attributed to RCLs. The role of RCL in the increases in CUD prevalence was greatest in patients aged 65 to 75 years, with an absolute increase of 0.15% (95% CI, 0.13-0.17) in CUD prevalence associated with RCLs, ie, 18.6% of the total increase in CUD prevalence in that age group.

Conclusions and relevance:

In this study of VHA patients, MCL and RCL enactment played a significant role in the

overall increases in CUD prevalence, particularly in older patients. However, consistent with general population studies, effect sizes were relatively small, suggesting that cumulatively, laws affected cannabis attitudes diffusely across the country or that other factors played a larger role in the overall increases in adult CUD. Results underscore the need to screen for cannabis use and CUD and to treat CUD when it is present.

<https://doi.org/10.1093/milmed/usad061>

Quasi-experimental Controlled Study on the Effect of Autism Resource Clinic Guardian Attendance at a Military Treatment Facility.

Jennifer L Hensley, DNP, CPNP, PMHS, Hind A Beydoun, PhD, MPH

Military Medicine

Published: 28 February 2023

Introduction

Autism spectrum disorder (ASD) is a complex neurodevelopmental condition that requires multidisciplinary care. Evidence-based practice indicates that early intervention may improve long-term ASD outcomes. The Autism Resource Clinic (ARC) provides an educational session for guardians empowering them to build a personalized ASD team for their child. We examined the impact of guardian attendance of an ARC at a Military Treatment Facility on time to initiation of patient services and guardian stress level.

Materials and Methods

A quasi-experimental controlled study was conducted comparing a group of guardians attending the ARC with a group of guardians not attending the ARC following a child's initial ASD diagnosis. ARC speakers included medical, county/state, community/military, and advocacy experts. Surveys were completed at diagnosis, 1, 2, and 3 mo postdiagnosis. Initiation of patient services and Parental Stress Scale scores were compared between groups using independent samples t-test, chi-square tests, or nonparametric tests, as appropriate.

Results

Use of Applied Behavioral Analysis was significantly higher among ARC attendees vs. nonattendees (73.3% vs. 33.3%, $P = 0.028$). County early intervention was more frequent among ARC attendees versus nonattendees (40% vs. 13.3%, $P = 0.09$). Of borderline significance, median time to initiation of genetics services was greater in

ARC attendees vs. nonattendees (106 vs. 65.5, $P = 0.10$). The two groups did not differ on changes in Parental Stress Scale score from baseline to follow-up months 1, 2, or 3.

Conclusions

Although ARC did not influence time to initiation of patient services or guardian stress level, attendance of ARC was associated with more frequent use of Applied Behavioral Analysis services and county early intervention services. This pilot study is unique as it targets guardians of ASD patients within military treatment facilities. Study limitations include data collection during the coronavirus disease 2019 pandemic, sequential evaluation of experimental and control groups, sample size and generalizability. A large, multicenter, randomized controlled trial is required to better assess the impact of this educational opportunity among military populations.

<https://doi.org/10.1037/cfp0000185>

Demographic characteristics, mental health conditions, and psychotherapy use of veterans in couples and family therapy.

McKee, G. B., McDonald, S. D., Karmarkar, A., & Ghatas, M. P.

Couple and Family Psychology: Research and Practice
(2023) 12(1), 11–23

The purpose of this descriptive study was to characterize demographic information, military service-connected mental health conditions, and information about the provision of couple and family therapy within the Department of Veterans Affairs (VA) Healthcare System. This study used a population-based cohort design to obtain electronic health record data from 97,302 veterans who attended couple or family therapy in 1,075 VA facilities from 2014 to 2019. More than 59% had a mental health disorder connected with military service, the most common of which was posttraumatic stress disorder (39.92%). Over one-third had evidence of military combat exposure, and 9% reported military sexual trauma. Approximately 90% attended 10 or fewer sessions, and among the 78,028 veterans who initiated therapy after progress note tracking of evidence-based psychotherapy was mandated in 2015, 12% had evidence of receiving an evidence-based psychotherapy for family difficulties, suggesting that many veterans may not receive a full course of conjoint therapy. Exploratory analyses revealed that attending five or more sessions of couple or family therapy was associated with identifying as female, younger age, identifying as non-Hispanic White, combat

exposure, military sexual trauma, service connection for any mental health condition, and service connection for posttraumatic stress disorder, major depressive disorder, and chronic adjustment disorder. Further empirical work on understanding veterans' psychiatric and family concerns is necessary to ensure that the VA Healthcare System is able to meet the needs of veterans with complex symptom profiles and to determine whether current therapeutic approaches may be effectively tailored to meet those needs. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1016/j.whi.2023.02.001>

Rates and Correlates of Alcohol and Substance Use Among Women Veterans During the COVID-19 Pandemic: The Moderating Role of COVID-Specific Anxiety.

Katherine A. Buckheit, Carrie Pengelly, Abigail Ramon, Wendy Guyker, ... Paul R. King

Women's Health Issues

Available online 2 March 2023

Introduction

Mental health symptoms and substance use increased during the COVID-19 pandemic, and women may be disproportionately affected. Women report substantial mental health consequences, and women veterans may experience additional risks associated with military service. However, rates and correlates of substance use and consequences among women veterans are largely unknown. This study aimed to 1) report rates of substance use and consequences among women veterans; 2) identify correlates of substance use and consequences; and 3) test COVID-specific anxiety as a moderator.

Method

Women veterans (n = 209) enrolled in Veterans Health Administration primary care completed measures of demographics, psychiatric and substance use disorder (SUD) diagnoses, current mental health symptoms, alcohol consumption, drug-related problems, and COVID-specific anxiety. Bivariate correlations evaluated demographics (age, race, employment, relationship status), psychiatric (depression/anxiety/posttraumatic stress disorder) and SUD diagnoses, and current mental health (depression/anxiety) symptoms as correlates of substance use outcomes. For any relationships between correlates and outcomes that were statistically significant, COVID-specific anxiety was tested as a moderator using the PROCESS macro in SPSS version 27. Any statistically significant moderation effects were further

investigated using the PROCESS macro to estimate conditional effects. COVID-specific anxiety was mean-centered before analyses. Alpha was set to 0.05 for all statistical tests.

Results

Thirty-six percent screened positive for hazardous (Alcohol Use Disorder Identification Test-Consumption [AUDIT-C] ≥ 3) alcohol consumption and 26% reported drug-related problems (18% low-level, 7% moderate-level, and 2% substantial per Drug Abuse Screening Test [DAST-10] scores). Drug-related problems were positively associated with COVID-specific anxiety, psychiatric diagnosis, SUD diagnosis, and depression symptoms. Alcohol consumption was significantly associated with SUD diagnosis. COVID-specific anxiety significantly moderated relationships between SUD diagnosis and both outcomes.

<https://doi.org/10.1016/j.whi.2023.02.002>

Compensation and Pension Exams for Military Sexual Trauma–Related Posttraumatic Stress Disorder: Examiner Perspectives, Clinical Impacts on Veterans, and Strategies.

Aliya R. Webermann, M. Shae Nester, Mayumi O. Gianoli, Anne C. Black, ... Galina A. Portnoy

Women's Health Issues

Available online 30 March 2023

Background

It is estimated that in one in three women veterans experience military sexual trauma (MST), which is strongly associated with posttraumatic stress disorder (PTSD). A 2018 report indicated the Veterans Benefits Administration (VBA) processed approximately 12,000 disability claims annually for PTSD related to MST, most of which are filed by women. Part of the VBA adjudication process involves reviewing information from a Compensation and Pension (C&P) exam, a forensic diagnostic evaluation that helps determine the relationship among military service, diagnoses, and current psychosocial functioning. The quality and outcome of these exams may affect veteran well-being and use of Veterans Health Administration (VHA) mental health care, but no work has looked at examiner perspectives of MST C&P exams and their potential clinical impacts on veteran claimants.

Methods

Thirteen clinicians (“examiners”) who conduct MST C&P exams through VHA were interviewed. Data were analyzed using rapid qualitative methods.

Results

Examiners described MST exams as more clinically and diagnostically complex than non-MST PTSD exams. Examiners noted that assessing “markers” of MST (indication that MST occurred) could make veterans feel disbelieved; others raised concerns related to malingered PTSD symptoms. Examiners identified unique challenges for veterans who underreport MST (e.g., men and lesbian, gay, bisexual, transgender, and queer [LGBTQ+] veterans), and saw evaluations as a conduit to psychotherapy referrals and utilization of VHA mental health care. Last, examiners used strategies to convey respect and minimize retraumatization, including a standardized process and validating the difficulty of the process.

Conclusions

Examiners’ responses offer insight into a process entered by thousands of veterans annually with PTSD. Strengthening the MST C&P process is a unique opportunity to enhance trust in the VBA claims process and increase likelihood of using VHA mental health care, especially for women veterans.

<https://doi.org/10.1016/j.jad.2023.02.117>

An open trial of the Things You Do Questionnaire: Changes in daily actions during internet-delivered treatment for depressive and anxiety symptoms.

Madelyne A. Bisby, Blake F. Dear, Eyal Karin, Rhiannon Fogliati, ... Nickolai Titov

Journal of Affective Disorders

Volume 329, 15 May 2023, Pages 483-492

Highlights

- Daily actions on the TYDQ are associated with improved emotional wellbeing
- Scores on the 21-item TYDQ increased during an internet-delivered treatment
- Five domains of daily actions were identified on the TYDQ.
- Future research may explore the therapeutic potential of daily actions on the TYDQ.

Abstract

Many psychological treatments aim to reduce symptoms of depression and anxiety by modifying maladaptive patterns of cognitions, behavior, and other actions. The Things You Do Questionnaire (TYDQ) was developed to measure the frequency of actions that are associated with psychological health in a reliable and valid manner. The present study examined treatment-related change in the frequency of actions measured by the TYDQ. Using an uncontrolled single-group design, 409 participants with self-reported symptoms of depression, anxiety, or both received access to an 8-week internet-delivered treatment course based on cognitive behavior therapy. Most (77 %) participants completed the treatment, completed questionnaires at post-treatment (83 %), and obtained significant reductions in symptoms of depression ($d = 0.88$) and anxiety at post-treatment ($d = 0.97$), as well as improvement in a measure of satisfaction with life ($d = 0.36$). Factor analyses supported the five-factor structure of the TYDQ, including Realistic Thinking, Meaningful Activities, Goals and Plans, Healthy Habits, and Social Connections. Those participants who, on average, engaged in the identified actions on the TYDQ at least half the days of the week reported lower symptoms of depression and anxiety at post-treatment. The psychometric properties of both a longer 60-item (TYDQ-60) and shorter 21-item (TYDQ-21) version were acceptable. These findings provide further evidence that there are modifiable activities that are strongly associated with psychological health. Future studies will test the replicability to these results in a broader range of samples, including those seeking psychological treatment.

<https://doi.org/10.5664/jcsm.10540>

In-person and telehealth treatment of veterans with insomnia disorder using cognitive behavioral therapy for insomnia during the COVID-19 pandemic.

Jennifer L. Martin, PhD , Jason DeViva, PhD , Elissa McCarthy, PhD , Philip Gehrman, PhD , Karen Josephson, MPH , Michael Mitchell, PhD , Christopher de Beer, MSW, LCSW , Jennifer Runnals, PhD

Journal of Clinical Sleep Medicine
Published Online: March 2, 2023

STUDY OBJECTIVES:

Cognitive behavioral therapy for insomnia (CBT-I) is the recommended first-line

treatment for insomnia disorder. The goal of this study was to evaluate clinical benefits of CBT-I to veterans with insomnia disorder during the early months of the COVID-19 pandemic using an uncontrolled observational design.

METHODS:

A cohort of 63 VA mental health providers delivered CBT-I to 180 veterans as part of an evidence-based psychotherapy training program and captured de-identified treatment outcome data through a data portal. The main patient outcomes were: change in the insomnia severity index (ISI) total score from the initial clinical assessment session to the last treatment session, response rate (% with ISI change >7 from assessment to last session) and remission rate (% with ISI <8 at the last session). We tested the non-inferiority of telehealth only compared to at least 1 in-person session.

RESULTS:

Fifty-six percent of veterans seen for an evaluation completed CBT-I treatment during the structured training program phase and completed an initial and final ISI. Among these veterans, ISI scores decreased by an average of 9.9 points from before to after treatment ($p<.001$), 66% experienced a clinically meaningful treatment response, and 43% experienced insomnia symptom remission. Benefits were similar whether the veteran received some in-person care or received CBT-I entirely via telehealth.

CONCLUSIONS:

Findings suggest, regardless of treatment modality, CBT-I remained highly effective during the early months of the pandemic, which was a challenging time for both clinical providers and veterans in need of insomnia treatment.

<https://doi.org/10.1177/08862605231156193>

Characterizing the Influence of Exposure to Military Sexual Trauma and Intimate Partner Violence on Mental Health Outcomes among Female Veterans.

Esopenko, C., de Souza, N., Wilde, E. A., Dams-O'Connor, K., Teng, E., & Menefee, D. S.

Journal of Interpersonal Violence

First published online March 3, 2023

Military sexual trauma (MST) has deleterious long-term psychological consequences. Among female U.S. military members, MST is associated with increased risk for future interpersonal victimization, such as experiencing intimate partner violence (IPV). Few studies have investigated the implications of the cumulative effects of IPV and MST on psychological functioning. This study examined rates of co-exposure to MST, IPV, and their cumulative impact on psychological symptoms. Data were collected from 308 female Veterans (FVets; age: M = 42, SD = 10.4) enrolled in an inpatient trauma-focused treatment program in a Veterans Administration (VA) hospital. Data were collected at program admission on symptoms of posttraumatic stress disorder (PTSD), depression, and current suicidal ideation. Lifetime trauma exposure was assessed using semi-structured interviews that identified adverse childhood events (ACEs) and combat theater deployment as well as MST and IPV. Group differences on psychological symptoms were examined among those exposed to MST, IPV, MST + IPV, and compared to FVets with ACEs or combat exposure, but no other adulthood interpersonal trauma (NAIT). Half of the sample (51%) reported experiencing both MST and IPV, approximately 29% reported MST, 10% reported IPV, and 10% reported NAIT. FVets in the MST + IPV group had worse PTSD and depression symptoms than either the MST or IPV groups. The NAIT group had the lowest scores on these measures. There were no group differences in current suicidal ideation; however, 53.5% reported at least one previous suicide attempt. FVets in this sample reported significant lifetime exposure to MST and IPV, with the majority having experienced MST + IPV. Exposure to MST + IPV was associated with greater PTSD and depression symptom severity, yet an overwhelming proportion reported current and past suicidal ideation regardless of trauma exposure history. These results demonstrate the importance of assessing for lifetime interpersonal trauma history when developing and providing mental and medical health interventions for FVets.

<https://doi.org/10.1016/j.jpsychires.2023.03.005>

Racial and ethnic mental health disparities in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.

Addie N. Merians, Georgina Gross, Michele R. Spont, Chyrell D. Bellamy, ... Robert H. Pietrzak

Journal of Psychiatric Research
Volume 161, May 2023, Pages 71-76

Despite military veterans having a higher prevalence of several common psychiatric disorders relative to non-veterans, scarce population-based research has examined racial/ethnic differences in these disorders. The aim of this study was to examine racial/ethnic differences in the prevalence of psychiatric outcomes in a population-based sample of White, Black, and Hispanic military veterans, and to examine the role of intersectionality between sociodemographic variables and race/ethnicity in predicting these outcomes. Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a contemporary, nationally representative survey of 4069 US veterans conducted in 2019–2020. Outcomes include self-report screening measures of lifetime and current psychiatric disorders, and suicidality. Results revealed that Hispanic and Black veterans were more likely than White veterans to screen positive for lifetime posttraumatic stress disorder (PTSD; 17.8% and 16.7% vs. 11.1%, respectively); Hispanic veterans were more likely than White veterans to screen positive for lifetime major depressive disorder (22.0% vs. 16.0%); Black veterans were more likely than White veterans to screen positive for current PTSD (10.1% vs. 5.9%) and drug use disorder (12.9% vs. 8.7%); and Hispanic veterans were more likely than Black veterans to report current suicidal ideation (16.2% vs. 8.1%). Racial/ethnic minority status interacted with lower household income, younger age, and female sex in predicting greater likelihood of some of these outcomes. Results of this population-based study suggest a disproportionate burden of certain psychiatric disorders among racial/ethnicity minority veterans, and identify high-risk subgroups that can be targeted in prevention and treatment efforts.

<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.

Gadi Zerach, Ariel Ben-Yehuda, Yossi Levi-Belz

Journal of Psychiatric Research
Volume 161, May 2023, Pages 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/10.3138/jmvfh-2022-0044>

The potentially morally injurious nature of encountering children during military deployments: A call for research.

Natalie Ein, Stephanie A. Houle, Jenny J.W. Liu, Bethany Easterbrook, Clara Baker, Marianela Fuertes, Richard Benjamin Turner, Caleb MacDonald, Kathryn Reeves, Erisa Deda, Ken Hoffer, Catherine Baillie Abidi, Anthony Nazarov, J. Don Richardson

Journal of Military, Veteran and Family Health
Volume 9 Issue 2, April 2023, pp. 86-90

Armed forces personnel are a population at risk for exposure to potentially traumatic and morally injurious events because of the high-risk nature of military operations. The impacts of deployment-related potentially morally injurious events (PMIEs) are increasingly being documented, with outcomes such as mental health and interpersonal problems showing consistent associations with exposure to events that deeply transgress an individual's deeply held moral beliefs. To date, the literature on

deployment-related PMIEs has focused on events such as killing and exposure to atrocities. The impacts of situations in which military personnel encounter children, including children recruited and used as soldiers by local armies and militia, have not yet been examined systematically. This article highlights the scarcity of existing research on this topic and provides recommendations for future study regarding the impact of military encounters with children through the lens of moral injury.

Armed forces personnel are a population at risk for exposure to potentially traumatic and morally injurious events because of the high-risk nature of military operations. One potentially morally injurious event (PMIE) could be when military personnel encounter children during deployment. These encounters may lead to acute and chronic psychological, behavioural, and social consequences, culminating in moral injury and other adverse mental health problems. According to anecdotal evidence, military personnel reported feeling torn, morally and ethically, in their decision-making when they encounter children in the line of duty. The decision to engage or kill a child may be difficult to reconcile with one's moral and ethical code, and decisions may have deadly consequences for oneself and others. To date, however, no reliable data exist as to the impact that encountering children during deployment may have on psychosocial and spiritual well-being. In this article, additional research into this domain is encouraged by providing a rationale for studying encounters with children during deployment through the lens of a PMIE, as well as relevant contextual and institutional factors to consider when examining the mental health impact of such experiences.

<https://doi.org/10.1016/j.amepre.2023.01.043>

Trends in Traumatic Brain Injury Among U.S. Service Members Deployed in Iraq and Afghanistan, 2002–2016.

Tuan D. Le, Jennifer M. Gurney, Karan P. Singh, Shawn C. Nessen, ... Anthony E. Pusateri

American Journal of Preventive Medicine
Available online 2 March 2023

Introduction

Traumatic brain injury (TBI) is a major health issue for service members deployed and is more common in recent conflicts; however, a thorough understanding of risk factors and trends is not well described. This study aims to characterize the epidemiology of TBI in

U.S. service members and the potential impacts of changes in policy, care, equipment, and tactics over the 15 years studied.

Methods

Retrospective analysis of U.S. Department of Defense Trauma Registry data (2002–2016) was performed on service members treated for TBI at Role 3 medical treatment facilities in Iraq and Afghanistan. Risk factors and trends in TBI were examined in 2021 using Joinpoint regression and logistic regression.

Results

Nearly one third of 29,735 injured service members (32.4%) reaching Role 3 medical treatment facilities had TBI. The majority sustained mild (75.8%), followed by moderate (11.6%) and severe (10.6%) TBI. TBI proportion was higher in males than in females (32.6% vs 25.3%; $p < 0.001$), in Afghanistan than in Iraq (43.8% vs 25.5%; $p < 0.001$), and in battle than in nonbattle (38.6% vs 21.9%; $p < 0.001$). Patients with moderate or severe TBI were more likely to have polytrauma ($p < 0.001$). TBI proportion increased over time, primarily in mild TBI ($p = 0.02$), slightly in moderate TBI ($p = 0.04$), and most rapidly between 2005 and 2011, with a 2.48% annual increase.

Conclusions

One third of injured service members at Role 3 medical treatment facilities experienced TBI. Findings suggest that additional preventive measures may decrease TBI frequency and severity. Clinical guidelines for field management of mild TBI may reduce the burden on evacuation and hospital systems. Additional capabilities may be needed for military field hospitals.

Links of Interest

I Expected to Miss Him When He Deployed. Then There Were the Things That Snuck Up on Me.

<https://thewarhorse.org/military-wife-shares-memories-of-children-during-deployments/>

She thought she had lost her son to PTSD forever. A dog saved him.

<https://www.today.com/parents/family/service-dog-saves-veteran-rcna82834>

Best Practices for Sharing Images in Clinical Care, Research, and Education—Protecting Patient Privacy (editorial)

<https://jamanetwork.com/journals/jamadermatology/fullarticle/2804879>

Air Guard considers cutting enlisted mental health specialists

<https://www.airforcetimes.com/news/your-air-force/2023/05/12/air-guard-considers-cutting-enlisted-mental-health-specialists/>

Chaplains taking frontline role in surface fleet mental health

<https://www.navytimes.com/news/your-navy/2023/05/12/chaplains-taking-frontline-role-in-surface-fleet-mental-health/>

Understanding Burnout: Individual, Organizational, and System Factors

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/PHCoE-Clinician-Resources/Understanding-Burnout>

Military spouses struggle to transfer professional licenses

<https://www.cbsnews.com/video/military-spouses-struggle-to-transfer-professional-licenses/>

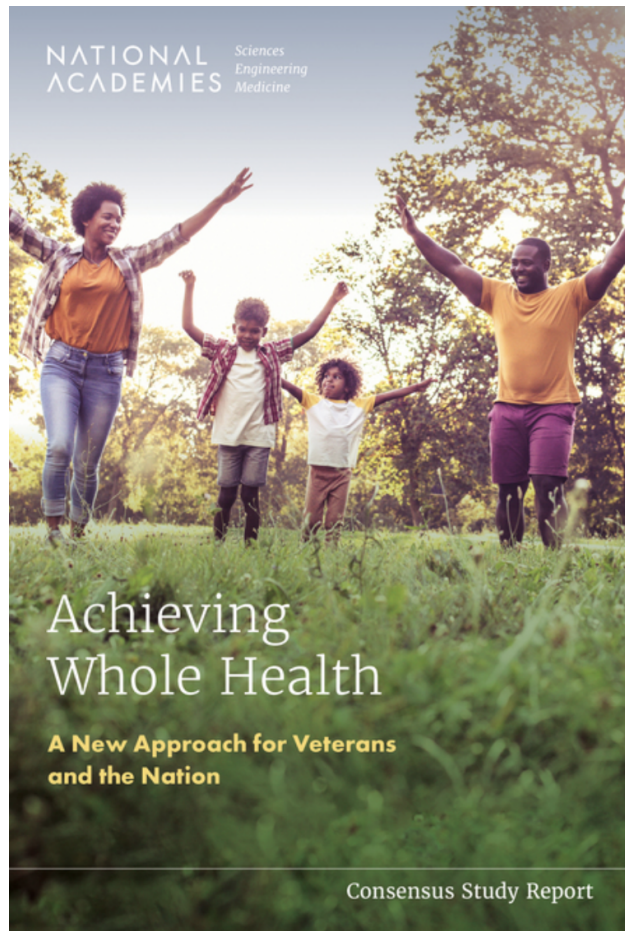
Resource of the Week – [Achieving Whole Health: A New Approach for Veterans and the Nation](#)

New, from the National Academies of Sciences, Engineering, and Medicine:

Whole health is physical, behavioral, spiritual, and socioeconomic well-being as defined by individuals, families, and communities. Whole health care is an interprofessional, team-based approach anchored in trusted relationships to promote well-being, prevent disease, and restore health. It aligns with a person's life mission, aspiration, and purpose. It shifts the focus from a reactive disease-oriented medical care system to one that prioritizes disease prevention, health, and well-being. It changes the health care conversation from "What's wrong with you?" to "What matters to you?"

The Department of Veterans Affairs (VA), the Samuelli Foundation, and the Whole Health Institute commissioned the National Academies of Sciences, Engineering, and Medicine to establish a committee to provide guidance on how to fill gaps and create processes to accelerate the transformation to whole health care for veterans, both inside and outside the VA system, and the rest of the U.S. population. The resulting report presents findings and recommendations that

provide a roadmap for improving health and well-being for veterans and the nation.



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