

# CDP



## Research Update -- June 8, 2023

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- Optimising and personalising behavioural healthcare in the US Department of Defense through Primary Care Behavioral Health.
- Links of Interest
- Resource of the Week: PTSD Self-Screen (VA National Center for PTSD)

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<https://doi.org/10.1080/08995605.2023.2215697>

### **How future self-continuity mediates the impact of job loss on negative mental health outcomes among transitioning veterans.**

Chynna Levin, Sterling Nenninger, Devora Freundlich, Sofie Glatt & Yosef Sokol

Military Psychology

Published online: 30 May 2023

Veterans in the transition stage out of the military have an increased risk for negative mental health outcomes and suicide. Previous research has found that finding and retaining employment is the most challenging post-service adjustment for veterans. Job loss may have a greater impact on mental health for veterans than for civilians due to the myriad challenges often faced when transitioning to the civilian workplace, as well as preexisting vulnerabilities that are common among veterans such as trauma exposure or service-related injuries. Previous studies have demonstrated that low Future Self-Continuity (FSC), which refers to the sense of “psychological connectedness” that a person has between their present and future selves, has also been associated with the abovementioned mental health outcomes. 167 U.S. military veterans who exited the military 10 or fewer years prior to their participation in the study, of which 87 experienced subsequent job loss, completed a series of questionnaires to assess future self-continuity (FSC) and mental health outcomes. Results confirmed previous findings in that job loss, as well as low FSC, were individually associated with an increased risk for negative mental health outcomes. Findings suggest that FSC may act as a mediator, where levels of FSC mediate the effects of job loss on negative mental outcomes (depression, anxiety, stress, and suicidality) among veterans during their first 10 years out of the military. These findings may have implications for enhancing current clinical interventions for veterans experiencing job loss and mental health difficulties during the transition period.

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<https://doi.org/10.1080/08995605.2023.2204790>

**The Purple Heart and suicide risk in Post-9/11 U.S. Army Combat Veterans with a traumatic brain injury: A mixed methods study.**

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

Military Psychology

Published online: 01 Jun 2023

Active service members and Veterans with a combat-related traumatic brain injury (TBI) are four times more likely to attempt suicide than those without a TBI. TBIs are the signature injuries of the Post-9/11 conflicts and Combat Veterans (i.e., current and former service members who deployed in support of a combat mission) with these injuries are entitled to receive the Purple Heart medal. However, potentially tens of thousands of Combat Veterans did not receive, or were denied the Purple Heart during the first decade of the Global War on Terrorism because a TBI was not documented during the deployment. To our knowledge, this is the first study to explore the meaning of the Purple Heart and examine the impact of the Purple Heart on Army Combat Veterans with a combat-related TBI. Findings from this mixed methods study revealed that not receiving the Purple Heart is associated with increased suicide risk and lower quality of life after a brain injury. Additionally, thwarted belongingness, perceived burdensomeness, and perceived military institutional betrayal are associated with increased suicide risk in Army Combat Veterans with a TBI. This mixed methods study provides important insights into how Army culture is perceived and the power of the Purple Heart among this high-risk group of Combat Veterans.

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<https://doi.org/10.1111/fare.12849>

**Traumatic brain injury and relationship distress during military deployment and reunion.**

Leanne K. Knobloch, Bryan Abendschein

Family Relations

First published: 15 February 2023

## Objective

This study seeks to advance the literature by disentangling the effects of deployment-acquired traumatic brain injury (TBI) from comorbid postconcussive symptoms and PTSD symptoms on relationship distress.

## Background

Because TBI poses challenges to military marriages, understanding the predictors of relationship distress after TBI is important for helping service members cope with the effects of the injury.

## Method

Survey data from the U.S. Army STARRS Pre–Post Deployment Study, collected from 2,585 married service members before and after a combat deployment to Afghanistan, evaluated predictors of relationship distress 9 months after homecoming.

## Results

Deployment-acquired TBI corresponded with more relationship distress controlling for predeployment brain health, but its predictive power was eclipsed by concurrent postconcussive symptoms and concurrent PTSD symptoms. Concurrent PTSD symptoms accounted for twice as much variance in relationship distress than concurrent postconcussive symptoms.

## Conclusion

Targeting and treating comorbid conditions may be essential for supporting military marriages after TBI.

## Implications:

Military command, policymakers, and medical professionals may find value in broadening support services for TBI to include resources addressing postconcussive symptoms, PTSD symptoms, and relationship distress.

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<https://doi.org/10.1002/jts.22781>

## **Effectiveness of cognitive behavioral conjoint therapy for posttraumatic stress disorder (PTSD) in a U.S. Veterans Affairs PTSD clinic.**

Pukay-Martin, N. D., Fredman, S. J., Martin, C. E., Le, Y., Haney, A., Sullivan, C., Monson, C. M., & Chard, K. M.

Cognitive behavioral conjoint therapy (CBCT) for posttraumatic stress disorder (PTSD) is a 15-session conjoint treatment for PTSD designed to improve PTSD symptoms and enhance intimate relationship functioning. Numerous studies of CBCT for PTSD document improvements in patient PTSD and comorbid symptoms, partner mental health, and relationship adjustment. However, little is known about its effectiveness in real-world clinical settings. Using an intention-to-treat sample of couples who participated in CBCT for PTSD in an outpatient U.S. Veterans Affairs (VA) PTSD clinic (N = 113), trajectories of session-by-session reports of veterans' PTSD symptoms and both partners' relationship happiness were examined. Across sessions, there were significant reductions in veteran-rated PTSD symptoms,  $d = -0.69$ , and significant increases in veteran- and partner-rated relationship happiness,  $ds = 0.36$  and  $0.35$ , respectively. Partner ratings of veterans' PTSD symptoms increased before significantly decreasing,  $d = -0.24$ . Secondary outcomes of veteran and partner relationship satisfaction,  $ds = 0.30$  and  $0.42$ , respectively; veteran and partner depressive symptoms,  $ds = -0.75$  and  $-0.29$ , respectively; and partner accommodation of PTSD symptoms,  $d = -0.44$ , also significantly improved from pre- to posttreatment. The findings suggest that CBCT for PTSD was effective for decreasing PTSD and comorbid symptoms in veterans, as well as for improving relationship functioning and partners' mental health, among a sample of real-world couples seeking treatment in a VA PTSD specialty clinic.

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<https://doi.org/10.1111/famp.12858>

### **An exploration of potential pressures to engage in parenting accommodation of PTSD symptoms for military couples.**

Allen, E. S., Renshaw, K. D., & Fredman, S. J.

Family Process  
2023 Jan 31

In the context of service member posttraumatic stress disorder (PTSD) symptoms, intimate partners may experience pressure to take over parenting roles and run interference between the service member and the children; that is, to engage in partner

accommodation focal to parenting. The current study quantitatively assessed potential pressures to engage in parenting accommodation (PPEPA) in a sample of 207 female partners married to male service members with at least one child in the home and the convergence of PPEPA with service member PTSD symptoms, general partner accommodation, couple functioning, parenting, and child functioning. Partners' reports of PPEPA were associated with higher levels of service member PTSD symptoms and partners' general accommodation of PTSD symptoms. When controlling for service member PTSD symptoms and general partner accommodation, partner reports of PPEPA still accounted for unique variance in lower parenting alliance (as reported by both service member and partner), lower levels of service members' reports of closeness with children in the home, higher levels of harsh parenting by both the service member and partner, and greater child behavioral difficulties. Findings support PPEPA as related to partners' accommodative responses to PTSD but demonstrating unique associations with parenting alliance, parenting, and child outcomes. Parenting interventions in the context of PTSD may benefit from conjoint or family approaches that attend to the intersection of PTSD and broader family functioning, including pressures to engage in accommodation focal to the parenting domain.

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<https://doi.org/10.1089/can.2023.0065>

## **Cannabinoids for Substance Use Disorder Treatment: What Does the Current Evidence Say?**

João Ariel Bonar Fernandes, Renato Filev, and Thiago M. Fidalgo

Cannabis and Cannabinoid Research

Published Online: 1 Jun 2023

### **Background:**

The prevalence of Substance Use Disorder (SUD) is increasing along with the need to develop approaches to reduce the harm associated with substance use, including investigating alternatives such as cannabinoids, which show promising results, although the current evidence is limited. This scoping review focuses on the limitations and potentials of cannabinoid-based treatments for SUDs.

### **Methods:**

We examined between-subject randomized controlled trials (RCTs) investigating the use of CBD and THC as pharmacological treatment for SUDs in adults, with the

procedures attending the expectations of the Preferred Reporting Items for Scoping reviews and Meta-Analyses (PRISMA) for Scoping Reviews guidelines and assessed risk of bias using the Cochrane Risk of Bias Assessment Tool 2.

#### Results:

Ten RCTs were included, with six demonstrating low risk of bias, and positive results were found for treating Cannabis Use Disorder, while contradictory results were found for Opioid Use Disorder, and inconclusive results for treating Cocaine Use Disorder.

#### Conclusions:

CBD and THC demonstrate potential for treating some SUDs, but evidence is limited. Robust RCTs with larger samples and longer follow-up periods are necessary to assess carefully developed outcomes for different SUD patients. New cannabinoid-based medications and scientific-based policies may advance SUD treatment. A comprehensive approach to treatment and careful methodological choices may benefit patients with SUD.

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<https://doi.org/10.1177/0095327X221076555>

### **Psychological and Sociological Profile of Women Who Have Completed Elite Military Combat Training.**

Tharion, W. J., Friedl, K. E., Lavoie, E. M., Walker, L. A., McGraw, S. M., & McClung, H. L.

Armed Forces & Society  
(2023) 49(3), 612–641

More than 75 women have successfully graduated from the U.S. Army Ranger Course since the integration of women into elite military combat training. This study sought to identify the psychological characteristics and sociological variables that contributed to their motivation and success. A guided interview and demographic and psychological questionnaires were used to assess characteristics of 13 women who successfully completed elite military combat training. Collectively, these women were college graduates and had well educated fathers, possessed high levels of grit and resiliency, and described themselves as self-competitive challenge seekers. These women all had a strong male influence in their lives. The characteristics of these pioneer women may be unique from subsequent cohorts as female participation in elite military combat



training becomes the norm and as attitudes and experiences change for graduates of female combat training over time.

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<https://doi.org/10.1177/0095327X221081222>

**Examination of the Relationship between Self and Choice of Coping Strategies among U.S. Active Duty Military Wives.**

Page, A. P., Ross, A. M., & Solomon, P.

Armed Forces & Society  
(2023) 49(3), 687–712

Previous research indicates that one's identity relates to one's use of specific coping strategies. Exploring the relationship between self and coping in military wives is crucial to understanding how they manage military lifestyle-related stressors. The researchers hypothesized that identity status, self-concept clarity, self-monitoring, mastery, and role conflict will be related to choice of emotion-focused coping or problem-focused coping strategies. Two hundred two participants completed an anonymous online survey containing standardized scales. Ordinary least squares (OLS) regression analyses revealed that emotion-focused coping had positive relationships with achieved identity status and role conflict. Problem-focused coping had positive relationships with moratorium status, self-concept clarity, self-monitoring, and mastery. Findings provide preliminary support that sense of self is important in understanding how military wives choose to cope with particular challenges.

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

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

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

Armed Forces & Society  
(2023) 49(3), 776–797

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

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<https://doi.org/10.1177/0095327X211044526>

### **Sexual Arenas, Alcohol (Ab)use, and Predatory Leadership: Facilitators of US Military Sexual Violence.**

Buscha, C.

Armed Forces & Society  
(2023) 49(3), 798–830

Scholars argue that, historically, military women have not been considered equals to men in kinship and, therefore, have and will likely continue to experience more violence and greater fear of violence. The All-Volunteer Force (AVF) may even foster military sexual violence through sexual arenas in work-home spaces, alcohol (ab)use fueling sexual encounters between colleagues, and predatory leadership. This exploratory, grounded theory study captures insights of women veterans (n = 20) entering service between 1964 and 2016. Full inclusion is alleged, yet military women are objectified and “othered,” targets of sex-based attention, predation, and violence. From these data, military sexual violence (MSV) characterizes the AVF. To mitigate this, a renewed commitment to the US military's historical ideal of altruistic care is necessary to realize the full inclusion of women and reduce if not eliminate military sexual violence.

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<https://doi.org/10.1177/0095327X221098455>

**LGB Service Members' Relationship Status, Satisfaction, and Well-Being: A Brief Report.**

Savarese, E. N., Collazo, J., Evans, W. R., & Balsam, K. F.

Armed Forces & Society  
(2023) 49(3), 831–845

Recently, the legal landscape for sexual minorities in the United States has changed dramatically, prompting empirical research on lesbian, gay, and bisexual (LGB) couples and LGB service members. This study examined the relationship characteristics and mental health of LGB service members in couple relationships and compared partnered and single LGB service members. A total of 238 LGB service members completed an anonymous survey, including questions about demographics, identity, military experiences, and mental health symptoms. Results of descriptive and exploratory analyses revealed no significant differences in mental health between partnered and single participants. However, partnered individuals reported higher outness and lower internalized homophobia compared with their single counterparts. Analyses also revealed negative associations between relationship satisfaction and mental health symptoms among partnered participants. Among the first to examine LGB service members' romantic relationships, the results of this study have important clinical and policy implications and inform next steps in researching this population.

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<https://doi.org/10.1177/0095327X221082211>

**My Commander in Chief is Black! The Mental Health Significance of Barack Obama's 2008 Presidential Election for Military Veterans.**

Gorman, Q., Brown, T. N., & Culver, J.

Armed Forces & Society  
(2023) 49(3), 846–865

This study investigated the mental health significance of Barack Obama's 2008 presidential election for military veterans. Many believed his election signaled a progressive shift in race relations and crucial challenge to White supremacy.

Furthermore, many argued his election generated hope, especially among Blacks. We therefore hypothesized Black and Hispanic veterans would experience improved mental health after installment of the nation's first Black commander in chief. We also hypothesized White veterans would experience no change in their mental health. With nationally representative survey data from the Behavioral Risk Factor Surveillance System (BRFSS), we tested these hypotheses by predicting poor mental health days self-identified Black, Hispanic, and White veterans experienced preelection and postelection in fall 2008. Net of established social determinants of health, we estimated Black and Hispanic veterans, respectively, experienced approximately 2.01 and 2.17 fewer poor mental health days postelection, whereas White veterans experienced no significant postelection change. Sensitivity analyses seemed to corroborate these findings.

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<https://doi.org/10.1186/s12888-023-04872-z>

**Predictors of suicide attempt within 30 days of first medically documented major depression diagnosis in U.S. army soldiers with no prior suicidal ideation.**

Mash, H. B. H., Ursano, R. J., Kessler, R. C., Naifeh, J. A., Fullerton, C. S., Aliaga, P. A., Dinh, H. M., Sampson, N. A., Kao, T. C., & Stein, M. B.

BMC Psychiatry  
2023 Jun 2; 23(1): 392

**Background:**

Understanding mental health predictors of imminent suicide attempt (SA; within 30 days) among soldiers with depression and no prior suicide ideation (SI) can inform prevention and treatment. The current study aimed to identify sociodemographic and service-related characteristics and mental disorder predictors associated with imminent SA among U.S. Army soldiers following first documented major depression diagnosis (MDD) with no history of SI.

**Methods:**

In this case-control study using Army Study to Assess Risk and Resilience in Servicemembers (STARSS) administrative data, we identified 101,046 active-duty Regular Army enlisted soldiers (2010-2016) with medically-documented MDD and no prior SI (MDD/No-SI). We examined risk factors for SA within 30 days of first MDD/No-

SI using logistic regression analyses, including socio-demographic/service-related characteristics and psychiatric diagnoses.

#### Results:

The 101,046 soldiers with documented MDD/No-SI were primarily male (78.0%), < 29 years old (63.9%), White (58.1%), high school-educated (74.5%), currently married (62.0%) and < 21 when first entering the Army (56.9%). Among soldiers with MDD/No-SI, 2,600 (2.6%) subsequently attempted suicide, 16.2% (n = 421) within 30 days (rate: 416.6/100,000). Our final multivariable model identified: Soldiers with less than high school education ( $\chi^2_3 = 11.21$ , OR = 1.5[95%CI = 1.2-1.9]); combat medics ( $\chi^2_2 = 8.95$ , OR = 1.5[95%CI = 1.1-2.2]); bipolar disorder (OR = 3.1[95%CI = 1.5-6.3]), traumatic stress (i.e., acute reaction to stress/not PTSD; OR = 2.6[95%CI = 1.4-4.8]), and "other" diagnosis (e.g., unspecified mental disorder: OR = 5.5[95%CI = 3.8-8.0]) diagnosed same day as MDD; and those with alcohol use disorder (OR = 1.4[95%CI = 1.0-1.8]) and somatoform/dissociative disorders (OR = 1.7[95%CI = 1.0-2.8]) diagnosed before MDD were more likely to attempt suicide within 30 days. Currently married soldiers ( $\chi^2_2 = 6.68$ , OR = 0.7[95%CI = 0.6-0.9]), those in service 10 + years ( $\chi^2_3 = 10.06$ , OR = 0.4[95%CI = 0.2-0.7]), and a sleep disorder diagnosed same day as MDD (OR = 0.3[95%CI = 0.1-0.9]) were less likely.

#### Conclusions:

SA risk within 30 days following first MDD is more likely among soldiers with less education, combat medics, and bipolar disorder, traumatic stress, and "other" disorder the same day as MDD, and alcohol use disorder and somatoform/dissociative disorders before MDD. These factors identify imminent SA risk and can be indicators for early intervention.

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<https://doi.org/10.1016/j.apmr.2022.12.191>

### **Intensive Outpatient Program Response Among Service Members With Mild Traumatic Brain Injury: Change Between Distinct Post-Concussive Symptom Subgroups.**

Kinney, A. R., Adams, R. S., Caban, J. J., DeGraba, T. J., Pickett, T., & Hoover, P.

Archives of Physical Medicine and Rehabilitation  
2023 Jun; 104(6): 892-901

#### Objective:

Among service members (SMs) with mild traumatic brain injury (mTBI) admitted to an intensive outpatient program (IOP), we identified qualitatively distinct subgroups based on post-concussive symptoms (PCSs) and characterized changes between subgroups from admission to discharge. Further, we examined whether co-morbid posttraumatic stress disorder (PTSD) influenced changes between subgroups.

#### Design:

Quasi-experimental. Latent transition analysis identified distinctive subgroups of SMs and examined transitions between subgroups from admission to discharge. Logistic regression examined the effect of PTSD on transition to the Minimal subgroup (low probability of any moderate-very severe PCS) while adjusting for admission subgroup designation.

#### Setting:

National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center.

#### Participants:

1141 active duty SMs with persistent PCS despite prior treatment (N=1141).

#### Interventions:

NICoE 4-week interdisciplinary IOP.

#### Main outcome measure(s):

Subgroups identified using Neurobehavioral Symptom Inventory items at admission and discharge.

#### Results:

Model fit indices supported a 7-class solution. The 7 subgroups of SMs were distinguished by diverging patterns of probability for specific PCS. The Minimal subgroup was most prevalent at discharge (39.4%), followed by the Sleep subgroup (high probability of sleep problems, low probability of other PCS; 26.8%). 41% and 25% of SMs admitted within the Affective (ie, predominantly affective PCS) and Sleep subgroups remained within the same group at discharge, respectively. The 19% of SMs with co-morbid PTSD were less likely to transition to the Minimal subgroup (odds ratio=0.28;  $P<.001$ ) and were more likely to remain in their admission subgroup at discharge (35.5% with PTSD vs 22.2% without).

## Conclusions:

Most of SMs achieved symptom resolution after participation in the IOP, with most transitioning to subgroups characterized by reduced symptom burden. SMs admitted in the Affective and Sleep subgroups, as well as those with PTSD, were most likely to have continuing clinical needs at discharge, revealing priority targets for resource allocation and follow-up treatment.

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<https://doi.org/10.1089/neu.2022.0340>

## **Associations of Military Service History and Health Outcomes in the First Five Years After Traumatic Brain Injury.**

Kumar, R. G., Klyce, D., Nakase-Richardson, R., Pugh, M. J., Walker, W. C., & Dams-O'Connor, K.

Journal of Neurotrauma

2023 Jun; 40(11-12): 1173-1186

For many years, experts have recognized the importance of studying traumatic brain injury (TBI) among active-duty service members and veterans. A majority of this research has been conducted in Veterans Administration (VA) or Department of Defense settings. However, far less is known about military personnel who seek their medical care outside these settings. Studies that have been conducted in civilian settings have either not enrolled active duty or veteran participants, or failed to measure military history, precluding study of TBI outcomes by military history. The purpose of the present study was to determine associations between military history and medical (prevalence of 25 comorbid health conditions), cognition (Brief Test of Adult Cognition by Telephone), and psychological health (Patient Health Questionnaire-9 [PHQ-9], Generalized Anxiety Disorder-7, suicidality [9th item from PHQ-9]) in the first 5 years after TBI. In this prospective study, we analyzed data from the TBI Model Systems National Database. Participants were 7797 individuals with TBI admitted to one of 21 civilian inpatient rehabilitation facilities from April 1, 2010, to November 19, 2020, and followed up to 5 years. We assessed the relationship between military history (any versus none, combat exposure, service era, and service duration) and TBI outcomes. We found specific medical conditions were significantly more prevalent 1 year post-TBI among individuals who had a history of combat deployment (lung disorders, post-traumatic stress disorder [PTSD], and sleep disorder), served in post-draft era (chronic pain, liver disease, arthritis), and served >4 years (high cholesterol, PTSD, sleep

disorder). Individuals with military history without combat deployment had modestly more favorable cognition and psychological health in the first 5 years post-injury relative to those without military history. Our data suggest that individuals with TBI with military history are heterogeneous, with some favorable and other deleterious health outcomes, relative to their non-military counterparts, which may be driven by characteristics of service, including combat exposure and era of service.

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<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  
2023 Jul; 38(13-14): 8476-8499

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.

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<https://doi.org/10.1027/0227-5910/a000849>

## **Moral Injury and Suicide Ideation Among Combat Veterans.**

Levi-Belz, Y., Shemesh, S., & Zerach, G.

Crisis

2023 May; 44(3): 198-208

### Background:

Modern warfare in a civilian setting may expose combatants to severe moral challenges. Whereas most of these challenges are handled effectively, some potentially morally injurious events (PMIEs) may have deleterious psychological effects on the combatants, such as suicide ideation (SI). Self-disclosure, which includes sharing distressing thoughts and emotions, has been recognized as a protective factor against SI in the aftermath of stressful events. The current study is the first to examine the moderating role of self-disclosure in the relationship between PMIE exposure and SI among combat veterans.

### Method:

A sample of 190 recently discharged Israeli combat veterans completed validated self-report questionnaires measuring combat exposure, PMIEs, depressive symptoms, SI, and self-disclosure in a cross-sectional design study.

### Results:

PMIE dimensions and self-disclosure significantly contributed to current SI. Notably, the moderating model indicated that self-disclosure moderated the link between PMIE-Self and current SI, as PMIE-Self and current SI demonstrated a stronger association among veterans with low self-disclosure than among those with high self-disclosure.

Limitations: Cross-sectional design of volunteers, the findings may not be directly generalizable to veterans' population.

Conclusion:

Self-disclosure, as a factor promoting a sense of belongingness, interpersonal bonding, and support, might diminish SI risk following PMIE exposure. Various mechanisms accounting for these associations are suggested, and the clinical implications of these interactions are discussed.

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<http://dx.doi.org/10.1136/military-2022-002219>

## **Health measurement instruments and their applicability to military veterans: a systematic review.**

J Jomy, P Jani, F Sheikh, R Charide, J Mah, R J Couban, B Kligler, A J Darzi, B K White, T Hoppe, J W Busse, & D Zeraatkar

BMJ Military Health

First published April 7, 2023

### Introduction

Accurate measurement of health status is essential to assess veterans' needs and the effects of interventions directed at improving veterans' well-being. We conducted a systematic review to identify instruments that measure subjective health status, considering four components (ie, physical, mental, social or spiritual well-being).

### Methods

Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses, we searched CINAHL, MEDLINE, Embase, PsycINFO, Web of Science, JSTOR, ERIC, Social Sciences Abstracts and ProQuest in June 2021 for studies reporting on the development or evaluation of instruments measuring subjective health among outpatient populations. We assessed risk of bias with the Consensus-based Standards for the Selection of Health Measurement Instruments tool and engaged three veteran partners to independently assess the clarity and applicability of identified instruments.

### Results

Of 5863 abstracts screened, we identified 45 eligible articles that reported health-related instruments in the following categories: general health (n=19), mental health (n=7), physical health (n=8), social health (n=3) and spiritual health (n=8). We found evidence for adequate internal consistency for 39 instruments (87%) and good test-retest

reliability for 24 (53%) instruments. Of these, our veteran partners identified five instruments for the measurement of subjective health (Military to Civilian Questionnaire (M2C-Q), Veterans RAND 36-Item Health Survey (VR-36), Short Form 36, Abbreviated World Health Organization Quality of Life questionnaire (WHOQOL-BREF) and Sleep Health Scale) as clear and very applicable to veterans. Of the two instruments developed and validated among veterans, the 16-item M2C-Q considered most components of health (mental, social and spiritual). Of the three instruments not validated among veterans, only the 26-item WHOQOL-BREF considered all four components of health.

## Conclusion

We identified 45 health measurement instruments of which, among those reporting adequate psychometric properties and endorsed by our veteran partners, 2 instruments showed the most promise for measurement of subjective health. The M2C-Q, which requires augmentation to capture physical health (eg, the physical component score of the VR-36), and the WHOQOL-BREF, which requires validation among veterans.

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<https://doi.org/10.1037/ser0000763>

## **Lethal means safety counseling among firearm-owning U.S. National Guard personnel: Hyperarousal symptoms as a moderator of treatment outcomes.**

Stanley, I. H., Bryan, C. J., Bryan, A. O., Capron, D. W., & Anestis, M. D.

Psychological Services  
Advance online publication

The U.S. Department of Defense and other stakeholders recommend lethal means safety counseling (LMSC) to reduce suicide risk among military service members. Despite the promise of LMSC, few studies have examined moderators of LMSC treatment outcomes, such as posttraumatic stress disorder (PTSD) symptoms. Individuals with elevated PTSD symptoms are characteristically hypervigilant to threat and are more likely to store their firearms unsafely, which might impact their treatment response to LMSC. In this secondary analysis of the Project Safe Guard LMSC intervention, 209 firearm-owning members of the Mississippi National Guard completed self-report surveys (M [SD] age = 35.2 [10.1] years; 86.6% male, 79.4% White). We used logistic regression to examine the moderating effect of PTSD symptoms (PTSD Checklist for DSM-5; e.g., hyperarousal symptoms) on the association between

treatment groups (LMSC vs. control; cable lock provision vs. no cable lock provision) and the use of new locking devices at 6-month follow-up. At 6-month follow-up, 24.9% (n = 52) of participants reported new firearm locking device use. The interaction between hyperarousal symptoms and LMSC (vs. control) was significant. Specifically, LMSC increased the use of new firearm locking devices relative to control at 6-month follow-up for individuals with low/medium, but not high, levels of baseline hyperarousal symptoms. Hyperarousal symptoms did not moderate the association between cable lock provision (vs. no cable lock provision) and use of new locking devices. Findings suggest that existing LMSC interventions need to be adapted for use with service members with elevated hyperarousal symptoms. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

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<https://doi.org/10.3390/clockssleep5020016>

## **Traumatic Brain Injury, Sleep, and Melatonin—Intrinsic Changes with Therapeutic Potential.**

Bell, A.; Hewins, B.; Bishop, C.; Fortin, A.; Wang, J.; Creamer, J.L.; Collen, J.; Werner, J.K., Jr.

Clocks & Sleep  
2023, 5, 177-203

### **Abstract**

Traumatic brain injury (TBI) is one of the most prevalent causes of morbidity in the United States and is associated with numerous chronic sequelae long after the point of injury. One of the most common long-term complaints in patients with TBI is sleep dysfunction. It is reported that alterations in melatonin follow TBI and may be linked with various sleep and circadian disorders directly (via cellular signaling) or indirectly (via free radicals and inflammatory signaling). Work over the past two decades has contributed to our understanding of the role of melatonin as a sleep regulator and neuroprotective anti-inflammatory agent. Although there is increasing interest in the treatment of insomnia following TBI, a lack of standardization and rigor in melatonin research has left behind a trail of non-generalizable data and ambiguous treatment recommendations. This narrative review describes the underlying biochemical properties of melatonin as they are relevant to TBI. We also discuss potential benefits and a path forward regarding the therapeutic management of TBI with melatonin

treatment, including its role as a neuroprotectant, a somnogen, and a modulator of the circadian rhythm.

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<https://doi.org/10.1080/13284207.2023.2190879>

## **Understanding chronic suicidality in borderline personality disorder through comparison with depressive disorder: a systematic review.**

Kelly Watt-McMahon, Helen Mildred, Ross King, Georgia Craigie, Shannon Hyder & Kate Hall

Clinical Psychologist

Published online: 10 Apr 2023

### Objective

Chronic suicide risk identification in borderline personality disorder (BPD) is fundamental to risk tolerant intervention. To further the clinical understanding of chronic risk in BPD, this systematic review examined studies which compared factors associated with suicidality in BPD with those in any depressive disorder (DD).

### Method

Databases PsycINFO, Medline Complete, EMBASE, and Proquest Dissertations and Theses Global were systematically searched using a set of relevant search terms. Studies written in English between 1996 and 9th January 2023 meeting inclusion criteria (adult/adolescent participants; compared factors related to suicide attempts, ideation, intent, lethality or parasuicidal gestures in BPD and DD, or explored BPD traits within suicidality in DD; and used structured diagnostic assessments or expert interview based upon DSM) were reviewed and assessed for quality using Joanna Briggs Institute Checklists. Studies were grouped by how suicidality was operationalised, and organised by the constructs that were compared.

### Results

Findings from 14 studies (5189 participants) indicated that interpersonal dysfunction, impulsivity, aggression, anger/hostility in adult samples, and early onset of depression and self-injury may discriminate suicidality in BPD from DD for recurrent suicide attempts only. Expressed suicidal intent is higher in BPD than DD, while lethality of attempts is the same.

## Discussion

Comparison of suicidality in BPD and DD requires further investigation. Findings suggest associated factors that might support risk assessment in BPD.

## KEY POINTS

What is already known about this topic:

- Suicidal behaviour in borderline personality disorder (BPD) is recurrent or “chronic” in nature; on average an individual will attempt suicide 3.3 times in their lifetime.
- Persons with BPD presenting with chronic suicidality can regress in their capacity to take responsibility for their own safety, when clinicians employ the protective or custodial interventions that are indicated for acute risk.
- Clinical risk assessment and intervention in BPD can be complicated by the occurrence of comorbid depression, which may result in an acute episode of suicidality overlaying the individual’s chronic pattern of self-injury.

What this topic adds:

- Suicidality in BPD may be differentiated from acute suicidality in depression by the presence of the BPD traits of interpersonal dysfunction, impulsivity, aggression, and anger/hostility (in adults), but only when suicide attempts are recurrent across the lifetime.
- Early onset of psychopathology and a pattern of higher expressed suicidal intent despite lower lethality of attempts also appear to discriminate suicidality in BPD from that in depression.
- Clinical risk formulation in BPD could be benefitted by further research into discriminating chronic suicidality; however, clinical assessment should focus on particular BPD traits, the developmental trajectory of psychopathology, and potential discrepancies between expressed intent and suicidal behaviour.

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<https://doi.org/10.1521/jscp.2023.42.2.125>

**Gender Differences in the Association of Trauma Exposure and Firearm Availability Among Active Duty Servicemembers and Military Retirees.**

Justin C. Baker, Craig J. Bryan, Ethan S. Evans, Annabelle O. Bryan, Alexis M. May and Julia A. Harris

Journal of Social and Clinical Psychology  
2023 42:2, 125-144

Introduction:

This study examines the relationship between traumatic experiences and firearm availability, a known suicide risk factor, for both male and female active duty servicemembers and military retirees in the United States. Availability of firearms was predicted to differ by gender, with male servicemembers having elevated rates of firearm availability compared to female servicemembers. It was also expected that experiences of trauma would be associated with higher availability of firearms in both male and female servicemembers and military retirees.

Methods:

Survey respondents included 1,869 active-duty and military retiree participants recruited from six different primary care clinics located within various military treatment facilities. Analyses compared associations among trauma exposure, firearm availability, and gender.

Results:

Both male and female servicemembers and retirees reported elevated rates of firearm availability, with men reporting the highest rates of available firearms. There was a significant interaction between gender and firearm availability on trauma type; men with available firearms reported elevated levels of directly experienced trauma. When controlling for covariates, men with available firearms reported highest levels of “happened to me” trauma exposure for fire and explosion and sudden violent death.

Discussion:

Men who positively endorse firearm availability have the highest rates of directly experienced traumatic events among active duty military personnel and retirees. Firearm availability, trauma exposure, and perceptions of safety for both genders are discussed.

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<https://doi.org/10.1080/15564886.2023.2196662>

## **Military Sexual Assault, Post-Service Employment, and Transition Preparation among U.S. Military Veterans: New Directions for Research.**

Adam J. Pritchard

Unlike studies of military sexual trauma (MST) among active-duty service members, most studies of veterans with MST have been clinical in nature, focused on estimating population prevalence rates, improving clinical responses or treatments, or have associated MST with subsequent health-related risk behaviors such as alcohol or drug abuse. The present study seeks to broaden our understanding of the corollaries of military sexual assault by considering the relationship between being a survivor of military sexual assault and post-service employment and transition experiences. Using secondary data from a survey of the members of a national organization for post-9/11 veterans, this exploratory study examines bivariate and multivariate relationships between self-reported experiences of military sexual assault and specific post-transition outcomes commonly used as indicators of a successful career transition from military to civilian life including employment status, time from transition to employment, and veterans' perceptions of being prepared for their transition out of the military. Analysis from this study suggests that military sexual assault is impactful in the domains of employment and transition readiness. This paper's findings point to a need to consider a range of inter-related social determinants of health and well-being when providing post-service career support for veterans.

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<https://doi.org/10.1016/j.psychres.2023.115196>

## **Outcomes for treatment of depression in the Veterans Health Administration: Rates of response and remission calculated from clinical and survey data.**

Edward P. Liebmann, Sandra G. Resnick, Rani A. Hoff, Ira R. Katz

Psychiatry Research  
Volume 324, June 2023, 115196

Healthcare Effectiveness Data and Information Set (HEDIS) quality measures for depression treatment aggregate Patient Health Questionnaire (PHQ)-9 data from routine clinical assessments recorded in electronic health records (EHR). To determine



whether aggregated PHQ-9 data in US Veterans Health Administration (VHA) EHRs should be used to characterize the organization's performance, we compared rates for depression response and remission calculated from EHRs with rates calculated with data representing the underlying Veteran patient population estimated using Veterans Outcome Assessment (VOA) survey data. We analyzed data from initial assessments and 3-month follow-up for Veterans beginning treatment for depression. EHR data were available for only a minority of Veteran patients, and the group of Veterans with EHR data differed from the underlying Veteran patient population with respect to demographic and clinical characteristics. Aggregated rates of response and remission from EHR data were significantly different from estimates based on representative VOA data. The findings suggest that until patient-reported outcome from EHRs are available for a substantial majority of patients receiving care, aggregated measures of patient outcomes derived from these data cannot be assumed to be representative of the outcomes for the overall population, and they should not be used as outcome-based measures of quality or performance.

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<https://doi.org/10.1111/add.16172>

### **Peer- and web-based interventions for risky drinking among US National Guard members: Mission Strong randomized controlled trial.**

Frederic C. Blow, Maureen Walton, Mark Ilgen, Rosalinda V. Ignacio, Heather Walters, Lynn Massey, Kristen L. Barry, Richard McCormick, Lara N. Coughlin

Addiction

First published: 11 April 2023

Aims

To test separately the efficacy of a web-based and a peer-based brief intervention (BI), compared with an expanded usual care control (EUC) group, among military reserve component members using alcohol in a hazardous and harmful manner.

Design

In the randomized controlled trial, participants were assigned to: [1] web-based BI with web-based boosters (BI + web), [2] web-based BI with peer-based boosters (BI + peer) or [3] enhanced usual care (EUC).

## Setting

Michigan, USA.

## Participants

A total of 739 Michigan Army National Guard members who reported recent hazardous alcohol use; 84% were male, the mean age was 28 years.

## Intervention

The BI consisted of an interactive program guided by a personally selected avatar. Boosters were delivered either on the web or personally by a trained veteran peer. A pamphlet, given to all participants, included information on hazardous alcohol use and military-specific community resources and served as the EUC condition.

## Measurements

The primary outcome measure was binge drinking episodes in the past 30 days, measured at 12 months after the BI.

## Findings

All randomized participants were included in the outcome analyses. In adjusted analyses, BI + peer [ $\beta = -0.43$ , 95% confidence interval (CI) =  $-0.56$  to  $-0.31$ ,  $P < 0.001$ ] and BI + web ( $\beta = -0.34$ , 95% CI =  $-0.46$  to  $-0.23$ ,  $P < 0.001$ ) reduced binge drinking compared with EUC.

## Conclusion

This study was a web-based brief intervention for hazardous alcohol use, with either web- or peer-based boosters, reduced binge alcohol use among Army National Guard members.

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<https://doi.org/10.1016/j.amepre.2023.04.002>

## **Partner Effects: Analyzing Service Member and Spouse Drinking Over Time.**

Rayan Joneydi, Alicia C. Sparks, Stas Kolenikov,...Jacqueline C. Pflieger, Nida H. Corry, Valerie A. Stander

American Journal of Preventive Medicine

Published: April 12, 2023

## Introduction

Excessive alcohol use is a significant problem in the military. Although there is a growing emphasis on family-centered alcohol prevention approaches, little is known about the interplay between partners' drinking behaviors. This study examines how service members and their spouses influence each other's drinking behavior over time and explores the complex individual, interpersonal, and organizational factors that may contribute to alcohol use.

## Methods

A sample of 3,200 couples from the Millennium Cohort Family Study was surveyed at baseline (2011–2013) and follow-up (2014–2016). The research team estimated how much partners' drinking behaviors influenced one another from baseline to follow-up using a longitudinal structural equation modeling approach. Data analyses were conducted in 2021 and 2022.

## Results

Drinking patterns converged between spouses from baseline to follow-up. Participants' own baseline drinking had a small but significant effect on changes in their partners' drinking from baseline to follow-up. Results from a Monte Carlo simulation showed that the longitudinal model could reliably estimate this partner effect in the presence of several potential sources of bias, including partner selection. The model also identified several common risk and protective factors for drinking shared by both service members and their spouses.

## Conclusions

Findings suggest that changing the drinking habits of one spouse could lead to a change in the drinking habits of the other, which supports family-centered alcohol prevention approaches in the military. Dual-military couples especially may benefit from targeted interventions because they face a higher risk of unhealthy alcohol consumption.

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<https://doi.org/10.1136/military-2022-002312>

**Optimising and personalising behavioural healthcare in the US Department of Defense through Primary Care Behavioral Health.**

Goodie JL, Hunter CL, Dobbmeyer AC

Over the past 25 years, one way the US Department of Defense (DoD) has worked to optimise and personalise the delivery of behavioural healthcare is by integrating behavioural health providers into primary care settings. Using the Primary Care Behavioral Health (PCBH) model for integration allows behavioural health providers to see service members and their families for brief and targeted appointments. These appointments are focused on ensuring that the patient receives the care that is needed, while reducing the barriers (eg, delays in receiving care, negative stigma, isolated from other medical care) that are often associated with seeking behavioural healthcare. We review the primary components of the PCBH model, detail the history of how the DoD implemented the PCBH model, review the training methods used by the DoD and briefly describe some of the research that has been conducted by the DoD evaluating the PCBH model.

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### **Links of Interest**

Staff Perspective: Treating Our Adolescents in Uniform

<https://deploymentpsych.org/blog/staff-perspective-treating-our-adolescents-uniform>

Staff Perspective: Therapist, Health Thyself: Do We Really Need Self-Care?

<https://deploymentpsych.org/blog/staff-perspective-therapist-health-thyself-do-we-really-need-self-care>

Staff Perspective: Connecting Clinically - The “Suck It Up and Drive On” Mentality

<https://deploymentpsych.org/blog/staff-perspective-connecting-clinically-%E2%80%9Csuck-it-and-drive-%E2%80%9D-mentality>

Blast Waves Causing Brain Injuries That Can Lead to PTSD, Suicide

<https://dcjournal.com/blast-waves-causing-brain-injuries-that-can-lead-to-ptsd-suicide/>

Opinion: Here’s what finally allowed me to tackle my PTSD

<https://www.cnn.com/2023/05/28/opinions/memorial-day-ptsd-military-therapy-treatment-prellberg/index.html>

Family and Mental Health Support Help Army Veteran After TBI

<https://www.maketheconnection.net/read-stories/family-and-mental-health-support-help-army-veteran-after-tbi>

To Escape Bullies, Military 'Forced to Move' Families with LGBTQ+ Kids

<https://www.defenseone.com/threats/2023/06/escape-bullies-military-forced-move-families-lgbtq-kids/387214/>

Prioritizing Your Psychological Health

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Articles/Prioritizing-Your-Psychological-Health>

More than 363 Military Health Care Providers Graduate on Armed Forces Day

<https://news.usuhs.edu/2023/05/more-than-363-military-health-care.html>

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**Resource of the Week:** [PTSD Self-Screen](#)



From the VA's National Center for PTSD:

This self-screen can help you find out if your feelings and behaviors may be related to PTSD.

Only a trained provider can diagnose PTSD. Your responses here are private and secure—they are not collected or shared. You may take a screenshot or print this screen to share with a provider.

Do not take the self-screen for someone else. If you are concerned that someone you care about might have PTSD, please share this screen with them instead.

# PTSD SCREENING DAY: JUNE 27

[www.ptsd.va.gov/screen](http://www.ptsd.va.gov/screen)



**Answer 5  
questions**



**Is your score  
3 or more?**



**Talk to a  
provider**

[June is PTSD Awareness Month](#)

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Shirl Kennedy  
Research Editor

HJF employee collaborating with Center for Deployment Psychology



Henry M. Jackson Foundation for the Advancement of Military Medicine

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