

# CDP

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## Research Update -- August 17, 2023

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- Firearm Ownership Among a Nationally Representative Sample of U.S. Veterans.
- Lethal Means Counseling for Suicidal Firearm Owners.
- Suicide Characteristics of Veterans Hospitalized for Suicide Ideation or Attempt.
- How well can U.S. military veterans' suicidal ideation be predicted from static and change-based indicators of their psychosocial well-being as they adapt to civilian life?
- Links of Interest
- Resource of the Week: Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity (National Academies of Sciences, Engineering, and Medicine)

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<https://doi.org/10.1080/17439760.2023.2218342>

**Meaning in life as a mechanism between perceived posttraumatic growth and subsequent mental health in OEF/OIF/OND military veterans.**

Adam B. David, Crystal L. Park, Shane J. Sacco, Shane W. Kraus & Rani A. Hoff

The Journal of Positive Psychology

Published online: 02 Jun 2023

Meaning making efforts, such as perceiving posttraumatic growth (PPTG), may relate to mental health (MH), especially when creating meaning in life (MIL). We tested this assertion using mediation analyses to see whether PPTG leads to subsequent MH through MIL and if PPTG leads to increased MIL, which predicts increased MH. 402 Post-9/11 military veterans were assessed at baseline, 6 months (T2), and 12 months (T3) later. PPTG predicted subsequent MH, effects entirely mediated by T2 MIL. PPTG also predicted increased T2 MIL but not increased T3 MH, although increased T2 MIL led to increased T3 MH. Findings suggest a stable association between PPTG and MH, an effect fully mediated by MIL. Further, PPTG relates to subsequent MH only when resulting in increased MIL. Future research examining meaning making in studies of PPTG is needed to better understand the conditions under which PPTG is adaptive.

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<https://doi.org/10.1016/j.cpr.2023.102300>

**A systematic review of literature examining mediators and mechanisms of change in empirically supported treatments for posttraumatic stress disorder.**

Elizabeth Alpert, Chelsea Shotwell Tabke, Travis A. Cole, Daniel J. Lee, Denise M. Sloan

Clinical Psychology Review

Volume 103, July 2023, 102300

Despite the availability of empirically supported treatments (ESTs) for posttraumatic stress disorder (PTSD), relatively little is known regarding these treatments'

mechanisms of change. This systematic review moves beyond previous reviews by summarizing the findings and reviewing the methodological quality of literature that specifically examined mediators/mechanisms of change in ESTs for PTSD. Studies were included if they were written in English, empirical, peer-reviewed, claimed to study mediators/mechanisms of a recommended PTSD treatment, measured the mediator/mechanism during or before and after treatment, and included a posttreatment PTSD or global outcome (e.g., functioning). PsycINFO and PubMed were searched on October 7, 2022. Two coders screened and coded studies. Sixty-two eligible studies were identified. The most consistent mediator/mechanism was reduction in negative posttraumatic cognitions, followed by between-session extinction and decreased depression. Only 47% of studies measured the mediator/mechanism before the outcome and measured the mediator/mechanism and outcome at least three times, and 32% also used growth curve modeling to establish temporal precedence of change in the mediator/mechanism and outcome. Many of the mediators/mechanisms examined had weak or no empirical support. Results highlight the need for improved methodological rigor in treatment mediator and mechanism research. Implications for clinical care and research are discussed. PROSPERO ID: 248088.

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<https://doi.org/10.1007/s40429-023-00490-7>

## **Mental and Physical Health Conditions Among U.S. Veterans with Cannabis Use and Cannabis Use Disorders.**

Current Addiction Reports

Published: 02 June 2023

### **Purpose of Review**

Veterans are a large population that is disproportionately affected by various physical and mental health conditions. The primary aim of this review is to provide a concise overview of recent literature on the prevalence of cannabis use and cannabis use disorder (CUD) among US veterans, and associations with mental and physical health conditions. We also addressed gaps in the literature by investigating associations between CUD and mental and physical health conditions in 2019 data from the Veterans Health Administration (VHA; N = 5,657,277).

### **Recent Findings**

In total, 25 studies were reviewed. In 2019, the prevalence of Veteran cannabis use ranged from 11.9–18.7%. Cannabis use and CUD were associated with bipolar disorders, psychotic disorders, suicidality, pain conditions, and other substance use, but

less consistently associated with depressive disorders, anxiety disorders, and posttraumatic stress disorder. Analyses of 2019 VHA data indicated that CUD was strongly associated with a broad array of physical and mental health conditions and mortality.

#### Summary

Cannabis use and CUD are prevalent and highly comorbid with other conditions among US veterans. Harm reduction methods tailored to these populations are needed.

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<https://doi.org/10.1177/01623532231180882>

### **Gifted and On the Move: The Impact of Losing the Gifted Label for Military Connected Students.**

Robyn Hilt

Journal for the Education of the Gifted

First published online June 2, 2023

Society is becoming increasingly mobile, which impacts all facets of the educational experience, including gifted education. Military students attend several different schools in their educational careers, and inconsistent criteria and identification practices among states and school districts result in a fluid gifted label for many of these students. While some aspects of school mobility are highlighted in existing research, limited attention has been paid to school mobility within gifted education. This research works to address this gap by exploring the impact of losing the gifted label on children of military members, whose relocations frequently require mobility across state and district boundaries, utilizing a unique framework, Foucault's technologies of self. Research findings explore student perspectives on the impact of their own effort or hard work on their ability to retain the gifted label and serve as a launching point from which to explore the issue of school mobility in gifted education.

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

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

Yossi Levi-Belz, Sharon Shemesh, and Gadi Zerach

Crisis

2023 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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<https://doi.org/10.1093/hsw/hlad012>

**Sex Differences in Suicidal Ideation: Mediating Effects of Alcohol Abuse/Dependence on Suicidal Ideation through Psychological Distress and Hopelessness.**

Yi Jin Kim, Viktor Burlaka, Susan Yoon

Health & Social Work

Volume 48, Issue 3, August 2023, Pages 179–187

This article aims to investigate the impact of psychological distress and hopelessness as mediators in the relationship between alcohol use disorder (AUD) and suicidal ideation among young adults. The study employed data from the 2019 National Survey on Drug Use and Health, focusing on participants aged 18 to 25. The PROCESS macro was used to conduct a moderated mediation analysis. The findings revealed that AUD, psychological distress, and hopelessness were all significant risk factors for suicidal ideation among young adults. Furthermore, psychological distress and hopelessness served as significant mediators in the relationship between AUD and suicidal ideation. The study highlights the need for interventions and treatments that address co-occurring alcohol use and psychological distress/hopelessness in both sexes, for young adults at risk of suicide. In summary, the study underscores the importance of recognizing the underlying factors that contribute to suicidal ideation among young adults, especially those with AUD, psychological distress, and hopelessness.

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<https://doi.org/10.1177/08862605231173909>

**Individual and Military Factors That Modify the Association Between Recent Sexual Trauma and Health Outcomes Among U.S. Service Members and Veterans.**

Seelig, A. D., Rivera, A. C., LeardMann, C. A., Daniel, S. M., Jacobson, I. G., Stander, V. A., Moore, B. L., Millard, D. C., & Boyko, E. J.

Journal of Interpersonal Violence

First published online June 4, 2023

Sexual trauma (ST), which includes both sexual harassment and sexual assault, is associated with a variety of adverse mental and physical health outcomes in military

and civilian populations. However, little is known about whether certain individual or military attributes or prior experiences may modify the relationship between recent ST and mental or physical health outcomes. Data from a longitudinal cohort study of current and former military members were used to examine whether individual and military factors modify the association between recent ST and health outcomes (posttraumatic stress disorder, depression, multiple somatic symptoms, and insomnia). Results indicated that demographic (sex, sexual orientation, race/ethnicity) and military factors (service branch, service component, military separation) generally did not modify the main effect of ST on the outcomes examined. On the other hand, factors known to be protective (spirituality, social support) and risk factors (childhood trauma, combat deployment, and mental health status) did modify the effect of ST on multiple outcomes examined; notably, protective effects were diminished among those who experienced recent ST. Protective factors were associated with the lowest risk of adverse outcomes among those with no ST, while risk reduction was less among survivors of ST. Diminished impacts also were found for cumulative risk factors, with the influence of multiple individual risk factors associated with increased risk but in a subadditive manner. We conclude that the effect of recent ST on the outcomes examined was persistent in the presence of potential protective factors, but that it may be impacted by ceiling effects in combination with other risk factors.

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<https://doi.org/10.1016/j.jpsychires.2023.05.067>

### **Military sexual trauma among Veterans using and not using VA justice-related programing: A national examination.**

Ryan Holliday, Nicholas Holder, Alexandra A. Smith, Alisha Desai, ... Lindsey L. Monteith

Journal of Psychiatric Research  
Volume 164, August 2023, Pages 46-50

#### Highlights

- Veterans accessing VJP services were more likely to screen positive for MST.
- Results maintained when adjusting for age, race, ethnicity, and VA service use.
- Integration of MST-specific programing in VJP settings may be warranted.

#### Abstract

Veterans accessing Department of Veterans Affairs (VA) Veterans Justice Program



(VJP) services have high rates of depression, substance misuse, and posttraumatic stress disorder. Although factors that may confer risk for mental health sequelae among these Veterans have been identified (e.g., childhood abuse, combat exposure), limited research has examined report of military sexual trauma (MST) among Veterans accessing VJP services. As survivors of MST experience myriad chronic health conditions which necessitate identification and referral to evidence-based care, identifying MST survivors among those accessing VJP services may facilitate referral to appropriate services. We examined whether MST prevalence differed between Veterans with and without a history of VJP service use. Sex-stratified analyses were conducted with 1,300,252 male (13.34% accessing VJP) and 106,680 female (10.14% accessing VJP) Veterans. In crude models, male and female Veterans accessing VJP services were significantly more likely to screen positive for MST (PR = 3.35 and 1.82 respectively). Significance was maintained in models that adjusted for age, race/ethnicity, VA service use, and VA mental health use. VJP service settings may serve as a critical intercept for identifying male and female survivors of MST. Using a trauma-informed approach to screen for MST in VJP settings is likely warranted. Moreover, integration of MST programming into VJP settings may be beneficial.

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<https://doi.org/10.1080/10510974.2023.2221702>

## **Communicating Stigma About Invisible Illness: U.S. Military Veterans' Descriptions of Stigma Communication About Posttraumatic Stress.**

Rikki A. Roscoe

Communication Studies

Published online: 07 Jun 2023

Due to mental illness stigma, veterans experiencing posttraumatic stress (PTS) may attempt to cope without seeking professional treatment. This can lead to detrimental consequences, including substance abuse, depression, and suicide. In an attempt to learn more about the stigma surrounding military-related PTS, this study used interviews to explore how veterans with PTS describe stigma communication in two different contexts: within the military organization and from members of society. All four of Smith's (2007) model of stigma communication content cues (labels, marks, personal responsibility, and social peril) were present when veterans described military stigma about veterans experiencing PTS. Three content cues (labels, marks, and social peril) were present when veterans described public stigma surrounding veterans experiencing

PTS. Theoretically, this study presents unique experiences related to how stigma is communicated about individuals experiencing an invisible illness, or what Goffman (1963) describes as “discreditable” individuals. Practically, the results can aid in developing destigmatizing campaigns and interventions.

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<https://doi.org/10.1080/21635781.2023.2221464>

### **Growing from Shame: Positive Psychology Interventions as a way to treat Moral Injury informed by acts of Commission and Omission.**

Samuel Dickinson

Military Psychology

Published online: 07 Jun 2023

Moral injury is a condition that can occur after incidents in which individuals perform an action that violates their own deeply held moral beliefs, or fail to prevent such actions from occurring. In the wake of these incidents, negative self-evaluations can lead to intense feelings of shame and self-loathing; hallmarks of the condition of moral injury. Unfortunately, potentially morally injurious circumstances are plentiful for the modern-day service member and veterans of recent conflicts. Existing treatment options for moral injury are currently insufficient, and there is a lack of attention paid to the condition in psychology research due in part to moral injury’s absence in the DSM 5. Moral injury has been erroneously conceptualized as an element of PTSD, and is commonly treated by trauma-processing modalities that, while effective in trauma-focused treatment, are ineffective in reducing symptoms of moral injury. The present article details how Positive Psychology interventions may be effective in the treatment of moral injury (heretofore untested and unexplored), and is a call for such research to be conducted.

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<https://doi.org/10.1016/j.jagp.2023.05.011>

### **Characteristics and Correlates of Ten-Year Trajectories of Posttraumatic Stress Symptoms in Older U.S. Military Veterans.**

Jennifer Moye, Anica Pless Kaiser, Joan M. Cook, Ian C. Fischer, ... Robert H. Pietrzak

The American Journal of Geriatric Psychiatry  
Available online 6 June 2023

### Objectives

To examine the nature and correlates of 10-year trajectories of posttraumatic stress disorder (PTSD) symptoms in older U.S. military Veterans.

### Design and Setting

A nationally representative web-based survey of older U.S. Veterans who participated in the National Health and Resilience in Veterans Study over 5 waves between 2011 and 2021.

### Participants

A total of 1,843 U.S. Veterans aged 50 and older (mean age = 67).

### Measurements

PTSD symptoms were assessed using the PTSD Checklist. Self-report measures at baseline assessed sociodemographic characteristics; trauma exposures; psychiatric and substance use disorders; mental, cognitive, and physical functioning; and psychosocial factors including expectations of aging. Latent growth mixture modeling identified the nature and correlates of 10-year PTSD symptom trajectories.

### Results

Most of the sample had no/low PTSD symptoms (88.7%), while 6.0% had consistently subthreshold symptoms, 2.7% consistently high symptoms, and 2.6% increasing symptoms. Relative to the no/low symptom group, the subthreshold and high symptom groups reported more medical conditions and cognitive difficulties, with younger age and more lifetime traumatic events additionally linked to the high symptom trajectory. Relative to the no/low symptom group, Veterans with increasing symptoms were more likely to report functional disability and lifetime nicotine use disorder, cognitive difficulties, negative expectations regarding physical and emotional aging, and traumatic events over the study period.

### Conclusions

Despite high rates of trauma exposure, most older Veterans do not evidence symptomatic PTSD trajectories; however, about 11% do. Results underscore the importance of assessing PTSD symptoms in this population and considering longitudinal trajectories as well as associated risk and protective factors.

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<https://doi.org/10.1007/s11126-023-10034-x>

## **Implementing Peer Specialists in Suicide Prevention Efforts in the Veterans Health Administration.**

Timothy Schmutte, Lauren S. Krishnamurti, Larry Davidson, Anne Klee, Joshua Bullock, Raymond M. Panas, Paul N. Pfeiffer & Matthew Chinman

Psychiatric Quarterly  
Published: 06 June 2023

### **Objective:**

The Veterans Health Administration (VHA) recognizes peer support as an underused intervention in suicide prevention. PREVAIL is a peer-based suicide prevention intervention that was designed and piloted with non-veteran patients recently hospitalized for suicidal thoughts or behaviors. The purpose of this study was to elicit veteran and stakeholder feedback to inform the adaptation of PREVAIL for piloting with veterans flagged for high suicide risk.

### **Methods:**

Semi-structured interviews were conducted with multiple stakeholders from a VHA medical center in the northeast. Interviews focused on the perceived benefits and concerns of peer specialists directly addressing suicide risk with veterans. Interviews were recorded, transcribed, and analyzed using rapid qualitative analysis.

### **Results:**

Interviewees included clinical directors (n = 3), suicide prevention coordinators (n = 1), outpatient psychologists (n = 2), peer specialists (n = 1), and high-risk veterans (n = 2). Overall, peer specialists were viewed as possessing many distinct strengths in engaging and helping high-risk veterans as part of a team approach. Concerns included liability, adequate training, clinical supervision and support, and self-care for peer specialists.

### **Conclusions:**

Findings indicated support and confidence that peer support specialists would be a valuable addition and could help fill existing gap in VHA's suicide prevention efforts.

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<https://doi.org/10.1093/pm/pnad072>

## **Opioid prescribing and use in the Military Health System: a framework synthesis, FY2016–FY2021.**

Cathaleen Madsen, PhD, Jessica Korona-Bailey, MPH, Miranda Lynn Janvrin, MPH, Andrew J Schoenfeld, MD, MSc, Tracey Pérez Koehlmoos, PhD, MHA

Pain Medicine

Published: 06 June 2023

### Background

Opioid misuse is a nationwide issue and is of particular concern with regard to military readiness. The 2017 National Defense Authorization Act charges the Military Health System with greater oversight of opioid use and mitigation of misuse.

### Methods

We synthesized published articles using secondary analysis of TRICARE claims data, a nationally representative database of 9.6 million beneficiaries. We screened 106 articles for inclusion and identified 17 studies for data abstraction. Framework analysis was conducted, which assessed prescribing practices, patient use, and optimum length of opioid prescriptions after surgery, trauma, and common procedures, as well as factors leading to sustained prescription opioid use.

### Results

Across the studies, sustained prescription opioid use after surgery was low overall, with <1% of opioid-naïve patients still receiving opioids more than 1 year after spinal surgery or trauma. In opioid-exposed patients who had undergone spine surgery, sustained use was slightly lower than 10%. Higher rates of sustained use were associated with more severe trauma and depression, as well as with prior use and initial opioid prescriptions for low back pain or other undefined conditions. Black patients were more likely to discontinue opioid use than were White patients.

### Conclusions

Prescribing practices are well correlated with degree of injury or intensity of intervention. Sustained prescription opioid use beyond 1 year is rare and is associated with diagnoses for which opioids are not the standard of care. More efficient coding, increased attention to clinical practice guidelines, and use of tools to predict risk of sustained prescription opioid use are recommended.

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<https://doi.org/10.1080/21635781.2023.2221471>

## **Evaluating Moral Injury in Combat-Deployed and Non-Combat Military Personnel.**

Brenton Russell, Wade Ferguson, Warwick O. Lucas & Alexander J. Mussap

Military Behavioral Health

Published online: 06 Jun 2023

The factorial structure, measurement invariance, and relevance to posttraumatic stress of the Moral Injury Event Scale (MIES) was evaluated in military personnel as a function of combat role. A total of 245 combat-deployed and 140 non-combat military personnel 19 to 83 years of age ( $M = 43.97$ ,  $SD = 12.08$ ) answered questions about their service role(s), deployment history, and military-related PTSD diagnosis history. They also completed the PTSD Checklist-Military Version 5, the Exposure to Danger and Combat scale, the Witnessing Consequences of War scale, and the MIES. Confirmatory factor analysis supported a three-factor model of the MIES consisting of transgressions-self, transgressions-others, and betrayal. This structure demonstrated configural but not metric or scalar invariance between combat and non-combat personnel. Clinical relevance of the measure was supported by regressions showing that the MIES subscales were associated with PTSD symptomatology and PTSD diagnosis independently of measures of combat-related physical dangers or witnessing the consequences of war. We conclude that the MIES can be used to measure three components of moral injury that are relevant to mental health outcomes in military personnel. However, failure of measurement invariance cautions against comparing MIES subscale scores between combat and non-combat personnel.

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<https://doi.org/10.1111/sltb.12970>

## **Situational stress and suicide attempt behavior in Army soldiers and veterans: Insights from the Army Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study.**

Edwards, E. R., Coolidge, B., Ruiz, D., Epshteyn, G., Krauss, A., Gorman, D., Connelly, B., Redden, C., El-Meouchy, P., & Geraci, J.

Suicide & Life-Threatening Behavior  
2023 Aug; 53(4): 642-654

Introduction:

Prevention of suicide-related behaviors is considered a top clinical priority within the Departments of Veterans Affairs and Defense. Despite previous literature attesting to the likely importance of situational stress as a key correlate of acute changes in suicide risk, longitudinal research into associations between situational stress and suicide-related outcomes among military personnel has been relatively limited.

Methods:

The current study examined associations between situational stress, recent suicide attempt, and future suicide attempt using data from 14,508 Army soldiers and recently discharged veterans enrolled in the Army Study to Assess Risk and Resilience in Servicemembers-Longitudinal Studies (STARRS-LS).

Results:

Recent situational stress was more common among recently discharged veterans (vs. soldiers), those with a recent suicide attempt (vs. those without), and those with a subsequent suicide attempt (vs. those without). Job loss was more closely associated with suicide attempts among soldiers, whereas financial crisis, police contact, and death, illness, or injury of close others were more closely associated with suicide attempts among recently discharged veterans.

Conclusion:

Findings further highlight situational stress as a salient risk factor for suicide-related outcomes among military personnel, particularly among recently discharged veterans. Implications for screening and treatment of at-risk military personnel are discussed.

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<https://doi.org/10.3390/ijerph20156530>

**Behavioral Self-Blame in PTSD-Etiology, Risk Factors, and Proposed Interventions.**

Raz, A., Rubinstein, R., Shadach, E., Chaikin, G., Ben Yehuda, A., Tatsa-Laur, L., Kedem, R., & Shelef, L.

**Background:**

Feeling out of control during a traumatic event may evoke behavioral self-blame (BSB) to avoid feeling helpless following trauma by restoring one's sense of control. BSB is a common, persistent, and treatment-resistant post-traumatic stress symptom. The present study investigates the etiology and risk factors of BSB following a traumatic event and the reasons for its persistence over time.

**Method:**

Subjects were a group of 546 Israeli ex-combat soldiers (M age = 24.93 ± 5.657) registered in an Israel Defense Forces (IDF) combat reaction clinic. All completed the Peritraumatic Dissociative Experiences Questionnaire (PDEQ), the Brief Symptom Inventory (BSI), and the PTSD Checklist for the DSM-5 (PCL-5). Item 10 of the PCL-5 served to measure BSB. The PDEQ and BSI measured distress and feeling out of control during the event. We used descriptive analyses of the data, t-test, and linear regression analysis to reveal the relationship between the research variables.

**Results:**

Feeling out of control during a traumatic event often increases BSB and post-traumatic stress symptoms. A significant correlation emerged between continuing distress characterizing individuals who experience a persistent lack of control and BSB. Female combat soldiers were at a higher risk of BSB than their male counterparts.

**Conclusion:**

Loss of control experienced during a traumatic event may result in persistent long-term feelings of lack of control over one's behavior.

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<https://doi.org/10.1037/ser0000627>

**Social support over time for men and women veterans with and without complex trauma histories.**

Scoglio, A. A. J., Molnar, B. E., Lincoln, A. K., Griffith, J., Park, C. L., & Kraus, S. W.

Psychological Services  
2023 Aug; 20(3): 516-524



Social support is closely linked to health, but little is known about United States (U.S.) veterans' social support over time and factors that may influence their support trajectories. This study investigates social support over time for U.S. men and women Post-9/11 veterans in relation to trauma history and gender. A secondary analysis of longitudinal cohort data from the Survey of Experiences of Returning Veterans (SERV), which employed a repeated-measures longitudinal design using five waves of data (baseline, 3, 6, 9, 12 months) with 672 combat veterans. Results from random intercept multilevel models found no significant gender differences in social support over time. Veterans with complex trauma histories were at risk for lower social support across waves. A stability trend was also observed; specifically, at baseline, veterans who started with high support maintained their level over time whereas veterans who started with deficits in social support remained low over time. Veterans identifying as African American or Latinx, and those with lower annual incomes, reported lower support compared to White and higher-income veterans. Furthermore, low social support was significantly associated with severe posttraumatic stress symptoms and active suicidal ideation across 12 months. SERV utilized a nonrandom sampling method that may reduce generalizability of findings. There is also potential for residual confounding by factors related to both social support levels and time since discharge that were not available in this data set. Findings have implications for developing clinical and community interventions intended to support veterans as they transition back to the community. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

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<https://doi.org/10.1080/07377363.2023.2196647>

## **Examining the Perception of Military Culture in the Undergraduate University Classroom.**

Heidi Boldway, Elizabeth Valenti & Maria Zafonte

The Journal of Continuing Higher Education

Published online: 08 Jun 2023

The purpose of this study was to examine how college students perceive and experience learning with military student peers in traditional undergraduate college classrooms. A mixed method approach was selected, using an online survey that included the nine-item questionnaire Military Culture Certificate Program (MCCP) assessment scale survey. Data were collected from 255 students who took part in the

survey, which assessed nonmilitary students' knowledge of the unique military culture and environment, deployment dynamics, family dynamics, military ethics, behavioral and physical health issues, and combat experiences. A follow-up focus group solicited qualitative data from six nonmilitary affiliated students pertaining to their individual lived experiences and classroom interactions with their military student peers. Qualitative data from the focus group suggested that almost half of the students respected the experience of being deployed, based on the self-observations of family members. They also reported an understanding of the impact military life has on family members. Several qualitative themes emerged in the focus group responses, all of which have implications for improving cultural competence in the classroom.

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<https://doi.org/10.1080/21635781.2023.2221472>

### **Gender Differences in Barriers and Facilitators to Care among U.S. military Veterans at High Risk for Suicide: A Qualitative Study.**

Katie L. McDonald,, Claire C. Meunier, Ben Liu, Brandon Roth & Lauren M. Denneson

Military Behavioral Health

Published online: 09 Jun 2023

Veteran engagement in care is imperative to suicide prevention. However, barriers to engaging veterans at risk for suicide in care remain a challenge, and women veterans may have unique experiences that promote or inhibit care-seeking behaviors. The goal of this study was to better understand barriers and facilitators to care among veterans at high risk for suicide and identify potential gender differences. We interviewed 25 women and 25 men veterans utilizing VHA health care across the United States (U.S.), who had a recent suicide attempt (6 months prior). Psychological safety was a dominant theme for veterans seeking and using VHA care. Women and men both needed to feel safe and comfortable in the VHA environment. Women described psychological safety as being able to let their guard down, while men desired to not feel judged for seeking care. Veterans felt a sense of comradery in the VHA environment; however, women did not always feel welcome as veterans. Findings suggest the need to attend to the psychological safety of women and men veterans at high risk of suicide in VHA. Strategies to attune VHA staff to trauma-informed care practices for women and expand trauma-informed care resources may facilitate care engagement.

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<https://doi.org/10.1016/j.amepre.2023.06.008>

## **Opioid and High-Risk Prescribing Among Racial and Ethnic Minority Veterans.**

Katie J. Suda, Taylor L. Boyer, John R. Blosnich, John P. Cashy, ... Lisa K. Sharp

American Journal of Preventive Medicine

Available online 10 June 2023

### Introduction

The purpose of this study is to compare opioid prescribing and high-risk prescribing by race and ethnicity in a national cohort of U.S. veterans.

### Methods

A cross-sectional analysis of veteran characteristics and healthcare use was performed on electronic health record data for 2018 Veterans Health Administration users and enrollees in 2022.

### Results

Overall, 14.8% received an opioid prescription. The adjusted odds of being prescribed an opioid were lower for all race/ethnicity groups than for non-Hispanic White veterans, except for non-Hispanic multiracial (AOR=1.03; 95% CI=0.999, 1.05) and non-Hispanic American Indian/Alaska Native (AOR=1.06; 95% CI=1.03, 1.09) veterans. The odds of any day of overlapping opioid prescriptions (i.e., opioid overlap) were lower for all race/ethnicity groups than for the non-Hispanic White group, except for the non-Hispanic American Indian/Alaska Native group (AOR=1.01; 95% CI=0.96, 1.07). Similarly, all race/ethnicity groups had lower odds of any day of daily dose >120 morphine milligram equivalents than the non-Hispanic White group, except for the non-Hispanic multiracial (AOR=0.96; 95% CI=0.87, 1.07) and non-Hispanic American Indian/Alaska Native (AOR=1.06; 95% CI=0.96, 1.17) groups. Non-Hispanic Asian veterans had the lowest odds for any day of opioid overlap (AOR=0.54; 95% CI=0.50, 0.57) and daily dose >120 morphine milligram equivalents (AOR=0.43; 95% CI=0.36, 0.52). For any day of opioid–benzodiazepine overlap, all races/ethnicities had lower odds than non-Hispanic White. Non-Hispanic Black/African American (AOR=0.71; 95% CI=0.70, 0.72) and non-Hispanic Asian (AOR=0.73; 95% CI=0.68, 0.77) veterans had the lowest odds of any day of opioid–benzodiazepine overlap.

### Conclusions

Non-Hispanic White and non-Hispanic American Indian/Alaska Native veterans had the

greatest likelihood to receive an opioid prescription. When an opioid was prescribed, high-risk prescribing was more common in White and American Indian/Alaska Native veterans than in all other racial/ethnic groups. As the nation's largest integrated healthcare system, the Veterans Health Administration can develop and test interventions to achieve health equity for patients experiencing pain.

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<https://doi.org/10.1016/j.amepre.2023.06.013>

## **Firearm Ownership Among a Nationally Representative Sample of U.S. Veterans.**

Ian C. Fischer, Frances M. Aunon, Brandon Nichter, Melanie L. Hill, ... Robert H. Pietrzak

American Journal of Preventive Medicine  
Available online 23 June 2023

### Introduction

This study aimed to identify the prevalence and correlates of firearm ownership in a large, contemporary, nationally representative sample of U.S. military veterans.

### Methods

Data were analyzed from the 2022 National Health and Resilience in Veterans Study (N=2,326; mean age=60.2 years). Weighted independent-sample t-tests and chi-square analyses were conducted to compare veterans who did with those who did not report firearm ownership on sociodemographic, military, and psychiatric variables. A multivariable logistic regression analysis using backward elimination was conducted to identify the characteristics independently associated with firearm ownership, and a relative importance analysis was conducted to quantify the relative variance in firearm ownership that was explained by each of the statistically significant main effects.

### Results

Of the total 2,326 veterans, 1,217 (weighted 50.9%, 95% CI=48.0%, 53.9%) reported owning any firearms. Male sex, conservative political ideology, living in rural area, home ownership, cumulative trauma burden, and lifetime history of alcohol use disorder were most strongly associated with firearm ownership.

### Conclusions

This study provides an updated characterization of the prevalence and correlates of

firearm ownership among the U.S. veterans. Results of this nationally representative study suggest that firearm ownership in this group may be higher than previously reported and underscore the importance of targeted suicide prevention efforts promoting firearm safety among vulnerable segments of this population.

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<https://doi.org/10.1007/s10879-023-09588-5>

### **Lethal Means Counseling for Suicidal Firearm Owners.**

Samuel Knapp

Journal of Contemporary Psychotherapy

Published: 09 June 2023

The death of a patient by suicide is one of the professional events most feared by psychotherapists and firearms are the most commonly used means of suicide. However, as the number of firearm owners within the United States has increased in recent years, so has the risk of firearm-related suicides. Suicidal patients with easy access to their firearms may give in to the wish to die and end their life with little opportunity for reflection or forethought. Furthermore, because the topic of gun control has become so polarized, patients may not always be open to discussing barriers between themselves and their firearms. Nonetheless, psychotherapists using non-judgmental, respectful, and collaborative lethal means counseling can substantially reduce patient suicides.

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<https://doi.org/10.1093/milmed/usad196>

### **Suicide Characteristics of Veterans Hospitalized for Suicide Ideation or Attempt.**

Jennifer M Primack, PhD, Matthew F Thompson, Aileen Peters, PhD, McKenzie Quinn, Madeline Kelsey, Ivan W Miller, PhD, Melanie Bozzay, PhD

Military Medicine

Published: 09 June 2023

## Introduction

Veteran suicide rates continue to be unacceptably high, with the most common risk factor being a past suicide attempt (SA). However, some characteristics of suicidal ideation (SI) and behavior among Veterans hospitalized for suicide risk remain under-reported.

## Materials and Methods

One hundred and eighty-three Veterans hospitalized for either an SA or SI with intent were screened for enrollment in a treatment study to prevent suicide. Veterans completed a demographic form, the Columbia-Suicide Severity Rating Scale, and the McLean borderline personality disorder screening measure shortly after inpatient psychiatric admission. Chi-squared and t-tests were used to compare suicide characteristics (e.g., intensity, duration, deterrents, and controllability) between Veterans with and without a lifetime history of SA. Thematic analyses of the reported method of SI were conducted.

## Results

Sixty-seven percent of participants were hospitalized for SI and 33% were hospitalized for SA. Twenty-one percent of Veterans hospitalized for SI also endorsed a recent SA in the weeks preceding hospitalization. Most participants reported at least one lifetime SA (71%). Veterans with a lifetime history of SA reported greater frequency and duration of ideation in the week before hospitalization ( $t[169] = -2.56, P = .01$ ;  $t[168] = -2.04, P = .04$ ) while also reporting that deterrents were less likely to prevent an SA ( $t[107.09] = -3.58, P = .001$ ) compared to those with no lifetime SA.

## Conclusion

Overall, Veterans hospitalized for SI/SA demonstrated markers of chronic suicide risk, as most participants endorsed a past attempt in their lifetime. Some Veterans admitted for SI also reported a past month's attempt, suggesting that in certain cases, hospitalization does not immediately follow an acute suicidal crisis. A past SA differentiated Veterans on average frequency and duration of SI as well as the perception of deterrents preventing suicidal behavior. Therefore, a thorough evaluation of suicide methods and intensity may be informative in treatment planning for Veterans at greatest risk of suicide.

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<https://doi.org/10.1007/s00127-023-02511-2>

## **How well can U.S. military veterans' suicidal ideation be predicted from static and change-based indicators of their psychosocial well-being as they adapt to civilian life?**

Dawne Vogt, Anthony J. Rosellini, Shelby Borowski, Amy E. Street, Robert W. O'Brien & Naomi Tomoyasu

Social Psychiatry and Psychiatric Epidemiology

Published: 08 June 2023

### Background

Identifying predictors of suicidal ideation (SI) is important to inform suicide prevention efforts, particularly among high-risk populations like military veterans. Although many studies have examined the contribution of psychopathology to veterans' SI, fewer studies have examined whether experiencing good psychosocial well-being with regard to multiple aspects of life can protect veterans from SI or evaluated whether SI risk prediction can be enhanced by considering change in life circumstances along with static factors.

### Methods

The study drew from a longitudinal population-based sample of 7141 U.S. veterans assessed throughout the first three years after leaving military service. Machine learning methods (cross-validated random forests) were applied to examine the predictive utility of static and change-based well-being indicators to veterans' SI, as compared to psychopathology predictors.

### Results

Although psychopathology models performed better, the full set of well-being predictors demonstrated acceptable discrimination in predicting new-onset SI and accounted for approximately two-thirds of cases of SI in the top strata (quintile) of predicted risk. Greater engagement in health promoting behavior and social well-being were most important in predicting reduced SI risk, with several change-based predictors of SI identified but stronger associations observed for static as compared to change-based indicator sets as a whole.

### Conclusions

Findings support the value of considering veterans' broader well-being in identifying individuals at risk for suicidal ideation and suggest the possibility that well-being

promotion efforts may be useful in reducing suicide risk. Findings also highlight the need for additional attention to change-based predictors to better understand their potential value in identifying individuals at risk for SI.

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### **Links of Interest**

Air Force leadership pushing for greater diversity among officers, as Academy sees roughly stable numbers among women, rise in Asian students

[https://gazette.com/military/air-force-leadership-pushing-for-greater-diversity-among-officers-as-academy-sees-roughly-stable-numbers/article\\_c18c4092-36e5-11ee-a02e-8363663ad7bd.html](https://gazette.com/military/air-force-leadership-pushing-for-greater-diversity-among-officers-as-academy-sees-roughly-stable-numbers/article_c18c4092-36e5-11ee-a02e-8363663ad7bd.html)

Sacrifices for military readiness are a family affair (Opinion)

<https://www.militarytimes.com/opinion/2023/08/10/sacrifices-for-military-readiness-are-a-family-affair/>

What military sexual-assault victims think of the new way cases are prosecuted

<https://www.defenseone.com/policy/2023/08/what-sexual-assault-victims-think-new-way-cases-are-prosecuted/389355/>

Building a safety net to protect our veterans from suicide (Opinion)

<https://www.militarytimes.com/opinion/2023/08/14/building-a-safety-net-to-protect-our-veterans-from-suicide/>

Clinicians Trauma Update (CTU-Online)

National Center for PTSD (VA)

August 2023

[https://www.ptsd.va.gov/publications/ctu\\_docs/ctu\\_v17n4.pdf](https://www.ptsd.va.gov/publications/ctu_docs/ctu_v17n4.pdf)

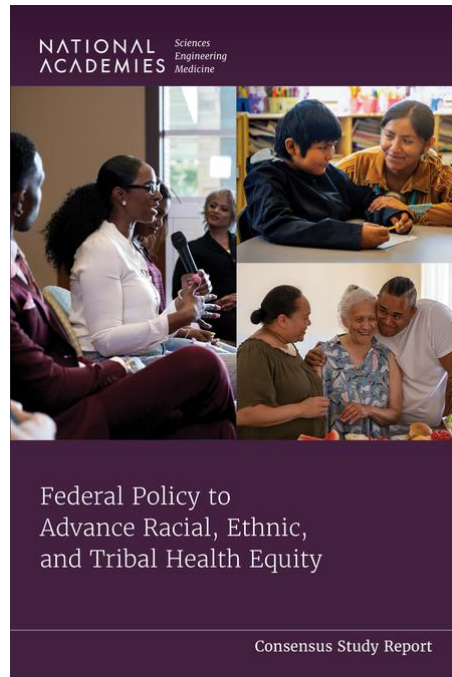
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### **Resource of the Week: [Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity](#)**

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



Racially and ethnically minoritized populations and tribal communities often face preventable inequities in health outcomes due to structural disadvantages and diminished opportunities around health care, employment, education, and more. Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity analyzes how past and current federal policies may create, maintain, and/or amplify racial, ethnic, and tribal health inequities. This report identifies key features of policies that have served to reduce inequities and makes recommendations to help achieve racial, ethnic, and tribal health equity.



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