

CDP



Research Update -- August 24, 2023

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- Understanding changes in aggression among U.S. army soldiers: The role of trauma exposure during deployment.
- Links of Interest
- Resource of the Week – Improving Access to High-Quality Mental Health Care for Veterans: Proceedings of a Workshop (National Academies)

<https://doi.org/10.1186/s12888-023-05087-y>

The generation that lived during/participated in the war and the generation that inherited it: association between veterans PTSD and adult offspring's emotional regulation strategies and alexithymia levels.

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BMC Psychiatry

2023 Aug 17; 23(1): 599

Background:

The long-term repercussions that war can have on both war generations and post-war generations lack in the literature. It is imperative to understand the psychological consequences of the Lebanese Civil War that took place from 1975 to 1990, on the offspring of those who took part in it. Accordingly, the objective of this study was to assess the association between paternal/veterans PTSD and adult offspring's emotional regulation strategies and alexithymia levels, 30 years after the end of war.

Method:

A cross-sectional study was carried out between September 2020 and September 2021 on a sample of 75 fathers of Lebanese former veterans and paramilitary veterans and their adult offspring. For the veterans and paramilitary veterans' population, the PTSD Checklist was used to assess post-traumatic stress disorder, and the Combat Exposure Scale (CES) was used to measure the level of combat exposure. For the offspring population, the Emotional Regulation Questionnaire (ERQ) was used to assess emotional regulation strategies and the Toronto Alexithymia Scale (TAS) was used to measure the levels of alexithymia.

Results:

Paternal PTSD (Beta = 10.19) was associated with higher levels of alexithymia in the offspring population. Regarding emotional regulation strategies, results showed that paternal PTSD (Beta = -3.24) was significantly associated with a decrease in the cognitive reappraisal score in the offspring. Also, paternal PTSD (Beta = 4.57) was significantly associated with an increase in expressive suppression score. Additionally, an older father's age (Beta = 1.11) was significantly associated with an increased alexithymia score in the offspring. Moreover, results showed that paternal combat injuries (Beta = -4.24) were significantly associated with a decrease in the alexithymia score in the offspring population and an increase in the expressive suppression score (Beta = 3.28).

Conclusion:

This study shows that fathers' traumatic experience of war influences emotion regulation and alexithymia levels in their offspring. Longitudinal studies taking into account the age of the offspring at the time of onset of fathers' symptoms may provide us with additional information to understand the influence of paternal PTSD on the emotional functioning of offspring during different phases of emotional development.

<https://doi.org/10.1001/jamapsychiatry.2023.2833>

Determinants and Outcomes of Suicidal Behavior Among Patients With Major Depressive Disorder.

Lundberg, J., Cars, T., Lampa, E., Ekholm Selling, K., Leval, A., Gannedahl, A., Själin, M., Björkholm, C., & Hellner, C.

JAMA Psychiatry
August 16, 2023

Key Points

Question

What are the clinical and societal outcomes, including all-cause mortality, associated with suicidal behavior in patients with major depressive disorder (MDD)?

Findings

In this cohort study of 158 169 unipolar MDD episodes, 1.4% involved records of suicidal behavior. The all-cause mortality among patients with suicidal behavior was 2.6 times higher than among matched patients with MDD without records of suicidal behavior.

Meaning

These findings show an association between suicidal behavior and all-cause mortality in patients with MDD and warrant additional interventional studies in health care practice.

Abstract

Importance

Major depressive disorder (MDD) is an important risk factor of suicidal behavior, but the

added burden of suicidal behavior and MDD on the patient and societal level, including all-cause mortality, is not well studied. Also, the contribution of various prognostic factors for suicidal behavior has not been quantified in larger samples.

Objective

To describe the clinical and societal outcomes, including all-cause mortality, of suicidal behavior in patients with MDD and to explore associated risk factors and clinical management to inform future research and guidelines.

Design, Setting, and Participants

This population-based cohort study used health care data from the Stockholm MDD Cohort. Patients aged 18 years or older with episodes of MDD diagnosed between January 1, 2012, and December 31, 2017, in any health care setting were included. The dates of the data analysis were February 1 to November 1, 2022.

Exposures

Patients with MDD with and without records of suicidal behavior.

Main Outcomes and Measures

The main outcome was all-cause mortality. Secondary outcomes were comorbid conditions, medications, health care resource utilization (HCRU), and work loss. Using Region Stockholm registry variables, a risk score for factors associated with suicidal behavior within 1 year after the start of an MDD episode was calculated.

Results

A total of 158 169 unipolar MDD episodes were identified in 145 577 patients; 2240 (1.4%) of these episodes, in 2219 patients, included records of suicidal behavior (mean [SD] patient age, 40.9 [18.6] years; 1415 episodes [63.2%] in women and 825 [36.8%] in men). A total of 11 109 MDD episodes in 9574 matched patients with MDD without records of suicidal behavior were included as controls (mean [SD] patient age, 40.8 [18.5] years; 7046 episodes [63.4%] in women and 4063 [36.6%] in men). The all-cause mortality rate was 2.5 per 100 person-years at risk for the MDD-SB group and 1.0 per 100 person-years at risk for the MDD-non-SB group, based on 466 deaths. Suicidal behavior was associated with higher all-cause mortality (hazard ratio, 2.62 [95% CI, 2.15-3.20]), as well as with HCRU and work loss, compared with the matched controls. Patients with MDD and suicidal behavior were younger and more prone to have psychiatric comorbid conditions, such as personality disorders, substance use, and anxiety, at the start of their episode. The most important factors associated with suicidal behavior within 1 year after the start of an MDD episode were history of suicidal

behavior and age, history of substance use and sleep disorders, and care setting in which MDD was diagnosed.

Conclusions and Relevance

This cohort study's findings suggest that high mortality, morbidity, HCRU, and work loss associated with MDD may be substantially accentuated in patients with MDD and suicidal behavior. Use of medication aimed at decreasing the risk of all-cause mortality during MDD episodes should be systematically evaluated to improve long-term outcomes.

<https://doi.org/10.1002/jts.22940>

Clarifying the association between adverse childhood experiences and postdeployment posttraumatic stress disorder symptom severity: A meta-analysis and large-sample investigation.

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Journal of Traumatic Stress
First published: 07 June 2023

We report on two studies designed to shed light on the association between adverse childhood experiences (ACEs) and posttraumatic stress disorder (PTSD) symptom severity in military personnel. In particular, we examined the evidence for both additive and multiplicative associations between ACEs and combat exposure in predicting PTSD symptom severity. Study 1 was a meta-analysis of 50 samples ($N > 50,000$), and we found evidence for a moderate linear association between ACEs and PTSD symptom severity, $\rho = .24$. We also found that ACEs explained substantial variance in PTSD symptom severity after controlling for combat exposure, $\Delta R^2 = .048$. In Study 2, which is preregistered, we relied on a large sample of combat-deployed U.S. soldiers ($N > 6,000$) to examine evidence of a multiplicative association between ACEs and combat exposure in predicting PTSD symptom severity. In line with theoretical arguments that individuals who have experienced childhood trauma are more vulnerable to subsequent trauma exposure, we found a weak but meaningful interaction effect, $\Delta R^2 = .00$, $p < .001$, between ACEs and deployment-related traumatic events in the prediction of PTSD symptom severity. Implications for clinical applications and future research are discussed.

<https://doi.org/10.1002/jts.22939>

Treatment of comorbid sleep disorders and posttraumatic stress disorder in U.S. active duty military personnel: A pilot randomized clinical trial.

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Journal of Traumatic Stress
First published: 15 June 2023

Insomnia and nightmares are common in patients with posttraumatic stress disorder (PTSD). They are associated with worse psychological and physical health and worse PTSD treatment outcomes. In addition, they are resistant to PTSD treatments, which do not typically address sleep disorders. Cognitive behavioral therapy for insomnia and nightmares (CBT-I&N) and cognitive processing therapy (CPT) for PTSD are first-line treatments, but limited evidence exists guiding the treatment of individuals with all three disorders. The current study randomized U.S. military personnel (N = 93) to one of three conditions: CBT-I&N delivered before CPT, CBT-I&N delivered after CPT, or CPT alone; all groups received 18 sessions. Across groups, participants demonstrated significantly improved PTSD symptoms. Because the study was terminated prematurely due to challenges with recruitment and retention, it was underpowered to answer the initially intended research questions. Nonetheless, statistical findings and relevant clinically meaningful changes were observed. Compared to participants who received CPT alone, those who received CBT-I&N and CPT, regardless of sequencing, demonstrated larger improvements in PTSD symptoms, $d = -0.36$; insomnia, $d = -0.77$; sleep efficiency, $d = 0.62$; and nightmares, $d = -0.53$. Compared to participants who received CBT-I&N delivered before CPT, those who received CBT-I&N delivered after CPT demonstrated larger improvements in PTSD symptoms, $d = 0.48$, and sleep efficiency, $d = -0.44$. This pilot study suggests that treating comorbid insomnia, nightmares, and PTSD symptoms results in clinically meaningful advantages in improvement for all three concerns compared to treating PTSD alone.

<https://doi.org/10.1002/jts.22946>

A mixed-methods evaluation of why an implementation trial failed to engage veterans with posttraumatic stress disorder in trauma-focused psychotherapy.

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Journal of Traumatic Stress
First published: 27 June 2023

An effectiveness trial found that telemedicine collaborative care for posttraumatic stress disorder (PTSD) significantly increased engagement in trauma-focused psychotherapy (TFP) and improved PTSD symptoms. However, in a subsequent implementation trial, very few veterans enrolled in collaborative care initiated TFP. We conducted a mixed-methods evaluation to determine why veterans did not initiate TFP in the implementation trial. After conducting chart reviews of 1,071 veterans with PTSD enrolled in collaborative care, patients were categorized into four mutually exclusive TFP groups: TFP not discussed; TFP discussed, declined; TFP discussed, did not decline; and TFP initiated. We conducted semistructured interviews with 43 unique patients and 58 unique providers (i.e., care managers and mental health specialists). Almost half (48.6%) of the veterans had no documentation of discussing TFP with their care manager; another 28.9% discussed it but declined. Most veterans (77.1%) had an encounter with a mental health specialist, 36.8% of whom never discussed TFP, and 35.7% of whom discussed it but declined. Providers reported that many veterans were not able, willing, or ready to engage in TFP and that non–trauma-focused therapies were better aligned with their treatment goals. Veterans gave numerous reasons for not initiating TFP, including having bad prior experiences with TFP and wanting to avoid thinking about past traumatic experiences.

Commonly cited reasons for noninitiation were providers never discussing TFP with veterans and veterans declining TFP after discussing it with their provider. Interventions, such as shared decision-making tools, may be needed to engage providers and patients in informed discussions about TFP.

<https://doi.org/10.1002/jts.22942>

Attributional negativity bias and acute stress disorder symptoms mediate the association between trauma history and future posttraumatic stress disorder.

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Journal of Traumatic Stress
First published: 20 June 2023

Individuals who have experienced more trauma throughout their life have a heightened risk of developing posttraumatic stress disorder (PTSD) following injury. Although trauma history cannot be retroactively modified, identifying the mechanism(s) by which preinjury life events influence future PTSD symptoms may help clinicians mitigate the detrimental effects of past adversity. The current study proposed attributional negativity bias, the tendency to perceive stimuli/events as negative, as a potential intermediary in PTSD development. We hypothesized an association between trauma history and PTSD symptom severity following a new index trauma via heightened negativity bias and acute stress disorder (ASD) symptoms. Recent trauma survivors (N = 189, 55.5% women, 58.7% African American/Black) completed assessments of ASD, negativity bias, and lifetime trauma 2-weeks postinjury; PTSD symptoms were assessed 6 months later. A parallel mediation model was tested with bootstrapping (10,000 resamples). Both negativity bias, Path b1: $\beta = -.24$, $t(187) = -2.88$, $p = .004$, and ASD symptoms, Path b2: $\beta = .30$, $t(187) = 3.71$, $p < .001$, fully mediated the association between trauma history and 6-month PTSD symptoms, full model: $F(6, 182) = 10.95$, $p < .001$, $R^2 = .27$; Path c': $\beta = .04$, $t(187) = 0.54$, $p = .587$. These results suggest that negativity bias may reflect an individual cognitive difference that can be further activated by acute trauma. Moreover, negativity bias may be an important, modifiable treatment target, and interventions addressing both acute symptoms and negativity bias in the early posttrauma period may weaken the link between trauma history and new-onset PTSD.

<https://doi.org/10.1007/s41347-022-00290-2>

Increasing Use of Video Telehealth Among Veterans Experiencing Homelessness with Substance Use Disorder: Design of A Peer-Led Intervention.

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Journal of Technology in Behavioral Science
(2023) 8, 234–245

Telehealth offers promising opportunities, but also challenges, for veterans experiencing homelessness — during the COVID-19 pandemic and beyond. Recent research found low utilization of clinical video visits among homeless veterans receiving a VA tablet, and having a substance use disorder (SUD) further reduced visit likelihood. Hence, this study sought to identify unique barriers to telehealth use among veterans experiencing homelessness with a SUD and design an intervention to promote adoption. This qualitative study was guided by the Unified Theory of Acceptance and Use of Technology (UTAUT) model. The study's three phases included veteran interviews (N = 28) to identify barriers and facilitators to video telehealth use and propose intervention candidates, a provider expert panel to obtain feedback on interventions, and a focus group with veterans to complete the intervention. Finally, a prototype was designed using the intervention mapping approach. Veteran interviews revealed that barriers to video telehealth included complex physical and mental health issues, lack of digital literacy, and insufficient technical support. Together, veterans and experts proposed five intervention candidates. In the end, a veteran focus group combined two candidates, peer-led digital training and motivational interviewing. Intervention mapping was used to design a “stepped care” intervention that trains and activates veterans at all skill levels. This study demonstrates how inclusion of expert and veteran views led to development of a novel intervention to support and sustain video telehealth use among veterans experiencing homeless with SUD.

<https://doi.org/10.1001/jamanetworkopen.2023.29159>

Paternal Depression and Risk of Depression Among Offspring: A Systematic Review and Meta-Analysis.

Dachew, B., Ayano, G., Duko, B., Lawrence, B., Betts, K., & Alati, R.

JAMA Network Open
August 16, 2023

Key Points

Question

Is paternal depression associated with subsequent offspring depression?

Findings

In this systematic review and meta-analysis including 7 153 723 father-child dyads from 16 observational studies, paternal depression was associated with a 42% increased risk of depression in offspring.

Meaning

These findings suggest the importance of addressing maternal and paternal mental health issues using a family-focused approach to reduce the adverse effects on offspring mental health rather than the conventional gender-focused approach limited to maternal prenatal and postnatal mental health issues or individual treatment of the offspring.

Abstract

Importance

Existing epidemiological evidence is equivocal as to whether paternal depression poses a consequent risk of depression in offspring; meta-analysis of findings can help inform preventative intervention efforts.

Objective

To conduct a systematic review and meta-analysis of observational studies examining the association between paternal and offspring depression.

Data Sources

Embase, PubMed, PsycINFO, Scopus, and Web of Science databases were searched between inception and December 2022.

Study Selection

The review included all observational studies that investigated the association between paternal and offspring depression and 10 606 studies were initially identified.

Data Extraction and Synthesis

This systematic review and meta-analysis was performed following the Preferred Reporting Items for Systematic Review and Meta-analysis guidelines. The review protocol was prospectively registered in PROSPERO. Summary odds ratios (ORs) and 95% CIs were pooled using inverse variance weighted random effect meta-analysis. Subgroup and sensitivity analyses were performed.

Main Outcomes and Measures

The main outcome of interest was offspring depression measured using recognized depression assessment tools.

Results

Sixteen observational studies published between 2002 and 2021 were included, with a combined sample of 7 153 723 father-child dyads. A meta-analysis of these studies showed that paternal depression was associated with an increased risk of depression in offspring (OR, 1.42; 95% CI, 1.17-1.71). The risk was higher among offspring exposed to paternal depressive disorders (OR, 1.65; 95% CI, 1.28-2.12) than those exposed to depression as defined by a nonclinical symptom scale (OR, 1.12; 95% CI, 1.06-1.19). Sensitivity analysis revealed consistent pooled estimates ranging from 1.35 (95% CI, 1.12-1.62) to 1.45 (95% CI, 1.18-1.78).

Conclusions and Relevance

Paternal depression was associated with subsequent offspring depression. This finding shows the intergenerational transmission of mental health problems and suggests that mental health interventions benefit not only the patient but also the family as a whole, including both parents.

<https://doi.org/10.1001/jamanetworkopen.2023.28798>

Lifestyle Factors in the Association of Shift Work and Depression and Anxiety.

Xu, M., Yin, X., & Gong, Y.

JAMA Network Open

August 14, 2023

Key Points

Question

Is shift work associated with depression and anxiety, and if so, does lifestyle mediate the associations?

Findings

In this cohort study of 175 543 participants, shift work was significantly associated with a higher risk of depression and anxiety, and lifestyle factors partially mediated the

associations. These mediators together explained 31.3% of the association between shift work and depression and 21.2% of the association between shift work and anxiety.

Meaning

These findings suggest that the development of public health interventions related to the promotion of healthy lifestyles may improve the mental health of individuals who reported shift work.

Abstract

IMPORTANCE

Shift work may lead to adverse health outcomes. Whether shift work is associated with depression and anxiety, and to what extent lifestyle mediates the associations, remains unknown.

OBJECTIVE

To explore the associations of shift work, its type, frequency, and working years with anxiety and depression and to examine the potential mediating role of lifestyles.

DESIGN, SETTING, AND PARTICIPANTS

This cohort study included 175 543 employed or self-employed workers who participated in the UK Biobank baseline survey (2006-2010). Data analysis was conducted from November 2022 to January 2023.

EXPOSURES

Employment and shift work status information was obtained from baseline. Lifestyles included smoking, physical activity, alcohol consumption, dietary characteristics, sleep duration, sedentary time, and body mass index (BMI).

MAIN OUTCOMES AND MEASURES

Depression and anxiety were identified based on electronic health records. Cox proportional hazard regression models were used to calculate the association of shift work with anxiety and depression, and cause mediation analyses we used to test the mediating role of lifestyle factors in this association.

RESULTS

Of the 175 543 included participants (mean [SD] age, 52.6 [7.1] years; 88 290 men [50.3%]; 167 495 White participants [95.4%]), 27 637 participants (16.2%) reported shift work. During a median (IQR) follow-up of 9.06 (8.35-9.75) years, 3956 workers (2.3%) developed depression and 2838 (1.7%) developed anxiety. In the fully adjusted model, individuals who reported engaging in shift work, or shift workers, had a higher risk of

depression (HR, 1.22; 95% CI, 1.12-1.33; $P < .001$) and anxiety (HR, 1.16; 95% CI, 1.04-1.28; $P < .001$), and the risk was positively associated with shift frequency. Among shift workers, there was no significant difference between night shifts and nonnight shifts. In the dose-association analyses, years of shift work were negatively associated with the risk of depression and anxiety. Smoking, sedentary time, BMI, and sleep duration were identified as the main potentially modifiable mediators. These mediators together explained 31.3% of the association between shift work and depression and 21.2% of the association between shift work and anxiety.

CONCLUSIONS AND RELEVANCE

In this cohort study, shift work was significantly associated with a higher risk of depression and anxiety, and lifestyle factors partially mediated the associations. These findings not only support that shift work should be considered an occupational hazard, but also provide evidence for the urgent need for the development of public health interventions that promote healthy lifestyles aimed at improving the mental health of shift workers.

<https://doi.org/10.1002/jts.22939>

Treatment of comorbid sleep disorders and posttraumatic stress disorder in U.S. active duty military personnel: A pilot randomized clinical trial.

Taylor, D. J., Pruiksma, K. E., Mintz, J., Slavish, D. C., Wardle-Pinkston, S., Dietch, J. R., Dondanville, K. A., Young-McCaughan, S., Nicholson, K. L., Litz, B. T., Keane, T. M., Peterson, A. L., Resick, P. A., & Consortium to Alleviate PTSD

Journal of Traumatic Stress

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Insomnia and nightmares are common in patients with posttraumatic stress disorder (PTSD). They are associated with worse psychological and physical health and worse PTSD treatment outcomes. In addition, they are resistant to PTSD treatments, which do not typically address sleep disorders. Cognitive behavioral therapy for insomnia and nightmares (CBT-I&N) and cognitive processing therapy (CPT) for PTSD are first-line treatments, but limited evidence exists guiding the treatment of individuals with all three disorders. The current study randomized U.S. military personnel ($N = 93$) to one of three conditions: CBT-I&N delivered before CPT, CBT-I&N delivered after CPT, or CPT alone; all groups received 18 sessions. Across groups, participants demonstrated significantly

improved PTSD symptoms. Because the study was terminated prematurely due to challenges with recruitment and retention, it was underpowered to answer the initially intended research questions. Nonetheless, statistical findings and relevant clinically meaningful changes were observed. Compared to participants who received CPT alone, those who received CBT-I&N and CPT, regardless of sequencing, demonstrated larger improvements in PTSD symptoms, $d = -0.36$; insomnia, $d = -0.77$; sleep efficiency, $d = 0.62$; and nightmares, $d = -.53$. Compared to participants who received CBT-I&N delivered before CPT, those who received CBT-I&N delivered after CPT demonstrated larger improvements in PTSD symptoms, $d = 0.48$, and sleep efficiency, $d = -0.44$. This pilot study suggests that treating comorbid insomnia, nightmares, and PTSD symptoms results in clinically meaningful advantages in improvement for all three concerns compared to treating PTSD alone.

Trial registration:

ClinicalTrials.gov [NCT02773693](https://clinicaltrials.gov/ct2/show/study/NCT02773693).

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

Subjective Sleep Disturbances in Sexual Assault Survivors: Associations With Trauma and Posttraumatic Stress Disorder Symptom Severity.

Cox, R. C., Garcia, A. N., Jessup, S. C., Woronko, S. E., Rast, C. E., & Olatunji, B. O.

Behavior Therapy

2023 Sep; 54(5): 863-875

Prior work implicates sleep disturbance in the development and maintenance of posttraumatic stress disorder (PTSD). However, the majority of this literature has focused on combat veteran men, and limited work has examined links between sleep disturbance and PTSD symptoms in sexual assault survivors. This is a notable gap in the literature, as sexual trauma is disproportionately likely to result in PTSD and is more common in women. We sought to examine the relations between subjective sleep disturbance, sexual assault severity, and PTSD symptoms in a sample of sexual assault survivors with PTSD (PTSD+), without PTSD (PTSD-), and healthy controls. The sample ($N = 60$) completed the Insomnia Severity Index and prospectively monitored their sleep for 1 week using the Consensus Sleep Diary. The sexual assault survivors also completed the Sexual Experiences Survey and PTSD Checklist-5. Results of group comparisons found that the PTSD+ group reported significantly higher insomnia

symptoms, longer sleep onset latency, more nocturnal awakenings, and lower sleep quality compared to the healthy control group and higher insomnia symptoms compared to the PTSD- group. Results of regression analyses in the sexual assault survivors found that insomnia symptoms and number of nocturnal awakenings were significantly associated with higher PTSD symptoms, and sexual assault severity was significantly associated with higher insomnia symptoms, longer sleep onset latency, and lower sleep quality. These findings highlight specific features of sleep disturbance that are linked to trauma and PTSD symptom severity among sexual assault survivors.

<https://doi.org/10.1080/21635781.2023.2221468>

A Mixed-Methods Examination of the Effects of Organizational and Incident Stressors on the Mental Health of Navy Corpsmen.

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Military Behavioral Health

Published online: 09 Jun 2023

Military healthcare providers experience a unique combination of occupational stressors, which put them at risk for adverse mental health outcomes. However, little attention has been devoted to organizational and incident stressors. The current study used a mixed-methods approach to examine organizational and incident stressors and their associations with mental health symptoms in a sample of Navy corpsmen. Participants completed qualitative interviews assessing workplace stressors, followed by a quantitative questionnaire that assessed organizational stressors, incident stressors, and mental health symptoms (i.e., depression, posttraumatic stress, and anxiety). Qualitative analyses revealed that corpsmen most commonly discussed themes associated with heavy workload, high level of responsibility, long work hours, lack of leadership support, and feelings of burden associated with the responsibility for saving the lives of others. Quantitative analyses revealed that organizational stressors were associated with depression symptoms and incident stressors were associated with posttraumatic stress symptoms. The results indicated that different types of stressors are associated with distinct mental health outcomes and highlighted modifiable contextual factors that could reduce distress among Navy corpsmen. Interventions that address organizational and incident stressors and enhance resilience would ensure that corpsmen are well-prepared to withstand stressors and provide quality care to their patients.

<https://doi.org/10.1080/08995605.2023.2222630>

The association of military sexual assault and nonsuicidal self-injury in U.S. Gulf War-I era veterans.

Tapan A. Patel, Adam J. Mann, Tate F. Halverson, Faith O. Nomamiukor, Patrick S. Calhoun, Jean C. Beckham, Mary J. Pugh & Nathan A. Kimbrel

Military Psychology

Published online: 09 Jun 2023

Military sexual assault (MSA) is a prevalent issue among military personnel that has been linked to adverse mental and physical health outcomes, including posttraumatic stress disorder (PTSD) and suicidal thoughts and behaviors. The present study sought to investigate the relationship between MSA and nonsuicidal self-injury (NSSI) in a national sample of Gulf War-I Era U.S. veterans. The study analyzed data from 1,153 Gulf War-I veterans collected through a cross-sectional survey that assessed demographic information, clinical outcomes, military background, and history of MSA and NSSI. MSA was found to be significantly associated with NSSI at the bivariate level (OR = 2.19, $p < .001$). Further, MSA remained significantly associated with NSSI (AOR = 2.50, $p = .002$) after controlling for relevant demographics and clinical outcomes. Veterans with a history of MSA were approximately two and half times more likely to engage in NSSI than veterans who had not experienced MSA. The present findings provide preliminary evidence linking MSA and NSSI. Further, the findings highlight the importance of assessing MSA and NSSI in veteran populations, particularly among those seeking treatment for PTSD.

<https://doi.org/10.1007/s11606-023-08257-6>

Factors Associated with Military Sexual Trauma (MST) Disclosure During VA Screening Among Women Veterans.

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Journal of General Internal Medicine

Published: 08 June 2023

Background

Capturing military sexual trauma (MST) exposure is critical for Veterans' health equity. For many, it improves access to VA services and allows for appropriate care.

Objective

Identify factors associated with nondisclosure of MST in VA screening among women.

Design

Cross-sectional telephone survey linked with VA electronic health record (EHR) data.

Participants

Women Veterans using primary care or women's health services at 12 VA facilities in nine states.

Main Measures

Survey self-reported MST (sexual assault and/or harassment during military service), socio-demographics and experiences with VA care, as well as EHR MST results. Responses were categorized as "no MST" (no survey or EHR MST), "MST captured by EHR and survey," and "MST not captured by EHR" (survey MST but no EHR MST). We used stepped multivariable logistic regression to examine "MST not captured by EHR" as a function of socio-demographics, patient experiences, and screening method (survey vs. EHR).

Key Results

Among 1287 women (mean age 50, SD 15), 35% were positive for MST by EHR and 61% were positive by survey. Approximately 38% had "no MST," 34% "MST captured by EHR and survey," and 26% "MST not captured by EHR". In fully adjusted models, odds of "MST not captured by EHR" were higher among Black and Latina women compared to white women (Black: OR = 1.6, 1.2–2.2; Latina: OR = 1.9, 1.0–3.6). Women who endorsed only sexual harassment in the survey (vs. sexual harassment and sexual assault) had fivefold higher odds of "MST not captured by EHR" (OR = 4.9, 3.2–7.3). Women who were screened for MST in the EHR more than once had lower odds of not being captured (OR = 0.3, 0.2–0.4).

Conclusions

VA screening for MST may disproportionately under capture patients from historically minoritized ethnic/racial groups, creating inequitable access to resources. Efforts to

mitigate screening disparities could include re-screening and reinforcing that MST includes sexual harassment.

<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.

<https://doi.org/10.1080/21635781.2023.2221474>

A Qualitative Study of Military Connected parents' Perceptions on Establishing and Maintaining Child Behavioral Health Services.

Jaime L. Benson, Sharon Phillips, Susan Perkins-Parks & Jennifer Crockett

Military Behavioral Health

Published online: 11 Jun 2023

Few studies have examined U.S. military parents' perspectives in establishing, maintaining, and reestablishing child behavioral health services within the context of military life. This qualitative study focused on the experiences of military-connected parents raising children who were receiving non-psychiatric outpatient behavioral health services for a range of behavioral or emotional challenges. The purposes of the qualitative study were to understand parents' perspectives on the unique challenges military families face while seeking treatment and to understand facilitators or barriers to treatment. Twenty-two parents across the branches of the U.S. military participated in semi-structured interviews. Data were analyzed using a grounded theory approach. Primary themes identified were difficulties reestablishing social and healthcare support networks when moving. When accessing behavioral health services, stigma, difficulty obtaining referrals, and family logistics were noted barriers. Facilitators included parental advocacy on behalf of their child and primary care providers providing quick referrals to specialized behavioral health services.

<https://doi.org/10.1007/s10899-023-10224-z>

A Randomized Controlled Trial for Gambling Disorder and PTSD: Seeking Safety and CBT.

Najavits, L.M., Ledgerwood, D.M. & Afifi, T.O.

Journal of Gambling Studies

Published: 12 June 2023

Studies show a compelling association between gambling disorder and posttraumatic stress disorder. However, there have been no randomized controlled trials for this comorbidity. The aim of the current study was to compare two evidence-based models, one that addresses both disorders and another that addresses gambling alone. Sixty-five men and women with gambling disorder and posttraumatic stress disorder were randomized to one of two treatment conditions delivered via telehealth, Seeking Safety (integrated treatment for gambling and posttraumatic stress disorder) or Cognitive-Behavioral Therapy for Pathological Gambling (for gambling alone), in a randomized controlled non-inferiority trial. Primary outcomes were net gambling losses and number of sessions gambling. Secondary outcomes were posttraumatic stress disorder

symptoms, coping skills, general psychiatric symptoms, global functioning, and gambling cognitions. Assessment occurred at baseline, 6-weeks, 3 months (end of treatment) and 1-year. On most measures, including primary outcomes, participants improved significantly over time with no difference between treatment conditions. Seeking Safety patients had significantly higher session attendance. Effect sizes were large for gambling, posttraumatic stress disorder and coping. All other measures except one showed medium effect sizes. Therapeutic alliance, treatment satisfaction, and the telehealth format were all rated positively. This was the first randomized trial of Seeking Safety in a gambling disorder population. Seeking Safety showed comparable efficacy to an established gambling disorder intervention; and significantly higher Seeking Safety attendance indicates especially strong engagement. Our finding of overall comparable results between the two treatments is consistent with the comorbidity treatment literature.

Trial registration: ClinicalTrials.gov NCT02800096; Registration date: June 14, 2016.

<https://doi.org/10.1080/21635781.2023.2221473>

The Impact of Changes in Family Communication on Sustained Mental Health Symptom Improvement in Parents/Caregivers following a Military Family Intervention.

Melissa Wasserman, Jessica Dodge, Wendy Barrera, Hilary Aralis, Kristen Woodward & Patricia Lester

Military Behavioral Health

Published online: 13 Jun 2023

A key mechanism of resilience, family communication, is examined in relationship to sustained improvement in parent/caregiver mental health. Service delivery data was utilized from parents/caregivers who participated in Families OverComing Under Stress. Data were analyzed for parents/caregivers indicating clinically meaningful symptoms of depression or anxiety at baseline and who completed measures of family communication each session and follow-up. Results found that family communication improvement from Baseline-Exit was significantly associated with sustained improvement in anxiety ($p = .0223$) and depression ($p = .0349$). Improvements in family communication may be critical in sustaining mental health symptom improvement among parents/caregivers.

<https://doi.org/10.1177/15248380231178764>

A Literature Review of Mental Health Symptom Outcomes in U.S. Veterans and Servicemembers Following Combat Exposure and Military Sexual Trauma.

Yancey, J. R., Carson, C. N., McGlade, E. C., & Yurgelun-Todd, D. A.

Trauma, Violence, & Abuse

First published online June 14, 2023

Combat exposure (CE) and military sexual trauma (MST) are among the most common types of traumatic experiences faced by veterans and active duty servicemembers and, as such, have both garnered increased research focus over the past decades. However, there has not yet been a critical review of the literature to examine the distinct clinical presentations associated with different trauma types. This is particularly important, as understanding distinct clinical profiles could help researchers and clinicians refine treatment approaches based on trauma type. To address this question, we conducted a search of the available literature in PsycINFO and PubMed prior to October 2022. We identified 43 articles evaluating the distinct and overlapping clinical symptoms of CE and MST. Study findings were conceptually organized by psychiatric condition. In general, there was substantial variability in study methodology including sample size, composition, and operationalizations of CE and MST. Despite this variability, notable patterns emerged across studies. Specifically, MST and CE uniquely predicted posttraumatic stress disorder symptoms, MST was more related to depressive symptoms and suicidality than CE, and CE appeared to be more related to alcohol use and other externalizing behaviors. Gender also played a significant role in the relationship between CE, MST, and clinical variables across studies. This review suggests that individuals with a history of MST and CE likely have distinct clinical presentations and more research into these presentations could better inform assessment and treatment. Important methodological gaps in the literature are also discussed.

<https://doi.org/10.1037/trm0000454>

Relations between PTSD symptoms and reckless behaviors among military veteran students: Moderating roles of negative and positive life experiences.

Fentem, A., Compton, S. E., Slavish, D. C., Weiss, N. H., & Contractor, A. A.

Traumatology

Advance online publication

Posttraumatic stress disorder (PTSD) symptoms and engagement in reckless behaviors are substantially linked. Various factors have been shown to influence the course of PTSD symptoms and reckless behaviors. To extend this literature, the study examined the potential moderating roles of the number of negative (lifetime traumatic events, adverse childhood events [ACEs], delinquent behaviors) and positive (e.g., benevolent childhood experiences [BCEs]) life experiences in the associations between PTSD symptom severity and engagement in reckless behaviors. Participants were 121 military veteran students and alumni at a public university in the southwestern United States (76.9% men, Mage = 34.08). Results indicated significant moderating effects of the number of ACEs ($b = 0.03$, $p = .001$) and the number of delinquent behaviors ($b = .02$, $p = .036$) on associations between PTSD symptom severity and engagement in reckless behaviors. Simple slope analyses revealed that greater PTSD symptom severity was associated with more reckless behavior engagement among individuals endorsing more ACEs and more delinquent behaviors. Findings provide insight into the detrimental impacts of ACEs and delinquent behaviors on engagement in reckless behaviors. Treatment providers should assess for ACEs and delinquent behaviors among individuals reporting PTSD symptoms to understand how these experiences may contribute to reckless behaviors. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1017/S0033291723001642>

Associations of alcohol and cannabis use with change in posttraumatic stress disorder and depression symptoms over time in recently trauma-exposed individuals.

Hinojosa, C. A., Liew, A., An, X., Stevens, J. S., Basu, A., van Rooij, S. J. H., House, S. L., Beaudoin, F. L., Zeng, D., Neylan, T. C., Clifford, G. D., Jovanovic, T., Linnstaedt, S. D., Germine, L. T., Rauch, S. L., Haran, J. P., Storrow, A. B., Lewandowski, C., Musey, P. I., Hendry, P. L., ... Fani, N.

Psychological Medicine
2023 Jun 13; 1-12

Background:

Several hypotheses may explain the association between substance use, posttraumatic stress disorder (PTSD), and depression. However, few studies have utilized a large multisite dataset to understand this complex relationship. Our study assessed the relationship between alcohol and cannabis use trajectories and PTSD and depression symptoms across 3 months in recently trauma-exposed civilians.

Methods:

In total, 1618 (1037 female) participants provided self-report data on past 30-day alcohol and cannabis use and PTSD and depression symptoms during their emergency department (baseline) visit. We reassessed participant's substance use and clinical symptoms 2, 8, and 12 weeks posttrauma. Latent class mixture modeling determined alcohol and cannabis use trajectories in the sample. Changes in PTSD and depression symptoms were assessed across alcohol and cannabis use trajectories via a mixed-model repeated-measures analysis of variance.

Results:

Three trajectory classes (low, high, increasing use) provided the best model fit for alcohol and cannabis use. The low alcohol use class exhibited lower PTSD symptoms at baseline than the high use class; the low cannabis use class exhibited lower PTSD and depression symptoms at baseline than the high and increasing use classes; these symptoms greatly increased at week 8 and declined at week 12. Participants who already use alcohol and cannabis exhibited greater PTSD and depression symptoms at baseline that increased at week 8 with a decrease in symptoms at week 12.

Conclusions:

Our findings suggest that alcohol and cannabis use trajectories are associated with the intensity of posttrauma psychopathology. These findings could potentially inform the timing of therapeutic strategies.

<https://doi.org/10.1016/j.jpsychires.2023.06.015>

Understanding changes in aggression among U.S. army soldiers: The role of trauma exposure during deployment.

Alison Krauss, Emily R. Edwards, Danny Ruiz, Gabriella Epshteyn, ... Marianne Goodman

Journal of Psychiatric Research
Volume 164, August 2023, Pages 202-208

Highlights

- Trauma and PTSD are key drivers of aggressive behavior among military personnel.
- Aggression predicts deployment related trauma and post-development PTSD symptoms.
- The relation between pre/post deployment is partially mediated by trauma and PTSD.

Abstract

Aggression is one of the leading concerns reported by United States service members and veterans. Trauma and posttraumatic stress disorder (PTSD) symptoms have emerged as key drivers of aggression. Research to date, however, has largely overlooked the effect of aggression on increasing risk of trauma exposure and subsequent PTSD. The current study addresses this gap by examining whether (a) pre-deployment aggression predicts trauma exposure on deployment and post-deployment PTSD, (b) trauma exposure on deployment and post-deployment PTSD predict post-deployment aggression, and (c) trauma exposure on deployment and post-deployment PTSD symptoms explain changes in aggressive behavior from pre-to post-deployment. Data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) Pre/Post Deployment Study (PPDS) on nationally representative sample of 8558 Active-duty Army soldiers were analyzed. Results revealed positive correlations between pre-deployment aggression (assessed via items from the Joint Mental Health Advisory Team 7), trauma exposure on deployment (assessed via items from the Deployment Stress Scale), post-deployment PTSD symptoms (assessed via items from the civilian PTSD Checklist and PTSD Checklist for DSM-5), and post-deployment aggression. Further, pre-deployment aggression predicted trauma exposure on deployment and post-deployment PTSD; trauma exposure on deployment and post-deployment PTSD predicted post-deployment aggression; and changes in aggression from pre-to post-deployment were partially mediated by trauma exposure on

deployment and post-deployment PTSD symptoms. Collectively, these findings highlight the utility of identifying and addressing pre-deployment aggression in mitigating trauma exposure and later psychopathology.

Links of Interest

Psychologists are teaching health care teams to identify and address microaggressions
<https://www.apa.org/monitor/2023/07/psychology-addressing-microaggressions>

Obesity among US soldiers swelled to almost 25% during pandemic, study finds
<https://www.stripes.com/branches/army/2023-08-16/army-weight-gain-study-11066153.html>

Understanding Burnout: Individual, Organizational, and System Factors
<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/PHCoE-Clinician-Resources/Understanding-Burnout>

DoD review calls for reforms after sexual assault spike at academies
<https://www.militarytimes.com/news/your-military/2023/08/17/dod-review-calls-for-reforms-after-sexual-assault-spike-at-academies/>

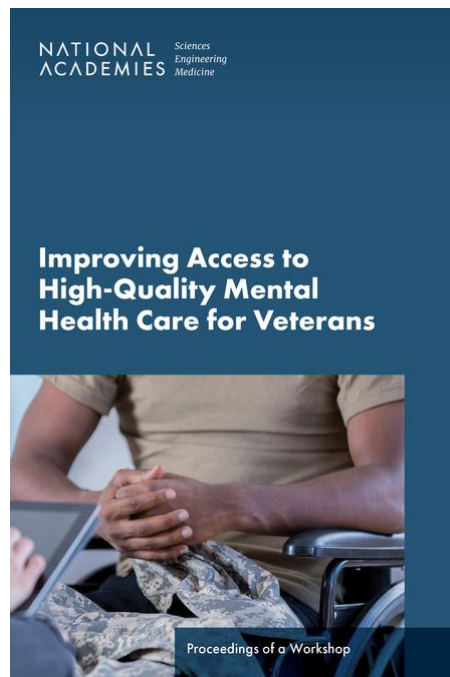
USAF, DOD Press Forward With Changes to Medical Services—But Questions Remain
<https://www.airandspaceforces.com/defense-health-agency-reorganization-gao/>

Resource of the Week – [Improving Access to High-Quality Mental Health Care for Veterans: Proceedings of a Workshop](#)

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

The mental and behavioral health care needs of Americans, including veterans, have substantially grown over the past few decades. As the nation's largest provider of mental health care, the U.S. Department of Veterans Affairs (VA) faces some of the greatest challenges in meeting the mental health care needs of its population. These challenges are exacerbated by a shrinking mental health care workforce and provider shortages in low-income and rural communities. To address these challenges, and at the request of VA, the National Academies of

Sciences, Engineering, and Medicine Forum on Mental Health and Substance Use Disorders held a public workshop on Improving Access to High-Quality Mental Health Care for Veterans to explore the U.S. landscape for mental health care services, including telehealth services. The workshop considered ways to improve veterans timely access to high-quality care for mental health conditions. In particular, it explored internal and external best practices for three critical needs for mental health access (known as tripartite access in VA): urgent/crisis, engagement, and sustained access. This proceedings document summarizes discussions at the workshop.



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