

CDP



Research Update -- September 14, 2023

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<https://doi.org/10.3138/jmvfh-2022-0045>

Adding insult to injury: Exploring the relation between moral injury and military sexual trauma.

J Lopes, MC McKinnon, L Tam-Seto

Journal of Military, Veteran and Family Health

First published: 27 June 2023

This article highlights how the current literature conceptualizes and describes the link between military sexual trauma and moral injury. It describes some potential effects of sexual- assault-related moral injury on survivors and contributes to the broader, growing understanding of how sexual assault affects survivors, researchers, clinicians, and policy makers involved in the health and well-being of military members. Furthermore, this work can inform the development of future clinical interventions for individuals with more unique circumstances, such as those who may have experienced moral injury related to sexual trauma in the military.

<https://doi.org/10.1016/j.psychres.2023.115323>

Examining sleep disturbance components as near-term predictors of suicide ideation in daily life.

RC Cox, SL Brown, BN Chalmers, LN Scott

Psychiatry Research

Volume 326, August 2023, 115323

Suicide ideation emerges and fluctuates over short timeframes (minutes, hours, days); however, near-term predictors of such fluctuations have not been well-elucidated. Sleep disturbance is a distal suicide risk factor, but less work has examined whether daily sleep disturbance predicts near-term changes in suicide ideation. We examined subjective sleep disturbance components as predictors of passive and active suicide ideation at the within-person (i.e., day-to-day changes within individuals relative to their own mean) and between-persons (individual differences relative to the sample mean) levels. A transdiagnostic sample of 102 at-risk young adults ages 18–35 completed a

21-day ecological momentary assessment protocol, during which they reported on sleep and passive and active suicide ideation. At the within-persons level, nightmares, sleep quality, and wake after sleep onset predicted passive suicide ideation, and sleep quality and wake after sleep onset predicted active suicide ideation. At the between-persons level, nightmares, sleep onset latency, and sleep quality were associated with passive suicide ideation, and sleep onset latency was associated with active suicide ideation. In contrast, suicide ideation did not predict subsequent sleep at the within-person level. Specific sleep disturbance components are near-term predictors of intraindividual increases in suicide ideation and may hold promise for suicide prevention and intervention.

<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, Jack Tsai, Ilan Harpaz-Rotem, Robert H. Pietrzak

American Journal of Preventive Medicine

Published: June 22, 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.

<https://doi.org/10.2196/46771>

Effects of Internet-Based Cognitive Behavioral Therapy for Suicidal Ideation or Behaviors on Depression, Anxiety, and Hopelessness in Individuals With Suicidal Ideation: Systematic Review and Meta-Analysis of Individual Participant Data.

Sander, L. B., Beisemann, M., Doebler, P., Micklitz, H. M., Kerkhof, A., Cuijpers, P., Batterham, P., Cleave, A., Christensen, H., De Jaegere, E., Domhardt, M., Erlangsen, A., Eylem-van Bergeijk, O., Hill, R., Mühlmann, C., Österle, M., Pettit, J., Portzky, G., Steubl, L., van Spijker, B., ... Büscher, R.

Journal of Medical Internet Research
Published on 26.6.2023 in Vol 25 (2023)

Background:

Suicide is a global public health problem. Digital interventions are considered a low-threshold treatment option for people with suicidal ideation or behaviors. Internet-based cognitive behavioral therapy (iCBT) targeting suicidal ideation has demonstrated effectiveness in reducing suicidal ideation. However, suicidal ideation often is related to additional mental health problems, which should be addressed for optimal care. Yet, the effects of iCBT on related symptoms, such as depression, anxiety, and hopelessness, remain unclear.

Objective:

We aimed to analyze whether digital interventions targeting suicidal ideation had an effect on related mental health symptoms (depression, anxiety, and hopelessness).

Methods:

We systematically searched CENTRAL, PsycInfo, Embase, and PubMed for randomized controlled trials that investigated guided or unguided iCBT for suicidal ideation or behaviors. Participants reporting baseline suicidal ideation were eligible. Individual participant data (IPD) were collected from eligible trials. We conducted a 1-stage IPD meta-analysis on the effects on depression, anxiety, and hopelessness—analyzed as 2 indices: symptom severity and treatment response.

Results:

We included IPD from 8 out of 9 eligible trials comprising 1980 participants with suicidal ideation. iCBT was associated with significant reductions in depression severity ($b=-0.17$; 95% CI -0.25 to -0.09 ; $P<.001$) and higher treatment response (ie, 50% reduction of depressive symptoms; $b=0.36$; 95% CI $0.12-0.60$; $P=.008$) after treatment. We did not find significant effects on anxiety and hopelessness.

Conclusions:

iCBT for people with suicidal ideation revealed significant effects on depression outcomes but only minor or no effects on anxiety and hopelessness. Therefore, individuals with comorbid symptoms of anxiety or hopelessness may require additional treatment components to optimize care. Studies that monitor symptoms with higher temporal resolution and consider a broader spectrum of factors influencing suicidal ideation are needed to understand the complex interaction of suicidality and related mental health symptoms.

<https://doi.org/10.1089/jicm.2023.0025>

Total Force Kitchen: Exploring Active-Duty Service Member Performance Optimization Through Cooking.

Katie Kirkpatrick, Carolyn Kleinberger, Josh Kazman, Salvatore Libretto, Courtney Boyd, and Patricia A. Deuster

Journal of Integrative and Complementary Medicine
Published Online: 27 Jun 2023

Introduction:

Obesity, overweight, and suboptimal eating habits are threats to U.S. active-duty

service member (SM) nutritional fitness. Offering programs that improve diet quality and nutritional status is of high interest to military leaders.

Methods:

Total force kitchen (TFK) was developed as a performance-focused multicomponent program centered around culinary skills with education and skill building in key areas of nutrition, physical activity, and mindfulness. This pilot study's objectives were to determine the feasibility and acceptability of the TFK program, to make recommendations for program modification, and to determine impact on behavior, self-efficacy, and health-related outcomes. Participants were single or geographically single active-duty SMs (n = 17) who attended the 12-week, 60-h innovative culinary education and performance optimization program at a local United Service Organization facility. A mixed-method approach assessed pre- and post-program metrics, including attrition rates and participant satisfaction.

Results:

The TFK program retention rate was 76.5%. All participants were “somewhat satisfied” or “very satisfied” with the overall TFK program. The highest satisfaction was with the cooking-related components. Improvements in other behavioral (d = 0.39, 95% confidence interval [CI]: -0.17 to 0.95), self-rated health (d = 0.58, 95% CI: -0.02 to 0.16), and anthropometric measures (e.g., body fat percentage: d = -0.01, 95% CI: -0.12 to 0.10) were smaller than improvements in cooking attitudes (d = 0.66, 95% CI: 0.17 to 1.13) and self-efficacy for techniques (d = 1.80, 95% CI: 0.96 to 2.62). Participants reported positive changes in lifestyle related to what they eat and how they prepare their meals. They also highly valued active learning and instructor knowledge and enthusiasm.

Discussion:

This multidisciplinary evidence-based program offers ample opportunities for SMs to gain knowledge, build skills, and engage in a supportive community to optimize their performance through cooking. A successful pilot has the potential to leverage resources for the TFK program expanding its reach and impact to the larger military population and nonmilitary communities.

<https://doi.org/10.1177/08933189231186149>

Veteran Contempt for Civilian Communication Scale: Development and Validation.

Management Communication Quarterly
First published online June 29, 2023

Howe, W. T., & Bisel, R. S.

This paper reports on the development and validation of a communication measure designed to assess how military veterans feel toward civilian communication. Specifically, we theorize that some veterans experience a mild negative moral emotion (i.e., contempt) toward civilians' communication habits. The emotion is likely a consequence of intense professional socialization and membership in a totalistic organization. Veterans who served in the military since September 11, 2001 (N = 215) responded to items, which were factor analyzed. Then, in a second study, the scale was validated using another sample of post-9/11 veterans (N = 466). Together, these studies contribute an original communication measure that could help identify whether a veteran will have difficulty reintegrating into civilian work life. The scale could be useful in developing interventions to aid veterans in successful reintegration. Ultimately, the measure holds the potential to promote workplace diversity through the successful inclusion of more veterans in the workforce.

<https://doi.org/10.1037/ser0000764>

Supporting servicemembers and veterans during their transition to civilian life using certified sponsors: A three-arm randomized controlled trial.

Geraci, J. C., Dichiara, A., Greene, A., Gromatsky, M., Finley, E. P., Kilby, D., Frankfurt, S., Edwards, E. R., Solomon Kurz, A., Sokol, Y., Sullivan, S. R., Mobbs, M., Seim, R. W., & Goodman, M.

Psychological Services
Advance online publication

Abstract

Transitioning servicemembers and veterans (TSMVs) face difficulties throughout their reintegration to civilian life, including challenges with employment, poor social connection, and elevated risk for suicide. To meet the needs of this high-risk population, national initiatives have leveraged community-based interventions. Authors conducted a three-arm randomized controlled trial (n = 200) to evaluate two community-based

interventions. The first, Team Red, White, and Blue (RWB), connects TSMVs to their community through physical/social activities. The second, Expiration Term of Service Sponsorship Program (ETS-SP) provides one-on-one certified sponsors to TSMVs who provide support during the reintegration process. TSMVs were assessed at baseline, 3, 6, and 12 months. The primary hypothesis was not supported as reintegration difficulties and social support were not significantly different for participants randomly assigned to the two community-based interventions (Arm-2/RWB and Arm-3/RWB + ETS-SP), when the data from the separate arms were collapsed and combined, compared to the waitlist. The results did support the secondary hypothesis as Arm-3/RWB + ETS-SP had less reintegration difficulties over 12 months and initially had more social support compared to Arm-2/RWB, which suggest that augmenting interventions with sponsors outperforms participation in community-based interventions alone. Overall, the results show some limitations of the studied community-based interventions, as implemented and researched within this study. The authors identified factors that may have contributed to the null findings for the primary hypothesis, which can be addressed in future studies, such as addressing the unique needs of TSMVs, enrolling TSMVs into interventions prior to military discharge, measuring and improving participation levels, and providing stepped-care interventions based on risk levels.

Impact Statement

Transitioning servicemembers and veterans (TSMVs) face a range of difficulties throughout their reintegration to civilian life, including challenges with employment, poor social connection, and elevated risk for suicide. The findings suggest that national initiatives consisting of community-based interventions that assist TSMVs may be significantly enhanced through the addition of certified sponsors.

<https://doi.org/10.1016/j.socscimed.2023.116049>

Associations of health care staff burnout with negative health and organizational outcomes in the U.S. military health system.

JE Wilk, K Clarke-Walper, K Nugent, CW Hoge, M Sampson, CH Warner

Social Science & Medicine
Volume 330, August 2023, 116049

Rationale

Burnout is a personal and occupational phenomenon that has been associated with

negative physical and psychological outcomes in medical staff. Additionally, there are implications for healthcare organizations, as those staff who are burned out are more likely to have lower productivity or leave the organization. As with the Covid-19 pandemic, future national emergencies and potentially large-scale conflicts will require similar and likely even larger scale responses from the U.S. Military Health System, thus it is important to understand burnout in this population so that the readiness of the staff and the military can remain at a high level.

Objective

This assessment was designed to examine levels of burnout among United States Military Health System (MHS) staff working at Army installations and the factors that influence the development of burnout.

Methods

Anonymous data was collected from 13,558 active-duty U.S. Soldiers and civilian MHS employees. Burnout was measured using the Copenhagen Burnout Inventory and the Mini-Z.

Results

Results showed nearly half of staff who responded (48%) reported being burned out, an increase since last measured in 2019 (31%). Factors related to increased burnout included concerns about work/life balance and workload, low job satisfaction and feeling disconnected from others. Burnout was associated with increases in adverse physical and behavioral health (BH) outcomes.

Conclusions

Results indicate that burnout is a common problem across MHS Army staff and is related to significant adverse health consequences for the individual and reduced retention of staff for the organization. These findings highlight the need to address burnout through policies that standardize health care delivery policies and practices, providing support to leadership to promote a healthy workplace, and individual support to those who experience burnout.

<https://doi.org/10.1016/j.ejtd.2023.100335>

The phenomenology of nightmares in post-traumatic stress disorder and complex post-traumatic stress disorder.

A Simos, D Berle

European Journal of Trauma & Dissociation
Volume 7, Issue 3, September 2023, 100335

Highlights

- Nightmares are a re-experiencing symptom of PTSD.
- Nightmare features are associated with PTSD and CPTSD symptom-severity.
- Other variables may better predict CPTSD.

Abstract

Introduction

Nightmares are a re-experiencing symptom of Post-Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD). They are intrusive, involuntary and have a significant impact on wellbeing, suggesting they have substantial clinical relevance. However, little is known about the phenomenological features of post-traumatic nightmares and how they are associated with the severity of PTSD and CPTSD symptoms.

Method

Participants (N = 398) who identified that they had experienced a lifetime trauma completed various self-report questionnaires related to PTSD symptoms, CPTSD symptoms and nightmare characteristics. Participants also described their sensory experiences and rated the emotional intensity and vividness of their post-traumatic nightmares.

Results

We found that elevated scores on various characteristics of nightmares including frequency of awakenings, nightmare severity, impact on wellbeing and the perceived realism of the nightmare were linked to more severe PTSD and CPTSD symptoms. Further, increased frequency, vividness, and emotional intensity of nightmares significantly predicted more severe PTSD symptoms but not CPTSD symptoms.

Conclusions

Our study was largely exploratory and was the first to identify that specific nightmare features are related to PTSD and CPTSD symptom severity. However, although nightmare features of frequency, vividness and intensity appear to be related to CPTSD symptom severity, other variables may better predict CPTSD symptoms. Possible explanations for our findings, implications for treatment and directions for future research are discussed.

<https://doi.org/10.1037/tra0001530>

Enjoying the violence of war: Association with posttraumatic symptomatology in U.S. combat veterans.

Van Voorhees, E. E., Dillon, K. H., Crombach, A., Beaver, T., Kelton, K., Wortmann, J. H., VISN-6 Mid-Atlantic MIRECC Workgroup, & Nieuwsma, J.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Engaging in war-related violence can have a devastating impact on military personnel, with research suggesting that injuring or killing others can contribute to posttraumatic stress disorder (PTSD), depression, and moral injury. However, there is also evidence that perpetrating violence in war can become pleasurable to a substantial number of combatants and that developing this “appetitive” form of aggression can diminish PTSD severity. Secondary analyses were conducted on data from a study of moral injury in U.S., Iraq, and Afghanistan combat veterans, to examine the impact of recognizing that one enjoyed war-related violence on outcomes of PTSD, depression, and trauma-related guilt.

Method:

Three multiple regression models evaluated the impact of endorsing the item, “I came to realize during the war that I enjoyed violence” on PTSD, depression, and trauma-related guilt, after controlling for age, gender, and combat exposure.

Results:

Results indicated that enjoying violence was positively associated with PTSD, β (SE) = 15.86 (3.02), $p < .001$, depression, β (SE) = 5.41 (0.98), $p < .001$, and guilt, β (SE) = 0.20 (0.08), $p < .05$. Enjoying violence moderated the relationship between combat exposure and PTSD symptoms, β (SE) = -0.28 (0.15), $p < .05$, such that there was a decrease in the strength of the relationship between combat exposure and PTSD in the presence of endorsing having enjoyed violence.

Conclusions:

Implications for understanding the impact of combat experiences on postdeployment adjustment, and for applying this understanding to effectively treating posttraumatic

symptomatology, are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement

A substantial portion of U.S. combat veterans reported having enjoyed violence during war. This positively valenced, appetitive response to violence may co-occur with some of the same negatively valenced postcombat psychological sequelae, such as posttraumatic stress disorder and depression, with which clinicians are often more familiar. Our findings point to the importance of being open to the possibility that appetitive aggression is not uncommon in U.S. combat veterans and to the need to be prepared to face this sequela of combat with the same compassion, openness, and understanding we currently offer when encountering other wounds of war. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1177/02654075231187700>

Making sense of changes in military partners' post-deployment adjustment concern: Turning points, trajectories, and accounts.

Dorrance-Hall, E., Gettings, P., Wilson, S. R., Hintz, E., & Vidal, A.

Journal of Social and Personal Relationships

First published online July 1, 2023

Reintegration after a military service member returns home from deployment is a time of uncertainty that requires adjustment by all family members. Building on accounts (i.e., story-like constructions that help make sense of stressful events) scholarship, this study documents (a) turning points and (b) patterns in partners' levels of concern about post-deployment adjustment and investigates (c) how romantic partners account for why changes in adjustment concern occurred. Findings from interviews with 26 military partners reveal that accounts (a) involve multifaceted explanations spanning many domains of life, (b) explain why certain TPs increased and/or decreased concern, and (c) engage the meaning of time in varied ways. The importance of integrating an account-making framework with the TP methodology, theoretical implications for relational turbulence theory, and practical suggestions are discussed.

<https://doi.org/10.1001/jamanetworkopen.2023.21219>

Beliefs Among Veteran Firearm Owners Regarding Whether Clinicians Should Discuss Firearm Safety With Patients.

Aunon, F. M., Azrael, D., Simonetti, J. A., & Miller, M.

JAMA Network Open
2023 Jun 1; 6(6): e2321219

Key Points

Question

What proportion of US veterans who own firearms believe that firearm safety counseling should occur in clinical settings when a patient or a patient's family member is at risk of firearm injury?

Findings

This cross-sectional study of 678 adults found that most veteran firearm owners believed that clinicians should "at least sometimes" discuss firearm safety across all 6 clinical contexts examined (elevated suicide risk, mental health or behavioral problems, drug or alcohol problems, domestic violence, having a hard time, and dementia).

Meaning

These findings suggest that discussing firearm access in clinically indicated situations is viewed as an acceptable routine practice by most veteran firearm owners.

Abstract

Importance

Veterans are at increased risk of suicide, and guidelines recommend assessing firearm access and counseling to reduce access among patients with elevated suicide risk. How veterans view such discussions is critical to the effectiveness of these interactions.

Objective

To assess whether veteran firearm owners believe clinicians should deliver firearm counseling when patients or their family members are being cared for in specific clinical contexts that suggest heightened risk of firearm injury.

Design, Setting, and Participants

In this cross-sectional study, data were from a probability-based online survey of self-identified veterans who reported owning at least 1 firearm (National Firearms Survey,

July 1 to August 31, 2019) and were weighted to generate nationally representative estimates. Data were analyzed from June 2022 to March 2023.

Main Outcomes and Measures

Participants were asked, “As part of routine care, should physicians and/or other health care professionals talk with their patients about firearms and firearm safety if their patient or their patient’s family member (is at risk of suicide; has mental health or behavioral problems; is abusing or addicted to alcohol or drugs; is a victim of domestic violence; has Alzheimer’s disease or another dementia; or is going through a hard time).” Response options included “No,” “Yes, sometimes,” and “Yes, always.” In addition, responses were dichotomized as “Yes, at least sometimes” and “No.”

Results

Of 4030 adults who completed the survey (65% completion rate), 678 (mean [SD] age, 64.7 [13.1] years; 638 [92.9%] male) identified as veteran firearm owners. Across the 6 clinical contexts, support for clinicians “at least sometimes” discussing firearm safety as part of routine care ranged from 73.4% (95% CI, 69.1%-77.3%) when someone is “going through a hard time” to 88.2% (95% CI, 84.8%-90.9%) when someone has “mental health or behavioral problems.” When a patient or family member is at risk for suicide, 79.4% (95% CI, 75.5%-82.8%) of veteran firearm owners responded that clinicians should “at least sometimes” discuss firearms and firearm safety.

Conclusions and Relevance

This study’s findings suggest that most veteran firearm owners believe that clinicians should provide firearm counseling during routine care when a patient or family member is at heightened risk of firearm injury. These findings belie concerns that discussing firearm access with veteran firearm owners is an unacceptable practice.

<https://doi.org/10.1016/j.jpain.2023.06.017>

Mental Defeat and Suicidality in Chronic Pain: A Prospective Analysis.

Kristy Themelis, Jenna L. Gillett, Paige Karadag, Martin D. Cheatle, ... Nicole KY Tang

The Journal of Pain

Available online 29 June 2023

Highlights

- Chronic pain is a significant risk factor for suicide.
- In chronic pain, mental defeat alongside other factors heightens future suicide risk.
- Score on mental defeat satisfactorily differentiates people of high versus low suicide risk.
- Mental defeat may be a novel avenue for addressing suicide risk in chronic pain.

Abstract

Living with chronic pain has been identified as a significant risk factor for suicide. Qualitative and cross-sectional studies have reported an association between mental defeat and suicidal thoughts and behavior in patients with chronic pain. In this prospective cohort study, we hypothesized that higher levels of mental defeat would be associated with increased suicide risk at a 6-month follow-up. A total of 524 patients with chronic pain completed online questionnaires measuring variables related to suicide risk, mental defeat, sociodemographic, psychological, pain, activity, and health variables. At 6 months, 70.8% (n = 371) of respondents completed the questionnaires again. Weighted univariate and multivariable regression models were run to predict suicide risk at 6 months. The clinical suicide risk cutoff was met by 38.55% of the participants at baseline and 36.66% at 6 months. Multivariable modeling revealed that mental defeat, depression, perceived stress, head pain, and active smoking status significantly increased the odds of reporting higher suicide risk, while older age reduced the odds. Receiver operating characteristic (ROC) analysis showed that assessment of mental defeat, perceived stress, and depression is effective in discriminating between 'low' and 'high' suicide risk. Awareness of the prospective links from mental defeat, depression, perceived stress, head pain, and active smoking status to increased suicide risk in patients with chronic pain may offer a novel avenue for assessment and preventative intervention.

Perspective

Results from this prospective cohort study suggest that mental defeat is a significant predictor of increased suicide risk among patients with chronic pain, along with depression, perceived stress, head pain, and active smoking status. These findings offer a novel avenue for assessment and preventative intervention before risk escalates.

<https://doi.org/10.1037/ser0000788>

Upstream suicide prevention in the U.S. Army: Noncommissioned officers' perspectives.

Ayer, L., Holliday, S., Beckman, R., Jaycox, L. H., Elinoff, D., Ramchand, R., Agniel, D., Hoch, E., & Wagner, L.

Psychological Services
Advance online publication

The goal of this study was to examine the factors associated with Army noncommissioned officer (NCO) experiences, attitudes, and behaviors in their role of identifying potential suicide risk factors in their fellow soldiers. To better understand the perspectives of NCOs, an anonymous survey was administered to 2,468 Army NCOs. Descriptive statistics and linear regressions were conducted to compare subgroups of NCOs. Most (71%) Army NCOs have received many (11 or more) hours of suicide prevention training, but training in soft skills that may be important for the gatekeeper role was less consistently reported. Active Component soldiers reported greater confidence in their intervention skills (Cohen's $d = 0.25$) and fewer logistical barriers (e.g., time and space to talk) to intervening with at-risk soldiers (Cohen's $d = 0.80$) compared to Reserve and National Guard soldiers. Formal coursework in mental health areas like psychology or chaplaincy was associated with a greater level of confidence in intervention skills (Cohen's $d = 0.23$) and in more frequent intervention behavior (Cohen's $d = 0.13$). Army NCO trainings should be modified to better equip soldiers with the soft skills (e.g., active listening skills and verbally and nonverbally conveying nonjudgment/acceptance and empathy) needed to have effective conversations with soldiers about suicide risk factors and other sensitive topics. Strategies used within mental health education, which appears to be a strength for NCO gatekeepers, could be used to achieve this goal. Reserve and Guard NCOs may need additional supports and tailored trainings to better fit their operational context. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.24095/hpcdp.43.6.03>

Original quantitative research – A cross-sectional study of mental health and well-being among youth in military-connected families.

Mahar AL, Cramm H, King M, King N, Craig WM, Elgar FJ, Pickett W. A

Health Promotion and Chronic Disease Prevention in Canada

Vol 43, No 6, June 2023

Introduction:

The study objective was to compare the mental health and risk-taking behaviour of Canadian youth in military-connected families to those not in military-connected families in a contemporary sample. We hypothesized that youth in military-connected families have worse mental health, lower life satisfaction and greater engagement in risk-taking behaviours than those not in military-connected families.

Methods:

This cross-sectional study used 2017/18 Health Behaviour in School-aged Children in Canada survey data, a representative sample of youth attending Grades 6 to 10. Questionnaires collected information on parental service and six indicators of mental health, life satisfaction and risk-taking behaviour. Multivariable Poisson regression models with robust error variance were implemented, applying survey weights and accounting for clustering by school.

Results:

This sample included 16 737 students; 9.5% reported that a parent and/or guardian served in the Canadian military. After adjusting for grade, sex and family affluence, youth with a family connection to the military were 28% more likely to report low well-being (95% CI: 1.17–1.40), 32% more likely to report persistent feelings of hopelessness (1.22–1.43), 22% more likely to report emotional problems (1.13–1.32), 42% more likely to report low life satisfaction (1.27–1.59) and 37% more likely to report frequent engagement in overt risk-taking (1.21–1.55).

Conclusion:

Youth in military-connected families reported worse mental health and more risk-taking behaviours than youth not in military-connected families. The results suggest a need for additional mental health and well-being supports for youth in Canadian military-connected families and longitudinal research to understand underlying determinants that contribute to these differences.

<https://doi.org/10.1002/jclp.23561>

Posttraumatic sleep disturbances in veterans: A pilot randomized controlled trial of cognitive behavioral therapy for insomnia and imagery rehearsal therapy.

Prguda, E., Evans, J., McLeay, S., Romaniuk, M., Phelps, A. J., Lewis, K., Brown, K., Fisher, G., Lowrie, F., Saunders-Dow, E., & Dwyer, M.

Journal of Clinical Psychology
2023 Jul 1

Objectives:

Posttraumatic stress disorder (PTSD) is associated with sleep disturbances including insomnia and nightmares. This study compared cognitive behavioral therapy for insomnia (CBT-I) with CBT-I combined with imagery rehearsal therapy (IRT) for nightmares to evaluate if the combined treatment led to greater reductions in trauma-related sleep disturbances in Australian veterans.

Methods:

Veterans with diagnosed PTSD, high insomnia symptom severity, and nightmares (N = 31) were randomized to eight group CBT-I sessions or eight group CBT-I + IRT sessions. Self-reported sleep, nightmare, and psychological measures (primary outcome: Pittsburgh Sleep Quality Index), and objective actigraphy data were collected; the effect of obstructive sleep apnea (OSA) risk on treatment outcomes was also examined.

Results:

No treatment condition effects were detected for the combined treatment compared to CBT-I alone, and no moderating effect of OSA risk was detected. On average, participants from both groups improved on various self-report measures over time (baseline to 3 months posttreatment). Despite the improvements, mean scores for sleep-specific measures remained indicative of poor sleep quality. There were also no significant differences between the groups on the actigraphy indices.

Conclusions:

The findings indicate that there is potential to optimize both treatments for veterans with trauma-related sleep disturbances.

<https://doi.org/10.1111/nyas.15029>

Effects of sleep disturbance on trauma-focused psychotherapy outcomes in posttraumatic stress disorder: A systematic review.

Sarah A. Bottari, Erin R. Trifilio, David M. Janicke, Eric C. Porges, Ronald A. Cohen, Michael S. Jaffee, John B. Williamson

Annals of the New York Academy of Sciences
Volume 1526, Issue1; August 2023; Pages 30-49

This study aimed to synthesize existing research on the effects of sleep disturbances on trauma-focused psychotherapy outcomes in adults with posttraumatic stress disorder (PTSD). A systematic review using PubMed, PsycINFO, Embase, Web of Science, and PTSDpubs was performed up to April 2021. Two independent reviewers screened articles for inclusion, performed data extraction, and assessed risk of bias and certainty of the evidence. Narrative synthesis was conducted based on the type of sleep disorder symptom assessed. Sixteen primary studies were included in this review, the majority of which had a high overall risk of bias. Results suggested that sleep disorder symptoms were associated with higher overall PTSD severity across treatment; however, they did not interfere with treatment effectiveness, with the exception of sleep-disordered breathing. Improvements in insomnia, sleep duration, and sleep quality during treatment were associated with greater treatment gains. Certainty of the evidence ranged from low to very low. These results suggest that it may not be necessary to address sleep disorder symptoms prior to initiating trauma-focused psychotherapy. Instead, concurrent treatment of sleep- and trauma-related symptoms may be most beneficial. Continued research is needed to clarify the mechanistic relationship between sleep and treatment outcomes and to guide clinical decision-making.

<https://doi.org/10.1016/j.psychres.2023.115330>

Comparison of behavioral activation-enhanced cognitive processing therapy and cognitive processing therapy among U.S. service members: A randomized clinical trial.

Kristen H. Walter, W. Michael Hunt, Nicholas P. Otis, Alexander C. Kline, ... Lisa H. Glassman

Highlights

- PTSD with MDD is common and can cause impairment among active duty service members.
- Compared CPT with behavioral activation versus CPT alone.
- Significant improvements in depression and PTSD outcomes in both treatments.
- Attendance and patient satisfaction ratings were high in both treatment conditions.
- Both treatments may be effective psychotherapy options for comorbid PTSD and MDD.

Abstract

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) frequently co-occur and can cause significant impairment. Data are lacking as to whether interventions targeting both PTSD and MDD may improve treatment outcomes among individuals with this comorbidity compared with existing evidence-based PTSD treatments alone. This randomized trial compared the effectiveness of cognitive processing therapy (CPT) enhanced with behavioral activation (BA+CPT) versus CPT among 94 service members (52 women and 42 men; age M = 28.5 years) with comorbid PTSD and MDD. The primary outcome was clinician-administered depression symptom severity on the Montgomery-Åsberg Depression Rating Scale (MADRS) from pretreatment through 3-month follow-up. Intent-to-treat analyses using multilevel models showed statistically and clinically significant decreases in MADRS scores for both conditions over time, with no significant differences between BA+CPT and CPT. Secondary depression and PTSD symptom outcomes followed a similar pattern of results. For diagnostic MDD and PTSD outcomes using available data, no statistically significant differences between treatments emerged at posttreatment or 3-month follow-up. Sessions attended, dropout rate, and treatment satisfaction did not significantly differ between treatments. Outcomes were comparable for both treatments, suggesting that BA+CPT and CPT were similarly effective psychotherapy options for comorbid PTSD and MDD.

Self-reported Medicinal Cannabis Use as an Alternative to Prescription and Over-the-counter Medication Use Among US Military Veterans.

Marion McNabb, Katherine A. Durante, Sarah Trocchio, David J. Ritter, ... Steven White

Clinical Therapeutics

Volume 45, Issue 6, June 2023, Pages 562-577

Background

Mental and other physical health concerns and substance use disorder are common and co-occurring events experienced by US veterans. Treatment with medicinal cannabis is a potential alternative to unwanted medication use for veterans, but more clinical and epidemiologic research is needed to understand the risks and benefits.

Methods

Data were collected from a cross-sectional, self-reported, anonymous survey asking US veterans about their health conditions, medical treatments, demographics, and medicinal cannabis use along with its self-reported effectiveness. In addition to descriptive statistics, logistic regression models were run to examine correlates of the use of cannabis as a substitution for prescription or over-the-counter medications.

Findings

A total of 510 veterans of US military service participated in the survey, which was administered between March 3 and December 31, 2019. The participants reported experiencing a variety of mental and other physical health conditions. Primary health conditions reported included chronic pain (196; 38%), PTSD (131; 26%), anxiety (47; 9%), and depression (26; 5%). Most participants (343; 67%) reported using cannabis daily. Many reported using cannabis to reduce the use of over-the-counter medications (151; 30%) including antidepressants (130; 25%), anti-inflammatories (89; 17%), and other prescription medications. Additionally, 463 veterans (91% of respondents) reported that medical cannabis helped them to experience a greater quality of life and 105 (21%) reported using fewer opioids as a result of their medical cannabis use. Veterans who were Black, who were female, who served in active combat, and who were living with chronic pain were more likely to report a desire to reduce the number of prescription medications they were taking (odds ratios = 2.92, 2.29, 1.79, and 2.30, respectively). Women and individuals who used cannabis daily were more likely to report active use of cannabis to reduce prescription medication use (odds ratios = 3.05 and 2.26).

Implications

Medicinal cannabis use was reported to improve quality of life and reduce unwanted medication use by many of the study participants. The present findings indicate that medicinal cannabis can potentially play a harm-reduction role, helping veterans to use fewer pharmaceutical medications and other substances. Clinicians should be mindful of the potential associations between race, sex, and combat experience and the intentions for and frequency of medicinal cannabis use.

<https://doi.org/10.1016/j.jpsychires.2023.07.001>

Associations between health-related behaviors and self-reported cognitive symptoms in U.S. military personnel injured on deployment.

Sarah M. Jurick, Cameron T. McCabe, Jessica R. Watrous, Andrew J. MacGregor, ...
Michael R. Galarneau

Journal of Psychiatric Research
Volume 165, September 2023, Pages 48-55

Health behaviors may be core contributors to cognition and mental health following mild traumatic brain injury (TBI). The aims of the present study examined: (1) whether health behaviors including sleep duration, alcohol use, and physical activity differed in injured military personnel with and without deployment-related mild TBI history and (2) the relative contributions of health behaviors and deployment-related mild TBI history to self-reported cognitive, posttraumatic stress disorder (PTSD), and depressive symptoms. Participants included 3076 military personnel injured on deployment participating in the Wounded Warrior Recovery Project, an ongoing web-based study. Military personnel with deployment-related mild TBI history reported similar rates of physical activity and levels of alcohol problems as those without, but were less likely to report receiving the recommended duration of sleep. When adjusting for demographic and injury variables, all three health behaviors were associated with cognitive, PTSD, and depressive symptoms. Alcohol problems demonstrated significant but small effects across all outcomes measures ($\eta^2=.01$) whereas physical activity was associated with slightly larger effects albeit still within the small range ($\eta^2=.02-0.04$). Duration of sleep bordered a medium effect for cognitive symptoms ($\eta^2=.05$) and was in the medium range for PTSD and depressive symptoms ($\eta^2=.06$). Although deployment-related mild TBI history was significant in all models, effect sizes were small ($\eta^2=.01$). Findings

from the present study provide support that health behaviors have stronger effects with regard to cognitive, PTSD, and depressive symptoms compared to deployment-related mild TBI history in military personnel and, given their modifiable nature, may represent treatment targets in this population.

<https://doi.org/10.4088/PCC.22m03461>

Functional Disability in US Military Veterans: The Importance of Integrated Whole Health Initiatives.

Meisler, A. W., Gianoli, M. O., Na, P. J., & Pietrzak, R. H.

The Primary Care Companion for CNS Disorders

Published: July 4, 2023

Objective:

To examine the prevalence and sociodemographic, medical, and psychiatric correlates of disability in activities of daily living (ADLs) and instrumental ADLs (IADLs) in the US veteran population.

Methods:

Data were analyzed from 4,069 US veterans who participated in the 2019–2020 National Health and Resilience in Veterans Study (NHRVS). Multivariable and relative importance analyses (RIAs) were conducted to identify independent and strongest correlates of ADL and IADL disability.

Results:

A total of 5.2% (95% CI, 4.4%–6.2%) and 14.2% (95% CI, 12.8%–15.7%) of veterans reported ADL and IADL disability, respectively. Older age, male sex, Black race, lower income, and deployment-related injuries were associated with ADL and IADL disabilities, as were certain medical and cognitive conditions. Results of RIAs revealed that sleep disorders, diabetes, posttraumatic stress disorder (PTSD), older age, and cognitive disorders were most strongly associated with ADL disability, while chronic pain, PTSD, lower income, and sleep and cognitive disorders were most strongly associated with IADL disability.

Conclusions:

Results of this study provide an up-to-date estimate of the prevalence and

sociodemographic, military, and health correlates of functional disability in US veterans. Improved identification and integrated clinical management of these risk factors may help mitigate disability risk and promote the maintenance of functional capacity in this population.

<https://doi.org/10.1016/j.mayocp.2023.02.012>

Rising Rates of Suicidal Behaviors and Large Unmet Treatment Needs Among US Adults With a Major Depressive Episode, 2009 to 2020.

TJ Bommersbach, RA Rosenheck, TG Rhee

Mayo Clinic Proceedings
Volume 98, Issue 7, July 2023, Pages 969-984

Objective

To examine recent 12-year trends in the incidence of suicidal ideation (SI) and suicide attempts (SAs) and receipt of mental health treatment among individuals experiencing a past-year major depressive episode (MDE).

Patients and Methods

Using data from the National Survey of Drug Use and Health, we estimated the annual percentage of individuals with MDE who reported past-year SI or SAs and their use of mental health services from 2009 to 2020 and calculated odds ratios (ORs) for longitudinal change adjusting for potentially confounding factors.

Results

During our study period, the weighted unadjusted proportion of patients with a past-year MDE who reported SI increased from 26.2% (668,690 of 2,550,641) to 32.5% (1,068,504 of 3,285,986; OR, 1.38; 95% CI, 1.25 to 1.51) and remained significant in the multivariable-adjusted analysis ($P < .001$). The greatest increase in SI was seen among Hispanic patients, young adults, and individuals with alcohol use disorder. Similar trends were seen for past-year SAs, increasing from 2.7% (69,548 of 2,550,641) to 3.3% (108,135 of 3,285,986; OR, 1.29; 95% CI, 1.04 to 1.61), especially among Black individuals, patients with incomes greater than \$75,000, and those with substance use disorders. In multivariable-adjusted analyses, the temporal trend of increasing SI and SAs remained significant ($P < .001$ and $P = 0.04$, respectively). Among individuals with past-year SI or SAs, there was no notable change in the mental health service use,

and over 50% of individuals with MDE and SI (2,472,401 of 4,861,298) reported unmet treatment needs. No notable differences were observed between 2019 and 2020, reflecting the coronavirus disease 2019 pandemic.

Conclusion

Among individuals with MDE, rates of SI and SAs have increased, especially among racial minorities and individuals with substance use disorders, without a corresponding change in mental health service use.

<https://doi.org/10.21061/jvs.v9i1.405>

Understanding Differences Between Veterans and Civilians on a Range of Biopsychological Domains: Descriptive Report from the MIDUS II Study.

Journal of Veterans Studies

July 2023, 9(1): 203-223

A growing amount of literature has documented differences between United States (US) veterans of the armed services and civilians in mental and physical health outcomes. However, less is known about the correlates of these outcomes, and most studies have used samples of veterans receiving US Department of Veteran's Affairs (VA) healthcare only. Using a nationally recruited sample from the Midlife in the United States (MIDUS) II study, we examined stress exposure, mental health symptoms, and common vulnerability factors (inflammation, trauma history, emotion regulation) across veterans and civilians. The present study included data from the baseline psychosocial timepoint (Project 1), the Milwaukee subsample (n = 4,633), and the biomarker study (Project 4; n = 1,099). We found that veterans reported greater stressful and traumatic life events but fewer mental health symptoms compared to civilians. Further, analyses suggested some differences based on a history of combat or probability of using VA healthcare, with higher levels of depression among combat veterans and more head injury among those likely to use VA healthcare. Results suggest some variability in inflammatory markers but few differences in emotion regulation or health characteristics. The present study was limited by minimal available data on military service. Future research is needed on veterans outside of VA healthcare, with attention to characteristics such as the branch of service, rank, and unit cohesion. The goal of this line of research is to better understand factors that may be addressed in prevention and intervention efforts in service of best caring for those who have sacrificed for military service.

Links of Interest

Dog Jog for Life: unlocking the power of pets in Suicide Prevention

<https://www.dvidshub.net/news/452348/dog-jog-life-unlocking-power-pets-suicide-prevention>

Army Restoration and Reconditioning Centers help Soldiers get back into the fight

<https://www.dvidshub.net/news/452025/army-restoration-and-reconditioning-centers-help-soldiers-get-back-into-fight>

Insomnia: The Multibillion-Dollar Problem Sapping World Productivity

<https://www.rand.org/blog/rand-review/2023/09/insomnia-the-multibillion-dollar-problem-sapping-world.html>

Understanding Veterans' Unique Needs Is Crucial to Their Care

<https://www.chausa.org/publications/health-progress/archives/article/summer-2023/understanding-veterans-unique-needs-is-crucial-to-their-care>

Resource of the Week – [Trauma in the U.S. Intelligence Community: Risks and Responses](#)

New, from the RAND Corporation:

Exposure to trauma and the multiple ways that such exposure manifests are a concern within the U.S. Intelligence Community (IC). Moreover, the IC has only a limited understanding of the symptoms of various types of trauma and the strict parameters that should surround discussions about trauma and mental health within the IC.

The need for the IC to support its employees who are exposed to trauma within their workplace — whether deployed or at headquarters — is not simply an ethical obligation to provide for employees' well-being: Failure to meet this need could negatively affect the quality of work and the retention of qualified personnel within the IC. The IC would benefit from a concerted effort to consider these

issues by learning more about the community's needs, identifying best practices, and initiating programs to meet the workforce's needs.

October 2022

Perspective
EXPERT INSIGHTS ON A TIMELY POLICY ISSUE

KAREN M. SUDKAMP, HEATHER J. WILLIAMS, LISA H. JAYCOX, MOLLY DUNIGAN, STEPHANIE YOUNG

Trauma in the U.S. Intelligence Community

Risks and Responses

Mental health consequences for U.S. military and Department of Defense (DoD) civilian personnel and intelligence professionals, particularly for those who have experienced decades of significant overseas deployment responsibilities, is a topic of serious concern. In 2014, the decision to honor a fallen U.S. Central Intelligence Agency (CIA) officer who died by suicide in Afghanistan with a star on the Agency's Memorial Wall brought particular attention to the mental health needs of the U.S. Intelligence Community (IC).¹ Although the pace of deployments, especially in support of stressful counterterrorism missions, has slowed markedly, the mental health needs of IC professionals have increased rather than diminished. Technology today brings potentially traumatic events more rapidly and vividly to U.S. intelligence professionals, whether they are in the United States or abroad.



Shirl Kennedy
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