

CDP



Research Update -- September 21, 2023

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- The impact of social connection on near-term suicidal ideation.
- Sexual Orientation and Disclosure of Suicidal Thoughts Before Suicide Mortality.
- Sleep-wake disorders in veterans with opioid use disorder: Prevalence and comorbidities.
- Links of Interest
- Resource of the Week: Psychological Health Center of Excellence Clinician Resources - Suicide Risk (September is Suicide Prevention Month.)

<https://doi.org/10.1016/j.jpsychires.2023.07.009>

A national examination of suicidal ideation, planning, and attempts among United States adults: Differences by military veteran status, 2008–2019.

Rachel A. Hoopsick, R. Andrew Yockey

Journal of Psychiatric Research
Volume 165, September 2023, Pages 34-40

There is a widening disparity in suicide deaths between United States (U.S.) military veterans and nonveterans. However, it is unclear if there are similar differences in suicidal ideation, planning, and attempts that often precipitate these deaths. A better understanding of trends in suicidal thoughts and behaviors could illuminate opportunities for prevention. We examined pooled cross-sectional data (N = 479,801 adults) from the 2008 to 2019 National Survey on Drug Use and Health. We examined differences in past-year suicidal ideation, suicide planning, and suicide attempts between U.S. veterans (n = 26,508) and nonveterans (n = 453,293). We conducted post hoc analyses to examine for differences in these relationships by race/ethnicity and sex. Lastly, we examined trends in these outcomes over time and tested for differences in trends by veteran status. Overall, veterans had significantly greater odds of past-year suicidal ideation (aOR = 1.33, 95% CI 1.20 to 1.47) and suicide planning (aOR = 1.52, 95% CI 1.30 to 1.78) compared to nonveterans. However, the association between veteran status and past-year suicide attempt was not statistically significant (aOR = 1.29, 95% CI 1.00 to 1.68). These relationships did not differ by race/ethnicity or sex (ps > 0.05). Among all adults, there were significant linear increases in past-year suicidal ideation, planning, and attempts (ps < 0.001). However, these trends did not differ between veterans and nonveterans (ps > 0.05). Veterans may be more likely to experience suicidal thoughts and behaviors than nonveteran adults. Upward trends in suicidal thoughts and behaviors among both veterans and nonveterans from 2008 to 2019 highlight opportunities for intervention.

<https://doi.org/10.1177/15248380221109790>

The Association of Military Sexual Harassment/Assault With Suicide Ideation, Plans, Attempts, and Mortality Among US Service Members/Veterans: A Meta-Analysis.

Livingston, W. S., Tannahill, H. S., Meter, D. J., Fargo, J. D., & Blais, R. K.

Trauma, Violence & Abuse
2023 Oct; 24(4): 2616-2629

Suicide rates continue to increase among service members/veterans. Military sexual harassment/assault (MSH/A) may increase risk of suicide, but little is known about the collective magnitude of associations between MSH/A and suicide outcomes, including ideation, plan, attempt, and mortality. The current meta-analysis addressed this literature gap while testing potential moderators of gender, marital status, discharge status, and military branch. PsycINFO, PubMed, Dissertations/Theses, relevant citation lists, and conference brochures were reviewed for papers that included quantitative analyses in English, U.S. military samples, and measures of MSH/A and suicide ideation/plan/attempt/mortality. The search resulted in 22 studies (N = 10,898,875) measuring the association of MSH/A with suicide ideation (k = 15), plans (k = 1), attempts (k = 14), and mortality (k = 2), with papers published from 2007–2021. MSH/A was associated with suicide ideation ($r - r^- = .14$) and attempts ($r - r^- = .11$, $ps < .05$). The association of MSH/A and suicide ideation and attempts was higher among women relative to men, those identifying as married versus not married, those actively serving compared to discharged, and those reporting service in the Air Force relative to all other branches. The association of MSH/A with suicide plans and mortality was not calculated due to the small number of studies reporting those effect sizes (ks = 1–2). The effect sizes observed suggest MSH/A is part of a larger network of risk factors for suicide. Moderators indicate that suicide risk is higher among specific groups, and prevention strategies would be most effective if they targeted these individuals. This research area would be strengthened by additional studies of plans and mortality.

<https://doi.org/10.1016/j.jad.2023.08.012>

Not all traumas are created equal: Phenotypic heterogeneity of PTSD symptoms in relation to index traumas in U.S. military veterans.

Kachadourian, L. K., Duek, O., Tsai, J., Harpaz-Rotem, I., & Pietrzak, R. H.

Journal of Affective Disorders

2023 Nov 1; 340: 728-731

Posttraumatic stress disorder (PTSD) is prevalent in military veterans. Although exposure to trauma is subsumed under the diagnostic criteria for PTSD, there is great variability in index traumatic events, and the clinical presentation of PTSD may vary in individuals depending on the type of event experienced. We examined the relationship between different index traumas and PTSD symptoms in 3507 trauma-exposed U.S. military veterans who participated in the National Health and Resilience in Veterans Study. Results showed that interpersonal violence and combat/captivity was associated with greater overall severity of PTSD symptoms relative to illness/injury and disaster/accident. Interpersonal violence and combat/captivity were also associated with greater severity of intrusive, avoidance, negative affect, anhedonia, externalizing behaviors, and anxious and dysphoric arousal symptoms, relative to the other two categories. Implications of these findings for tailoring treatment approaches for PTSD in veterans are discussed.

<https://doi.org/10.1016/j.psychres.2023.115392>

Longitudinal associations between transgressions of moral beliefs and suicidal ideation among recently discharged veterans.

Zerach, G., Levinstein, Y., & Levi-Belz, Y.

Psychiatry Research

2023 Sep; 327: 115392

We evaluated longitudinal associations between subjective appraisals of transgressions of moral beliefs, values, and expectations (potential morally injurious events; PMIEs) and suicidal ideation (SI) among recently discharged combat veterans. Participants were 374 active-duty Israeli combatants who participated in a five-year longitudinal study with four measurement points: T1- one year before enlistment, T2- one month before discharge from army service, and then again six months and twelve months following discharge (T3 and T4, respectively). A history of lifetime suicidal ideation and behavior was associated with higher levels of subjective appraisals of PMIEs, as compared to no history of suicidal ideation and behavior. Above and beyond pre-

enlistment personal characteristics, cross-lagged pathway analyses indicated significant bi-directional pathways between subjective appraisals of PMIEs and SI. For all PMIEs dimensions, SI was associated with greater subjective appraisals of PMIEs, on subsequent measurement. However, cross-lagged effects of PMIEs-'other' (T2) predicting SI (T3) and PMIEs-'betrayal' (T3) predicting SI (T4) were also found. Our findings are the first to provide evidence of longitudinal, temporal associations between subjective appraisals of PMIEs and SI, which might serve as potential intervention targets among recently discharged traumatized veterans.

<https://doi.org/10.1177/0306624X231170108>

Prison Adjustment Among Military Veterans: The Impact of Traumatic Events, Service History, and PTSD.

Morgan, M. A., Logan, M. W., Wooldredge, J., & Hazelwood, A.

International Journal of Offender Therapy and Comparative Criminology
2023 Oct; 67(13-14): 1401-1424

Military veterans have been shown to differ demographically from non-veterans in the criminal justice system. However, relatively little is known about their psychological adjustment, institutional misbehavior, and the efficacy of programming received while incarcerated. Using data taken from a national sample of prison inmates, this study investigates how traumatic events experienced during military service can impact the intensity of negative affect among veterans. Additionally, we examine whether prison misconduct is influenced by military service history and the receipt of substance abuse treatment. Controlling for a host of relevant variables, our results indicate that traumatic events show a significant effect on psychological adjustment only indirectly through veterans who developed post-traumatic stress disorder and that misconduct is lower among those who received an honorable discharge. Overall, these findings suggest that the ability of veterans to resist adverse outcomes may depend on a variety of factors both within and outside the prison environment.

<https://doi.org/10.46743/2160-3715/2023.5900>

Infusing Military Culture in Multicultural Counseling Frameworks: A Phenomenological Study.

Atkins, K. M., Tollerud, T. R., Roy-White, T., Brdecka, L. E., & Chrones, D.

The Qualitative Report
(2023) 28(7), 1950-1967

This descriptive phenomenological study focused on counselor educators' (CESs) experiences infusing military culture into counseling curriculum. Specifically, this study sought to learn what counseling programs can do to best prepare counselors-in-training to work with military families. The researchers used the McCracken (1988) method to interview ten participants who had terminal degrees in counselor education or a highly related field, experience providing services to military-connected clients, and were aware of military cultural facets (e.g., implicit and explicit expectations, rules, and ways of being). The findings support the need to redefine multiculturalism and intentional infusion of military culture in counseling curriculum to increase counselors' awareness of military culture to provide more effective services.

<https://doi.org/10.1037/tra0001537>

DSM-5 criterion-a-based trauma types in service members and veterans seeking treatment for posttraumatic stress disorder.

Benfer, N., Grunthal, B., Dondanville, K. A., Young-McCaughan, S., Blankenship, A., Abdallah, C. G., Back, S. E., Flanagan, J., Foa, E. B., Fox, P. T., Krystal, J. H., Marx, B. P., McGeary, D. D., McLean, C. P., Pruiksma, K. E., Resick, P. A., Roache, J. D., Shiroma, P., Sloan, D. M., . . . Litz, B. T.

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

Objective:

In posttraumatic stress disorder (PTSD), the assumption of the equipotentiality of traumas ignores potentially unique contexts and consequences of different traumas. Accordingly, Stein et al. (2012) developed a reliable typing scheme in which assessors

categorized descriptions of traumatic events into six “types”: life threat to self (LTS), life threat to other, aftermath of violence (AV), traumatic loss, moral injury by self (MIS), and moral injury by other (MIO). We extended this research by validating the typing scheme using participant endorsements of type, rather than assessor-based types. We examined the concordance of participant and assessor types, frequency, and validity of participant-based trauma types by examining associations with baseline mental and behavioral health problems.

Method:

Interviewers enrolled military personnel and veterans (N = 1,443) in clinical trials of PTSD and helped them select the most currently distressing Criterion-A trauma. Participants and, archivally, assessors typed the distressing aspect(s) of this experience.

Results:

AV was the most frequently participant-endorsed type, but LTS was the most frequently rated worst part of an event. Although participants endorsed MIS and MIO the least frequently, these were associated with worse mental and behavioral health problems. The agreement between participants and assessors regarding the worst part of the event was poor.

Conclusion:

Because of discrepancies between participant and assessor typologies, clinical researchers should use participants’ ratings, and these should trump assessor judgment. Differences in pretreatment behavioral and mental health problems across some participant-endorsed trauma types partially support the validity of the participant ratings. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1037/tra0001543>

Psychiatric service dog placements are associated with better daily psychosocial functioning for military veterans with posttraumatic stress disorder.

Leighton, S. C., Rodriguez, K. E., Zhuang, R., Jensen, C. L., Miller, E. A., Sabbaghi, A., & O'Haire, M. E.

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

Objective:

Psychiatric service dog placements may benefit psychosocial functioning for veterans with posttraumatic stress disorder (PTSD), however, these effects have never been examined directly in daily life. This nonrandomized longitudinal clinical trial quantified the efficacy of psychiatric service dogs for daily psychosocial functioning among N = 168 veterans with PTSD using ecological momentary assessment (EMA).

Method:

EMA data were collected twice daily for 2 weeks at each assessment period (0 and 3 months), totaling 9,408 survey responses (2 Assessments × 14 Days × 2 Prompts × 168 Participants).

Results:

At follow-up, regression analysis identified associations between service dog placement and better perceived social interaction quality ($\beta = 0.42$, $p < .05$), better affect (negative affect: $\beta = -2.64$, $p < .001$; positive affect: $\beta = 2.44$, $p < .001$), and lower odds of panic attacks (OR = 0.68, $p < .05$). Social participation results were mixed: placements were associated with greater activity participation ($\beta = 3.21$, $p < .001$) but lower odds of being away from home (OR = 0.77, $p < .05$), indicating possible support for anecdotes that public stigma is an obstacle to community participation.

Conclusions:

Results further revealed that the service dog's trained tasks may be particularly important for social functioning outcomes, and the service dog's presence for emotional functioning outcomes. Findings highlight a need for education surrounding service dog etiquette and reveal potential mechanisms underlying psychiatric service dog placements. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1080/08995605.2023.2250709>

Cognitive reappraisal moderates the effect of combat or other exposures on negative behavioral health symptoms.

Jeffrey M. Osgood, Hunter K. Yates, Jayne B. Holzinger & Phillip J. Quartana

Military Psychology

Published online: 29 Aug 2023

Understanding the individual differences that can buffer the impact of combat and other adverse exposures on deleterious behavioral health outcomes could lead to more targeted prevention and intervention efforts. Cognitive reappraisal, an antecedent-focused emotion regulation strategy, is linked to positive health outcomes such as lower levels of post-traumatic stress disorder, anxiety, and depression. This study examined the moderating effect of individual differences in cognitive reappraisal use on the association between combat exposure and behavioral health outcomes in active-duty U.S. Soldiers (N = 2,290). This study utilized survey data collected approximately 18 months following a combat deployment to Afghanistan in 2014. Results showed that individual differences in cognitive reappraisal use significantly moderated the effect of combat exposure on anxiety and post-traumatic stress symptoms but not depressive symptoms. Specifically, increasing combat exposures predicted a steeper increase in negative behavioral health symptoms for Soldiers reporting lesser (versus greater) cognitive reappraisal use. These findings highlight a role for cognitive reappraisal as a targetable factor that can mitigate the behavioral health consequences of exposure to combat stressors.

<https://doi.org/10.1080/08995605.2023.2249798>

Widening the scope of intensive treatment for PTSD in the military health system.
(commentary)

Jonathan W. Murphy

Military Psychology

Published online: 25 Aug 2023

Recent trends have exacerbated existing problems accessing mental health care for military service members. To address these problems, lawmakers and military leaders have been busy introducing new legislation and changing policies in order to improve access. While these initiatives are critical for long-term change, military service members need solutions that can help them now. Although it may not be a panacea, intensive outpatient treatments may be part of the solution for the MHS, especially when considering posttraumatic stress disorder (PTSD). This commentary begins by describing the history of intensive treatments in the military health system, which has been largely offered as intensive outpatient treatments (IOPs). Next, it describes a decade of research on intensive treatments for PTSD, which has included a diverse

array of IOP formats as well as stand-alone, massed treatments. Lastly, this commentary recommends that lawmakers and military leaders expand their notion of intensive outpatient treatments to include both programs and stand-alone, massed treatments. By doing so, the MHS could have more options for service members and commands as they search for workable treatment options.

<https://doi.org/10.1080/08995605.2023.2237835>

Military to civilian cultural transition experiences of retired military personnel: A systematic meta-synthesis.

Shivani Sachdev & Shikha Dixit

Military Psychology

Published online: 25 Jul 2023

Military organizations often demonstrate contrasting features compared to civilian ones, including indoctrination of military identity and mind-set. Therefore, on returning after retirement, military personnel undergo acculturation to reconnect to the civilian world. Many military retirees face difficulty readjusting in multiple professional and personal life domains, and report decreased life satisfaction due to this transition. The present review conducted a thematic meta-synthesis of 28 studies that had qualitatively assessed military to civilian transition experiences. The aim was to understand the military-civilian culture gap and identify the challenges faced during this transition. The analysis led to six themes – “Military Institutionalization, Military-Civilian Cultural Contrast, The Three S’s of Transition Challenges – Stereotypes, Skills, and Support, The Losses of Identity, Reconnecting with Family, Friends, and Civilian Counterparts, and Facilitators in Transition – Covering the Military-Civilian Gap.” Based on these findings, the review further presents possible intervention suggestions for retirement adjustment and future research direction.

<https://doi.org/10.1080/08995605.2023.2241591>

Leadership perspectives on facilitators and barriers to sustaining evidence-based prevention interventions in the United States Military.

Alison L. Drew, Kimberly A. Rhoades, Amy M. Smith Slep, Richard E. Heyman & Huidi Yang

Military Psychology

Published online: 01 Aug 2023

The U.S. Department of Defense (DoD) aims to prevent suicide, harassment, sexual assault, and partner and child maltreatment by implementing evidence-based behavioral health interventions (EBIs). However, sustaining EBI implementation over time and with fidelity to result in meaningful impacts is a tremendous challenge. We interviewed 35 military leaders in positions to observe, and possibly hinder, the erosions of EBI implementations to learn what distinguishes EBIs that sustain in the military from those that fade away. Thematic analysis identified barriers and supports to EBI sustainment consistent with the Consolidated Framework for Implementation Research, reflecting the domains: outer setting, inner setting, individuals, and innovation. Participants described how factors at different levels of the social ecology interact with each other and emphasized how aspects of military culture (e.g., hierarchical structure, frequent moves, mission focus) can both support and challenge implementing and sustaining behavioral-health EBIs. EBI implementation in the military differs from most civilian settings in that service member participation in certain preventative programs is mandated. The results indicate how policy and practice can strengthen sustained EBI implementation to reduce harm and support service members.

<https://doi.org/10.1080/08995605.2023.2236924>

The effect of a reduction in irrational beliefs on Posttraumatic Stress Disorder (PTSD), depression, and anxiety symptoms in a group treatment for post-9/11 Veterans.

Allen B. Grove, Christina M. Sheerin, Rachel E. Wallace, Brooke A. Green, Angela H. Minnich & Erin D. Kurtz

Military Psychology

Published online: 24 Jul 2023

Previous research has indicated that a Rational Emotive Behavior Therapy (REBT)-Informed Group focused on changing irrational beliefs to address comorbid depression and anxiety (as well as anger and guilt) in a combat Veteran population diagnosed with

Posttraumatic Stress Disorder (PTSD) demonstrated significant reductions in depression and PTSD symptoms at posttreatment. However, mechanisms of change associated with improvement have not been evaluated. REBT theory suggests that a decline in irrational beliefs predicts a decrease in PTSD, depression, and anxiety symptoms. This study aimed to test this tenet of REBT theory in a naturalistic treatment setting. Participants (N = 86) were post-9/11 combat Veterans, engaged in the REBT-Informed Group between October 2016 and February 2020. Results of hierarchical multiple regression analyses indicated that a reduction in irrational beliefs predicted notable decreases in PTSD, depression, and anxiety symptoms controlling for several covariates. This study extends previous research demonstrating the success of the REBT-Informed Group with combat Veterans and gives support to REBT theory regarding the effect of a decline in irrational beliefs. Future directions include replication of findings with Veterans who experienced military sexual trauma (MST), pre-9/11 Veterans, those at other military or Veterans Affairs (VA) medical centers, and civilians to determine generalizability.

<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/s11606-023-08129-z>

Efficacy of CBT for Treatment Seeking (CBT-TS) in Untreated Veterans and Service Members at Risk for Suicidal Behavior.

Stecker, T., Allan, N. P., Hoge, C., Ashrafioun, L., & Conner, K. R.

Journal of General Internal Medicine
2023 Sep; 38(12): 2639-2646

Objective:

Military members and Veterans at-risk for suicide are often unlikely to seek behavioral health treatment. The primary aim of this study was to test the efficacy of brief CBT for Treatment Seeking (CBT-TS) to improve behavioral health treatment utilization among U.S. military service members and Veterans at-risk for suicide.

Methods:

A total of 841 participants who served in the U.S. military since 9/11 and who reported suicidality but were not in behavioral health treatment were recruited to participate in this trial. Participants were randomly assigned to either brief CBT-TS delivered by phone or an assessment-only control condition. Follow-up assessments were conducted at baseline and months 1, 3, 6, and 12 to track treatment utilization and symptoms.

Results:

CBT-TS resulted in significantly greater behavioral health treatment initiation within 1 month compared to the control condition ($B = .93$, $p < .001$); and the higher treatment initiation persisted for 12 months post intervention.

Conclusions:

This study employed a low-cost, easily implementable one-session intervention administered by phone. The study provides evidence that CBT-TS is efficacious in promoting behavioral health treatment initiation in an adult population at risk for suicidal

behavior and showed enduring benefits for 6-12 months. CBT-TS provides a unique strategy for treatment engagement for at-risk adults unlikely to seek treatment.

Trial registration:

Clinicaltrials.gov [NCT05077514](https://clinicaltrials.gov/ct2/show/study/NCT05077514).

<https://doi.org/10.1002/ijop.12923>

Interpretations of ambiguous situations in combat veterans with and without post-traumatic stress disorder.

Vyas, K., Murphy, D., & Greenberg, N.

International Journal of Psychology

2023 Oct; 58(5): 476-485

Deployed combat personnel are at increased risk of post-traumatic stress disorder (PTSD). People with PTSD often judge ambiguous information as negative or threatening (interpretation bias). However, this may be adaptive during deployment. The current study aimed to investigate the extent to which interpretation bias in combat personnel is associated with PTSD symptoms, rather than with appropriate situational awareness. Combat veterans with and without PTSD and civilians without PTSD generated explanations for ambiguous situations and judged the likelihood of various possible explanations. They also made judgements about future consequences of worst-case scenarios, and their coping ability. Veterans with PTSD generated more negative explanations for ambiguous situations, judged negative interpretations as more likely and felt less able to cope with the worst-case scenario than veteran and civilian controls. Veterans with versus without PTSD judged worst-case scenarios to have more severe and insurmountable consequences, although they did not differ significantly from civilians. Veteran versus civilian controls rated their coping ability as higher; this was the only difference between control groups. In summary, group differences in interpretation bias were associated with PTSD symptoms rather than combat role. Veterans without PTSD may be particularly resilient when coping with everyday adversity.

<https://doi.org/10.1002/ijop.12917>

Exposure to combat experiences: PTSD, somatization and aggression amongst combat and non-combat veterans.

Harwood-Gross, A., Stern, N., & Brom, D.

International Journal of Psychology
2023 Oct; 58(5): 424-432

To this date, the prevalence of posttraumatic stress disorder (PTSD) and associated psychological symptom profiles amongst non-combatant community-based veterans in Israel has not been studied. Data were analysed from a web-based survey of veterans via a market research platform during September 2021 and included 522 non-combat (e.g. intelligence, office-based or education corps) veterans and 534 combat (e.g. front-line infantry) veterans. The survey assessed PTSD, depression, anxiety and somatic symptoms in addition to the prevalence of self-reported aggression. A two-way multivariate analysis of covariance indicated that higher PTSD and somatic symptoms were prevalent for those exposed to combat experiences even when not in a combatant role. A logistic regression indicated that of those who did not self-define as aggressive prior to service, those exposed to combat were three times more likely to be aggressive following their service than veterans not exposed to combat. This effect was not demonstrated for combat soldiers compared to non-combat soldiers. Results indicate that mental health outreach would be better targeted towards those who have been exposed to combat-type experiences during their service even in non-combat units. The current study highlights the effect of combat exposure on secondary PTSD symptoms; aggression and somatization.

<https://doi.org/10.1037/tra0001543>

Psychiatric service dog placements are associated with better daily psychosocial functioning for military veterans with posttraumatic stress disorder.

Leighton, S. C., Rodriguez, K. E., Zhuang, R., Jensen, C. L., Miller, E. A., Sabbaghi, A., & O'Haire, M. E.

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

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Psychiatric service dog placements may benefit psychosocial functioning for veterans with posttraumatic stress disorder (PTSD), however, these effects have never been examined directly in daily life. This nonrandomized longitudinal clinical trial quantified the efficacy of psychiatric service dogs for daily psychosocial functioning among N = 168 veterans with PTSD using ecological momentary assessment (EMA).

Method:

EMA data were collected twice daily for 2 weeks at each assessment period (0 and 3 months), totaling 9,408 survey responses (2 Assessments × 14 Days × 2 Prompts × 168 Participants).

Results:

At follow-up, regression analysis identified associations between service dog placement and better perceived social interaction quality ($\beta = 0.42$, $p < .05$), better affect (negative affect: $\beta = -2.64$, $p < .001$; positive affect: $\beta = 2.44$, $p < .001$), and lower odds of panic attacks (OR = 0.68, $p < .05$). Social participation results were mixed: placements were associated with greater activity participation ($\beta = 3.21$, $p < .001$) but lower odds of being away from home (OR = 0.77, $p < .05$), indicating possible support for anecdotes that public stigma is an obstacle to community participation.

Conclusions:

Results further revealed that the service dog's trained tasks may be particularly important for social functioning outcomes, and the service dog's presence for emotional functioning outcomes. Findings highlight a need for education surrounding service dog etiquette and reveal potential mechanisms underlying psychiatric service dog placements. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1038/s41598-023-38038-4>

Dog ownership may promote cardiometabolic health in U.S. military veterans.

Woodward, S.H., Baldassarri, S.R. & Pietrzak, R.H.

Scientific Reports

Volume 13, Article number: 11075 (2023)

Dog ownership has been associated with reduced cardiovascular and all-cause mortality in civilian epidemiological samples. Associations between dog ownership and cardiometabolic disease were examined in the 2019–2020 wave of the National Health and Resilience in Veterans Study. Dog and cat ownership data were obtained from 3078 Veterans and cross-tabulated with self-reported, professionally diagnosed, heart disease, heart attack, stroke, high blood pressure, diabetes, and high cholesterol. In unadjusted tests, dog ownership was associated with lower rates of heart disease, high blood pressure, diabetes, and high cholesterol, while cat ownership was not. Relative to non-owners, dog owners were younger, were more likely to screen positive for posttraumatic stress disorder and/or major depressive disorder, and more active. Binary logistic regression models of associations between dog ownership and cardiometabolic disease were adjusted for age, sex, trauma load, mood disorder, substance abuse, nicotine abuse, and exercise. After adjustment, dog ownership was still associated with lower odds of hypertension and high cholesterol. Dog ownership also interacted with exercise to lower odds of heart disease and attenuated the effect of trauma load on hypertension. Conversely, age interacted with dog ownership such that odds of diabetes and stroke were higher in older Veterans who owned dogs.

<https://doi.org/10.5664/jcsm.10710>

CBT-I treatment attrition in patients with weekly nightmares.

Nancy A. Hamilton, PhD , Julia A. Russell, MA , Westley A. Youngren, PhD , Autumn M. Gallegos, PhD , Hugh F. Crean, PhD , Catherine Cerulli, PhD , Todd M. Bishop, PhD , Kareem Hamadah, BS , Megan Schulte, MA , Wilfred R. Pigeon, PhD , Kathi L. Heffner, PhD

Journal of Clinical Sleep Medicine

Published Online: July 10, 2023

STUDY OBJECTIVES:

This study's objective was to evaluate the effect of nightmares (NM) on attrition and symptom change following CBT-I treatment using data from a successful CBT-I randomized controlled trial (RCT) delivered to participants with recent interpersonal violence exposure.

METHODS:

The study randomized 110 participants (107 women, mean age 35.5), to CBT-I or an

attention control group. Participants were assessed at three time periods: Baseline, post-CBT-I (or attention control), and at T3 post-Cognitive Processing Therapy, received by all participants. NM reports were extracted from the Fear of Sleep Inventory. Participants with weekly NM were compared to those with fewer than weekly nightmares on outcomes including attrition, insomnia, PTSD, and depression. Change in NM frequency was examined.

RESULTS:

Participants with weekly NM (55%) were significantly more likely to be lost to follow up (LTF) post-CBT-I (37%), compared to 15.6% of participants with infrequent NM and were less likely to complete T3 (43%) than patients with less frequent NM (62.5%). NM were unrelated to differential treatment response in insomnia, depression or PTSD. Treatment with CBT-I was not associated with reduced NM frequency; however, change in sleep onset latency (SOL) from post-CBT-I to T3 predicted fewer nightmares at T3.

CONCLUSIONS:

Weekly NM were associated with attrition, but not a reduced change in insomnia symptoms following CBT-I. NM symptoms did not change as a function of CBT-I but change in SOL predicted lower NM frequency. CBT-I trials should screen for NM and consider augmenting CBT-I to specifically address NMs.

<https://doi.org/10.1037/tra0001538>

Associations among military sexual trauma, positive alcohol expectancies, and coping behaviors in female veterans.

Rodriguez, L., King, P. R., & Buchholz, L. J.

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

Objective:

Military sexual trauma (MST) is prevalent among female veterans and is associated with deleterious health outcomes. Adaptive coping strategies (e.g., emotional support) are associated with more positive outcomes, while maladaptive strategies (e.g., substance use) are associated with greater impairment. However, research on factors that influence specific coping strategy use is limited. For women with a history of MST, expectancies about the effects of alcohol may enhance the use of maladaptive and

reduce the use of adaptive strategies. The present study tested this hypothesis. Associations among MST status and two coping behaviors (emotional support, substance use) in female veterans were examined and the mediating role of positive alcohol expectancies on these relationships was tested.

Method:

A secondary analysis was conducted using self-report survey data from 186 female veterans in a Northeastern region. Measures included a brief screen for MST, the posttraumatic stress disorder (PTSD) Checklist for DSM-5, the Brief Cope, and the Brief Comprehensive Effects of Alcohol Questionnaire.

Results:

Among all respondents, positive alcohol expectancies were significantly associated with greater substance use coping, while PTSD symptom severity was negatively associated with emotional support coping. Though women with MST reported greater positive alcohol expectancies and PTSD symptom severity, the direct effects of MST on coping were not significant. Mediation was not supported in our sample.

Conclusions:

Alcohol expectancies may be a viable target for intervention to reduce alcohol use as a maladaptive coping strategy among female veterans. Similarly, treatment targeting PTSD symptoms, regardless of MST status, is important for enhancing the use of adaptive coping strategies. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1016/j.psychres.2023.115338>

The impact of social connection on near-term suicidal ideation.

Brooke A. Ammerman, Ross Jacobucci

Psychiatry Research

Volume 326, August 2023, 115338

While predominant suicide theories emphasize the role of social connectedness in suicidal thinking, there is a need to better understand (a) how specific aspects of social connection relate to suicidal ideation and (b) the timeframe over which these relationships persist. The current study examined ecological momentary assessment

data over a 30-day period from 35 participants with past-year suicidal thoughts or behaviors (mean age = 25.88; 62.9% women; 68.6% White) to address these questions. Results demonstrated that absence of social contact was associated with next timepoint suicidal ideation, even after considering the suicidal ideation autoregressive effect (i.e., concurrent), with effects strongest in the short-term. Findings provide preliminary evidence of the need to assess for the presence of social contact, and for assessments to occur in close proximity (i.e., a few hours), to capture the true dynamics of risk for suicidal ideation. Although needing replication, results suggest importance of just-in-time interventions targeting suicidal ideation.

<https://doi.org/10.1016/j.amepre.2023.07.002>

Sexual Orientation and Disclosure of Suicidal Thoughts Before Suicide Mortality.

Kirsty A. Clark PhD, MPH, John R. Blosnich PhD, MPH

American Journal of Preventive Medicine

Available online 8 July 2023

Introduction

Disclosure of suicidal thoughts and behaviors represents an opportunity to intervene before suicide mortality, representing a cornerstone for suicide prevention. Sexual minority (e.g., lesbian/gay, bisexual) people experience sharply elevated suicide risk, yet there is scant research on patterns of disclosure of suicidal thoughts and behaviors before suicide that might uncover missed opportunities for suicide prevention. Thus, authors leveraged postmortem suicide data to evaluate associations among sexual orientation, sex, and disclosure of suicidal thoughts and behaviors in the month preceding death.

Methods

Data on suicides from the 2013–2019 National Violent Death Reporting System (N=155,516) were classified for sexual orientation and denoted disclosure of suicidal thoughts and behaviors and to whom suicidal thoughts and behaviors were disclosed in the month preceding death. Logistic regression models stratified by sex and adjusted for sociodemographic covariates assessed the associations between sexual orientation and suicidal thoughts and behaviors disclosure. Analyses were conducted from October 2022 to February 2023.

Results

Among females, sexual minority decedents were 65% more likely to disclose suicidal thoughts and behaviors than heterosexual decedents (95% CI=37%, 99%, $p<0.001$). No difference in suicidal thoughts and behaviors disclosure was observed between sexual minority and heterosexual men. Of decedents who disclosed suicidal thoughts and behaviors, one in five sexual minority decedents disclosed to a friend/colleague, whereas fewer than 5% disclosed to a healthcare professional. Among sexual minority females, younger age, intimate partner problems, and physical health problems were positively associated with disclosing suicidal thoughts and behaviors.

Conclusions

These findings suggest that reducing suicide mortality in sexual minority populations will require considering contexts beyond the healthcare system, including engaging peer networks. Gatekeeper training for suicide prevention may be an especially promising approach for reducing suicide among sexual minority women.

<https://doi.org/10.1016/j.sleh.2023.05.012>

Sleep-wake disorders in veterans with opioid use disorder: Prevalence and comorbidities.

Muhammet Celik MD, Danielle Cosentino BS, Brian Fuehrlein MD PhD

Sleep Health

Available online 10 July 2023

Objective

To determine the prevalence of sleep-wake disorders among veterans with opioid use disorder (OUD) and the demographic characteristics, medical comorbidities, and outpatient medications in this group.

Methods

US veterans seeking care in the VA Connecticut Healthcare System between January 1, 2000, and December 31, 2021 with a diagnosis of OUD (N = 5937) were analyzed retrospectively for sleep-wake disorders (N = 1447). That group was analyzed for demographic characteristics, comorbidities, and medications.

Results

Of those with OUD, 24.4% had a diagnosis of any sleep-wake disorder. The most common was obstructive sleep apnea (73.7%). Major depressive disorder (68.6%) and hypertension (67.1%) were the most common comorbid conditions. Commonly prescribed medications included antidepressants (91%) and benzodiazepines (62%).

Conclusions

Veterans with OUD frequently suffer from sleep-wake disorders. Comorbid medical and psychiatric conditions and the detrimental effects of specific medication classes should be considered in this patient population to create more effective prevention and treatment strategies.

Links of Interest

Preventing suicide through social connectedness

<https://www.army.mil/article/269920/preventing-suicide-through-social-connectedness>

Learning to Cope: USAF, USSF Leaders and Spouses Share Struggles of Military Families

<https://www.airandspaceforces.com/leaders-military-spouses-struggles/>

Saving the next Nick: suicide prevention is a moral imperative (opinion)

<https://www.militarytimes.com/opinion/2023/09/15/saving-the-next-nick-suicide-prevention-is-a-moral-imperative/>

Many Patients Don't Get to Choose the Type of Behavioral Health Visit They Receive

<https://www.rand.org/news/press/2023/09/05.html>

- [Choosing Or Losing In Behavioral Health: A Study Of Patients' Experiences Selecting Telehealth Versus In-Person Care](#) (Health Affairs)

Expanding Mental Health Care Access—Remote Therapeutic Monitoring for Cognitive Behavioral Therapy (opinion)

<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2809663>

'People Feel Expendable'—Military Could Lower Suicide Rate With Focus on Quality of Life

<https://thewarhorse.org/military-suicide-prevention-could-improve-with-morale-focus/>

Because I was a woman who served, I was stereotyped by a stranger (opinion)
<https://www.militarytimes.com/opinion/2023/09/16/because-i-was-a-woman-who-served-i-was-stereotyped-by-a-stranger/>

Dementia in US officials may represent national security risk, Pentagon-funded study says
<https://kimatv.com/news/nation-world/dementia-in-us-officials-may-represent-national-security-risk-pentagon-funded-study-says-rand-corporation-age-term-limits-mitch-mcconnell-dianne-feinstein-nancy-pelosi-mitt-romney>

- [Could Dementia in the National Security Workforce Create a Security Threat? \(RAND\)](#)

Study Seeks TBI Family Members and Caregivers
<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence/Research/TBICoE-Research-Study-Participation>



Resource of the Week: [Psychological Health Center of Excellence Clinician Resources - Suicide Risk](#)

The Department of Defense and its partners continue to examine how various military-specific stressors could contribute to suicide-related behaviors and mortality in the force.

The 2021 Department of Defense Suicide Event Report provides some insights about active component service members who died by suicide:

- The suicide mortality rate for the active component was 24.3 deaths per 100,000 population.
- Firearm was the most common mechanism of injury.

- 44% had a known behavioral health diagnosis.
- Within 90 days prior to death, 44% of decedents had known relationship problems, 23% had known legal/administrative problems, and 13% had known work-related problems.

Although suicide is a serious public health problem, it is preventable. All providers in the Military Health System should be aware of warning signs in their patients and refer them to mental health specialists for screening, treatment, and firearm and means safety precautions whenever suicide risk may be an issue.

- [Screening](#)
- [Firearm and Means Safety](#)
- [Treatment for Suicide related Thoughts and Behaviors](#)
- [DOD Policy Guidance on Suicide Risk](#)

The logo for the Military Crisis Line and Veterans Crisis Line features the text "Military Crisis Line" and "Veterans Crisis Line" in a bold, sans-serif font. Below the text is a blue speech bubble containing a white star, followed by a 3x3 grid of red dots.

1-800-273-8255 PRESS 1

Confidential chat at **VeteransCrisisLine.net** or text to **838255**

U.S. Department of Veterans Affairs
U.S. Department of Defense


Other resources:

[U.S. Department of Defense: Spotlight - Suicide Prevention](#)

[Veteran suicide prevention](#) (U.S Department of Veterans Affairs)







[Your Words Matter: Choosing Words That Support](#) (Defense Suicide Prevention Office)

[Disparities in Suicide](#) (Centers for Disease Control and Prevention)



Preventing Suicide Requires a Comprehensive Approach

Some Groups Are At Higher Risk for Suicide

 <p>Veterans</p> <p>Veterans have an adjusted suicide rate that is 57.3% greater than the non-veteran U.S. adult population.</p>	 <p>Tribal Populations</p> <p>Suicide is the 9th leading cause of death among AI/AN people.</p>	 <p>Adults</p> <p>Adults (35-64 years) account for almost half of all suicides in the U.S.</p>
 <p>LGB Youth</p> <p>High school students identifying as lesbian, gay, or bisexual attempt suicide at a rate five times higher than heterosexual students.</p>	 <p>Certain Industries & Occupations</p> <p>Suicide rates are highest among men working in certain industries (Mining, Quarrying, and Oil and Gas Extraction) and occupations (Construction and Extraction).</p>	 <p>People with Disabilities</p> <p>Adults with disabilities are three times more likely to report suicidal ideation compared to adults without disabilities.</p>

Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology



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