

# CDP

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## Research Update -- September 28, 2023

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- Resource of the Week: 2023 Women Warriors Report (Wounded Warrior Project)

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<https://doi.org/10.1177/0095327X231197992>

**Military-Connected Children With Special Health Care Needs and Their Families:  
A Literature Review.**

Hill, A. "Toni," & Blue-Banning, M.

Armed Forces & Society

First published online September 22, 2023

Since 2001, armed conflicts have required extraordinary sacrifices by U.S. military service members and their families. Literature on the impact of the military lifestyle between 2001 and 2021 suggests frequent relocation and deployment have consequences for children. Limited research on the subpopulation of children and youth with special health care needs contains evidence these military families face complex issues, amplifying stressors of military life. The results of this review identified challenges in continuity of care in education, health care, and family support resulting from frequent relocations, plus notable gaps in research. These findings are important because of their potential impact on military readiness, recruitment, and retention. This review appears to be the only peer-reviewed systematic literature review on military-connected children with special health care needs and their families.

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<https://doi.org/10.1080/08995605.2023.2259283>

**Decreasing alcohol use among young adults presenting for service in the U.S. Air Force: An epidemiological surveillance study.**

Chase A. Aycock, Indika Mallawaarachchi, Robert C. Klesges, Xin-Qun Wang, Daniel G. Cassidy, Kara P. Wiseman, Andrea E. Krunnusz, Debamita Kundu, Marc A. Patience, Rosemary Estevez Burns & G. Wayne Talcott

Military Psychology

Published online: 19 Sep 2023

U.S. surveys demonstrate recent decreases in the prevalence of alcohol use and binge drinking among young adults. The current study aims to determine whether similar

trends are evident in a similarly aged cohort of service members in the US Air Force to inform ongoing prevention efforts. Participants were 103,240 Air Force personnel in entry-level training between 2016 and 2019. Participants anonymously completed the AUDIT (Alcohol Use Disorder Identification Test) regarding their pre-service drinking. Logistic regression analyses and the Cochran-Armitage test were conducted to measure population trends over the study duration with stratification by age (<21 vs. ≥21) and evaluation of specific alcohol behaviors. Between 2016 and 2019, the proportion of young service members endorsing any alcohol use significantly decreased for both the <21 group (i.e. from 38.9% to 32.6%) and the ≥21 group (i.e. from 80.6% to 77.5%). Among those who endorsed drinking, a decrease over time in binge use was also observed from 46.6% to 37.8% for the <21 group and from 34.2% to 27.5% for the ≥21 group. Responses to other specific alcohol risk items and total AUDIT scores also demonstrated decreases. Binge use and risky drinking remained disproportionately common among those under the legal drinking age. It is encouraging to observe a shift toward abstinence and decreased binge use among this population of young military recruits. However, given the risk for many adverse health and legal consequences in this population, more work is needed to prevent problematic drinking, especially among those under the legal drinking age.

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

## **Widening the scope of intensive treatment for PTSD in the military health system.** (Note)

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.

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<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.

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<https://doi.org/10.1002/jts.22971>

## **Differential impact of type of killing on posttraumatic stress disorder symptoms in U.S. Army soldiers deployed to Afghanistan.**

Brian C. Kok, Moira Dux, Terry Lee-Wilk, Kristina Clarke-Walper, Joshua E. Wilk

Journal of Traumatic Stress

First published: 13 September 2023

Over the past 20 years, U.S. military conflicts in Iraq and Afghanistan have been marked by high rates of combat and wartime killings. Research on Vietnam-era service members suggests that the type of killing (i.e., killing a combatant vs. noncombatant) is an important predictor of later mental health problems, including posttraumatic stress disorder (PTSD). The present study aimed to update these findings by exploring the impact of type of killing on PTSD symptoms using a sample of postdeployment active duty U.S. Army personnel (N = 875). Using multiple regression analysis, we found that the act of killing a noncombatant was significantly associated with PTSD symptoms,  $B = 7.50$ ,  $p < .001$ , whereas killing a combatant was not,  $B = -0.85$ ,  $p = .360$ . This remained significant after controlling for demographic variables, depressive symptoms, and general combat experiences. These findings support the need for thoughtful postdeployment screenings and targeted clinical interventions.

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<https://doi.org/10.1038/s41386-023-01596-2>

## **Genetic, environmental, and behavioral correlates of lifetime suicide attempt: Analysis of additive and interactive effects in two cohorts of US Army soldiers.**

Campbell-Sills, L., Sun, X., Papini, S., Choi, K. W., He, F., Kessler, R. C., Ursano, R. J., Jain, S., & Stein, M. B.

Neuropsychopharmacology

2023 Oct; 48(11): 1623-1629

Recently developed measures of genetic liability to suicide attempt may convey unique information regarding an individual's risk of suicidal behavior. We calculated a polygenic risk score for suicide attempt (SA-PRS) for soldiers of European ancestry who participated in the Army STARRS New Soldier Study (NSS;  $n = 6573$ ) or Pre/Post

Deployment Study (PPDS; n = 4900). Multivariable logistic regression models were fit within each sample to estimate the association of SA-PRS with lifetime suicide attempt (LSA), and to examine whether SA-PRS displayed additive or interactive effects with environmental and behavioral risk/protective factors (lifetime trauma burden, childhood maltreatment, negative urgency impulsivity, social network size, perceived mattering, and dispositional optimism). Age, sex, and within-ancestry variation were included as covariates. Observed prevalence of LSA was 6.3% and 4.2% in the NSS and PPDS samples, respectively. In the NSS model, SA-PRS and environmental/behavioral factors displayed strictly additive effects on odds of LSA. Results indicated an estimated 21% increase in odds of LSA per 1 SD increase in SA-PRS [adjusted odds ratio (AOR; 95% CI) = 1.21 (1.09-1.35)]. In PPDS, the effect of SA-PRS varied by reports of optimism [AOR = 0.85 (0.74-0.98) for SA-PRS x optimism effect]. Individuals reporting low and average optimism had 37% and 16% increased odds of LSA per 1 SD increase in SA-PRS, respectively, whereas SA-PRS was not associated with LSA in those reporting high optimism. Overall, results suggested the SA-PRS had predictive value over and above several environmental and behavioral risk factors for LSA. Moreover, elevated SA-PRS may be more concerning in the presence of environmental and behavioral risk factors (e.g., high trauma burden; low optimism). Given the relatively small effect magnitudes, the cost and incremental benefits of utilizing SA-PRS for risk targeting must also be considered in future work.

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<https://doi.org/10.1017/S0033291722000915>

**Associations of vulnerability to stressful life events with suicide attempts after active duty among high-risk soldiers: results from the Study to Assess Risk and Resilience in Servicemembers-longitudinal study (STARRS-LS).**

Chu, C., Stanley, I. H., Marx, B. P., King, A. J., Vogt, D., Gildea, S. M., Hwang, I. H., Sampson, N. A., O'Brien, R., Stein, M. B., Ursano, R. J., & Kessler, R. C.

Psychological Medicine  
2023 Jul; 53(9): 4181-4191

**Background:**

The transition from military service to civilian life is a high-risk period for suicide attempts (SAs). Although stressful life events (SLEs) faced by transitioning soldiers are thought to be implicated, systematic prospective evidence is lacking.

#### Methods:

Participants in the Army Study to Assess Risk and Resilience in Servicemembers (STARRS) completed baseline self-report surveys while on active duty in 2011-2014. Two self-report follow-up Longitudinal Surveys (LS1: 2016-2018; LS2: 2018-2019) were subsequently administered to probability subsamples of these baseline respondents. As detailed in a previous report, a SA risk index based on survey, administrative, and geospatial data collected before separation/deactivation identified 15% of the LS respondents who had separated/deactivated as being high-risk for self-reported post-separation/deactivation SAs. The current report presents an investigation of the extent to which self-reported SLEs occurring in the 12 months before each LS survey might have mediated/modified the association between this SA risk index and post-separation/deactivation SAs.

#### Results:

The 15% of respondents identified as high-risk had a significantly elevated prevalence of some post-separation/deactivation SLEs. In addition, the associations of some SLEs with SAs were significantly stronger among predicted high-risk than lower-risk respondents. Demographic rate decomposition showed that 59.5% (s.e. = 10.2) of the overall association between the predicted high-risk index and subsequent SAs was linked to these SLEs.

#### Conclusions:

It might be possible to prevent a substantial proportion of post-separation/deactivation SAs by providing high-risk soldiers with targeted preventive interventions for exposure/vulnerability to commonly occurring SLEs.

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

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

Joneydi, R., Sparks, A. C., Kolenikov, S., Jacobson, I. G., Knobloch, L. K., Williams, C. S., Pflieger, J. C., Corry, N. H., & Stander, V. A.

American Journal of Preventive Medicine  
2023 Oct; 65(4): 627-639

#### Introduction:

Excessive alcohol use is a significant problem in the military. Although there is a



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

Methods:

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

Results:

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

Conclusions:

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

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<https://doi.org/10.1016/j.jad.2023.08.115>

**The relationship between combat exposure and suicide risk in U.S. military veterans: Exploring the role of posttraumatic stress symptoms and religious coping.**

Orak, U., Yildiz, M., Aydogdu, R., Koenig, H. G., & Pietrzak, R. H.

Background:

Rising suicide rates in the U.S. veteran population are a growing concern. Combat exposure has been identified as a potential predictor of suicide risk, but factors that may mediate the relation between combat exposure and suicide risk, and the role of potential coping mechanisms remain largely understudied. To address this gap, this study examined the association between lifetime combat exposure and current suicide risk; whether this association is mediated by posttraumatic stress disorder (PTSD) symptoms; and whether direct and/or indirect associations with combat exposure are moderated by organizational, non-organizational, and intrinsic religiosity.

Methods:

Data were analyzed from the National Health and Resilience in Veterans Study (2019-2020; n = 3843). Ordinary least squares and conditional process analyses were conducted to evaluate the conditional direct and indirect predictors of suicide risk.

Results:

PTSD symptoms significantly mediated the association between combat exposure and suicide risk. Intrinsic religiosity showed significant moderation and reduced the coefficient of PTSD symptoms predicting suicide risk but increased the coefficient of combat exposure predicting PTSD symptoms.

Limitations:

In this cross-sectional, observational study, no conclusions can be made regarding causality.

Conclusions:

Results of this study suggest a multifaceted relationship between combat exposure, PTSD, religiosity/spirituality, and suicide risk in U.S. veterans, and underscore the importance of PTSD and religious coping as part of ongoing suicide prevention efforts in this population.

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<https://doi.org/10.1017/S0033291722000733>

**Childhood adversity, combat experiences, and military sexual trauma: a test and extension of the stress sensitization hypothesis.**

Davis, J. P., Prindle, J., Saba, S., Lee, D. S., Leightley, D., Tran, D. D., Sedano, A., Fitzke, R., Castro, C. A., & Pedersen, E. R.

Psychological Medicine  
2023 Jul; 53(9): 4055-4063

#### Background:

U.S. veterans report high rates of traumatic experiences and mental health symptomology [e.g. posttraumatic stress disorder (PTSD)]. The stress sensitization hypothesis posits experiences of adversity sensitize individuals to stress reactions which can lead to greater psychiatric problems. We extend this hypothesis by exploring how multiple adversities such as early childhood adversity, combat-related trauma, and military sexual trauma related to heterogeneity in stress over time and, subsequently, greater risk for PTSD.

#### Methods:

1230 veterans were recruited for an observational, longitudinal study. Veterans responded to questionnaires on PTSD, stress, and traumatic experiences five times over an 18-month study period. We used latent transition analysis to understand how heterogeneity in adverse experiences is related to transition into stress trajectory classes. We also explored how transition patterns related to PTSD symptomology.

#### Results:

Across all models, we found support for stress sensitization. In general, combat trauma in combinations with other types of adverse experiences, namely early childhood adversity and military sexual trauma, imposed a greater probability of transitioning into higher risk stress profiles. We also showed differential effects of early childhood and military-specific adversity on PTSD symptomology.

#### Conclusion:

The present study rigorously integrates both military-specific and early life adversity into analysis on stress sensitivity, and is the first to examine how sensitivity might affect trajectories of stress over time. Our study provides a nuanced, and specific, look at who is risk for sensitization to stress based on previous traumatic experiences as well as what transition patterns are associated with greater PTSD symptomology.

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<https://doi.org/10.1016/j.jpsychores.2023.111435>

## **Efficacy of non-pharmacological interventions on improving sleep quality in depressed patients: A systematic review and network meta-analysis.**

Aiwen Sun, Xia Wu

Journal of Psychosomatic Research  
Volume 172, September 2023, 111435

### Objective

Depression and sleep are closely related and tend to affect each other. To improve the sleep quality in depressed patients and the depression severity, there is an urgent need to find safer and more effective treatments - non-pharmacological interventions. This network meta-analysis aimed to investigate the effects of non-pharmacological interventions on improving sleep quality of patients with depression.

### Methods

All published literature were searched from four databases (Pubmed, Embase, Cochrane, Web of Science) as of November 2022. The risk of bias of the included studies was assessed using the Cochrane Systematic Review Manual 2.0 bias risk assessment tool. The primary outcome was sleep quality and, the secondary outcome was depression severity.

### Results

This study included 26 randomized controlled trials, involving 11 interventions and 3748 depressed patients. Cognitive-behavioral therapy (CBT) (SMD: 2.80; 95% CI: 1.63,3.96), aromatherapy (SMD: 3.95; 95% CI: 0.71,7.19), and acupuncture (SMD:3.49; 95% CI: 0.88,6.10) statistically and significantly improved sleep quality, compared to education only. CBT and acupuncture both were significantly more effective than education in depression severity. The cluster analysis showed that acupuncture, exercise, and cognitive-behavioral therapy were considered to be more effective non-pharmacological interventions.

### Conclusion

Non-pharmacological interventions are promising in the daily care of depressed patients. In future research, we should value the need for psychological and social aspects of psychiatric care and make better use of nonpharmacological interventions through the biopsychosocial model. (PROSPERO registration number: CRD42023402316).

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<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.

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<https://doi.org/10.1037/bul0000397>

**Male suicide risk and recovery factors: A systematic review and qualitative metasynthesis of two decades of research.**

Bennett, S., Robb, K. A., Zortea, T. C., Dickson, A., Richardson, C., & O'Connor, R. C.

Psychological Bulletin  
(2023) 149(7-8), 371–417

Suicide is a gendered phenomenon, where male deaths outnumber those of women virtually everywhere in the world. Quantitative work has dominated suicide research producing important insights but only a limited understanding of why more men die by suicide. We conducted a qualitative metasynthesis and systematic review of 20 years of narratives both from men who are suicidal and from people who are bereaved by male suicide to identify putative risk and recovery factors. We identified 78 studies that encapsulated insights from over 1,695 people. Using Thomas and Harden's Thematic Synthesis Method, our analysis is built on 1,333 basic codes, 24 descriptive themes, and four analytical themes. We noted an association between cultural norms of masculinity and suicide risk in 96% of studies. Norms relating to male emotional suppression, failing to meet standards of male success, and the devaluing of men's interpersonal needs appeared to be associated with dysregulated psychological pain and suicide risk. Although masculinity is not pathological, we speculate that the interaction and accumulation of cultural harms to men's emotions, self, and interpersonal connections may potentially distinguish men who are suicidal from men who are not. Supporting men to understand and regulate emotions and suicidal pain, expanding possibilities for masculine identity, and building meaningful interpersonal connections were reported as helping support recovery from suicidal crises. Though our sample was predominantly White, cisgendered, and English speaking, and the underlying research designs prevent strong causal inferences, we discuss possible implications of these findings for male suicide intervention and suggestions for future research. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

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<https://doi.org/10.1007/s40501-023-00294-6>

**Moral Injury in Healthcare: Adapting the Building Spiritual Strength (BSS) Intervention to Health and Strength (HAS) for Civilian and Military Healthcare Workers.**

Elizabeth S. Chamberlin PhD, Timothy J. Usset MDiv, MA, MPH, Sophia Fantus PhD, Susannah Robb Kondrath PhD, Mary Butler PhD, MBA, Marcela C. Weber PhD & Melissa A. Wilson PhD, APRN, CCNS

Current Treatment Options in Psychiatry

Published: 11 July 2023

#### Purpose

The COVID-19 pandemic has increased moral distress and injury (MD&I) among healthcare workers (HCWs) and has highlighted a need for intervention. Most MD&I interventions have been with service members and veterans; only five have been empirically tested. Further, with the Defense Health Agency calling for civilian HCWs to provide care for military members, it is necessary to adapt an MD&I intervention that has been shown successful.

#### Recent Findings

Building Spiritual Strength (BSS), one of the five evidence-based MD&I interventions, was adapted for HCWs and renamed Health and Strength (HAS). The changes of the BSS to HAS are described.

#### Summary

HCWs are struggling with MD&I, and an intervention is needed. An already successful MD&I intervention for veterans, BSS is adapted for HCWs.

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<https://doi.org/10.1016/j.jad.2023.07.036>

### **Correlates of avoidance coping in trauma-exposed U.S. military veterans: Results from the National Health and Resilience in Veterans Study.**

Korem, N., Ben-Zion, Z., Spiller, T. R., Duek, O. A., Harpaz-Rotem, I., & Pietrzak, R. H.

Journal of Affective Disorders

2023 Oct 15; 339: 89-97

Avoidant coping strategies, which involve cognitions and behaviors aimed to avoid dealing with stressful experiences, are associated with adverse long-term mental and physical health outcomes. In response to traumatic events, these strategies can be

maladaptive as they may interfere with the adaptive integration of traumatic events into consolidated memories. Using data from a nationally representative sample of more than 3000 trauma-exposed U.S. military veterans (mean time since trauma 30.9 years, SD = 19.9), we employed a network analytic approach to examine pairwise associations between key sociodemographic, personality, and psychosocial risk factors in relation to the endorsement of avoidant coping strategies. Results revealed that negative affect symptoms of posttraumatic stress disorder (PTSD) and adverse childhood experiences were positively associated with engagement in avoidance coping, and that greater emotional stability and conscientiousness were negatively associated with this measure. Secondary network analysis of individual negative affect symptoms of PTSD suggested that blaming oneself and/or others for the traumatic event, emotional neglect, and sexual abuse were most strongly linked to avoidance coping. Collectively, these results suggest that strong feelings of blame related to trauma, emotional neglect, and sexual abuse are associated with greater likelihood of engaging in avoidance coping, while emotional stability and conscientiousness are associated with a lower likelihood of engaging in such strategies.

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<https://doi.org/10.1080/07317115.2023.2234901>

## **An Environmental Scan of Suicide Prevention Resources for Older Veterans in Primary Care.**

Jennifer L. Sullivan , Benjamin Burns, Kelly O'Malley & Michelle Mlinac

Clinical Gerontologist

Published online: 11 Jul 2023

### Objectives

Previous research has identified the critical role of primary care for suicide prevention. Although several suicide prevention resources for primary care already exist, it is unclear how many have been created specifically for older veterans. This environmental scan sought to assemble a compendium of suicide prevention resources to be utilized in primary care.

### Methods

We searched four academic databases, Google Scholar, and Google to identify available suicide prevention resources. Data from 64 resources was extracted and summarized; 15 were general resources and did not meet inclusion criteria.



## Results

Our scan identified 49 resources with three resources specifically developed for older veterans in primary care. Identified resources shared overlapping content, including implementing a safety plan and lethal means reduction.

## Conclusion

Although only 10 of the identified resources were exclusively primary care focused, many of the resources had content applicable to suicide prevention in primary care.

## Clinical Implications

Primary care providers can use this compendium of resources to strengthen suicide prevention work within their clinics including: safety planning, lethal means reduction, assessing for risk factors that place older veteran at increased risk of suicide, and mitigating risk factors through referral to programs designed to support older adult health and well-being.

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<https://doi.org/10.1177/00302228231189642>

## **The Top 100 Most Cited Publications on Suicide: A Citation Analysis.**

Bhatia, G., Thapa, P., & Mathur, R.

OMEGA - Journal of Death and Dying

First published online July 12, 2023

Suicide is one of the leading causes of death globally and a matter of public health concern. Biomedical research on suicide has grown exponentially over the past few decades. Although numerous articles are published on suicide, only some exert significant influence in the evolution of scientific understanding. The number of citations a publication receives are a proxy marker of its impact on the field. Hence we aimed to analyze 100 top-cited articles on suicide till May, 2023, using Google scholar as the search database. These citation classics provide important insights into the historical development and trends in suicide research.

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<https://doi.org/10.1002/jmcd.12285>

## **The relationship between Black racial identity, military identity, and postdeployment reintegration of Black male veterans.**

Keiana Winters, Darvelle Hutchins, Leslie R. Nelson

Journal of Multicultural Counseling and Development

First published: 14 July 2023

Given the increasing rate of military service members who experience mental health issues during reintegration into civilian culture, the need for counselors who specialize in postdeployment reintegration practices for Black men persists. Moreover, a nuanced approach to understanding how best to provide culturally competent support in therapeutic contexts for Black male veterans, a psychologically vulnerable population due to historical experiences of oppression and discrimination, is worthy of additional consideration. This study explored the impact of Black U.S. men's (N = 94) racial and military identities on postdeployment reintegration. Results indicated a significant predictive relationship between Black racial identity, military identity, and postdeployment reintegration. Practical implications and directions for future research are discussed.

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<https://doi.org/10.1177/0095327X231182907>

## **Who Supports the Troops? Social Support Domains and Sources in Active Duty Army Networks.**

Barr, N., Petry, L., Fulginiti, A., Arora, A., Cederbaum, J., Castro, C., & Rice, E.

Armed Forces & Society

First published online July 17, 2023

Social support is a critical determinant of military service members' mental and behavioral health outcomes, but few studies have investigated social support types and sources in the mixed family and military social networks in which service members are embedded. We applied multilevel logistic regression modeling to investigate links between active-duty Army Soldiers' individual demographic and military characteristics, relational characteristics, and social support outcomes, in sample of 241 active-duty

U.S. Army personnel. Results showed that participants who rated unit cohesion higher were more likely to report receiving informational, emotional, and mental health help-seeking support. Participants were more likely to receive informational, emotional, and help-seeking support from a romantic partner or deployment buddy than a relative and less likely to receive help-seeking support from males than females. Findings highlight the critical importance of both unit level and external relationships in meeting Soldiers' social support needs.

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<https://doi.org/10.1016/j.psychres.2023.115354>

### **COVID-19-related media consumption and posttraumatic stress symptoms in U.S. military veterans: A nationally representative, longitudinal study.**

JM Whealin, IC Fischer, PJ Na, RH Pietrzak

Psychiatry Research  
Volume 326, August 2023, 115354

#### **Purpose**

To examine the association between COVID-19 media consumption and pandemic-related posttraumatic stress symptoms (PTSS) in U.S. veterans.

#### **Methods**

A population-based sample of 3,074 U.S. veterans was surveyed prior to the pandemic (fall 2019) and a year later during the height of the pandemic (fall 2020).

#### **Results**

Greater COVID-19 media consumption was associated with pandemic-related PTSS, particularly in veterans with pre-existing posttraumatic stress disorder (PTSD) who were 79% more likely to report pandemic-related PTSS relative to veterans with PTSD who consumed less COVID-19 media.

#### **Conclusion**

COVID-19 media consumption is independently linked to a greater likelihood of pandemic-related PTSS in U.S. veterans.

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<https://doi.org/10.1089/neu.2023.0009>

## **Association between Insomnia and Mental Health and Neurocognitive Outcomes Following Traumatic Brain Injury.**

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### **Study Objectives:**

To describe the association between five previously identified trajectories of insomnia (each defined by a distinct pattern of insomnia severity over 12 months following TBI) and trajectories of mental health and neurocognitive outcomes during the 12 months after TBI.

### **Methods:**

N=2,022 adults from the Federal Inter-agency Traumatic Brain Injury Repository (FITBIR) database and Transforming Research and Clinical Knowledge in Traumatic Brain Injury (TRACK-TBI) study. The following outcome measures were assessed serially at 2 weeks, and 3, 6, and 12 months post-injury: Insomnia Severity Index, Patient Health Questionnaire, PTSD Checklist for DSM-5, PROMIS-PAIN, and Quality of Life After Brain Injury-Overall Scale. Neurocognitive performance was assessed at 2 weeks, 6 and 12 months using the Wechsler Adult Intelligence Scales Processing Speed Index and the Trails Making Test Parts A and B.

### **Results:**

Greater insomnia severity was associated with greater abnormality in mental health, quality of life, and neuropsychological testing outcomes. The pattern of insomnia over time tracked the temporal pattern of all these outcomes for all but a very small number of participants. Notably, severe insomnia at 3 or 6 months post-TBI was a risk factor for poor recovery at 12 months post-injury.

### **Conclusions:**

In this well-characterized sample of individuals with TBI, insomnia severity generally tracked severity of depression, pain, PTSD, quality of life, and neurocognitive outcomes

over 12 months post-injury. More intensive sleep assessment is needed to elucidate the nature of these relationships and to help inform best strategies for intervention.

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**Advancing health equity by understanding race disparities and other factors associated with PTSD symptom improvement following evidence-based psychotherapy.**

Shira Maguen, Adam Batten, Asale Hubbard, Nicholas Holder, ... Brian Shiner

Journal of Anxiety Disorders  
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Several studies found that Black veterans demonstrate less posttraumatic stress disorder (PTSD) symptom improvement than White veterans following PTSD evidence-based psychotherapies (EBPs). We aimed to understand this disparity among veterans receiving EBPs by modeling race with demographic, clinical, and service utilization factors. Using electronic health records, we employed a cohort study of Iraq and Afghanistan War Veterans who initiated PTSD EBP treatment and completed > 2 PTSD symptom measures (N = 21,751). Using hierarchical Bayesian logistic regressions, we modeled the probability of PTSD symptom improvement. Black race was associated with less PTSD improvement (mean posterior odds ratio [MPOR] = 0.92; 95 % plausibility interval [PI] = 0.84, 1.0), as was group therapy (MPOR = 0.67; 95 % PI = 0.62, 0.73). Factors associated with greatest improvement included prolonged exposure (MPOR = 1.35; 95 % PI = 1.25, 1.45) and treatment density (MPOR = 1.40; 95 % PI = 1.36, 1.45). On average, Black veterans evidenced PTSD EBP improvement disparities. Clinical and utilization did not fully account for these disparities, although disproportionate representation of Black veterans in group CPT may explain some of these differences. Understanding experiences such as race-based trauma and chronic racism and discrimination is critical to provide Black veterans with the most effective PTSD care.

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<https://doi.org/10.1016/j.jad.2023.07.100>

**Posttraumatic stress and depressive symptoms and symptom clusters in a sample of treatment-seeking US veterans: Longitudinal associations with meaning in life and general self-efficacy.**

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Journal of Affective Disorders  
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**Objectives**

To quantify the associations between general self-efficacy, subjective meaning in life, and posttraumatic stress and depressive symptoms and symptom clusters in US veterans, both cross-sectionally and longitudinally.

**Methods**

Data from a Veteran Affairs (VA) funded intervention study (n = 191) were examined. Self-report measures of depressive symptoms, general self-efficacy, and meaning in life were collected, along with clinician-rated symptoms of PTSD.

**Results**

Meaning in life was consistently inversely associated with posttraumatic stress and depressive symptoms and symptom clusters cross-sectionally, whereas general self-efficacy was only inversely associated with some aspects of depressive symptoms. Longitudinal analyses further revealed that meaning in life was inversely associated with the cluster D symptoms of PTSD and the cognitive-affective symptoms of depression.

**Conclusions**

Higher meaning in life is associated with less severe symptoms of posttraumatic stress and depressive symptoms, particularly those related to mood. Additional research is needed to determine whether interventions designed to increase meaning in life attenuate these symptoms.

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## Links of Interest

Suicide hotline botched veteran's cry for help. An investigation found critical breakdowns

<https://www.usatoday.com/story/news/nation/2023/09/20/veterans-crisis-line-inspector-general-suicide-failure/70860528007/>

- [A Patient's Suicide Following Veterans Crisis Line Mismanagement and Deficient Follow-Up Actions by the Veterans Crisis Line and Audie L. Murphy Memorial Veterans Hospital in San Antonio, Texas](#) (VA OIG)

Almost 1.5 million vets don't have enough to eat and many aren't seeking help, study finds

<https://www.stripes.com/theaters/us/2023-09-22/veterans-hunger-food-snap-suicide-11456583.html>

- [Food Insecurity Among Veterans: Examining the Discrepancy Between Veteran Food Insecurity and Use of the Supplemental Nutrition Assistance Program](#) (RAND)

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## Resource of the Week: [2023 Women Warriors Report](#)

From the Wounded Warrior Project:

Women represent the fastest-growing population among military service members and veterans. As the population grows, we continue to learn more about their experiences.

In Wounded Warrior Project (WWP) research, for instance, women warriors report a lack of recognition for their service and a misconception of women in combat. They report higher rates of military sexual trauma (MST) and are more likely to present with moderate to severe symptoms of post-traumatic stress disorder (PTSD), depression and anxiety than male warriors.

While women are breaking down barriers in service to our country, they still experience unique challenges – in uniform and after service.

**64.9%**

**of WWP women warriors experienced sexual harassment during service compared to 5.1% of male warriors.**

**53.2%**

**of women warriors had difficulty or delayed getting care for physical injuries or problems.**

**76.9%**

**of women warriors have sought professional mental health care.**

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