

CDP



Research Update -- November 2, 2023

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- Resource of the Week: A Summary of Veteran-Related Statistics (RAND Corporation)

<https://doi.org/10.1080/08995605.2022.2139122>

Diversity, equity, and inclusion correlates of racial/ethnic harassment and discrimination in the U.S. military.

Samantha Daniel, Brice McKeever, Rachel Breslin, Rachel Clare, Ashlea Klahr & Stephanie E. V. Brown

Military Psychology
Volume 35, 2023 - Issue 6

As one of the most racially/ethnically diverse workplaces in the United States, the Department of Defense (DoD) has been on the forefront in driving diversity initiatives. Yet, racial/ethnic harassment and discrimination (REHD) in the military persist and threaten mission readiness. Despite this, limited research exists identifying factors that influence REHD in the U.S. military that could be leveraged for prevention and intervention. In this study, we sought to identify how diversity, equity, and inclusion (DEI) factors in the workplace are associated with REHD in order to identify potential targets for prevention and policy efforts to improve racial/ethnic relations in the U.S. military. Using the 2017 Workplace and Equal Opportunity Survey of Active Duty Members, we found military, leadership, and unit DEI climate factors were the top predictors of REHD, though the relative importance of each predictor varied by racial/ethnic minority status. In particular, we found military and leadership attention to REHD to be the top predictors for Racial/Ethnic Minority active duty members whereas workplace hostility was the top predictor for non-Hispanic White active duty members. Implications for programs and policies surrounding REHD in the U.S. military are discussed.

<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.

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/10.1002/jclp.23556>

Professionals' perspectives on relevant approaches to psychological care in moral injury: A qualitative study.

Serfioti, D., Murphy, D., Greenberg, N., & Williamson, V.

Journal of Clinical Psychology
2023 Oct ;79(10) :2404-2421

Objectives:

Despite the increasing consensus that moral injury (MI) is a unique type of

psychological stressor, there is an ongoing debate about best practices for psychological care. This qualitative study explored the perceptions of UK and US professionals in the field of MI investigating advances and challenges in treatment or support delivery and issues relating to treatment/support feasibility and acceptability.

Methods:

15 professionals were recruited. Semi-structured, telephone/online interviews were carried out, and transcripts were analyzed using thematic analysis.

Results:

Two interconnected themes emerged: perceived barriers to appropriate care for MI cases and recommendations for providing effective care to MI patients. Professionals highlighted the challenges that occur due to the lack of empirical experience with MI, the negligence of patients' unique individual needs and the inflexibility in existing manualised treatments.

Conclusions:

These findings illustrate the need to evaluate the effectiveness of current approaches and explore alternative pathways, which will effectively support MI patients in the long-term. Key recommendations include the use of therapeutic techniques which lead to a personalised and flexible support plan to meet patients' needs, increase self-compassion and encourage patients to reconnect with their social networks. Interdisciplinary collaborations (e.g., religious/spiritual figures), could be a valuable addition following patients' agreement.

<https://www.gao.gov/products/gao-24-105400>

VA Disability Benefits: Actions Needed to Address Challenges Reserve Component Members Face Accessing Compensation

U.S. Government Accountability Office

Published: Oct 30, 2023. Publicly Released: Oct 30, 2023.

Members of the National Guard and the Reserves can claim Veterans Affairs disability benefits. But they may struggle to prove that disabilities are service-related when they only serve part-time—making it harder for them to access benefits.

Although DOD and VA have guidance about disability benefits for those in the reserves, it doesn't cover the importance of documenting how health conditions are related to time on duty. Also, gaps in VA data make it difficult to verify these claims.

We recommended that DOD and VA improve their guidance and data sharing to help those who served in the reserves with this issue, and more.

<https://doi.org/10.1177/15248380221119513>

The Prevalence of Nonsuicidal Self-Injury in Military Personnel: A Systematic Review and Meta-Analysis.

Gromatsky, M., Halverson, T. F., Dillon, K. H., Wilson, L. C., LoSavio, S. T., Walsh, S., Mellows, C., Mann, A. J., Goodman, M., & Kimbrel, N. A.

Trauma, Violence & Abuse
2023 Dec; 24(5): 2936-2952

Military service members and veterans (SMVs) are at risk for self-directed violence, including nonsuicidal self-injury (NSSI). While NSSI is an important construct worthy of independent study, it is understudied among SMVs and, when included in research, typically examined in the context of suicide risk. Consequently, lifetime prevalence rate estimates of NSSI among SMVs vary. This Preferred Reporting Items for Systematic Reviews and Meta-Analyses systematic review and meta-analysis estimated the average lifetime NSSI prevalence among SMVs and explored demographic and methodological factors that may account for observed variability. Based on a search of Ovid MEDLINE, Embase, PsycINFO, and Web of Science, 47 samples from 42 articles across five countries met inclusion criteria. Results revealed an average NSSI lifetime prevalence rate of 15.76% among SMVs. Significantly higher prevalence rates were observed among clinical (28.14%) versus community (11.28%) samples and studies using interviews to assess NSSI (23.56%) versus self-report (13.44%) or chart review (7.84%). Lifetime prevalence increased as publication year increased and decreased as sample size increased. In contrast to prior literature, prevalence rates were comparable between active-duty SMVs, and studies collecting data anonymously versus those that did not. Lifetime prevalence was not moderated by age, gender, race, country, primary research focus, quality of NSSI operationalization, or whether NSSI methods were assessed. Findings suggest NSSI is a pervasive problem among military personnel, particularly within clinical settings, highlighting the need for systematic assessment of

this important but understudied clinical phenomenon among SMVs. Further research is necessary to elucidate additional risk factors for NSSI among SMVs, including trauma exposure.

<https://doi.org/10.1016/j.psychres.2023.115558>

Nonsuicidal self-injury methods among U.S. Veterans: Latent class analysis and associations with psychosocial outcomes.

Zelkowitz, R. L., Halverson, T. F., Patel, T. A., Beckham, J. C., Calhoun, P. S., Pugh, M. J., & Kimbrel, N. A.

Psychiatry Research
2023 Oct 22: 329: 115558

Nonsuicidal self-injury (NSSI) is a debilitating concern among U.S. veterans, with wall/object-punching commonly endorsed as an NSSI method. We examined how this behavior relates to other NSSI methods and psychosocial outcomes. We conducted a latent class analysis (LCA) of NSSI methods among 1,138 Gulf War Era veterans, (77.9% male), 21.7% of whom endorsed lifetime NSSI. We categorized classes based on their associations with age, sex, combat and military sexual assault exposure, then examined the association of class membership with psychosocial indicators. LCA results supported four classes: 1) High punching/banging NSSI (2.5%); 2) Multimethod NSSI methods (6.3%); 3) High-risk, multimethod NSSI (3.1%); and 4) Low-risk NSSI (88.1%). Psychosocial indicators (suicide attempt, ideation, possible depressive or posttraumatic stress disorders, poor psychosocial functioning) were worse for members of the NSSI classes versus those in the low-risk group. A subset of U.S. veterans may engage in NSSI primarily via punching/banging methods. All patterns of NSSI engagement were associated with negative psychosocial outcomes relative to those in the low-risk class of the behavior.

<https://doi.org/10.1093/occmmed/kqad094>

Associations between sleep difficulties and health outcomes in treatment-seeking veterans.

Molloy, N., & Murphy, D.

Occupational Medicine
2023 Oct 20; 73(7): 439-445

Background:

Sleep disturbance in UK Armed Forces personnel appears to be frequent due to factors such as hostile sleeping environments and can persist even once they have transitioned into civilian life. Despite this, there is currently very limited literature surrounding the prevalence and associated factors of insomnia disorder among UK veterans.

Aims:

This study aimed to expand knowledge of the prevalence and associated demographic, military, health and functional outcomes with probable insomnia disorder within a clinical sample of veterans.

Methods:

Treatment-seeking veterans from a national UK mental health charity were invited to complete a questionnaire including socio-demographic, military, health and well-being questions.

Results:

Of the sample, 489 (43%) completed the questionnaire. Seventy per cent of the sample reported having probable insomnia disorder. Having probable insomnia disorder was significantly associated with being younger and having physical health problems. Moreover, unadjusted models found associations between probable insomnia disorder and common mental health difficulties, obsessive-compulsive disorder and complex post-traumatic stress disorder.

Conclusions:

The results suggest that many UK veterans with physical and mental health difficulties experience co-morbid insomnia disorder. Therefore, it is important that clinical services are aware of this prevalence and use targeted interventions to reduce the frequency of insomnia disorder in this population.

<https://doi.org/10.1007/s10896-023-00586-8>

Programs to Address Violence for Military Families: a Systematic Review.

Jessica Dodge, Whitney Wortham, Caroline Kale, Victoria Williamson, Abigail Ross, Stephen Maher, Jennifer Kononowech, Jamie Winters & Kathrine Sullivan

Journal of Family Violence
Published: 26 August 2023

Purpose

Family violence, encompassing intimate partner violence (IPV) and child maltreatment (CM), is a considerable public health issue affecting a large subset of the U.S. population. Military families may be exposed to unique risk factors for experiencing family violence. Interventions to address family violence that are specific to military and Veteran populations are critical to the military family wellbeing as they address the unique military context as well as military stressors. Though a number of these programs exist, to our knowledge, there has been no systematic effort to describe and evaluate these interventions. To address this issue, the present study employs systematic review methods to explore the following research questions: (1) What military family violence interventions are reported in the peer-reviewed literature? (2) What are the characteristics of these interventions? (3) How effective are these interventions?

Methods

This study utilized a systematic review following the PROSPERO (the International Prospective Register of Systematic Reviews) protocol, registration code CRD42022296207.

Results

The initial search returned 3,666 sources. From these, 15 sources evaluating thirteen military family violence interventions were identified. About half of the studies evaluated interventions for Veterans and/or their partners ($n = 7$), one study was for both Veterans and Active Duty service members and/or their partners, four were solely for Active Duty service members and/or their partners and families, two studies were for Veterans alone, and one study addressed a system-level intervention. Only three studies examined child-level outcomes. All studies reported positive intervention outcomes covering a variety of treatment modalities (i.e., group, couples, individual, online, in-person), which ranged from improved anger management skills, including reduced yelling, reductions in physical and psychological IPV, decreases in parenting practices that could potentially become violent, improvement in overall couples functioning, and increased relationship satisfaction. While all studies reported positive outcomes, their effect sizes ranged from small to large.

Conclusion

This study had three main findings: (1) The majority of interventions were for Veterans and/or their partners rather than active service personnel; (2) All interventions reported positive outcomes in the reduction of self-reported IPV, with the majority of these outcomes maintained over time; (3) While we intended to assess military family-level interventions that targeted IPV and CM, we only found three studies that targeted or included CM. Future research should explore how different treatment modalities (e.g., couples, individual, group, in-person, online) could affect long-term IPV treatment outcomes and should focus on how to best incorporate children, including documenting if there are children in the household, into IPV treatments/programs for military families.

<https://doi.org/10.1080/21635781.2023.2246894>

Associations of Warzone Veteran and Intimate Partner PTSD Symptoms with Child Depression, Anxiety, Hyperactivity, and Conduct Problems.

Helen Z. MacDonald, Molly R. Franz, Anica Pless Kaiser, Lewina O. Lee, Amy E. Lawrence, John A. Fairbank & Jennifer J. Vasterling

Military Behavioral Health

Published online: 25 Aug 2023

Warzone deployment increases risk for posttraumatic stress disorder symptoms (PTSS), including among service members who have children. Parental PTSS are associated with child depression, anxiety, hyperactivity, and conduct problems, yet few studies of child behavioral health outcomes in military populations have accounted for PTSS in both warzone veterans and their partners. Fewer still incorporate non-clinically-recruited samples of nationally dispersed warzone veterans and their families. The current research examines whether children whose parent(s) have higher levels of PTSS exhibit more behavioral health symptoms. One hundred and thirty-three Iraq and Afghanistan War veterans and their cohabitating partners completed clinical interviews and self-report questionnaires. Higher intimate partner PTSS, more extensive child exposure to stressful life events, and being an adolescent were significantly associated with child depression after adjusting for warzone veteran PTSS, demographics, and recent warzone veteran absence from the household. Greater child exposure to stressful life events was also associated with child conduct problems. Treatment of PTSD symptoms experienced by warzone veterans' intimate partners, and preventative

interventions aimed at helping the children of warzone veterans cope with stress, may ultimately yield positive benefits for the behavioral health of children in military families.

<https://doi.org/10.1037/trm0000469>

Influence of trauma and personality on posttraumatic cognitions in military veterans.

Moreland, M. L., Rickman, S. R. M., & Yalch, M. M.

Traumatology

Advance online publication

Military veterans are exposed to a number of traumatic stressors during their military service. These stressors may be related to combat (e.g., rifle and mortar fire, improvised explosive devices) and situations other than combat (e.g., sexual assault, training accidents). Both forms of traumatic stressors are associated with negative mental health consequences, in part due to the meaning veterans make of them (i.e., posttraumatic cognitions). Posttraumatic cognitions that develop in the aftermath of trauma often involve negative thoughts of the self, the world, and self-blame. However, trauma is not the only factor associated with posttraumatic cognitions. Another factor that may influence posttraumatic cognitions is personality, which is often conceptualized in terms of five traits (agreeableness, conscientiousness, extraversion, neuroticism, and openness). Research suggests that of these traits, neuroticism has the strongest association with posttraumatic cognitions over and above trauma, although this has not been examined with respect to military trauma. In this study, we examined the influence of military trauma (i.e., combat and noncombat trauma), and personality traits on posttraumatic cognitions in a sample of veterans (N = 93) recruited through Amazon's Mechanical Turk. Results suggest that neuroticism had a strong association with each posttraumatic cognition and that combat and negative life events had small associations with negative thoughts of the self and the world, respectively. These findings highlight the role of personality in posttraumatic cognitions and underscore the importance of considering neuroticism in clinical treatment. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1037/tra0001551>

Leadership in Moral Awareness: Initial Evidence From U.S. Army Soldiers Returning From Deployment.

Gutierrez, I. A., Krauss, S. W., & Adler, A. B.

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

Objective:

To determine whether moral awareness leadership moderated the relationship between combat experiences and soldier mental health symptoms following deployment.

Method:

The Leadership in Moral Awareness Scale (LIMAS) was evaluated using anonymous surveys completed by 177 U.S. Army National Guardsmen. The survey also assessed general leadership, combat experiences, and posttraumatic stress disorder (PTSD), anxiety, and depression symptoms. Following factor analyses of the LIMAS, moderated regression models examined interactions between the LIMAS and combat experiences on mental health symptoms. Results: Six items were selected to comprise the LIMAS. No main effect of the LIMAS was found for mental health variables after adjusting for general leadership. There were significant interaction effects between the LIMAS and combat experiences for depression and anxiety symptoms. Soldiers with higher levels of combat experiences reported fewer mental health symptoms if their leaders were rated highly on the LIMAS. Conclusions: The LIMAS may offer a useful tool for assessing leader behaviors that can counteract negative mental health outcomes associated with combat. Findings provide support for encouraging leaders to focus on moral awareness during deployment.

<https://doi.org/10.1186/s12889-023-16548-0>

Changes in body mass index and behavioral health among adolescents in military families during the COVID-19 pandemic: a retrospective cohort study.

Tracey Pérez Koehlmoos, Cathaleen Madsen, Amanda Banaag & Terry Adirim

Background

Widely published findings from the COVID-19 pandemic show adverse effects on body mass index (BMI) and behavioral health in both adults and children, due to factors such as illness, job loss, and limited opportunity for physical and social activity. This study investigated whether these adverse effects were mitigated in adolescents from military families, who are universally insured with consistent access to healthcare, and who generally have at least one parent who must adhere to physical and mental fitness as a condition of employment.

Methods

We conducted a cohort study using two groups of adolescents receiving care in the U.S. Military Health System during the COVID-19 pandemic; one for changes in Body Mass Index (BMI) and the second for changes in behavioral health diagnoses, using TRICARE claims data. Beneficiaries (160,037) ages 13 to 15 years in fiscal years 2017–2018, were followed up during October 2020 to June 2021.

Results

Among the BMI cohort, 44.32% of underweight adolescents moved to healthy weight, 28.48% from overweight to obese, and 3.7% from healthy weight to underweight. Prevalence of behavioral disorders showed an overall 29.01% percent increase during the study period, which included in mood (86.75%) and anxiety (86.49%) disorders, suicide ideation (42.69%), and suicide attempts (77.23%). Decreases in percent change were observed in conduct disorders (-15.93%) and ADD/ADHD (-8.61%).

Conclusions

Adolescents in military families experienced adverse health outcomes during the pandemic at approximately the same rates as those in non-military families, suggesting that universal insurance and military culture were not significantly mitigating factors. Obesity and underweight present significant opportunities to intervene in areas such as exercise and food access. Decreased conduct disorders and ADD/ADHD may reflect lower prevalence due to favorable home environment, or lower rates of diagnosis and referral; however, increased rates of anxiety, mood disorders, suicide ideation and attempt are especially concerning. Care should be taken to ensure that adolescents receive consistent opportunity for physical activity and social interaction, and those at risk for suicide should receive active monitoring and appropriate referral to behavioral healthcare providers.

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

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

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/10.1177/08948453231198064>

Facilitating United States Service Members' Transition Out of the Military: A Self-Determination Theory Perspective.

Journal of Career Development

First published online August 24, 2023

The purpose of the current qualitative research was to explore the role of veterans' basic psychological needs during the military transition. Using purposive and snowball sampling, 16 veterans ($n = 13$ male, $n = 3$ female; $M_{age} = 38.3$, $SD_{age} = 5.8$ years) of

the United States military (n = 8 Army, n = 4 Marine Corps, n = 3 Navy) were recruited to participate in semi-structured interviews. Reflexive thematic analysis of the qualitative data revealed seven themes: (a) veterans experienced different levels of relatedness in the military community during their transition, (b) perceptions of choice and control had varying influences on veterans' sense of autonomy during their transition, (c) veterans experienced a false sense of competence starting the transition, (d) figuring out how to transfer military experiences and skills to civilian jobs posed a meaningful challenge for veterans' sense of competence throughout the application process, (e) multiple factors helped veterans regain their sense of competence during the job search, (f) veterans experienced difficulties adjusting to new civilian job environment, and (g) family played a major role in fostering veterans' sense of autonomy during the transition. These findings offer multiple conceptual and practical implications, including the context-specificity of perceived competence and relatedness, challenge of skill transfer, and temporality of backup plans, that can be used to help service members' transition more effectively.

<https://doi.org/10.1007/s13311-023-01419-8>

An Understated Comorbidity: The Impact of Homelessness on Traumatic Brain Injury.

Monsour, M., Lee, JY. & Borlongan, C.

Neurotherapeutics

Published: 28 August 2023

Traumatic brain injury (TBI), a neurovascular injury caused by external force, is a common diagnosis among veterans and those experiencing homelessness (HL). There is a significant overlap in the veteran and homeless population, possibly accounting for the two to seven times greater incidence of TBI among those experiencing HL than the general population. Despite these statistics, individuals experiencing HL are often underdiagnosed and ineffectively treated for TBI. We introduced a novel model of HL. Over 5 weeks, adult Sprague–Dawley rats were randomly assigned to one of the following conditions: TBI only, HL only, TBI + HL, or control (n = 9 per group). To emulate HL, animals (2 animals per cage) were exposed to soiled beddings for 5 weeks. Subsequently, animals were introduced to TBI by using the moderate controlled cortical impact model, then underwent 4 consecutive days of behavioral testing (beam walk (BW), elevated body swing test (EBST), forelimb akinesia (FA), paw grasp (PG), Rotorod, and elevated T-maze). Nissl staining was performed to determine the peri-

impact cell survival and the integrity of corpus callosum area. Motor function was significantly impaired by TBI, regardless of housing (beam walk or BW 85.0%, forelimb akinesia or FA 104.7%, and paw grasp or PG 100% greater deficit compared to control). Deficits were worsened by HL in TBI rats (BW 93.3%, FA 40.5%, and PG 50% greater deficit). Two-way ANOVA revealed BW ($F(4, 160) = 31.69, p < 0.0001$), FA ($F(4, 160) = 13.71, p < 0.0001$), PG ($F(4, 160) = 3.873, p = 0.005$), Rotorod ($F(4, 160), p = 1.116$), and EBST ($F(4, 160) = 6.929, p < 0.0001$) showed significant differences between groups. The Rotorod and EBST tests showed TBI-induced functional deficits when analyzed by day, but these deficits were not exacerbated by HL. TBI only and TBI + HL rats exhibited typical cortical impact damage ($F(3,95) = 51.75, p < 0.0001$) and peri-impact cell loss compared to control group ($F(3,238) = 47.34, p < 0.0001$). Most notably, TBI + HL rats showed significant alterations in WM area measured via the corpus callosum ($F(3, 95) = 3.764, p = 0.0133$). Worsened behavioral outcomes displayed by TBI + HL rats compared to TBI alone suggest HL contributes to TBI functional deficits. While an intact white matter, such as the corpus callosum, may lessen the consequent functional deficits associated with TBI by enhancing hemispheric communications, there are likely alternative cellular and molecular pathways mitigating TBI-associated inflammatory or oxidative stress responses. Here, we showed that the environmental condition of the patient, i.e., HL, participates in white matter integrity and behavioral outcomes, suggesting its key role in the disease diagnosis to aptly treat TBI patients.

<https://doi.org/10.1001/jamaneurol.2023.2893>

Trends in Suicide Rates Among Post-9/11 US Military Veterans With and Without Traumatic Brain Injury From 2006-2020.

Howard, J. T., Stewart, I. J., Amuan, M. E., Janak, J. C., Howard, K. J., & Pugh, M. J.

JAMA Neurology
2023; 80(10): 1117-1119

In 2020, the suicide rate among US veterans was 31.7 per 100 000, 57.3% greater than nonveterans, and suicide was the second leading cause of death for veterans younger than 45 years. Between 2000 and 2020, over 460 000 US service members were diagnosed with traumatic brain injuries (TBIs). Veterans serving after 9/11 have higher suicide rates compared to the US population, which is exacerbated by TBI exposure.

This study examined trends in suicide rates for veterans with and without TBI compared with the US adult population.

<https://doi.org/10.1177/1557085123119791>

Prosecuting Military Sexual Assault: The Entanglement of Military Discourse and Victim Stereotypes in Prosecutor Case Strategies.

Bonnes, S., & Tosto, S. A.

Feminist Criminology

First published online August 27, 2023

High rates of sexual assault within the United States Armed Forces have led to several initiatives designed to combat sexual violence and increase prosecution of perpetrators. While scholars argue that the military's hypermasculine culture contributes to high rates of victimization, less is known about how this culture impacts each case within the military justice system. Using in-depth interviews, we explore how military prosecutors develop strategies to navigate this uniquely gendered terrain as it intersects with victim stereotypes. Findings suggest that prosecutors invoke military discourse to combat rape myths but are constrained by gendered assumptions of the ideal servicemember.

<https://doi.org/10.1007/s10862-023-10082-4>

Investigating Relations Between the Symptoms of Panic, Agoraphobia, and Suicidal Ideation: The Significance of Comorbid Depressive Symptoms in Veterans with Panic Disorder.

Daniel F. Gros, Jeffrey M. Pavlacic, Jennifer M. Wray & Derek D. Szafranski

Journal of Psychopathology and Behavioral Assessment

Published: 28 August 2023

Although panic disorder has been frequently associated with increased suicidal ideation and behaviors, there are multiple explanations for this association in the literature. For example, some research has demonstrated panic disorder symptoms to mediate

agoraphobia and suicidal ideation, while other researchers have hypothesized that comorbid depression symptoms contribute to suicidal ideation across anxiety disorders. Of note, none of these studies were completed in veterans, a population at higher risk for suicide relative to civilian samples. The present study investigated relations between the symptoms of panic, agoraphobia, depression, and suicidal ideation in 58 veterans diagnosed with panic disorder via correlations, hierarchical regression, and exploratory path analyses. Multiple models were investigated based on prior research. The final path model demonstrated that symptoms of panic disorder predicted agoraphobia symptoms, with agoraphobia predicting symptoms of depression. Symptoms of depression, then, predicted suicidal ideation. Discussion of the findings related to comorbid depressive symptoms highlight considerations for the assessment and treatment practices for panic disorder, with a particular focus on veterans receiving care within Veterans Affairs Healthcare System.

<https://doi.org/10.1177/00207640231194478>

Microaggression toward LGBTIQ people and implications for mental health: A systematic review.

Marchi, M., Travascio, A., Uberti, D., De Micheli, E., Quartaroli, F., Laquatra, G., Grenzi, P., Pingani, L., Ferrari, S., Fiorillo, A., Converti, M., Pinna, F., Amaddeo, F., Ventriglio, A., Mirandola, M., & Galeazzi, G. M.

International Journal of Social Psychiatry
First published online August 28, 2023

Background:

Research suggests that microaggressions detrimentally impact the mental health of members of marginalized social groups.

Aims:

The aim of this systematic review was to assess the exposure to microaggressions and related implications on mental health of Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ) people.

Method:

Medline, Scopus, PsycINFO, CINAHL, and EMBASE were searched until January 2023. Studies reporting data on the exposure to microaggressions toward LGBTIQ people were identified. Meta-analyses of rates of exposure to microaggression and of the

association between microaggressions and mental health outcomes were based on odds ratio (OR) and standardized mean difference (SMD) with 95% confidence intervals (95% CI), estimated through inverse variance models with random effects.

Results:

The review process led to the selection of 17 studies, involving a total of 9036 LGBTIQ people, of which 6827 identifying as cisgenders, and 492 as heterosexuals, were included in the quantitative synthesis. Overall, LGBTIQ people showed an increased risk of microaggression (SMD: 0.89; 95% CI [0.28, 1.50]), with Transgender people having the highest risk (OR: 10.0; 95% CI [3.08, 32.4]). Microaggression resulted associated with risk of depression (SMD: 0.21; 95% CI [0.05, 0.37]), anxiety (SMD: 0.29; 95% CI [0.17, 0.40]), suicide attempts (OR: 1.13; 95% CI [1.08, 1.18]), alcohol abuse (OR: 1.32; 95% CI [1.13, 1.54]), but not to suicidal ideation (OR: 1.56; 95% CI [0.64, 3.81]) and cannabis abuse (OR: 1.44; 95% CI [0.82, 2.55]). The quality of the evidence was limited by the small number of studies.

Conclusions:

LGBTIQ people are at higher risk of microaggressions compared with their cisgender/heterosexual peers, which may lead to mental health consequences. This evidence may contribute to public awareness of LGBTIQ mental health needs and suggest supportive strategies as well as preventive interventions (e.g., supportive programs and destigmatizing efforts) as parts of tailored health-care planning aimed to reduce psychiatric morbidity in this population.

<https://doi.org/10.1007/s10862-023-10077-1>

Attentional Risk Factors for Suicidal Thoughts and Behaviors: A Synthesis of the Literature and Meta-Analysis.

Kate Clauss, Katherine Schafer, Vanessa C. Somohano, Maya E. O'Neil, Joseph Constans, Amanda M. Raines & Joseph R. Bardeen

Journal of Psychopathology and Behavioral Assessment

Published: 28 August 2023

Although suicide is a pervasive public health issue, strong predictors of suicidal thoughts and behaviors (STBs, e.g., passive or active suicidal ideation, suicide plans, suicide attempts, etc.) are lacking. Theory suggests that attentional processes, such as

attentional bias and attentional control, may contribute to STBs. Specifically, among individuals with suicidal ideation, attentional biases towards suicide-related information may increase distress. This combined with the inability to disengage and shift attention away from suicidal thoughts (i.e., deficits in attentional control) might contribute to increased risk for negative outcomes (i.e., non-suicidal self-injury, suicidal behavior). Despite this notion, there has been limited research examining associations between attentional risk factors and STBs. Therefore, the purpose of this study was to conduct a meta-analysis to examine possible associations between attentional biases and STBs and attentional control and STBs. A comprehensive literature search was conducted and a total of 20 articles were retained for this meta-analysis. A small, but significant relationship was observed between attentional bias and STBs ($r = .09$, 95% CI: .06, .13), but not attentional control and STBs ($r = -.04$, 95% CI: -.21, .12). The limited number of studies identified, and therefore low power, precluded moderator analyses from being conducted. Moreover, additional experimental and longitudinal research with diverse assessments of attentional risk factors is needed. Despite these limitations, the present study provides preliminary evidence for the association between attentional bias and STBs.

<https://doi.org/10.1016/j.jciq.2023.08.008>

Does Suicide Risk Screening Improve the Identification of Primary Care Patients Who Will Attempt Suicide Versus Depression Screening Alone?

Bryan, C. J., Allen, M. H., Bryan, A. O., Thomsen, C. J., Baker, J. C., & May, A. M.

The Joint Commission Journal on Quality and Patient Safety

Available online 27 August 2023

Objective

The effectiveness of suicide risk screening relative to depression screening alone among primary care patients has not been tested rigorously. This study compared the performance of multiple depression screening methods (Patient Health Questionnaire [PHQ]-2, PHQ-8, and PHQ-9) and multiple suicide risk screening methods (PHQ-9 item 9 and suicide-focused screening of “thoughts of killing yourself” during the entire lifespan, within the past month, and within the past week) in a convenience sample of primary care patients.

Methods

A total of 2,744 patients (military personnel, family members, and retirees) from six military primary care clinics completed the PHQ-9 and screening for suicidal ideation (SI) during routine clinic visits. Follow-up phone interviews were conducted for one year post-baseline to assess the incidence of suicide attempts, the study's primary outcome. Sensitivity, specificity, accuracy, and F1 statistics were calculated for each screening method for identifying patients who attempted suicide.

Results

More than 65% of patients who screened positive for SI also screened positive for depression on the PHQ-9. Depression screening with the PHQ-9 correctly identified more patients who attempted suicide during follow-up than the PHQ-2, past week SI, and past month SI. The PHQ-9 correctly identified more patients who attempted suicide within 3 months than lifetime SI, but lifetime SI correctly identified more patients who attempted suicide within 6 and 12 months.

Conclusion

Depression screening with the PHQ-9 was the most effective strategy for identifying patients who attempted suicide in the near term. Universal suicide risk screening is unlikely to meaningfully improve identification of higher-risk patients beyond PHQ-9 depression screening.

<https://doi.org/10.1016/j.sleep.2023.08.025>

The role of affect in associations between sleep disturbances and posttraumatic stress disorder symptoms: A systematic review.

BA Messman, A Fentem, S Compton, E Griffith, H Blumenthal, AA Contractor, DC Slavish

Sleep Medicine

Volume 110, October 2023, Pages 287-296

Highlights

- Affect may play a role in explaining the link between sleep and PTSD symptoms.
- Research examining affect, sleep, and PTSD simultaneously is limited.
- 4 studies supported that negative affect impacts sleep-PTSD links.
- 3 studies supported that negative and positive affect impact PTSD-sleep links.

- Evidence-based interventions for both PTSD and sleep may benefit targeting affect.

Abstract

Strong evidence supports a bidirectional association between sleep disturbances and posttraumatic stress disorder (PTSD). Affect – temporary internal states experienced as feeling good or bad, energized or enervated – may play a central role in explaining this link. The current systematic review summarizes the literature on associations between sleep, PTSD, and affect among trauma-exposed adults. We systematically searched five electronic databases (PubMed, PsycInfo, PTSDpubs, Web of Science, CINAHL) using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. Of 2656 screened articles, 6 studies met inclusion criteria. Four findings emerged: (1) greater insomnia symptom severity predicted greater PTSD symptom severity above the influence of negative affect, (2) negative affect mediated the effect of sleep quality on next-day PTSD symptom severity, (3) positive affect mediated the effect of PTSD symptom severity on insomnia symptom severity and sleep disturbances, and (4) greater negative affect (specifically, greater anger) was associated with greater severity of PTSD and sleep disturbances. Findings highlight areas for future research, such as the need to investigate more dimensions, timescales, and methods of studies simultaneously assessing affect, sleep, and PTSD, as well as the need for more longitudinal and experimental work to determine causality across these constructs.

<https://doi.org/10.1111/jsr.14023>

Tailoring cognitive behavioural therapy for insomnia across contexts, conditions, and individuals: What do we know, where do we go?

Meagan E. Crowther, William J. Saunders, Tracey L. Sletten, Sean P. A. Drummond, Bei Bei

Journal of Sleep Research

First published: 29 August 2023

Cognitive behavioural therapy for insomnia (CBT-I) is considered the front-line treatment for insomnia. Despite the demonstrated effectiveness of CBT-I, it is necessary to consider how CBT-I may be tailored to different individuals. The purpose of the present review is to provide a summary of literature on tailoring CBT-I to different

individuals and provide directions for future research. This review focused on the following domains of adaptation: (i) tailoring CBT-I components to individuals with comorbid mental or physical health conditions such as comorbid depression and pain; (ii) adapting CBT-I delivery for different contexts in which individuals exist, such as inpatient, educational, and different social/cultural settings, (iii) adapting CBT-I to specific individuals via case-formulation in clinical settings. We highlight current gaps in the exploration of tailored CBT-I, including a lack of research methodology to evaluate tailored interventions, a need for the integration of ongoing individualised assessment to inform treatment, and the necessary involvement of consumers and stakeholders throughout the research and treatment development process. Together, this review showed abundant adaptations in CBT-I already exist in the literature. Future research is needed in understanding when and how to apply adaptations in CBT-I and evaluate the benefits of these adaptations.

<https://doi.org/10.1007/s11325-023-02905-1>

Association of sleep duration and risk of mental disorder: a systematic review and meta-analysis.

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Sleep and Breathing

Published: 29 August 2023

Background

The effects of sleep duration on the development of mental illness remain controversial. Therefore, it is necessary to identify the effects of long or short sleep duration on psychological disorders, which could reveal new ways for preventing and treating mental health conditions cheaply.

Methods

Identifying published papers was accomplished by using the following five English databases on March 16, 2022: PubMed, MEDLINE, Embase, Web of Science databases, and Scopus. Cross-sectional and cohort studies were considered if they evaluated the association of sleep duration with all kinds of mental illness in adults. We excluded case reports, editorials, narrative reviews, and studies without detailed information on sleep duration. Summary effect-size estimates were expressed as risk

ratios (RRs) or odds ratios (ORs) with 95% confidence intervals and were evaluated using random-effect models. Mantel-Haenszel's random-effects model was used to estimate the inconsistency index (I²) and Tau² index (measurement of heterogeneity).

Results

A total of 52 studies were included in this analysis, consisting of 14 cohort studies and 38 cross-sectional studies. These studies involved a combined sample size of 1,407,891 participants who met the inclusion criteria. Cohort (adjusted RR = 1.42, 95% CI: 1.26–1.60, P < .001, I² = 37.6%, Tau² = 0.014) and cross-sectional studies (adjusted OR = 1.67, 95% CI: 1.57–1.77, P < .001, I² = 79.7%, Tau² = 0.060) concluded that short sleep duration increased mental disorder risks. The same conclusions were acquired in the subgroup analysis, especially for depression (adjusted RR = 1.43, 95% CI: 1.24–1.65, P < .001, I² = 80.4%, Tau² = 0.082), anxiety (adjusted RR = 1.30, 95% CI: 1.04–1.63, P = .002, I² = 0.0%, Tau² = 0.000), and PTSD (adjusted RR = 1.35, 95% CI: 1.04–1.76, P = .022, I² = 24.1%, Tau² = 0.013) in cohort studies. The results of subgroup analysis indicated that long sleep duration was not a risk factor for depression (adjusted RR = 1.15, 95% CI: 0.98–1.34, P = .088, I² = 63.4%, Tau² = 0.045) and anxiety (adjusted RR = 1.37, 95% CI: 0.93–2.03, P = .114, I² = 0.0%, Tau² = 0.000).

Conclusions

Short sleep duration, not long sleep duration, is an independent predictor of developing mental disorders, particularly anxiety and depression.

Links of Interest

Military suicide rates mostly steady over past decade

<https://www.militarytimes.com/news/your-military/2023/10/26/military-suicide-rates-mostly-steady-over-past-decade/>

- [Annual Report on Suicide in the Military – Calendar Year 2022](#)

Veterans Who Are Food Insecure Are Less Likely to Seek Help Than Civilians

<https://thewarhorse.org/food-insecure-veterans-less-likely-to-use-food-stamps/>

ICYMI: VA/DOD release two new and one revised Clinical Practice Guidelines for mental health

<https://content.govdelivery.com/accounts/USMHS/bulletins/371f993>

One-person show 'Every Brilliant Thing' offers Navy a fresh approach to mental wellness

<https://www.pilotonline.com/2023/10/30/one-person-show-every-brilliant-thing-offers-navy-a-fresh-approach-to-mental-wellness/>

2023 Veterans Day Deals, Discounts and Freebies

<https://www.military.com/veterans-day/veterans-day-military-discounts.html>

How families want to address guns and veteran suicide prevention

<https://www.militarytimes.com/veterans/2023/10/31/how-families-want-to-address-guns-and-veteran-suicide-prevention/>

Resource of the Week: [A Summary of Veteran-Related Statistics](#)

New, from the RAND Corporation. From [press release](#):

A factbook highlighting information about the demographics, mental health and labor market outcomes for U.S. military veterans has been released by the nonprofit RAND Corporation in advance of the Veterans Day holiday.

The publication, which is accompanied by a collection of infographics about the findings, draws upon a variety of nationally representative datasets to generate evidence-based, representative baseline estimates related to veterans. It is intended to serve as a resource for individuals and groups interested in the welfare of U.S. veterans.

The report explores trends and estimates about the demographics of the veteran population by drawing primarily from the American Community Survey. The document focuses on current and historical estimates of the size, sex, age, race/ethnicity, educational attainment, and geographic distribution of the veteran population as compared with nonveterans.

The report details trends about the mental health of veterans by drawing primarily from the National Survey on Drug Use and Health. It focuses specifically on trends in psychological distress and suicidality, substance use disorders and behaviors, and mental health and alcohol/drug use treatment among veterans and nonveterans.

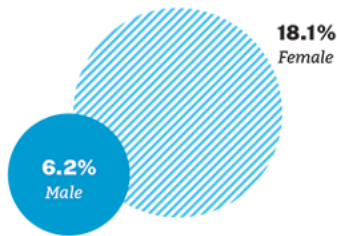


Prevalence of Past-Year Serious Psychological Distress Among U.S. Veterans



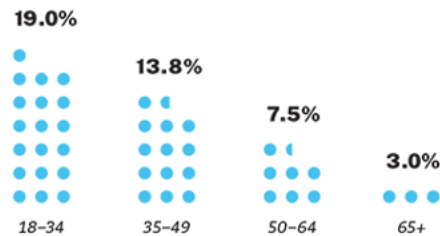
GENDER

Serious psychological distress is nearly 3 times higher among female veterans than among male veterans.



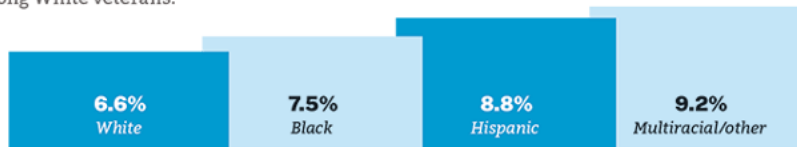
AGE

Serious psychological distress is more than 6 times higher among veterans aged 18–34 than among veterans aged 65 or above.



RACE/ETHNICITY

Serious psychological distress is 1.4 times higher among multiracial/other race veterans than among White veterans.



SEXUAL IDENTITY

Serious psychological distress is more than 2 times higher among gay/lesbian veterans and nearly 3.5 times higher among bisexual veterans than among heterosexual veterans.



SOURCE: National Survey on Drug Use and Health, pooled 2015–2019.

NOTE: Psychological distress is defined as a nonspecific indicator of probable mental health problems severe enough to cause some impairment in social, occupational, or school functioning and to require treatment.



This infographic describes work done in RAND Education and Labor and documented in *A Summary of Veteran-Related Statistics*, by Eric Robinson, Justin W. Lee, Teague Ruder, Megan S. Schuler, Gilad Wenig, Carrie M. Farmer, Jessica Phillips, and Rajeev Ramchand, RR-A1363-5, 2023 (available at www.rand.org/t/RR1363-5). To view this infographic online, visit www.rand.org/t/IGA1363-1. © 2023 RAND Corporation

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