

CDP



Research Update -- November 9, 2023

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<https://doi.org/10.1037/fsh0000823>

Improving function through primary care treatment of posttraumatic stress disorder study outcomes: A randomized controlled trial of prolonged exposure for primary care in veterans.

Rauch, S. A. M., Kim, H. M., Acierno, R., Ragin, C., Wangelin, B., Blicht, K., Muzzy, W., Hart, S., & Zivin, K.

Families, Systems, & Health
Advance online publication

Introduction:

Despite high cost and wide prevalence of posttraumatic stress disorder (PTSD) in veteran populations, and Veterans Health Administration (VA)-wide mental health provider training in evidence-based treatments for PTSD, most veterans with PTSD do not receive best practices interventions. This may be because virtually all evidence-based PTSD treatment is offered through specialty clinics, which require multiple steps and referrals to access. One solution is to offer PTSD treatment in VA primary care settings, which are often the first and only contact point for veterans.

Method:

The present study, Improving Function Through Primary Care Treatment of PTSD (IMPACT), used a randomized controlled design to compare an adaptation of prolonged exposure for PTSD to primary care (PE-PC) versus best practices Primary Care Mental Health Integration (PCMHI) clinic treatment as usual (TAU) in terms of both functioning and psychological symptoms in 120 veterans recruited between April 2019 and September 2021.

Results:

Participants were mostly males (81.7%) with a mean age of 43.6 years ($SD = 12.8$), and more than half were non-White veterans (50.8%). Both conditions evinced significant improvement over baseline across functioning, PTSD, and depression measures, with no differences observed between groups. As observed in prior studies, PTSD symptoms continued to improve over time in both conditions, as measured by structured clinical interview.

Discussion:

Both PE-PC and best-practices TAU are effective in improving function and reducing PTSD severity and depression severity. Although we did not observe differences

between the two treatments, note that this study site and two PCMHI clinics employ primarily cognitive behavioral therapies (e.g., exposure and behavioral activation). (PsyInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1002/jts.22982>

The interactions between patient preferences, expectancies, and stigma contribute to posttraumatic stress disorder treatment outcomes.

John C. Moring, Alan L. Peterson, Casey L. Straud, Jordan Ortman, Jim Mintz, Stacey Young-McCaughan, Cindy A. McGeary, Donald D. McGeary, Brett T. Litz, Alexandra Macdonald, John D. Roache, Patricia A. Resick, for the STRONG STAR Consortium

Journal of Traumatic Stress

First published: 26 October 2023

Cognitive processing therapy (CPT) is an effective treatment for posttraumatic stress disorder (PTSD); however, some patients do not improve to the same extent as others. It is important to understand potential factors that can be modified for better patient outcomes. This clinical trial implemented a three-arm, equipoise-stratified randomization design to allow for the accommodation of patient preference before randomization to one of three CPT treatment modalities: in-home, in-office, or telehealth. This study examined whether satisfaction with the modality, perceived stigma, expectations of therapy, and credibility of the therapist differed between modalities and whether these factors impacted treatment outcomes. We hypothesized that the contributions of these variables would depend upon whether participants opted out of any treatment arms and that these factors would predict treatment outcomes. Participants who endorsed less perceived stigma demonstrated larger reductions in PTSD symptom severity than those with similar levels of perceived stigma in the telehealth and in-office conditions, $\eta^2 = .12-.18$. Participants who endorsed lower satisfaction with their treatment modality and were assigned to the in-home condition experienced larger PTSD symptom reductions than those with similar dissatisfaction in the telehealth and in-office conditions, $\eta^2 = .20$. The results show the robustness of evidence-based therapies for PTSD given that dissatisfaction did not impede treatment success. In addition, they demonstrate that it is important for clinicians to address stigma before initiating evidence-based therapies for PTSD. Strategies to address these factors are discussed.

<https://doi.org/10.1001/jamanetworkopen.2023.41383>

Use, Potential Use, and Awareness of the 988 Suicide and Crisis Lifeline by Level of Psychological Distress.

Purtle, J., McSorley, A. M., Adera, A. L., & Lindsey, M. A.

JAMA Network Open
October 31, 2023

The 988 Suicide and Crisis Lifeline was launched nationally on July 16, 2022. Increases in call volume following the launch of 988 hotline and public awareness and policy maker communication about the 988 Lifeline have been documented. However, little is known about how use or awareness of the 988 Lifeline varies across populations with different levels of psychological distress. This represents an important area of study. To address this, we assessed variations in use, potential use, and awareness of the 988 Lifeline among people with varying levels of psychological distress.

<https://doi.org/10.1093/milmed/usad339>

Opioid Prescription Clusters Associated With Early or Unplanned Military Separation.

Vi T Nghiem, MD, Mary Jo Larson, PhD, Rachel Sayko Adams, PhD, Natalie Moresco, MA, Krista B Highland, PhD

Military Medicine
Published: 29 August 2023

Introduction

Early/unplanned military separation in Active Component U.S. service members can result in reduced readiness during periods of high-tempo combat and increased demand for health care services within the Military Health System and Veterans Administration. Although current assessment tools leverage prescription data to determine deployment-limiting medication receipt and the need for interventions or waivers, there is a lack of understanding regarding opioid prescription patterns and subsequent early/unplanned military separation after return from deployment. As such,

understanding these relationships could support future tool development and strategic resourcing. Therefore, the goal of the present study was to identify unique 12-month opioid prescription patterns and evaluate their relationship with early/unplanned military separation in Active Component service members who returned from deployment.

Materials and Methods

This retrospective, IRB-approved cohort study included data from 137,654 Active Component Army service members who returned from deployment between 2007 and 2013, received a post-deployment (index) opioid prescription, and had at least 1 year of Active Component service post-opioid initiation. A k-means clustering analysis identified clusters using opioid prescription frequency, median dose, median days supply, and prescription breaks (≥ 30 days) over the 12-month post-initiation (monitoring) period. A generalized additive model examined whether cluster membership and additional covariates were associated with early/unplanned separation.

Results

In addition to the single opioid prescription (38%), the cluster analysis identified five clusters: brief/moderate dose (25%), recurrent breaks (16%), brief/high dose (11%), long/few prescriptions (8%), and high prescription frequency (2%). In the generalized additive model, the probability of early/unplanned military separation was higher for the high prescription frequency cluster (74%), followed by recurrent breaks (45%), long/few prescriptions (37%), brief/moderate dose (30%), and brief/high dose (29%) clusters, relative to the single prescription (21%) cluster. The probability of early/unplanned separation was significantly higher for service members with documented substance use disorders, mental health conditions, or traumatic brain injuries during the monitoring periods. Service members assigned male were more likely to have an early/unplanned separation relative to service members assigned female. Latinx service members and service members whose race was listed as Other were less likely to experience early/unplanned separation relative to white service members. Relative to Junior Officers, Junior Enlisted and Senior Enlisted service members were more likely to experience early/unplanned separation, but Senior Officers were less likely.

Conclusions

Further evaluation to support the integration of longitudinal opioid prescription patterns into existing tools (e.g., a screening tool for deployment-limiting prescriptions) may enable more timely intervention and support service delivery to mitigate the probability and impact of early/unplanned separation.

<https://doi.org/10.1093/milmed/usad325>

Daily Naltrexone Use Does Not Adversely Affect Physical, Cognitive or Marksmanship Performance in U.S. Army Soldiers.

Jamie T Carreno-Davidson, MS, USA, PhD, Colleen M Castellani, BS, Joseph J Carreno, MPH, PharmD, Jesse P DeLuca, MC, USA, DO, Daniel J Selig, MC, USA, MD, Chau V Vuong, MS, Stefan M Pasiakos, PhD, Bradley M Ritland, SP, USA, PhD

Military Medicine

Published: 25 August 2023

Introduction

Considering the potential of weaponized opioids, evaluating how prophylactic countermeasures affect military-relevant performance is necessary. Naltrexone is a commercially available Food and Drug Administration–approved medication that blocks the effects of opioids with minimal side effects. However, the effects of naltrexone on the health and performance of non-substance abusing military personnel are not well described in the existing literature.

Methods

Active duty U.S. Army Soldiers ($n = 16$, mean \pm SD, age: 23.1 ± 5.3 y) completed a series of physical, cognitive, and marksmanship tasks during a 4-day pretrial, a 7-day active trial, and a 4-day post-trial phase. During the active trial, participants were administered 50 mg of oral naltrexone daily. Physiological and biological processes were monitored with a daily review of systems, sleep monitoring, biochemistry, and hematology blood panels.

Results

Naltrexone did not negatively affect physical performance, cognitive functioning, marksmanship, or sleep duration ($P > 0.05$). Improvements were observed during the active trial compared to the pretrial phase in cognitive tasks measuring logical relations ($P = 0.05$), matching to sample ($P = 0.04$), math speed ($P < 0.01$), math percent correct ($P = 0.04$), and spatial processing ($P < 0.01$). Results from biochemistry and hematology blood panels remained within clinically normative ranges throughout all phases of the study. No participants were medically withdrawn; however, one participant voluntarily withdrew due to nausea and reduced appetite.

Conclusions

Temporary (7-day) daily use of naltrexone was safe and did not negatively affect

physical performance, cognitive functioning, marksmanship ability, or sleep in a healthy cohort of U.S. Army Soldiers.

<https://doi.org/10.1016/j.psychres.2023.115456>

Sex/gender differences in the associations between adverse childhood experiences and intimate partner violence with mental disorders.

Courtenay Cavanaugh, Skylar Rucci, Orgelys Vasquez-Home

Psychiatry Research
Volume 328, October 2023, 115456

Sex and gender differences exist in mental and substance use disorders (MSUDs). Studies examining the moderating effects of sex/gender on MSUDs may help understand these differences. This national study explored whether sex/gender moderated (1) the associations between adverse childhood experience (ACEs; i.e., child abuse, child neglect, and child household dysfunction) and intimate partner violence (IPV) with MSUDs and (2) more associations with past year than lifetime MSUDs or mental (i.e., mood disorder, anxiety disorder, and posttraumatic stress disorder) than substance use disorders (i.e., alcohol use disorder and nicotine dependence). Data was used from participants in the National Epidemiologic Survey on Alcohol and Related Conditions. Logistic regression tested the main effects of ACEs, IPV, and sex/gender on five, past-year and lifetime MSUDs along with the ACE-sex/gender and IPV-sex/gender interactions. Sex/gender moderated 60% of the ACEs-MSUD and IPV-MSUD associations and more associations with lifetime (54%) than past year MSUDs (46%) and substance use (94%) than mental disorders (38%). For nearly half of the moderated associations, ACEs and IPV were associated with greater odds of MSUDs for males. Males who experienced IPV had greater odds of lifetime mood, anxiety, and alcohol use disorders than females. This study advances sex and gender informed research.

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

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

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

Military Psychology

Published online: 29 Aug 2023

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

<https://doi.org/10.1017/S0033291723002489>

Prospective association of attachment style with suicide attempts among US Army soldiers.

Naifeh, J. A., Ursano, R. J., Stein, M. B., Wang, J., Mash, H. B. H., Aliaga, P. A., Fullerton, C. S., Dinh, H. M., Kao, T. C., Sampson, N. A., & Kessler, R. C.

Psychological Medicine

Published online by Cambridge University Press: 31 August 2023

Background

Insecure attachment styles are associated with retrospectively reported suicide attempts (SAs). It is not known if attachment styles are prospectively associated with medically documented SAs.

Methods

A representative sample of US Army soldiers entering service (n = 21 772) was surveyed and followed via administrative records for their first 48 months of service. Attachment style (secure, preoccupied, fearful, dismissing) was assessed at baseline. Administrative medical records identified SAs. Discrete-time survival analysis examined associations of attachment style with future SA during service, adjusting for time in service, socio-demographics, service-related variables, and mental health diagnosis (MH-Dx). We examined whether associations of attachment style with SA differed based on sex and MH-Dx.

Results

In total, 253 respondents attempted suicide. Endorsed attachment styles included secure (46.8%), preoccupied (9.1%), fearful (15.7%), and dismissing (19.2%). Examined separately, insecure attachment styles were associated with increased odds of SA: preoccupied [OR 2.5 (95% CI 1.7–3.4)], fearful [OR 1.6 (95% CI 1.1–2.3)], dismissing [OR 1.8 (95% CI 1.3–2.6)]. Examining attachment styles simultaneously along with other covariates, preoccupied [OR 1.9 (95% CI 1.4–2.7)] and dismissing [OR 1.7 (95% CI 1.2–2.4)] remained significant. The dismissing attachment and MH-Dx interaction was significant. In stratified analyses, dismissing attachment was associated with SA only among soldiers without MH-Dx. Other interactions were non-significant. Soldiers endorsing any insecure attachment style had elevated SA risk across the first 48 months in service, particularly during the first 12 months.

Conclusions

Insecure attachment styles, particularly preoccupied and dismissing, are associated with increased future SA risk among soldiers. Elevated risk is most substantial during first year of service but persists through the first 48 months. Dismissing attachment may indicate risk specifically among soldiers not identified by the mental healthcare system.

<https://doi.org/10.1017/S003329172300199X>

Positive personality traits moderate persistent high alcohol consumption, determined by polygenic risk in U.S. military veterans: results from a 10-year, population-based, observational cohort study.

Na, P., Zhou, H., Montalvo-Ortiz, J. L., Cabrera-Mendoza, B., Petrakis, I. L., Krystal, J. H., Polimanti, R., Gelernter, J., & Pietrzak, R. H.

Background

Understanding the interplay between psychosocial factors and polygenic risk scores (PRS) may help elucidate the biopsychosocial etiology of high alcohol consumption (HAC). This study examined the psychosocial moderators of HAC, determined by polygenic risk in a 10-year longitudinal study of US military veterans. We hypothesized that positive psychosocial traits (e.g. social support, personality traits, optimism, gratitude) may buffer risk of HAC in veterans with greater polygenic liability for alcohol consumption (AC).

Methods

Data were analyzed from 1323 European-American US veterans who participated in the National Health and Resilience in Veterans Study, a 10-year, nationally representative longitudinal study of US military veterans. PRS reflecting genome-wide risk for AC (AUDIT-C) was derived from a Million Veteran Program genome-wide association study (N = 200 680).

Results

Among the total sample, 328 (weighted 24.8%) had persistent HAC, 131 (weighted 9.9%) had new-onset HAC, 44 (weighted 3.3%) had remitted HAC, and 820 (weighted 62.0%) had no/low AC over the 10-year study period. AUDIT-C PRS was positively associated with persistent HAC relative to no/low AC [relative risk ratio (RRR) = 1.43, 95% confidence interval (CI) = 1.23–1.67] and remitted HAC (RRR = 1.63, 95% CI = 1.07–2.50). Among veterans with higher AUDIT-C PRS, greater baseline levels of agreeableness and greater dispositional gratitude were inversely associated with persistent HAC.

Conclusions

AUDIT-C PRS was prospectively associated with persistent HAC over a 10-year period, and agreeableness and dispositional gratitude moderated this association. Clinical interventions designed to target these modifiable psychological traits may help mitigate risk of persistent HAC in veterans with greater polygenic liability for persistent HAC.

<https://doi.org/10.1037/trm0000471>

Is imagery rehearsal therapy an effective treatment for posttraumatic stress related nightmares? A review.

Sabuncu, B. C.

Traumatology

Advance online publication

Background:

Imagery rehearsal therapy (IRT) is a form of cognitive behavioral therapy wherein clients revise, rescript, and rehearse their nightmares to gain mastery over these narratives, feel less distress about these narratives, and reduce their frequency. Individuals who experience posttraumatic stress symptoms (PTSS) as a result of trauma exposure are highly likely to experience nightmares. The current review aims to synthesize the findings of randomized controlled trials (RCTs) examining the effects of IRT on PTSS including but not limited to nightmare frequency, severity, distress, and loss of sleep.

Method:

For the purposes of this review, we only focused on RCTs that have clearly specified their treatment as IRT. Similar treatments that have different components and different names were not included. We used four databases (Cochrane CENTRAL, EMBASE, PubMed, Web of Science) to find RCTs fitting our population–intervention–comparison–outcome criteria (n = 4).

Outcome:

IRT was associated with a decline in nightmare distress, frequency, disruptive nighttime behaviors, and PTSS, not consistently across studies. Further attention should be directed to examine IRT, a treatment under the imagery rehearsal treatment umbrella, as a sole treatment. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<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 Nov: 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/10.1080/08995605.2022.2131187>

Resilience in Army STARRS: Evaluating psychometrics of a multi-dimensional resilience measure.

Reed-Fitzke, K., Ferraro, A. J., Duncan, J. M., Wojciak, A. S., Hamilton, A., & Pippert, H. D.

Military Psychology
2023 Nov-Dec; 35(6): 521-528

As policymakers and the U.S. military continue to place an emphasis on the resilience of servicemembers, it is critical to utilize psychometrically sound and valid scales to measure resilience. Using two independent samples of Army soldiers-in-training, this study explored the measurement of resilience in the Army Study to Assess Risk and Resilience among Servicemembers (Army STARRS) New Soldier Study Component

(NSS). Exploratory factor analysis (EFA) was used to identify the factor structure of a measure of resilience within the Army STARRS NSS. Confirmatory factor analysis (CFA) was then used to confirm the factor structure, then internal reliability was assessed. Convergent validity of the identified resilience factors was examined using two-tailed bivariate correlations. The EFA identified a three-factor structure of a measure of resilience. The CFA confirm the first-order three-factor structure of stress tolerance, positive orientation, and social resources. Each factor was uniquely distinct from measures of the likelihood of generalized anxiety disorder and major depressive disorder, lifetime stressful events, and social network. Findings highlights the utility of a three-factor aggregate measure of resilience in the Army STARRS NSS and provide practitioners with a more nuanced picture of the role of resilience among soldiers-in-training.

https://doi.org/10.15766/mep_2374-8265.11357

Moral Injury: How It Affects Us and Tools to Combat It.

Arquette, C., Peicher, V., Ajayi, A., Alvarez, D., Mao, A., Nguyen, T., Sawyer, A., Sears, C. M., Carragee, E. J., Floyd, B., Mahanay, B., & Blankenburg, R.

MedEdPORTAL

2023 Nov 3: 19: 11357

Introduction:

Moral injury comprises feelings of guilt, despair, shame, and/or helplessness from having one's morals transgressed. Those underrepresented in health care are more likely to experience moral injury arising from micro- and macroaggressions. This workshop was designed for interprofessional health care providers ranging from students to program leadership to raise awareness about moral injury and provide tools to combat it.

Methods:

This 75-minute interactive workshop explored moral injury through a health care lens. It included components of lecture, case-based learning, small-group discussion, and individual reflection. Participants completed anonymous postworkshop evaluations, providing data on satisfaction and intention to change practice. We used descriptive statistics to analyze the quantitative data and applied content analysis to the qualitative data.

Results:

The workshop was presented at two local academic conferences. Data were collected from 34 out of 60 participants, for a response rate of 57%. Ninety-seven percent of participants felt the workshop helped them define and identify moral injury and was a valuable use of their time, as well as indicating they would apply the information learned in their daily life. One hundred percent would recommend the workshop to a friend or colleague. Almost half felt they could implement strategies to address moral injury after participating in the workshop.

Discussion:

This workshop proved to be a valuable tool to define and discuss moral injury. The materials can be adapted to a broad audience.

<https://doi.org/10.1037/ser0000783>

Treatment of posttraumatic stress disorder with prolonged exposure for primary care (PE-PC): Effectiveness and patient and therapist factors related to symptom change and retention.

Rauch, S. A. M., Venners, M. R., Ragin, C., Ruhe, G., Lamp, K. E., Burton, M., Pomerantz, A., Bernardy, N., Schnurr, P. P., Hamblen, J. L., Possemato, K., Sripada, R., Wray, L. O., Dollar, K., Wade, M., Astin, M. C., & Cigrang, J. A.

Psychological Services
2023 Nov; 20(4): 745-755

Prolonged exposure (PE) is a first-line treatment for posttraumatic stress disorder (PTSD) available in specialty mental health. PE for primary care (PE-PC) is a brief version of PE adapted for primary care mental health integration, composed of four-eight, 30-min sessions. Using retrospective data of PE-PC training cases from 155 Veterans Health Administration (VHA) providers in 99 VHA clinics who participated in a 4- to 6-month PE-PC training and consultation program, we examined patients' PTSD and depression severity across sessions via mixed effects multilevel linear modeling. Additionally, hierarchical logistic regression analysis was conducted to assess predictors of treatment dropout. Among 737 veterans, medium-to-large reductions in PTSD (intent-to-treat, Cohen's $d = 0.63$; completers, Cohen's $d = 0.79$) and small-to-medium reductions in depression (intent-to-treat, Cohen's $d = 0.40$; completers, Cohen's

d = 0.51) were observed. The modal number of PE-PC sessions was five (SD = 1.98). Providers previously trained in both PE and cognitive processing therapy (CPT) were more likely than providers who were not trained in either PE or CPT to have veterans complete PE-PC (OR = 1.54). Veterans with military sexual trauma were less likely to complete PE-PC than veterans with combat trauma (OR = 0.42). Asian American and Pacific Islander veterans were more likely than White veterans to complete treatment (OR = 2.93). Older veterans were more likely than younger veterans to complete treatment (OR = 1.11). (PsycInfo Database Record (c) 2023 APA, all rights reserved).

<https://doi.org/10.1037/tra0001285>

Impact of alcohol use, combat exposure, and posttraumatic stress on verbal and visual working memory performance in post-9/11 veterans.

Aase, D. M., Gorka, S. M., Soble, J. R., Bryan, C. J., & Phan, K. L.

Psychological Trauma : Theory, Research, Practice and Policy
2023 Nov; 15(8): 1288-1292

Objective:

Posttraumatic stress disorder (PTSD) and alcohol use (AU) are highly prevalent and comorbid among post-9/11 U.S. military veterans. Both issues are associated with working memory (WM) deficits, but have rarely been studied concurrently in cognitive studies of post-9/11 veterans. They also have been measured inconsistently, with variable outcomes, in prior veteran studies despite their relevance to new intervention paradigms involving WM.

Method:

The present study evaluated 52 post-9/11 veterans [predominantly male (94.2%); White (44.2%) or Black (36.5%); 50% being diagnosed with PTSD based on CAPS-5 results] with objectively verified valid neuropsychological test performance on measures of PTSD, AU, combat exposure, and verbal and visual WM.

Results:

PTSD was not associated with verbal or visual WM performances, whereas AU and combat exposure were significantly associated with poorer visual WM performances.

Conclusions:

AU and prior combat exposure may influence visual WM performances in post-9/11 veterans, which is relevant to novel PTSD treatment paradigms. This sample was limited to mostly male and White or Black participants, and future studies should focus on sampling more heterogeneous groups of veterans with regard to sex and ethnicity. Improvements in specification/multimodal WM assessment are important for future research, as these may directly impact developing intervention efforts. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

<https://doi.org/10.1001/jamapsychiatry.2023.4141>

Correlates of Risk for Disinhibited Behaviors in the Million Veteran Program Cohort.

Barr, P. B., Bigdeli, T. B., Meyers, J. L., Peterson, R. E., Sanchez-Roige, S., Mallard, T. T., Dick, D. M., Paige Harden, K., Wilkinson, A., Graham, D. P., Nielsen, D. A., Swann, A., Lipsky, R. K., Kosten, T., Aslan, M., Harvey, P. D., Kimbrel, N. A., & Beckham, J. C.

JAMA Psychiatry

Published online November 8, 2023

Key Points

Question

What are the correlates of risk for disinhibited behaviors in the US veterans population?

Findings

In this cohort study including electronic health record data of 560 824 veterans, risk for disinhibited behaviors was associated with medical outcomes across all bodily systems, including substance use disorders, suicide and self-harm, liver disease, chronic airway obstruction, and viral hepatitis C. Many of these associations were significant across ancestry and after accounting for other comorbid problems.

Meaning

Results suggest that risk for disinhibited behaviors was associated with many health outcomes of particular relevance within the veteran community.

Abstract

Importance

Many psychiatric outcomes share a common etiologic pathway reflecting behavioral disinhibition, generally referred to as externalizing (EXT) disorders. Recent genome-wide association studies (GWASs) have demonstrated the overlap between EXT disorders and important aspects of veterans' health, such as suicide-related behaviors and substance use disorders (SUDs).

Objective

To explore correlates of risk for EXT disorders within the Veterans Health Administration (VA) Million Veteran Program (MVP).

Design, Setting, and Participants

A series of phenome-wide association studies (PheWASs) of polygenic risk scores (PGSs) for EXT disorders was conducted using electronic health records. First, ancestry-specific PheWASs of EXT PGSs were conducted in the African, European, and Hispanic or Latin American ancestries. Next, a conditional PheWAS, covarying for PGSs of comorbid psychiatric problems (depression, schizophrenia, and suicide attempt; European ancestries only), was performed. Lastly, to adjust for unmeasured confounders, a within-family analysis of significant associations from the main PheWAS was performed in full siblings (European ancestries only). This study included the electronic health record data from US veterans from VA health care centers enrolled in MVP. Analyses took place from February 2022 to August 2023 covering a period from October 1999 to January 2020.

Exposures

PGSs for EXT, depression, schizophrenia, and suicide attempt.

Main Outcome(s) and Measure(s)

Phecodes for diagnoses derived from the International Statistical Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification, codes from electronic health records.

Results

Within the MVP (560 824 patients; mean [SD] age, 67.9 [14.3] years; 512 593 male [91.4%]), the EXT PGS was associated with 619 outcomes, of which 188 were independent of risk for comorbid problems or PGSs (from odds ratio [OR], 1.02; 95% CI, 1.01-1.03 for overweight/obesity to OR, 1.44; 95% CI, 1.42-1.47 for viral hepatitis C). Of the significant outcomes, 73 (11.9%) were significant in the African results and 26 (4.5%) were significant in the Hispanic or Latin American results. Within-family analyses

uncovered robust associations between EXT PGS and consequences of SUDs, including liver disease, chronic airway obstruction, and viral hepatitis C.

Conclusions and Relevance

Results of this cohort study suggest a shared polygenic basis of EXT disorders, independent of risk for other psychiatric problems. In addition, this study found associations between EXT PGS and diagnoses related to SUDs and their sequelae. Overall, this study highlighted the potential negative consequences of EXT disorders for health and functioning in the US veteran population.

<https://doi.org/10.1111/psp.12936>

Gender role reversal: Civilian husbands of U.S. military servicewomen as tied-migrant workers.

L. Emily Dowling, Jeffrey B. Jackson, Ashley L. Landers

Family Relations

First published: 01 September 2023

Objective

This qualitative study examined the experiences of male spouses of female service members in the U.S. military (civilian husbands of servicewomen) in their positions as tied-migrant workers.

Background

Employment of civilian husbands of servicewomen is frequently affected when they geographically relocate due to their wives' military service. Because societal norms for husbands as primary breadwinners in marriages persist and the majority of military couples consist of male service members married to female civilian spouses, civilian husbands of servicewomen may experience a gender role reversal in their identities as a spouse and as a provider within their relationships and military culture.

Method

Semistructured interviews were conducted with 22 civilian husbands who experienced at least one geographic relocation due to their wife's military service. Descriptive phenomenological analysis was used to discover the essence of participants' experiences.

Results

Themes around defining masculinity, minority experiences in the military, and nontraditional gender provider roles as tied-migrant workers emerged. Participants experienced a gender role reversal as tied-migrant workers and as military spouses, and they had some difficulties integrating into military communities. Participants expanded their masculine identities to include performing traditionally feminine tasks and valuing egalitarianism in their spousal relationships when they experienced barriers to breadwinning.

Conclusion

Findings indicated the importance of emotional support as civilian husbands navigate their masculine identities and relationships both with spouses and as gender minorities in their communities.

Implications

Clinical recommendations for psychotherapists are provided with an emphasis on using emotionally focused therapy with couples consisting of civilian husbands and servicewomen.

<https://doi.org/10.1007/s10826-023-02661-6>

Development and Validation of the AMSM for Military-Connected Adolescents.

Tamika D. Gilreath, Kathrine Sullivan, Francisco A. Montiel-Ishino & Titilayo Okoror

Journal of Child and Family Studies

Published: 31 August 2023; Volume 32, pages 2931–2943

Military-connected adolescents are at increased risk of adverse behavioral and mental health outcomes compared to civilian peers, a finding which may be explained by exposure to unique military-specific stressors. Existing measures of adolescent stress fail to account for these stressors, potentially underestimating stress experienced by these youth. To fill this gap, the present study describes the development of the Adolescent Military Stress Measure (AMSM) and examines its psychometric properties. Qualitative data from individual Life History Calendar interviews ($n = 24$) and a focus group ($n = 5$) informed AMSM item development. Focus group cognitive interviews ($n = 17$) and advisory board input were used to refine the measure, which was piloted on

the California Health Kids Survey with military-connected youth (n = 410) in one school district. Exploratory and confirmatory factor analysis indicated a four-factor structure (deployment, relocation, social support, ongoing socioecological stressors). Cronbach's alphas for the 23-item scale (0.86) and four subscales (0.69 - 0.83) provided evidence of good reliability. Logistic regression suggested each additional stressor on the AMSM was associated with an increase of 7% in feeling sad/hopeless (OR = 1.07, 95% CI = 1.01-1.12) and 6% in suicidal thoughts (OR = 1.06, CI = 1.03-1.12). In a structural equation model, the ongoing sociological stressors subscale significantly predicted suicidality (b = 0.67, p = 0.05). The AMSM has sound psychometric properties and may be used to identify common combinations of stressors as well as risk behaviors associated with stress, which may inform school- and community-based supports around military-related stressors to improve the quality of research with this population.

<https://doi.org/10.61190/fsr.v31i1.3193>

Exploring financial behaviors of military households: Do financial knowledge and financial education matter?

Wilmarth, M. J., Kim, K. T., & Henager, R.

Financial Services Review
(2023) 31(1), 35–54

This study explores short-term and long-term financial behaviors of military and civilian households in the United States. We investigate the role of financial knowledge and financial education on financial behaviors. Using the 2018 National Financial Capability Study (NFCS), results indicated military households had higher financial knowledge scores, greater receipt of financial education, and higher financial behaviors. Multivariate analyses show that objective and subjective financial knowledge were associated positively with short-term and long-term financial behaviors of military and civilian households. Experiencing financial education was positively associated with the long-term behaviors of military households. This study provides insights for policymakers and financial practitioners.

<https://doi.org/10.1002/jclp.23592>

Suicide risk profiles among service members and veterans exposed to suicide.

Amanda Peterson, Jason Chen, Melanie Bozzay, Ansley Bender, Carol Chu

Journal of Clinical Psychology

First published: 02 September 2023

Objectives

Rates of suicide exposure are high among service members and Veterans and are especially concerning given the link between suicide exposure and subsequent suicide risk. However, to date, it is unclear which individuals who are exposed to suicide are subsequently at high risk for suicide. Latent profile analysis (LPA) can provide information on unique risk profiles and subgroups of service members and Veterans who have higher suicide risk after suicide exposure, which has not yet been empirically studied. The purpose of this study was to utilize LPA to identify subgroups of service members and Veterans who are at the highest risk for suicidal thoughts and behaviors following suicide exposure.

Methods

We analyzed data using LPA from 2570 service members and Veterans (82.1% male, 69.5% White, and 12.1% Latino/a/x) who completed the Military Suicide Research Consortium's Common Data Elements, a battery of self-report suicide-related measures. Psychopathology, substance use, mental health service utilization, interpersonal theory of suicide, and suicide exposure variables were used to validate classes.

Results

Three latent classes emerged from analyses, one low-risk class and two-high risk classes with differing profile compositions (one primarily differentiated by anxiety symptoms and one differentiated by substance use).

Conclusion

Class-specific recommendations for suicide prevention efforts will be discussed.

<https://doi.org/10.1016/j.jpsychires.2023.07.040>

Prevalence of suicidal ideation and correlated risk factors during the COVID-19 pandemic: A meta-analysis of 113 studies from 31 countries.

Wei Du, Yi Jie Jia, Fei Hong Hu, Meng Wei Ge, ... Hong Lin Chen

Journal of Psychiatric Research
Volume 166, October 2023, Pages 147-168

The purpose of this study was to estimate the prevalence of suicidal ideation and correlated risk factors during the COVID-19 pandemic. Web of Science (WOS) and PubMed were searched according to a pre-set strategy. A total of 132 studies were identified, 104 of which were included in the meta-analysis. The prevalence of suicidal ideation was approximately 14.7% (95%CI: 12.5%, 16.8%, $P < 0.01$) in the general population, approximately 22.4% (95%CI: 17.1%, 27.8%, $P < 0.01$) in adolescents, approximately 21.0% (95%CI: 12.8%, 29.2%, $P < 0.01$) in psychiatric patients, approximately 20.6% (95%CI: 18.7%, 22.5%, $P < 0.01$) in university students, approximately 18.9% (95%CI: 8.3%, 29.5%, $P < 0.01$) in younger adults, approximately 10.6% (95%CI: 1.0%, 20.2%, $P = 0.031$) in COVID-19 patients and approximately 7.4% (95%CI: 4.3%, 10.5%, $P < 0.01$) in healthcare workers. The prevalence in North America was approximately 16.0% (95%CI: 13.6%–18.4%, $P < 0.001$), approximately 14.5% in Asia (95%CI: 9.5%–19.4%, $P < 0.001$), approximately 10.5% in Europe (95%CI: 8.5%–12.4%, $P < 0.001$), and approximately 20.5% in South America (95%CI: 19.5%–21.5%, $P < 0.001$). The following were risk factors which might be correlated with suicidal ideation: severe anxiety symptoms, mild to moderate depression, a strong feeling of loneliness/social isolation, poor sleep quality, having COVID-19-related experience, having quarantine or lockdown experience, being female, being single or divorced, having financial problems and having a history of suicidal ideation/attempt. This article reports the prevalence of suicidal ideation and discussing potential risk factors during the pandemic among general population and vulnerable groups. Early detection and follow-up were necessary for the noteworthy population.

<https://doi.org/10.1016/j.jpsychires.2023.09.008>

Factors associated with receipt of minimally adequate psychotherapy for PTSD at the Veterans Health Administration.

Rachel M. Ranney, Paul A. Bernhard, Nicholas Holder, Dawne Vogt, ... Shira Maguen

Journal of Psychiatric Research
Volume 166, October 2023, Pages 80-85

Background

Despite Veterans Health Administration (VHA) efforts, many Veterans do not receive minimally adequate psychotherapy (MAP) for posttraumatic stress disorder (PTSD). It is important to understand factors associated with receipt of PTSD MAP (at least eight sessions) so that we may tailor efforts to increase treatment utilization for those who experience the greatest barriers to care.

Methods

Participants were 2008 post-9/11 Veterans who participated in a nationwide survey and had a PTSD diagnosis documented in the VHA electronic health record (EHR) before 2018. Participants self-reported sociodemographic information and trauma history. Service utilization data (e.g., PTSD MAP) were obtained from EHR. Logistic regression was used to model factors associated with PTSD MAP.

Results

Only 24% of Veterans (n = 479) received PTSD MAP. Veterans who reported that they were not employed and had reported history of military sexual trauma were more likely to have received PTSD MAP.

Conclusions

Understanding and addressing barriers to PTSD care for Veterans who are employed could help improve PTSD treatment utilization for this group.

<https://doi.org/10.1080/07317115.2023.2254292>

Let's Talk About Firearms: Perspectives of Older Veterans and VA Clinicians on Universal and Dementia-Specific Firearm Safety Discussions.

Megan Lafferty , AnnaMarie O'Neill , Nicole Cerra , Lauren Maxim , Abigail Mulcahy , Jessica J. Wyse & Kathleen F. Carlson

Clinical Gerontologist

Published online: 04 Sep 2023

Objectives

Veterans experience high rates of fatal and non-fatal firearm injuries. This risk may be compounded among Veterans who are rural-residing, aging, and/or experiencing cognitive decline or dementia. Firearm safety discussions are not broadly implemented across Department of Veterans Affairs (VA) healthcare settings due, in part, to concerns of causing Veterans to disengage from care. This study examines perceptions about firearm safety discussions to inform healthcare-based harm-reduction efforts.

Methods

We conducted interviews with 34 Veterans (median age 70) and 22 clinicians from four VA facilities that treat high rates of rural patients with firearm-related injuries.

Results

Most Veterans accepted the idea of universal firearm safety discussions at the VA. Some reported they might not be forthright in such discussions, but raising the topic would not stop them from engaging with VA care. Veterans and clinicians unanimously endorsed firearm safety discussions for older patients experiencing cognitive decline or dementia.

Conclusions

VA patients and clinicians are amenable to firearm safety discussions during healthcare visits and especially endorse the need for such discussions among high-risk populations.

Clinical Implications

Universal firearm safety discussions could be incorporated into standard VA practice, particularly for Veterans experiencing cognitive decline or dementia, without risking Veteran disengagement from care.

Links of Interest

Essential Mental Health Resources for Line Leaders

<https://content.govdelivery.com/accounts/USMHS/bulletins/378a967>

Staff Perspective: Combatting Suicide After Suicide Prevention Awareness Month

<https://deploymentpsych.org/blog/staff-perspective-combatting-suicide-after-suicide-prevention-awareness-month>

For sale: Data on US servicemembers — and lots of it
New research funded by West Point exposes a U.S. security vulnerability, and what many see as a gap in federal law.

<https://www.politico.com/news/2023/11/06/us-military-member-data-for-sale-00125345>

- [Data Brokers and the Sale of Data on U.S. Military Personnel](#)

Which colleges are best for veterans? Those offering training, support

<https://www.militarytimes.com/home/2023/11/06/which-colleges-are-best-for-veterans-those-offering-training-support/>

‘Three Chaplains’ takes hard look at US military experience of Muslims

<https://www.militarytimes.com/off-duty/military-culture/2023/11/06/three-chaplains-offers-hard-look-at-the-muslim-military-experience/>

Trauma Reminders: Anniversaries

https://www.ptsd.va.gov/understand/what/anniversary_reactions.asp

Military Growing More Distant from Most Americans, Hicks Says

<https://www.airandspaceforces.com/hicks-military-growing-distant-americans/>

Researchers at the Center for Deployment Psychology (CDP) are seeking participants for an online study examining deployment-related experiences and mental health.

To be eligible for this study, you must:

- Be a current or former Service Member
- Deployed as part of your military service

For more information, please email us at cdp-research-ggg@usuhs.edu or complete our screening survey at <https://www.surveymonkey.com/r/CDPMI2023>.

Maegan Paxton Willing, Ph.D., MPH (Principal Investigator)
maegan.willing@usuhs.edu or 301-400-4189



Resource of the Week: [APA Inclusive Language Guide](#)

New, from the American Psychological Association:

This is the second edition of APA's Inclusive Language Guide. By updating its 2021 edition, the American Psychological Association (APA) continues to work to dismantle the destructive hierarchies that have marginalized people from equitable representation and participation in society. APA remains committed to effecting true change toward achieving equity, diversity, and inclusion (EDI). With this guide, we acknowledge the power of language and explain why certain terms are harmful to marginalized communities. We also understand that some of the terms and concepts that are included may be offensive and painful to different groups.

This second edition of the Inclusive Language Guide incorporates the constructive input and collaborative feedback we received from individuals within and beyond the Association and the field of psychology. The changes reflect our assessment of the current research at the time of publication and include additional guidance and more comprehensive definitions concerning gender-inclusive pregnancy-related language, neurodiversity, religious discrimination, and weight stigma. We also updated our guidance around avoiding conversational language that may contribute to microaggressions. However, this guide is neither exhaustive nor definitive because language evolves over time.

As stated in the first edition, the guide is written to raise awareness, direct learning, and support the use of culturally sensitive terms and phrases that center the voices and perspectives of those who have been historically marginalized or stereotyped. The guide also explains the origins of problematic terms and phrases and offers suitable, more contemporary alternatives. Because this guide is not a legal treatise or advice, terms may differ from how they are defined, interpreted, and applied under law. Please recognize that cultural, global, and regional differences abound; in this guide, we concentrate on language used in a U.S. context.

We encourage all people to adhere to the basic principles of inclusive language, which are to choose appropriately specific terms and to show respect by calling people what they call themselves. This requires being open to continual learning and capacity building and remaining mindful that language may change. Identity

is intersectional, meaning that people have multiple identities that are affected by interlocking systems of oppression and privilege. No group is a monolith. Make sure to use inclusive terms to acknowledge that intersectionality. People are different and may disagree on language. It is acceptable to recognize that there may be no perfect solution. Ensure you do your due diligence in the language you select.

This guide will continue to evolve and reflect honest and conscientious efforts by APA to encourage inclusive language that enables effective communication in a rapidly diversifying society and globe.

Inclusive Language Guide



Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology



Henry M. Jackson Foundation for the Advancement of Military Medicine

Email: shirley.kennedy.ctr@usuhs.edu