

CDP



Research Update – November 30, 2023

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- Differential impact of type of killing on posttraumatic stress disorder symptoms in U.S. Army soldiers deployed to Afghanistan.
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- Resource of the Week: MilLife Learning Course Catalog (Military OneSource)

<https://doi.org/10.18043/001c.89215>

Bridging the Gap: Delivering Culturally Sensitive Care for Military-connected Patients in Community Settings.

Rear Admiral Matthew E. Kleiman, MSW, LCSW, Diana C. Dolan, PhD, DBSM, Jennifer J. Nevers, MSW, LCSW

North Carolina Medical Journal
2023; 84(6)

Service Members, particularly members of the Reserve Component, seek medical and mental health care in their civilian communities. To the extent that providers communicate respect and value for military culture, they can better engage and enhance outcomes.

<https://doi.org/10.1002/jts.22987>

An empirical investigation of definitions of subthreshold posttraumatic stress disorder.

Alexandra B. Klein, Paula P. Schnurr, Michelle J. Bovin, Matthew J. Friedman, Terence M. Keane, Brian P. Marx

Journal of Traumatic Stress
First published: 08 November 2023

Subthreshold posttraumatic stress disorder (PTSD) has long been recognized as an important construct that identifies a subgroup of individuals who report significant PTSD symptoms and associated disability but do not endorse enough symptoms to meet the criteria for a full PTSD diagnosis. Different investigators have defined subthreshold PTSD in various ways, making it difficult to interpret findings across studies. To address this problem, we systematically compared individuals who met criteria for nine different subthreshold PTSD definitions with individuals diagnosed with either full PTSD or no PTSD (i.e., failed to meet the criteria for a subthreshold definition) with respect to prevalence and associated clinical outcomes of interest. Participants were 1,082 veterans enrolled in the Veterans After Discharge Longitudinal Registry. PTSD and subthreshold PTSD diagnostic status were determined using the Structured Clinical

Interview for DSM-5 (SCID-5) and validated self-report instruments were used to assess clinical outcomes. Across outcomes, subthreshold definitions generally identified a group of participants that was distinguishable from participants in both the PTSD and no PTSD groups, $r_s = .02-.47$. We discuss the benefits and drawbacks of various subthreshold definitions and highlight the need for additional work evaluating these definitions across additional outcomes and samples. In the interim, we propose a working case definition of subthreshold PTSD as meeting any three of the four DSM-5 symptom criteria (i.e., Criteria B, C, D, and E) along with Criterion A and Criteria F–H. The results suggest subthreshold PTSD is a clinically meaningful construct.

<https://doi.org/10.1001/jamapsychiatry.2023.4316>

The Role of Socioeconomic Position in the Association Between Mental Disorders and Mortality: A Systematic Review and Meta-Analysis.

Chen, D., Ejlskov, L., Laustsen, L. M., Weye, N., Sørensen, C. L. B., Momen, N. C., Dreier, J. W., Zheng, Y., Damgaard, A. J., McGrath, J. J., Sørensen, H. T., & Planaripoll, O.

JAMA Psychiatry
November 15, 2023

Key Points

Question

Does the association between mental disorders and mortality vary by socioeconomic position (SEP)?

Findings

In this systematic review and meta-analysis of 71 observational studies, relative associations between mental disorders and mortality were similar across different SEP levels; however, there were lower relative mortality risks for natural causes but higher for external causes among individuals with mental disorders and of higher rather than lower SEP. Evidence on absolute scales, specific diagnoses, and specific causes of death was scarce.

Meaning

The findings in this study related to SEP and a possible differential risk between natural

and external causes of death in individuals with mental disorders warrant additional research.

Abstract

Importance

Studies are lacking summarizing how the association between mental disorders and mortality varies by socioeconomic position (SEP), particularly considering different aspects of SEP, specific types of mental disorders, and causes of death.

Objective

To investigate the role of SEP in the association between mental disorders and mortality and the association between SEP and mortality among people with mental disorders.

Data Sources

MEDLINE, Embase, PsycINFO, and Web of Science were searched from January 1, 1980, through April 3, 2023, and a snowball search of reference and citation lists was conducted.

Study Selection

Inclusion criteria were observational studies estimating the associations between different types of mental disorders and mortality, stratified by SEP and between SEP and mortality in people with mental disorders.

Data Extraction and Synthesis

Pairs of reviewers independently extracted data using a predefined data extraction form and assessed the risk of bias using the adapted Newcastle-Ottawa scale. Graphical analyses of the dose-response associations and random-effects meta-analyses were performed. Heterogeneity was explored through meta-regressions and sensitivity analyses.

Main Outcomes and Measures

All-cause and cause-specific mortality.

Results

Of 28 274 articles screened, 71 including more than 4 million people with mental disorders met the inclusion criteria (most of which were conducted in high-income countries). The relative associations between mental disorders and mortality were similar across SEP levels. Among people with mental disorders, belonging to the highest rather than the lowest SEP group was associated with lower all-cause mortality (pooled relative risk [RR], 0.79; 95% CI, 0.73-0.86) and mortality from natural causes

(RR, 0.73; 95% CI, 0.62-0.85) and higher mortality from external causes (RR, 1.18; 95% CI, 0.99-1.41). Heterogeneity was high ($I^2 = 83\%$ to 99%). Results from subgroup, sensitivity, and meta-regression analyses were consistent with those from the main analyses. Evidence on absolute scales, specific diagnoses, and specific causes of death was scarce.

Conclusion and Relevance

This study did not find a sufficient body of evidence that SEP moderated the relative association between mental disorders and mortality, but the underlying mortality rates may differ by SEP group, despite having scarcely been reported. This information gap, together with our findings related to SEP and a possible differential risk between natural and external causes of death in individuals with specific types of mental disorders, warrants further research.

<https://doi.org/10.1002/jclp.23593>

Uncontrollability of suicidal ideation adds incremental explanatory power in prediction of later suicidal ideation.

Udupa, N. S., Hanson, J., Gutierrez, P. M., Mandel, A. A., Johnson, S. L., Kleiman, E., Bryan, C. J., Jobes, D. A., & Joiner, T.

Journal of Clinical Psychology

First published: 06 September 2023

Objective

Suicidal ideation and suicidal behaviors are major public health concerns in the United States and are difficult to treat and predict. Risk factors that are incrementally informative are needed to improve prediction and inform prevention of suicidal thoughts and behaviors. Uncontrollability of suicidal ideation, one parameter of suicidal ideation, is one such candidate.

Method

In the current study, we assessed the predictive power of uncontrollability of suicidal ideation, over and above overall suicidal ideation, for future suicidal ideation in a large sample of active-duty service members. A total of 1044 suicidal military service members completed baseline assessments, of whom 664 (63.6%) completed 3-month follow-up assessments.

Results

While baseline overall suicidal ideation itself was the strongest predictor of future suicidal ideation, uncontrollability of suicidal ideation added some incremental explanatory power.

Conclusion

Further study of uncontrollability of suicidal thought is needed to elucidate its impact on suicidal outcomes.

<https://doi.org/10.1016/j.amepre.2023.06.013>

Firearm Ownership Among a Nationally Representative Sample of U.S. Veterans.

Fischer, I. C., Aunon, F. M., Nichter, B., Hill, M. L., Panza, K. E., Kline, A. C., Na, P. J., Tsai, J., Harpaz-Rotem, I., & Pietrzak, R. H.

American Journal of Preventive Medicine

Volume 65, Issue 6, pp. 1129-1133, December 2023

Introduction

This study aimed to identify the prevalence and correlates of firearm ownership in a large, contemporary, nationally representative sample of U.S. military veterans.

Methods

Data were analyzed from the 2022 National Health and Resilience in Veterans Study (N=2,326; mean age=60.2 years). Weighted independent-sample t-tests and chi-square analyses were conducted to compare veterans who did with those who did not report firearm ownership on sociodemographic, military, and psychiatric variables. A multivariable logistic regression analysis using backward elimination was conducted to identify the characteristics independently associated with firearm ownership, and a relative importance analysis was conducted to quantify the relative variance in firearm ownership that was explained by each of the statistically significant main effects.

Results

Of the total 2,326 veterans, 1,217 (weighted 50.9%, 95% CI=48.0%, 53.9%) reported owning any firearms. Male sex, conservative political ideology, living in rural area, home

ownership, cumulative trauma burden, and lifetime history of alcohol use disorder were most strongly associated with firearm ownership.

Conclusions

This study provides an updated characterization of the prevalence and correlates of firearm ownership among the U.S. veterans. Results of this nationally representative study suggest that firearm ownership in this group may be higher than previously reported and underscore the importance of targeted suicide prevention efforts promoting firearm safety among vulnerable segments of this population.

<https://doi.org/10.1016/j.smrv.2023.101845>

The sleep, circadian, and cognitive performance consequences of watchkeeping schedules in submariners: A scoping review.

Marando, I., Lushington, K., Owen, M., Matthews, R. W., & Banks, S.

Sleep Medicine Reviews

Volume 72, December 2023, 101845

Watchkeeping schedules are essential for maintaining submarine operations, but come with human risk factors including, disrupted sleep, circadian misalignment, and cognitive deficits. There is now an emerging literature examining the strengths and weaknesses of submarine watchkeeping schedules trialled in the field and under simulated laboratory conditions. The aim of this scoping review was to summarise this literature. A systematic search of peer-reviewed journal articles and industry reports listed in MEDLINE, PsychINFO, PubMed, Scopus, Embase and Google Scholar undertaken in May 2023 returned 7298 papers. Following screening procedures, 13 studies were identified for inclusion. The findings revealed that sleep was sufficiently preserved regardless of watchkeeping schedule (total sleep time = 5.46–7.89 h), circadian misalignment was greater for non-24 h schedules, and longer off-watch periods were associated with better cognitive performance. Taken together, when comparing between watchkeeping schedules, the present findings suggest that the 4 h-on/8 h-off and 8 h-on/16 h-off schedules may be a good compromise when balancing human risk factors and operational demands. However, submarines are complex and challenging environments to study and there is a need to expand the literature. More research comparing watchkeeping schedules is needed. Future studies should focus on cognitive performance measures, such as problem-solving, prioritisation and executive decision-

making to address present shortcomings, and an examination of sleep and circadian countermeasures to assist with adaptation either initiated pre-deployment or by modifying the submarine environment itself should be considered.

<https://doi.org/10.1016/j.jpain.2023.07.016>

Exploring the Lived Experiences of Pain in Military Families: A Qualitative Examination.

Noyek, S., Lund, T., Jordan, A., Hoppe, T., Mitchell, R., Mitchell, R., Stinson, J., & Noel, M.

The Journal of Pain
Volume 24, Issue 12, pp. 2340-2351, December 2023

Highlights

- Mechanisms underlying the pain experiences of Canadian Veterans and their families are unique.
- Veteran pain experiences may be learned by children (eg, modelling and reinforcement of stoicism).
- Veteran culture and identity play critical roles in shaping pain experiences of Veteran families.

Abstract

Chronic pain in Canadian Veterans is twice that of the general population and the prevalence of their related mental health concerns is alarmingly high. This likely puts their children at an increased risk of developing pain and mental health problems that can pervasively impact daily life and persist into adulthood. Pain care and military culture of (acute and chronic) pain have been identified as a top priority of Canadian Veterans. This study aimed to gain an in-depth understanding of the pain experiences of Canadian Armed Forces families. Thirty-five semi-structured qualitative interviews were conducted. Demographic information was collected; age, gender, and ethnicity were reported. Twelve Canadian Armed Forces members/Veterans, 17 youth, and 6 spouses were interviewed. Ninety-two percent of Veteran participants reported chronic pain. Reflexive thematic analyses generated four themes: 1) Military mindset: herd culture and soldier identity, 2) The culture of pain within military families, 3) Inseparability of mental health and pain, and 4) Breaking the cycle and shifting the

military mindset. Military culture and identity create a unique context within which pain expression and experience is integrally shaped within these families. This study sheds light on how pain is experienced and perceived within military families and can inform research on and efforts to foster resilience in these families.

Perspective

This is the first qualitative study to explore the lived experiences of pain in Canadian military families. Findings underscore the key role that military culture and identity plays in how pain is experienced and perceived in all family members.

<https://doi.org/10.1001/jamapsychiatry.2023.4316>

The Role of Socioeconomic Position in the Association Between Mental Disorders and Mortality: A Systematic Review and Meta-Analysis.

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<https://doi.org/10.1001/jamanetworkopen.2023.44120>

App-Based Interventions for Moderate to Severe Depression: A Systematic Review and Meta-Analysis.

Bae, H., Shin, H., Ji, H. G., Kwon, J. S., Kim, H., & Hur, J. W.

JAMA Network Open
November 20, 2023

Key Points

Question

What patient characteristics are associated with benefiting from use of mobile application (app) interventions for depression, and under what circumstances?

Findings

This systematic review and meta-analysis of 13 randomized clinical trials of app interventions with 1470 participants found a significant medium effect size for moderate to severe depression, with some variation in effect sizes depending on the characteristics of the population and study design and the components of the intervention program.

Meaning

These findings underscore the efficacy of mobile app interventions for moderate and

severe depression both as standalone interventions and adjuncts to conventional treatments and provide confidence that refining the design of intervention programs can further enhance their effectiveness.

Abstract

Importance

Mobile mental health applications (apps) for moderate to severe depression are proliferating, likely owing to their capacity to overcome the limitations of conventional psychotherapy, but research on the potential moderators of treatment efficacy is lacking.

Objective

To examine the treatment efficacy associated with mobile app interventions for moderate to severe depression and identify the potential moderators associated with better treatment outcomes.

Data Sources

PubMed, Embase, and PsycINFO were searched from their inception to January 22, 2023.

Study Selection

Only randomized clinical trials evaluating mobile app treatments in adults with moderate to severe depression that published their results in English were included in the analysis.

Data Extraction and Synthesis

Three independent researchers extracted and assessed relevant studies, their risk of bias, the characteristics of the population and study design, and the components of the intervention program following the Preferred Reporting Items for Systematic Reviews and Meta-analyses reporting guidelines. A fixed-effects model was used for data analysis, and exploratory post hoc meta-regression and subgroup analyses were also conducted. Data were analyzed from February 16 to March 25, 2023.

Main Outcomes and Measures

The main outcome was changes in depression symptom severity from before to after treatment, measured by standardized depression assessment instruments. Secondary outcomes included study-, intervention-, and patient-level factors associated with app efficacy.

Results

Of 2128 studies identified, 13 studies evaluating 16 intervention apps with 1470 participants with moderate to severe depression were included in the analysis. The overall pooled effect size of mobile app interventions vs both active and inactive control groups was 0.50 (95% CI, 0.40 to 0.61). Interventions with in-app notifications were associated with significantly lower treatment outcomes (standardized mean difference [SMD], 0.45; 95% CI, 0.29-0.60) than interventions without (SMD, 0.71; 95% CI, 0.54-0.87; $P = .02$). In addition, app interventions delivered for less than 8 weeks were associated with a significantly greater effect size (SMD, 0.77; 95% CI, 0.59-0.96) than interventions delivered for 8 weeks or longer (SMD, 0.43; 95% CI, 0.30-0.57; $P = .004$).

Conclusions and Relevance

In this systematic review and meta-analysis, the feasibility and efficacy of mobile app interventions were supported in treating moderate and severe depression, and practical implications were also provided for developing effective app-based interventions in clinical practice.

<https://doi.org/10.1093/milmed/usad354>

Incidence of Postpartum Depression Decreases After Initial Expansion of Military Maternity Leave.

Minette S R Herrick, USAF, Weiwon Chai, PhD

Military Medicine

Published: 08 September 2023

Introduction

Postpartum depression impacts 1 in 8 women in the United States. Research has indicated maternity leave duration, and compensation can have an impact on postpartum depression symptoms. The U.S. military increased their maternity leave provision from 6 to 12 weeks in 2016. The aim of this study was to expand upon current literature on the role of maternity leave on postpartum depression by analyzing objective data from 2011 to 2019 utilizing military health records.

Methods

All deliveries to active duty women in the Military Health System from 2011 to 2019 were considered for analysis. A total of 60,746 women met inclusion criteria. Active duty

women were stratified by year of delivery to identify if they had 6 weeks (2011–2015) or 12 weeks (2016–2019) of maternity leave. International Classification of Disease (ICD)-9 and ICD-10 codes were used for the identification of postpartum depression diagnosis. Logistic regression models were used to assess the association between maternity leave provision and postpartum depression diagnosis adjusting for covariates.

Results

Overall, 4.8% of the women were diagnosed with postpartum depression. Active duty women who were allotted 12 weeks (2016–2019) of maternity leave had higher odds of postpartum depression diagnosis than those allotted 6 weeks (2011–2015) (12 weeks vs. 6 weeks of leave: odds ratio [OR] = 1.29; 95% confidence interval [CI] = 1.20–1.39, $P < 0.0001$). However, there was a 50% reduction in odds of postpartum depression during 2016–2017 (the 2 years following the 12-week leave implementation) in comparison to 2011–2015 (OR = 0.50; 95% CI = 0.43–0.57, $P < 0.0001$). The trends were similar across military branches. Additionally, between 2011 and 2019, the lowest rates of postpartum depression were observed during 2016–2017, but the rates significantly increased starting 2018. Overall, women with lower military ranks had higher postpartum depression rates than those with higher ranks.

Conclusions

Our results indicate increasing paid maternity leave in the military from 6 to 12 weeks did initially lower the odds of postpartum depression diagnosis among active duty women from immediately after policy implementation (2016) and prior to the release of the Veterans Affairs and Department of Defense Clinical Practice Guidelines on Pregnancy Management (2018). Later, increased odds of depression (2018–2019) are likely due to increased depression screening protocols at the Military Treatment Facilities in the perinatal period.

<https://doi.org/10.1007/s10865-023-00434-6>

Sex-specific associations between self-reported physical activity and PTSD among survivors of sexual violence.

Michelle M. Pebole, Chelsea R. Singleton, Katherine S. Hall, Steven J. Petruzzello, Alston Reginald, Brian N. Smith, James W. Whitworth & Robyn L. Gobin

Journal of Behavioral Medicine

Published: 12 September 2023

This study examined sex-specific associations between sexual violence (SV) type and physical activity, and identified associations between PTSD symptoms and physical activity, all among cisgender men and women survivors of SV. Cross-sectional data from men (n = 197) and women (n = 356) survivors of SV were analyzed with stratified (men; women) hierarchical logistic regressions. Additionally, fully adjusted models for the total sample included interaction terms to further assess whether associations between SV type as well as PTSD symptoms (sum, clusters) and physical activity differed significantly by sex. Sexual assault was negatively associated with physical activity in the crude model among women (ORs: 0.58; $p < 0.05$). Harassment was positively associated with physical activity in the crude and adjusted models (ORs: 1.92–2.16; $ps < 0.05$) among women. Among men, there were no significant relationships. Regarding PTSD symptoms among women, crude and adjusted stratified models identified significant positive relationships with intrusion (ORs: 1.18–1.22; $ps < 0.05$). Crude and adjusted models revealed significant positive relationships between avoidance and activity (ORs: 1.38–1.41; $ps < 0.05$) among men but not women. The interaction term for this difference in the association between avoidance and physical activity by sex was significant (OR: 0.65; 95%CI: 0.48–0.88; $p < 0.01$). Overall, findings provide evidence for sex-specific associations between SV and physical activity.

<https://doi.org/10.1177/08862605231197773>

Differential Associations Between Posttraumatic Cognitions, Posttraumatic Stress Disorder Symptoms, and Race Among Black and White Veterans Seeking Treatment for Assaultive Military Sexual Trauma.

Fernando, M., Tu, J. W., Grau, P. P., Koch, E. I., Blevins, E. J., Jefferson, S., & Sexton, M. B.

Journal of Interpersonal Violence

First published online September 15, 2023

Past research supports the role of negative posttraumatic cognitions (NPCs) in the development and maintenance of posttraumatic stress disorder (PTSD). The relationship between NPCs and PTSD may be uniquely impacted by racial status and experiences of military sexual trauma (MST), both of which may have a unique impact on one's understanding of self, others, and the world. We explored racial differences in the association between NPCs and PTSD symptom clusters in a sample of veterans

endorsing MST (N = 139; 74.8% White, 25.2% Black). A path model was created and analyzed both with the full sample and separately by racial group. In the full sample, NPCs about the self and world were significantly associated with intrusion, negative alterations in cognitions and mood (NACM), and arousal, but not avoidance. Self-blame was not a significant predictor of negative alterations in cognition in mood. This model was consistent in the White veteran model, whereas only negative cognitions about the self were associated with NACM in the Black veteran path model. NPCs about the self and world appear important to non-avoidance PTSD symptomatology related to MST and thus should be targeted in treatment. For Black veterans endorsing distress related to NACM symptoms, negative beliefs about the self should be specifically considered for intervention.

<https://doi.org/10.1093/milmed/usad360>

Prevalence and Correlates of Cannabis Use among U.S. Veterans during the Second Wave of the COVID-19 Pandemic.

Laura L Manzo, MSN, MBA, CCRN, AN USA, Sayantani Sarkar, PhD, Nicholas R Nicholson, Jr., PhD, MPH, RN, PHCNS-BC, Tara Sanft, MD, Hermine Poghosyan, PhD, MPH

Military Medicine

Published: 16 September 2023

Introduction

Military veterans are at increased risk of substance use disorders. Limited research is available about veterans' cannabis use (CU) during the coronavirus disease 2019 (COVID-19) pandemic. This study estimated the prevalence of past 30-day CU, investigated individual-level correlates of past 30-day CU, and evaluated the reasons (medical, recreational, or both) of past 30-day CU among U.S. Veterans during the second wave of the COVID-19 pandemic.

Materials and Methods

We used population-based, cross-sectional data from the 2021 Behavioral Risk Factor Surveillance System Survey Marijuana Use model. The sample included nationally representative military veterans aged 18+ years (n = 11,167). The outcome was past 30-day CU. Individual-level demographic, socioeconomic, behavioral, and clinical correlates were examined. Analyses were weighted to account for the survey's complex

design with results generalizable to nearly 2.9 million veterans. We conducted weighted descriptive statistics, prevalence estimates, and multivariable logistic regression analyses.

Results

Out of 2.9 million veterans, 11.1% self-reported as non-Hispanic Black, 3.7% Hispanic, and 79.1% non-Hispanic White; 88.5% were men, and 72.8% were aged 50+ years. About 14.6% were current tobacco smokers, 4.7% were current e-cigarette users, 12.5% were binge alcohol drinkers, and 43.4% had three or more comorbid conditions. Overall, 8.5% reported CU in the past 30 days, of which 30.4% used it for medical reasons and 25.8% used it for nonmedical reasons. The prevalence of past 30-day CU decreased with age, education, and income level. Compared to their counterparts, the odds of past 30-day CU were greater among men, those living in urban areas, those with frequent mental distress, infrequent physical distress, and those who had at least one comorbid condition. Non-Hispanic Black veterans had 89% increased odds of past 30-day CU (adjusted odds ratio [AOR] =1.89, 95% confidence interval [CI], 1.19-3.0) compared with non-Hispanic White veterans. Current tobacco smokers had 3.54 (95% CI, 2.40-5.24) and former smokers had 1.78 (95% CI, 1.28-2.47) times higher odds of reporting past 30-day CU than never smokers. Current e-cigarette use (AOR = 3.37, 95% CI, 2.20-5.16) and binge drinking (AOR = 3.18, 95% CI, 2.29-4.41) were also statistically significantly associated with increased odds of past 30-day CU compared to no e-cigarette use and no binge drinking.

Conclusions

CU is prevalent among veterans, and certain subgroups are at higher risk of CU. Thus, identifying high-risk subgroups of veterans and adequately educating them about CU's benefits, risks, and safety is crucial.

<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/10.1080/08964289.2023.2249169>

Headache Disorders in VHA Primary Care: Prevalence, Psychiatric Comorbidity, and Health Care Utilization.

Abigail E. Ramon, Kyle Possemato & Gregory P. Beehler

Behavioral Medicine

Published online: 15 Sep 2023

Military veterans are at increased risk for headache disorders compared to the general population, yet the prevalence and burden associated with headache disorders among veterans is not yet well understood. In this electronic medical record study, we examined the prevalence of headache disorders among veterans seen in a northeastern network of Veterans Health Administration (VHA) primary care during

2017–2018. We also examined rates of psychiatric comorbidity and health care utilization of veterans with headache disorders for the year following the date of the first headache code in the medical record. Of the total population of veterans in the network, 1.3% had a headache disorder and another 3.5% had a possible headache disorder. Migraine and chronic migraine represented the majority of cases. Posttraumatic stress disorder was the most frequent psychiatric comorbidity. Having a headache disorder was associated with higher rates of primary care, neurology, pain clinic, and mental health service use but not higher rates of emergency department or Whole Health (e.g., patient-centered, holistic health services) use. Prevalence findings are comparable to those previously found among veterans, but a substantial proportion of veterans may have been misdiagnosed. Veterans with headache disorders have high rates of psychiatric comorbidity and use several types of health services at higher rates. Findings highlight the need for interdisciplinary care and further education and support for primary care providers. Primary care settings that integrate evidence-based behavioral and Whole Health services may be an optimal way of providing more holistic care for headache disorders.

<https://doi.org/10.1038/s41591-023-02565-4>

MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial.

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Nature Medicine

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This multi-site, randomized, double-blind, confirmatory phase 3 study evaluated the efficacy and safety of 3,4-methylenedioxymethamphetamine-assisted therapy (MDMA-AT) versus placebo with identical therapy in participants with moderate to severe post-traumatic stress disorder (PTSD). Changes in Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) total severity score (primary endpoint) and Sheehan Disability Scale (SDS) functional impairment score (key secondary endpoint) were assessed by blinded independent assessors. Participants were randomized to MDMA-AT (n = 53) or placebo

with therapy (n = 51). Overall, 26.9% (28/104) of participants had moderate PTSD, and 73.1% (76/104) of participants had severe PTSD. Participants were ethnoracially diverse: 28 of 104 (26.9%) identified as Hispanic/Latino, and 35 of 104 (33.7%) identified as other than White. Least squares (LS) mean change in CAPS-5 score (95% confidence interval (CI)) was -23.7 (-26.94, -20.44) for MDMA-AT versus -14.8 (-18.28, -11.28) for placebo with therapy (P < 0.001, d = 0.7). LS mean change in SDS score (95% CI) was -3.3 (-4.03, -2.60) for MDMA-AT versus -2.1 (-2.89, -1.33) for placebo with therapy (P = 0.03, d = 0.4). Seven participants had a severe treatment emergent adverse event (TEAE) (MDMA-AT, n = 5 (9.4%); placebo with therapy, n = 2 (3.9%)). There were no deaths or serious TEAEs. These data suggest that MDMA-AT reduced PTSD symptoms and functional impairment in a diverse population with moderate to severe PTSD and was generally well tolerated. ClinicalTrials.gov identifier: NCT04077437.

<https://doi.org/10.1093/milmed/usad350>

COVID-19 Concerns, Information Needs, and Adverse Mental Health Outcomes among U.S. Soldiers.

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Military Medicine

Published: 16 September 2023

Introduction

The coronavirus disease 2019 (COVID-19) pandemic disrupted U.S. Military operations and potentially compounded the risk for adverse mental health outcomes by layering unique occupational stress on top of general restrictions, fears, and concerns. The objective of the current study was to characterize the prevalence of COVID-19 concerns and information needs, demographic disparities in these outcomes, and the degree to which COVID-19 concerns and information needs were associated with heightened risk for adverse mental health outcomes among U.S. Army soldiers.

Materials and Methods

Command-directed anonymous surveys were administered electronically to U.S. soldiers assigned to one of three regional commands in the Northwest United States,

Europe, and Asia-Pacific Region. Surveys were administered in May to June 2020 to complete (time 1: n = 21,294) and again in December 2020 to January 2021 (time 2: n = 10,861). Only active duty or active reservists/national guard were eligible to participate. Members from other branches of service were also not eligible.

Results

Highly prevalent COVID-19 concerns included the inability to spend time with friends/family, social activities, and changing rules, regulations, and guidance related to COVID-19. Some information needs were endorsed by one quarter or more soldiers at both time points, including stress management/coping, travel, how to protect oneself, and maintaining mission readiness. COVID-19 concerns and information needs were most prevalent among non-White soldiers. Concerns and information needs did not decline overall between the assessments. Finally, COVID-19 concerns were associated with greater risk of multiple adverse mental health outcomes at both time points.

Conclusions

COVID-19 concerns and information needs were prevalent and showed little evidence of decrement over the course of the first 6 months of the pandemic. COVID-19 concerns were consistently associated with adverse mental health outcomes. These data highlight two targets and potential demographic subgroups such that local leadership and Army medicine and public health enterprises can be better prepared to monitor and address to maintain force health and readiness in the face of possible future biomedical threats.

<https://doi.org/10.1002/jts.22994>

Military exposures and Gulf War illness in veterans with and without posttraumatic stress disorder.

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Journal of Traumatic Stress

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Gulf War illness (GWI) is a chronic multisymptom disorder of unknown etiology that is believed to be caused by neurotoxicant exposure experienced during deployment to the

Gulf War. Posttraumatic stress disorder (PTSD) covaries with GWI and is believed to play a role in GWI symptoms. The present study examined the association between self-reported military exposures and GWI, stratified by PTSD status, in veterans from the Gulf War Era Cohort and Biorepository who were deployed to the Persian Gulf during the war. Participants self-reported current GWI and PTSD symptoms as well as military exposures (e.g., pyridostigmine [PB] pills, pesticides/insecticides, combat, chemical attacks, and oil well fires) experienced during the Gulf War. Deployed veterans' (N = 921) GWI status was ascertained using the Centers for Disease Control and Prevention definition. Individuals who met the GWI criteria were stratified by PTSD status, yielding three groups: GWI-, GWI+/PTSD-, and GWI+/PTSD+. Multivariable logistic regression, adjusted for covariates, was used to examine associations between GWI/PTSD groups and military exposures. Apart from insect bait use, the GWI+/PTSD+ group had higher odds of reporting military exposures than the GWI+/PTSD- group, adjusted odds ratio (aOR) = 2.15, 95% CI [1.30, 3.56]—aOR = 6.91, 95% CI [3.39, 14.08]. Except for PB pills, the GWI+/PTSD- group had a higher likelihood of reporting military exposures than the GWI- group, aOR = 2.03, 95% CI [1.26, 3.26]—aOR = 4.01, 95% CI [1.57, 10.25]. These findings are consistent with roles for both PTSD and military exposures in the etiology of GWI.

<https://doi.org/10.1002/jts.22995>

Contributing factors to secondary traumatic stress and vicarious posttraumatic growth in therapists.

Eimear Cleary, David Curran, Kevin Dyer, Jane Simms, Donncha Hanna

Journal of Traumatic Stress

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Alongside the recognized potential negative repercussions of working as a psychological therapist, there is growing interest in the potential positive impacts of engaging in such work. The current study used a cross-sectional online survey design to explore the impact of a range of demographic, work-related, and compassion-related factors on levels of secondary traumatic stress (STS) and vicarious posttraumatic growth (VPTG) in an international sample of 359 psychological therapists. Hierarchical multiple regressions demonstrated that burnout, lower levels of self-compassion, having a personal trauma history, reporting a higher percentage of working time with a trauma focus, and being female were the statistically significant contributors to STS scores,

explaining 40.8% of the variance, $F(9, 304) = 23.2, p < .001$. For VPTG, higher compassion satisfaction, higher self-compassion, higher STS, a higher percentage of working time with a trauma focus, fewer years qualified, being male, and having a personal trauma history were all statistically significant contributors, explaining 27.3% of the variance, $F(10, 304) = 11.37, p < .001$. The findings illustrate the potential risk and protective factors for developing STS and clarify factors that may increase the likelihood of experiencing VPTG. Implications for psychological therapists and the organizations and institutions for which they work are considered along with potential directions for future research in the discussion.

<https://doi.org/10.1002/jts.22991>

Daily exposure to combat-related cues and posttraumatic stress symptoms among veterans: Moderating effects of peri- and postdeployment experiences.

Mahsa Mojallal, Raluca M. Simons, Jeffrey S. Simons, Surabhi Swaminath

Journal of Traumatic Stress

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One of the central symptoms of posttraumatic stress disorder (PTSD) is a heightened reactivity to trauma cues. The current study used experience sampling to investigate the associations between exposure to combat-related cues and PTSD symptoms in 93 U.S. veterans who served in support of recent military operations in Afghanistan and Iraq. We also examined the effects of peri- and postdeployment factors, including exposure to combat, unit support during deployment, and postdeployment social support on PTSD. Participants completed eight brief random surveys daily for 2 weeks using palmtop computers. The results indicated that more daytime exposure to trauma cues was associated with experiencing more PTSD symptoms at the within-person level, $B = 3.18$. At the between-person level, combat exposure, $B = 4.20$, was associated with more PTSD symptoms, whereas unit support, $B = -0.89$, was associated with experiencing fewer symptoms. At the cross-level interaction, unit support, $B = -0.80$, moderated the association between trauma cue exposure and PTSD symptom count. Contrary to our hypothesis, postdeployment social support, $B = -0.59$, was not associated with PTSD symptoms. These findings suggest a functional association between exposure to trauma cues and PTSD symptoms among recent-era U.S. veterans and underscore the importance of unit support during deployment.

<https://doi.org/10.1080/21635781.2023.2246899>

Mental Health, Alcohol Use, and Associations with Pre-deployment Family Functioning in Active-duty Service Members.

M. Jia-Richards, S. B. Morissette, J. W. Ellor, D. R. Myers, J. Crow, J. Whitacre & S. L. Dolan

Military Behavioral Health

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As service members prepare to deploy, poor mental health and increased alcohol use associated with the difficulties of the pre-deployment period may negatively impact service members' family functioning. The etiology of poor family functioning may also differ for men and women serving in the military. The current study recruited U.S. military service members (N = 343, 28% women, 59% White) preparing to deploy to Iraq or Afghanistan to examine the effects of symptoms of depression, anxiety, stress, post-traumatic stress (PTS), and alcohol use (frequency and quantity) on family functioning. We also sought to identify whether those effects differed between genders. Across participants, PTS was the only factor significantly associated with worse family functioning ($\beta = .01$, SE = .00, $t(251.99) = 2.03$, $p = .043$), however the effect of depression was similar in magnitude and trending toward significance ($\beta = .01$, SE = .00, $t(297.49) = 1.96$, $p = .051$). Interactions between gender, mental health, and alcohol use were non-significant. Findings suggest that addressing service members' PTS and depression symptoms pre-deployment could improve family functioning. Gender may not be a major factor for pre-deployment mental health and family functioning, although more research is warranted. Contrary to expectations, alcohol use was unrelated to family functioning. Future studies should consider using measures of drinking that capture alcohol-related problems in addition to consumption. As service members prepare to deploy, it is important to understand which factors are most impactful on family functioning as this may help target preventative interventions during the pre-deployment stage.

<https://doi.org/10.1007/s40501-023-00293-7>

Review of Research on Moral Injury and Suicide Risk.

A. J. Khan PhD, B. J. Griffin PhD & S. Maguen PhD

Current Treatment Options in Psychiatry

Published: 15 September 2023

Purpose of Review

This review summarizes empirical studies investigating the associations between moral injury and suicide-related outcomes.

Recent Findings

A total of 47 studies met inclusion criteria and were reviewed. Samples included military, veteran, and civilian populations. Overall, more exposure to potentially morally injurious events (PMIE) and greater morally injurious symptom severity were both related to increased risk for suicide-related outcomes, including suicidal ideation and suicide attempt[s], and composite suicide-related variables. The strength of the association depended on the population, assessments used to measure moral injury and suicide-related outcomes, and covariates included in the model. Mediators and moderators of the association were identified including depression, posttraumatic stress, hopelessness, guilt, shame, social support, and resilience.

Summary

Moral injury confers a unique risk for suicide-related outcomes even after accounting for formalized psychiatric diagnosis. Suicide prevention programs for military service members, veterans, and civilians working in high-stress environments may benefit from targeted interventions to address moral injury. While suicide-related outcomes have not been included in efficacy trials of moral injury interventions, mediators and moderators of the association between moral injury and suicide-related outcomes are potential targets for therapeutic change, including disclosure, self-forgiveness, and meaning-making.

<https://doi.org/10.1016/j.jpsychires.2023.09.011>

Impact of dissociation on exposure therapy for PTSD outcomes and Adherence among U.S. Military service members.

Erin K. Verdi, Andrea C. Katz, Michael A. Gramlich, Barbara O. Rothbaum, Greg M. Reger

Emotional engagement is necessary for successful exposure therapy for posttraumatic stress disorder (PTSD), but dissociation is considered a barrier to emotional engagement. Virtual reality exposure therapy (VRE) uses multi-sensory virtual environments to increase emotional engagement during exposure therapy, and average treatment outcomes are comparable to traditional exposure therapy. However, individual factors (e.g., depression) can predict differential responses to VRE. Studies have yet to investigate whether VRE would be more effective in treating patients with dissociation compared to traditional PE. This secondary analysis of a randomized clinical trial explores whether dissociation predicts treatment outcomes to exposure therapy among active-duty soldiers (N = 108) diagnosed with PTSD. We also examine whether individuals reporting dissociative symptoms demonstrated differential treatment responses to VRE and PE. Results indicated a significant two-way interaction between dissociation and time in treatment, such that dissociation blunted the negative relationship between time and PTSD symptoms. Dissociation was not associated with treatment session attendance or drop out. Results also revealed no significant effect of treatment group (PE or VRE) on the relationship between dissociation and PTSD symptoms. Findings contribute to a body of literature supporting the potential clinical and research utility of a dissociative subtype of PTSD.

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

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

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

Journal of Traumatic Stress
First published: 13 September 2023

Over the past 20 years, U.S. military conflicts in Iraq and Afghanistan have been marked by high rates of combat and wartime killings. Research on Vietnam-era service members suggests that the type of killing (i.e., killing a combatant vs. noncombatant) is an important predictor of later mental health problems, including posttraumatic stress disorder (PTSD). The present study aimed to update these findings by exploring the

impact of type of killing on PTSD symptoms using a sample of postdeployment active duty U.S. Army personnel (N = 875). Using multiple regression analysis, we found that the act of killing a noncombatant was significantly associated with PTSD symptoms, $B = 7.50$, $p < .001$, whereas killing a combatant was not, $B = -0.85$, $p = .360$. This remained significant after controlling for demographic variables, depressive symptoms, and general combat experiences. These findings support the need for thoughtful postdeployment screenings and targeted clinical interventions.

Links of Interest

V.A. Recruits Millionth Veteran for Its Genetic Research Database

https://www.nytimes.com/2023/11/15/health/million-veterans-database-va.html?unlocked_article_code=1.-0w.iFE1.ByF2GOZjgcQS&smid=url-share

More Airmen Are Graduating Pilot School Thanks to Mental Toughness Training

<https://www.airandspaceforces.com/air-force-pilot-training-craft-mental-toughness/>

Author Sebastian Junger explains why it's hard for troops to come home

<https://www.militarytimes.com/off-duty/military-culture/2023/11/15/author-sebastian-junger-explains-why-its-hard-for-troops-to-come-home/>

Veteran suicides rose in 2021 despite increased prevention efforts

<https://www.militarytimes.com/veterans/2023/11/16/veteran-suicides-rose-in-2021-despite-increased-prevention-efforts/>

- [2023 National Veteran Suicide Prevention Annual Report](#)
- [Insights from the National Veteran Suicide Prevention Annual Report](#)

Telehealth could strengthen military's mental health care, report says

<https://www.militarytimes.com/news/your-military/2023/11/16/telehealth-could-strengthen-militarys-mental-health-care-report-says/>

- [Improving Behavioral Health Care in the Military Health System: Challenges, Promising Strategies, and Research Directions](#)

Easing Holiday and Reintegration Stress

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Articles/Easing-Holiday-and-Reintegration-Stress>

Minot Air Force Base Investigating Deaths of Three Airmen In One Month

<https://www.airandspaceforces.com/minot-air-force-base-airmen-deaths/>

'A victory for all military spouses' in court fight over job license

<https://www.militarytimes.com/pay-benefits/mil-money/2023/11/20/a-victory-for-all-military-spouses-in-court-fight-over-job-license/>

Mental health not costing many troops security clearances, data shows

<https://www.militarytimes.com/news/your-navy/2023/11/22/mental-health-doesnt-cost-troops-security-clearances-data-shows/>

Navy opening more subs to women as new female officers double

<https://www.navytimes.com/news/your-navy/2023/11/21/navy-opening-more-subs-to-women-as-new-female-officers-double/>

Resource of the Week: [MilLife Learning Course Catalog](#)

From [Military OneSource](#):

MilLife Learning courses are self-directed, user-focused courses on quality-of-life topics for military families and useful information for the service providers who support them. Browse or filter all courses below.



[Download full catalog in PDF.](#)

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