

CDP



Research Update -- December 7, 2023

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<https://doi.org/10.1177/0095327X221107392>

Making Ends Meet: Employment, Cash Transfers, and Poverty in Post–9/11 Era Wounded Military Veterans.

Barr, N., Albert, V., Peterson, A., Berghammer, L., & Kintzle, S.

Armed Forces & Society
(2024) 50(1), 105-123

Over 36% of post–9/11 era veterans have a disability, but little research has examined wounded veterans' finances. We investigated main and interaction effects of income sources and demographic, military, and mental health characteristics on household poverty and deep poverty to better understand wounded veterans' financial outcomes. Data were drawn from the 2018 Wounded Warrior Survey (n = 33,067). Two logistic regression models investigated direct associations between independent variables and poverty outcomes; predictive margins and average marginal effects were calculated for employment and cash transfers on outcomes. 56% of respondents reported full- or part-time employment, and 17% met criteria for household poverty. Of those, 75% met criteria for deep poverty. Cash transfers were negatively associated with poverty and deep poverty, and part-time employment was positively associated with poverty compared with not working. Employment was insufficient protection against poverty in this sample of wounded veterans—transfers were a critical bulwark.

<https://doi.org/10.1080/15283488.2023.2238208>

Biracial Identity in Adult Military Children.

Charlotte Williams, Rene O. Guillaume & Richard C. Zamora

Identity
(2023) 23:4, 361-378

This study sought to explore adult biracial individuals and their perceived racial identities and their own military dependent identities in military communities. Utilizing a social constructivist grounded theory methodology, the study participants consisted of 21 Black/White self-identifying biracial former military dependent children. Results show a core category, and two key categories were discovered from the analysis. The core

category indicated that biopsychosocial and ecological factors across time influence biracial military identity development. These individuals have an intersecting and outsider identity that influences their community identity. The participants used different coping behaviors to ecological stressors they experienced that shaped their identity. The implications and recommendations for practice, training, and future research are discussed for this study.

<https://doi.org/10.1111/famp.12931>

Emotion socialization profiles in military parents: Associations with post-traumatic stress disorder.

Sarah T. Giff, Keith D. Renshaw, Susanne A. Denham, Laura N. Martin, Abigail H. Gewirtz

Family Process

First published: 22 September 2023

Military families face many difficulties, including a parent deploying to a warzone and the subsequent risk of returning with symptoms of posttraumatic stress disorder (PTSD). Symptoms of PTSD are associated with parenting difficulties; however, little is known about how PTSD symptoms may be associated with emotion socialization (ES), a set of processes crucial to children's emotional well-being. This project investigated observed ES behaviors in deployed and non-deployed parents in a sample of 224 predominantly White, non-Hispanic National Guard/Reserve (NG/R) families with deployed fathers, non-deployed mothers, and a child between the ages of 4 and 13. Parents completed self-report questionnaires and families engaged in videotaped parent–child discussions, which were coded for three types of ES behaviors. Latent profile analyses of the coded behaviors identified five profiles of parental ES: Balanced/Supportive, Balanced/Limited Expression, Unsupportive/Distressed, Unsupportive/Positive, and Involved/Emotive/Angry. Multinomial logistic regressions of each parent's profile membership on fathers' PTSD symptoms revealed no significant associations, while additional analyses including additional family factors revealed that greater father PTSD symptoms were associated with a greater likelihood of mothers being in the Balanced/Supportive profile compared to the Balanced/Limited Expression profile, particularly when children displayed average to low levels of emotion during discussion tasks. No other significant associations with PTSD symptoms were detected.

Overall, in contrast to the hypotheses, the majority of these findings indicated that PTSD symptoms did not play a significant role in parental ES behaviors.

<https://doi.org/10.1002/eat.24025>

Incidence and prevalence of eating disorders among active duty US military-dependent youth from 2016 to 2021.

Katherine A. Thompson PhD, Vivian Bauman PhD, MPH, Kevin W. Sunderland PhD, Jennifer A. Thornton PhD, Natasha A. Schvey PhD, Rachel Moyer MD, Nana Amma Sekyere MD, Wendy Funk MS, Veronika Pav MS, Rick Brydum MS, David A. Klein MD, MPH, Jason M. Lavender PhD, Marian Tanofsky-Kraff PhD

International Journal of Eating Disorders
Volume 56, Issue 10, October 2023, Pages 1973-1982

Objective

The offspring of US military service members may be at increased risk for eating disorders. However, no epidemiological studies to date have evaluated eating disorder incidence rates and prevalence estimates among military-dependent youth.

Method

This retrospective cohort study examined eating disorder diagnoses in the military healthcare system (MHS) from 2016 through 2021. Active duty and national guard military-dependent youth, aged 10–17 years, who received care in the MHS via TRICARE Prime insurance, were identified by one or more ICD-10 codes indicative of an eating disorder diagnosis (anorexia nervosa, bulimia nervosa, binge-eating disorder, and other-specified eating disorders).

Results

During the 6-year surveillance period, 2534 dependents received incident diagnoses of eating disorders, with a crude overall incidence rate of 1.75 cases per 10,000 person-years. The most common diagnosis was other-specified eating disorder, followed by anorexia nervosa, bulimia nervosa, and binge-eating disorder. The crude annual incidence rate of all eating disorder diagnoses increased by nearly 65% from 2016 to 2021. Rates for all diagnoses were highest in 2020 and 2021. Period prevalence estimates were .08% for any eating disorder diagnosis, .01% for anorexia nervosa,

.004% for bulimia nervosa, .004% for binge-eating disorder, and .06% for other-specified eating disorders.

Discussion

The observed increase in eating disorder diagnoses during the surveillance period appeared to be driven by female dependents. More military dependents experienced a new-onset diagnosis during the COVID-19 pandemic compared to previous years. These findings highlight the need for eating disorder screening, identification, and treatment for dependents within the MHS.

Public Significance Statement

Children of US military service members may be at increased risk for eating disorders. Results indicate new-onset eating disorder cases increased 65% from 2016 to 2021, primarily among girls compared to boys. The most diagnosed and fastest growing diagnosis was other-specified eating disorder. Rates of anorexia nervosa increased following the COVID-19 pandemic. Findings highlight the need for eating disorder screening, identification, and treatment within the military healthcare system.

<https://doi.org/10.1037/tra0001553>

Exploring the role of moral injury outcomes in intimate relationship functioning among U.S. combat veterans.

Fernandez, P. E., & Currier, J. M.

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

Objective:

Moral injury entails psychological, social, and possible spiritual issues that might interfere with veterans' functioning in romantic or intimate relationships. To date, research has not examined the contribution of moral injury outcomes in this core functional domain in many veterans' lives.

Method:

In total, 65 combat veterans who were engaging in a peer-led intervention for moral injury in a Veteran Service Organization completed the Expressions of Moral Injury

Scale, posttraumatic stress disorder (PTSD) checklist for DSM-5, and the romantic relationship subscale of the Inventory of Psychosocial Functioning Scale.

Results:

Bivariate analyses revealed that moral injury and PTSD symptoms were each associated with worse relationship functioning among the veterans. When including moral injury and PTSD symptoms as predictors in a multivariate analysis, only moral injury was uniquely linked with poorer relationship functioning.

Conclusions:

Overall, these findings suggest that moral injury could play a pernicious role in many veterans' issues in relationship problems with their spouses or partners. Future research needs to examine the potential utility of addressing moral injury among veterans who are struggling to meet demands for intimacy and connection in their intimate or romantic relationships. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement

Findings suggest that moral injury outcomes may hinder veterans' ability to meet intimacy demands in their romantic partnerships. As such, clinicians will ideally assess for issues related to emerging conceptions of moral injury (e.g., guilt, shame, and self-handicapping behaviors) among veterans who are struggling in this core functional domain. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1038/s41593-023-01483-5>

Neural patterns differentiate traumatic from sad autobiographical memories in PTSD.

Ofer Perl, Or Duek, Kaustubh R. Kulkarni, Charles Gordon, John H. Krystal, Ifat Levy, Ilan Harpaz-Rotem & Daniela Schiller

Nature Neuroscience

Volume 26, pages 2226–2236 (2023)

For people with post-traumatic stress disorder (PTSD), recall of traumatic memories often displays as intrusions that differ profoundly from processing of 'regular' negative memories. These mnemonic features fueled theories speculating a unique cognitive

state linked with traumatic memories. Yet, to date, little empirical evidence supports this view. Here we examined neural activity of patients with PTSD who were listening to narratives depicting their own memories. An intersubject representational similarity analysis of cross-subject semantic content and neural patterns revealed a differentiation in hippocampal representation by narrative type: semantically similar, sad autobiographical memories elicited similar neural representations across participants. By contrast, within the same individuals, semantically similar trauma memories were not represented similarly. Furthermore, we were able to decode memory type from hippocampal multivoxel patterns. Finally, individual symptom severity modulated semantic representation of the traumatic narratives in the posterior cingulate cortex. Taken together, these findings suggest that traumatic memories are an alternative cognitive entity that deviates from memory per se.

<https://doi.org/10.1001/jamanetworkopen.2023.45073>

Age Disparities in Prevalence of Anxiety and Depression Among US Adults During the COVID-19 Pandemic.

Collier Villaume, S., Chen, S., & Adam, E. K.

JAMA Network Open
November 30, 2023

Key Points

Question

Were there age disparities in anxiety and depression during the COVID-19 pandemic?

Findings

In this cross-sectional study of 3 028 923 US adults, anxiety and depression were significantly higher among adults aged 18 to 39 years (40% and 33%, respectively) compared with adults aged 40 years and older (31% and 24%, respectively). Greater economic precarity and greater reactivity to changing case counts among younger adults were associated with this age disparity.

Meaning

These findings suggest that more than one-third of young adults had anxiety or depression during the COVID-19 pandemic; less favorable economic conditions and

responses to social upheaval may have contributed to young adults' worse mental well-being.

Abstract

Importance

High levels of anxiety and depression were documented shortly after the arrival of the COVID-19 pandemic and were more prevalent in younger adults than in older adults. Knowing whether these age disparities persisted throughout multiple years of the COVID-19 pandemic and identifying associated factors will help guide health policy.

Objective

To investigate age disparities in anxiety and depression during the COVID-19 pandemic.

Design, Setting, and Participants

This cross-sectional study consisted of a nationally representative online survey administered between April 2020 and August 2022 and included US adults who were not incarcerated. Data were analyzed between March and September 2022.

Exposures

The first 27 months of the COVID-19 pandemic included wide variation in infection rates, turbulence in US political and social life, and geopolitical instability. Primary exposures include individuals' age and economic precarity and pandemic-related events (eg, weekly state-level case counts and individual vaccination status).

Main outcomes and measures

Symptoms of anxiety and depression were assessed via responses to 2-item screeners (Generalized Anxiety Disorder 2-item for anxiety and Patient Health Questionnaire-2 for depression). An individual's symptoms were identified as clinically elevated if scores exceeded validated thresholds.

Results

This study included 3 028 923 respondents (mean [SD] age, 48.9 [17.0] years; 1 567 603 [51.8%] female). In multiple regression analyses that include state fixed effects and survey-week fixed effects, likely anxiety and depressive disorders among 291 382 (40%) and 238 505 (33%) of adults aged 18 to 39 years, respectively, compared with 357 820 (31%) and 274 534 (24%) of adults aged 40 to 59 years and 225 295 (20%) and 183 695 (16%) adults aged 60 years and older. Levels declined throughout the pandemic period for those aged 40 years and older but remained elevated for younger adults. Analyses identified several associated factors of these age

disparities. Younger adults' anxiety and depression increased more than older adults' after surges in COVID-19 case counts but decreased less following vaccination against the virus. Additionally, approximately one third of the age gap among individuals with depression and anxiety was attributed to economic precarity, to which younger adults are disproportionately exposed.

Conclusions and relevance

In this cross-sectional study of anxiety and depression during the COVID-19 pandemic, economic precarity was associated with high anxiety and depression among younger adults in the US compared with older adults in the US. These findings suggest a need for greater mental health care and economic policies targeted toward younger adults.

<https://doi.org/10.1001/jama.2023.21311>

Postpartum Depression-New Screening Recommendations and Treatments.

Moore Simas, T. A., Whelan, A., & Byatt, N.

JAMA

November 27, 2023

In June 2023, the American College of Obstetricians and Gynecologists released new recommendations to minimally screen for depression at least twice in pregnancy (initial prenatal visit and later) and again at postpartum visits, using validated instruments. Additionally, depression screening is recommended at pediatric well-infant/child visits and well-woman visits. Numerous depression screening instruments exist. The 2 most widely studied and used are the Patient Health Questionnaire (PHQ-9, 9 questions) and the Edinburgh Postnatal Depression Screen (EPDS, 10 questions). They are self-administered, easy to score, include self-harm questions, and are validated in numerous languages. An overall score of 10 or higher is commonly considered positive. In addition to the overall score, the clinician should separately and intentionally review the response to the self-harm item, which is the last question for both. Any response other than “never” (EPDS) or “not at all” (PHQ-9) for the self-harm item merits further assessment.

<https://doi.org/10.1089/can.2023.0056>

Prevalence and Frequency of Cannabis Use Among Adults Ages 50–80 in the United States.

Anne C. Fernandez, Lara Coughlin, Erica S. Solway, Dianne C. Singer, Jeffrey T. Kullgren, Matthias Kirch, and Preeti N. Malani

Cannabis and Cannabinoid Research

Published Online: 20 Nov 2023

Introduction:

Legal access to and attitudes toward cannabis are changing rapidly. Most of the United States and territories allow adults to use medical and/or recreational cannabis. Recent trends demonstrate increasing cannabis use among older U.S. adults. However, little research has examined cannabis use among older adults since 2019, when the COVID-19 pandemic caused major changes in patterns of substance use.

Methods:

The National Poll on Healthy Aging is a nationally cross-sectional survey that asked U.S. adults ages 50–80 in January 2021 about their cannabis use in the past year. Multivariable logistic regression was used to identify demographic and health characteristics associated with cannabis use.

Results:

Among 2023 participants aged 50–80 (52.7% female), 12.1% reported cannabis use in the past year. Among those who reported cannabis use, 34.2% reported using cannabis products 4 or more days per week. In multivariable logistic regression, cannabis use was less likely among people who identified as Hispanic ethnicity or as “other” races compared with non-Hispanic white respondents. Cannabis use was more likely among unmarried/unpartnered and unemployed respondents. Those who consumed alcohol were more likely to use cannabis.

Conclusions:

More than one in 10 U.S. adults aged 50–80 used cannabis in the 1st year of the COVID-19 pandemic, and many used cannabis frequently. As access to and use of cannabis continue to increase nationally, clinicians and policymakers should monitor and address the potential risks among older adults.

<https://doi.org/10.1007/s10943-023-01905-5>

Moral Injury is a Risk Factor for Substance Use and Suicidality Among US Military Veterans with and without Traumatic Brain Injury.

McDaniel, J. T., Redner, R., Jayawardene, W., Haun, J., Clapp, J., Che, D., Renzaglia, K., & Abou-Jabal, D.

Journal of Religion and Health

Published: 07 September 2023

A national survey of United States veterans was conducted, yielding 252 veterans with Traumatic Brain Injury (TBI) and 1235 veterans without TBI. Participants were asked questions about moral injury, suicidality, substance use, and other sociodemographic variables. Multivariable linear regression analysis was used to examine the previously described relationships. Increasing severity of moral injury was associated with higher scores on the substance use tool ($b = 0.02$, $p = 0.04$), although the magnitude of effect was not different from those without TBI ($Z = -0.57$, $p = 0.72$). Increasing severity of moral injury was positively associated with suicidal behavior scores ($b = 0.10$, $p < 0.01$). The strength of this relationship was stronger in veterans with TBI than those without TBI ($Z = 1.78$, $p = 0.04$). Rehabilitation programs that treat veterans for TBI may need to consider the evaluation of moral injury given its association with adverse events in this population.

<https://doi.org/10.1007/s10943-023-01885-6>

Examining the Association Between Moral Injury and Suicidal Behavior in Military Populations: A Systematic Review.

Jamieson, N., Carey, L. B., Jamieson, A., & Maple, M.

Journal of Religion and Health

Published: 17 August 2023

The increasing number of suicides among military populations cannot be fully accounted for by conventional risk factors like Post-Traumatic Stress Disorder (PTSD). As a result, researchers and theorists propose that delving into the concept of Moral

Injury could offer a more comprehensive understanding of the phenomenon of suicide. Moral Injury is not currently a recognized mental health disorder but can be associated with PTSD. Moral Injury is a multi-dimensional issue that profoundly affects emotional, psychological, behavioral, social, and spiritual well-being. The objective of this systematic review is to examine the association between Moral Injury and suicidal behavior (suicide ideation, plans and or suicide attempt) within military populations. The review will specifically concentrate on identifying and analyzing studies that have investigated the connection between these variables, with a specific focus on the context of military personnel both serving and former serving members. Of the 2214 articles identified as part of this review, 12 studies satisfied the research criteria with a total participant sample having an average age of 40.7 years. The male population accounted for 78.6% of the overall sample. Two studies were identified as high-quality, while the remaining ten were rated as moderate. The analysis of these twelve studies consistently affirms a connection between Moral Injury and suicidal behavior; most obviously, that exposure to morally injurious events substantially amplify the risk of suicide, with higher levels of potential exposure being linked to increased Moral Injury and heightened levels of suicidal behavior. Our review uncovered noteworthy findings regarding the association between Moral Injury and suicidal behavior, marking a pioneering effort in exploring this association and offering valuable insights into this emerging issue. Several limitations are noted regarding this review and recommendations are made concerning the need to prioritize, expand and employ longitudinal research designs that include non-military populations such as first responders (e.g., police, paramedics, firefighters) and medical, nursing, or allied health professionals—all disciplines known to be impacted by Moral Injury.

<https://doi.org/10.1080/20008066.2023.2282020>

Alcohol-involved sexual assault in the US military: A scoping review.

Miggantz, E. L., Orchowski, L. M., Beltran, J. L., Walter, K. H., Hollingsworth, J. C., Cue Davis, K., Zong, Z. Y., Meza-Lopez, R., Hutchins, A., & Gilmore, A. K.

European Journal of Psychotraumatology
Volume 14, 2023 - Issue 2

Background:

Sexual assault and alcohol use are significant public health concerns, including for the United States (US) military. Although alcohol is a risk factor for military sexual assault

(MSA), research on the extent of alcohol-involvement in MSAs has not been synthesised.

Objective:

Accordingly, this scoping review is a preliminary step in evaluating the existing literature on alcohol-involved MSAs among US service members and veterans, with the goals of quantifying the prevalence of alcohol-involved MSA, examining differences in victim versus perpetrator alcohol consumption, and identifying additional knowledge gaps.

Method:

In accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines for Scoping Reviews, articles in this review were written in English, published in 1996 or later, reported statistics regarding alcohol-involved MSA, and included samples of US service members or veterans who experienced MSA during military service.

Results:

A total of 34 of 2436 articles identified met inclusion criteria. Studies often measured alcohol and drug use together. Rates of reported MSAs that involved the use of alcohol or alcohol/drugs ranged from 14% to 66.1% (M = 36.94%; Mdn = 37%) among servicemen and from 0% to 83% (M = 40.27%; Mdn = 41%) among servicewomen. Alcohol use was frequently reported in MSAs, and there is a dearth of information on critical event-level characteristics of alcohol-involved MSA. Additionally, studies used different definitions and measures of MSA and alcohol use, complicating comparisons across studies.

Conclusion:

The lack of event-level data, and inconsistencies in definitions, measures, and sexual assault timeframes across articles demonstrates that future research and data collection efforts require more event-level detail and consistent methodology to better understand the intersection of alcohol and MSA, which will ultimately inform MSA prevention and intervention efforts.

HIGHLIGHTS

- A total of 34 of 2436 articles identified met inclusion criteria. Studies often measured alcohol and drug use together. Rates of reported military sexual assaults that involved the use of alcohol or alcohol/drugs ranged from 14% to 66.1% (M = 36.94%; Mdn = 37%) among servicemen and from 0% to 83% (M = 40.27%; Mdn = 41%) among servicewomen.

- More precise prevalence estimates of the intersection between alcohol and military sexual assault were limited due to inconsistencies in the definitions of sexual assault and alcohol use, measures of sexual assault and alcohol use, and timeframe for reporting across studies.
- Future research should standardise the measures, definitions, and timeframes of sexual assault and alcohol-involvement to allow for a more precise estimation of alcohol-involved military sexual assault. Furthermore, event-level data is needed including amount and timeframe of alcohol consumption, relationship between victim and perpetrator, location of alcohol consumption and military sexual assault, and whether the assault was opportunistic or facilitated, to inform military sexual assault prevention and intervention efforts in the military.

<https://doi.org/10.1037/ort0000331>

The association of parentification indicators with substance use patterns among military-connected adolescents.

Sullivan, K. S., Capp, G., & Gilreath, T. D.

American Journal of Orthopsychiatry
(2023) 93(6), 557–565

Military-connected youths are a vulnerable population exposed to a unique set of stressors, which may put them at increased risk for adverse mental and behavioral health outcomes, compared to their civilian counterparts. Among military-connected adolescents, emotional and instrumental parentification are mechanisms hypothesized to account for negative outcomes, including substance use. However, parentification may be protective in some cultures and has not been examined in the military population. Data were drawn from 1,441 7th-, 9th-, and 11th-graders who had a parent in the military and completed the 2013 California Healthy Kids Survey. Latent class analysis was used to examine patterns of instrumental parentification indicators among military-connected youths and associated patterns of substance use. Military-connected students in the high parentification class were significantly less likely to be in the frequent polysubstance using class (odds ratio = 0.376, 95% confidence interval [0.180, 0.782]). Findings suggest that experiences of instrumental parentification, including having more responsibilities at home, being more independent, and being able to solve problems better than peers, may be protective. For military-connected youths, these

skills, developed in the context of their families, may translate to better coping with other stressful situations. Professionals may be able to build on these strengths and develop adaptive coping strategies to support military-connected youths in managing the stressors of wartime military life. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement

Public Policy Relevance Statement:

In the context of ongoing overseas conflicts, military-connected youths may be more likely to experience a number of negative consequences including using substances at higher rates than civilian peers. While some have posited that added responsibilities at home may increase stress for these youths and contribute to negative outcomes, this study suggests that these experiences may actually help to develop useful skills and reduce risk. Organizations that are responsible for assessing and developing treatment protocols for adolescents in military families, including schools, medical and mental health professionals, should not only evaluate potential risk factors, but also consider strengths to be amplified in military-connected youths. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://pubmed.ncbi.nlm.nih.gov/38019152/>

Eating Disorders in Men—an Underestimated Problem, an Unseen Need.

Halbeisen, G., Laskowski, N., Brandt, G., Waschescio, U., & Paslakis, G.

Deutsches Arzteblatt International

2024 Feb 9: (Forthcoming)

Background:

Eating disorders are seen mainly as a problem affecting women, not just by the public at large, but also in specialized circles. Although it is true that more women than men suffer from all types of eating disorder, pertinent reviews have clearly shown that they do indeed occur in men, and that the available evidence on the matter is limited. The stigmatization of men with eating disorders makes it harder for these men, and for the relevant professionals, to recognize the symptoms and to seek or provide help.

Methods:

This review is based on publications retrieved by a selective search in PubMed on the epidemiological, diagnostic, clinical, and therapeutic aspects of eating disorders in men.

Results:

Current estimated lifetime prevalences in men are 0.2% for anorexia nervosa, 0.6% for bulimia nervosa, and 1% for binge-eating disorder; the corresponding figures for women are 1.4%, 1.9%, and 2.8%. Men and women may display different manifestations. Women are thought to be mainly seeking a slim figure and weight reduction; men, a muscular build. The established German-language screening and diagnostic tools, however, do not cover the types of symptoms that are more common in men. Little is known about whether treatment yields comparable results in men and women.

Conclusion:

It is important to combat the stigmatization of men with eating disorders and to remove the obstacles to their appropriate diagnosis and treatment. The current methods of screening and diagnosis need to be adapted to take account of the special aspects of abnormal eating behavior in men. It remains unclear whether and how the disorder-specific treatment of these conditions in men should differ from their treatment in women.

<https://doi.org/10.1080/10640266.2023.2261762>

Virtually possible: strategies for using telehealth in eating disorder treatment learned from the COVID-19 pandemic.

Catherine Cook-Cottone, Jennifer A. Harriger, Tracy L. Tylka & Nichole L. Wood-Barcalow

Eating Disorders

Published online: 29 Sep 2023

The COVID-19 pandemic resulted in an abrupt shift from in-person to virtual treatment, and clinicians continue to offer telehealth due to its advantages. Telehealth may be a viable, effective, and safe treatment modality for many clients with eating disorders. We consider contemporary issues regarding the use of telehealth in eating disorder treatment and identify strategies to enhance its delivery. First, we emphasize key factors when choosing therapy delivery (telehealth, in-person, or hybrid). Second, we

address telehealth-specific planning, preparation, safety, and privacy considerations. Third, we discuss how eating disorder assessment and evidence-based interventions can be adapted for telehealth delivery. Fourth, we raise telehealth-specific challenges related to group-based delivery and the therapeutic alliance offering alternative avenues for connection and engagement. We conclude with a discussion of how additional research is needed to refine the presented strategies, develop new strategies, and assess their efficacy and effectiveness.

<https://doi.org/10.1016/j.jad.2023.11.041>

Evaluating a novel 8-factor dimensional model of PTSD in U.S. military veterans: Results from the National Health and Resilience in Veterans Study.

Stiltner, B., Fischer, I. C., Duek, O., Polimanti, R., Harpaz-Rotem, I., & Pietrzak, R. H.

Journal of Affective Disorders
Volume 346, 1 February 2024, Pages 303-307

Background

Accumulating data suggest that the structure of posttraumatic stress disorder (PTSD) symptoms may be more nuanced than proposed by prevailing nosological models. Emerging theory further suggests that an 8-factor model with separate internally- (e.g., flashbacks) and externally- (e.g., trauma cue-related emotional reactivity) generated intrusive symptoms may best represent PTSD symptoms. To date, however, scarce research has evaluated the fit of this model and whether index traumas are differentially associated with it in populations at high risk for trauma exposure, such as military veterans.

Methods

Data were analyzed from a nationally representative sample of 3847 trauma-exposed U.S. veterans who participated in the National Health and Resilience in Veterans Study. Confirmatory factor analyses were conducted to evaluate the fit of a novel 8-factor model of PTSD symptoms relative to 4-factor DSM-5 and empirically-supported 7-factor hybrid models.

Results

The 8-factor model fit the data significantly better than the 7-factor hybrid and 4-factor DSM-5 models. Combat exposure and harming others were more strongly associated

with internally-generated intrusions, while interpersonal violence and disaster/accident showed stronger significant associations with externally-generated intrusions.

Limitations

The 8-factor model requires validation in non-veteran and more diverse trauma-exposed populations, as well as with clinician-administered interviews.

Conclusions

Results of this study provide support for a novel 8-factor model of PTSD symptoms that is characterized by separate internally- and externally-generated intrusions. They also suggest that certain index traumas may lead to differential expression of these symptoms.

<https://doi.org/10.1016/j.jaac.2023.08.014>

Youth With Sexual or Gender-Diverse Identities and Military Connection: Recommendations to Optimize Clinical Care.

Nevo, O. N., Griffin, A. J., Herness, J., Klein, D. A., & Cozza, S. J.

Journal of the American Academy of Child & Adolescent Psychiatry
Available online 29 September 2023

In the United States, an estimated 1.9 million youth 13 to 17 years of age (9.5%) identify as sexual and/or gender diverse (SGD), identifying as nonheterosexual and/or having a gender identity other than the assigned sex at birth.¹ Up to 7% of SGD adolescents may have at least one parent currently or previously serving in the US military, an estimated 133,000 youth nationwide. SGD adolescents are highly exposed to acute and chronic stressors, including minority stress and discrimination, resulting in elevated rates of depression, anxiety, and suicidal ideation. SGD military-connected youth (ie, SGD youth with a parent or caregiver with military service experience) were found to be at even higher risk for these negative outcomes in one published report.² While both military connection and SGD identity may foster strengths, these youth also face well-studied stressors, and the convergence of these identities and experiences is likely to produce greater challenges. Nearly half of military-connected youth are seen by civilian clinicians in local communities for primary care, and even more are seen for specialty care. As a result, all clinicians, both within and outside the military health system, and

especially clinicians providing mental health care, must be familiar with these unique converging stressors facing SGD military-connected youth.

<https://pubmed.ncbi.nlm.nih.gov/37774110/>

Bidirectional associations between pain and perceived stress among veterans: Depressive disorder as a predisposing factor.

Saba, S. K., Davis, J. P., Prindle, J. J., Howe, E., Tran, D. D., Bunyi, J., Hummer, J. F., Castro, C. A., & Pedersen, E. R.

Psychosomatic Medicine
September 29, 2023

Objective

Military veterans who were injured in combat very often report pain along with co-occurring perceived stress and pre-existing depressive disorder. The systems model of pain is a theoretical model suggesting pain and perceived stress are bidirectionally associated at the within-person level, and associations are heightened among those with depressive disorder. However, the systems model of pain has not been adequately tested. Testing the systems model of pain could illuminate salient treatment targets for combat-injured veterans with pain and co-occurring psychological problems.

Methods

The present study empirically tests the systems model of pain among a sample of combat-injured veterans (N = 902) surveyed five times over an 18-month period. We employed a multi-group, auto-regressive latent trajectory with structured residuals statistical model to test the within-person associations between pain and perceived stress and determine whether associations differ between veterans with and without a positive screen for depressive disorder.

Results

In line with the systems model of pain, pain and perceived stress were bidirectionally associated only among combat-injured veterans with depressive disorder. Among such veterans, perceived stress was positively associated with subsequent pain ($b = 0.12$; 95% CI [0.06, 0.17]), and pain was positively associated with subsequent perceived stress ($b = 0.44$; 95% CI [0.11, 0.77]).

Conclusions

Our work highlights the interplay between pain and its psychological correlates among a particularly at-risk population. Clinicians addressing pain and perceived stress among combat-injured veterans should be prepared to identify and address depressive disorder.

<https://doi.org/10.1016/j.jcbs.2023.09.007>

Reintegration challenges among post-9/11 veterans: The role of mental health symptoms and resilience- and avoidance-based coping strategies.

Samuel D. Spencer, M. Bridget Zimmerman, Nichte Donis, Merlyn Rodrigues, ... Lilian Dindo

Journal of Contextual Behavioral Science
Volume 30, October 2023, Pages 97-105

Many returning service members deployed in the wars of Iraq and Afghanistan (Operations Enduring Freedom, Iraqi Freedom and New Dawn) face numerous challenges within post-deployment community reintegration (PDCR), including mild traumatic brain injury, chronic pain, and psychological disorders such as PTSD— a constellation of symptoms referred to as polytrauma. Within a transdiagnostic acceptance and commitment therapy (ACT) framework, optimal PDCR is hindered by excesses in maladaptive avoidance-based coping and deficits in resilience-based coping. The present cross-sectional study examined the relationship between vulnerability (psychological distress, PTSD symptomology, and experiential avoidance) and resilience (values-based living; VBL) factors with PDCR in a sample of 298 Veterans with polytrauma-related concerns ($N_{\text{male}} = 244$, $M_{\text{age}} = 40.6$). Results indicated: 1) higher psychological distress, PTSD symptomology, and experiential avoidance, respectively, and low VBL were significantly associated with greater PDCR difficulty; and 2) Veterans high in VBL (versus low) demonstrated a strengthened association between psychological distress and PTSD symptomology, respectively, with PDCR difficulty. These slope differences revealed a lack of differentiation in PDCR at high levels of distress/PTSD: PDCR difficulty was high for all levels of VBL. Conversely, at low-to-moderate levels of distress/PTSD, differences in PDCR difficulty were observed across VBL levels: PDCR difficulty was lower for Veterans high in VBL (versus low), suggesting VBL as a potential catalyst for facilitating optimal PDCR, but

only for a limited range of symptom severity. Findings support the use of transdiagnostic ACT to improve outcomes for Veterans with polytrauma-related concerns.

<https://doi.org/10.1038/s41467-023-41249-y>

Genome-wide association studies and cross-population meta-analyses investigating short and long sleep duration.

Isabelle Austin-Zimmerman, Daniel F. Levey, Olga Giannakopoulou, Joseph D. Deak, Marco Galimberti, Keyrun Adhikari, Hang Zhou, Spiros Denaxas, Haritz Irizar, Karoline Kuchenbaecker, Andrew McQuillin, the Million Veteran Program, John Concato, Daniel J. Buysse, J. Michael Gaziano, Daniel J. Gottlieb, Renato Polimanti, Murray B. Stein, Elvira Bramon & Joel Gelernter

Nature Communications

Volume 14, Article number: 6059 (2023)

Sleep duration has been linked to a wide range of negative health outcomes and to reduced life expectancy. We present genome-wide association studies of short (≤ 5 h) and long (≥ 10 h) sleep duration in adults of European ($N = 445,966$), African ($N = 27,785$), East Asian ($N = 3141$), and admixed-American ($N = 16,250$) ancestry from UK Biobank and the Million Veteran Programme. In a cross-population meta-analysis, we identify 84 independent loci for short sleep and 1 for long sleep. We estimate SNP-based heritability for both sleep traits in each ancestry based on population derived linkage disequilibrium (LD) scores using cov-LDSC. We identify positive genetic correlation between short and long sleep traits ($r_g = 0.16 \pm 0.04$; $p = 0.0002$), as well as similar patterns of genetic correlation with other psychiatric and cardiometabolic phenotypes. Mendelian randomisation reveals a directional causal relationship between short sleep and depression, and a bidirectional causal relationship between long sleep and depression.

[https://doi.org/10.1016/S2468-2667\(23\)00182-2](https://doi.org/10.1016/S2468-2667(23)00182-2)

The need to promote sleep health in public health agendas across the globe.

Lim, D. C., Najafi, A., Afifi, L., Bassetti, C., Buysse, D. J., Han, F., Högl, B., Melaku, Y. A., Morin, C. M., Pack, A. I., Poyares, D., Somers, V. K., Eastwood, P. R., Zee, P. C., Jackson, C. L., & World Sleep Society Global Sleep Health Taskforce

The Lancet. Public Health
Published:October, 2023

Healthy sleep is essential for physical and mental health, and social wellbeing; however, across the globe, and particularly in developing countries, national public health agendas rarely consider sleep health. Sleep should be promoted as an essential pillar of health, equivalent to nutrition and physical activity. To improve sleep health across the globe, a focus on education and awareness, research, and targeted public health policies are needed. We recommend developing sleep health educational programmes and awareness campaigns; increasing, standardising, and centralising data on sleep quantity and quality in every country across the globe; and developing and implementing sleep health policies across sectors of society. Efforts are needed to ensure equity and inclusivity for all people, particularly those who are most socially and economically vulnerable, and historically excluded.

<https://doi.org/10.3389/fpsy.2023.1225673>

Transgender individuals are at higher risk for suicidal ideation and preparation than cisgender individuals in substance use treatment.

Hochheimer, M., Glick, J. L., Garrison-Desany, H., & Huhn, A. S.

Frontiers in Psychiatry
13 September 2023; Volume 14 - 2023

Introduction

This study describes the differences and similarities in mental health, substance use, and substance use treatment outcomes between people presenting for SUD treatment who identified as transgender and those who identified as cisgender men or women.

Methods

We compared 64 individuals who self-identified as transgender and presented for SUD treatment to samples of cisgender men and women (separately) matched based on propensity scores which were created based on sociodemographic factors known to

influence both the nature of substance use and patterns of treatment engagement including age, education, race, stable housing, and employment status. Comparisons were made using χ^2 tests and t-tests in over 150 variables collected at treatment intake regarding physical and mental health, substance use patterns, events that led to treatment, reasons for seeking treatment, and treatment outcomes.

Results

The transgender sample endorsed six of the seven suicide-related items more often than at least one of the cisgender-matched samples. Furthermore, the transgender sample remained in treatment significantly longer ($M = 32.3$, $SD = 22.2$) than the cisgender male sample ($M = 19.5$, $SD = 26.1$, $t = 2.17$, $p = 0.03$).

Discussion

This study is a first step into understanding gender minority population experiences during SUD treatment. While there was no significant difference between the cisgender and transgender samples on most variables, there was an elevated prevalence of suicidal ideation and behaviors in the transgender sample, which warrants further investigation.

<https://doi.org/10.1111/jsr.14063>

Perpetuating and protective factors in insomnia across racial/ethnic groups of veterans.

Sofia Rubi, J. Kale Monk, Sydney Shoemaker, Colten Miller, Nivedita Prabhu, Lisa Y. Flores, Donte Bernard, Christina S. McCrae, Brian Borsari, Mary Beth Miller

Journal of Sleep Research

First published: 01 October 2023

Few studies have examined racial/ethnic differences in rates and correlates of insomnia among veterans. This study compared rates of insomnia and interest in sleep treatment among veterans of diverse racial/ethnic backgrounds. Consistent with the 3P model, we tested racial discrimination as a predictor of insomnia, with post-traumatic stress disorder symptoms and romantic partners as perpetuating and protective moderators of this association, respectively. A total of 325 veterans ($N = 236$ veterans of colour; 12% Asian, 36% Black, 14% Hispanic/Latine) completed questionnaires online from remote locations. Descriptive statistics were used to compare patterns across racial/ethnic

groups. Linear regression was used to test moderators of the association between racial discrimination and insomnia severity. Overall, 68% of participants screened positive for insomnia: 90% of Asian; 79% of Hispanic/Latine; 65% of Black; and 58% of White participants. Of those, 74% reported interest in sleep treatment, and 76% of those with partners reported interest in including their partner in treatment. Racial discrimination and post-traumatic stress disorder were correlated with more severe insomnia, while romantic partners were correlated with less severe insomnia. Only post-traumatic stress disorder moderated the association between racial discrimination and insomnia severity. Rates of insomnia were highest among Asian and Hispanic/Latine participants, yet these groups were among the least likely to express interest in sleep treatment. Racial discrimination may exacerbate insomnia symptoms among veterans, but only among those who do not already have disturbed sleep in the context of post-traumatic stress disorder. Romantic partners may serve as a protective factor in insomnia, but do not seem to mitigate the impact of racial discrimination.

<https://doi.org/10.1093/alcalc/agad062>

Early onset adolescent binge drinking is associated with reduced white matter integrity in post-9/11 adult veterans.

Aubrey A Knoff, Arielle R Knight, David H Salat, Amrita Bedi, Alyssa Currao, Jennifer R Fonda, Regina E McGlinchey, Catherine B Fortier

Alcohol and Alcoholism

Volume 58, Issue 6, November 2023, Pages 662–671

Adolescence represents a critical period of neural development during which binge drinking (BD) is prevalent. Though prior work has shown that white matter (WM) integrity is susceptible to damage from excessive alcohol intake in adults, the effect of early adolescent BD on WM health in adulthood remains unknown. Veterans with a history of BD onset before age 15 [$n = 49$; mean age = 31.8 years; early-onset adolescent binge drinkers (EBD)] and after age 15 [$n = 290$; mean age = 32.2 years; late-onset adolescent binge drinkers (LBD)] were studied with diffusion tensor imaging. Group differences in fractional anisotropy (FA; movement of water molecules along the WM) and mean diffusivity (MD; average movement of water molecules) were examined as indices of WM integrity using FreeSurfer and FMRIB Software Library (FSL) processing streams. Lower FA and higher MD are thought to represent degradations in WM integrity. A reference group (RG) of social drinkers with no history of BD ($n = 31$)

was used to provide comparative normative data. We observed widespread decreased FA and increased MD in EBDs, compared to LBDs, as well as decreased FA in the pars triangularis, lateral orbitofrontal cortex, superior frontal cortex, isthmus cingulate, and genu and splenium of the corpus callosum EBDs also had lower WM integrity compared to the RG. Adults who initiated BD during early adolescence demonstrated decreased FA and increased MD throughout the frontostriatal circuits that mediate inhibitory control and thus may result in impulsive behavior and a predisposition for developing alcohol use disorder during adulthood.

Links of Interest

Military chaplains: Their vital role in our military

<https://militaryreach.auburn.edu/ffTheirVitalRoleinOurMilitary.jsp>

VA again found homes for 38K struggling vets in 2023

<https://www.militarytimes.com/veterans/2023/11/29/va-again-found-homes-for-38k-struggling-vets-in-2023/>

Half of US would recommend military service to loved ones, report says

<https://www.militarytimes.com/news/your-military/2023/11/30/half-of-us-would-recommend-military-service-to-loved-ones-report-says/>

Traumatic Memories Associated with PTSD 'Live' in a Different Part of the Brain than Other Recollections, Study Finds

<https://www.military.com/daily-news/2023/11/30/traumatic-memories-associated-ptsd-live-different-part-of-brain-other-recollections-study-finds.html>

Staff Perspective: Choosing Your Words Carefully - APA's Updated Inclusive Language Guide is an Important Resource for Psychologists.

<https://deploymentpsych.org/blog/staff-perspective-choosing-your-words-carefully-apa%E2%80%99s-updated-inclusive-language-guide>

Problems persist with how services report extremism, DOD watchdog says

<https://www.militarytimes.com/flashpoints/extremism-disinformation/2023/12/01/problems-persist-with-how-services-report-extremism-dod-watchdog-says/>

Ditching promotion file photos may have helped minorities, report says

<https://www.militarytimes.com/news/your-military/2023/12/04/ditching-promotion-file-photos-may-have-helped-minorities-report-says/>

- [Striving for Diversity: Observations on Racial and Ethnic Talent in the Regular Army's Senior Officer Corps](#)

Short Changed: Military Comes with Unique Risks for Domestic Violence, Can Silence Survivors

<https://thewarhorse.org/us-military-culture-can-heighten-domestic-violence-risk/>

Resource of the Week: [Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health](#)

New, from the Substance Abuse and Mental Health Services Administration (SAMHSA):

From [press release](#):

The 2022 NSDUH report includes the following key findings:

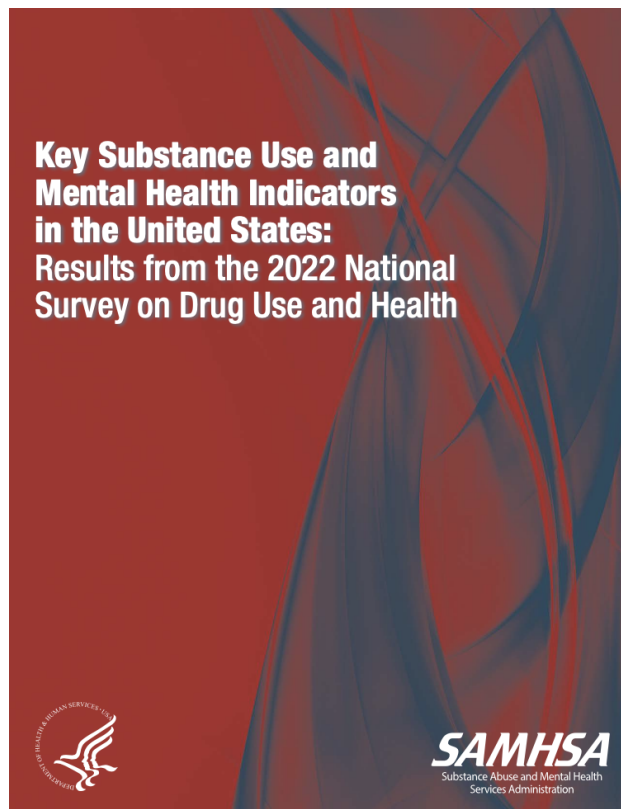
Among people aged 12 or older in 2022, 59.8% (or 168.7 million people) used tobacco products, vaped nicotine, used alcohol, or used an illicit drug in the past month (also defined as “current use”), including 48.7% (or 137.4 million people) who drank alcohol, 18.1% (or 50.9 million people) who used tobacco products, 8.3% (or 23.5 million people) who vaped nicotine, and 16.5% (or 46.6 million people) who used an illicit drug.

In 2022, 70.3 million people aged 12 or older (or 24.9%) used illicit drugs in the past year. Marijuana was the most used illicit drug, with 22.0% of people aged 12 or older (or 61.9 million people) using it in the past year.

- In 2022, 48.7 million people aged 12 or older (or 17.3%) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder (AUD), 27.2 million who had a drug use disorder (DUD), and 8.0 million people who had both an AUD and a DUD.
- In 2022, almost 1 in 4 adults aged 18 or older had any mental illness (AMI) in the past year (59.3 million or 23.1%).
- Among adolescents aged 12 to 17 in 2022, 19.5% (or 4.8 million people) had a past year major depressive episode (MDE).
- 1 in 20 adults aged 18 or older had serious thoughts of suicide in the past

year (13.2 million or 5.2%), 1.5% (or 3.8 million people) made a suicide plan, and 0.6% (or 1.6 million people) attempted suicide in the past year.

- Over 1 in 8 adolescents aged 12 to 17 had serious thoughts of suicide in the past year (13.4% or 3.4 million adolescents), 1 in 15 made any suicide plans (6.5% or 1.7 million adolescents), and nearly 1 in 25 (3.7% or 953,000 adolescents) attempted suicide in the past year.



See also: [Nationwide Survey Reflects State of US Behavioral and Mental Health \(JAMA\)](#)

Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology



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