

# CDP



## Research Update -- January 4, 2024

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<https://doi.org/10.1001/jamanetworkopen.2023.47616>

## **Suicide Risk Among US Veterans With Military Service During the Vietnam War.**

Bullman, T. A., Akhtar, F. Z., Morley, S. W., Weitlauf, J. C., Cypel, Y. S., Culpepper, W. J., Schneiderman, A. I., Britton, P. C., & Davey, V. J.

JAMA Network Open  
December 28, 2023

### Key Points

#### Question

Is the risk of suicide among US veterans who served in the Vietnam War between 1961 and 1975 greater than that of veterans who served in the military at the same time but not in the Vietnam War theater?

#### Findings

In this cohort analysis of approximately 9.6 million Vietnam War–era veterans, there was no increased risk of suicide mortality among veterans who served in the Vietnam War theater and veterans who served during the Vietnam War but were not deployed to Vietnam.

#### Meaning

Findings of this study suggest that although deployment and service during the Vietnam War were not associated with an increased risk of suicide, the high number of suicides among US military personnel between 1979 and 2019 is noteworthy and merits the ongoing attention of health policymakers and mental health professionals.

### Abstract

#### Importance

There are persistent questions about suicide deaths among US veterans who served in the Vietnam War. It has been believed that Vietnam War veterans may be at an increased risk for suicide.

#### Objective

To determine whether military service in the Vietnam War was associated with an

increased risk of suicide, and to enumerate the number of suicides and analyze patterns in suicides among Vietnam War theater veterans compared with the US population.

### Design, Setting, and Participants

This cohort study compiled a roster of all Vietnam War–era veterans and Vietnam War theater veterans who served between February 28, 1961, and May 7, 1975. The 2 cohorts included theater veterans, defined as those who were deployed to the Vietnam War, and nontheater veterans, defined as those who served during the Vietnam War era but were not deployed to the Vietnam War. Mortality in these 2 cohorts was monitored from 1979 (beginning of follow-up) through 2019 (end of follow-up). Data analysis was performed between January 2022 and July 2023.

### Main Outcomes and Measures

The outcome of interest was death by suicide occurring between January 1, 1979, and December 31, 2019. Suicide mortality was ascertained from the National Death Index. Hazard ratios (HRs) that reflected adjusted associations between suicide risk and theater status were estimated with Cox proportional hazards regression models. Standardized mortality rates (SMRs) were calculated to compare the number of suicides among theater and nontheater veterans with the expected number of suicides among the US population.

### Results

This study identified 2 465 343 theater veterans (2 450 025 males [99.4%]; mean [SD] age at year of entry, 33.8 [6.7] years) and 7 122 976 nontheater veterans (6 874 606 males [96.5%]; mean [SD] age at year of entry, 33.3 [8.2] years). There were 22 736 suicides (24.1%) among theater veterans and 71 761 (75.9%) among nontheater veterans. After adjustments for covariates, Vietnam War deployment was not associated with an increased risk of suicide (HR, 0.94; 95% CI, 0.93-0.96). There was no increased risk of suicide among either theater (SMR, 0.97; 95% CI, 0.96-0.99) or nontheater (SMR, 0.97; 95% CI, 0.97-0.98) veterans compared with the US population.

### Conclusions and Relevance

This cohort study found no association between Vietnam War–era military service and increased risk of suicide between 1979 and 2019. Nonetheless, the 94 497 suicides among all Vietnam War–era veterans during this period are noteworthy and merit the ongoing attention of health policymakers and mental health professionals.

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<https://doi.org/10.1002/jts.22979>

**Treating a common comorbidity: Pain outcomes following a 3-week cognitive processing therapy–based intensive treatment for posttraumatic stress disorder address.**

Merdijana Kovacevic, Mauricio Montes, Vanessa Tirone, Sarah Pridgen, Dale L. Smith, John W. Burns, Philip Held

Journal of Traumatic Stress

First published: 13 December 2023

Posttraumatic stress disorder (PTSD) commonly co-occurs with pain and has been implicated in the maintenance of chronic pain. However, limited research has examined whether intervening for PTSD can hinder or optimize treatment outcomes for co-occurring pain and PTSD. In the present study, we examined changes in pain, PTSD, and depressive symptoms among 125 veterans completing a 3-week cognitive processing therapy (CPT)–based intensive treatment program (ITP) for PTSD. We also explored whether pretreatment pain interference predicted changes in PTSD and depressive symptom severity and whether larger changes in pain interference over the course of treatment were associated with larger changes in PTSD and depressive symptom severity. Linear mixed models revealed that participants' pain interference decreased throughout treatment,  $d = 0.15$ ,  $p = .039$ . Higher levels of pretreatment pain interference were associated with higher PTSD,  $p = .001$ , and depressive symptom severity,  $p = .014$ , over time. Larger reductions in pain interference corresponded to more improvement in PTSD symptoms,  $\beta = -.03$ ;  $p < .001$ , but not depressive symptoms. These findings indicate that ITPs for PTSD can reduce pain interferences, albeit to a small degree, and that reductions in pain interference can contribute to reductions in PTSD symptom severity. Future studies should examine which treatment components contribute to larger changes in symptom severity for veterans with co-occurring pain and PTSD.

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<https://doi.org/10.1002/jts.22999>

**The impact of screening positive for hazardous alcohol use on the diagnostic accuracy of the PTSD Checklist for DSM-5 among veterans.**

Rebecca E. Sistad, Rachel Kimerling, Paula P. Schnurr, Michelle J. Bovin

The Posttraumatic Stress Disorder (PTSD) Checklist for DSM-5 (PCL-5) is a widely used self-report measure of PTSD symptoms that has demonstrated strong psychometric properties across settings and samples. Co-occurring hazardous alcohol use and PTSD are prevalent among veterans, and the effects of alcohol use may impact the performance of the PCL-5. However, this possibility is untested. In this study, we evaluated the PCL-5 diagnostic accuracy for veterans who did and did not screen positive for hazardous alcohol use according to the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C). Participants were 385 veterans recruited from Veterans Affairs primary care clinics. Results indicated that PCL-5 performance, AUC = .904, 95% CI [.870, .937], did not differ as a product of hazardous alcohol use. PCL-5 diagnostic utility was comparably high for veterans with, AUC = .904; 95% CI [.846, .962], and without, AUC = .904 95% CI [.861, .946], positive AUDIT-C screens. Although optimally efficient cutoff scores for veterans who screened positive were higher (i.e., 34–36) than for those with negative screens (i.e., 30), neither were significantly different from the overall PCL-5 cutoff score (i.e., 32), suggesting that neither veterans with nor without positive AUDIT-C screens require differential PCL-5 cutoff scores. The results do underscore the importance of using PCL-5 cutoff scores in concert with clinical judgment when establishing a provisional PTSD diagnosis and highlight the need for additional study of the impact of comorbidities on PCL-5 diagnostic accuracy and cutoff scores.

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<https://doi.org/10.1002/jts.23002>

### **The impact of substance use on posttraumatic stress disorder symptoms and treatment discontinuation.**

Brittany L. Stevenson, Jenny Y. Lee, David W. Oslin, Melissa A. Polusny, Shannon M. Kehle-Forbes

This study examined the impact of ongoing substance use during posttraumatic stress disorder (PTSD) and substance use disorder (SUD) treatment on PTSD symptoms and

treatment discontinuation. The study represents a secondary analysis of U.S. military veterans (N = 183) who participated in a randomized clinical trial for the treatment of both PTSD and SUD. Veterans mostly identified as Black (53.8%) or White (41.9%) and male (92.4%). Substance use, PTSD symptoms, and treatment discontinuation were measured at 4-week intervals throughout treatment. Predictors were the percentage of days with alcohol, cannabis, and other substance use (primarily cocaine and opioids) and the average number of alcoholic drinks per drinking day. Outcomes were PTSD symptoms and treatment discontinuation at concurrent and prospective assessments. Multilevel models accounted for the nested structure of the longitudinal data. Alcohol, cannabis, and other substance use did not predict PTSD symptoms or treatment discontinuation prospectively. Concurrently, we observed that as a participant's percentage of drinking days increased by 34.7% (i.e., 1 standard deviation), PTSD symptoms during the same period were 0.07 standard deviations higher (i.e., 1 point on the PCL),  $B = 0.03$ ,  $p = .033$ . No other substances were related to PTSD symptoms concurrently. The findings demonstrate that PTSD symptoms improved regardless of substance use during exposure-based PTSD and SUD treatment, and treatment discontinuation was not associated with substance use. This study suggests that substance use during treatment cannot directly explain the poorer treatment outcomes observed in the literature on comorbid PTSD/SUD compared to PTSD-only populations.

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<https://doi.org/10.1001/jamanetworkopen.2023.49098>

### **Retention in Individual Trauma-Focused Treatment Following Family-Based Treatment Among US Veterans.**

Dodge, J., Sullivan, K., Grau, P. P., Chen, C., Sripada, R., & Pfeiffer, P. N.

JAMA Network Open

Dodge, J., Sullivan, K., Grau, P. P., Chen, C., Sripada, R., & Pfeiffer, P. N.

#### Key Points

##### Question

Is participation in family therapy associated with completion of individual therapy among US veterans with posttraumatic stress disorder (PTSD)?

##### Findings

In this national cohort study of 1 516 887 US veterans diagnosed with PTSD, approximately 4% received any family therapy. Among those who attended at least 1

individual trauma therapy session, those who received trauma-informed or undefined family therapy during their individual trauma-focused treatment were associated with higher odds of completing a minimally adequate dose of individual treatment.

### Meaning

These results suggest that integration of trauma-informed family therapy into care for PTSD could help with retention in individual trauma-focused treatment.

### Abstract

#### Importance

Despite the availability of several empirically supported trauma-focused interventions, retention in posttraumatic stress disorder (PTSD) psychotherapy is poor. Preliminary efficacy data shows that brief, family-based interventions may improve treatment retention in a veteran's individual PTSD treatment, although whether this occurs in routine clinical practice is not established.

#### Objective

To characterize receipt of family therapy among veterans diagnosed with PTSD and evaluate whether participation in family therapy is associated with an increased likelihood of completing individual trauma-focused treatment.

#### Design, Setting, and Participants

This retrospective cohort study used the Veterans Health Administration (VHA) Informatics and Computing Infrastructure to extract electronic health record data of participants. All participants were US veterans diagnosed with PTSD between October 1, 2015, and December 31, 2019, who attended at least 1 individual trauma-focused treatment session. Statistical analysis was performed from May to August 2023.

#### Exposures

Receipt of any family psychotherapy and subtype of family-based psychotherapy.

#### Main Outcomes and Measures

Minimally adequate individual trauma-focused treatment completion (ie, 8 or more sessions of trauma-focused treatment in a 6-month period).

#### Results

Among a total of 1 516 887 US veterans with VHA patient data included in the study, 58 653 (3.9%) received any family therapy; 334 645 (23.5%) were Black, 1 006 168 (70.5%) were White, and 86 176 (6.0%) were other race; 1 322 592 (87.2%) were male; 1 201 902 (79.9%) lived in urban areas; and the mean (SD) age at first individual



psychotherapy appointment was 52.7 (15.9) years. Among the 58 653 veterans (3.9%) who received any family therapy, 36 913 (62.9%) received undefined family therapy only, 15 528 (26.5%) received trauma-informed cognitive-behavioral conjoint therapy (CBCT) only, 5210 (8.9%) received integrative behavioral couples therapy (IBCT) only, and 282 (0.5%) received behavioral family therapy (BFT) only. Compared with receiving no family therapy, the odds of completing individual PTSD treatment were 7% higher for veterans who also received CBCT (OR, 1.07 [95% CI, 1.01-1.13]) and 68% higher for veterans received undefined family therapy (OR, 1.68 [95% CI, 1.63-1.74]). However, compared with receiving no family therapy care, veterans had 26% lower odds of completing individual PTSD treatment if they were also receiving IBCT (OR, 0.74 [95% CI, 0.66-0.82]).

### Conclusions and Relevance

In this cohort study of US veterans, family-based psychotherapies were found to differ substantially in their associations with individual PTSD psychotherapy retention. These findings highlight potential benefits of concurrently providing family-based therapy with individual PTSD treatment but also the need for careful clinical attention to the balance between family-based therapies and individual PTSD treatment.

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<https://doi.org/10.1001/jamanetworkopen.2023.48439>

### **Intergenerational Transmission of Psychiatric Conditions and Psychiatric, Behavioral, and Psychosocial Outcomes in Offspring.**

Zhou, M., Larsson, H., D'Onofrio, B. M., Landén, M., Lichtenstein, P., & Pettersson, E.

JAMA Network Open  
December 20, 2023

#### Key Points

##### Question

Is the intergenerational transmission of psychiatric conditions attributable to broader psychopathology comorbidity or to specific conditions?

##### Findings

In this cohort study including 2 947 703 participants, children whose parents scored 1 SD above the mean on the general psychopathology factor had a statistically significant

8% to 40% higher odds of 31 different outcomes. The specific psychopathology factors were primarily associated with within-spectrum and related offspring outcomes.

### Meaning

Because the intergenerational transmission of psychiatric conditions appeared largely attributable to a parental general psychopathology factor, mental health care professionals might benefit from taking the total number of parental psychiatric conditions into account when estimating patient prognosis.

### Abstract

#### Importance

Psychiatric conditions in parents are associated with many psychiatric and nonpsychiatric outcomes in offspring. However, it remains unknown whether this intergenerational transmission is attributable to broader psychopathology comorbidity or to specific conditions.

#### Objective

To estimate associations between general and specific psychopathology factors in parents and a wide range of register-based outcomes in their offspring.

#### Design, Setting, and Participants

This Swedish national register-based cohort study included 2 947 703 individuals born between 1970 and 2000 and followed up with participants through December 31, 2013. Statistical analysis was performed from October 2022 to October 2023.

#### Exposures

Hierarchical factor model consisting of 1 general and 3 specific psychopathology factors fit to 9 parental psychiatric diagnoses and violent criminal court convictions.

#### Main Outcomes and Measures

A total of 31 outcomes were measured in offspring and sorted into 6 broad clusters: psychotic-like outcomes, neurodevelopmental outcomes, internalizing outcomes, externalizing outcomes, behavior and accidents, and psychosocial outcomes.

#### Results

Of 2 947 703 individuals, 1 518 252 (51.5%) were male, and the mean (SD) age at the end of follow-up was 28.7 (8.9) years. The general psychopathology factor in parents was significantly associated with all 31 offspring outcomes (range: odds ratio [OR] for accidents, 1.08 [95% CI, 1.07-1.08] to OR for social welfare reciprocity, 1.40 [95% CI, 1.39-1.40]), which means that children whose parents scored 1 SD above the mean on

the general psychopathology factor had an 8% to 40% higher odds of different studied outcomes. The specific psychotic factor in parents was primarily associated with all 5 psychotic-like outcomes (range: OR for prescription of antiepileptics, 1.05 [95% CI, 1.04-1.06] to OR for schizophrenia, 1.25 [95% CI, 1.23-1.28]) and the specific internalizing factor in parents was primarily associated with all 6 internalizing outcomes (range: OR for prescription of anxiolytics, 1.10 [95% CI, 1.09-1.10] to OR for depression, 1.13 [95% CI, 1.12-1.13]) and all 6 neurodevelopmental outcomes (range: OR for intellectual disability, 1.02 [95% CI, 1.01-1.03] to OR for autism spectrum disorder, 1.10 [95% CI, 1.09-1.11]) in offspring. The specific externalizing factor in parents was associated with all 6 externalizing outcomes (range: OR for violent crimes, 1.21 [95% CI, 1.19-1.23] to OR for oppositional defiant disorder, 1.32 [95% CI, 1.32-1.33]) and all 6 internalizing outcomes (range: OR for obsessive-compulsive disorder, 1.01 [95% CI, 1.00-1.02] to OR for posttraumatic stress disorder, 1.13 [95% CI, 1.12-1.13]) in offspring.

#### Conclusions and Relevance

This cohort study of the Swedish population suggests that the intergenerational transmission of psychiatric conditions across different types of spectra may largely be attributable to a parental general psychopathology factor, whereas specific factors appeared to be primarily responsible for within-spectrum associations between parents and their offspring. Professionals who work with children (eg, child psychologists, psychiatrists, teachers, and social workers) might benefit from taking the total number of parental psychiatric conditions into account, regardless of type, when forecasting child mental health and social functions.

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<https://doi.org/10.1002/npr2.12405>

#### **Associations between relapse and drinking behaviors in patients with alcohol use disorders: A 6-month prospective study.**

Kurihara, K., Shinzato, H., Takaesu, Y., & Kondo, T.

Neuropsychopharmacology Reports

First published: 09 December 2023

#### Background

Habitual behaviors, rather than goal-oriented behaviors, mainly characterize drinking patterns in patients with alcohol use disorder (AUD). However, few studies have

focused on the influence of drinking behavior on AUD relapse. This prospective study examined associations between drinking behavior patterns and alcohol-use relapse using the 20-item questionnaire for drinking behavior patterns (DBP-20).

#### Methods

We enrolled patients with AUD and compared the cohort's demographic data and 6-month outcomes based on the DBP-20 and the Alcohol Use Disorders Identification Test between two groups (alcohol use relapse vs. abstinence). We also assessed the results for significant factors related to relapse.

#### Results

We included 105 patients with AUD. More patients in the relapse group (n = 63) were active smokers and lived alone, while fewer took medication with cyanamide or disulfiram than those in the abstinence group (n = 42). The DBP-20 automaticity subscale score was higher in the relapse group than that in the abstinence group. Current smoker, living alone, and automatic drinking habits were significantly associated with AUD relapse.

#### Conclusions

Automaticity may be a risky drinking behavior that leads to future relapse in patients with AUD, justifying behavioral strategies to combat automatic drinking for relapse prevention.

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<https://doi.org/10.1002/jts.23007>

### **The PTSD Criterion A debate: A brief history, current status, and recommendations for moving forward.**

Brian P. Marx, Brittany Hall-Clark, Matthew J. Friedman, Paul Holtzheimer, Paula P. Schnurr

Journal of Traumatic Stress

First published: 20 December 2023

Posttraumatic stress disorder (PTSD) Criterion A, also known as the “stressor criterion,” has been a major source of debate ever since PTSD was added to the third edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM) in 1980. Since then, the traumatic stress field has held an ongoing debate about how to best define Criterion

A and the events that it covers. Because of the COVID-19 pandemic and recent race-based incidents, the Criterion A debate has been reinvigorated. In this paper, we review briefly the history of Criterion A and changes in its language across different editions of the DSM. We then describe the four main positions held by scholars involved in the Criterion A debate and carefully examine the support for those positions. We conclude by offering recommendations for moving forward.

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<https://doi.org/10.1001/jamanetworkopen.2023.49638>

### **Effect of Psychological and Medication Therapies for Insomnia on Daytime Functions: A Randomized Clinical Trial.**

Morin, C. M., Chen, S. J., Ivers, H., Beaulieu-Bonneau, S., Krystal, A. D., Guay, B., Bélanger, L., Cartwright, A., Simmons, B., Lamy, M., Busby, M., & Edinger, J. D.

JAMA Network Open  
December 28, 2023

#### Key Points

##### Question

Which first-stage treatment is optimal for improving daytime functions among patients with insomnia, and which second-stage treatment offers the best added value for patients whose insomnia has not remitted?

##### Findings

In a randomized clinical trial of 211 adults with insomnia disorder, first-stage treatment with behavioral therapy (BT) or zolpidem produced significant improvements for various daytime outcomes, including depressive symptoms, fatigue, functional impairments, and mental health, that were no different between groups. Adding a second-stage therapy offered an added value for further improving daytime functions with immediate and delayed effects observed for treatment sequences starting with zolpidem and BT, respectively.

##### Meaning

These findings support the comparable efficacy between sequential treatments starting with BT and zolpidem for addressing the daytime consequences of insomnia.

## Abstract

### Importance

Daytime functional impairments are the primary reasons for patients with insomnia to seek treatment, yet little is known about what the optimal treatment is for improving daytime functions and how best to proceed with treatment for patients whose insomnia has not remitted.

### Objectives

To compare the efficacy of behavioral therapy (BT) and zolpidem as initial therapies for improving daytime functions among patients with insomnia and evaluate the added value of a second treatment for patients whose insomnia has not remitted.

### Design, Setting, and Participants

In this sequential multiple-assignment randomized clinical trial conducted at institutions in Canada and the US, 211 adults with chronic insomnia disorder were enrolled between May 1, 2012, and December 31, 2015, and followed up for 12 months. Statistical analyses were performed on an intention-to-treat basis in April and October 2023.

### Interventions

Participants were randomly assigned to either BT or zolpidem as first-stage therapy, and those whose insomnia had not remitted received a second-stage psychological therapy (BT or cognitive therapy) or medication therapy (zolpidem or trazodone).

### Main Outcomes and Measures

Study outcomes were daytime symptoms of insomnia, including mood disturbances, fatigue, functional impairments of insomnia, and scores on the 36-item Short-Form Health Survey (SF-36) physical and mental health components.

### Results

Among 211 adults with insomnia (132 women [63%]; mean [SD] age, 45.6 [14.9] years), 104 were allocated to BT and 107 to zolpidem at the first stage. First-stage treatment with BT or zolpidem yielded significant and equivalent benefits for most of the daytime outcomes, including depressive symptoms (Beck Depression Inventory-II mean score change,  $-3.5$  [95% CI,  $-4.7$  to  $-2.3$ ] vs  $-4.3$  [95% CI,  $-5.7$  to  $-2.9$ ]), fatigue (Multidimensional Fatigue Inventory mean score change,  $-4.7$  [95% CI,  $-7.3$  to  $-2.2$ ] vs  $-5.2$  [95% CI,  $-7.9$  to  $-2.5$ ]), functional impairments (Work and Social Adjustment Scale mean score change,  $-5.0$  [95% CI,  $-6.7$  to  $-3.3$ ] vs  $-5.1$  [95% CI,  $-7.2$  to  $-2.9$ ]), and mental health (SF-36 mental health subscale mean score change,  $3.5$  [95% CI,  $1.9$ - $5.1$ ] vs  $2.5$  [95% CI,  $0.4$ - $4.5$ ]), while BT produced larger improvements for anxiety symptoms

relative to zolpidem (State-Trait Anxiety Inventory mean score change,  $-4.1$  [95% CI,  $-5.8$  to  $-2.4$ ] vs  $-1.2$  [95% CI,  $-3.0$  to  $0.5$ ];  $P = .02$ ; Cohen  $d = 0.55$ ). Second-stage therapy produced additional improvements for the 2 conditions starting with zolpidem at posttreatment in fatigue (Multidimensional Fatigue Inventory mean score change: zolpidem plus BT,  $-3.8$  [95% CI,  $-7.1$  to  $-0.4$ ]; zolpidem plus trazodone,  $-3.7$  [95% CI,  $-6.3$  to  $-1.1$ ]), functional impairments (Work and Social Adjustment Scale mean score change: zolpidem plus BT,  $-3.7$  [95% CI,  $-6.4$  to  $-1.0$ ]; zolpidem plus trazodone,  $-3.3$  [95% CI,  $-5.9$  to  $-0.7$ ]) and mental health (SF-36 mental health subscale mean score change: zolpidem plus BT,  $5.3$  [95% CI,  $2.7$ - $7.9$ ]; zolpidem plus trazodone,  $2.0$  [95% CI,  $0.1$ - $4.0$ ]). Treatment benefits achieved at posttreatment were well maintained throughout the 12-month follow-up, and additional improvements were noted for patients receiving the BT treatment sequences.

### Conclusions and Relevance

In this randomized clinical trial of adults with insomnia disorder, BT and zolpidem produced improvements for various daytime symptoms of insomnia that were no different between treatments. Adding a second treatment offered an added value with further improvements of daytime functions.

### Trial Registration

ClinicalTrials.gov Identifier: [NCT01651442](https://clinicaltrials.gov/ct2/show/study/NCT01651442)

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<https://doi.org/10.1177/0192513X231209052>

### **Social Spheres of Protection and Threat: The Experiences of Black Men Married to White Women.**

Woolley, M. E., Greif, G. L., & Stubbs, V.

Journal of Family Issues

First published online October 23, 2023

The number of interracial marriages in the United States has increased to one-in-six among recently married couples. Therefore, researchers and clinicians need the knowledge and skills to effectively serve such families. The current qualitative study, part of a larger mixed-methods project, reports on findings from interviews with 10 Black men married to White women. A central theme emerged related to experiences of these Black men of safety, threats, and feeling the need to provide protection for his family

across different social spheres related to their interracial relationship. This theme emerged across six social spheres: the Couple, their Children, the men's Extended Family, In-laws, Friends, and the larger Macrosystem. These six spheres were experienced as protected, threatening, or mixed in terms of safety related to race issues. Direct quotes are provided to illustrate these six spheres and their levels of protection. Implications for clinical practice with interracial couples are offered.

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<https://doi.org/10.1007/s10286-023-00995-1>

### **Sex differences in Black Veterans with PTSD: women versus men have higher sympathetic activity, inflammation, and blunted cardiovagal baroreflex sensitivity.**

Ida T. Fonkoue, Chowdhury Tasnova Tahsin, Toure N. Jones, Keyona N. King, Chowdhury Ibtida Tahmin, Jinhee Jeong, Deirdre Dixon, Dana R. DaCosta & Jeanie Park

Clinical Autonomic Research  
Published: 28 October 2023

#### Purpose

Post-traumatic stress disorder (PTSD) is associated with greater risk of incident hypertension and cardiovascular disease (CVD). Inflammation and autonomic derangements are suggested as contributing mechanisms. Women and Black adults have higher CVD risk associated with stress; however, whether there is a sex difference in autonomic and inflammatory mechanisms among Black individuals with PTSD is not known. We hypothesized that Black women with PTSD have higher inflammation, sympathetic nervous system (SNS) activity and impaired baroreflex sensitivity (BRS).

#### Methods

In 42 Black Veterans with PTSD (Women, N = 18 and Men, N = 24), we measured inflammatory biomarkers, continuous blood pressure (BP), heart rate (HR) and muscle sympathetic nerve activity (MSNA) at rest and during arterial BRS testing via the modified Oxford technique.

#### Results

Groups were matched for age and body mass index (BMI). Resting BP was similar between groups, but HR was higher ( $76 \pm 12$  vs.  $68 \pm 9$  beats/min,  $p = 0.021$ ) in women compared to men. Although women had lower PTSD symptoms severity ( $57 \pm 17$  vs.



68 ± 12 a.u.), resting MSNA (27 ± 13 vs. 16 ± 5 bursts/min, p = 0.003) was higher in women compared to men, respectively. Likewise, cardiovagal BRS was blunted (p = 0.002) in women (7.6 ± 4.3 ms/mmHg) compared to men (15.5 ± 8.4 ms/mmHg) while sympathetic BRS was not different between groups (p = 0.381). Black women also had higher (p = 0.020) plasma levels of interleukin-2 (IL-2).

#### Conclusion

Black women with PTSD have higher resting HR and MSNA, greater impairment of cardiovagal BRS and possibly higher inflammation. These findings suggest a higher burden of autonomic and inflammatory derangements in Black women compared to Black men with PTSD.

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<https://doi.org/10.1136/military-2023-002356>

### **Personalised medicine: a healing application within comorbid PTSD and mTBI military patient sample with a particular focus on special operators.**

Nicole E Moret and L D Bennion

BMJ Military Health

First published October 25, 2023

Personalised medicine is replacing prototypical medical care. Personalised medicine focuses on enhancing patients' functioning and preventing future negative impacts of both medical disease and psychological disorders, and unfolds uniquely for each individual. The military special forces community is a group at higher risk for physical trauma, for example, traumatic brain injuries, as well as psychosocial stressors and traumas associated with combat, high operational tempos and sleep deprivation. From a system's cost-benefit perspective and resonating with community norms of resiliency, personalised medicine offers unique innovative treatments for special operators. In this article, we outline the successful applications of personalised medicine via the multidisciplinary treatment of special operators with comorbid conditions (primarily mild traumatic brain injury and post-traumatic stress disorder).

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<https://doi.org/10.1037/trm0000482>

## **The Occupational Moral Injury Scale: Development and validation in frontline health and first responder workers.**

Thomas, V., Bizumic, B., & Quinn, S.

Traumatology

Advance online publication

Moral injury is an emerging construct that has been primarily examined in military groups but is increasingly expanding to a broader range of nonmilitary occupational settings. A key barrier to this research on moral injury in broader occupational groups has been the lack of valid and reliable measures specifically developed for nonmilitary settings. The current article addresses this gap by developing the Occupational Moral Injury Scale (OMIS), a measure designed to capture both morally injurious events (MIEs) and primary markers of moral injury (guilt, shame, anger, loss of trust, existential conflict) in any occupational setting, without the need for modification. A combination of confirmatory factor analyses and item response theory analyses was used in scale development and refinement. Drawing upon a sample of 1,454 primarily frontline health and first responder workers across two studies, factor analytic results revealed an expected bifactor structure of five primary factors capturing exposure to MIEs (commission with agency, commission under duress, act of omission, witnessing, betrayal) and a general factor of moral injury. Subscales demonstrated excellent internal consistency, and when compared to theoretically relevant constructs OMIS scores demonstrated strong convergent and divergent validity. Differential validity was also observed among the OMIS subscales. The OMIS provides a psychometrically validated tool for assessing moral injury risk in any occupational setting. The OMIS will help facilitate further research and understanding of how moral injury presents in high-risk occupational settings beyond the military and allow for direct comparison between these groups for the first time. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

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<https://doi.org/10.1097/NMD.0000000000001701>

## **Negative Beliefs About Suicide Disclosure: Implications for US Veterans.**

Bell, Kerri-Anne MA; O'Loughlin, Caitlin M. MA; Piccirillo, Marilyn L. PhD; Ammerman, Brooke A. PhD

The Journal of Nervous and Mental Disease  
211(11): p 866-869, November 2023

This study examined the differences in negative beliefs about disclosing suicidal thoughts and behaviors (STBs) between US Veterans and non-Veterans, and between Veterans who are and are not enrolled in Veterans Health Administration (VHA) care. Participants included 495 adults with a history of suicide ideation who completed an online self-report questionnaire inquiring about history of STBs, STB disclosure, and beliefs about STB disclosures. Group differences in STB disclosure beliefs were analyzed. Results showed that Veterans (vs. non-Veterans) more strongly believed that STB disclosure would result in firearm confiscation. VHA-enrolled (vs. non-VHA enrolled) Veterans reported stronger beliefs that STB disclosures result in involuntary hospitalization. Among VHA-enrolled Veterans, stronger beliefs regarding providers' interest regarding true STB experiences and others' comfort with STB disclosures were associated with lower STB disclosure likelihood. Findings highlight that educating Veterans on the benefits of STB disclosure and limiting misinformation regarding its consequences is paramount, specifically through improved suicide-related communication within the VHA and stigma reduction campaigns.

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<https://doi.org/10.1007/s11606-023-08337-7>

### **Temporary Financial Assistance for Housing Expenditures and Mortality and Suicide Outcomes Among US Veterans.**

Richard E. Nelson PhD, Ann Elizabeth Montgomery PhD, MPA, MSW, Ying Suo MS, Atim Effiong MPH, Warren Pettey MPH, Lillian Gelberg MD, Stefan G. Kertesz MD, MSc, Jack Tsai PhD & Thomas Byrne PhD, MSW

Journal of General Internal Medicine  
Published: 26 October 2023

#### Introduction

It is unclear whether interventions designed to increase housing stability can also lead to improved health outcomes such as reduced risk of death and suicide morbidity. The objective of this study was to estimate the potential impact of temporary financial assistance (TFA) for housing-related expenses from the US Department of Veterans

Affairs (VA) on health outcomes including all-cause mortality, suicide attempt, and suicidal ideation.

### Methods

We conducted a retrospective national cohort study of Veterans who entered the VA Supportive Services for Veteran Families (SSVF) program between 10/2015 and 9/2018. We assessed the association between TFA and health outcomes using a multivariable Cox proportional hazards regression approach with inverse probability of treatment weighting. We conducted these analyses on our overall cohort as well as separately for those in the rapid re-housing (RRH) and homelessness prevention (HP) components of SSVF. Outcomes were all-cause mortality, suicide attempt, and suicidal ideation at 365 and 730 days following enrollment in SSVF.

### Results

Our analysis cohort consisted of 41,969 unique Veterans with a mean (SD) duration of 87.6 (57.4) days in the SSVF program. At 365 days following SSVF enrollment, TFA was associated with a decrease in the risk of all-cause mortality (HR: 0.696,  $p < 0.001$ ) and suicidal ideation (HR: 0.788,  $p < 0.001$ ). We found similar results at 730 days (HR: 0.811,  $p = 0.007$  for all-cause mortality and HR: 0.881,  $p = 0.037$  for suicidal ideation). These results were driven primarily by individuals enrolled in the RRH component of SSVF. We found no association between TFA and suicide attempts.

### Conclusion

We find that providing housing-related financial assistance to individuals facing housing instability is associated with improvements in important health outcomes such as all-cause mortality and suicidal ideation. If causal, these results suggest that programs to provide housing assistance have positive spillover effects into other important aspects of individuals' lives.

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<https://doi.org/10.1002/pmjr.13091>

### **Exercise as a behavioral approach to improve mood in persons with traumatic brain injury.**

Carly L. A. Wender PhD, LaShawna N. Ray PhD, Brian M. Sandroff PhD, Denise Krch PhD

PM&R

First published: 24 October 2023

Mood disturbance is a common, long-term, negative consequence of traumatic brain injury (TBI) that is insufficiently addressed by most traditional treatment modalities. A large body of evidence supports the efficacy of exercise training (ET) to broadly improve mood, as measured most often by the Profile of Mood States (POMS). However, this behavioral approach is not used nearly enough in the TBI population, and when it is, mood is rarely measured. This scoping review will evaluate the use of POMS as a mood measure in TBI research and to establish a rationale for using ET as a behavioral approach to broadly improve mood in persons with TBI.

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<https://doi.org/10.1016/j.bbii.2023.100031>

**Effects of group trauma-sensitive yoga on inflammatory markers and psychological well-being in women veterans with PTSD: A randomized controlled trial.**

B Zaccari, UA Kelly, TI Lovejoy, K Hubbard, A Newman, JM Loftis

Brain Behavior and Immunity Integrative

Volume 4, December 2023, 100031

Highlights

- Trauma sensitive yoga and cognitive processing therapy (CPT) reduced symptoms of PTSD.
- Depression and inflammatory factors, secondary to PTSD, improved.
- Intervention groups did not differ in magnitude of symptom reduction.
- IL-6, IL-10, and CRP increased in veterans who received yoga compared to CPT.

Abstract

Background

Lifetime prevalence of post-traumatic stress disorder (PTSD) is double among veterans compared to civilians and women compared to men. Inflammatory factors are increasingly implicated in symptoms of PTSD. Yoga shows promise to reduce psychological symptoms of PTSD and positively impact inflammatory responses. The present study aimed to examine the effectiveness of yoga to reduce symptoms of PTSD

and depression in addition to investigating the impact of treatment on inflammatory markers in women veterans with PTSD secondary to military sexual trauma.

## Methods

We collected dried blood spot samples, self-report and clinician administered measures of PTSD, and self-reported depression symptoms at baseline, 2 weeks, and 3 months post-intervention from a subset of women veterans diagnosed with PTSD (N = 27) who were randomized to either Trauma Center Trauma-Sensitive Yoga (TCTSY; a movement therapy) or cognitive processing therapy (CPT; a talk therapy) as part of a larger multisite RCT. Concentrations of interleukin (IL)-6, IL-10, and C-reactive protein (CRP) were measured using multiplex bead-based immunoassay at baseline and post-intervention (2 weeks and 3 months). Generalized estimating equations examined changes in symptoms of PTSD, depression, and inflammatory markers over time. We hypothesized decreases in IL-6 and CRP and increases in IL-10 in TCTSY participants compared to CPT participants and that PTSD and depression symptoms would improve over time in both groups.

## Results

From baseline to 3 months post-intervention, IL-6 ( $\beta = 0.10$ ,  $p < 0.05$ ), IL-10 ( $\beta = 0.68$ ,  $p < 0.05$ ), and CRP ( $\beta = 0.77$ ,  $p < 0.05$ ) increased in TCTSY participants relative to those randomized to CPT. PTSD and depression symptoms reduced in both groups over time (CAPS-5  $\beta = -3.96$ , PCL-5  $\beta = -4.66$ , and BDI-II  $\beta = -2.70$ , all  $p < 0.05$ ); groups did not differ in magnitude of symptom reduction.

## Conclusions

Findings indicate that TCTSY has the potential to improve symptoms of PTSD and depression and alter inflammatory markers. The findings are limited by our sample size and the immune factors we examined. Future directions for related research would benefit from measuring a wider array of stress response components.

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<https://doi.org/10.1080/0164212X.2023.2276148>

## Trauma-Informed Yoga: A Scoping Review.

Krista Klukan & Dianna Lunsford

Occupational Therapy in Mental Health

Published online: 01 Nov 2023

This scoping review aimed to explore and analyze the benefits of Trauma-Sensitive Yoga (TSY) and Trauma-Informed Yoga (TIY) as interventions for people with mental health issues related to occupational therapy's (OT) scope of practice. PRISMA-ScR guidelines resulted in twenty-five articles. Findings suggest TSY/TIY can have positive impacts on client outcomes, such as improved self-regulation and awareness, increased self-care, and overall enhanced quality of life. There is limited research, however what is current, is a promising complimentary intervention in addressing mental health disorders. Higher level evidence is needed to support TSY/TIY in OT as an appropriate and cost-effective intervention.

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<https://doi.org/10.1016/j.psyneuen.2023.106656>

### **Sex differences in mood, hormone and immune response to combatives training in West Point Cadets.**

Meaghan E. Beckner, Jesse A. Stein, Mary R. Lee, Joseph J. Knapik, ... Harris R. Lieberman

Psychoneuroendocrinology  
Volume 159, January 2024, 106656

#### Highlights

- Men displayed a greater increase in cortisol following a combat match than women.
- Women demonstrated a greater increase in cortisol throughout the combatives course.
- Lack of previous combative experience contributed to higher tension in women.
- Self-confidence increased despite increased psychological and physiological stress.

#### Abstract

Hand-to-hand combat training, known as combatives, instructs Soldiers in close-quarters combat techniques and how to cope with stress, understand controlled physical aggression, and develop self-confidence when engaged in such activities. Limited research in combat sports suggests men and women may respond to combatives stress differently. Given the increasing integration of women into close

combat roles in the military, investigation of sex differences in the physiological and psychological response to combatives among military-trained personnel is warranted.

### Purpose

This study was designed to identify sex differences in stress and gonadal hormones, mucosal immunity, and mood states in a military combatives training course.

### Methods

U.S. Military Academy Cadets (men = 144, women = 37) enrolled in a 2-month Combat Applications Course at West Point completed the Profile of Mood States and Competitive State Anxiety Inventory-2 and provided salivary samples at baseline prior to the course, and immediately prior to their midterm and final combat matches. Combat matches were gender- and weight-matched. Additional salivary samples were collected immediately following the first midterm and final matches. Salivary cortisol, testosterone, secretory immunoglobulin A (SIgA) and estradiol (women only) were measured via immunoassay. Men and women were compared over time with linear mixed effects models.

### Results

In both men and women, confusion, tension, anger, cognitive anxiety, somatic anxiety, and self-confidence increased throughout the course whereas friendliness and SIgA secretion rate decreased (all  $p < 0.05$ ). Compared to women, men had a greater acute increase in cortisol from pre- to post-match ( $p = 0.043$ ). Prior to the final match, women displayed higher ratings of tension ( $20.5 \pm 9.3$  vs.  $16.0 \pm 8.6$ ) and cortisol ( $0.6 \pm 0.3$  vs.  $0.4 \pm 0.3$   $\mu\text{g/dL}$ ) than men (all  $p < 0.05$ ). After controlling for previous combative experience, ratings of tension did not differ by sex but remained elevated prior to midterm and final compared to baseline.

### Conclusion

Combatives training elicited significant psychological and physiological stress and decreased mucosal immunity in both men and women. Women exhibited higher tension at the final match, likely due to lack of previous combative experience. Self-confidence increased from baseline suggesting that the skills learned may help Cadets prepare for combatives and other activities that require controlled aggression.

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<https://doi.org/10.4236/aasoci.2023.1310045>

**Veteran Evolution: What Makes a Veteran.**



Michael Ginzburg

Advances in Applied Sociology  
Vol.13 No.10, October 2023

American Veterans currently represent a poorly understood, underrepresented segment of the population. While cultural competence is critical to the practices of psychotherapy and clinical research (Cameron, 2023), numerous divergent strategies for defining Veteran investigational cohorts can be found, at times including participants that are still actively serving or their dependents (Delgado et al., 2021). Simultaneously, our Veterans have been shown to be at a greater risk for a range of biopsychosocial challenges than normed civilians (Grossbard et al., 2013). This study sought to identify the culturally preferred strategy of self-identification of US Veterans. It has been hypothesized that the preferred self-identification of Veterans is “Veteran” while the Service Members identify with the branch of service. 325 participants were selected at random from an archival dataset of 655 respondents who were asked their preferred method of self-identification. The study population was inclusive of 94 Service Members and 231 Veterans. The responses indicate that membership in both Service Member and Veteran groups is exclusive, with 100% of Veterans preferring to identify as a Veteran and 100% of Service Members identifying with the branch of service.

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<https://doi.org/10.1093/milmed/usad418>

## **Pediatric Obesity Prevalence in the U.S. Military Health System, Fiscal Years 2012-2018.**

Cortney C Bleach, USAF, MC, Daniel I Brooks, PhD, Noelle S Larson, MC, USA

Military Medicine

Published: 31 October 2023

### Introduction

Obesity prevalence in Military Health System (MHS) children has been reported through fiscal year (FY) 2012 as consistently lower than in the general population. Our study reports military pediatric overweight, obesity, and severe obesity prevalence through FY2018. We compared FY2018 prevalence to a sample of the general population using

National Health and National Health and Nutrition Examination Survey (NHANES) 2017-2018 data.

### Materials and methods

The MHS Data Repository was queried for all children aged 2-17 years seen at any military treatment facility between FY2012 and FY2018. We calculated overweight and obesity (classes 1, 2, and 3) prevalence for each FY and performed subgroup analysis for sex, age, and sponsor rank. We also compared FY2018 to NHANES 2017-2018 data. This study was approved by the Walter Reed National Military Medical Center Institutional Review Board.

### Results

The prevalence of overweight and obesity was stable from FY2012 (14.4% and 11.3%, respectively) to FY2018 (14.1% and 10.7%). Rates of classes 2 and 3 obesity combined were also stable at around 2.5% of all children. In FY2018, obesity prevalence was greater in assigned males, increased with age, and was highest in 16-17-year-olds (odds ratio: 2.75) and children with an enlisted military sponsor (odds ratio: 1.78). Compared to NHANES, MHS children had lower rates of obesity (10.7% versus 19.3%) with a smaller proportion of severe obesity (24% versus 32%).

### Conclusions

The prevalence of pediatric overweight and obesity in the MHS was stable over time. Disparities were observed between age and sponsor rank groups. When compared to the general population, overall obesity prevalence was lower in younger military children. Further research is needed to explore disparities and to identify optimal strategies to mitigate the increase in obesity prevalence with age.

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<https://doi.org/10.1080/09515070.2023.2276219>

### **Drivers of dropout and enhancers of engagement for male military veterans in therapy: practitioner perspectives.**

R. Benakovic, M. J. Wilson, D. Kealy, S. M. Rice, J. L. Oliffe, P. Sharp & Z. E. Seidler

Counselling Psychology Quarterly

Published online: 02 Nov 2023

Male veterans are vastly over-represented in suicide rates relative to non-veterans. A critical avenue for improving male veterans' mental health outcomes is improving their engagement with mental health services. This study presents a qualitative investigation of mental health practitioners' perspectives on enhancers of engagement in, and drivers of dropout from therapy among male veterans. Participants were 138 mental health practitioners across Australia, the USA, Canada, New Zealand and the UK (44.9% male; age M = 47.5 years, SD = 12 years). Participants responded to qualitative survey items inquiring about their perspectives on what works to engage male veterans in therapy, alongside common drivers of therapy dropout. Under an overarching theme contextualising the therapeutic alliance between veterans and mental health practitioners, interpretive description analyses led to eight distinct subthemes. Results highlight the range of areas in which mental health practitioners can thoughtfully adapt their practice to engage male veterans and align with military masculinities. In addition, findings underscore the range of barriers facing veterans when they seek help, which can precipitate dropout if not overcome by the right balance between practitioner engagement and veteran persistence.

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<https://doi.org/10.1016/j.jpsychires.2023.10.043>

### **Nonsuicidal self-injury characteristics: A mixed methods analysis of differences between veterans and civilians.**

BH Barnette, CM O'Loughlin, Y Park, K Vogel, TA Burke, KC Law, BA Ammerman

Journal of Psychiatric Research  
Volume 168, December 2023, Pages 318-324

Nonsuicidal self-injury (NSSI) is a well-established risk factor for suicidal behavior, with certain NSSI characteristics being associated with increased risk. In the United States (U.S.), the veteran suicide rate is elevated, though lifetime prevalence rates of NSSI appear similar between veterans and civilians. There is limited research that directly compares veterans and civilians across multiple NSSI characteristics to examine between-group differences in NSSI behavior and provide important context for the application of NSSI research with the veteran population. This study examined differences between U.S. veterans and civilians with a history of suicidal ideation across several NSSI characteristics, including method, severity, age of onset, shame, distress, and reason for initial NSSI engagement. A sample of 527 veterans and civilians completed measures of direct and indirect NSSI behaviors along with supplemental

questions designed to further assess endorsed NSSI behaviors. Additionally, respondents provided written responses to an open-ended question about their reasons for initial engagement in NSSI, which were coded for post-hoc analysis. Chi-square difference tests and t-tests were conducted, revealing significant group differences between veterans and civilians in NSSI method, lifetime versatility, age of onset, age at last occurrence, and reasons for initial engagement. No significant differences were found in NSSI frequency, severity, shame, or distress. These findings provide valuable information on similarities and differences in NSSI behavior characteristics between U.S. veterans and civilians with lifetime suicidal ideation to inform future research and the assessment of NSSI in these populations.

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<https://doi.org/10.1177/10731911231208403>

### **Assessment of Comorbid Obsessive-Compulsive Disorder and Posttraumatic Stress Disorder.**

Fenlon, E. E., Pinciotti, C. M., Jones, A. C., Rippey, C. S., Wild, H., Hubert, T. J. J., Tipsword, J. M., Badour, C. L., & Adams, T. G.

Assessment  
(2024); 31(1), 126-144

Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) are commonly comorbid and share prominent features (e.g., intrusions, safety behaviors, and avoidance). Excellent self-report and clinician-administered assessments exist for OCD and PTSD individually, but few assess both disorders, and even fewer provide instruction on differential diagnosis or detection of comorbid OCD and PTSD. To address this gap in the literature, the current paper aims to (1) highlight diagnostic and functional similarities and differences between OCD and PTSD to inform differential diagnosis, (2) outline assessment recommendations for individuals with suspected comorbid OCD and PTSD, OCD with a significant trauma history or posttraumatic symptoms, or PTSD with significant obsessive-compulsive symptoms, and (3) explore future directions to evaluate and improve methods for assessing co-occurring OCD and PTSD.

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<https://doi.org/10.1037/pri0000225>

**Adding cultural variables to improve assessments and interventions with suicidal persons of color.**

Knapp, S., & Logan, J.

Practice Innovations  
(2023); 8(4), 329–339

Although persons of color have lower rates of death by suicide than White Americans, the frequency of suicidal ideation and attempts is close to that of White Americans, and suicide rates among persons of color are increasing. Consequently, psychotherapists should be as vigilant for suicidal behavior among their patients of color as they are for their White patients. This article integrates insights from Chu et al.'s (2010) cultural model of suicide with O'Connor's (2021) integrated motivational theory of suicide to give examples of how psychotherapists can improve their assessment and interventions for suicidal persons of color. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

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<https://doi.org/10.1080/07481187.2023.2277818>

**The fearlessness about death scale's efficacy for differentiating suicide attempts from non-suicidal self-injury, a meta-analysis.**

Jim Schmeckenbecher, Anna Christina Philipp, Christina Alma Emilian, Claudia Zimmermann & Nestor D. Kapusta

Death Studies

Published online: 03 Nov 2023

We used multivariate meta-analysis modeling variances and covariances of suicidal ideation, suicide attempts, and non-suicidal self-injury to investigate if the Fearlessness About Death scale differentiated between suicide attempts and non-suicidal self-injury. The systematic search yielded 27 studies that fulfilled the inclusion criteria. The association of suicidal ideation with suicide attempts was comparable to the association of suicidal ideation with non-suicidal self-injury. The Fearlessness About Death scale weakened both associations to a comparative degree. These results cast doubt on the

clinical utility of the Fearlessness About Death scale, as well as the self-assessment of suicidal ideation, suicide attempts and non-suicidal self-injury.

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## **Links of Interest**

PTSD and Other Stress-Related Disorders Following Concussion/Mild TBI Fact Sheet  
<https://health.mil/Reference-Center/Fact-Sheets/2023/12/14/Concussion-mTBI-and-PTSD-Fact-Sheet>

Military Health System Leaders Discuss Leveraging Technology to Improve Patient Care at First-Ever Summit  
<https://www.health.mil/News/Dvids-Articles/2023/12/18/news460269>

Military Tuition Assistance Program: Background and Issues (CRS)  
<https://crsreports.congress.gov/product/pdf/R/R47875>

Sleep deprivation makes us less happy, more anxious  
<https://www.apa.org/news/press/releases/2023/12/sleep-deprivation-anxious>

Introducing the second edition of APA's Inclusive Language Guide  
<https://apastyle.apa.org/blog/inclusive-language-guide-second-edition>

An Overview of Emotion Regulation Transdiagnostic Systemically Bound with Recommendations for Treatment  
<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/An-Overview-of-Emotion-Regulation-Transdiagnostic-Systemically-Bound-with-Recommendations-for-Treatment>

Sexual assault prosecutions officially out of the chain of command  
<https://www.militarytimes.com/news/your-military/2023/12/28/sexual-assault-prosecutions-officially-out-of-the-chain-of-command/>

Staff Perspective: Expanding the Pathways Program – Exploring a Career as a Military Social Worker  
<https://deploymentpsych.org/blog/staff-perspective-expanding-pathways-program-%E2%80%93-exploring-career-military-social-worker>

Staff Perspective: Telling About the Trauma

<https://deploymentpsych.org/blog/staff-perspective-telling-about-trauma>

The Cost of Medical Stigmas for Military Families

<https://www.military.com/daily-news/2024/01/02/cost-of-medical-stigmas-military-families.html>

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**Resource of the Week: [Brandon Act](#)**

From the Military Health System [Mental Health Hub](#):

The Defense Department has issued [guidance](#) that allows service members to start their own referral for a mental health evaluation.

This policy is in accordance with [federal law](#) (Section 704 of Public Law 117-81) and a Congressional bill named in honor of Petty Officer 3rd Class Brandon Caserta who died by suicide in 2018. The Brandon Act empowers service members to get the help they need confidentially. This reduces the stigma associated with [mental health](#). Service members start the referral process by talking to their commander or supervisor.



See also: [DOD Announces Implementation of the Brandon Act \(5/5/23\)](#)

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Henry M. Jackson Foundation for the Advancement of Military Medicine