

# CDP

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## Research Update -- January 18, 2024

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<https://doi.org/10.1002/jts.23013>

**A clinician's guide to the 2023 VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder.**

Ariel J. Lang, Jessica L. Hamblen, Paul Holtzheimer, Ursula Kelly, Sonya B. Norman, David Riggs, Paula P. Schnurr, Ilse Wiechers

Journal of Traumatic Stress

First published: 07 January 2024

A clinical practice guideline (CPG) is a rigorously established set of recommendations based on currently available evidence about the efficacy, safety, acceptability, and feasibility of interventions to assist with clinical decision-making. The 2023 Department of Veterans Affairs /Department of Defense Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder is described herein. The CPG recommendations are accompanied by a clinical algorithm, which incorporates principles of evidence-based practice, shared decision-making, and functional and contextual assessments of goals and outcomes. An overview of the CPG recommendations is combined with a discussion of questions that clinicians and patients may face in implementing the CPG and suggestions for how to effectively work with the CPG.

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<https://doi.org/10.1001/jamapsychiatry.2023.4920>

**US Veterans Affairs and Department of Defense 2023 Clinical Guideline for PTSD—Devolving Not Evolving. (Viewpoint)**

Hoge, C. W., Chard, K. M., & Yehuda, R.

JAMA Psychiatry

January 10, 2024

In July 2023, the Departments of Veterans Affairs (VA) and Defense (DoD) released the updated posttraumatic stress disorder (PTSD) clinical practice guideline (CPG), a much-anticipated document given the growing evidence base for a range of treatment

approaches. Compared with the 2017 version, however, what is immediately apparent is the considerable reduction in recommended treatments and absence of new recommended strategies for clinicians caring for service members and veterans. This is particularly concerning given the high dropout rates and moderate efficacy of most PTSD treatments in these populations. It is important to understand the reasons and implications of these changes and determine how this will improve clinical outcomes—the stated purpose of the CPG.

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<https://doi.org/10.1177/0095327X231216678>

### **What Do Successful Military-to-Civilian Transitions Look Like? A Revised Framework and a New Conceptual Model for Assessing Veteran Well-Being.**

Karre, J. K., Perkins, D. F., Morgan, N. R., Davenport, K. E., Aronson, K. R., Maury, R. V., Bradbard, D., Armstrong, N. J., Wright, A., Sargent, R., & Andros, M.

Armed Forces & Society

First published online January 9, 2024

Developmental theory indicates that success during a major life change requires attention to multiple life domains (e.g., physical health, mental health, employment, financial, and social). This study presents a revised conceptual framework and offers a new empirical model to assess the well-being of post-9/11 veterans as they transition to civilian life. Data from a large sample of post-9/11 veterans surveyed over 2.5 years revealed that post-9/11 veteran transitions were mixed: veterans improved over time in some domains (e.g., employment), stagnated in some (e.g., social), and struggled more over time in others (e.g., physical health). Even in domains with improvement, a large percent of veterans still struggled (e.g., 34% struggled with mental health at Wave 6). Moreover, certain groups tended to struggle more (e.g., enlisted, women, people of color). The conceptual framework and empirical model are intended to stimulate discussion on how best to understand, evaluate, and support veterans' military-to-civilian transition.

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<https://doi.org/10.1249/MSS.0000000000003309>

## **Eating Disorder Risk and Common Mental Disorders in British Servicewomen: A Cross-Sectional Observational Study.**

O'Leary, T. J., Coombs, C. V., Perrett, C., Gifford, R. M., Wardle, S. L., & Greeves, J. P.

Medicine & Science in Sports & Exercise  
56(2): p 340-349, February 2024

### **Purpose**

Servicewomen are at increased risk of common mental disorders compared with servicemen and their female civilian counterparts. The prevalence of eating disorder risk and common mental disorders, and associated risk factors in British servicewomen are poorly understood.

### **Methods**

All women younger than 45 yr in the UK Armed Forces were invited to complete a survey about demographics, exercise behaviors, eating behaviors, and common mental disorders.

### **Results**

A total of 3022 women participated; 13% of participants were at high risk of an eating disorder based on Brief Eating Disorder in Athletes Questionnaire and Female Athlete Screening Tool scores. Twenty-five percent of participants had symptoms of anxiety (seven-item Generalized Anxiety Disorder Assessment score  $\geq 10$ ), and 26% had symptoms of depression (nine-item Patient Health Questionnaire score  $\geq 10$ ). Older age was associated with a lower risk, and heavier body mass was associated with a higher risk of eating disorders ( $P \leq 0.043$ ). Older age and higher rank were associated with a lower risk of symptoms of anxiety and depression ( $P \leq 0.031$ ), and a heavier body mass was associated with a higher risk of symptoms of depression ( $P \leq 0.012$ ). Longer habitual sleep duration was associated with a lower risk of eating disorders and symptoms of anxiety and depression ( $P \leq 0.028$ ). A higher volume of field exercise was associated with a lower risk, and a higher volume of military physical training and personal physical training was associated with a higher risk, of eating disorders ( $P \leq 0.024$ ). Job role and deployment history were not associated with any outcome.

### **Conclusions**

Sleeping and training habits provide potential novel targets for exploring how common mental disorders can be managed in British servicewomen.

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<https://doi.org/10.1080/08995605.2021.1997501>

**Assessing the dimensionality and construct validity of the military stigma scale across current service members.**

Carlos A. Vidales, Derek J. Smolenski, Nancy A. Skopp, David Vogel, Nathaniel Wade, Sean Sheppard, Katrina Speed, Kristina Hood & Patricia Cartwright

Military Psychology  
Volume 36, 2024 - Issue 1

US service members are at elevated risk for distress and suicidal behavior, compared to the general US population. However, despite the availability of evidence-based treatments, only 40% of Service members in need of mental health care seek help. One potential reason for the lower use of services is that service members experience stigma or concerns that the act of seeking mental health care from a mental health provider carries a mark of disgrace. The Military Stigma Scale (MSS) was designed to assess two theoretical dimensions of help-seeking stigma (public and self), specifically among service members. The goal of the current study was to further examine the validity of the MSS among 347 active duty service members. Examination of unidimensional, two-factor, and bifactor models revealed that a bifactor model, with a general (overall stigma), two specific factors (public and self-stigma), and one method factor (accounting for negatively worded items) provided the best fit to the data. Ancillary reliability analyses also supported the MSS measuring a broad stigma factor associated with seeking mental health care in the military. Subsequent model analyses showed that the MSS was associated with other stigma-related constructs. Overall, findings suggest that the MSS is a reliable and validated scale that can be used to assess military help-seeking stigma and to evaluate results of programs designed to reduce stigma.

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**Military sexual trauma-related posttraumatic stress disorder service-connection: Characteristics of claimants and award denial across gender, race, and compared to combat trauma.**

Aliya R. Webermann , Mayumi O. Gianoli, Marc I. Rosen, Galina A. Portnoy, Tessa Runels, Anne C. Black

PLoS ONE

2024; 19(1): e0280708

The current study characterizes a cohort of veteran claims filed with the Veterans Benefits Administration for posttraumatic stress disorder secondary to experiencing military sexual trauma, compares posttraumatic stress disorder service-connection award denial for military sexual trauma-related claims versus combat-related claims, and examines military sexual trauma -related award denial across gender and race. We conducted analyses on a retrospective national cohort of veteran claims submitted and rated between October 2017-May 2022, including 102,409 combat-related claims and 31,803 military sexual trauma-related claims. Descriptive statistics were calculated, logistic regressions assessed denial of service-connection across stressor type and demographics, and odds ratios were calculated as effect sizes. Military sexual trauma-related claims were submitted primarily by White women Army veterans, and had higher odds of being denied than combat claims (27.6% vs 18.2%). When controlling for age, race, and gender, men veterans had a 1.78 times higher odds of having military sexual trauma-related claims denied compared to women veterans (36.6% vs. 25.4%), and Black veterans had a 1.39 times higher odds of having military sexual trauma-related claims denied compared to White veterans (32.4% vs. 25.3%). Three-fourths of military sexual trauma-related claims were awarded in this cohort. However, there were disparities in awarding of claims for men and Black veterans, which suggest the possibility of systemic barriers for veterans from underserved backgrounds and/or veterans who may underreport military sexual trauma.

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<https://doi.org/10.1093/geront/gnad129>

### **Cohort Differences in PTSD Symptoms and Military Experiences: A Life Course Perspective.**

Maria L Kurth, PhD, Dakota D Witzel, PhD, Suzanne C Segerstrom, MPH, PhD, Soyoung Choun, PhD, Carolyn M Aldwin, PhD

The Gerontologist

Volume 64, Issue 2, February 2024, gnad129

## Background and Objectives

There have been major changes in military service over the past 50 years. Most research on posttraumatic stress disorder (PTSD) among combat Veterans comes from help-seeking Vietnam and WWII cohorts; results from more recent cohort comparisons are mixed. The present study addressed these gaps by exploring cohort differences among Vietnam, Persian Gulf, and Post-9/11 combat Veterans from a life course perspective.

## Research Design and Methods

We recruited community-dwelling combat and war zone Veterans (N = 167), primarily from Veterans' associations in Oregon from three cohorts: Vietnam, Persian Gulf, and Post-911. Online surveys assessed current PTSD symptoms, life course (demographics and cohort membership), and experiential variables (combat severity, appraisals of military service, homecoming, and social support).

## Results

Cohorts were comparable in demographics and war experiences. Step one of a hierarchical regression found that PTSD symptoms were higher among Veterans of color and those with lower incomes,  $R^2 = 0.37$ ,  $p < .001$ . When cohort was added, Vietnam Veterans had higher symptoms than Post-9/11; income and race/ethnicity remained significant,  $\Delta R^2 = 0.01$ ,  $p = .13$ . The final model added experiential variables,  $\Delta R^2 = 0.38$ ,  $p < .001$ ; cohort and income were no longer significant, although Veterans of color still reported higher symptoms. Those with more undesirable service appraisals and who sought social support had higher symptoms, while desirable appraisals were protective.

## Discussion and Implications

From a life course perspective, the particular war zone that Veterans served in was less important than demographics and both service and postservice experiences, suggesting generalizability of risk and protective factors, as well as treatment modalities, across cohorts.

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<https://doi.org/10.1001/jamapsychiatry.2023.5060>

**Components and Delivery Formats of Cognitive Behavioral Therapy for Chronic Insomnia in Adults: A Systematic Review and Component Network Meta-Analysis.**



Furukawa, Y., Sakata, M., Yamamoto, R., Nakajima, S., Kikuchi, S., Inoue, M., Ito, M., Noma, H., Takashina, H. N., Funada, S., Ostinelli, E. G., Furukawa, T. A., Efthimiou, O., & Perlis, M.

JAMA Psychiatry  
January 17, 2024

## Key Points

### Question

What is the association of each component and delivery format of cognitive behavioral therapy for chronic insomnia with outcomes?

### Findings

This systematic review and component network meta-analysis including 241 trials found that cognitive restructuring, third-wave components, sleep restriction, stimulus control, and in-person format may be beneficial. Cognitive restructuring, third-wave components and in-person delivery were mainly associated with improved subjective sleep quality, while sleep restriction and stimulus control were associated both with improved sleep quality and self-reported sleep continuity.

### Meaning

The findings suggest that beneficial cognitive behavioral therapy for insomnia may include cognitive restructuring, third-wave components, sleep restriction, stimulus control, and in-person format.

### Importance:

Chronic insomnia disorder is highly prevalent, disabling, and costly. Cognitive behavioral therapy for insomnia (CBT-I), comprising various educational, cognitive, and behavioral strategies delivered in various formats, is the recommended first-line treatment, but the effect of each component and delivery method remains unclear.

### Abstract

#### Objective:

To examine the association of each component and delivery format of CBT-I with outcomes.

#### Data sources:

PubMed, Cochrane Central Register of Controlled Trials, PsycInfo, and International Clinical Trials Registry Platform from database inception to July 21, 2023.

#### Study selection:

Published randomized clinical trials comparing any form of CBT-I against another or a control condition for chronic insomnia disorder in adults aged 18 years and older. Insomnia both with and without comorbidities was included. Concomitant treatments were allowed if equally distributed among arms.

#### Data extraction and synthesis:

Two independent reviewers identified components, extracted data, and assessed trial quality. Random-effects component network meta-analyses were performed.

#### Main outcomes and measures:

The primary outcome was treatment efficacy (remission defined as reaching a satisfactory state) posttreatment. Secondary outcomes included all-cause dropout, self-reported sleep continuity, and long-term remission.

#### Results:

A total of 241 trials were identified including 31 452 participants (mean [SD] age, 45.4 [16.6] years; 21 048 of 31 452 [67%] women). Results suggested that critical components of CBT-I are cognitive restructuring (remission incremental odds ratio [iOR], 1.68; 95% CI, 1.28-2.20) third-wave components (iOR, 1.49; 95% CI, 1.10-2.03), sleep restriction (iOR, 1.49; 95% CI, 1.04-2.13), and stimulus control (iOR, 1.43; 95% CI, 1.00-2.05). Sleep hygiene education was not essential (iOR, 1.01; 95% CI, 0.77-1.32), and relaxation procedures were found to be potentially counterproductive (iOR, 0.81; 95% CI, 0.64-1.02). In-person therapist-led programs were most beneficial (iOR, 1.83; 95% CI, 1.19-2.81). Cognitive restructuring, third-wave components, and in-person delivery were mainly associated with improved subjective sleep quality. Sleep restriction was associated with improved subjective sleep quality, sleep efficiency, and wake after sleep onset, and stimulus control with improved subjective sleep quality, sleep efficiency, and sleep latency. The most efficacious combination-consisting of cognitive restructuring, third wave, sleep restriction, and stimulus control in the in-person format-compared with in-person psychoeducation, was associated with an increase in the remission rate by a risk difference of 0.33 (95% CI, 0.23-0.43) and a number needed to treat of 3.0 (95% CI, 2.3-4.3), given the median observed control event rate of 0.14.

#### Conclusions and relevance:

The findings suggest that beneficial CBT-I packages may include cognitive restructuring, third-wave components, sleep restriction, stimulus control, and in-person delivery but not relaxation. However, potential undetected interactions could undermine

the conclusions. Further large-scale, well-designed trials are warranted to confirm the contribution of different treatment components in CBT-I.

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<https://doi.org/10.1001/jamapsychiatry.2023.5156>

## **Incidence Trajectories of Psychiatric Disorders After Assault, Injury, and Bereavement.**

Chen, Y., Shen, Q., Lichtenstein, P., Gradus, J. L., Arnberg, F. K., Larsson, H., D'Onofrio, B. M., Fang, F., Song, H., & Valdimarsdottir, U. A.

JAMA Psychiatry  
January 17, 2024

### Key Points

#### Question

Are potentially traumatic events associated with a subsequent risk of psychiatric disorders independent of familial factors?

#### Findings

In this Swedish nationwide cohort study using a sibling-comparison design to adjust for familial factors, physical and sexual assault (n = 49 957), injury (n = 555 314), and bereavement (n = 321 263) were associated with an increased risk of subsequent psychiatric disorders for more than 2 decades of observation and in particular during the first year following the event.

#### Meaning

These findings suggest that early clinical surveillance and targeted mental health services may be advisable among individuals who experience assault, injury, or bereavement.

### Abstract

#### Importance

Traumatic events have been associated with elevated risks of psychiatric disorders, while the contributions of familial factors to these associations remain less clear.

## Objective

To determine the contribution of familial factors to long-term incidence trajectories of psychiatric disorders following potentially traumatic events.

## Design, Setting, and Participants

This cohort study evaluated 3 separate cohorts of individuals residing in Sweden who were free of previous diagnosed psychiatric disorders when first exposed to assault (n = 49 957), injury (n = 555 314), or bereavement (n = 321 263) from January 1987 to December 2013, together with their unexposed full siblings, and 10 age-, sex-, and birthplace-matched unexposed individuals (per exposed individual). Cohorts were created from the Swedish Total Population Register linked to health and population registers. Data were analyzed from March 2022 to April 2023.

## Exposures

Potentially traumatic events, including various types of assault, injuries, and bereavement (death of a child or of a spouse or partner), were ascertained from the Swedish national registers.

## Main Outcomes and Measures

Incident psychiatric disorders were ascertained from the Swedish Patient Register. Flexible parametric and Cox models were used to estimate associations of potentially traumatic events with incident psychiatric disorders after multivariable adjustment.

## Results

The median (IQR) age at exposure to assault, injury, and bereavement was 22 (18-31), 19 (8-40), and 60 (51-68) years, respectively. During a median (IQR) follow-up of 4.9 (2.2-8.2), 9.1 (4.1-15.6), and 8.1 (3.4-14.8) years, the incidence rates of any psychiatric disorder were 38.1, 13.9, and 9.0 per 1000 person-years for the exposed groups of the 3 cohorts, respectively. Elevated risk of any psychiatric disorder was observed during the first year after exposure to any assault (hazard ratio [HR], 4.55; 95% CI, 4.34-4.77), injury (HR, 3.31; 95% CI, 3.23-3.38), or bereavement (HR, 2.81; 95% CI, 2.72-2.91) and thereafter (assault HR, 2.50; 95% CI, 2.43-2.56; injury HR, 1.69; 95% CI, 1.68-1.70; bereavement HR, 1.42; 95% CI, 1.40-1.44). Comparable associations were obtained in sibling comparison (first year: assault HR, 3.70; 95% CI, 3.37-4.05; injury HR, 2.98; 95% CI, 2.85-3.12; bereavement HR, 2.72; 95% CI, 2.54-2.91; thereafter: assault HR, 1.93; 95% CI, 1.84-2.02; injury HR, 1.51; 95% CI, 1.48-1.53; bereavement HR, 1.35; 95% CI, 1.31-1.38). The risk elevation varied somewhat by type of traumatic events and psychiatric disorders, with the greatest HR noted for posttraumatic stress disorder after sexual assault (sibling comparison HR, 4.52; 95% CI, 3.56-5.73 during entire follow-up period).

## Conclusions and Relevance

In this study, the long-term risk elevation of psychiatric disorders after potentially traumatic events was largely independent of familial factors. The risk elevation observed immediately after these events motivates early clinical surveillance and mental health services for these vulnerable populations.

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<https://doi.org/10.1016/j.jpsychires.2023.10.056>

## **Cognitive behavioral therapy for suicide prevention among Veterans receiving substance use disorder treatment: Results from a randomized trial.**

Mark A. Ilgen, Jennifer H. Olson-Madden, Amanda Price, Lisa A. Brenner, ... Frederic C. Blow

Journal of Psychiatric Research  
Volume 168, December 2023, Pages 344-352

Veterans receiving substance use disorder (SUD) treatment are at a clear elevated risk for engaging in suicidal behaviors. Intervening to reduce suicide risk during an episode of SUD treatment could meaningfully target a key high-risk group of Veterans. Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) was developed to reduce the frequency and duration of suicidal ideation, as well as decrease suicidal behaviors. The form of CBT-SP in this study progressed from building an understanding of the cognitive model to practicing new skills, and highlighted the links between substance use, craving, self-efficacy and suicidal ideation and attempts. CBT-SP was compared to an attention matched 8-session control condition (termed Supportive Psychoeducational Control [SPC]) during a multi-site randomized controlled trial for 299 Veterans receiving outpatient SUD treatment services within the Veterans Health Administration. The frequency of suicidal ideation remained relatively constant over 24-months of follow-up, however the duration of suicidal ideation decreased, and suicide attempts decreased relative to baseline in both conditions. Forty-two participants (14%) reported at least one suicide attempt during the 2-year follow-up period. No statistically significant differences were found between CBT-SP and SPC on any of these outcomes. Analyses of secondary outcomes indicate that preparatory behaviors for suicide were less common among those in the CBT-SP condition than SPC across the 24-month follow-up (OR, 95%CI = 0.44 (0.25, 0.79);  $p = 0.02$ ). Veterans in SUD treatment are a high-risk group and delivery of suicide-specific interventions is feasible during SUD care. However,

results did not indicate that CBT-SP was superior to SPC on any primary outcomes, underscoring the importance of identifying and testing alternative approaches that support suicide reduction in this group.

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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.**

Benjamin H. Barnette, Caitlin M. O'Loughlin, Yeonsoo Park, Katrina Vogel, ... Brooke A. 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/10.1093/milmed/usac403>

## **Incidence of Suicidal Ideation and Suicide Attempt Based on Time in a Deployed Environment.**

Andrew Hall, MD, Iram Qureshi, MPH, Eric G Meyer, MD, PhD, Glenn W Currier, MD, Rebecca Castaneda, MSN, Sylvain Cardin, PhD

Military Medicine

Volume 188, Issue Supplement\_6, November/December 2023, Pages 41–44

### Introduction

Knowing when suicidal ideation (SI) or suicide attempt (SA) is most likely to occur in a deployed environment would aid in focusing prevention efforts. This study aims to determine when evacuation for SA and SI is most likely to occur based on the absolute and relative number of months in a deployed setting.

### Materials and Methods

This is a case–control study of active-duty military personnel evacuated from the U.S. Central Command area of responsibility for SI or an SA between April 1, 2020, and March 30, 2021. The arrival month and expected departure month were identified for all the included evacuees. The month of evacuation and proportion of completed deployment were compared. Secondary outcomes of mental health diagnosis or need for a waiver was also examined.

### Results

A total of 138 personnel evacuated for SI or attempted suicide during the 12-month study period were included in the analysis. Evacuations occurring during month 3 of deployment were significantly higher ( $P < .0001$ ) than those during other months. The 30% and 50% completion point of deployment had statistically higher frequencies of evacuations for SI/SA ( $< .0001$ ). A secondary analysis revealed that 25.4% of the individuals had a documented preexisting behavioral health condition before deployment ( $P < .0001$ ).

### Conclusion

Specific points along a deployment timeline were significant predictors for being evacuated for SI and SA.

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<https://doi.org/10.1093/milmed/usad200>

## **Impact of the COVID-19 Pandemic on Indicators of Psychological Health and Suicidal Ideation Within an Active Duty U.S. Military Population.**

Justin C Baker, PhD, ABPP, Simran Bhola, BA, Jeffrey V Tabares, PhD, Derek Beckman, BA, Christiana Martin, MS, Lauren R Khazem, PhD, AnnaBelle O Bryan, MS, Craig J Bryan, PsyD, ABPP

Military Medicine

Volume 188, Issue Supplement\_6, November/December 2023, Pages 450–456

### Introduction

The COVID-19 pandemic has had a significant impact on the psychological health of individuals. The pandemic has contributed to increased anxiety, elevated rates of depression, and worsening suicidal ideation among civilians. Reported rates of burnout are also elevated as employees and employers adapted to ever-changing work environments, finding it increasingly difficult to maintain a work-life balance. The objective of this study is to determine how the COVID-19 pandemic impacted the psychological health and rates of suicidal ideation of active duty military personnel in the USA.

### Materials and Methods

A total of 2055 military personnel and military-adjacent employees stationed at a U.S. Air Force base completed a self-report survey that was administered six times from January 2020 to December 2021. Validated scales assessed measures of psychological health and suicidal ideation. General Estimating Equations were used to examine how indicators of time and psychological health predicted suicidal ideation in a military population.

### Results

Life satisfaction, happiness, feeling life is worthwhile, depression severity, and suicidal ideation did not statistically change across the six time points. Worry ( $P < .01$ ) and depression ( $P < .001$ ) did decrease significantly, while burnout ( $P = .01$ ) significantly increased across these time points. Feeling life is worthwhile significantly predicted reduced suicidal ideation ( $B = -.19$ ;  $SE = 0.05$ ), while depression ( $B = 0.11$ ;  $SE = 0.03$ ), depression severity ( $B = 0.24$ ;  $SE = 0.05$ ), worry ( $B = 0.06$ ;  $SE = 0.02$ ), and burnout ( $B = 0.15$ ;  $SE = 0.07$ ) predicted increased suicidal ideation.



## Conclusions

The rates of depression and worry decreased throughout the pandemic for those in the study while rates of suicidal ideation remained constant, demonstrating the potential resilience of military personnel and military-adjacent employees in response to the COVID-19 pandemic. However, burnout increased and significantly predicted elevated rates of suicidal ideation, highlighting the importance of focusing on reducing workplace stressors for military personnel.

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<https://doi.org/10.1007/s10826-023-02669-y>

## **Experiences of Parental PTSD for Children Aged 9–17 in Military and Emergency First Responder Families.**

Karen May, Miranda Van Hooff, Matthew Doherty & Drew Carter

Journal of Child and Family Studies

Published: 09 November 2023

This study is the first to examine the experiences of children aged 9–17 who have a military or emergency first responder (EFR) parent with post-traumatic stress disorder (PTSD). These experiences of children are important to understand through a lens of intergenerational trauma theory, given the high rates of PTSD in these service populations. Additionally, we need to know if they differ from the experiences of children of civilian parents with PTSD. To examine this, we conducted a total of 17 in-depth interviews in Australia with 5 service parents, 5 co-parents and 7 children aged 9–17 who have a parent who had formerly served in the military or an emergency service. Interviewees were not always from the same family. The families included single-parent, dual-parent, separated, and same-sex families. Gender and service type (military or EFR) were evenly distributed among interviewees. We used a critical humanist approach and undertook a reflexive thematic analysis of the interview data. The major themes were (1) parental emotional extremes, volatility, and unpredictability, (2) changes in home and family relations, (3) impacts on child wellbeing, and (4) PTSD awareness and help-seeking. We found evidence of specific impacts for children related to a combination of parental PTSD symptoms and service conditioning and culture. This study highlights the role of reduced parental capacity in the transmission of trauma from parent to child. It provides an evidence base to direct policy and research into targeted and culturally specific therapeutic interventions and support services for children and parents in service families living with PTSD.

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<https://doi.org/10.1016/j.janxdis.2023.102794>

**Benchmarking secondary outcomes to posttraumatic stress disorder symptom change in response to cognitive processing and written exposure therapy for posttraumatic stress disorder.**

Sarah A. Stoycos, Casey L. Straud, Ian H. Stanley, Brian P. Marx, ... Denise M. Sloan

Journal of Anxiety Disorders  
Volume 100, December 2023, 102794

Posttraumatic stress disorder (PTSD) has high comorbidity with other psychiatric conditions, including depression, generalized anxiety, and suicidality. Evidence-based treatments (EBTs) for PTSD are effective at reducing PTSD symptoms. However, evidence on the impact of PTSD EBTs on comorbid conditions is mixed and often uses pre-post analyses, which disregards PTSD symptom response. This study replicated and extended prior work on benchmarking quality of life to PTSD symptom response to a broader range of secondary outcomes using a research-based metric of clinically meaningful PTSD symptom change. Ninety-five active duty military members seeking treatment for PTSD participated in a randomized noninferiority trial examining two cognitive behavioral therapies for PTSD: Written Exposure Therapy and Cognitive Processing Therapy. Participants completed clinician-administered and self-rating assessments at baseline and 10 weeks post-first treatment session and were classified as PTSD treatment responders or nonresponders. Data were analyzed using generalized linear mixed effects models with repeated measures with fixed effects of time and PTSD symptom response category. PTSD treatment responders experienced significant improvements in secondary outcomes; nonresponders demonstrated statistically significant, but not clinically meaningful, comorbid symptom change. Our findings provide evidence that successfully treating PTSD symptoms may also positively impact psychiatric comorbidity.

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<https://doi.org/10.1016/j.janxdis.2023.102786>

**Comparing phase-based treatment, prolonged exposure, and skills-training for Complex Posttraumatic Stress Disorder: A randomized controlled trial.**

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### Highlights

- RCT comparing SNT, PE, and STAIR for patients with an ICD-11 complex PTSD diagnosis.
- The hypothesized superiority of SNT over PE and STAIR was not supported.
- PE was the strongest approach to DSM-5 PTSD symptoms.
- The results revealed no differences between PE and STAIR on ICD-11 CPTSD symptoms.

### Abstract

#### Objective

This study examines treatment effects in STAIR Narrative Therapy (SNT), a phase-based treatment where Skills Training in Affective and Interpersonal Regulation (STAIR) precedes Narrative Therapy (NT), compared to Prolonged Exposure (PE) and to STAIR.

#### Method

Ninety-two adult patients diagnosed with DSM-5 PTSD and ICD-11 CPTSD following childhood abuse were randomly assigned to enhanced versions of SNT (12 group STAIR sessions + 8 individual NT sessions), PE (8–16 individual sessions), or STAIR (12 group STAIR sessions) provided in residential care. Outcome was assessed by mixed models.

#### Results

PE produced greater improvements in DSM-5 PTSD symptoms compared to SNT from pre-treatment to post-treatment, but not compared to STAIR. Reductions in ICD-11 CPTSD symptoms were not significantly different among conditions. From pre-treatment to 1 year follow-up, PE produced greater PTSD symptom improvements than SNT and STAIR, and PE and STAIR produced greater CPTSD symptom improvements than SNT.

#### Conclusions

The predicted stronger effect of SNT compared to PE and STAIR on DSM-5 PTSD and ICD-11 CPTSD symptoms was not supported by the findings. The benefits of immediate trauma-focused treatments (TFT) as compared to phase-based treatments, and the

potential non-inferiority of skills-training as compared to TFT in CPTSD needs to be further investigated.

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<https://doi.org/10.2147/JPR.S400313>

## **Pain Catastrophizing and Its Association with Military Medical Disability Among US Active Duty Service Members with Chronic Predominately Musculoskeletal Pain: A Retrospective Cohort Analysis.**

Sherrill Schaaf, Diane M Flynn<sup>ORCID Icon</sup>, Alana D Steffen, Jeffrey Ransom & Ardith Doorenbos

Journal of Pain Research  
Published online: 08 Nov 2023

### Context

Pain catastrophizing is characterized by negative emotional and cognitive responses to pain and is a predictor of work-related disability. Its association with military medical disability has not been studied.

### Objective

To (1) identify the pain catastrophizing scale (PCS) score cut point most strongly associated with military medical disability, (2) measure the difference in rate of disability between service members with baseline PCS scores above versus below the cut point, and (3) determine if improvement in PCS score during pain specialty care is associated with decreased likelihood of disability.

### Methods

This was a retrospective cohort analysis comparing PCS scores collected from US Army active duty service members at time of initial visit to an interdisciplinary pain management center and periodically during pain treatment. Outcome was determination during the following year of a military service-disqualifying disability.

### Results

Receiver operating characteristic (ROC) curves determined that a PCS score of 20 was the single cut point most closely associated with subsequent disability. Kaplan–Meier curves showed significantly higher disability rate during the following year among those with baseline PCS scores  $\geq 20$  (52%) compared to those with lower scores (26%).

Scheffe-adjusted contrasts showed that service members with PCS scores  $\geq 20$  whose scores improved to  $< 20$  at follow-up were significantly less likely to have a medical disability (42.6%; 95% CI, 0.07–0.58) than those whose PCS score remained  $\geq 20$  (76.3%; 95% CI, 68.0%–84.7%).

### Conclusion

A PCS score cut point of 20 distinguishes between high versus low likelihood of disability among service members. Those with high baseline PCS score had twice the likelihood of disability than those with low scores. Service members who decreased their PCS score from high to low during pain specialty care had lower likelihood of disability. Prospective research is needed to determine if treatments that lower pain catastrophizing yield reduced likelihood of subsequent disability.

### Plain Language Summary

Pain catastrophizing is a persistent tendency to have distressing thoughts and emotions related to pain and worsens work-related outcomes. This study examined the association between pain catastrophizing and military medical disability in a population of active duty US Army service members. The pain catastrophizing scale (PCS) scale is a 13-item questionnaire with a range of 0 (lowest catastrophizing) to 52 (highest catastrophizing). The aims of the study were to (1) identify the PCS score cut point most strongly associated with later military medical disability, (2) measure the difference in rate of disability between service members with baseline PCS scores above versus below the cut point, and (3) determine if improvement in PCS score during pain specialty care is associated with a decreased likelihood of disability. The study found that service members with high PCS scores were twice as likely to have medical disability than those with low scores. Additionally, those who reduced their PCS score were less likely to be medically disabled later. This study showed that PCS score may help to identify service members at increased risk of disability so that they may be offered therapies that reduce pain catastrophizing. The main limitation of this study is its retrospective design; we cannot be certain if improvement in PCS resulted in lower disability rates or if inherently more disabling conditions resulted in greater catastrophizing.

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<https://doi.org/10.1093/milmed/usac283>

**Women of the Gulf War: Understanding Their Military and Health Experiences Over 30 Years.**

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## Military Medicine

Volume 188, Issue 9-10, September/October 2023, Pages 3191–3198

### Introduction

Women Veterans of the Persian Gulf War (GW) expanded the military roles they had filled in previous military eras, with some women engaging in direct combat for the first time. Many GW service members, including women, had unique combat exposures to hazardous agents during deployment, which might have contributed to the development of chronic health problems. This study aims to understand the experiences of women GW Veterans (GWVs) as it is related to their military service and subsequent health in order to better inform and improve their clinical care.

### Materials and Methods

We conducted in-depth interviews with 10 women GWVs to understand their experiences and perspectives about how their military service in the Gulf has impacted their lives and health. We used an integrated approach of content analysis and inductive thematic analysis to interpret interview data.

### Results

Besides having many of the same war-related exposures as men, women faced additional challenges in a military that was inadequately prepared to accommodate them, and they felt disadvantaged as women within the military and local culture. After service, participants had emergent physical and mental health concerns, which they described as developing into chronic and complex conditions, affecting their relationships and careers. While seeking care and service connection at Veterans Health Administration (VA), women voiced frustration over claim denials and feeling dismissed. They provided suggestions of how VA services could be improved for women and GWVs. Participants found some nonpharmacological approaches for symptom management and coping strategies to be helpful.

### Conclusions

Women in the GW encountered challenges in military and healthcare systems that were inadequately prepared to address their needs. Women faced chronic health conditions common to GWV and voiced the desire to be understood as a cohort with unique needs. There is an ongoing need to expand services within the VA for women GWVs, particularly involving psychosocial support and management of chronic illness. While the small sample size can limit generalizability, the nature of these in-depth, minimally

guided interviews provides a rich narrative of the women GWVs in this geographically diverse sample.

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<https://doi.org/10.1007/s11606-023-08493-w>

## **Military Sexual Trauma and Menopause Symptoms Among Midlife Women Veterans.**

Kate J. Travis MD, Alison J. Huang, Shira Maguen PhD, Sabra Inslicht PhD, Amy L. Byers PhD, MPH, Karen H. Seal MD, MPH & Carolyn J. Gibson PhD, MPH

Journal of General Internal Medicine

Published: 13 November 2023

### Background

Sexual assault and/or sexual harassment during military service (military sexual trauma (MST)) can have medical and mental health consequences. Most MST research has focused on reproductive-aged women, and little is known about the long-term impact of MST on menopause and aging-related health.

### Objective

Examine associations of MST with menopause and mental health outcomes in midlife women Veterans.

### Design

Cross-sectional.

### Participants

Women Veterans aged 45–64 enrolled in Department of Veterans Affairs (VA) healthcare in Northern California between March 2019 and May 2020.

### Main Measures

Standardized VA screening questions assessed MST exposure. Structured-item questionnaires assessed vasomotor symptoms (VMS), vaginal symptoms, sleep difficulty, depressive symptoms, anxiety symptoms, and posttraumatic stress disorder (PTSD) symptoms. Multivariable logistic regression analyses examined associations between MST and outcomes based on clinically relevant menopause and mental health symptom thresholds.

## Key Results

Of 232 participants (age =  $55.95 \pm 5.13$ ), 73% reported MST, 66% reported VMS, 75% reported vaginal symptoms, 36% met criteria for moderate-to-severe insomnia, and almost half had clinically significant mental health symptoms (33% depressive symptoms, 49% anxiety, 27% probable PTSD). In multivariable analyses adjusted for age, race, ethnicity, education, body mass index, and menopause status, MST was associated with the presence of VMS (OR 2.44, 95% CI 1.26–4.72), vaginal symptoms (OR 2.23, 95% CI 1.08–4.62), clinically significant depressive symptoms (OR 3.21, 95% CI 1.45–7.10), anxiety (OR 4.78, 95% CI 2.25–10.17), and probable PTSD (OR 6.74, 95% CI 2.27–19.99). Results did not differ when military sexual assault and harassment were disaggregated, except that military sexual assault was additionally associated with moderate-to-severe insomnia (OR 3.18, 95% CI 1.72–5.88).

## Conclusions

Exposure to MST is common among midlife women Veterans and shows strong and independent associations with clinically significant menopause and mental health symptoms. Findings highlight the importance of trauma-informed approaches to care that acknowledge the role of MST on Veteran women's health across the lifespan.

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<https://doi.org/10.1037/drm0000253>

## **Veteran treatment completers' and facilitators' perceptions of cognitive behavioral therapy for insomnia and imagery rehearsal therapy for posttraumatic sleep disturbances.**

Prguda, E., & Dwyer, M.

Dreaming

Advance online publication

Cognitive behavioral therapy for insomnia (CBT-I) and imagery rehearsal therapy are recommended cognitive-behavioral treatments. However, little is known about the acceptability of the treatments for veterans with posttraumatic sleep disturbances. This study was conducted after a pilot randomized controlled trial that compared CBT-I with CBT-I combined with imagery rehearsal therapy (IRT) in a sample of Australian veterans with diagnosed posttraumatic stress disorder and sleep disturbances. Individual semistructured interviews were conducted with veterans who completed



group CBT-I or group CBT-I + IRT (n = 11), and a focus group was conducted with the facilitators who delivered the treatments (n = 3). The study examined participants' experiences and perspectives of the treatments, and their acceptability for veterans. Inductive thematic analysis led to the identification of six themes that elucidated the perceived acceptability of the treatments, influences on engagement and retention, and recommendations to optimize both treatments. Overall, veterans reported that both treatments were acceptable and described gaining meaningful treatment benefits. Nonetheless, CBT-I only interview participants described continuing posttraumatic nightmares. Most IRT participants (six out of seven) described benefits that included nightmare reductions, however, not all veterans perceived equal benefits from IRT. The findings suggested that IRT may benefit veterans with greater nightmare severity. Future research is needed to delineate which subgroups of veterans are most likely to gain benefits from IRT. Participants' recommendations map out directions for future research and the clinical dissemination of CBT-I and IRT for veterans with posttraumatic sleep disturbances. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

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<https://doi.org/10.1007/s40501-023-00308-3>

## **Addressing Religious and Spiritual Diversity in Moral Injury Care: Five Perspectives.**

Jeffrey M. Pyne MD, Joseph Currier PhD, Kent D. Hinkson Jr. PhD, Timothy J. Usset MDiv, MPH, Lynn A. Abeita PhD, MSCP, Paul Dordal DMin, Taimur Kouser MA, Rania Awaad MD, Marcela C. Weber PhD & Brandon J. Griffin PhD

Current Treatment Options in Psychiatry

Published: 14 November 2023

### **Purpose of Review**

Moral injury is increasingly recognized as a problem across various populations. Moral injury symptoms can occur when an individual's action, lack of action, or witness of an event violates their moral beliefs, and include dysphoric emotions such as guilt, shame, and disgust; loss of meaning and purpose; withdrawal from valued relationships and groups; and religious/spiritual struggle (e.g., feeling abandoned or punished by the divine, loss of faith in a previously held belief system). Spiritually oriented moral injury interventions are sometimes delivered by mental health clinicians, chaplains, other religious/spiritual leaders, and peers. However, there is a lack of research on moral injury interventions among diverse religious/spiritual populations.

## Recent Findings

To start bridging this gap, we present anonymized moral injury case studies from the perspectives of five spiritual traditions (listed alphabetically): Agnosticism, Islam, the Church of Jesus Christ of Latter-Day Saints (LDS, also known as Mormonism), Native American spiritual ways, and Roman Catholicism. These case studies describe the morally injurious event(s), ensuing mental health problems and religious/spiritual struggles, how these struggles are understood within the specific religious/spiritual tradition, and interventions and resources used to address moral injury.

## Summary

We discuss resources for religious/spiritual competency training, religiously/spiritually oriented psychotherapies for moral injury, and approaches to care involving collaboration between mental health and religious/spiritual community resources.

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## Links of Interest

Defense Department to Begin Tracking Drug Overdoses, Providing Antidote Drug Naloxone

<https://www.military.com/daily-news/2024/01/09/defense-department-begin-tracking-drug-overdoses-providing-antidote-drug-naloxone.html>

Defense Department Seeks Military Spouse Input Through Survey

<https://www.defense.gov/News/Releases/Release/Article/3640833/defense-department-seeks-military-spouse-input-through-survey/>

These military jobs have the highest turnover

<https://www.militarytimes.com/news/your-military/2024/01/16/these-military-jobs-have-the-highest-turnover/>

Support and Resources for Single Service Members

<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Articles/Support-and-Resources-for-Single-Service-Members>

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**Resource of the Week: [Essential Health Care Services Addressing Intimate Partner Violence](#)**

New, from the National Academies of Sciences, Engineering, and Medicine:

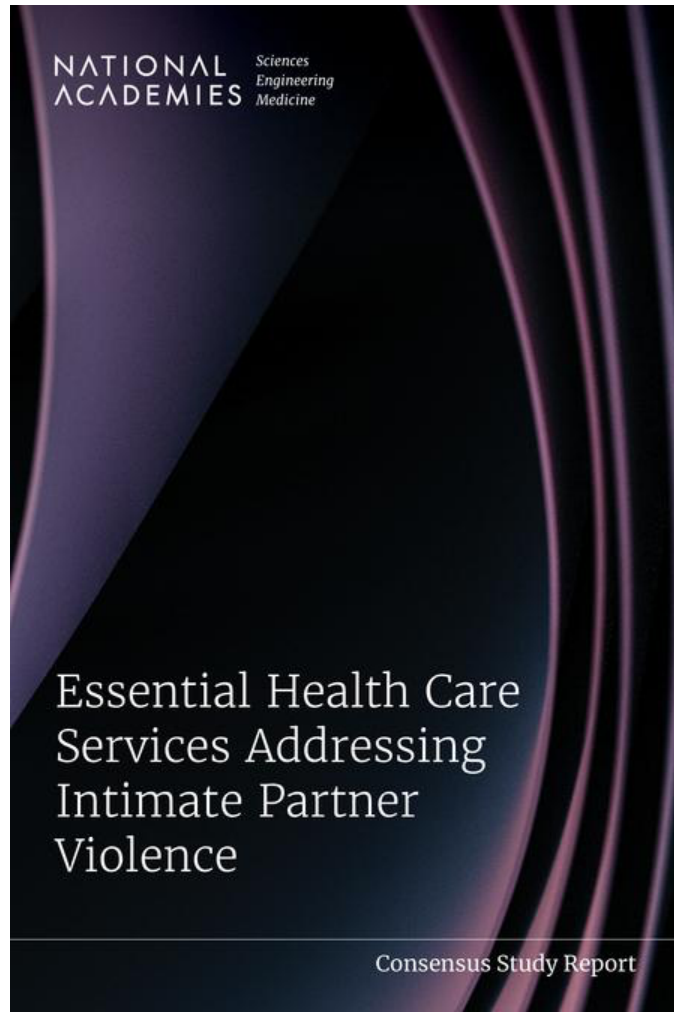
From [press release](#):

A new report from the National Academies of Sciences, Engineering, and Medicine says 15 health care services related to intimate partner violence — including reproductive health care, screening for STIs and HIV, forensic medical exams, and mental health care — should be classified by the Health Resources and Services Administration and all U.S. health care systems as essential health care services. The report recommends prioritizing access to these health care services during public health emergencies, such as a pandemic or natural disasters, using a phased approach.

Nearly half of all U.S. women experience some form of intimate partner violence in their lifetime, which can include physical or sexual violence, stalking, psychological aggression, and reproductive coercion by a current or former intimate partner. Women with a history of intimate partner violence have 4.5 times more emergency department visits than those without. Some of the most serious injuries associated with intimate partner violence include traumatic brain injury, strangulation injuries, and injuries to the head, face, and neck. The effects on gynecological and reproductive health can also be severe.

...

The report recommends that the following should all be classified as essential health care services during public health emergencies and during regular conditions: universal intimate partner violence screening and education, safety planning, forensic medical examinations, emergency medical care, treatment of physical injuries, obstetric care and reproductive health care (including all forms of FDA-approved contraception and pregnancy termination), screening and treatment of STIs, HIV treatment, substance use disorder and addiction care, pharmacy and medication management, primary and specialty care, mental health care, support services (including shelter, nutritional assistance, and child care), and dental care. In both public health emergencies and regular conditions, health care providers should connect women who disclose intimate partner violence with medical care and support services.



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