

CDP



Research Update -- January 25, 2024

What's Here:

- Racial, Ethnic, and Sex Disparities in Mental Health Among U.S. Service Members and Veterans: Findings from the Millennium Cohort Study.
- Types and Brands of Derived Psychoactive Cannabis Products: An Online Retail Assessment, 2023.
- Assessment of suicidal ideation via telemedicine: a case report and management suggestions.
- National study of sleep health for student servicemembers/veterans.
- An Item Response Theory Analysis of the Clinician-Administered PTSD Scale for DSM-5 Among Veterans.
- Neuropsychological Correlates of PTSD and Depressive Symptom Improvement in Compensatory Cognitive Training for Veterans With a History of Mild Traumatic Brain Injury.
- Examining the unique impacts of Potentially Traumatic Experiences (PTE) and discrimination events on Post-Traumatic Stress Disorder (PTSD) and suicidal thoughts and behaviors among Multiracial/ethnic adults in the United States.
- Patient Engagement and Provider Effectiveness of a Novel Sleep Telehealth Platform and Remote Monitoring Assessment in the US Military: Pilot Study Providing Evidence-Based Sleep Treatment Recommendations.

- Juvenile Violent Victimization and Adult Criminal Outcomes: The Role of Military Service as a Turning Point in Young Adulthood.
- Evaluating WIC Engagement and Food Insecurity Among Active Duty Military Families.
- Rates and Predictors of Returns to Homelessness Among Veterans, 2018–2022.
- Measuring civilian moral injury: Adaptation and validation of the Moral Injury Events Scale (Civilian) and Expressions of Moral Injury Scale (Civilian).
- An Executive Functioning Composite Does Not Moderate the Relationship Between Combat Exposure and Posttraumatic Stress Disorder Symptom Cluster.
- Pretreatment characteristics associated with symptom reduction during group cognitive processing therapy versus exposure therapy for PTSD: an exploratory study of Veterans.
- Association between social withdrawal and suicidal ideation in patients with major depressive disorder: The mediational role of emotional symptoms.
- Understanding and preparing for value-based care: A primer for behavioral health providers.
- Trauma exposure and transdiagnostic distress: Examining shared and posttraumatic stress disorder–specific associations.
- Screening for Speech and Language Delay and Disorders in Children: US Preventive Services Task Force Recommendation Statement.
- Links of Interest
- Resource of the Week: Envisioning a New Racial Grievance Reporting and Redress System for the United States Military: Focused Analysis on the Department of the Air Force (RAND Corporation)

<https://doi.org/10.1093/aje/kwad221>

Racial, Ethnic, and Sex Disparities in Mental Health Among U.S. Service Members and Veterans: Findings from the Millennium Cohort Study.

Sharifian, N., Kolaja, C. A., LeardMann, C. A., Castañeda, S. F., Carey, F. R., Seay, J. S., Carlton, K. N., Rull, R. P., for the Millennium Cohort Study Team

American Journal of Epidemiology

Published: 15 November 2023

Although disparities in mental health occur within racially, ethnically, and gender-diverse civilian populations, it is unclear whether these disparities persist within U.S. military populations. Using cross-sectional data from the Millennium Cohort Study (2014-16, n=103,184, 70.3% men, 75.7% non-Hispanic White), a series of logistic regression models were conducted to examine whether racial, ethnic, and/or sex disparities were found in mental health outcomes (posttraumatic stress disorder [PTSD], depression, anxiety, problematic anger), hierarchically adjusting for sociodemographic, military, health-related, and social support factors. Compared with non-Hispanic White individuals, those who identified as American Indian or Alaska Native, non-Hispanic Black, Hispanic/Latino or Multiracial showed greater risk of PTSD, depression, anxiety, and problematic anger in unadjusted models. Racial and ethnic disparities in mental health were partially explained by health-related and social support factors. Women showed greater risk of depression and anxiety and lower risk of PTSD than men. Evidence of intersectionality emerged for problematic anger for Hispanic/Latino and Asian or Pacific Islander women. Overall, racial, ethnic, and sex disparities in mental health persisted among service members and veterans. Future research and interventions are recommended to reduce these disparities and improve the health and well-being in diverse service members and veterans.

<https://doi.org/10.1089/can.2023.0266>

Types and Brands of Derived Psychoactive Cannabis Products: An Online Retail Assessment, 2023.

Matthew E. Rossheim, Kayla K. Tillett, Viktor Vasilev, Cassidy R. LoParco, Carla J. Berg, Pamela J. Trangenstein, R. Andrew Yockey, Steven Y. Sussman, Michael Siegel, and David H. Jernigan

Cannabis and Cannabinoid Research
Published Online:19 Jan 2024

Background:

The 2018 Farm Bill led to new types of derived psychoactive cannabis products (DPCPs) being sold throughout the United States. This study describes the new types and brands of DPCPs sold online.

Materials and Methods:

In May 2023, data were recorded from three top-trafficked U.S.-based DPCP retail websites, including information about each product (N=804).

Results:

DPCP modalities included disposable vapes (43%), edibles (29%), vape carts (18%), pre-rolls (7%), flower (2%), dabs (1%), and vape pods (<1%). Among the 118 brands, the most common were Exhale, Delta Extrax, Cake, URB, Looper, and TRE House. There were 26 different intoxicating compounds overall, the most prevalent being: Delta-8 tetrahydrocannabinol (THC), THC-P, Delta-9 THC, HHC, THC-A, Delta-10 THC, THC-H, THC-B, THC-JD, THC-X, HHC-P, and Delta-11 THC. Overall, 54% of products were blends, containing two to eight different intoxicating compounds in a single product.

Discussion:

This is the first study to systematically assess DPCPs sold online. Most of the DPCP market is comprised of vapes and edibles, but these products contain a wide array of compounds and blends. Data from this diverse, rapidly evolving market are needed to examine its consumer impact and inform public health policies and programs.

<https://doi.org/10.1186/s12245-023-00557-2>

Assessment of suicidal ideation via telemedicine: a case report and management suggestions.

Tarso Augusto Duenhas Accorsi, Karine De Amicis Lima, Karen Francine Köhler, Eduardo Cordioli & Carlos Henrique Sartorato Pedrotti

Background

Nowadays, we find ourselves in very unexpected and challenging circumstances facing the COVID-19 pandemic. The impact of the new coronavirus pandemic probably affected everyone's mental health, and people with pre-existing mental disorders may have an aggravated disease condition, leading to a suicide attempt. Pandemic also increased the use of direct-to-consumer telemedicine (TM) exponentially, and consequently, it was expected that cases of attempted suicide could be evaluated remotely. Some TM centers have adapted safety protocols from psychiatric guidelines for managing these patients. However, there is a lack of evidence of the effectiveness of follow-up by TM for patients at high risk for suicide, and there is no consensus on what action should be taken vis-à-vis the patient who requests immediate help remotely.

Case presentation

Here, we reported a case of a TM evaluation of a patient's suicidal ideation in a direct-to-consumer telemedicine emergency center, describing the conduct taken in the face of this situation. We also discuss the importance of planning the emergency telemedicine center for situations of risk of suicide.

Conclusions

Telemedicine centers should be prepared for direct consumer assessment of suicidal ideation. Current management suggestions include recognizing the risk profile through institutional training and software skills and immediate referral for face-to-face assessment, encouraging continuous monitoring until the admission and active recruitment of family members or closest friends.

<https://doi.org/10.1080/07448481.2023.2280778>

National study of sleep health for student servicemembers/veterans.

Phillip A. Morris, PhD, Keston G. Lindsay, PhD, Patience Agana, MA, Kathryn Watson, PhD & Dale Willson, PhD

Journal of American College Health
Published online: 15 Nov 2023

Objective:

Investigate sleep health for student servicemember/veterans (SSM/Vs).

Method:

Data from the National College Health Assessment was used, including 88,178 participants in 2018 and 67,972 in 2019. Propensity score matching was used to compare SSM/Vs (n = 2984) to their most similar non-SSM/V counterparts (n = 1,355). Responses were analyzed using a multivariate analysis of covariance (MANCOVA).

Results:

SSM/Vs reported significantly higher levels of some sleep health issues than the matched peer group, including more instances of trouble falling asleep, waking too early, and higher rates of insomnia and sleep disorders. However, SSM/Vs reported fewer days per week feeling sleepy and similar impacts of sleep issues on academics when compared to the peer group.

Conclusion:

Institutions of higher education should consider training faculty and staff to recognize impacts of poor sleep health for SSM/Vs to establish effective practices to support this unique population.

<https://doi.org/10.1177/10731911231202440>

An Item Response Theory Analysis of the Clinician-Administered PTSD Scale for DSM-5 Among Veterans.

Lee, D. J., Crowe, M. L., Weathers, F. W., Bovin, M. J., Ellickson, S., Sloan, D. M., Schnurr, P., Keane, T. M., & Marx, B. P.

Assessment

First published online November 14, 2023

We used item response theory (IRT) analysis to examine Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) item performance using data from three large samples of veterans (total N = 808) using both binary and ordinal rating methods. Relative to binary ratings, ordinal ratings provided good coverage from well below to well above average within each symptom cluster. However, coverage varied by cluster, and item difficulties were unevenly distributed within each cluster, with numerous instances of redundancy.

For both binary and ordinal scores, flashbacks, dissociative amnesia, and self-destructive behavior items showed a pattern of high difficulty but relatively poor discrimination. Results indicate that CAPS-5 ordinal ratings provide good severity coverage and that most items accurately differentiated between participants by severity. Observed uneven distribution and redundancy in item difficulty suggest there is opportunity to create an abbreviated version of the CAPS-5 for determining PTSD symptom severity, but not DSM-5 PTSD diagnosis, without sacrificing precision.

<https://doi.org/10.1093/milmed/usad442>

Neuropsychological Correlates of PTSD and Depressive Symptom Improvement in Compensatory Cognitive Training for Veterans With a History of Mild Traumatic Brain Injury.

Jillian M. R Clark, PhD, Amber V Keller, MS, Jacqueline E Maye, PhD, Amy J Jak, PhD, Maya E O'Neil, PhD, Rhonda M Williams, PhD, Aaron P Turner, PhD, Kathleen F Pagulayan, PhD, Elizabeth W Twamley, PhD

Military Medicine

Published: 10 November 2023

Introduction

Mild traumatic brain injury (mTBI), depression, and PTSD are highly prevalent in post-9/11 veterans. With the comorbidity of depression and PTSD in post-9/11 veterans with mTBI histories and their role in exacerbating cognitive and emotional dysfunction, interventions addressing cognitive and psychiatric functioning are critical. Compensatory Cognitive Training (CCT) is associated with improvements in prospective memory, attention, and executive functioning and has also yielded small-to-medium treatment effects on PTSD and depressive symptom severity. We sought to examine neuropsychological correlates of PTSD and depressive symptom improvement in veterans with a history of mTBI who received CCT.

Materials and Methods

Thirty-seven post-9/11 veterans with mTBI histories and cognitive complaints received 10 weekly 120-minute CCT group sessions. Participants completed a baseline neuropsychological assessment, including tests of premorbid functioning, attention/working memory, processing speed, verbal learning/memory, and executive functioning, and completed psychiatric symptom measures (PTSD and depression) at

baseline, post-treatment, and a 5-week follow-up. Paired samples t-tests were used to examine statistically significant changes in PTSD (total and symptom cluster scores) and depressive symptom scores over time. Pearson's correlations were calculated between neuropsychological scores and PTSD and depressive symptom change scores at post-treatment and follow-up. Neuropsychological measures identified as significantly correlated with psychiatric symptom change scores were entered as independent variables in multivariable regression analyses to examine their association with symptom change at post-treatment and follow-up.

Results

Over 50% of CCT participants had clinically meaningful improvement in depressive symptoms ($\geq 17.5\%$ score reduction), and over 20% had clinically meaningful improvement in PTSD symptoms (≥ 10 -point improvement) at post-treatment and follow-up. Examination of PTSD symptom cluster scores revealed a statistically significant improvement in avoidance/numbing at follow-up. Bivariate correlations indicated that worse baseline performance on Category Fluency was moderately associated with PTSD symptom improvement at post-treatment. Worse performance on both Category Fluency and Category Switching Accuracy was associated with improvement in depressive symptoms at post-treatment and follow-up. Worse performance on Trail-Making Number-Letter Switching was also associated with improvement in depressive symptoms at follow-up. Subsequent regression analyses revealed that worse processing speed and worse aspects of executive functioning at baseline were associated with depressive symptom improvement at post-treatment and follow-up.

Conclusions

Worse baseline performances on tests of processing speed and aspects of executive functioning were significantly associated with improvements in PTSD and depressive symptoms during the trial. Our results suggest that cognitive training may bolster skills that are helpful for PTSD and depressive symptom reduction and that those with worse baseline functioning may benefit more from treatment because they have more room to improve.

<https://doi.org/10.1016/j.jad.2023.11.035>

Examining the unique impacts of Potentially Traumatic Experiences (PTE) and discrimination events on Post-Traumatic Stress Disorder (PTSD) and suicidal thoughts and behaviors among Multiracial/ethnic adults in the United States.

J Shaff, VM O'Keefe, AL Atkin, X Wang, HC Wilcox

Journal of Affective Disorders

Volume 347, 15 February 2024, Pages 51-56

Highlights

- Potentially Traumatic Experiences (PTE) are events that meet qualifying criteria for PTSD.
- Discrimination is not currently included as a qualifying PTE.
- PTEs & discrimination linked to 5–34 % higher odds of STB and PTSD in Multiracial/ethnic adults.
- Discrimination may pose similar STB/PTSD risks as traditionally noted PTEs.
- Consider including assessment of exposure to discrimination as risk factor for STB and PTSD.

Abstract

Background

Suicide and PTSD are pressing public health issues in the US, with discrimination and potentially traumatic experiences (PTEs) influencing mental health. However, the unique effects of these factors on Multiracial/ethnic adults' PTSD and suicidal thoughts/behaviors (STB) are not thoroughly researched.

Methods

Using a cross-sectional design, an online survey was conducted (N = 1012) from October to December 2022. Multivariable logistic regression models analyzed relationships between PTEs, discriminatory events, and mental health outcomes, accounting for sociodemographics.

Results

After adjusting for demographics, exposure to PTEs and discrimination correlated with heightened odds of PTSD and STB. Individual lifetime discrimination experiences and specific PTEs demonstrated varying associations with STB and PTSD. The study underscores discrimination's relevance as a risk factor.

Limitations

The study's cross-sectional nature restricts causality or temporality interpretations. Moreover, the convenience sample of English-speaking online participants might not be reflective of all Multiracial/ethnic US adults.

Conclusions

Findings underscore PTEs and discrimination's interconnectedness in Multiracial/ethnic mental health outcomes. Discrimination might pose similar risks to PTEs. Acknowledging discrimination as potential precursors for PTSD and STB aids accurate diagnosis and effective treatment planning. Incorporating racial/ethnic discrimination and traumatic experiences into PTSD conceptualization and assessment is pivotal. This knowledge informs tailored interventions and mental health education for this population.

<https://doi.org/10.2196/47356>

Patient Engagement and Provider Effectiveness of a Novel Sleep Telehealth Platform and Remote Monitoring Assessment in the US Military: Pilot Study Providing Evidence-Based Sleep Treatment Recommendations.

Wickwire EM, Collen J, Capaldi VF, Williams SG, Assefa SZ, Adornetti JP, Huang K, Venezia JM, Jones RL, Johnston CW, Thomas C, Thomas MA, Mounts C, Drake CL, Businelle MS, Grandner MA, Manber R, Albrecht JS

JMIR Formative Research

Published on 16.11.2023 in Vol 7 (2023)

Background:

Sleep problems are common and costly in the US military. Yet, within the military health system, there is a gross shortage of trained specialist providers to address sleep problems. As a result, demand for sleep medicine care far exceeds the available supply. Telehealth including telemedicine, mobile health, and wearables represents promising approaches to increase access to high-quality and cost-effective care.

Objective:

The purpose of this study was to evaluate patient engagement and provider perceived effectiveness of a novel sleep telehealth platform and remote monitoring assessment in the US military. The platform includes a desktop web portal, native mobile app, and integrated wearable sensors (ie, a commercial off-the-shelf sleep tracker [Fitbit]). The goal of the remote monitoring assessment was to provide evidence-based sleep treatment recommendations to patients and providers.

Methods:

Patients with sleep problems were recruited from the Internal Medicine clinic at Walter Reed National Military Medical Center. Patients completed intensive remote monitoring assessments over 10 days (including a baseline intake questionnaire, daily sleep diaries, and 2 daily symptom surveys), and wore a Fitbit sleep tracker. Following the remote monitoring period, patients received assessment results and personalized sleep education in the mobile app. In parallel, providers received a provisional patient assessment report in an editable electronic document format. Patient engagement was assessed via behavioral adherence metrics that were determined a priori. Patients also completed a brief survey regarding ease of completion. Provider effectiveness was assessed via an anonymous survey.

Results:

In total, 35 patients with sleep problems participated in the study. There were no dropouts. Results indicated a high level of engagement with the sleep telehealth platform, with all participants having completed the baseline remote assessment, reviewed their personalized sleep assessment report, and completed the satisfaction survey. Patients completed 95.1% of sleep diaries and 95.3% of symptom surveys over 10 days. Patients reported high levels of satisfaction with most aspects of the remote monitoring assessment. In total, 24 primary care providers also participated and completed the anonymous survey. The results indicate high levels of perceived effectiveness and identified important potential benefits from adopting a sleep telehealth approach throughout the US military health care system.

Conclusions:

Military patients with sleep problems and military primary care providers demonstrated high levels of engagement and satisfaction with a novel sleep telehealth platform and remote monitoring assessment. Sleep telehealth approaches represent a potential pathway to increase access to evidence-based sleep medicine care in the US military. Further evaluation is warranted.

<https://doi.org/10.1177/08862605231211923>

Juvenile Violent Victimization and Adult Criminal Outcomes: The Role of Military Service as a Turning Point in Young Adulthood.

Orak, U., Soileau, C., Harter, J., Dobson, C., & Huey Dye, M.

Journal of Interpersonal Violence
First published online November 16, 2023

Previous research has consistently shown that juvenile violent victimization is associated with an increased risk of future criminal involvement, a phenomenon commonly known as victim-offender overlap. Despite a growing interest in the factors underlying this overlap, potential roles of major life transitions and turning points that may interrupt and reshape the nature of this developmental association have garnered less academic attention. Analyzing nationally representative data from waves I, IV, and V of the National Longitudinal Study of Adolescent to Adult Health (Add Health; $n = 10,205$), this study investigates the association between juvenile violent victimization and adult criminal outcomes (i.e., violent offending, non-violent offending, arrest, and incarceration) and whether this association is moderated by military service with and without combat experience in young adulthood. Employing a series of logistic regression analyses and adjusting for a host of covariates, measures of selection, and criminogenic traits, we found that juvenile violent victimization was significantly associated with greater odds of violent offending, arrest, and incarceration in adulthood. Among individuals with violent victimization histories, military service with no combat experience was associated with a 16% decrease in the odds of incarceration in adulthood. Combat experience, however, was associated with over seven times greater odds of violent offending in adulthood for these individuals. These findings have important implications for theory, research, and practice, and highlight the relevance of life transitions and turning points in general, and military service in particular, in mitigating or perpetuating the criminogenic impacts of violent victimization in the life course.

<https://doi.org/10.1093/milmed/usad447>

Evaluating WIC Engagement and Food Insecurity Among Active Duty Military Families.

Sidney E Zven, MD, Brian Graziose, MD, Kristen Smith, MD, Ian Sorensen, Elizabeth Hisle-Gorman, MSW, PhD, Binny Chokshi, MD, Med

Military Medicine

Published: 17 November 2023

Introduction

Nearly a quarter of active duty service members identified as food insecure in a 2022 Department of Defense report. Food insecurity impacts military readiness, retention, and recruitment. The Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal food supplementation program that can mitigate food insecurity for service members with children less than 5 years of age. To date, there is a lack of standardized screening for WIC eligibility or enrollment for service members and their families. This project sought to evaluate WIC awareness and enrollment as well as the prevalence of food insecurity at Walter Reed National Military Medical Center.

Materials and Methods

A 26-question survey was developed to assess WIC awareness, source of WIC information, food insecurity, and nutritional insecurity. Our team developed and utilized a novel WIC screening algorithm to rapidly screen families for WIC eligibility. These tools were administered to families presenting for care at the Walter Reed National Military Medical Center pediatrics and obstetric outpatient clinics during the month of July 2022. This study was approved by the institutional review board at Walter Reed.

Results

A total of 108 (25%) of the 432 surveyed participants were eligible for WIC, with odds of WIC eligibility increasing for lower-ranking and younger service members. Of the 432 participants, 354 (81.9%) were aware of WIC. Enlisted service members were more likely than officers to know about WIC ($P = 0.03$), and of the 354 participants aware of WIC, a higher proportion of enlisted rank respondents learned about WIC from a military source ($P = 0.01$). Among the 108 participants eligible for WIC, only 38 (35.2%) reported being enrolled in WIC. Among WIC-eligible respondents who knew about WIC, being enrolled in the WIC program was not associated with rank, branch of service, sponsor gender, or sponsor age.

Conclusions

Despite proven efficacy, WIC remains an underutilized resource for eligible military families. Our results show that a standardized screening approach at Walter Reed National Military Medical Center increased identification of WIC-eligible active duty service members by 180%, with approximately \$150,000 a year in increased food supplementation benefits. Military healthcare and readiness leaders should embrace efforts to increase knowledge of, referral to, and enrollment in WIC to increase family health, well-being, and military family readiness.

Rates and Predictors of Returns to Homelessness Among Veterans, 2018–2022.

Jack Tsai PhD, MSCP; Thomas H. Byrne PhD

American Journal of Preventive Medicine

Available online 17 November 2023

Introduction

The progress made by the U.S. Department of Veterans Affairs toward ending veteran homelessness requires that attention be paid to preventing returns to homelessness.

Methods

Using national Veterans Affairs data on 293,820 exits from a Veterans Affairs homeless program to a permanent housing destination between January 2018 and December 2022, rates and predictors of returns to homelessness among veterans were examined. Analyses were conducted in June–August 2023. A return to homelessness was operationally defined as a return encounter with a Veterans Affairs homeless program.

Results

A total of 5.8% of successful exits to permanent housing resulted in a return to homelessness within 6 months, 10.2% resulted in a return within 12 months, and 16.7% resulted in a return within 24 months. In the total sample, veterans who were male (hazard ratio=1.47), were widowed (hazard ratio=1.29), had diagnoses of drug use disorder (hazard ratio=1.40) or psychotic disorder (hazard ratio=1.20), and had used more inpatient or urgent care services in the previous year (hazard ratio=1.05–1.15) were at significantly greater risk of returning to homelessness. Many of these predictors remained significant in subgroup analyses of female veterans, veterans aged ≥ 65 years, and veterans in the Housing and Urban Development-Veterans Affairs Supportive Housing program.

Conclusions

Most homeless veterans served by Veterans Affairs who exit to permanent housing do not return to homelessness within two years. The most critical period seems to be the first year, when 1 in 10 veterans return to homelessness. Knowledge of these risk factors may be important in planning secondary and tertiary prevention efforts for homelessness.

<https://doi.org/10.1037/tra0001490>

Measuring civilian moral injury: Adaptation and validation of the Moral Injury Events Scale (Civilian) and Expressions of Moral Injury Scale (Civilian).

Thomas, V., Bizumic, B., Cruwys, T., & Walsh, E.

Psychological Trauma: Theory, Research, Practice, and Policy
(2024) 16(2), 270–279

Objective:

Moral injury (MI) research has been expanded to populations beyond the military in recent years. A key barrier to further research into MI in civilian populations is the lack of valid, reliable measures of the construct appropriate for general civilian use. This article addresses this barrier by adapting two existing military measures and exploring their psychometrics in a general civilian sample: the Moral Injury Events Scale-Civilian (MIES-C) and Expressions of Moral Injury Scale-Military (EMIS-C).

Method:

A sample of civilian women ($n = 192$) and men ($n = 88$) completed the above measures, and additional scales designed to capture theoretically supported primary and secondary markers of MI (guilt, shame, anger; depression, posttraumatic stress symptoms, anxiety).

Results:

Confirmatory factor analyses found that the factor structure of the MIES-C and EMIS-C replicated well within our civilian sample. Discriminant validity was indicated through a significant negative correlation with well-being. Both measures correlated as predicted with each other and measures of MI markers at the total score level. Correlations of individual subscales with each of these measures were more varied.

Conclusions:

Results shed light on differential relationships between the type of MI event and clinical outcomes, suggesting some conceptual differences in how MI is experienced in general civilian populations. Results suggest that civilian populations are also susceptible to MI, but that existing measures may have problems capturing this effectively. While the MIES-C and EMIS-C are supported for civilian use, further scale construction efforts for this population are warranted. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1093/arclin/acad055>

An Executive Functioning Composite Does Not Moderate the Relationship Between Combat Exposure and Posttraumatic Stress Disorder Symptom Cluster.

Lena Etzel, Holly M Miskey, Jennifer B Webb, George J Demakis, Henry L Harris, Robert D Shura

Archives of Clinical Neuropsychology
Volume 39, Issue 1, February 2024, Pages 11–23

Objective

Posttraumatic stress disorder (PTSD) is prevalent among U.S. combat Veterans, and associated with poor health and wellbeing. As combat experiences are likely to significantly modify self-, other-, and society-oriented cognitions and heighten risk for PTSD, examination of related cognitive processes may yield new treatment strategies. The cognitive model of PTSD suggests that persistent threat perceptions contribute to symptom worsening. Thus, cognitive processes of shifting perspectives or generating novel interpretations may be particularly relevant to lessen PTSD symptoms. This cross-sectional study examined executive functioning as a moderator to the relationship between combat exposure and PTSD symptom clusters among post-9/11 Veterans.

Method

Data from 168 Veterans were drawn from a larger study examining post-deployment mental health and cognitive function. An executive functioning composite derived from Wisconsin Card Sorting Test Perseveration Errors, WAIS-III Similarities, Trail Making Test B, and Stroop Color-Word Inhibition scores was computed. Path analysis was used to test the moderation model.

Results

After accounting for age, sex, and estimated premorbid functioning, results indicated that combat exposure was associated with all symptom clusters on the PTSD Checklist–Military. Executive functioning was not significantly associated with the PTSD symptom clusters and did not moderate the relationship between combat exposure and any of the PTSD symptom clusters.

Conclusions

Combat exposure is an important dimension of risk related to PTSD in Veterans that warrants regular screening. Moderation by executive functioning was not observed despite theoretical support. Future work could test methodological and sampling reasons for this finding to determine if theoretical adjustment is necessary.

<https://doi.org/10.1080/16506073.2023.2268277>

Pretreatment characteristics associated with symptom reduction during group cognitive processing therapy versus exposure therapy for PTSD: an exploratory study of Veterans.

Christopher Hunt, Brooks Casas, Pearl H. Chiu, Lia J. Smith, Laura Priorello, Kelly Lee, Matthew Estey, Mary R. Newsome & M. Wright Williams

Cognitive Behaviour Therapy

Volume 53, 2024 - Issue 1

Exposure and cognitive-based therapies are both effective for PTSD, but knowledge of which intervention is best for which patient is lacking. This lack of knowledge is particularly noticeable for group treatments, as no study has examined whether responses to different group therapies are associated with different pretreatment characteristics. Here, we explored whether pretreatment levels of three types of psychological characteristics—PTSD symptom clusters, posttraumatic cognitions, and emotion regulation difficulties—were associated with symptom reduction during group-delivered cognitive versus exposure-based PTSD treatment. Participants were Veterans with PTSD drawn from two previous clinical trials: one of group CPT (GCPT; $n = 32$) and the other of group-based exposure therapy (GBET; $n = 21$). Growth curve modeling was used to identify pretreatment variables that predicted weekly PTSD symptom changes during each therapy. Higher posttraumatic cognitions at pretreatment predicted steeper PTSD symptom reduction during GCPT but not GBET. Additionally, symptom reduction during each therapy was associated with different pretreatment emotion regulation difficulties: difficulties with goal-directed behavior for GBET and lack of emotional clarity and limited access to emotion regulation strategies for GCPT. These findings suggest that assigning Veterans to a group PTSD therapy that better matches their pretreatment psychological profile might facilitate a better therapeutic response.

<https://doi.org/10.1016/j.jad.2023.11.051>

Association between social withdrawal and suicidal ideation in patients with major depressive disorder: The mediational role of emotional symptoms.

H Jia, Z Min, C Yiyun, W Zhiguo, S Yousong, J Feng, Z Na, F Yiru, P Daihui

Journal of Affective Disorders
Volume 347, 15 February 2024, Pages 69-76

Background

The study was designed to investigate the associations between social withdrawal, emotional symptoms, and suicide ideation in patients with major depressive disorder (MDD).

Methods

This cross-sectional study included 2678 MDD patients from the National Survey on Symptomatology of Depression (NSSD). Differences in the sociodemographic factors, clinical characteristics, suicide ideation, and emotional symptoms were compared in patients with different frequencies of social withdrawal. Pearson correlation, multiple linear regression analysis, and mediation analysis were employed to assess the contribution of social withdrawal to suicide ideation.

Results

MDD patients with a higher frequency of social withdrawal were prone to have a higher frequency of suicide ideation (p for trend <0.001) and history of suicide behavior (p for trend <0.001). Multiple linear regression analysis showed that there was a dose–response relationship between social withdrawal and suicide ideation in MDD patients, but this association became insignificant after adjusting for emotional symptoms. Mediation analysis suggested that all of the emotional symptoms had significant mediating effects on the association between social withdrawal and suicide ideation in MDD patients ($p < 0.05$). The magnitude of mediation varied between 4.3 % and 64.3 %, with the largest mediating effect in the feeling of despair (64.3 %), helplessness (41.2 %), and loneliness (40.0 %).

Conclusion

Our study provides evidence that social withdrawal was a common clinical presentation and it may increase the risk for suicide through emotional symptoms in MDD patients.

Limitations

Causal conclusions could not be drawn between social withdrawal, emotional symptoms, and suicide ideation because of the cross-sectional design of the study.

<https://doi.org/10.1037/pro0000537>

Understanding and preparing for value-based care: A primer for behavioral health providers.

Rothrock, N. E., Bott, N., Douglas, S., McKune, E. W., Owings-Fonner, N., Ross, D., Stephens, K. A., Bard, D., Bobbitt, B. L., Childs, A. W., Doucette, A. M., Hepner, K. A., Lanca, M., Lysell, K., & Wright, C. V.

Professional Psychology: Research and Practice
Advance online publication

Insurance companies and the Centers for Medicaid and Medicare Services are shifting from reimbursing health providers a fixed amount for a service to reimbursement based in part on patients' outcomes. This approach is called value-based care (VBC) and includes a wide range of programs. Although the behavioral health providers that have been impacted by VBC to date are primarily those in larger health systems, use of VBC is expanding as payors seek to combat rising health care costs and increase transparency and accountability for health services. Thus, behavioral health providers need to know about VBC models and their impact as well as steps they can take to be better prepared for this shift. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1002/jts.23009>

Trauma exposure and transdiagnostic distress: Examining shared and posttraumatic stress disorder–specific associations.

Michael L. Crowe, Sage E. Hawn, Erika J. Wolf, Terence M. Keane, Brian P. Marx

Journal of Traumatic Stress
First published: 16 January 2024

We examined transdiagnostic and posttraumatic stress disorder (PTSD)–specific associations with multiple forms of trauma exposure within a nationwide U.S. sample (N = 1,649, 50.0% female) of military veterans overselected for PTSD. A higher-order Distress factor was estimated using PTSD, major depressive disorder (MDD), and generalized anxiety disorder (GAD) symptoms as indicators. A structural equation model spanning three assessment points over an average of 3.85 years was constructed to examine the unique roles of higher-order Distress and PTSD-specific variance in accounting for the associations between trauma exposure, measured using the Life Events Checklist (LEC) and Deployment Risk and Resiliency Inventory Combat subscale (DRRI-C), and psychosocial impairment. The results suggest the association between trauma exposure and PTSD symptoms was primarily mediated by higher-order distress (70.7% of LEC effect, 63.2% of DRRI-C effect), but PTSD severity retained a significant association with trauma exposure independent of distress, LEC: $\beta = .10$, 95% CI [.06, .13]; DRRI-C: $\beta = .11$, 95% CI [.07, .14]. Both higher-order distress, $\beta = .31$, and PTSD-specific variance, $\beta = .36$, were necessary to account for the association between trauma exposure and future impairment. Findings suggest that trauma exposure may contribute to comorbidity across a range of internalizing symptoms as well as to PTSD-specific presentations.

<https://doi.org/10.1001/jama.2023.26952>

Screening for Speech and Language Delay and Disorders in Children: US Preventive Services Task Force Recommendation Statement.

US Preventive Services Task Force, Barry, M. J., Nicholson, W. K., Silverstein, M., Chelmow, D., Coker, T. R., Davis, E. M., Donahue, K. E., Jaén, C. R., Li, L., Mangione, C. M., Ogedegbe, G., Rao, G., Ruiz, J. M., Stevermer, J., Tsevat, J., Underwood, S. M., & Wong, J. B.

JAMA

January 23/30, 2024

Importance

Speech and language delays and disorders can pose significant problems for children and their families. Evidence suggests that school-aged children with speech or language delays may be at increased risk of learning and literacy disabilities, including difficulties with reading and writing.

Objective

The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate benefits and harms of screening for speech and language delay and disorders in children 5 years or younger.

Population

Asymptomatic children 5 years or younger whose parents or clinicians do not have specific concerns about their speech, language, hearing, or development.

Evidence Assessment

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for speech and language delay and disorders in children who do not present with signs or symptoms or parent/caregiver concerns.

Recommendation

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for speech and language delay and disorders in children 5 years or younger without signs or symptoms. (I statement)

See also:

JAMA Patient Page: [Screening for Speech and Language Problems in Young Children](#)

Links of Interest

Military families may get better access to mental health care

<https://www.militarytimes.com/news/your-military/2024/01/17/military-families-may-get-better-access-to-mental-health-care/>

VA says nearly 50K veterans used emergency suicide prevention program in its first year

<https://thehill.com/policy/defense/4413648-va-50000-veterans-emergency-suicide-prevention-program/>

How many soldiers are in a platoon? The U.S. Army by the numbers

<https://taskandpurpose.com/military-life/us-army-numbers/>

Love, death and regrowth

<https://www.airforcemedicine.af.mil/News/Display/Article/3632247/love-death-and-regrowth/>

Mental Health Awareness: What is Racial Battle Fatigue?

<https://scholarlykitchen.sspnet.org/2024/01/22/guest-post-mental-health-awareness-what-is-racial-battle-fatigue/>

'Military Culture Shift' is the one book every leader needs to read this year

<https://www.wearethemighty.com/military-life/military-culture-shift/>

Resource of the Week: [Envisioning a New Racial Grievance Reporting and Redress System for the United States Military](#) (Focused Analysis on the Department of the Air Force)

New, from the RAND Corporation:

A better understanding of the weaknesses and strengths of the military's racial grievance reporting and redress system is needed to understand where and how it can be improved to encourage racial grievance reporting, facilitate timely and effective responses, and promote a more inclusive environment to better support the careers, satisfaction, and well-being of minority service members. The authors identified gaps, ambiguities, inconsistencies, and reported problems in the military racial grievance system through an examination of policies and structures and offered recommendations to improve diversity, equity, and inclusion in the armed forces.

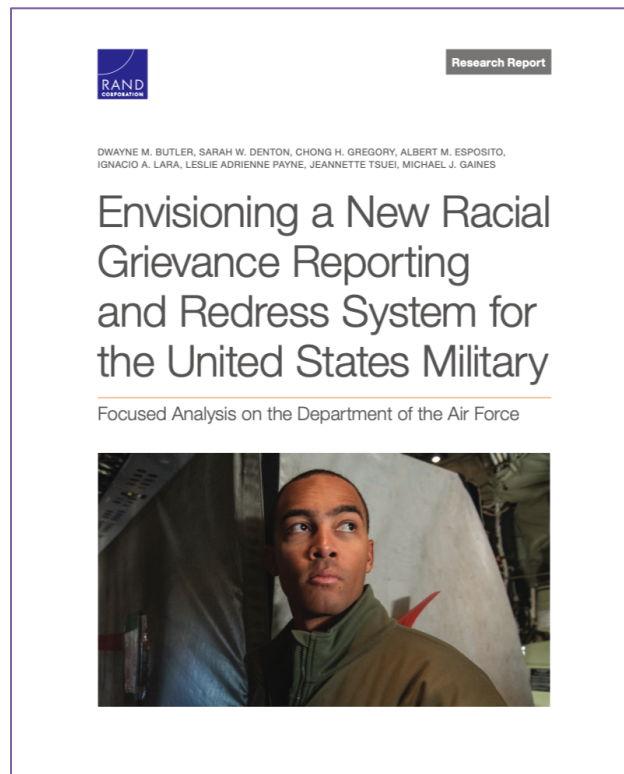
Key Findings

- Historical patterns of disparities are embedded in policy and practice.
- A proficiency gap exists in the commanders' role in the racial grievance reporting and redress system—they are not experts in diversity, equity, and inclusion (DEI) but have much decisionmaking authority.
- Cultural barriers present obstacles at the individual, unit, and institutional levels.
- Perceptions of risk to one's professional career might outweigh willingness to report grievances.
- The policies are vague and use suggestive rather than directive language.

- The racial grievance reporting and redress system lacks transparency and holistic policy or guidance, and no single organization has the necessary investigative authorities.

Recommendations

- Identify and address the root causes of disparities in discipline, standardize reporting data, and promote support services to the aggrieved.
- Incorporate checks and balances on commander decision authority, consider an objective independent body to investigate and recommend redress options, and document all actions.
- Improve education on DEI and retaliation, publicly commit to changing institutional culture, and assess individual attitudes and unit cultures.
- Strengthen policy language by using directive language; setting standards for fair, equitable, and nondiscriminatory behavior; and using an accountability mechanism in the event of failure to meet those standards.
- Reduce organization complexity (for example, by providing guidance that holistically describes the military racial grievance reporting and redress system), adopt an organizational framework that includes oversight by an independent authority, and increase transparency.



Shirl Kennedy
Research Editor, HJF
In Support of the Center for Deployment Psychology
Email: shirley.kennedy.ctr@usuhs.edu



Henry M. Jackson Foundation for the Advancement of Military Medicine