

CDP



Research Update -- February 15, 2024

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- Posttraumatic symptoms and poor sleep are independent pathways to agency disruptions and dissociation: A longitudinal study with objective sleep assessment.
- The Role of Substance Use Disorders on Suicidal Ideation, Planning, and Attempts: A Nationally Representative Study of Adolescents and Adults in the United States, 2020.
- Links of Interest
- Resource of the Week: CDC Public Health Image Library (Centers for Disease Control and Prevention)

<https://doi.org/10.1080/21635781.2023.2293903>

Teaching Military/Veteran Cultural Competence for Working with Veterans and Military Families: Effects on Student Knowledge, Self-Efficacy, Comfort, and Behavioral Intentions.

Lisa D. Butler, Braden K. Linn, Leah M. Ingraham & Katie McClain-Meeder

Military Behavioral Health

Published online: 21 Dec 2023

There is a pressing need to prepare health professions students to work effectively with veterans and military families (VMFs). Instruction that includes elements of military/veteran cultural competence (MVCC), such as military culture and values and the range of issues that VMFs may confront during reintegration, seems essential to achieving this aim. In the present study, we examined the effects of teaching these topics on reported VMF knowledge, comfort, self-efficacy, and behavioral intentions concerning future VMF-focused practice among five cohorts of graduate students (N = 65). About three quarters of the students were civilians, and most had a personal military connection (past/current military service or family relationship) that motivated them to take the class. Results indicated significant course-related increases in VMF knowledge and anticipated comfort and self-efficacy in working with this population, and that increased knowledge was associated with increased comfort. Behavioral intention changes did not reach significance, which may be due to the high baseline level of motivation that students reported. This study demonstrates that knowledge-based elements of MVCC may be successfully taught even to those familiar with the military. Future research should examine whether this knowledge translates into the practice skills/attitudes needed for effective and culturally competent practice with VMFs.

<https://doi.org/10.1001/jamainternmed.2023.8003>

Officer-Involved Killings of Unarmed Black People and Racial Disparities in Sleep Health.

Venkataramani, A. S., Bair, E. F., Bor, J., Jackson, C. L., Kawachi, I., Lee, J., Papachristos, A., & Tsai, A. C.

JAMA Internal Medicine

February 5, 2024

Key Points

Question

Are officer-involved killings of unarmed Black people associated with adverse sleep health outcomes in the Black community?

Findings

In this nationally representative repeated cross-sectional study using a difference-in-differences design, non-Hispanic Black individuals were more likely than non-Hispanic White people to report short sleep (<7 hours) or very short sleep (<6 hours) after police killed an unarmed Black person in their area of residence (state, commuting zone, or county) or after a highly public, nationally prominent officer-involved killing of an unarmed Black person.

Meaning

Exposure to officer-involved killings of unarmed Black individuals may be associated with racial disparities in sleep health.

Abstract

Importance Racial disparities in sleep health may mediate the broader health outcomes of structural racism.

Objective

To assess changes in sleep duration in the Black population after officer-involved killings of unarmed Black people, a cardinal manifestation of structural racism.

Design, Setting, and Participants

Two distinct difference-in-differences analyses examined the changes in sleep duration for the US non-Hispanic Black (hereafter, Black) population before vs after exposure to officer-involved killings of unarmed Black people, using data from adult respondents in the US Behavioral Risk Factor Surveillance Survey (BRFSS; 2013, 2014, 2016, and 2018) and the American Time Use Survey (ATUS; 2013-2019) with data on officer-involved killings from the Mapping Police Violence database. Data analyses were conducted between September 24, 2021, and September 12, 2023.

Exposures

Occurrence of any police killing of an unarmed Black person in the state, county, or

commuting zone of the survey respondent's residence in each of the four 90-day periods prior to interview, or occurrence of a highly public, nationally prominent police killing of an unarmed Black person anywhere in the US during the 90 days prior to interview.

Main Outcomes and Measures

Self-reported total sleep duration (hours), short sleep (<7 hours), and very short sleep (<6 hours).

Results

Data from 1 818 665 Black and 1 799 757 White respondents in the BRFSS and 9858 Black and 46 532 White respondents in the ATUS were analyzed. In the larger BRFSS, the majority of Black respondents were between the ages of 35 and 64 (99 014 [weighted 51.4%]), women (115 731 [weighted 54.1%]), and college educated (100 434 [weighted 52.3%]). Black respondents in the BRFSS reported short sleep duration at a rate of 45.9%, while White respondents reported it at a rate of 32.6%; for very short sleep, the corresponding values were 18.4% vs 10.4%, respectively. Statistically significant increases in the probability of short sleep and very short sleep were found among Black respondents when officers killed an unarmed Black person in their state of residence during the first two 90-day periods prior to interview. Magnitudes were larger in models using exposure to a nationally prominent police killing occurring anywhere in the US. Estimates were equivalent to 7% to 16% of the sample disparity between Black and White individuals in short sleep and 13% to 30% of the disparity in very short sleep.

Conclusions and Relevance

Sleep health among Black adults worsened after exposure to officer-involved killings of unarmed Black individuals. These empirical findings underscore the role of structural racism in shaping racial disparities in sleep health outcomes.

<https://doi.org/10.1001/jamanetworkopen.2023.54741>

Three-Item Dimensions of Anger Reactions Scale.

Forbes, D., LeardMann, C. A., Lawrence-Wood, E., Villalobos, J., Madden, K., Gutierrez, I. A., Cowlshaw, S., Baur, J., & Adler, A. B.

JAMA Network Open
February 5, 2024

Key Points

Question

Can the 5-item Dimensions of Anger Reaction (DAR-5) scale be shortened to produce a 3-item measure of problematic anger (DAR-3) that retains the DAR-5's psychometric properties?

Findings

In this cross-sectional study using survey data from 71 010 participants from 2 large military samples in Australia and the US, the DAR-3 exhibited robust psychometric properties.

Meaning

These findings suggest that DAR-3 offers a very brief, valid, and effective measure of problematic anger to reduce participant burden on surveys and offers a cutoff score that supports its practical utility across military and veteran populations.

Abstract

Importance

Problematic anger is prevalent and associated with adjustment difficulties in military populations. To facilitate measurement of problematic anger, a very brief valid measure is needed.

Objective

To reduce the Dimensions of Anger Reactions 5-item (DAR-5) scale to a very brief measure.

Design, Setting, and Participants

This cross-sectional study used survey data collected between 2014 and 2016 in the Australian Transition and Well-Being Research Programme and US Millennium Cohort Study. Participants were service members who were actively serving or had transitioned out of the military (separated). Statistical analyses were performed from September 2021 to June 2023.

Main Outcomes and Measures

The DAR-5 was reduced to the 3 experiential items: frequency, intensity, and duration (the DAR-3). Psychometrics for the DAR-3 and DAR-5 were compared in terms of standardized Cronbach α , positive screening result, mean, and SD. Analyses were stratified by Australian and US military service status cohorts (active duty and separated).

Results

A total of 71 010 participants were included from Australia and the US. Of 10 900 Australian participants (8145 active duty participants [74.7%]; 2755 separated participants [25.3%]), 5893 (55.2%) were aged 40 years or older and 8774 (80.5%) were male; of 60 110 US participants (24 706 active duty participants [41.1%]; 35 404 separated participants [58.9%]), 28 804 (47.9%) were aged 30 to 39 years and 43 475 (72.3%) were male. The DAR-3 demonstrated good internal consistency in the active duty (Australia: mean [SD] score, 4.97 [2.5]; $\alpha = 0.90$; US: mean [SD] score, 5.04 [2.6]; $\alpha = 0.87$) and separated (Australia: mean [SD] score, 6.53 [3.4]; $\alpha = 0.92$; US: mean [SD] score, 6.05 [3.2]; $\alpha = 0.91$) samples. The cutoff score of 8 or greater on the DAR-3 had optimal sensitivity and specificity across all samples. DAR-3 and DAR-5 were associated with posttraumatic stress disorder (PTSD), depression, aggression, and relationship conflict. While the scales did not significantly differ in their associations with PTSD, depression, and relationship conflict, the magnitude of association for aggression was significantly lower in US samples using the DAR-3 (eg, US active duty sample: DAR-5 OR, 9.96; 95% CI, 9.01-11.00; DAR-3 OR, 8.36; 95% CI, 7.58-9.22).

Conclusions and Relevance

In this cross-sectional study of a very brief measure of anger, each item contributed to the overall strength of the measure without losing psychometric strength compared with the DAR-5. The consistency of these findings across military and veteran samples in Australian and US populations demonstrated the psychometric robustness of the DAR-3.

<https://doi.org/10.1001/jamapsychiatry.2023.5051>

Worldwide Prevalence and Disability From Mental Disorders Across Childhood and Adolescence: Evidence From the Global Burden of Disease Study.

Kieling, C., Buchweitz, C., Caye, A., Silvani, J., Ameis, S. H., Brunoni, A. R., Cost, K. T., Courtney, D. B., Georgiades, K., Merikangas, K. R., Henderson, J. L., Polanczyk, G. V., Rohde, L. A., Salum, G. A., & Szatmari, P.

JAMA Psychiatry
January 31, 2024

Key Points

Question

Is age stratification relevant for estimating the prevalence and burden associated with mental disorders and substance use disorders in the period from childhood to early adulthood?

Findings

In this cross-sectional study using data from the 2019 Global Burden of Disease study, there was a high prevalence of mental disorders affecting children and youths, indicating that more than 1 of 10 (or 293 million) individuals aged 5 to 24 years globally live with a diagnosable mental disorder—in terms of burden, around one-fifth of all disease-related disability (considering all causes) was attributable to mental disorders among this population. Additionally, this age period encompasses about one-fourth of the mental disorder burden across the entire life course.

Meaning

Given the implications of the early onset and lifetime burden of mental and substance use disorders for policy making, age-disaggregated data are essential for a more accurate understanding of vulnerability and more effective prevention and intervention initiatives.

Abstract

Importance

The period from childhood to early adulthood involves increased susceptibility to the onset of mental disorders, with implications for policy making that may be better appreciated by disaggregated analyses of narrow age groups.

Objective

To estimate the global prevalence and years lived with disability (YLDs) associated with mental disorders and substance use disorders (SUDs) across 4 age groups using data from the 2019 Global Burden of Disease (GBD) study.

Design, Setting, and Participants

Data from the 2019 GBD study were used for analysis of mental disorders and SUDs. Results were stratified by age group (age 5 to 9, 10 to 14, 15 to 19, and 20 to 24 years) and sex. Data for the 2019 GBD study were collected up to 2018, and data were analyzed for this article from April 2022 to September 2023.

Exposure

Age 5 to 9 years, 10 to 14 years, 15 to 19 years, and 20 to 24 years.

Main Outcomes and Measures

Prevalence rates with 95% uncertainty intervals (95% UIs) and number of YLDs.

Results

Globally in 2019, 293 million of 2516 million individuals aged 5 to 24 years had at least 1 mental disorder, and 31 million had an SUD. The mean prevalence was 11.63% for mental disorders and 1.22% for SUDs. For the narrower age groups, the prevalence of mental disorders was 6.80% (95% UI, 5.58-8.03) for those aged 5 to 9 years, 12.40% (95% UI, 10.62-14.59) for those aged 10 to 14 years, 13.96% (95% UI, 12.36-15.78) for those aged 15 to 19 years, and 13.63% (95% UI, 11.90-15.53) for those aged 20 to 24 years. The prevalence of each individual disorder also varied by age groups; sex-specific patterns varied to some extent by age. Mental disorders accounted for 31.14 million of 153.59 million YLDs (20.27% of YLDs from all causes). SUDs accounted for 4.30 million YLDs (2.80% of YLDs from all causes). Over the entire life course, 24.85% of all YLDs attributable to mental disorders were recorded before age 25 years.

Conclusions and Relevance

An analytical framework that relies on stratified age groups should be adopted for examination of mental disorders and SUDs from childhood to early adulthood. Given the implications of the early onset and lifetime burden of mental disorders and SUDs, age-disaggregated data are essential for the understanding of vulnerability and effective prevention and intervention initiatives.

<https://doi.org/10.1177/0095327X231225449>

Professionalized Heroism? Comparing US, UK, and Norwegian War Decorations From the War in Afghanistan.

Torunn Laugen Haaland

Armed Forces & Society

First published online February 9, 2024

This article compares the awarding of the three highest war decorations in Norway, the United Kingdom, and the United States for actions undertaken in Afghanistan between 2001 and 2018 to examine contemporary expressions of military heroism. The comparison shows Norway tends to award leadership, and gaining respect from

prestigious allies, whereas the United States and the United Kingdom tend to award individual acts of courage, involving great risk to one's own life. In the case of the United States, these acts were predominantly aimed toward rescuing fellow soldiers, whereas the U.K. cases were aimed toward defeating an enemy. The Norwegian war decoration regime, in which the highest decorations are detached from the traditional military value of sacrifice, illustrates that while professional forces may act heroically, heroism, contrary to war decoration regimes, cannot be professionalized.

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

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

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

Journal of Traumatic Stress

First published: 13 December 2023

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

components contribute to larger changes in symptom severity for veterans with co-occurring pain and PTSD.

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

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

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

Journal of Traumatic Stress

First published: 20 November 2023

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

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

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

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

Journal of Traumatic Stress

First published: 20 November 2023

Alongside the recognized potential negative repercussions of working as a psychological therapist, there is growing interest in the potential positive impacts of engaging in such work. The current study used a cross-sectional online survey design to explore the impact of a range of demographic, work-related, and compassion-related factors on levels of secondary traumatic stress (STS) and vicarious posttraumatic growth (VPTG) in an international sample of 359 psychological therapists. Hierarchical multiple regressions demonstrated that burnout, lower levels of self-compassion, having a personal trauma history, reporting a higher percentage of working time with a trauma focus, and being female were the statistically significant contributors to STS scores, explaining 40.8% of the variance, $F(9, 304) = 23.2, p < .001$. For VPTG, higher compassion satisfaction, higher self-compassion, higher STS, a higher percentage of working time with a trauma focus, fewer years qualified, being male, and having a personal trauma history were all statistically significant contributors, explaining 27.3% of the variance, $F(10, 304) = 11.37, p < .001$. The findings illustrate the potential risk and protective factors for developing STS and clarify factors that may increase the likelihood of experiencing VPTG. Implications for psychological therapists and the organizations and institutions for which they work are considered along with potential directions for future research in the discussion.

<https://doi.org/10.1016/j.focus.2023.100173>

Moral Distress and Moral Injury in Military Healthcare Clinicians: A Scoping Review.

MA Wilson, A Shay, JI Harris, N Faller, TJ Usset, A Simmons

AJPM Focus

Volume 3, Issue 2, April 2024, 100173

HIGHLIGHTS

- Moral distress is a concept often used by civilian healthcare providers.
- Moral injury is a term frequently used in military settings.

- These concepts were increasingly used interchangeably during the COVID-19 pandemic.
- Conceptual differences in moral distress and moral injury were identified.
- This scoping review noted overlapping elements of moral distress and moral injury.

Introduction

Healthcare clinicians are often at risk of psychological distress due to the nature of their occupation. Military healthcare providers are at risk for additional psychological suffering related to unique moral and ethical situations encountered in military service. This scoping review identifies key characteristics of moral distress and moral injury and how these concepts relate to the military healthcare clinician who is both a care provider and service member.

Methods

A scoping review of moral distress and moral injury literature as relates to the military healthcare clinician was conducted on the basis of the Joanna Briggs Institute scoping review framework. Databases searched included CINAHL, Cochrane Central Register of Controlled Trials, MEDLINE (Ovid), Embase (Ovid), PsycInfo, 2 U.S. Defense Department sources, conference papers index, and dissertation abstracts. Reference lists of all identified reports and articles were searched for additional studies.

Results

A total of 573 articles, published between the years 2009 and 2021, were retrieved to include a portion of the COVID-19 pandemic period. One hundred articles met the inclusion criteria for the final full-text review and analysis.

Discussion

This scoping review identified moral distress and moral injury literature to examine similarities, differences, and overlaps in the defining characteristics of the concepts and the associated implications for patients, healthcare clinicians, and organizations. This review included the unfolding influence of the COVID-19 pandemic on moral experiences in health care and the blurring of those lines between civilian and military healthcare clinicians. Future directions of moral injury and moral distress research, practice, and care are discussed.

<https://doi.org/10.1037/ser0000820>

Organizational caring as a predictor of good mental health in an operational naval environment.

Biggs, A. T., Seech, T. R., & Russell, D. W.

Psychological Services
Advance online publication

Military service members encounter numerous stressors that adversely affect their mental health. These pervasive stressors emphasize the need to continually surveil, identify, and mitigate negative factors before they can produce cascading consequences for the individual. The present study utilized a large sample (N = 13,666) to identify several factors that might lead individuals to have poor mental health days in an austere naval operating environment. One quarter of respondents (N = 3,484; 25.49%) indicated that they had 0 poor mental health days in the preceding month, whereas one in eight (N = 1,868; 13.57%) indicated experiencing poor mental health every day in the preceding month. This bimodal distribution allowed for binary logistic regression to determine the relative influence of various factors in identifying individuals who reported significant mental health concerns versus those who did not. Split-half analyses also permitted replication of the data through randomized sampling and dividing data by ship class. Gender emerged as the most prominent predictor of mental health quality with females reporting poorer mental health. Meanwhile, organizational caring (a service member's belief that higher organizational levels cared about them) emerged as a protective factor. Perceptions of caring among the organizational hierarchy depended upon organizational tier; that is, a connection to the larger organization functioned as an even more robust predictor than perceptions that their local and more salient organizational structure (e.g., direct supervisor) cared about them. Taken together, this evidence helps identify factors related to mental health issues that may negatively impact military personnel on active duty. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1186/s12905-023-02815-0>

Learning from women veterans who navigate invisible injuries, caregiving, and reintegration challenges.

Nicholas A. Rattray, Diana Natividad, Katrina Spontak, Marina Kukla, Ai-Nghia L. Do, Leah Danson, Richard M. Frankel & Gala True

BMC Women's Health

Volume 23, article number 665, (2023)

Background

As women comprise a greater proportion of military service members, there is growing recognition of how their experiences in the early phase of military to civilian transitions have an important influence on their health and reintegration outcomes. Qualitative accounts of women veterans can inform programs that support transitioning service members.

Objectives

We examined narratives of civilian reintegration among women veterans to understand their experiences of adjusting to community life while coping with mental health challenges.

Methods/Participants

We interviewed 16 post-911 era women who were within 5 years of separating from military service and developed a case study based on three participants.

Main approach

Interviews were audio-recorded and transcribed verbatim. Inductive thematic analysis was conducted to establish categories about reintegration. Immersion/crystallization techniques were used to identify exemplary cases that illustrated salient themes.

Key results

Women veterans identified establishing a future career direction, drawing on social support, and navigating health care services as major factors influencing how they adjusted to civilian life. In addition, participants also highlighted the navigation of complex and intersecting identities (i.e., wife, mother, employee, friend, veteran, patient, etc.), further magnified by gender inequalities. These women performed emotional labor, which is often rendered invisible and oriented toward their family and loved ones, while simultaneously monitoring self-care activities. During the early period of reintegration, they described how they felt marginalized in terms of accessing healthcare compared to their military spouses and male veteran peers.

Conclusions

Our case study suggests that there are key gaps in addressing healthcare and

readjustment needs for women servicemembers, a high priority VA group, as they transition into post-military life. It is important to consider innovative ways to address specific needs of women in veteran-focused policies and programs.

<https://doi.org/10.1177/08862605231216722>

Military Sexual Trauma As a Risk Factor for Treatment Non-Response from an Online, Self-Management Posttraumatic Stress Disorder Treatment for Women Veterans.

Chen, J. A., Shofer, J., Barnes, M. L., Livingston, W. S., Upham, M., & Simpson, T. L.

Journal of Interpersonal Violence

First published online December 11, 2023

Women veterans are exposed to high rates of trauma, including military sexual trauma (MST), and face unique barriers to posttraumatic stress disorder (PTSD) treatment. Telehealth interventions that are tailored to women veterans' unique lived experiences may improve treatment engagement and outcomes. It is important to ascertain how beneficial new telehealth interventions are in the context of different patient characteristics and trauma types, particularly for lower-intensity telehealth interventions (e.g., web-based programs or apps). This secondary analysis of a randomized clinical trial conducted in a sample of 102 women veterans examines predictors of treatment response to a self-management, telehealth intervention for PTSD: Delivery of Self Training and Education for Stressful Situations-Women Veterans (DESTRESS-WV). In the trial, women veterans with PTSD received either an online cognitive behavioral intervention with phone coaching, or phone monitoring alone. We examined associations between baseline patient characteristics (demographics, trauma types, and clinical symptoms) and treatment outcome at post-treatment, 3 months, and 6 months, focusing on the association between treatment outcome and MST. Our primary outcomes were changes in PTSD (PTSD Symptom Checklist, Version 5, PCL-5) and depression (8-item Patient Health Questionnaire, PHQ-8) in the full sample, adjusting for treatment condition. Women veterans who identified MST as the primary trauma for which they were seeking PTSD treatment experienced a nearly nine-point lesser improvement on the PCL-5 than those seeking PTSD treatment for other trauma types (e.g., childhood abuse, combat trauma; $p = .0073$). Similar patterns were found for depression symptoms. To our knowledge, this is the first study to examine the association between trauma type and treatment outcomes within the context of a self-

management, telehealth treatment for PTSD. While the study was not powered to examine differential treatment response for patient subgroups, our exploratory findings suggest that gaps remain in providing effective PTSD care for women veterans who experienced MST.

Trial registration: The trial and analysis plan were preregistered in ClinicalTrials.gov (Identifier: [NCT02917447](https://clinicaltrials.gov/ct2/show/study/NCT02917447)).

<https://doi.org/10.1111/aphw.12513>

Meaning in life following service among post-9/11 military veterans: A latent growth mixture model analysis.

Kumar, S. A., Borowski, S., & Vogt, D.

Applied Psychology. Health and Well-Being
2023 Dec 10

Meaning in life refers to the "sense made of, and significance felt regarding, the nature of one's being and existence." Meaningful living promotes well-being, resilience, and personal growth. Yet, much remains unknown about how meaning changes over time and determinants of meaning, particularly during major life transitions. We identified distinct trajectories of meaning using latent growth mixture models and examined prospective predictors of class membership in a military veteran cohort assessed at multiple time points throughout the first 3 years after leaving service. Three trajectories were identified: consistently high meaning (89.5%; n = 7025), diminishing meaning (6.1%; n = 479), and strengthening meaning (4.4%; n = 348). Veterans with greater posttraumatic stress symptoms, depression symptoms, and moral injury experienced increased odds of a less adaptive trajectory (i.e. diminishing and/or strengthening vs. consistently high meaning), whereas veterans who reported greater psychological resilience, community relationship satisfaction, and intimate relationship satisfaction experienced lower odds of a less adaptive trajectory. Several gender differences were also observed. Results provide insight into veteran subgroups that are more likely to experience lower meaning after leaving military service and thus may benefit from additional support to reduce their risk for poor longer-term health and well-being outcomes.

<https://doi.org/10.1542/peds.2023-064800>

Suicide and Suicide Risk in Adolescents.

Liwei L. Hua, Janet Lee, Maria H. Rahmandar, Eric J. Sigel, Committee on Adolescence, Council On Injury, Violence, and Poison Prevention

Pediatrics

January 2024; 153 (1): e2023064800

Suicide is the second leading cause of death for 10- to 24-year-olds in the United States and is a global public health issue, with a recent declaration of a National State of Emergency in Children's Mental Health by the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association. This clinical report is an update to the previous American Academy of Pediatrics clinical report, "Suicide and Suicide Attempts in Adolescents." Because pediatricians and pediatric health care providers are at the front line of care for adolescents amid a child and adolescent mental health crisis, and because of the chronic and severe shortage of mental health specialists, it is important that pediatric health care providers become facile with recognizing risk factors associated with suicidality and at-risk populations, screening and further assessment of suicidality as indicated, and evidence-based interventions for patients with suicidal ideation and associated behaviors. Suicide risk can be mitigated by appropriate screening, bolstering of protective factors, indicated treatment, community resources, and referrals to mental health providers when available.

<https://doi.org/10.1037/ser0000822>

Examining the Veterans Health Administration whole health model of care within the context of posttraumatic stress disorder.

Reed, D. E. II, Engel, C. C., DeFaccio, R., Gaj, L., Douglas, J. H., Williams, R. M., Etingen, B., Kroenke, K., Bokhour, B. G., & Zeliadt, S. B.

Psychological Services

Advance online publication

The Veterans Health Administration's Whole Health system of care focuses on offering veterans holistic health approaches and tailoring health care to individual's goals and preferences. The present study assessed factors associated with Whole Health use and its potential benefits among veterans with posttraumatic stress disorder (PTSD) receiving Veterans Health Administration care. This cohort study used retrospective electronic health records combined with survey data (baseline, 6 months) from 18 Veterans Affairs Whole Health pilot implementation sites and compared patient-reported outcomes between veterans who used Whole Health services versus those who did not, among veterans with ($n = 1,326$) and without ($n = 3,243$) PTSD. Patient-reported outcomes assessed were pain (PEG), patient-reported outcomes measurement information system physical and mental health functioning, and a one-item global meaning and purpose assessment. Veterans with PTSD were more likely to have used Whole Health (38% vs. 21%) than those without PTSD. Veterans with PTSD who used Whole Health services experienced small improvements over 6 months in physical (Cohen's $d = .12$) and mental (Cohen's $d = .15$) health functioning. Veterans without PTSD who used Whole Health services experienced small improvements in physical health (Cohen's $d = .09$) but not mental health (Cohen's $d = .04$). Veterans with PTSD were frequently connected with Whole Health services even though implementation efforts were not explicitly focused on reaching this population. Results suggest Whole Health may play an important role in how veterans with PTSD engage with health care. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1007/s40501-023-00310-9>

A Scoping Review of the Components of Moral Resilience: Its Role in Addressing Moral Injury or Moral Distress for High-Risk Occupation Workers.

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Current Treatment Options in Psychiatry

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Purpose of review

High-risk occupation workers (HROWs) are often exposed to potentially morally injurious events (PMIEs) which can contribute to moral distress (MD) or moral injury

(MI). Moral resilience (MR) has been proposed as a protective or moderating factor to protect HROWs from harm caused by PMIE exposures. The current review was designed to (1) update the definition of MR to a broader context of HROWs, (2) identify components of MR for HROWs, and (3) determine demographic variables that may impact MR development.

Recent findings

The existing research on MR primarily focuses on healthcare workers; research on other high-risk occupations is sparse.

Summary

An updated definition of MR was constructed and proposed for HROWs. A review of the existing literature identified six themes related to MR in HROWs (i.e., self-care, self-regulation, moral compass, moral courage, communication, and social support at work), alongside three key demographic variables (i.e., experience, religion/spirituality, gender/sex). Further research is needed on the strategies used by demographically diverse HROWs to develop MR and protect from or moderate PMIEs, MD, and MI.

<https://doi.org/10.1136/military-2023-002554>

Prevalence of chronic non-cancer pain among military veterans: a systematic review and meta-analysis of observational studies.

AR Qureshi, M Patel, S Neumark, L Wang, RJ Couban, B Sadeghirad, A Bengizi, J W Busse

BMJ Military Health

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Introduction

Chronic non-cancer pain is common among military veterans; however, the prevalence is uncertain. This information gap complicates policy decisions and resource planning to ensure veterans have access to healthcare services that align with their needs.

Methods

Following Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols, we searched MEDLINE, EMBASE, PsycINFO, CINAHL and Web of Science from inception to 9 February 2023 for observational studies reporting the prevalence of

chronic non-cancer pain among military veterans. We performed random-effects meta-analysis to pool pain prevalence data across studies and used the Grading of Recommendations, Assessment, Development and Evaluation approach to evaluate the certainty of evidence.

Results

Forty-two studies that included 14 305 129 veterans were eligible for review, of which 28 studies (n=5 011 634) contributed to our meta-analysis. Most studies (90%; 38 of 42) enrolled US veterans, the median of the mean age among study participants was 55 years (IQR 45–62) and 85% were male. The pooled prevalence of chronic non-cancer pain was 45%; however, we found evidence of a credible subgroup effect based on representativeness of the study population. Moderate certainty evidence found the prevalence of chronic pain among studies enrolling military veterans from the general population was 30% (95% CI 23% to 37%) compared with 51% (95% CI 38% to 64%) among military veterans sampled from populations with high rates of conditions associated with chronic pain (p=0.005).

Conclusion

We found moderate certainty evidence that 3 in every 10 military veterans from the general population live with chronic non-cancer pain. These findings underscore the importance of ensuring access to evidence-based care for chronic pain for veterans, and the need for prevention and early management to reduce transition from acute to chronic pain. Further research, employing a standardised assessment of chronic pain, is needed to disaggregate meaningful subgroups; for example, the proportion of veterans living with moderate to severe pain compared with mild pain.

<https://doi.org/10.1007/s10880-023-09986-w>

Adapting an Alcohol Care Linkage Intervention to US Military Veterans Presenting to Primary Care with Hazardous Drinking and PTSD and/or Depression Symptoms: A Qualitative Study.

Michael A. Cucciare, Cristy Benton, Deanna Hildebrand, Kathy Marchant, Sharfun Ghaus, Xiaotong Han, James S. Williams, Ronald G. Thompson & Christine Timko

Journal of Clinical Psychology in Medical Settings
Published: 15 December 2023

There is a critical need to improve linkage to alcohol care for veterans in primary care with hazardous drinking and PTSD and/or depression symptoms (A-MH). We adapted an alcohol care linkage intervention, “Connect to Care” (C2C), for this population. We conducted separate focus groups with veterans with A-MH, providers, and policy leaders. Feedback centered on how psychologists and other providers can optimally inform veterans about their care options and alcohol use, and how to ensure C2C is accessible. Participants reported that veterans with A-MH may not view alcohol use as their primary concern but rather as a symptom of a potential co-occurring mental health condition. Veterans have difficulty identifying and accessing existing alcohol care options within the Veterans Health Administration. C2C was modified to facilitate alcohol care linkage for this population specific to their locality, provide concrete support and education, and offer care options to preserve privacy.

<https://doi.org/10.1080/21635781.2023.2293896>

Mothers’ Experiences of Their Sons’ Appearance-Altering Combat Injuries: Distressed and Unsupported.

M. Keeling, V. S. Williams, D. Harcourt, J. Kiff & H. Williamson

Military Behavioral Health

Published online: 18 Dec 2023

Emerging evidence indicates that combat injuries that change appearance, such as limb loss and physical scarring, can impact psychosocial wellbeing of injured military veterans. Parents of young children with a visibly different appearance may experience emotional distress and consequently have their own support needs, but less is known about the experiences of the parents of veterans with appearance-altering combat injuries. Using a qualitative individual interview design, this study aimed to understand the experiences and support needs of parents of military veterans who sustained appearance-altering combat injuries. Reflexive Thematic Analysis of interviews with six mothers identified two main themes “The distress of my son’s appearance-altering injury” and “I can’t express my distress”. The themes represent the emotional distress, guilt, and social difficulties experienced by the mothers following their sons’ appearance-altering injury, their experience of feeling they should suppress their feelings of distress, the limited available support, and barriers to accessing support. This study highlights how the mothers of combat-injured veterans are often overlooked and provides emerging evidence that adjusting to a son’s changed appearance following

combat-injury can create additional challenges for mothers, who could benefit from specific support.

<https://doi.org/10.1007/s12671-023-02281-7>

Comparing the Effectiveness of a Mindfulness-Based Intervention and Progressive Muscle Relaxation in a Military Context.

Annika Krick & Jörg Felfe

Mindfulness

Published: 19 December 2023

Objectives

While stressors of military deployment are known to have profound effects on health, less is known about effective methods for promoting health. A few studies have examined the effectiveness of mindfulness-based interventions (MBIs) in this context; however, fewer have used an active control group and objective health indicators. Therefore, this study examined the effects of an MBI in comparison to a similarly structured traditional stress management intervention (progressive muscle relaxation, PMR) on health indicators among military personnel.

Method

Using a 2 (pre vs. post) × 3 (group: MBI, PMR vs. inactive control group, ICG) experimental mixed design, participants (MBI, n = 118; PMR, n = 55; ICG, n = 156) answered baseline and post-intervention self-reported measures. Physiological parameters were assessed before and after each session.

Results

Results showed that MBI is superior to PMR and ICG, leading to higher increases in mindfulness, positive affect, and self-care, and greater decreases in physical complaints. This is also confirmed by objective data. Participants in the MBI demonstrated improved heart rate variability and reduced heart rate, while no change was evident for PMR and ICG. However, both MBI and PMR were equally effective in reducing strain.

Conclusions

This study provides further evidence for the effectiveness of MBIs in this specific professional group based on rigorous methodology (comparing to a competing intervention, self-reported and objective measures). MBI is even more effective than PMR as a traditional health intervention in terms of promoting mindfulness, positive affect, and health behavior, as well as reducing complaints.

<https://doi.org/10.1037/abn0000885>

Posttraumatic symptoms and poor sleep are independent pathways to agency disruptions and dissociation: A longitudinal study with objective sleep assessment.

Bregman-Hai, N., & Soffer-Dudek, N.

Journal of Psychopathology and Clinical Science
(2024) 133(2), 192–207

Dissociation and diminished sense of agency are experiential distortions of disintegration in the perception of self and action. Although one is often implied in the other, they are seldom studied together. Assessing their relationship and shared influences may allow for a more comprehensive and nuanced understanding of dissociative experiences. We aimed to examine their temporal (concurrent or directional) co-occurrence, and to elucidate their etiology, focusing on posttraumatic symptoms (PTS), poor sleep, and their hypothesized joint effect. N = 113 adults oversampled for the existence of trauma exposure history reported PTS and then, for a week, wore an actigraphic sleep monitor, reported subjective sleep quality each morning, and reported state dissociation (depersonalization, derealization, and absorption) and sense of agency four times each day. Data were analyzed using multilevel linear modeling. Higher state dissociation correlated with diminished state sense of agency, but only contemporaneously, not directionally. Both hypothesized etiological factors, namely, PTS (especially complex) and poor sleep (objective and subjective) predicted state dissociation and diminished state sense of agency, but psychological distress seemed to overshadow these main effects. However, robust interactive effects suggested that poor sleep predicted dissociation and disruptions in the sense of agency only among individuals with low PTS. These findings suggest that PTS and poor sleep quality are separate paths to dissociation and impaired sense of agency. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1177/11782218231216233>

The Role of Substance Use Disorders on Suicidal Ideation, Planning, and Attempts: A Nationally Representative Study of Adolescents and Adults in the United States, 2020.

Jones AA, Hard G, Gray J, Apsley HB, Santos-Lozada AR

Substance Abuse: Research and Treatment
First published online December 17, 2023

Few nationally representative studies examine suicidality and substance use during 2020; as such, we explored the role of substance use disorders (SUDs) on suicidality among adults and adolescents in 2020. Data were derived from N = 26,084 adult participants, representing 240 million U.S. adults weighted, and N = 5,723 adolescent participants, representing 25 million U.S. adolescents (12-17 years.). Separate logistic regressions for adults and adolescents were used to assess the association of DSM-5 SUDs, related factors, and suicidal thoughts and behaviors (ideation, planning, and attempts). In 2020, adults with SUDs were nearly 4 times more likely to seriously consider suicide (aOR = 3.94, 95% CI: 3.19, 4.86), 3 times more likely to make a suicide plan (aOR = 3.09, 95% CI: 2.25, 4.25), and nearly 4 times more likely to attempt suicide (aOR = 3.77, 95% CI: 2.29, 6.19) than adults without SUDs. Adolescents with SUDs were 4 times more likely to consider suicide (aOR = 3.69, 95% CI: 2.47, 5.51), 5 times as likely to make a suicide plan (aOR = 5.14, 95% CI: 3.25, 8.13) and to attempt suicide (aOR = 5.27, 95% CI: 2.91, 9.53) than adolescents without SUDs. Adult females and individuals experiencing poverty were twice as likely to attempt suicide than adult males and individuals not living in poverty. Adolescent females were 3-5 times more likely to seriously consider, plan, and attempt suicide than adolescent males. Interventions to curb suicidality among individuals with SUDs are crucial.

Links of Interest

Troops are still waiting weeks for off-base mental health appointments
<https://www.militarytimes.com/news/your-military/2024/02/07/troops-are-still-waiting-weeks-for-off-base-mental-health-appointments/>

SAMHSA and ONC Launch the Behavioral Health Information Technology Initiative
<https://www.samhsa.gov/blog/samhsa-onc-launch-behavioral-health-information-technology-initiative>

Consumer Guide: How Can a Peer Specialist Support My Recovery From Problematic Substance Use? For People Seeking Recovery
<https://store.samhsa.gov/product/how-can-peer-specialist-support-my-recovery-problematic-substance-use-for-people-seeking-recovery/pep23-02-01-004>

Large Study Ties OCD to Greater Risk of Death From Any Cause
<https://jamanetwork.com/journals/jama/fullarticle/2815050>

Psychedelic Tied to Better Function in Veterans With Head Injuries
<https://jamanetwork.com/journals/jama/fullarticle/2814172>

Navy rolls out confidential sexual harassment reporting option
<https://www.militarytimes.com/news/your-navy/2024/02/09/navy-rolls-out-confidential-sexual-harassment-reporting-option/>

Service Members to Be Surveyed About Health Behaviors
<https://health.mil/News/Dvids-Articles/2024/02/09/news463205>

Veteran charities can't keep pace with families' requests for help
<https://www.militarytimes.com/veterans/2024/02/13/veteran-charities-cant-keep-pace-with-families-requests-for-help/>

Psychedelic to receive fast-track review as possible PTSD drug
<https://www.militarytimes.com/news/your-military/2024/02/13/psychedelic-to-receive-fast-track-review-as-possible-ptsd-drug/>

Resource of the Week: [CDC Public Health Image Library \(PHIL\)](#)

From the Centers for Disease Control and Prevention:

Much of the information critical to the communication of public health messages is pictorial rather than text-based. Created by a Working Group at the Centers for Disease Control and Prevention (CDC), the PHIL offers an organized, universal

electronic gateway to CDC's pictures. We welcome public health professionals, the media, laboratory scientists, educators, students, and the worldwide public to use this material for reference, teaching, presentation, and public health messages.

The screenshot shows the CDC Public Health Image Library (PHIL) homepage. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives. Protecting People™". To the right is a search bar. Below the header is a blue navigation bar with "Public Health Image Library (PHIL)" and a "My Pictures" link. The main content area is titled "PHIL - Home" and features a left sidebar with navigation links: PHIL, What's New in PHIL, Specific Audience, FAQs, Related Links, Contact Us, and About. The main content area includes a "PHIL Quick Search" box with a search input field and a "Search" button. Below the search box are two checked checkboxes: "Photos" and "Illustrations". A "WARNING" message states: "WARNING: This library includes subject matter that might be unsuitable for children. Viewing discretion is advised." To the right of the search box is a photograph of a person in a white lab coat and blue gloves pouring liquid from a beaker into a graduated cylinder.

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Henry M. Jackson Foundation for the Advancement of Military Medicine