

# CDP



## Research Update -- March 28, 2024

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- Resource of the Week– Defense Health Care: DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care (GAO)

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<https://doi.org/10.1001/jama.2024.1869>

## **Primary Care Interventions to Prevent Child Maltreatment: 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., Jaén, C. R., Krousel-Wood, M. T., Lee, S., Li, L., Rao, G., Ruiz, J. M., Stevermer, J. J., Tsevat, J., Underwood, S. M., & Wiehe, S.

JAMA

2024; 331(11), 951–958

### Importance

Child maltreatment, which includes child abuse and neglect, can have profound effects on health, development, survival, and well-being throughout childhood and adulthood. The prevalence of child maltreatment in the US is uncertain and likely underestimated. In 2021, an estimated 600 000 children were identified by Child Protective Services as experiencing abuse or neglect and an estimated 1820 children died of abuse and neglect.

### Objective

The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate benefits and harms of primary care–feasible or referable behavioral counseling interventions to prevent child maltreatment in children and adolescents younger than 18 years without signs or symptoms of maltreatment.

### Population

Children and adolescents younger than 18 years who do not have signs or symptoms of or known exposure to maltreatment.

### Evidence Assessment

The USPSTF concludes that the evidence is insufficient to determine the balance of benefits and harms of primary care interventions to prevent child maltreatment in children and adolescents younger than 18 years without signs or symptoms of or known exposure to maltreatment.

## Recommendation

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment. (I statement)

See also: [Struggling to Stem the Tide of Child Maltreatment](#)

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<https://doi.org/10.1089/can.2023.0218>

## **Impact of Early-Life Adversity on Cannabis Use: Exploring the Mediating and Moderating Effects of Chronic Pain.**

James S. Hodges, Briana N. DeAngelis, Jacob Borodovsky, Alan Budney, and Mustafa al'Absi.

Cannabis and Cannabinoid Research  
Online Ahead of Print: March 18, 2024

### Background:

Although research suggests that early-life adversity (ELA) and cannabis use are linked, researchers have not established factors that mediate or modify this relationship. Identifying such factors could help in developing targeted interventions. We explored chronic pain as a potential mediator or moderator of this relationship.

### Methods:

Using an online study, we collected cross-sectional data about ELA, cannabis use, and chronic pain to test whether ELA (adverse childhood experiences total score) is associated with cannabis use, and to examine pain as a potential mediator or moderator. Cannabis use was examined two ways: times used per day, and categorized as non-, some, or regular use. Chronic pain was measured as present/absent and as the number of painful body locations (0–8). Analyses used linear and multinomial regression.

### Results:

ELA, chronic pain, and cannabis use were common among respondents. ELA was strongly associated with both measures of cannabis use. The number of painful body locations modestly mediated the association of ELA with cannabis use, reducing the magnitude of regression coefficients by about 1/7. The number of painful body locations

modified the association between ELA and cannabis use ( $p \leq 0.006$ ), while chronic pain presence/absence (a less-informative measure) had only a nonsignificant modification effect ( $p \geq 0.10$ ). When either ELA or pain was high, the other was not associated with cannabis use; when either ELA or pain was low, more painful locations or higher ELA (respectively) was associated with more intense cannabis use.

Conclusion:

These exploratory findings suggest the importance of ELA and chronic pain as factors contributing to cannabis use, and of accounting for these factors in developing treatment and prevention strategies addressing cannabis use.

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<https://doi.org/10.1176/appi.neuropsych.20230044>

### **Impulsivity and Psychiatric Diagnoses as Mediators of Suicidal Ideation and Suicide Attempts Among Veterans With Traumatic Brain Injury.**

Alexandra L. Aaronson, M.D., Bridget Smith, Ph.D., Kelly Krese, P.T., D.P.T., Meghan Barnhart, M.S., Maheen Adamson, Ph.D., Harriet de Wit, Ph.D., Noah S. Philip, M.D., Lisa A. Brenner, Ph.D., Theresa Bender-Pape, Dr.P.H., Amy A. Herrold, Ph.D.

The Journal of Neuropsychiatry

Published Online: 9 Jan 2024

Objective:

Traumatic brain injury (TBI) is a risk factor for suicide, but questions related to mechanisms remain unanswered. Impulsivity is a risk factor for suicide and is a common sequela of TBI. The authors explored the relationships between TBI and both suicidal ideation and suicide attempts and explored whether impulsivity and comorbid psychiatric diagnoses mediate these relationships.

Methods:

This cross-sectional retrospective chart review study included 164 veterans enrolled in a previous study. Sixty-nine veterans had no TBI history, and 95 had a TBI history (mild,  $N=44$ ; moderate,  $N=13$ ; severe,  $N=12$ ; and unclear severity,  $N=26$ ). To examine the associations between TBI and suicidal ideation or suicide attempts, as well as potential mediators of these relationships, chi-square tests, t tests, and logistic regression models were used.

## Results:

Unadjusted analyses indicated that veterans with TBI were more likely to report suicidal ideation; however, in analyses controlling for mediators, this relationship was no longer significant. Among veterans with TBI, suicidal ideation was related most strongly to high impulsivity (odds ratio=15.35, 95% CI=2.43–96.79), followed by depression (odds ratio=5.73, 95% CI=2.53–12.99) and posttraumatic stress disorder (odds ratio=2.57, 95% CI=1.03–6.42). TBI was not related to suicide attempts, yet suicide attempts were related to high impulsivity (odds ratio=6.95, 95% CI=1.24–38.75) and depression (odds ratio=3.89, 95% CI=1.56–9.40).

## Conclusions:

These findings suggest that impulsivity, followed by psychiatric diagnoses, most strongly mediate the relationships between TBI and both suicidal ideation and suicide attempts. Impulsivity may be mechanistically related to, and serve as a future treatment target for, suicidality among veterans with TBI.

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<https://doi.org/10.1080/13548506.2024.2303409>

## **United States Army Reserve/National Guard soldiers' healthcare experiences, attitudes, and preferences: Differences based on deployment status.**

Rachel A. Hoopsick, Bonnie M. Vest, D. Lynn Homish & Gregory G. Homish

Psychology, Health & Medicine

Published online: 09 Jan 2024

Some United States Army Reserve/National Guard (USAR/NG) soldiers have substantial health needs, which may be service-related, but not necessarily resulting from deployment. However, most USAR/NG members need to have been deployed to qualify for Veterans Administration (VA) benefits. Therefore, many USAR/NG soldiers seek care from civilian healthcare providers (HCPs). Using a subset (N = 430 current/former soldiers) of Operation: SAFETY study data, we used regression models to examine differences in healthcare experiences, attitudes, and preferences by deployment status (never-deployed vs. previously-deployed). Final models controlled for age, sex, rank (enlisted vs. officer), military status (current vs. former military), and RAND SF-36 General Health Score. Over 40% of soldiers agreed that civilian HCPs should ask patients about their military service, but never-deployed soldiers were less likely to report being asked about their service ( $p < 0.05$ ) or how their service affects

their health ( $p < 0.10$ ). Never-deployed soldiers were also less likely to attribute their health concerns to military service ( $p < 0.001$ ). Although never-deployed soldiers were more likely to prefer receiving physical ( $p < 0.05$ ) and mental ( $p < 0.05$ ) healthcare outside of the VA than previously-deployed soldiers, never-deployed soldiers had low confidence in their HCP's understanding of their needs (49% thought that their civilian HCP did not understand them; 71% did not think that their civilian HCP could address military-related health concerns; 76% thought that their civilian HCP did not understand military culture). Findings demonstrate that although civilian HCPs may be the preferred (and only) choice for never-deployed USAR/NG soldiers, they may need additional support to provide care to this population.

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<https://doi.org/10.1016/j.jpsychires.2024.03.011>

### **Impact of PTSD treatment on postconcussive symptoms in veterans: A comparison of sertraline, prolonged exposure, and their combination.**

Porter, K. E., Stein, M. B., Grau, P. P., Kim, H. M., Powell, C., Hoge, C. W., Venners, M. R., Smith, E. R., Martis, B., Simon, N. M., Liberzon, I., Rauch, S. A. M., & PROGRESS Research Team

Journal of Psychiatric Research  
Volume 173, May 2024, Pages 64-70

Many Veterans who served in Iraq and Afghanistan struggle with posttraumatic stress disorder (PTSD) and the effects of traumatic brain injuries (TBI). Some people with a history of TBI report a constellation of somatic, cognitive, and emotional complaints that are often referred to as postconcussive symptoms (PCS). Research suggests these symptoms may not be specific to TBI. This study examined the impact of PTSD treatment on PCS in combat Veterans seeking treatment for PTSD. As part of a larger randomized control trial, 198 Operation Iraqi Freedom, Operation Enduring Freedom, Operation New Dawn (OIF/OEF/OND) Veterans with PTSD received Prolonged Exposure Therapy, sertraline, or the combination. Potential deployment related TBI, PCS, PTSD and depression symptoms were assessed throughout treatment. Linear mixed models were used to predict PCS change over time across the full sample and treatment arms, and the association of change in PTSD and depression symptoms on PCS was also examined. Patterns of change for the full sample and the subsample of those who reported a head injury were examined. Results showed that PCS decreased with treatment. There were no significant differences across treatments. No significant

differences were found in the pattern of symptom change based on TBI screening status. Shifts in PCS were predicted by change PTSD and depression. Results suggest that PCS reduced with PTSD treatment in this population and are related to shift in depression and PTSD severity, further supporting that reported PCS symptoms may be better understood as non-specific symptoms.

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<https://doi.org/10.1177/10443894231211357>

**“The Culture” Is Truly the Issue: A Preliminary Exploration of Active Duty Female Spouses’ Acculturation to Military Life.**

Amy Preston Page, Abigail M. Ross, and Phyllis Solomon

Families in Society

First published online January 13, 2024

Acculturating to the Active Duty military lifestyle can be challenging yet rewarding. Using acculturation theory as a lens, this qualitative study explored experiences of women who transitioned into Active Duty culture through marrying a male service member. Quantitative and qualitative data were collected via online survey from women married to men currently or recently serving on Active Duty. In total, 202 survey responses were received, with 194 providing qualitative data. Data were analyzed using thematic analysis. Three themes were identified: descriptions of military culture, acculturation strategies, and processes involved with acculturation. Limitations include the cross-sectional and preliminary nature of the data. Findings can inform culturally responsive practice at all levels and indicate this is a fruitful area for further study.

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<https://doi.org/10.1080/07481187.2023.2261408>

**Impacts of exposure to suicide of a military colleague from the lived experience of veterans: Informing postvention responses from a military cultural perspective.**

Jamieson, S. K., Cerel, J., & Maple, M.

Death Studies

Published online: 11 Jan 2024



Although exposure to the suicide death of a military colleague has been shown quantitatively to increase suicide risk factors among veterans, there are very few studies where veterans have been asked about this experience. This article presents a qualitative analysis of 38 interviews with U.S. veterans with exposure to the suicide death of a military colleague in past war operations. Participants described the impact of exposure in relation to the military context and official response to the death, which had long-term ramifications. Our findings suggest suicide prevention and postvention responses for veterans should be informed by the lived experience of veterans, including those for whom this experience occurred significantly in the past, as the impacts of different military policies and practices in response to suicide deaths over time are relevant to the impact of exposure to death of a military colleague in the short and long term.

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<https://doi.org/10.1111/jnp.12360>

### **Disentangling effects of remote mild traumatic brain injury characteristics and posttraumatic stress on processing speed and executive function in veterans.**

Thompson, R. C., Melinder, M. R. D., Daly, H. A., & Warren, S. L.

Journal of Neuropsychology

First published: 11 January 2024

Mild traumatic brain injury (mTBI) and posttraumatic stress are prevalent in military service members and share objective and subjective cognitive symptoms, complicating recovery. We investigated the effects of remote mTBI characteristics and current posttraumatic stress symptoms on neuropsychological performance in 152 veterans with a history of remote mTBI and current cognitive concerns. Participants completed clinical neuropsychological evaluations within a Veterans Affairs Level-II TBI/Polytrauma outpatient clinic (i.e. tertiary trauma care center for US military veterans outside of a research or teaching hospital setting). Archival data analysis of mTBI injury characteristics, clinical diagnoses, scores on the Posttraumatic Stress Disorder Checklist–Military Version (PCL-M) and performance on tests of processing speed, attention and executive function was conducted. Hierarchical linear regression demonstrated that elevated PCL-M scores were associated with slower performance on trail making test (TMT) Parts A and B ( $p < .016$ ). PCL-M symptoms moderated the effect of alteration of consciousness (AOC) on TMT performance, with endorsement of AOC

associated with better performance, but only when PCL-M scores were high ( $p < .005$ ). Follow-up mediation analyses demonstrated that PCL-M score fully mediated the relationship between AOC and TMT-A performance and partially mediated the relationship between AOC and TMT-B performance. Post-hoc analyses meant to separate the impact of processing speed on TMT-B were all non-significant. Remote mTBI characteristics, specifically AOC, were not associated with decrements in cognitive performance. Posttraumatic symptoms were associated with worse processing speed, suggesting that psychological distress and psychopathology are contributing factors in understanding and treating persistent cognitive distress following remote mTBI.

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<https://doi.org/10.1037/ser0000833>

**Effectiveness of the massed delivery of unified protocol for emotional disorders within an intensive outpatient program for military service members and veterans.**

Sherrill, A. M., Mehta, M., Patton, S. C., Sprang Jones, K., Hellman, N., Chrysosferidis, J., Yasinski, C. W., Rothbaum, B. O., & Rauch, S. A. M.

Psychological Services  
Advance online publication

Recent evidence supports the implementation of massed delivery of disorder-specific treatments in the military service member and veteran population. However, many treatment settings serve patients with a wide range of diagnoses, and often patients present with comorbid conditions. Growing evidence suggests transdiagnostic cognitive behavioral treatments are effective for a wide range of emotional disorders and may reduce barriers to access. Little is known about the feasibility and outcomes of the massed delivery of transdiagnostic treatments. The present study examined real-world outcomes of a 2-week intensive outpatient program using the Unified Protocol for emotional disorders (UP-IOP). The sample included military service members and veterans diagnosed with a range of emotional disorders, namely trauma- and stressor-related disorders, unipolar depressive disorders, and anxiety disorders. The present study examined outcomes of UP-IOP (depression, trauma-related symptom severity, and emotion dysregulation). Participants included all patients who sought UP-IOP in its first 15 months of operation ( $N = 117$ ). A diagnosis of posttraumatic stress disorder (PTSD) was an exclusion criterion because the site had an established PTSD-specific

IOP treatment option. Findings indicate UP-IOP was feasible, had 94% patient retention, and was effective in reducing symptom severity (Cohen's  $d = 0.76$  for depression symptom severity, Cohen's  $d = 0.80$  for trauma-related symptom severity). There was no observed reduction in emotion dysregulation over the 2-week course of treatment. The intensive transdiagnostic approach resulted in effective symptom reduction in an accelerated timeframe while minimizing patient attrition. These findings indicate massed delivery of transdiagnostic cognitive behavioral therapy (CBT) treatments should continue to be explored, especially for this population. (Psycho Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1016/j.jad.2024.01.107>

## **A dynamical systems analysis of change in PTSD symptoms, depression symptoms, and suicidal ideation among military personnel during treatment for PTSD.**

Craig J. Bryan, Jonathan E. Butner, Jeffrey V. Tabares, Lily A. Brown, ... Alan L. Peterson

Journal of Affective Disorders  
Volume 350, 1 April 2024, Pages 125-132

### Highlights

- PTSD, depression, and suicidal ideation often co-occur.
- We examined coordinated change in PTSD, depression, and suicidal ideation.
- Change in suicidal ideation and depression influenced change in PTSD.
- Change in suicidal ideation was not influenced by change in depression or PTSD.
- Targeting suicidal ideation may be critical for recovery from PTSD.

### Abstract

#### Objective

The connections among posttraumatic stress disorder (PTSD), depression, and suicidal ideation are elusive because of an overreliance on cross-sectional studies. In this secondary analysis of pooled data from three clinical trials of 742 military personnel, we examined the dynamic relationships among PTSD, depression, and suicidal ideation severity assessed repeatedly during and after outpatient treatment for PTSD.

## Methods

We conducted dynamical systems analyses to explore the potential for coordinated change over time in psychotherapy for PTSD.

## Results

Over the course of psychotherapy, PTSD, depression, and suicidal ideation severity changed in coordinated ways, consistent with an interdependent network. Results of eigenvalue decomposition analysis indicated the dominant change dynamic involved high stability and resistance to change but indicators of cycling were also observed, indicating participants “switched” between states that resisted change and states that promoted change. Depression ( $B = 0.48$ ,  $SE = 0.11$ ) and suicidal desire ( $B = 0.15$ ,  $SE = 0.01$ ) at a given assessment were associated with greater change in PTSD symptom severity at the next assessment. Suicidal desire ( $B = 0.001$ ,  $SE < 0.001$ ) at a given assessment was associated with greater change in depression symptom severity at the next assessment. Neither PTSD ( $B = -0.004$ ,  $SE = 0.007$ ) nor depression symptom severity ( $B = 0.000$ ,  $SE = 0.001$ ) was associated with subsequent change in suicidal ideation severity.

## Conclusions

In a sample of treatment-seeking military personnel with PTSD, change in suicidal ideation and depression may precede change in PTSD symptoms but change in suicidal ideation was not preceded by change in PTSD or depression symptoms.

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[https://doi.org/10.1016/S2215-0366\(23\)00373-5](https://doi.org/10.1016/S2215-0366(23)00373-5)

## **The efficacy of psychological interventions for adult post-traumatic stress disorder following exposure to single versus multiple traumatic events: a meta-analysis of randomised controlled trials.**

Thole H Hoppen, PhD, Prof Richard Meiser-Stedman, PhD, Ahlke Kip, PhD, Prof Marianne Skogbrott Birkeland, PhD, Prof Nexhmedin Morina, PhD

The Lancet Psychiatry

Volume 11, Issue 2, P112-122, February 2024

## Background

Previous meta-analyses of psychological interventions for adult post-traumatic stress disorder (PTSD) did not investigate whether efficacy is diminished in individuals with

PTSD related to multiple (vs single) traumatic events. We aimed to assess whether treatment efficacy would be lower in randomised controlled trials involving multiple-event-related PTSD versus single-event-related PTSD.

## Methods

For this meta-analysis, we searched PsycINFO, MEDLINE, Web of Science, and PTSD pubs from database inception to April 18, 2023. Randomised controlled trials involving adult clinical samples ( $\geq 70\%$  meeting full PTSD criteria) with adequate size ( $\geq 10$  participants per arm) were included. We extracted data on trial characteristics, demographics, and outcome data. Random-effects meta-analyses were run to summarise standardised mean differences (Hedges'  $g$ ). Trials involving 100% of participants with single-event-related PTSD versus at least 50% of participants with multiple-event-related PTSD (ie, associated with  $\geq 2$  traumatic events) were categorised. Quality of evidence was assessed using the Cochrane criteria. The review protocol was registered in PROSPERO (CRD42023407754).

**Findings**  
Overall, 137 (85%) of 161 randomised controlled trials were included in the quantitative synthesis, comprising 10 684 participants with baseline data and 9477 with post-treatment data. Of those randomly assigned, 5772 (54%) of 10 692 participants identified as female, 4917 (46%) as male, and three ( $< 1\%$ ) as transgender or other. 34 (25%) of 137 trials exclusively involved women, 15 (11%) trials exclusively involved men, and the remainder were mixed samples. Mean age across the trials was 40.2 years (SD 9.0) ranging from 18.0 years to 65.4 years. 23 (17%) of 137 trials involved participants from low-income and middle-income countries (23 [17%] of 137). Data on ethnicity were not extracted. At treatment endpoint, psychological interventions were highly effective for PTSD when compared with passive control conditions in both samples with single-event-related PTSD (Hedges'  $g$  1.04 [95% CI 0.77–1.31];  $n=11$ ;  $I^2=43\%$ ) and multiple-event-related PTSD (Hedges'  $g$  1.13 [0.90–1.35];  $n=55$ ,  $I^2=87\%$ ), with no efficacy difference between these categories ( $p=0.48$ ). Heterogeneity between studies was substantial but outlier-corrected analysis yielded similar results. Moderate-sized effects were found compared with active control conditions with no significant difference between single-trauma and multiple-trauma trials. Results were robust in various sensitivity analyses (eg, 90% cutoff for multiple-trauma trials) and analyses of follow-up data. The quality of evidence was moderate to high.

## Interpretation

Contrary to our hypothesis, we found strong evidence that psychological interventions are highly effective treatments for PTSD in patients with a history of multiple traumatic events. Results are encouraging for clinical practice and could counteract common misconceptions regarding treatment and treatment barriers.

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<https://doi.org/10.1037/ccp0000863>

## **Examining Strength at Home Couples to Prevent Intimate Partner Violence on a Military Installation: A Randomized Controlled Trial.**

Taft, C. T., Rothman, E. F., Gallagher, M. W., Hamilton, E. G., Garza, A., & Creech, S. K.

Journal of Consulting and Clinical Psychology  
Advance online publication

### Objectives:

In this study, the effectiveness of a couples-based group intervention to prevent intimate partner violence (IPV), Strength at Home Couples (SAH-C), was examined on a military installation relative to a comparison intervention, Supportive Prevention (SP). It was expected that greater reductions in use of physical, psychological, and sexual IPV behaviors, as well as reduced suicidality, would be found among service members and their partners in SAH-C relative to SP.

### Method:

Participants included 138 couples randomized to SAH-C and SP through a clinical controlled trial embedded in a hybrid effectiveness implementation study which took place on a military installation. The Revised Conflict Tactics Scales and Multidimensional Measure of Emotional Abuse were used to measure IPV, and 13 Military Suicide Research Consortium common data elements were used to assess suicidality.

### Results:

Service members randomized to SAH-C evidenced greater reductions based on effect sizes across the assessment time points for all IPV variables, including use of overall physical IPV, severe physical IPV, sexual IPV, psychological IPV, and coercive control IPV relative to those randomized to SP. Partners of service members demonstrated a similar general pattern for reductions in use of IPV, but findings were not as robust as for service members. Both service members and partners demonstrated greater reductions in suicidality based on effect sizes when randomized to SAH-C relative to SP.

## Conclusions:

Findings extend prior work demonstrating the promising effects of SAH-C delivered in the military context and highlight the possible benefits of SAH-C in preventing self-harm thoughts and behaviors.

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<https://doi.org/10.1016/j.jad.2024.01.125>

## **Longitudinal associations between exposure to potentially morally injurious events and suicidal ideation among recently discharged veterans – The mediating roles of depression and loneliness.**

Gadi Zerach, Yoav Levinstein, Yossi Levi-Belz

Journal of Affective Disorders

Volume 350, 1 April 2024, Pages 689-697

### Highlights

- This study examines longitudinal associations between PMIEs and SI among combat veterans.
- PMIEs-‘betrayal’ predicted SI through the mediation of depression.
- PMIEs-‘betrayal’ and ‘self’ predicted SI through the mediation of loneliness.

### Abstract

#### Background

Exposure to potentially morally injurious events (PMIEs) during military service is associated with heightened suicidal ideation (SI). However, no longitudinal study has established temporal associations between these variables and examined the possible mediating roles of depression and loneliness in this effect.

#### Methods

Participants were 374 active-duty Israeli combatants who participated in a five-year longitudinal study with four measurement points: T1- one year before enlistment, T2- one month before discharge from army service, and then again six months and twelve months following their discharge (T3 and T4, respectively). Data were assessed through semi-structured interviews and validated self-report questionnaires.



## Results

Above and beyond pre-enlistment personal characteristics (T1) and combat exposure (T2), PMIEs-‘betrayal’ (T2) predicted more frequent SI over the past twelve months (T4) through the mediation of depression. Moreover, both PMIEs-‘betrayal’ and ‘self’ (T2) predicted more frequent SI over the past twelve months (T4) through the mediation of loneliness.

## Limitations

We used self-report measures to assess PMIEs and SI, which may suffer from various biases.

## Conclusions

Our findings are the first to provide evidence of longitudinal, temporal associations between exposure to PMIEs and SI. Notably, potential interventions might consider addressing the loneliness experienced following exposure to PMIEs during military service, among recently discharged traumatized veterans.

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<https://doi.org/10.5664/jcsm.11010>

## **Insomnia in male veterans with and without military sexual trauma receiving care within a VA medical center.**

Karen Makar, BS , Audrey Mills, MEd , Louis A. Rivera, PhD , Taylor L. Aguiar, BS , Sean He, MD , Subhajit Chakravorty, MD

Journal of Clinical Sleep Medicine

Published Online: January 11, 2024

### STUDY OBJECTIVES:

This study evaluated the prevalence and correlates of insomnia in male Veterans with MST who currently receive care within a VAMC.

### METHODS:

We evaluated cross-sectional data from a VAMC (N=138) using the following instruments: ISI, PCL-5, QIDS-SR, AUDIT-C, and a nightmare question for insomnia, PTSD, depression, and drinking, respectively. Bivariate and multivariable analyses assessed the relationship between ISI and other clinical variables.

**RESULTS:** About 31.9% screened positive for MST. When compared to those without



MST (MST-), those with MST (MST+) had a higher prevalence of insomnia (95.5% vs 81.9%), higher ISI ( $20 \pm 5.1$  vs.  $16.7 \pm 7.2$ ,  $p=0.003$ ) and PCL-5 ( $48.5 \pm 14.4$  vs.  $38.2 \pm 19.8$ ,  $p=0.0008$ ) total scores. In the multivariable models, the ISI total score was associated with the PCL-5 total score ( $p=0.015$ ) in MST+ individuals and with QIDS-SR ( $p<0.001$ ) in MST- individuals.

#### CONCLUSIONS:

Most Veterans with MST within the VHA had insomnia, which was associated with their underlying psychiatric comorbidity.

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<https://doi.org/10.1371/journal.pone.0280708>

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

Webermann AR, Gianoli MO, Rosen MI, Portnoy GA, Runels T, Black AC

PLoS ONE

2024; 19(1): e0280708

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

disparities in awarding of claims for men and Black veterans, which suggest the possibility of systemic barriers for veterans from underserved backgrounds and/or veterans who may underreport military sexual trauma.

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<https://doi.org/10.1007/s40429-023-00539-7>

## **An Overview of Sex and Gender Considerations in Sleep and Alcohol Use.**

Ashley F. Curtis, Mary Beth Miller, Amy N. Costa, Madison Musich & Christina S. McCrae

Current Addiction Reports

Published: 12 January 2024

### **Purpose of Review**

This paper explored the under-researched bidirectional alcohol/sleep link, examining sex and gender's impact on this relationship and treatment.

### **Recent Findings**

Although men have traditionally shown higher alcohol use than women, this gap is narrowing. Regarding sleep disorders, women are more likely to have insomnia and men are more likely to have obstructive sleep apnea. Alcohol is more likely to impact self-reported insomnia symptoms in women (sleep onset latency, daytime dysfunction) and sleep duration, fragmentation, and sleep architecture in men. Sex and gender differences may depend on age, sex hormones, and alcohol/sleep disorder severity. Women are more likely to seek insomnia treatment and engage in behavior changes, but less alcohol treatment than men.

### **Summary**

Biological (sex) and psychosocial (gender) factors affect alcohol's impact on sleep (and vice versa) and treatment seeking. Adopting a sex and gender lens-based framework is a high priority for comprehensive alcohol and sleep health research and clinical care.

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<https://doi.org/10.1016/j.burns.2023.12.016>

## **Post-traumatic stress disorder in burn patients – A large database analysis.**

Nicholas Iglesias, Matthew Steven Campbell, Elissa Dabaghi, Anesh Prasai, Ameerah Ben-Aissa, Deepak Ozhathil, Jayson Jay, Juquan Song, George Golovko, Steven Wolf, Amina El Ayadi

Burns

Available online 12 January 2024

## Highlights

- PTSD may be underdiagnosed in the U.S. burn population.
- Burn patients with PTSD are at increased risk for psychiatric morbidity.
- PTSD diagnosis rate remains relatively constant in the burn population over the past 20 years.
- PTSD in burns is increasingly treated with Serotonergic agents and prazosin over the past 20 years.
- Screening for PTSD after burn injury may reduce morbidity and mortality in burn patients.

## Abstract

### Introduction

Post-traumatic stress disorder (PTSD) afflicts a significant portion of burn patients. This study aims to analyze the morbidity, prevalence, and treatment of PTSD in the burn population.

### Methods

Using the TriNetX database, we identified burned patients > 18 years of age without (A) or with (B) a PTSD diagnosis. Patients were then stratified by percent of total body surface area (TBSA) burned. Morbidity and mortality was analyzed in each cohort. Prevalence and pharmacologic treatments for PTSD were analyzed from 2002 to 2022.

### Results

PTSD incidence increased from 2.4% (n = 2281) in patients with < 10% to 3.1% (n = 542) in 10–30%, 7.4% (n = 285) in 30–59%, and 5.3% (n = 90) in > 60% TBSA burned. In patients with < 60% TBSA burned, PTSD diagnosis increased the risk of depression (p = <0.0003) and anxiety (p = <0.0001). In those with < 30% TBSA burned, PTSD diagnosis also increased risk of insomnia (p = <0.0001) and pruritus (p = 0.0211 for TBSA <10% and 0.0059 for TBSA 10–29%). PTSD diagnosis was associated with a decreased risk of mortality in patients with > 30% TBSA burned (p = 0.0179 for TBSA 30–59% and p = 0.0089 for TBSA >60%). From 2002 to 2022, the prevalence of PTSD

in all burn patients was relatively stable between 2.2% and 3.2%. We found an increase in the use of serotonergic agents and prazosin for the treatment of PTSD during this timeframe.

#### Conclusion

PTSD is not uncommon in the burn population, and those with burns and concomitant PTSD have an increased risk of morbidity. Screening and preventative measures to reduce morbidity and early implementation of care in burned patients with PTSD are indicated.

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<https://doi.org/10.1016/j.psychres.2024.115740>

### **Multi-method assessment of suicidal thoughts and behaviors among patients in treatment for OCD and related disorders.**

Martha J. Falkenstein, Kara N. Kelley, Heather S. Martin, Jennie M. Kuckertz,, Daniel Coppersmith, Andreas Bezaehler, Kevin Narine, Courtney Beard, Christian A. Webb

Psychiatry Research

Volume 333, March 2024, 115740

#### Highlights

- Suicidal thoughts and behaviors remain understudied in OCD.
- Examined implicit and explicit suicidality in adults receiving treatment for OCD.
- 77 % reported lifetime suicidal thoughts; 16 % reported prior suicide attempt.
- OCD severity was higher for those with lifetime suicidal thoughts and prior attempts.
- Implicit biases towards death did not predict explicitly endorsed suicidality.

#### Abstract

Obsessive-compulsive and related disorders (OCDs) are associated with increased risk of suicidal thoughts and behaviors (STBs), yet research characterizing suicidality in OCDs remains limited. A major challenge in assessing STBs is the reliance on explicit self-report. This study utilized multi-method assessment to examine changes in both implicit and explicit STBs in 31 adults receiving partial/residential treatment for OCDs. Assessments were administered at admission and weekly during treatment.

Approximately three-quarters of participants reported lifetime suicidal thoughts, with 16

% reporting a prior suicide attempt. OCD severity was significantly correlated with lifetime suicidal thoughts, and was significantly higher for those with lifetime suicidal thoughts and prior attempts compared to those without. Implicit biases towards death were not associated with OCD severity, and did not predict explicitly endorsed STBs. This is the first study to measure both explicit and implicit STBs in adults with OCRDs. Limitations included small sample size and lack of racial/ethnic diversity. Given the majority had recent suicidal thoughts and one in six had a prior attempt, we emphasize the importance of STB assessment in OCD treatment settings.

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<https://doi.org/10.1016/j.jad.2024.01.030>

### **Advancing early detection of suicide? A national study examining socio-demographic factors, antecedent stressors and long-term history of self-harm.**

EM McMahon, G Cully, P Corcoran, E Arensman, E Griffin

Journal of Affective Disorders  
Volume 350, 1 April 2024, Pages 372-378

#### Background

A range of factors including mental disorders, adverse events and history of self-harm are associated with suicide risk. Further examination is needed of the characteristics of suicides which occur without established risk factors, using national surveillance systems.

#### Methods

Data on all suicides in Ireland from 2015 to 2017 were drawn from the Irish Probable Suicide Deaths Study (IPSDS). Variables examined included socio-demographics, psychiatric history and precipitant stressors. Suicide data were linked with data on prior self-harm from the National Self-Harm Registry Ireland (NSHRI). Latent Class Analysis (LCA) was used to identify sub-groups of suicide cases.

#### Results

Of the 1809 individuals who died by suicide, 401 (22.2 %) had a history of hospital-treated self-harm. Four distinct profiles of suicides were identified. One group was marked by high levels of prior self-harm and mental health conditions. Two of the groups included few individuals with a history of self-harm but had notably high levels of mental health conditions. These two groups had relatively high levels of reported

chronic pain or illness but differed in terms of socio-demographics. The final group, predominantly male, had markedly low levels of mental health conditions or self-harm but high levels of personal stressors and substance use.

#### Limitations

The use of coronial data may be limited by bias in the collecting of information from the deceased's family members.

#### Conclusions

A sub-group of suicide cases exists without any psychiatric or self-harm history but with salient occupational or health-related proximal stressors. Suicide prevention interventions should include occupational settings and should promote mental health literacy.

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<https://doi.org/10.1007/s10608-023-10457-7>

### **Exploring the Associations of Emotion Regulation and Trait Resilience with the Efficacy of Cognitive Processing Therapy for Active Duty Military Personnel with PTSD.**

Craig P. Polizzi, Jennifer Schuster Wachen, Casey L. Straud, Jim Mintz, Allison L. Baier, Katherine A. Dondanville, Stacey Young-McCaughan, Brett T. Litz, Jeffrey S. Yarvis, Alan L. Peterson & Patricia A. Resick for the STRONG STAR Consortium

Cognitive Therapy and Research

Published: 17 January 2024

#### Background

Military personnel who complete cognitive processing therapy (CPT) can still experience residual symptoms of posttraumatic stress disorder (PTSD). Gaining a deeper understanding of the characteristics that influence response to CPT may increase the likelihood of treatment success. Emotion regulation and trait resilience are associated with PTSD severity and may influence treatment response in active duty service members with PTSD.

#### Methods

This secondary analysis explored the association among reports of baseline emotion regulation (Cognitive Emotion Regulation Questionnaire-Short Form) and trait resilience

(Response to Stressful Experiences Scale) with PTSD severity reductions in a sample of active duty service members (N = 268) who participated in a clinical trial that compared group-delivered and individual CPT. Population averaged models were utilized to examine if baseline predictors were related to change in PTSD severity from pre- to posttreatment.

### Results

Trait resilience predicted PTSD severity changes such that participants who reported less trait resilience at baseline demonstrated greater PTSD severity reductions over a course of CPT. There was also a main effect of adaptive emotion regulation on PTSD severity. Post-hoc correlation analyses revealed that baseline adaptive emotion regulation was positively associated with PTSD severity at pre- and posttreatment.

### Conclusions

Findings imply that service members with lower trait resilience may particularly benefit from CPT. Whether trait resilience moderates PTSD outcomes specific to CPT will require a trial with an alternative comparison treatment arm.

### Clinical Trial Registration

ClinicalTrials.gov identifier: [NCT02173561](https://clinicaltrials.gov/ct2/show/study/NCT02173561) (6/25/2014)

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<https://doi.org/10.1037/tra0001651>

### **The impact of moral injury on suicide risk among recently discharged Israeli veterans: A longitudinal moderated mediation model of trauma-related guilt and self-forgiveness.**

Levi-Belz, Y., Levinstein, Y., & Zerach, G.

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

### Background:

Exposure to potentially morally injurious events (PMIEs) during military service has been associated with heightened trauma-related guilt levels, which in turn, could increase suicide risk among combat veterans. However, no longitudinal study has established temporal associations between these variables while examining a

Moderated mediation model with self-forgiveness as a possible moderator of the PMIEs–suicide risk links during the first year following discharge.

Method:

Participants were 374 active-duty Israeli combatants who participated in a 5-year longitudinal study with three measurement points: 1 month before discharge from army service (T1), then 6 months (T2), and 12 months (T3) following their discharge. Data were assessed through semistructured interviews and validated self-report questionnaires.

Results:

All PMIE dimensions at T1 were negatively associated with self-forgiveness at T1 and positively associated with levels of trauma-related guilt at T2 and suicide risk at T3. Our longitudinal moderated mediation model findings indicate that, among those reporting low levels of self-forgiveness, higher levels of PMIE-Self and PMIE-Others at T1 contribute to trauma-related guilt levels at T2, which, in turn, are linked to a higher suicide risk at T3 among those reporting low levels of self-forgiveness.

Conclusions:

Experiencing PMIEs, especially PMIE-Self and PMIE-Other, proved to be validated predictors of trauma-related guilt and, in turn, of suicide risk during the first year after the veterans' discharge. Combatants at their discharge from the military should have access to targeted self-forgiveness interventions, as these interventions can have a buffering effect on the development of suicidal ideation and behaviors following PMIEs. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1037/ccp0000872>

**A home-based telehealth randomized controlled trial of skills training in affective and interpersonal regulation versus present-centered therapy for women veterans who have experienced military sexual trauma.**

Cloitre, M., Morabito, D., Macia, K., Speicher, S., Froelich, J., Webster, K., Prins, A., Villasenor, D., Bauer, A., Jackson, C., Fabricant, L., Wiltsey-Stirman, S., & Morland, L.

Journal of Consulting and Clinical Psychology  
Advance online publication



## Abstract

### Objective:

This randomized trial tested the effectiveness of Skills Training in Affective and Interpersonal Regulation (STAIR) compared to present-centered therapy (PCT) delivered virtually to women veterans who had experienced military sexual trauma (MST) and screened positive for posttraumatic stress disorder (PTSD).

### Method:

One hundred sixty-one eligible women veterans were randomized into the study. The primary outcome was clinician-assessed PTSD severity (Clinician-Administered PTSD Scale–5), while secondary outcomes included social support and several other symptom measures at posttreatment through 2- and 4-month follow-up.

### Results:

PTSD severity decreased in both conditions by posttreatment but significantly more ( $p = .028$ ,  $d = 0.39$ ) in STAIR ( $d = 1.12$  [0.87, 1.37]) than PCT ( $d = .78$  [0.54, 1.02]). STAIR was also superior in improving social support and emotion regulation and reducing depression and negative cognitions. Improvement in psychosocial functioning was moderate and did not differ between conditions. All changes were maintained through 2- and 4-month follow-ups. Dropout rates were low and did not differ (19.0% and 12.2%, respectively).

### Conclusion:

STAIR provided superior outcomes compared to PCT regarding PTSD, social support, and multiple types of mental health problems among women veterans with MST. The application of STAIR to other populations with social support and related concerns warrants investigation. The substantial effect sizes for PTSD symptoms in both treatments suggest that they are practical alternatives for individuals who do not wish to participate in trauma-focused therapy and may increase engagement in mental health services. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

### Impact Statement

Skills Training in Affective and Interpersonal Regulation (STAIR), a transdiagnostic intervention, provides effective relief from a range of social–emotional difficulties that have been identified by women who have experienced military sexual trauma. The availability of evidence-based mental health programs that address patient-identified concerns other than diagnostic-specific symptoms is an important and integral component to mental health services for trauma-exposed populations. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

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## Links of Interest

Brain Waves Appear to Wash Out Waste During Sleep

<https://jamanetwork.com/journals/jama/fullarticle/2816616>

VA sets record for disability benefits delivered to women vets

<https://www.militarytimes.com/news/your-military/2024/03/21/va-sets-record-for-disability-benefits-delivered-to-women-vets/>

Booted From the Army, He Spiraled. Now He Works to Solve the Veteran Homelessness Crisis.

<https://thewarhorse.org/veteran-booted-from-army-now-works-to-help-unhoused-veterans/>

The young are now most unhappy people in the United States, new report shows

<https://www.usatoday.com/story/news/nation/2024/03/21/world-happiness-report-young-people-u-s/73051010007/>

“Drop and give me a thought log!”: The Role of a Military Health Psychologist

<https://societyforhealthpsychology.org/articles/drop-and-give-me-a-thought-log-the-role-of-a-military-health-psychologist/>

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## Resource of the Week– [Defense Health Care: DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care](#)

From the Government Accountability Office:

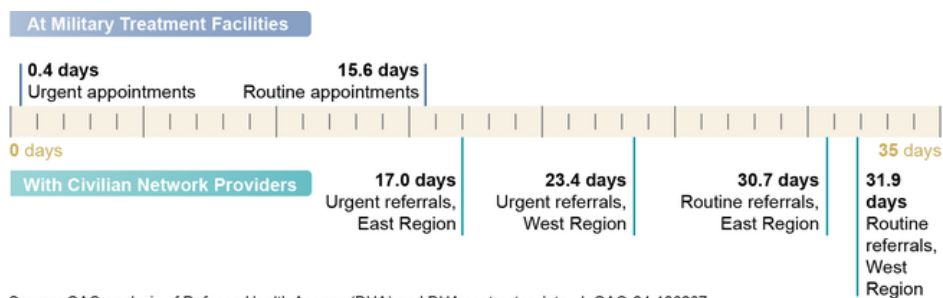
### What GAO Found

DOD's Defense Health Agency (DHA) oversees the TRICARE program, which offers behavioral health care to active-duty service members. DOD aims to provide this care at its military treatment facilities (MTF), but may also refer service members to civilian network providers. GAO's analysis of DHA data found that in fiscal year 2022, service members obtained routine and urgent specialty behavioral health care appointments (e.g., psychotherapy and substance use disorder treatments) at MTFs within required time frames (see figure). For referrals to civilian network providers, appointments after routine

referrals fell just outside time frame requirements. Regarding appointments after urgent referrals, DHA has not established a specific time frame, but MTFs are instructed to use such referrals when expedited care is needed. GAO found average appointment wait times following these referrals ranged from over 2 weeks, to more than 3 weeks, depending on the region.

Provider vacancies were the main challenge to maintaining behavioral health care appointment availability for service members, according to officials at the six MTFs GAO selected for site visits. This is consistent with DHA-wide data, which showed vacancy rates for MTF civil service behavioral health care providers exceeded 40 percent, as of January 2023. To mitigate the effects of provider vacancies, officials from selected MTFs reported taking several steps, including increasing referrals to civilian network providers and prioritizing initial over follow-up appointments. DHA officials also reported taking mitigation steps, such as piloting a new triaging approach to better match patients' needs to level of care.

GAO found that DHA generally monitors the timeliness of behavioral health care provided to its service members under TRICARE. However, because there is not an established time frame for obtaining specialty appointments specific to urgent referrals to civilian network providers, DHA monitors urgent and routine network referrals in the aggregate rather than separately. As a result, DHA does not know the extent to which service members with urgent behavioral health concerns are experiencing delays obtaining the critical care they need following a referral outside an MTF. It also is not able to identify factors that may be contributing to delays and in turn, address any timeliness issues.



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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