

CDP



Research Update -- June 6, 2024

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<https://doi.org/10.1001/jamanetworkopen.2024.14686>

Service Dogs for Veterans and Military Members With Posttraumatic Stress Disorder: A Nonrandomized Controlled Trial.

Leighton, S. C., Rodriguez, K. E., Jensen, C. L., MacLean, E. L., Davis, L. W., Ashbeck, E. L., Bedrick, E. J., & O'Haire, M. E.

JAMA Network Open
June 4, 2024

Key Points

Question

For military members and veterans with posttraumatic stress disorder (PTSD), is a partnership with a trained psychiatric service dog associated with lower PTSD symptom severity, lower anxiety, lower depression, and greater psychosocial functioning?

Findings

In this nonrandomized controlled trial of 156 military members and veterans with PTSD, the addition of a service dog to usual care was associated with lower PTSD symptom severity, lower anxiety, and lower depression after 3 months of intervention.

Meaning

Findings of this trial suggest that trained psychiatric service dogs may be an effective complement to usual care for military service-related PTSD.

Abstract

Importance

Military members and veterans (hereafter, veterans) with posttraumatic stress disorder (PTSD) increasingly seek psychiatric service dogs as a complementary intervention, yet the effectiveness of service dogs is understudied.

Objective

To estimate the associations between psychiatric service dog partnership and self-reported and clinician-rated PTSD symptom severity, depression, anxiety, and psychosocial functioning after 3 months of intervention among veterans.

Design, Setting, and Participants

This nonrandomized controlled trial used standardized and validated assessment instruments completed by participants and administered by blinded clinicians. Recruitment, eligibility screening, and enrollment were conducted between August 2017 and December 2019. Veterans were recruited using the database of an accredited nonprofit service dog organization with constituents throughout the US. Participants were veterans with a PTSD diagnosis; they were allocated to either the intervention group (n = 81) or control group (n = 75). Outcome assessments were performed at baseline and at the 3-month follow-up. Data analyses were completed in October 2023.

Interventions

Participants allocated to the intervention group received a psychiatric service dog for PTSD, whereas those allocated to the control group remained on the waiting list based on the date of application submitted to the service dog organization. Both groups had unrestricted access to usual care.

Main Outcomes and Measures

The primary outcomes were PTSD symptom severity, depression, and anxiety after 3 months, and the secondary outcomes were psychosocial functioning, such as quality of life and social health. The self-reported PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) was used to measure symptom severity, and the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) was used to assess PTSD diagnosis (score range for both instruments: 0-80, with higher scores indicating greater PTSD symptoms).

Results

The 156 participants included in the trial had a mean (SD) age of 37.6 (8.3) years and included 117 males (75%), 17 Black or African American individuals (11%), 30 Hispanic individuals (19%), and 117 White individuals (76%). Compared with the control group, the intervention group had significantly lower PTSD symptom severity based on the PTSD Checklist for DSM-5 mean (SD) score (41.9 [16.9] vs 51.7 [16.1]; difference in means, -11.5 [95% CI, -16.2 to -6.6]; $P < .001$) and the CAPS-5 mean (SD) score (30.2 [10.2] vs 36.9 [10.2]; difference in means, -7.0 [95% CI, -10.8 to -4.5]; $P < .001$) at 3 months. The intervention group also had significantly lower depression scores (odds ratio [OR], 0.45 [95% CI, 0.23-0.86]; difference in means, -3.3 [95% CI, -6.8 to -0.6]), anxiety (OR, 0.25 [95% CI, 0.13-0.50]; difference in means, -4.4 [95% CI, -6.9 to -2.1]), and most areas of psychosocial functioning (eg, social isolation: OR, 0.34 [95% CI, 0.18-0.64]).

Conclusions and Relevance

This nonrandomized controlled trial found that compared with usual care alone, partnership with a trained psychiatric service dog was associated with lower PTSD symptom severity and higher psychosocial functioning in veterans. Psychiatric service dogs may be an effective complementary intervention for military service–related PTSD.

Trial Registration ClinicalTrials.gov ID: [NCT03245814](https://clinicaltrials.gov/ct2/show/study/NCT03245814)

<https://doi.org/10.3389/fpubh.2024.1372189>

Animal-assisted interventions for military families: a systematic review.

Nieforth, L. O., & Leighton, S. C.

Frontiers in Public Health

13 May 2024

Introduction:

The incorporation of animals into interventions focused on military families is a relatively new concept. Though animal-assisted interventions (AAIs) have been studied in the context of military veterans, few studies incorporate members of the military family or focus on the family members' experiences.

Methods:

This systematic review investigates the effects of AAIs on the wellbeing of military family members beyond the veteran themselves through three aims: (1) by describing the characteristics of AAIs for military family members, (2) by evaluating the quality of the methodology present within the current literature, and (3) by identifying key concepts and knowledge gaps within the findings reported to date.

Results:

A total of nine articles met the criteria to be included in the review. Though the inclusion criteria and search terms included all types of animal-assisted interventions, the only interventions represented were service dogs (n = 4) and equine-assisted services (n = 5).

Discussion:

Findings suggest AAIs could be beneficial in areas such as communication, relational

bonds, and psychosocial well-being. Though additional research is necessary, AAls may be an effective complementary intervention for military families.

<https://doi.org/10.1001/jamapsychiatry.2024.1238>

VA/Department of Defense Clinical Practice Guideline for PTSD and ASD: A Tool to Optimize Patient Care for Trauma Survivors. (Viewpoint)

Schnurr, P. P., Sall, J. A., & Riggs, D.

JAMA Psychiatry
2024 May 29

Clinical practice guidelines (CPGs) offer recommendations to enhance the quality of care provided to patients. Over time, the rigor of the guideline development process has increased to provide a transparent and replicable process and so that recommendations are increasingly based on evidence rather than expert consensus. Guidelines developed jointly by the Department of Veterans Affairs (VA) and Department of Defense (DoD) are based on an internationally recognized framework for guideline development. VA and DoD have embraced US Preventive Services Task Force criteria for evaluating individual studies and Grading of Recommendations Assessment, Development, and Evaluation (GRADE) for evaluating the body of evidence from systematic evidence review.

We therefore were concerned by the negative characterization by Hoge et al of the 2023 CPG for posttraumatic stress disorder (PTSD) and acute stress disorder (ASD) developed by the VA and DoD. Given this characterization, we thought it would be helpful for readers to understand more about how VA/DoD guidelines are developed.

See: [VA/Department of Defense Clinical Practice Guideline for PTSD and ASD: A Tool to Optimize Patient Care for Trauma Survivors](#). (Hoge CW, Chard KM, Yehuda R)

<https://doi.org/10.1001/jamapsychiatry.2024.0994>

Differential Outcomes of Placebo Treatment Across 9 Psychiatric Disorders: A Systematic Review and Meta-Analysis.

Bschor, T., Nagel, L., Unger, J., Schwarzer, G., & Baethge, C.

JAMA Psychiatry

May 29, 2024

Key Points

Question

Which psychiatric disorder exhibits the strongest improvement associated with placebo treatment in randomized clinical trials (RCTs)?

Findings

This systematic review and meta-analysis of 90 high-quality RCTs with 9985 participants found significant improvement under placebo treatment for all 9 disorders, but the degree of improvement varied significantly among diagnoses. Patients with major depressive disorder experienced the greatest improvement, followed by those with generalized anxiety disorder, panic disorder, attention-deficit/hyperactivity disorder, posttraumatic stress disorder, social phobia, mania, and OCD, while patients with schizophrenia benefited the least.

Meaning

These findings may inform planning of RCTs, interpreting of uncontrolled studies, and advising patients for or against a specific treatment.

Abstract

Importance

Placebo is the only substance systematically evaluated across common psychiatric diagnoses, but comprehensive cross-diagnostic comparisons are lacking.

Objective

To compare changes in placebo groups in recent high-quality randomized clinical trials (RCTs) across a broad spectrum of psychiatric disorders in adult patients.

Data Sources

MEDLINE and the Cochrane Database of Systematic Reviews were systematically searched in March 2022 for the latest systematic reviews meeting predetermined high-quality criteria for 9 major psychiatric diagnoses.

Study Selection

Using these reviews, the top 10 highest-quality (ie, lowest risk of bias, according to the

Cochrane Risk of Bias tool) and most recent placebo-controlled RCTs per diagnosis (totaling 90 RCTs) were selected, adhering to predetermined inclusion and exclusion criteria.

Data Extraction and Synthesis

Following the Cochrane Handbook, 2 authors independently carried out the study search, selection, and data extraction. Cross-diagnosis comparisons were based on standardized pre-post effect sizes (mean change divided by its SD) for each placebo group. This study is reported following the Meta-analysis of Observational Studies in Epidemiology (MOOSE) reporting guideline.

Main Outcome and Measure

The primary outcome, pooled pre-post placebo effect sizes (d_{av}) with 95% CIs per diagnosis, was determined using random-effects meta-analyses. A Q test assessed statistical significance of differences across diagnoses. Heterogeneity and small-study effects were evaluated as appropriate.

Results

A total of 90 RCTs with 9985 placebo-treated participants were included. Symptom severity improved with placebo in all diagnoses. Pooled pre-post placebo effect sizes differed across diagnoses ($Q = 88.5$; $df = 8$; $P < .001$), with major depressive disorder ($d_{av} = 1.40$; 95% CI, 1.24-1.56) and generalized anxiety disorder ($d_{av} = 1.23$; 95% CI, 1.06-1.41) exhibiting the largest d_{av} . Panic disorder, attention-deficit/hyperactivity disorder, posttraumatic stress disorder, social phobia, and mania showed d_{av} between 0.68 and 0.92, followed by OCD ($d_{av} = 0.65$; 95% CI, 0.51-0.78) and schizophrenia ($d_{av} = 0.59$; 95% CI, 0.41-0.76).

Conclusion and Relevance

This systematic review and meta-analysis found that symptom improvement with placebo treatment was substantial in all conditions but varied across the 9 included diagnoses. These findings may help in assessing the necessity and ethical justification of placebo controls, in evaluating treatment effects in uncontrolled studies, and in guiding patients in treatment decisions. These findings likely encompass the true placebo effect, natural disease course, and nonspecific effects.

<https://doi.org/10.1001/jamanetworkopen.2024.13884>

Mental Health Treatment Rates During Pregnancy and Post Partum in US Military Service Members.

Heissel, J. A., & Healy, O. J.

JAMA Network Open

May 30, 2024

Key Points

Question

How does US service members' use of mental health treatment change across the transition to parenthood and return to work after parental leave?

Findings

In this cohort study of 15 554 193 person-month observations, representing 321 200 parents and matches, US Army and Navy service members went to fewer mental health therapy sessions during pregnancy and immediately after a first birth, especially among those with a history of attending treatment. Mothers' propensity to attend therapy remained lower while on parental leave and rebounded when they returned to work.

Meaning

These findings suggest the transition to parenthood created barriers to mental health treatment and that return to work may have facilitated improved mental health treatment rates for mothers.

Abstract

Importance

Although new parents' mental health is known to decline, less is known about changes in therapy attendance, especially among military service members.

Objective

To investigate changes in therapy attendance among new parents and by parental leave length.

Design, Setting, and Participants

This cohort study of US Army and Navy service members from January 1, 2013, to December 31, 2019, compared parents' monthly therapy attendance with matched nonparents' across childbirth and compared mothers' weekly therapy attendance before

vs after returning to work. Eligible monthly sample members included service members with first births from January 1, 2014, to December 31, 2017, and 12 months of data before to 24 months after birth and nonparents with 36 months of data. Eligible weekly sample members included mothers with first births from January 1, 2013, to June 30, 2019, and data from 12 months before to 6 months after birth and nonparents with 18 months of data. Data analysis was performed from July 1, 2023, to January 15, 2024.

Exposure

Those exposed to parenthood had no prior children, acquired a dependent younger than 1 year, and, for mothers, had an inpatient birth. Unexposed matches did not add a dependent younger than 1 year.

Main Outcomes and Measures

Monthly counts of mental health therapy sessions and any therapy sessions (weekly).

Results

The monthly sample included 15 554 193 person-month observations, representing 321 200 parents and matches, including 10 193 mothers (3.2%; mean [SD] age, 25.0 [4.9] years), 50 865 nonmother matches (15.8%; mean [SD] age, 25.0 [5.0] years), 43 365 fathers (13.5%; mean [SD] age, 26.4 [4.8] years), and 216 777 nonfather matches (67.5%; mean [SD] age, 26.4 [4.8] years). The weekly sample included 17 464 mothers. Mothers went to 0.0712 fewer sessions at 1 month post partum (95% CI, -0.0846 to -0.0579) compared with 10 months before birth. Fathers went to 0.0154 fewer sessions in the month of birth (95% CI, -0.0194 to -0.0114) compared with 10 months before. Parents with preexisting treatment needs had larger decreases in treatment. Weekly therapy attendance increased by 0.555 percentage points (95% CI, 0.257-0.852) when mothers returned to work from 6 weeks of leave and 0.953 percentage points (95% CI, 0.610-1.297) after 12 weeks of leave.

Conclusions and Relevance

In this cohort study of new parents, therapy attendance decreased around childbirth, especially among parents with prior mental health needs and mothers with longer maternity leaves. These findings suggest that more accessible treatment, including home visits or telehealth appointments, is needed.

<https://doi.org/10.1001/jamanetworkopen.2024.13874>

Trends in Diagnosed Posttraumatic Stress Disorder and Acute Stress Disorder in US College Students.

Zhai, Y., & Du, X.

JAMA Network Open

May 30, 2024

Posttraumatic stress disorder (PTSD) and acute stress disorder (ASD) are critical mental health issues faced by college students, stemming from traumatic events (eg, campus shootings, sexual assault, physical violence, and natural disasters). PTSD features persistent symptoms (eg, intrusion symptoms, avoidance) lasting more than 1 month after trauma, whereas ASD features similar symptoms within a 3-day to 1-month posttrauma duration. PTSD and ASD can severely impair college students' academic and social functioning; these disorders have also been associated with long-term health issues. The broader societal implications of PTSD and ASD are profound, including reduced workforce productivity and increased health care and economic burdens.⁴ We aimed to assess trends in prevalence of diagnosed PTSD and ASD among US college students from 2017 to 2022, a period marked by escalated societal stressors and global health crises. Understanding these trends is crucial for the development of targeted, trauma-informed intervention strategies to address the urgent needs of this population during a critical developmental stage.

<https://doi.org/10.1001/jamapediatrics.2024.1128>

Variations by State in Firearm Suicide Among US Children and Young Adults, 2016-2021.

McKie, K. A., Bell, R. C., & Lee, L. K.

JAMA Pediatrics

May 20, 2024

In 2017, firearms surpassed motor vehicle crashes as the leading cause of death among US children and young adults aged 1 to 24 years. When injury intent is considered in aggregate in this population nationally, suicide accounts for approximately

30% of firearm deaths and homicide for 65%. However, examining national aggregate data may not accurately represent firearm suicides on the state level, where there may be different risk factors. Understanding the variability of suicide rates between states is important for informing prevention strategies for children and young adults at the state level.

<https://doi.org/10.1177/0095327X241247055>

The Military and the Family as Greedy Institutions: Then and Now.

Mady Wechsler Segal

Armed Forces & Society

First published online April 27, 2024

In response to a request for this 50th anniversary issue of Armed Forces & Society, I was one of the 10 fortunate authors (and their co-authors) whose work was chosen for a commentary about their original article. Mine was “The Military and the Family as Greedy Institutions.” In this new paper, I describe aspects of my career and the research opportunities that enabled me to develop my ideas. I include the importance of mentors and colleagues and I stress that my work built on that of others. I learned much from my students and I cherish their achievements and continuing contributions to advancing our knowledge in this field.

<https://doi.org/10.1016/j.psychres.2024.115986>

Associations between life's essential 8 and depression among US adults.

S Zhao, Y Tang, Y Li, H Shen, A Liu

Psychiatry Research

Available online 1 June 2024, 115986

Highlights

What is already known on this topic –

- LS7, the previous tool for CVH assessment was associated with depression

What this study adds

- We demonstrated better CVH evaluated by LE8 was associated with decreased depression prevalence among US adults
- We found a dose-response relationship of LE8 scores and its subscales with depression
- Nicotine exposure and sleep health were identified as two major contributors to this negative relationship.

How this study might affect research, practice or policy –

- Adherence to a higher CVH score, especially targeting smoking cessation and proper sleep duration, might be beneficial for prevention of depression.

Abstract

Few studies have examined the association of Life's Essential 8 (LE8) with depression among US adults.

This is a cross-sectional study using data from the National Health and Nutrition Examination Survey (NHANES) 2011–2020. LE8 score was measured as the mean score of eight metrics (diet, physical activity, nicotine exposure, sleep health, body mass index, blood lipid, blood glucose, and blood pressure). CVH was categorized into low, moderate, and high according to tertiles of LE8 score. Depression was defined based on the 9-Item Patient Health Questionnaire (PHQ-9). Weighted logistic regressions were conducted to assess the associations of depression with CVH.

Compared with participants with low CVH, the fully adjusted ORs of depression were 0.45 (0.37, 0.55) in the moderate CVH and 0.21 (0.15, 0.30) in the high CVH participants, respectively. The results remained robust in subgroup and sensitivity analyses. All eight LE8 metrics were negatively associated with depression, while nicotine exposure and sleep health were identified as two major metrics contributing to the association.

Better CVH evaluated by LE8 was associated with decreased depression prevalence among US adults. Adherence to a higher CVH score, especially targeting smoking cessation and proper sleep duration, might be beneficial for prevention of depression.

<https://doi.org/10.1177/00332941241256880>

Toward Tailored and Targeted Communication for the Promotion of Firearm Safety: A Qualitative Study With Firearm Retailers.

Henson-Garcia, M., Malthaner, L. Q., Jetelina, K. K., Mackert, M., Allicock, M., & McKay, S.

Psychological Reports

First published online May 31,

Firearm injury is a major yet understudied public health issue in the U.S. This qualitative study explored firearm retailers' perspectives to inform messaging and communication approaches to promote firearm safety among the gun owning population. Semi-structured interviews were conducted with 17 retailers at a single gun shop in Texas. Thematic analysis identified key themes related to (1) audience segmentation, (2) appropriate use of language, and (3) trusted messengers and modalities for the communication of firearm safety information. This formative work provides practical insights to optimize public health messaging in this arena and ultimately reduce firearm injuries. Overall, this study provides valuable insights to guide the development and implementation of evidence-based, social marketing efforts aiming to promote firearm safety across various gun-owning audiences.

<https://doi.org/10.1016/j.jbtep.2024.101975>

Influences of Sleep, Cortisol Reactivity, and Risk/Reward-Based Decision-Making on Suicide.

KC Law, KL O'Connell, SV Jacobson, MM Baer, PM Baker, MT Tull

Highlights:

- Poor sleep intensifies suicide risk in trauma-exposed, substance-use patients.
- Quantile regressions examine how risk factors impact various suicide risk levels.
- Cortisol reactivity is related to moderate to moderate-high suicide risk.
- Low-moderate suicide risk has two stress reactivity and decision-making profiles.
- Improving sleep and emotional reactivity may help reduce suicide risk.

Abstract

Background and Objectives

Poor sleep quality is a known contributor to suicidal thoughts and behaviors. This study examines whether sleep quality modulates the effect of an individual's stress response and risk/reward-based decision making on suicide risk.

Methods

Participants were 160 adults at a residential substance use treatment facility with lifetime exposure to trauma who completed a clinician-administered measure of suicide risk, the Iowa Gambling Task (IGT), and a self-report measure of sleep. Cortisol reactivity (i.e., changes in cortisol before and after a personalized trauma script) was used to measure stress response. We used quantile regression to examine the effects of sleep, cortisol, and risk/reward decision-making on suicide risk.

Results

We found poor sleep quality to be increasingly salient in individuals at greater risk for suicide than those at lower risk for suicide. Furthermore, individuals with moderate to moderate-high levels of suicide risk seem to have greater cortisol reactivity. In the low-moderate quantile, we found suicide risk to be associated with both high stress reactivity and low-risk, high-reward decision-making, as well as low stress reactivity and high-risk/low-reward decision-making.

Limitations

These findings should be interpreted considering several methodological constraints, such as the use of a pre-determined sample and instruments not tailored for our hypotheses, the MINI 'Suicide' Module's limited differentiation between suicidal ideation and behavior, and variably timed cortisol sampling.

Conclusions

Despite these limitations, the findings from this study support the use of evidence-based interventions focused on improving sleep quality and managing emotional reactivity to decrease suicide risk.

<https://doi.org/10.1037/ser0000763>

Lethal means safety counseling among firearm-owning U.S. National Guard personnel: Hyperarousal symptoms as a moderator of treatment outcomes.

Stanley, I. H., Bryan, C. J., Bryan, A. O., Capron, D. W., & Anestis, M. D.

Psychological Services

2024; 21(2), 199–205

The U.S. Department of Defense and other stakeholders recommend lethal means safety counseling (LMSC) to reduce suicide risk among military service members. Despite the promise of LMSC, few studies have examined moderators of LMSC treatment outcomes, such as posttraumatic stress disorder (PTSD) symptoms. Individuals with elevated PTSD symptoms are characteristically hypervigilant to threat and are more likely to store their firearms unsafely, which might impact their treatment response to LMSC. In this secondary analysis of the Project Safe Guard LMSC intervention, 209 firearm-owning members of the Mississippi National Guard completed self-report surveys (M [SD] age = 35.2 [10.1] years; 86.6% male, 79.4% White). We used logistic regression to examine the moderating effect of PTSD symptoms (PTSD Checklist for DSM-5; e.g., hyperarousal symptoms) on the association between treatment groups (LMSC vs. control; cable lock provision vs. no cable lock provision) and the use of new locking devices at 6-month follow-up. At 6-month follow-up, 24.9% (n = 52) of participants reported new firearm locking device use. The interaction between hyperarousal symptoms and LMSC (vs. control) was significant. Specifically, LMSC increased the use of new firearm locking devices relative to control at 6-month follow-up for individuals with low/medium, but not high, levels of baseline hyperarousal symptoms. Hyperarousal symptoms did not moderate the association between cable lock provision (vs. no cable lock provision) and use of new locking devices. Findings suggest that existing LMSC interventions need to be adapted for use with service members with elevated hyperarousal symptoms. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Clinician-delivered lethal means safety counseling is an effective method to promote secure firearm storage practices. Findings of this study suggest that existing lethal means safety counseling interventions need to be adapted for use in individuals with elevated levels of hyperarousal symptoms (e.g., hypervigilance to threat). (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.5664/jcsm.11088>

From trenches to technology: a narrative review of sleep medicine in the military.

Thomas, C. L., Carr, K., Yang, F., Fleisher, S., Um, P., Clemens, B., McNutt, R., Balkin, T., & Collen, J. F.

Journal of Clinical Sleep Medicine

Published Online: June 1, 2024

Diagnoses of military-relevant sleep disorders have increased substantially since the terrorist attacks of September 11, 2001. The cause of this increase appears to be complicated and multifactorial, with military and civilian populations clearly differing with respect to both the nature and distribution of sleep disorders diagnoses. In part, these differences may be attributable to the fact that a majority of service members are chronically sleep-restricted—an unavoidable consequence of continuous and sustained military operations that “set the stage” for development of specific sleep disorders. The purpose of this narrative review is to describe the military relevance of several common sleep disorders, assess the extent to which these disorders currently constitute a burden on the military health care system, and suggest strategies to alleviate that burden. The military health care system does not have enough sleep medicine providers to address the immediate and long-term consequences of sleep disorders in military personnel. Digital technologies and education packages can be leveraged to improve access to care.

<https://doi.org/10.5664/jcsm.11026>

Toward personalized care for insomnia in the US Army: a machine learning model to predict response to cognitive behavioral therapy for insomnia.

Gabbay, F. H., Wynn, G. H., Georg, M. W., Gildea, S. M., Kennedy, C. J., King, A. J., Sampson, N. A., Ursano, R. J., Stein, M. B., Wagner, J. R., Kessler, R. C., & Capaldi, V. F.

Journal of Clinical Sleep Medicine

2024 ;20(6): 921–931

STUDY OBJECTIVES:

The standard of care for military personnel with insomnia is cognitive behavioral therapy for insomnia (CBT-I). However, only a minority seeking insomnia treatment receive CBT-I, and little reliable guidance exists to identify those most likely to respond. As a

step toward personalized care, we present results of a machine learning (ML) model to predict CBT-I response.

METHODS:

Administrative data were examined for $n = 1,449$ nondeployed US Army soldiers treated for insomnia with CBT-I who had moderate–severe baseline Insomnia Severity Index (ISI) scores and completed 1 or more follow-up ISIs 6–12 weeks after baseline. An ensemble ML model was developed in a 70% training sample to predict clinically significant ISI improvement (reduction of at least 2 standard deviations on the baseline ISI distribution). Predictors included a wide range of military administrative and baseline clinical variables. Model accuracy was evaluated in the remaining 30% test sample.

RESULTS:

19.8% of patients had clinically significant ISI improvement. Model area under the receiver operating characteristic curve (standard error) was 0.60 (0.03). The 20% of test-sample patients with the highest probabilities of improvement were twice as likely to have clinically significant improvement compared with the remaining 80% (36.5% vs 15.7%; $\chi^2_1 = 9.2$, $P = .002$). Nearly 85% of prediction accuracy was due to 10 variables, the most important of which were baseline insomnia severity and baseline suicidal ideation.

CONCLUSIONS:

Pending replication, the model could be used as part of a patient-centered decision-making process for insomnia treatment. Parallel models will be needed for alternative treatments before such a system is of optimal value.

<https://doi.org/10.1177/00207640241231216>

Combat military service and male depression: The relationship between social support, PTSD, and male depression following combat military service.

Weinberg, M., Shorer, S., Marom, D., Cohen, L., & Cohen, M.

International Journal of Social Psychiatry
2024; 70(4): 801-807

Background:

Soldiers in military service are at risk of exposure to traumatic and stressful

experiences, which can lead to symptoms of posttraumatic stress disorder (PTSD) and symptoms of depression. In the context of veterans' PTSD and depression, social support has been shown to be a very significant resource. However, while general depression has been examined among veterans and although combat soldiers are often men, male depression has been rarely examined. Therefore, the present study aimed to examine the relationships between social support, PTSD symptoms, and male depression among veterans.

Methods:

Five hundred and ninety-five male combat veterans completed a demographic questionnaire and measures of social support, PTSD, and male depression, including the specific symptoms of anger, substance use, social withdrawal, and restricted emotions.

Results:

Structural-equation-model analyses showed that social support was negatively associated with both PTSD symptoms and depression symptoms. Specifically, social support showed lower trends of associations with substance use and anger; whereas there were higher associations with social withdrawal and restricted emotions. PTSD showed the strongest association with anger. Thus, we can see that social support is a key resource for coping with PTSD and different symptoms of male depression.

Conclusion:

Greater attention to social support, PTSD, and aspects of male depression could assist the development of intervention and therapeutic programs and also help to prevent the misdiagnosis of depression among military veterans.

<https://doi.org/10.1002/jts.23063>

A functional approach to defining and repairing moral injury: Evidence, change agents, clinical strategies, and lessons learned.

Brett T. Litz

Journal of Traumatic Stress
First published: 04 June 2024

This is a conceptual overview of a premeeting institute (PMI) I presented at the 39th International Society for Traumatic Stress Studies (ISTSS) annual meeting in November 2023 entitled, “A Functional Approach to Repairing Moral Injury and Traumatic Loss in Context: Evidence, Change Agents, Clinical Strategies, and Lessons Learned.” This paper was invited by the co-chairs of the Scientific Program Committee, Isaac Galatzer-Levy and Katharina Schultebrucks. I first describe the aims of the PMI and then summarize the foundational assumptions that led me to expand adaptive disclosure and create adaptive disclosure–enhanced (AD-E). The foundational assumptions are that (a) moral injury is a unique measurable potential clinical problem, (b) moral injury damages the sustaining building blocks to personal and collective humanity, and (c) repairing moral injury requires corrective humanizing and virtuous experiences and connections. I then provide an overview of AD-E and describe two new change agents— loving–kindness meditation and letter writing—that augment the original AD in service of promoting corrective experiences in the social world that are valued, valuing, and promote the experience of belonging.

<https://doi.org/10.1002/jts.23058>

“Pitching” posttraumatic stress disorder treatment: A qualitative study of how providers discuss evidence-based psychotherapies with patients.

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Journal of Traumatic Stress
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The two widely available evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) are cognitive processing therapy and prolonged exposure. Although the U.S. Department of Veterans Affairs (VA) has invested in intensive clinical training to provide these first-line treatments, most military veterans do not receive these therapies. Prior research indicates that patient interest and motivation depend on how patients are educated, and differences in how information is presented shape their decision-making. To our knowledge, no studies have addressed how clinicians “pitch” EBPs for PTSD and examined whether certain approaches are more effective than others. We recorded and thematically analyzed 25 treatment planning sessions across 10 VA sites in the United States to better understand how providers talk to patients about treatment options. Five themes were identified: using rich description, integrating various forms of questioning to engage the patient, sharing prior patient success stories,

using inviting and direct language, and tailoring therapy talk to fit patient needs. Providers learning to offer EBPs can use these strategies to serve as a “menu” of options that will allow them to present EBPs in a way that appeals to a particular patient.

<https://doi.org/10.1002/jts.23046>

State of the Science: Prolonged exposure therapy for the treatment of posttraumatic stress disorder.

Carmen P. McLean, Edna B. Foa

Journal of Traumatic Stress
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Prolonged exposure therapy (PE) is a well-established first-line treatment for posttraumatic stress disorder (PTSD) that is based on emotional processing theory. PE has been rigorously evaluated and tested in a large number of clinical trials in many countries covering a wide range of trauma populations. In this review, we summarize the evidence base supporting the efficacy of PE across populations, including adults with sexual assault–related PTSD and mixed trauma–related PTSD, military populations, and adolescents. We highlight important strengths and gaps in the research on PE with individuals from marginalized communities. We discuss the efficacy of PE on associated psychopathology and in the presence of the most commonly comorbid conditions, either alone or integrated with other treatments. In addition, we provide an overview of research examining strategies to augment PE. Much of this work remains preliminary, but numerous trials have tested PE in combination with other psychological or pharmacological approaches, interventions to facilitate extinction learning, and behavioral approaches, in the hopes of further increasing the efficiency and efficacy of PE. There are now several trials testing PE in novel formats that may have advantages over standard in-person PE, such as lower dropout and increased scalability. We examine this recent work on new models of delivering PE, including massed treatment, telehealth, and brief adaptations for primary care, all of which have the potential to increase access to PE. Finally, we highlight several promising areas for future research.

<https://doi.org/10.1093/milmed/usae276>

A Scoping Review of Military Culture, Military Identity, and Mental Health Outcomes in Military Personnel.

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Military Medicine

Published: 05 June 2024

Introduction

The military is a unique cultural institution that significantly influences its members, contributing to the development and transformation of their identities. Despite growing interest in identity research in the military, challenges persist in the conceptualization of military identity, including understanding how it forms, assessing the influence of military culture on identity development, and evaluating the implications for mental health. The primary objective of this scoping review was to map the complexities of military culture's impact on military identity and its effects on mental health.

Materials and Methods

A scoping review of the literature was conducted using the Joanna Briggs Institute Scoping Review Methodology. Studies were included if they described military culture, military identity, and mental health, resulting in 65 eligible studies. The extracted data were thematically analyzed to identify how military culture impacts military identity and mental health and well-being.

Results

Multiple identities were evident within the military population, with 2 overarching identities, loyalty and military, overall conferring positive mental health outcomes. Where these identities were hidden or disrupted, poorer mental health outcomes were observed.

Conclusions

The scoping review conducted in this study challenges the notion of military identity as a singular concept promoting positive mental health outcomes. It highlights its multifaceted nature, revealing that individuals may face identity concealment and disruptions during periods of transition or adjustment, resulting in adverse mental health outcomes. To capture the complexity of military identity, the authors developed the Military Identity Model (MIM). Military leaders, policymakers, and health care

professionals are encouraged to recognize the complex nature of military identity and its impact on mental health and well-being. We recommend using the Military Identity Model to explore military identity and adjustment-related difficulties.

<https://doi.org/10.1080/08995605.2024.2336639>

Military sexual trauma, combat trauma, and disordered eating among United States veterans: An exploration of underlying mechanisms.

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Military Psychology

Published online: 23 May 2024

Military sexual trauma (MST) and combat trauma (CT) survivors experience disproportionate risk for disordered eating. A survey of MST, CT, disordered eating, trauma-related self-blame, emotion regulation challenges, body dissatisfaction, and dissociation among military personnel with a history of military-related trauma was conducted. These survey-based cross-sectional data were analyzed via parallel mediation analyses and Analyses of Covariance (ANCOVA). Six parallel mediation analyses were conducted examining trauma-related self-blame, emotion regulation challenges, body dissatisfaction, and dissociation as mediators linking MST and CT, separately, with purging, restricting, and bingeing. ANCOVAs were also performed to examine differences in levels of bingeing, restriction, and purging among people exposed to MST, CT, both MST and CT, and neither. MST and CT exposure was indirectly related to bingeing via emotion regulation challenges. MST and CT was also indirectly related to both restriction and purging via emotion regulation challenges and trauma-related self-blame. Dissociation and body dissatisfaction were not significant mediators in any model. Participants endorsed high levels of disordered eating. Individuals exposed to both MST and CT reported greater bingeing, restricting, and purging than individuals exposed to either CT, MST, or neither. Findings highlight the nuanced symptoms that may increase risk for disordered eating among MST and/or CT survivors. Future treatment research should explore how addressing emotion regulation and trauma-related self-blame among individuals with MST and/or CT may help address disordered eating. Implications and future directions for this area of research are discussed.

<https://doi.org/10.1080/08995605.2024.2352601>

Peer support during in vivo exposure homework increases likelihood of prolonged exposure therapy completion.

Melba A. Hernandez-Tejada, Madeline J. Bruce, Wendy Muzzy, Anna Birks, Giovanni Macedo e Cordeiro, Stephanie M. Hart, Stephanie Hamski & Ron Acierno

Military Psychology

Published online: 09 May 2024

Exposure-based treatments such as prolonged exposure therapy (PE) are effective for veterans with PTSD. However, dropout rates as high as 50% are common. The Department of Veterans Affairs employs peers to increase mental health treatment engagement, however peers are not routinely used to help patients complete PE homework assignments. The present study included 109 veterans who decided to drop out from exposure-based treatment after completing seven or fewer sessions and used a randomized controlled design to compare PE treatment completion rates in response to 2 forms of peer support: (1) standard weekly telephone-based peer support vs. (2) peer-assisted in vivo exposure, wherein peers accompanied veterans (virtually or in person) during a limited number of in vivo exposure assignments. There were no differences between instrumental vs general peer support conditions as randomized. However, post hoc analyses indicated that 87% of those who completed at least one peer-assisted in vivo exposure completed treatment, compared to 56% of those not completing any peer-assisted in vivo exposure. The dose effect of peer-assisted in vivo exposure increased to 93% with 2 or more peer-assisted exposures, and 97% with 3 or more peer-assisted exposures. The present study suggests that augmenting PE with instrumental peer support during in vivo exposure homework may reduce dropout if completed. Future research should test whether the impact of peer-assisted in vivo exposure is enhanced when offered at the beginning of treatment as opposed to waiting until the point of dropout.

<https://doi.org/10.1080/08995605.2024.2351750>

How military-related stress and family relationships are associated with perceptions of work-family impact for married male service members with adolescent children.

Meredith L. Farnsworth & Catherine W. O'Neal

Military Psychology

Published online: 08 May 2024

Family members' perceptions of challenges associated with military life can spillover to their relationships with one another and, in turn, inform service members' beliefs of how their work impacts family life. The current study examined connections between active-duty fathers', civilian mothers', and adolescents' perceptions of military-related stress, adolescents' perceptions of quality of family relationships (i.e. parent-adolescent relationships), and service members' perceived work-family impact (specifically work-related guilt and work-related enrichment). To examine these associations, a path analysis with secondary cross-sectional data was estimated using data from 228 Army families (each with an active-duty father, civilian mother, and adolescent offspring). The findings suggested that service members' perceptions of military-related stress and adolescents' relationship quality with both parents were related to service members' work-family impact, specifically work-related enrichment. Such associations highlight the importance of high-quality parent-adolescent relationships for active-duty fathers' work-family impact, which has implications for military families but, more broadly, for service members' readiness and retention.

<https://doi.org/10.1080/08995605.2024.2336641>

Firearm leadership: Development, analysis, and application of a novel concept to message secure storage of firearms in the military.

Adam Walsh, Marjan Ghahramanlou-Holloway, Ian H. Stanley, Marian E. Betz, Brooke Heintz Morrissey, Shira Godin, Joshua C. Morganstein, Jessica LaCroix, Erin Cobb, Joseph Grammer & Christopher J. Button

Military Psychology

Published online: 09 Apr 2024

Suicide remains a leading cause of death in the United States (U.S.) Armed Forces. Access to firearms increases the risk of death by suicide due to the high lethality of firearm-related injuries (~90% in suicide attempts) and the highly dynamic nature of suicide which includes rapid change from low- to high-risk states. Critical gaps remain in

research, programming, and communication amongst scientists, Department of Defense (DoD) programmatic leaders, front-line commanders, and service members. To enhance communication and coordination, in June 2022, the first-ever national “Firearm Suicide Prevention in the Military: Messaging and Interventions Summit” was held, with discussion of Firearm Leadership, a concept that emphasizes the importance of communication about lethal means safety (LMS) among military leaders and service members. Through a discussion of scientific literature, the points identified during the Summit, as well as presenting illustrative case examples derived from suicide death reviews, we aim to provide a conceptual model for the benefits of Firearm Leadership and how some barriers can be overcome. Following the Summit, further discussions on “Firearm Leadership” led to the development of a Firearm Leadership Factsheet.

<https://doi.org/10.1080/21635781.2024.2331717>

Importance of Military Identity in Understanding the Relationship Between Post-Traumatic Stress Disorder and Adverse Family Functioning for Post-9/11 Veterans.

Jessica Dodge, Sara Kintzle, Kathrine Sullivan & Carl Castro

Military Behavioral Health

Published online: 14 Apr 2024

Post Traumatic Stress Disorder (PTSD) symptoms among service members appear to have a stronger impact on functioning in military families compared to civilian families. To better understand this relationship, this study applied the concepts explained by Social Identity Theory to explore how a Veteran’s social identity interacts with PTSD symptoms to affect family functioning. The sample included Veteran parents (N = 291) from San Francisco, CA and Chicago, IL who completed a cross-sectional survey about their well-being and transition out of service, including measures of PTSD, military identity, and family functioning. Linear regression showed a Veteran’s social identification with the military had significant main effects on adverse family functioning ($\beta = 1.5, p = .001$) and significantly moderated the relationship between PTSD and adverse family functioning ($\beta = -0.02, p = .03$). The interaction shows that higher perceptions of the military as family appeared to attenuate the relationship between PTSD symptoms and adverse family functioning up to a certain point. Our findings suggest that a Veteran’s greater desire to go back to the military or stronger feelings that the military was their family protected the functioning of their family from their PTSD

symptoms. However, when a Veteran had the highest possible desire to go back to the military or the strongest feeling like the military was their family, there was no effect on the relationship between PTSD symptoms and family functioning. Findings suggest the need to better understand how dimensions and strength of military identity can affect the relationship between PTSD symptoms and family functioning.

Links of Interest

Veterans Get 3 Mental Health Visits a Year for Free with VA's New Copay Exemption
<https://www.military.com/daily-news/2024/05/29/veterans-get-3-mental-health-visits-year-free-vas-new-copay-exemption.html>

Soldier honors Native American heritage after religious accommodation
<https://www.militarytimes.com/news/your-army/2024/05/31/soldier-honors-native-american-heritage-after-religious-accommodation/>

Psychedelic drug MDMA faces questions as FDA considers approval for PTSD
<https://apnews.com/article/mdma-fda-psychedelic-therapy-ptsd-treatment-drug-bc2d7495035a9532876c3dcdf52a9761>

Opinion: Why sleep remains a nationwide challenge amplified for post-9/11 vets
<https://www.militarytimes.com/opinion/2024/05/31/why-sleep-remains-a-nationwide-challenge-amplified-for-post-911-vets/>

CDP Staff Perspective: Stress and Youth Sleep Solutions
<https://deploymentpsych.org/blog/staff-perspective-stress-and-youth-sleep-solutions>

CDP Staff Perspective: Because Someone Else Said it Much Better - Using Quotes in Therapy
<https://deploymentpsych.org/blog/staff-perspective-because-someone-else-said-it-much-better-using-quotes-therapy>

Six apps to help manage stress
<https://news.va.gov/131262/six-apps-to-help-manage-stress/>

With a drop of blood, this new device will test for TBIs in 15 minutes
<https://www.militarytimes.com/news/your-military/2024/06/04/with-a-drop-of-blood-this-new-device-will-test-for-tbis-in-15-minutes/>


Panel rejects psychedelic drug MDMA as a PTSD treatment in possible setback for advocates

<https://apnews.com/article/mdma-psychedelics-fda-ptsd-ecstasy-molly-1f3753324fa7f91821c9ee6246fa18e1>

Resource of the Week – [Issue Brief: Expanding Peer Support and Supporting the Peer Workforce in Mental Health](#)

New, from the Substance Abuse and Mental Health Services Administration (SAMHSA):

This issue brief offers valuable information to State Mental Health Authorities (SMHA) about the benefits of peer support and inclusion of the peer workforce throughout the behavioral health continuum. The document highlights current standards and best practices for including peer support workers as an essential component of services delivery for mental and co-occurring disorders, like substance use disorder (SUD).



Issue Brief

Expanding Peer Support and Supporting the Peer Workforce in Mental Health

Introduction

The United States is facing multiple mental health challenges, with increasing rates of depression and anxiety having been exacerbated by the COVID-19 pandemic.^{1,2,3} At the same time, the country is also experiencing a growing shortage of behavioral health professionals. This shortage results in a lack of access to treatment and other services, such as substance use disorder (SUD) treatment, mental health counseling, and other behavioral healthcare services, for people who need it, particularly in under-resourced communities. To address this dual crisis, State Mental Health Authorities (SMHAs) are investing in programs that strengthen system capacity and performance through activities such as:

- Building the mental health workforce
- Piloting new approaches to training mental health paraprofessionals^{3,4}
- Expanding the availability of evidence-based mental health services
- Investing in research on new practice models^{1,2}

Other federal initiatives are connecting Americans to care and addressing social determinants of health as a part of a "whole society" effort.^{1,2}

About This SERIES

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed this series to provide guidance to states related to critical issues that may be addressed by the Community Mental Health Services Block Grant (MHBG).

This issue brief summarizes the benefits of peer support and discusses how states can support inclusion of the peer workforce across the behavioral health continuum. Information in this issue brief will enhance states' knowledge of peer support and assist in the inclusion and expansion of peer support throughout the behavioral health continuum.

SAMHSA
Substance Abuse and Mental Health Services Administration

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