

# CDP



## Research Update -- July 11, 2024

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<https://doi.org/10.1001/jamahealthforum.2024.1568>

## **Racial and Ethnic and Rural Variations in Access to Primary Care for Veterans Following the MISSION Act.**

Rosen, A. K., Beilstein-Wedel, E., Shwartz, M., Davila, H., & Gurewich, D.

JAMA Health Forum

June 21, 2024

### Key Points

#### Question

How was increased access to community care (CC) within the Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act associated with primary care access among rural/urban Black and Hispanic veterans compared with White veterans?

#### Findings

In this cross-sectional study of 5 046 087 veterans who used primary care, despite increases in veterans' utilization of CC, Black and Hispanic veterans waited longer for primary care in CC compared with White veterans except in CC urban areas where Hispanic veterans had shorter wait times compared with White veterans (all significant differences).

#### Meaning

The study results suggest that equitable access to primary care was not achieved with the VA MISSION Act and that a better understanding of the sources of health care disparities is needed so that strategies can be implemented to ensure that all veterans obtain timely care.

### Abstract

#### Importance

The 2018 Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act was implemented to increase timely access to care by expanding veterans' opportunities to receive Veterans Affairs (VA)–purchased care in the community (community care [CC]). Because health equity is a major VA priority, it is important to know whether Black and Hispanic veterans compared with

White veterans experienced equitable access to primary care within the VA MISSION Act.

### Objective

To examine whether utilization of and wait times for primary care differed between Black and Hispanic veterans compared with White veterans in rural and urban areas after the implementation of the VA MISSION Act.

### Design, Setting, and Participants

This cross-sectional study used VA and CC outpatient and consult data from the VA's Corporate Data Warehouse for fiscal years 2021 to 2022 (October 1, 2020, to September 30, 2022). Separate fixed-effects multivariable models were run to predict CC utilization and wait times. Each model was run twice, once comparing Black and White veterans and then comparing Hispanic and White veterans. Adjusted risk ratios (ARRs) were calculated for Black and Hispanic veterans compared with White veterans within rurality status for both outcomes.

### Main Outcomes and Measures

VA and CC primary care utilization as measured by primary care visits (utilization cohort); VA and CC primary care access as measured by mean wait times (access cohort).

### Results

A total of 5 046 087 veterans (994 517 [19.7%] Black, 390 870 [7.7%] Hispanic, and 3 660 700 [72.6%] White individuals) used primary care from fiscal years 2021 to 2022. Utilization increased for all 3 racial and ethnicity groups, more so in CC than VA primary care. ARR were significantly less than 1 regardless of rurality status, indicating Black and Hispanic veterans compared with White veterans were less likely to utilize CC for primary care. There were 468 246 primary care consultations during the study period. The overall mean (SD) wait time was 33.3 (32.4) days. Despite decreases in wait times over time, primary care wait times remained longer in CC than in VA. Black veterans compared with White veterans had significantly longer wait times in CC (ARRs >1) but significantly shorter wait times in VA (ARRS <1) regardless of rurality status in VA and CC. CC wait times for Hispanic veterans compared with White veterans were longer in rural areas only and in VA rural and urban areas (ARRs >1).

### Conclusion and Relevance

The results of this cross-sectional study suggest that additional research should explore the determinants and implications of utilization differences among Black and Hispanic veterans compared with White veterans. Efforts to promote equitable primary care

access for all veterans are needed so that policy changes can be more effective in ensuring timely access to care for all veterans.

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<https://doi.org/10.1001/jamapsychiatry.2024.1429>

## **Major Psychiatric Disorders, Substance Use Behaviors, and Longevity.**

Rosoff, D. B., Hamandi, A. M., Bell, A. S., Mavromatis, L. A., Park, L. M., Jung, J., Wagner, J., & Lohoff, F. W.

JAMA Psychiatry

June 18, 2024

### Key Points

#### Question

Are the genetic liabilities of psychiatric disorders, substance use behaviors, or their comorbidity associated with reduced longevity?

#### Findings

In this cohort study, multivariable mendelian randomization (MR) found that the genetic liability for smoking had a deleterious association with longevity, while corresponding genetic liabilities for major psychiatric disorders had no independent associations when accounting for comorbid substance use in cohorts of European ancestry. Transcriptomic imputation identified 249 smoking-associated genes, including several with associations between smoking and aging, and cis-instrument MR prioritized brain proteins to inform therapeutic development for smoking cessation.

#### Meaning

The findings in this genetics-based study suggest that reduced healthy aging associated with major psychiatric disorders may be primarily driven by the negative impact of smoking; novel transcriptomic and proteomic targets might offer opportunities for therapeutic drug development for smoking cessation.

#### Abstract

##### Importance

Observational studies suggest that major psychiatric disorders and substance use behaviors reduce longevity, making it difficult to disentangle their relationships with aging-related outcomes.

## Objective

To evaluate the associations between the genetic liabilities for major psychiatric disorders, substance use behaviors (smoking and alcohol consumption), and longevity.

## Design, Settings, and Participants

This 2-sample mendelian randomization (MR) study assessed associations between psychiatric disorders, substance use behaviors, and longevity using single-variable and multivariable models. Multiomics analyses were performed elucidating transcriptomic underpinnings of the MR associations and identifying potential proteomic therapeutic targets. This study sourced summary-level genome-wide association study (GWAS) data, gene expression, and proteomic data from cohorts of European ancestry. Analyses were performed from May 2022 to November 2023.

## Exposures

Genetic susceptibility for major depression (n = 500 199), bipolar disorder (n = 413 466), schizophrenia (n = 127 906), problematic alcohol use (n = 435 563), weekly alcohol consumption (n = 666 978), and lifetime smoking index (n = 462 690).

## Main Outcomes and Measures

The main outcome encompassed aspects of health span, lifespan, and exceptional longevity. Additional outcomes were epigenetic age acceleration (EAA) clocks.

## Results

Findings from multivariable MR models simultaneously assessing psychiatric disorders and substance use behaviors suggest a negative association between smoking and longevity in cohorts of European ancestry (n = 709 709; 431 503 [60.8%] female;  $\beta$ , -0.33; 95% CI, -0.38 to -0.28;  $P = 4.59 \times 10^{-34}$ ) and with increased EAA (n = 34 449; 18 017 [52.3%] female; eg, PhenoAge:  $\beta$ , 1.76; 95% CI, 0.72 to 2.79;  $P = 8.83 \times 10^{-4}$ ). Transcriptomic imputation and colocalization identified 249 genes associated with smoking, including 36 novel genes not captured by the original smoking GWAS. Enriched pathways included chromatin remodeling and telomere assembly and maintenance. The transcriptome-wide signature of smoking was inversely associated with longevity, and estimates of individual smoking-associated genes, eg, XRCC3 and PRMT6, aligned with the smoking-longevity MR analyses, suggesting underlying transcriptomic mediators. Cis-instrument MR prioritized brain proteins associated with smoking behavior, including LY6H ( $\beta$ , 0.02; 95% CI, 0.01 to 0.03;  $P = 2.37 \times 10^{-6}$ ) and RIT2 ( $\beta$ , 0.02; 95% CI, 0.01 to 0.03;  $P = 1.05 \times 10^{-5}$ ), which had favorable adverse-effect profiles across 367 traits evaluated in phenome-wide MR.

## Conclusions

The findings suggest that the genetic liability of smoking, but not of psychiatric disorders, is associated with longevity. Transcriptomic associations offer insights into smoking-related pathways, and identified proteomic targets may inform therapeutic development for smoking cessation strategies.

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## **Health Status and Mental Health of Transgender and Gender-Diverse Adults.**

Liu, M., Patel, V. R., Reisner, S. L., & Keuroghlian, A. S.

JAMA Internal Medicine

June 24, 2024

The National Institutes of Health has designated transgender and gender-diverse (TGD) people as a population that experiences health disparities. A 2017 US study documented physical and mental health inequities between TGD and cisgender adults. Since then, a record number of enacted laws has threatened the rights and protections of TGD people, including restricting access to gender-affirming care and permitting discrimination in public accommodations. Little is known about how the health of TGD people has changed during this surge in legislation. This study evaluated recent trends in health status and mental health among TGD adults in the US.

## Methods

This serial cross-sectional study obtained data from the 2014 to 2022 Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS introduced an optional gender identity module in 2014, with more states adopting the module over the study period (eTable 1 in Supplement 1). We classified respondents as TGD if they identified as transgender, male to female; transgender, female to male; or transgender, gender nonconforming. We classified all other respondents as cisgender and excluded respondents who responded “don’t know/not sure” or refused to answer. This study followed the STROBE reporting guideline and did not require approval from an institutional review board because it used only deidentified publicly available data.

We assessed 3 self-reported health outcomes: poor or fair health status, frequent mental distress, and depression. Frequent mental distress was defined as reporting 14

or more poor mental health days during the past month. Survey wording and definitions are provided in eTable 2 in Supplement 1.

We estimated prevalence rates for outcomes among TGD and cisgender adults using multivariable logistic regression models that adjusted for age, state, and survey year. Annual adjusted rates and annual mean changes (AMCs) were calculated with regression standardization. Models included a gender identity by survey year interaction term to evaluate whether trends among TGD and cisgender adults were significantly different. All analyses were conducted using Stata 18 (StataCorp LLC) and incorporated BRFSS survey weights. Statistical significance was set at 2-sided  $P = .05$ .

## Results

We included 1 921 731 respondents, of whom 1 912 847 (99.43% weighted) were classified as cisgender adults and 8884 (0.57% weighted) as TGD adults. Between 2014 and 2022, prevalence of poor or fair health status increased from 26.6% to 35.1% among TGD adults (AMC, 1.33%; 95% CI, 0.60%-2.06%) but decreased among cisgender adults (AMC, -0.19%; 95% CI, -0.24% to -0.15%) (Figure). Health status trends were significantly different by gender identity ( $P$  for interaction  $< .001$ ) (Table), indicating that the gap in health status widened between TGD and cisgender adults.

Prevalence of frequent mental distress increased from 18.8% in 2014 to 38.9% in 2022 among TGD adults (AMC, 2.82%; 95% CI, 2.17%-3.48%) and from 11.2% to 15.5% among cisgender adults (AMC, 0.56%; 95% CI, 0.52%-0.61%). Prevalence of depression more than doubled from 19.7% to 51.3% among TGD adults (AMC, 3.63%; 95% CI, 2.91%-4.35%), whereas smaller increases occurred among cisgender adults (AMC, 0.39%; 95% CI, 0.35%-0.44%). Worsening of mental health outcomes was significantly more pronounced among TGD than cisgender adults ( $P$  for interaction  $< .001$ ).

## Discussion

Health status, mental health, and health inequities among TGD adults in the US worsened from 2014 to 2022. This population experienced over 2-fold increases in prevalence of frequent mental distress and depression, while significantly smaller changes were observed among their cisgender counterparts.

Study limitations include possible recall and response biases for self-reported outcomes, variation across states in gender identity data collection, and limited generalizability of findings because not all states have adopted the BRFSS gender identity module.



Poor health outcomes among TGD adults are associated with exposure to stress in the form of multilevel stigma and discrimination attributed to belonging to a marginalized group.<sup>5</sup> Further research is required to identify factors contributing to the widening health inequities in this population, especially amid recent proliferation of anti-TGD legislation. Our findings highlight the need for the health sector to follow established standards of care and advocate for policies that protect TGD health.

See also: [Association of Political Assaults With the Health of Transgender and Nonbinary Persons](#).

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<https://doi.org/10.1080/16506073.2024.2368518>

### **Correlates of depression in individuals with obsessive compulsive disorder.**

Hathway, T., McDonald, S., Melkonian, M., Karin, E., Titov, N., Dear, B. F., & Wootton, B. M.

Cognitive Behaviour Therapy  
Published online: 27 Jun 2024

The existing literature examining the correlates of depression in individuals with obsessive compulsive disorder (OCD) is characterized by inconsistent results. The aim of the current study was to replicate and extend the literature by exploring whether various clinical and demographic factors are related to the occurrence of depression in a large sample (N = 243) of individuals with OCD (M age = 33.00; SD = 12.47; 74% female). Individuals with OCD who had elevated comorbid depressive symptoms [Patient Health Questionnaire-9 item (PHQ-9)  $\geq 10$ ] scored significantly higher on all OCD symptom subtypes (p range < .001–.048), had greater obsessive and compulsive severity (ps < .001), scored higher on perfectionism (p < .001), and had higher disgust sensitivity and propensity scores (ps < .001) compared with individuals who did not have comorbid depressive symptoms (PHQ-9 < 10). Of these variables, obsession severity ( $\beta = 0.22$ , p = .004), OCD contamination subtype ( $\beta = 0.16$ , p = .032) and perfectionism ( $\beta = 0.25$ , p < .001) were found to be associated with depressive symptoms on the PHQ-9. The findings of this study contribute to the understanding of factors which are associated with depression comorbidity in individuals with OCD.

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<https://doi.org/10.1002/acr.25315>

## **General and Pain-Associated Psychological Distress Phenotypes Among Patients With Low Back Pain in the Military Health System.**

Rhon, D. I., George, S. Z., Greenlee, T. A., Farrokhi, S., & Lentz, T. A.

Arthritis Care & Research

Volume 76, Issue 7, July 2024, Pages 943-952

### Objective

The primary objective was to describe rates of general and pain-related psychological distress for individuals with low back pain (LBP) in the Military Health System (MHS). We identified common phenotypes defined by rates of general and pain-related psychological distress and compared phenotypes on their level of pain interference, physical function, anxiety, and depression.

### Methods

We created a cohort from two completed trials assessing nonpharmacological treatment for LBP in the MHS (n = 510 total). The Optimal Screening for Prediction of Referral and Outcome Yellow Flag assessment tool identified the presence of 11 different yellow flags. Latent class analysis (LCA) used yellow flag indicators to identify common psychological phenotypes. We then compared Patient-Reported Outcomes Measurement Information Systems measures of pain interference, physical function, sleep disturbance, depression, and anxiety across phenotypes.

### Results

LCA identified five phenotypes (percentage of the sample): low distress (32%), high distress (27%), poor pain coping and low self-efficacy (18%), low self-efficacy and acceptance (14%), and poor pain coping (10%). Highly distressed phenotypes reported higher levels of pain interference, sleep disturbance, depression, and anxiety than those with other phenotypes, whereas the low distress phenotype had significantly lower pain interference and higher physical function scores than those characterized by all other phenotypes.

### Conclusion

These phenotypes provide opportunities for clinicians and researchers to develop novel LBP treatment pathways tailored to patients with different profiles of psychological distress. Future work is needed to validate their predictive capabilities for clinical outcomes.

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<https://doi.org/10.3389/fpubh.2024.1336406>

**From active duty to activism: how moral injury and combat trauma drive political activism and societal reintegration among Israeli veterans.**

Levy, A., & Gross, M. L.

Frontiers in Public Health

04 June 2024

Trigger warning: This article deals with combat experiences and their consequences and could be potentially disturbing.

Introduction:

Moral injury (MI) is a severe form of combat trauma that shatters soldiers' moral bearings as the result of killing in war. Among the myriad ways that moral injury affects veterans' reintegration into civilian life, its impact on political and societal reintegration remains largely unstudied but crucial for personal, community, and national health.

Methods:

13 in-depth interviews examine combat soldiers' exposure to potentially morally injurious events (PMIEs) that include killing enemy combatants, harming civilians, and betrayal by commanders, the military system, and society. Interviewees also described their political activities (e.g., voting, fundraising, advocacy, protest) and social activism (e.g., volunteering, teaching, charitable work). Interviewees also completed the Moral Injury Symptom Scale.

Results:

Two distinct narratives process PMIEs. In a humanitarian narrative, soldiers hold themselves or their in-group morally responsible for perpetrating, witnessing, or failing to prevent a morally transgressive act such as killing or injuring civilians or placing others at unnecessary risk. In contrast, a national security perspective blames an out-group for leaving soldiers with no choice but to act in ways that trigger moral distress. Associated with shame and guilt, the humanitarian perspective triggered amends-making and social activism after discharge. In contrast, a national security perspective associated with anger and frustration fostered protest and intense political activism.

#### Discussion:

Despite its harmful health effects, moral trauma and injury can drive intense political and social activism, depending upon the narrative veterans adopt to interpret PMIEs. Aside from moral injury's personal, familial, and social effects, moral injury drives veterans' return to the political arena of civil society. As such, veterans play a central role in politics and dramatically affect post-war policy in democratic nations following conflict.

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<https://doi.org/10.1177/20503121241260000>

### **The relationship between post-traumatic stress disorder and gastrointestinal disease in United States Military Veterans.**

Kent K. G.

SAGE Open Medicine

First published online June 22, 2024

#### Background:

This study examined the relationship between gastrointestinal disease and post-traumatic stress disorder in U.S. military Veterans. Based on literature and clinical practice data sources from the U.S. Veterans Administration, gastrointestinal disease and post-traumatic stress disorder were hypothesized to be positively correlated in Veterans.

#### Objectives:

This study aimed to determine the frequency with which gastrointestinal disease and post-traumatic stress disorder are diagnosed comorbidities, a diagnosis of gastrointestinal disease accompanies a diagnosis of post-traumatic stress disorder, and a diagnosis of post-traumatic stress disorder accompanies a diagnosis of a gastrointestinal disease.

#### Methods:

The methodology was a retrospective, correlational design using data collected from the U.S. Department of Veterans Affairs patient database.

#### Results:

The results were that post-traumatic stress disorder is bi-directionally correlated with the gastrointestinal diseases of gastroesophageal reflux disease, peptic ulcer disease,

functional dyspepsia, Crohn's disease, diverticular disease, irritable bowel syndrome, and the symptoms of constipation and nausea/vomiting within Veterans who served during wartime periods. The study also found that post-traumatic stress disorder is not correlated with ulcerative colitis in Veterans.

#### Conclusions:

The conclusions are that clinicians who see a presentation of post-traumatic stress disorder should be screening for gastrointestinal disease, while primary care and gastroenterology providers treating gastrointestinal disease should be screening for a history of trauma, as improved diagnosis rates may lead to improved treatment.

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<https://doi.org/10.1080/1045988X.2024.2367453>

### **A call to duty: supporting military families raising children with disabilities.**

Mariya T. Davis, Christina M. Gushanas & Kimberly S. Grotewold

Preventing School Failure: Alternative Education for Children and Youth

Published online: 23 Jun 2024

Military families raising children with disabilities face many challenges locating and accessing support and services from a local school district following a redeployment. Proper and adequate support from education agencies can help facilitate smooth school transitions for military children and their families. Therefore, it is critical to explore various supports and services offered by school systems and learn about military families' experiences when attempting to access those resources. The purpose of this scoping review was to examine the extant research related to supports and services offered to military families, explore parental experiences with accessibility, and guide future research on the topic. This scoping review was conducted using Arksey & O'Malley five-step structured process. The identified studies described a range of public school-based services and supports provided to military families and their experiences with accessing needed services and supports. Implications are associated with possible solutions, research gaps, and future directions.

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<https://doi.org/10.1037/ser0000886>

**Gender as a moderator of associations between military sexual trauma and posttraumatic stress disorder treatment utilization.**

Ranney, R. M., Bernhard, P. A., Holder, N., Vogt, D., Blosnich, J. R., Schneiderman, A. I., & Maguen, S.

Psychological Services  
Advance online publication

The present study sought to investigate whether gender moderates the relationship between military sexual trauma (MST) and posttraumatic stress disorder (PTSD) treatment utilization, among veterans with clinically significant PTSD symptoms. Participants were 2,664 veterans with probable PTSD from a nationwide, population-based survey. Participants reported sociodemographic information, history of MST (including military sexual harassment and military sexual assault), and lifetime receipt of PTSD psychotherapy and medication treatment. We found that gender significantly moderated relationships between (a) military sexual harassment and PTSD psychotherapy, (b) military sexual assault and PTSD psychotherapy, and (c) military sexual harassment and PTSD medication. For women, MST was associated with a greater likelihood of receiving treatment, but for men, MST was not associated with PTSD treatment. Future research is needed to better understand gender differences in how experiences of MST may affect engagement in PTSD treatment. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

**Impact Statement**

We found that for women veterans with probable posttraumatic stress disorder (PTSD), military sexual trauma (MST) was associated with greater PTSD treatment utilization. In contrast, for men veterans with probable PTSD, MST was not associated with PTSD treatment utilization. Future research is needed to better understand gender differences in how experiences of MST may affect engagement in PTSD treatment. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1037/tra0001710>

**The Course of Symptoms Over Time in People With Posttraumatic Stress Disorder.**

Richard A. Bryant, Dusan Hadzi-Pavlovic

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

**Objective:**

There is inadequate evidence regarding the symptom profile of people who have posttraumatic stress disorder (PTSD) over time. The goal of this study was to determine the consistency of symptoms in people with PTSD over successive assessments.

**Method:**

The sample comprised military personnel who participated in the Army Study to Assess Risk and Resilience in Servicemembers. Participants completed the PTSD Checklist, and this sample included those who completed two assessments.

**Results:**

There were 1,164 participants with two consecutive PTSD diagnoses. Only 212 (18.2%) of participants reported the same number of symptoms over both timepoints. Intrusive memories, distress to reminders, avoidance, detachment, and sleep problems were among the most reported symptoms at the second assessment not reported initially.

**Conclusions:**

The observed pattern of findings indicate that although PTSD diagnoses often remain consistent over time, the symptoms that comprise this diagnosis can fluctuate. Clinicians should be sensitive to the changing symptoms that PTSD patients can display over time.

**Clinical Impact Statement**

Although posttraumatic stress disorder (PTSD) diagnosis can remain constant over time in a person, there is a scarcity of knowledge about the extent to which symptoms can vary across time in people who continue to have the diagnosis. We examined a large sample of U.S. military personnel who were assessed on multiple occasions following deployment. We found that only one fifth of personnel who had PTSD in successive assessments reported the same symptoms. Symptoms that tended to emerge on subsequent assessments included intrusive memories, distress to reminders, avoidance, detachment, and sleep problems. Clinicians need to be cognizant of the changing clinical profiles of people with PTSD.

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<https://doi.org/10.1037/scp0000375>

## **Rerouting spiritual bypass: An internal family systems approach.**

Dorais, S., Gutierrez, D., Jackson, T., & Burgin, E.

Spirituality in Clinical Practice

Advance online publication

Spiritual bypass is the tendency to avoid psychological distress and mental health challenges in the name of spirituality. Despite being recognized as a significant concern in the literature, there is a scarcity of approaches that specifically address spiritual bypass in clinical practice. In this article, the authors explore the use of Internal Family Systems, a model of therapy uniquely positioned to address spiritual bypass through its integration of spirituality and parts work. Internal Family Systems integrates spiritual considerations and targets avoidance through mindfulness-based techniques, making it a potentially strategic solution to spiritual bypass. Implications and future research are discussed. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1007/s10389-024-02310-2>

## **Abuse disclosure and documentation in the medical record: an observational matched-cohort study in the US Military Health System.**

Julia M. Petrini, Patricia K. Carreño, Dhanusha Subramani, Monica A. Lutgendorf, Alexander G. Velosky, Michael S. Patzkowski, Germaine F. Herrera & Krista B. Highland

Journal of Public Health

Published: 22 June 2024

### **Aim**

This study aims to evaluate the overall incidence of abuse code documentation in the medical records of patients assigned female, and the relationships between abuse code documentation and patient characteristics, healthcare utilization (e.g., overall visits, emergency room visits, opioid prescription receipts), and diagnoses received in the year following documentation.



## Subject and methods

Records of patients assigned female in the medical record were evaluated in this observational, retrospective study, which received a non-research determination by the Brooke Army Medical Center Institutional Review Board (C.2019.156n). Patient cohorts included those who received an initial healthcare encounter (i.e., index visit) in which physical, sexual, or psychological abuse was documented and those who never received documentation corresponding to abuse during the study period.

## Results

The probability of abuse code documentation varied across patient characteristics and medical information. Using 1:1 propensity score matching, patients who received abuse code documentation had higher post-index healthcare utilization overall, as well as increased odds of an emergency visit, receipt of a mental health diagnosis, and receipt of an opioid prescription within a year of the index date.

## Conclusion

These findings highlight the need for system-level interventions to ensure standardized screening and care pathways for those who experience abuse. Such programs could mitigate barriers to patient disclosure of abuse and support patient-centered policies.

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[https://www.researchgate.net/profile/Minden-Sexton-2/publication/381478575\\_Sex\\_Posttraumatic\\_Cognitions\\_and\\_Suicide\\_Ideation\\_Among\\_Veterans\\_Seeking\\_Trauma-Focused\\_Treatment/links/66703272b769e769193a77d7/Sex-Posttraumatic-Cognitions-and-Suicide-Ideation-Among-Veterans-Seeking-Trauma-Focused-Treatment.pdf](https://www.researchgate.net/profile/Minden-Sexton-2/publication/381478575_Sex_Posttraumatic_Cognitions_and_Suicide_Ideation_Among_Veterans_Seeking_Trauma-Focused_Treatment/links/66703272b769e769193a77d7/Sex-Posttraumatic-Cognitions-and-Suicide-Ideation-Among-Veterans-Seeking-Trauma-Focused-Treatment.pdf)

## **Sex, Posttraumatic Cognitions, and Suicide Ideation Among Veterans Seeking Trauma-Focused Treatment.**

Margaret T. Davis, Victoria Hart-Derrick, Minden B. Sexton, Sara G. Kern, Kelly Zuromski, Sheila A. M. Rauch

the Behavior Therapist  
June 2024; 47(4): 227-238

Clinical research has long recognized the significance of altered posttraumatic thoughts and beliefs about oneself, others, and the world in the etiology of posttraumatic stress

disorder (Beck et al., 2011; Brown et al., 2018; Horowitz et al., 2018). The development of entrenched, global negative thoughts and beliefs, or posttraumatic cognitions (NPC; e.g., I deserve bad things to happen to me, or The world is not a safe place) (Ehlers & Clark, 2000) in the wake of trauma exposure predicts both the development (Van Buren & Weierich, 2015) and maintenance of PTSD (Foa et al., 1999; Robinaugh et al., 2011; Scher et al., 2017). A wealth of empirical work has shown that NPCs predict PTSD symptom severity across populations and trauma types (Ehring et al., 2006), and NPCs have been shown to mediate PTSD symptom reduction across therapy modalities (LoSavio et al., 2017; McLean et al., 2015; Szoke et al., 2024) and to drive PTSD symptom change in prolonged exposure therapy (Brown et al.; Zalta et al., 2014). Of note, research has also shown a relationship between NPC severity and common negative consequences of trauma exposure, including aggression (Crocker et al., 2016), depression (Beck et al., 2015; Christ et al., 2021) and broadly self-destructive behavior (Holliday et al., 2020), raising questions concerning the relationship between NPCs and the development of suicide ideation (SI) and behavior in trauma survivors. The importance of identifying and exploring a relationship between NPCs and suicide behavior is underscored by recent data concerning suicide rates in military and veteran populations. An estimated 17–20 veterans commit suicide each day in the United States (Sall et al., 2019; Department of Veterans Affairs, 2018), and suicide remains the second leading cause of death among veterans below the age of 45. While overall risk for mortality among veterans from all causes combined is 24–25% lower than that of the general public, risk of death by suicide is 41–61% (57.30% as listed by the 2022 national report) higher across branches (Kang et al., 2015). Thus, exploration of the relationship between NPCs and suicide behavior to inform risk and prevention efforts must be prioritized.

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<https://doi.org/10.1089/jwh.2023.0974>

### **Mental Health and Cognition in Women Veterans Enrolled in the Health of Vietnam Era Veteran Women’s Study (HealthViEWS).**

Charity B. Breneman, Mary M. Valmas, Lauren M. Skalina, Yasmin Cypel, Avron Spiro, Susan M. Frayne, Kathryn M. Magruder, Amy M. Kilbourne, Rachel Kimerling, and Matthew J. Reinhard

Journal of Women’s Health  
Published Online: 24 June 2024

### Objective:

This analysis explored relationships between mental health symptoms and conditions and cognitive function in a cohort of Vietnam-era women veterans from the Health of Vietnam Era Veteran Women's Study (HealthViEWS).

### Methods:

Vietnam-era women veterans completed a mail survey assessing self-reported symptom severity of posttraumatic stress disorder (PTSD) and depression. A telephone-based structured interview assessed mental health conditions and cognitive function (telephone interview for cognitive status [TICS]). Participants were categorized using a TICS threshold of  $\leq 29$  to designate possible cognitive impairment versus nonimpaired. Separate logistic regression models were used to determine associations between possible cognitive impairment and each self-reported and interviewer-rated assessment of PTSD and depression while adjusting for age, education, race, marital status, and wartime service location.

### Results:

The sample consisted of 4,077 women veterans who were  $\geq 60$  years old and completed the TICS. Of these women, 7.20% were categorized with possible cognitive impairment. Logistic regression models indicated that self-reported PTSD and depression symptom severity were each significantly associated with higher odds of possible cognitive impairment (adjusted odds ratios [aOR]: 1.03 [95% confidence interval [CI]: 1.02–1.04] and 1.07 [95% CI: 1.04–1.09], respectively). Women veterans with a probable diagnosis of depression had higher odds of possible cognitive impairment compared to those without depression (aOR: 1.61 [95% CI: 1.07–2.42]). No association was found for probable diagnosis of PTSD.

### Conclusions:

Although further examination remains necessary, results suggest that Vietnam-era women veterans with self-reported PTSD and depression symptom severity or a probable diagnosis of depression may benefit from screening of cognitive function to inform clinical care.

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<https://doi.org/10.1080/07481187.2024.2370468>

**Female military service members and veterans: Understanding treatment seeking behavior and previous suicide risk among suicide decedents.**

Allison E. Bond, Claire Houtsma, Mary E. Shapiro, Shelby L. Bandel, Jayna Moceribrooks & Michael D. Anestis

Death Studies

Published online: 24 Jun 2024

To examine the differences in treatment seeking behaviors, previous suicidal thoughts, previous suicide attempts, and disclosure of suicidal thoughts among female service members (SM)/Veteran suicide decedents who used a firearm and those who used another method. Data was acquired from the National Violent Death Reporting System which is maintained and monitored by the Center for Disease Control and Prevention. Data included in the present study were from suicide deaths that occurred between 2003–2018. Female SM/Veterans who died by firearm suicide had lower proportions of current mental health or substance use treatment, lifetime mental health or substance use treatment, and previous suicide attempts compared to those who used another method. Female SM/Veterans who die by firearm suicide are less likely to encounter mental health services than those who use another method. Conversations on secure firearm storage need to occur outside of the health care setting.

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<https://doi.org/10.1016/j.jbtep.2024.101978>

### **Associations between PTSD and Temporal Discounting: The Role of Future Thinking.**

M Verfaellie, V Patt, G Lafleche, JJ Vasterling

Journal of Behavior Therapy and Experimental Psychiatry

Available online 24 June 2024, 101978

#### Highlights

- Greater severity of PTSD symptoms was associated with steeper temporal discounting.
- Future thinking eliminated PTSD-associated alterations in temporal discounting.
- Primary clinical correlates were avoidance and alterations in cognition and mood.

#### Abstract

Background and objectives

Despite documented alterations in future thinking in posttraumatic stress disorder

(PTSD), our understanding of how individuals with PTSD make future-oriented decisions is limited. We tested the hypothesis that increased discounting in association with PTSD reflects failure to spontaneously envision future rewarding situations.

#### Methods

Thirty-seven trauma exposed war-zone veterans completed a standard temporal discounting task as well as a temporal discounting task accompanied by episodic future thinking cues.

#### Results

Severity of PTSD symptoms was associated with preference for sooner, smaller rewards in the standard task. Consistent with our hypothesis, when participants engaged in future thinking, greater PTSD symptom severity was no longer associated with steeper discounting. Moreover, difficulty anticipating future events, as measured contemporaneously in a separate task ([author\_year\_b]), mediated the relationship between PTSD symptom severity and degree of discounting in the standard task. Among PTSD symptom clusters, the severity of avoidance and negative alterations in cognition and mood was related to steeper discounting. Measures of depression and alcohol use were not associated with discounting.

#### Limitations

The sample included mostly male, predominantly White veterans who experienced primarily combat-related trauma.

#### Conclusions

PTSD-associated alterations in temporal discounting reflect failure to spontaneously imagine future positive events. Two common correlates of PTSD, depression and alcohol use, could not account for the observed associations between PTSD and future-oriented decisions.

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<https://doi.org/10.1111/jsr.14227>

### **A phenomenological inquiry into the costs and consequences of insomnia for veterans with serious mental illness.**

Elizabeth A. Klingaman, Alicia Lucksted, Eric S. Crosby, Corinne N. Kacmarek, Amanda Peebles, Samantha Hack, Yelena Blank, Elana Schwartz

Journal of Sleep Research  
First published: 23 June 2024

Many individuals with serious mental illness (i.e. schizophrenia spectrum, bipolar or major depressive disorders, with serious functional impairments) have insomnia symptoms. Insomnia is a common reason for mental health referrals in the Veterans Health Administration. The primary aim of this study was to explore the costs (what participants lose or what trade-offs they make due to insomnia) and consequences (how insomnia impacts functioning) of insomnia for veterans with serious mental illness. Semi-structured interviews of 20 veterans with insomnia and serious mental illness were collected as data using an inductive phenomenological approach. Two main themes were identified: Sleep Affects Mental Health and Functioning; and Compromising to Cope. Results illuminate pathways by which sleep effort destabilizes functional recovery, and illustrate how sleep has multiplicative positive impacts on functioning and mood. Researchers and clinicians alike must explore supporting people with serious mental illness in replacing sleep effort with the recovery of meaningful identity-driven, values-based experiences formerly conceded due to serious mental illness, insomnia or both.

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<https://doi.org/10.1097/HTR.0000000000000974>

### **Effects of Blast-and Impact-Related Concussion on Persistent Sleep Problems.**

Chung, S. Y., Harrison, E. M., Englert, R. M., & Belding, J. N.

Journal of Head Trauma Rehabilitation  
June 18, 2024

#### **Objective:**

Examine whether concussion mechanism of injury (high-level blast [HLB] vs impact) affects the likelihood of persistent sleep problems in a post-deployment military population.

#### **Setting:**

Post-Deployment Health Assessment and Re-Assessment survey records completed upon return from deployment and approximately 6 months later.

Participants:

Active duty enlisted US Marines who completed both assessments (N = 64 464).

Design:

This retrospective cohort study investigated US Marines deployed between 2008 and 2012. Logistic regression was used to examine persistent sleep problems 6 months after return from deployment.

Main Measures:

Self-reported sleep problems at reassessment were investigated as the outcome. Predictors included HLB-induced concussions (mbTBI vs none), impact-induced concussions (miTBI vs none), occupational risk of low-level blast, probable posttraumatic stress disorder (PTSD), depression, alcohol misuse, sleep problems upon deployment return, and relevant interactions, adjusting for sex and pay grade.

Results:

With the exception of sex, all main effects in the model were associated with greater likelihood of reporting persistent sleep problems at reassessment. Sleep problems at return from deployment showed the strongest associations with likelihood of reporting sleep problems at reassessment, followed by mbTBI. The latter was exacerbated by PTSD and depression.

Conclusion:

mbTBI (vs miTBI) may be more strongly associated with persistent sleep issues that warrant additional monitoring and treatment, particularly among those with probable PTSD and/or depression.

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<https://doi.org/10.1080/08995605.2024.2370707>

**Posttraumatic growth among mental health officers who treat soldiers with non-suicidal self-harm/suicidal behavior: The role of cognitive and personality characteristics.**

Moryosef, S. L., & Ben-Ari, O. T.

Military Psychology

Published online: 25 June 2024

Mental health officers (MHO) in the military often encounter soldiers expressing distress, manifested in threats and attempts at self-harm and suicide. While these behaviors are a significant stressor for therapists, they may also be an opportunity for posttraumatic growth (PTG). We aimed to examine whether the relatively frequent exposure of MHO to soldiers who report thoughts, intentions, and attempts at self-harm and suicide is related to their PTG, as well as tested the contribution of cognitive variables (the centrality of the event and the challenge to core beliefs), and a trait not previously considered in this context, i.e. self-compassion to PTG. Self-report questionnaires were completed by 130 Israeli army MHO. Of these, 98.5% reported that they are exposed to self-harm. The questionnaires were collected between the years 2020–2021. The findings show a positive linear relationship, as well as a curvilinear relationship, between PTG and exposure to expressions of self-harm and suicide, the centrality of the event, and the challenge to core beliefs. In addition, self-compassion served as a moderator in the association between exposure and PTG. The study validates the PTG model in a population that has not previously been studied in this context, and may lead to a broader understanding of PTG in this context. They may help in designing dedicated training programs for therapists dealing with reports of self-harm and suicidal behavior.

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<https://doi.org/10.1080/13811118.2024.2363226>

## **The Components and Characteristics of Safety Management Plans Used to Reduce the Risk of Self Harm: A PRISMA Scoping Review.**

O'Connor, M., Sutton, A., & Hennessy, E.

Archives of Suicide Research  
Published online: 24 Jun 2024

### **Background**

The term “safety management planning” can be thought of as having evolved to constitute a number of different intervention types and components used across various clinical settings with various populations. This poses a challenge for effective communication between clinicians and likely variability in the clinical effectiveness of these interventions.

### **Aim**

This PRISMA Scoping Review aims to review the literature to ascertain which



intervention components and characteristics currently fall under this umbrella term as well as in which contexts the plans are delivered and who is involved in the process.

#### Method

Published research studies in PsycINFO, CINAHL Plus, MEDLINE, Science Direct and Web of Science were reviewed. Grey literature was searched using the databases Base and OpenGrey as well as through the search engine Google.

#### Results

2853 abstracts were initially identified for screening and 74 pieces of literature informed the final review, with 54 derived from the published academic literature and 20 from the grey literature. Results indicated that the safety plans are used with a wide variety of populations and often include components related to identifying warning signs, internal coping strategies, accessing social professional support amongst other components.

#### Conclusion

Although most safety management plans described appeared to be based on specific interventions, there was a large amount of heterogeneity of components and characteristics observed. This was particularly the case with regards to safety management planning within the grey literature.

#### HIGHLIGHTS

- This review explored what is currently meant by the term “safety management planning” within the academic and grey literature
- While the majority of safety management planning interventions are based on specific researched interventions, many safety management planning tools vary in their characteristic and components.
- Evidence from within the grey literature suggests the use of safety management planning in a community setting, without clinical supervision.

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<https://doi.org/10.1016/j.jad.2024.06.101>

**Empirical clustering to identify individuals for whom insomnia is more closely related to suicidal ideation.**

Andrew S. Tubbs, Michael L. Perlis, William D.S. Killgore, Jordan F. Karp, ... Fabian-Xosé Fernandez

## Highlights

- Three algorithms converged on 3 clusters of lifetime suicidal ideators.
- Clusters were defined by psychiatric severity (modest vs. elevated vs. severe).
- Insomnia was linked to current ideation most in those with modest severity.
- Insomnia alone may matter more for suicide risk in less severe populations.

## Abstract

### Background

Although the effect sizes are modest, insomnia is consistently associated with suicidal thoughts and behaviors. Subgroup analyses can efficiently identify for whom insomnia is most relevant to suicidal ideation. To improve clinical case identification, the present study sought to identify subclusters of lifetime suicidal ideators for whom insomnia was most closely related to current suicidal ideation.

### Methods

Data on N = 4750 lifetime suicidal ideators were extracted from the Military Suicide Research Consortium's Common Data Elements. Data on sociodemographic characteristics, severity and history of suicidal thoughts and behaviors, and related clinical characteristics were clustered by unsupervised machine learning algorithms. Robust Poisson regression estimated cluster by insomnia associations with current suicidal ideation.

### Results

Three clusters were identified: a modest symptom severity cluster (N = 1757, 37.0 %), an elevated severity cluster (N = 1444 30.4 %), and a high severity cluster (N = 1549 32.6 %). In Cluster 1, insomnia was associated with current suicidal ideation (PRR 1.29 [1.13–1.46]) and remained significant after adjusting for sociodemographic and clinical covariates. In Cluster 2, insomnia was associated with current suicidal ideation (PRR 1.14 [1.01–1.30]), but not after adjusting for sociodemographic and clinical covariates. In Cluster 3, insomnia was associated with current suicidal ideation (PRR 1.12 [1.03–1.21]) and remained significant after adjusting for sociodemographic covariates, but not clinical covariates.

### Limitations

Cross-sectional design, lack of diagnostic data, non-representative sample.

## Conclusion

Insomnia appears more closely related to current suicidal ideation among modest severity individuals than other subgroups. Future work should use prospective designs and more comprehensive risk factor measures to confirm these findings.

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<https://doi.org/10.1007/s40675-024-00309-5>

## **Brief Behavioral Interventions for Insomnia.**

Okun, M.L., Glidewell, R.N.

Current Sleep Medicine Reports

Published: 27 June 2024

### Purpose of Review

For decades, cognitive behavioral treatment for insomnia (CBTI) has been successfully used to treat insomnia. The number of available providers remains insufficient for the 10–25% of the population who have insomnia. Brief behavioral treatment for insomnia (BBTI) is a 4-session manualized treatment paradigm administrable in medical settings by nonpsychologist health professionals.

### Recent Findings

The effectiveness of BBTI in reducing symptoms of insomnia has been observed in a wide array of populations, such as older adults, people with depression, and military veterans. Recent technological advances have taken advantage of the easy and acceptable delivery of BBTI in order to reach more individuals. Delivery is done via telehealth, within primary care clinics, and myriad smart phone apps. BBTI is a viable option to treat people with insomnia on a broad scale.

### Summary

Current evidence supports BBTI as an effective mid-level intervention in the context of a stepped care model ranging from self-help to individual CBTI provided by behavioral sleep medicine trained psychologist.

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## **Developmental pathways from insomnia to suicidality: A resilience perspective.**

Q Li, X Chen, Y Zhu, X Shi

Journal of Affective Disorders

Volume 362, 1 October 2024, Pages 45-53

### Highlights

- Insomnia symptoms and suicidality mutually predicted each other.
- Resilience played a longitudinal mediating role in linking insomnia symptoms and suicidality.
- Insomnia-oriented and resilience-oriented prevention and intervention programs will be helpful in reducing the risk of suicide.

### Abstract

#### Background

Insomnia has been identified as a potential risk factor for suicidality. However, to date, few studies using the longitudinal-design have examined the underlying mechanism of this relationship. Based on a resilience perspective, this study aimed to investigate the dynamic longitudinal relationships between insomnia, resilience, and suicidality.

#### Methods

A total of 5785 freshmen were sampled from a large-scale health-related cohort among Chinese college students. This study spanned six waves, covering the period from 2020 to 2022. Data from T1 to T4 were used because resilience was not measured at baseline (T0) and T5. The cross-lagged panel models and the latent growth curve mediation model were used to examine the longitudinal dynamic relationships between insomnia, resilience, and suicidality.

#### Results

The results showed that insomnia symptoms and suicidality mutually predicted each other, and resilience played a longitudinal mediating role in linking insomnia symptoms and suicidality.

#### Conclusions

Given that resilience served as a mediator in the relation between insomnia symptoms

and suicidality, some resilience-oriented prevention and intervention programs will be helpful in reducing the risk of suicide among university students.

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<https://doi.org/10.1080/13557858.2024.2367976>

## **Chronic stress exposure, social support, and sleep quality among African Americans: findings from the National Survey of American Life-Reinterview.**

Ann W. Nguyen, Omonigho M. Bubu, Kedong Ding & Karen D. Lincoln

Ethnicity & Health

Published online: 26 Jun 2024

### Objective

The purpose of this study was to determine whether social support from extended family and church members moderate the association between chronic stress exposure and sleep quality in a nationally representative sample of African American adults.

### Design

Data from African American respondents aged 18 and older were drawn from the National Survey of American Life-Reinterview. The analytic sample for this study included 1,372 African American adults who attended religious services at least a few times a year, as the church-based relationship measures were only assessed for these individuals. Self-reported sleep quality was assessed by sleep satisfaction, trouble falling asleep, and restless sleep. Chronic stress exposure was measured by a nine-item index. OLS and logistic regression were used to estimate the relationship between chronic stress exposure, extended family and church relationships, and sleep quality.

### Results

The data indicated that chronic stress exposure was associated with decreased sleep satisfaction, increased likelihood of trouble falling asleep and restless sleep. Receiving emotional support from family and more frequent contact with church members were associated with decreased restless sleep. Emotional family support moderated the associations between chronic stress exposure and trouble falling asleep and restless sleep. The positive associations between chronic stress exposure and these two sleep quality measures were attenuated among respondents who received high levels of emotional support from their family.

## Conclusions

Together, these findings underscore the detriment of chronic stress exposure to African Americans' sleep quality and suggest that extended family members are effective stress coping resources and play an important role in this population's sleep quality.

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<https://doi.org/10.1093/milmed/usae254>

## **Recruit Profiles Across the U.S. Armed Forces: Implications for Increasing Gender Integration in Recruit Training.**

Meredith Kleykamp, PhD, Sidra Montgomery, PhD, Mita Lovalekar, MBBS, PhD, MPH

Military Medicine

Published: 26 June 2024

### Introduction

This article uses recent survey data from a study on gender integration at recruit training across the U.S. Armed Forces to examine service, gender, and training differences in recruit's gender attitudes, beliefs, and cohesion metrics. In addition to providing a descriptive understanding of our recruit sample, this article examines factors germane to gender integration at recruit training such as gender attitudes, sexist beliefs, and unit cohesion.

### Materials and Methods

This article uses data from a survey of U.S. Marine Corps (USMC), U.S. Army, U.S. Air Force, U.S. Navy, and U.S. Coast Guard recruits as part of a USMC-commissioned study to develop alternate models and recommendations for increasing gender integration in USMC recruit training. At all sites but the USMC, recruits completed the survey 1 to 2 weeks before graduation. At the Marine Corps Recruit Depots, recruits participated in the survey at the beginning (week 2) and end (week 11) of their 13-week training cycle. A 19-question survey captured sociodemographic information, perspectives and experiences during recruit training, and gender attitudes and beliefs. Analyses were conducted on the sample with complete data on the measures reported, including those USMC recruits observed at both week 2 and week 11 ( $n = 629$ ). Descriptive statistics (percentage) were calculated for all categorical outcome variables. Outcome variables (cohesion, gender, and sexism attitudes) were compared between groups using chi-squared tests or Fisher's exact tests, as appropriate.

## Results

Recruits differed significantly across services in perceptions of unit cohesion on 3 of the 4 indicators: Platoon members are cooperative, know they can depend on each other, and really respect each other ( $P < .05$ ). These differences appear to be driven by female recruit difference across service. They reported significant differences in gender role attitudes across the services, with USMC recruits being most likely to endorse traditional gender roles compared to other service recruits. Male USMC recruits were significantly more likely than their female peers to agree that men should achieve outside the home and women should take care of the home and family (21.3% versus 6.3%,  $P < .05$ ). The only statistical differences in attitudes about equality of treatment and opportunity among recruits were between male and female USMC recruits. All items capturing sexist attitudes elicited statistically significant differences between male USMC recruits and male recruits in other services ( $P < .05$ ). There were significant differences in all sexism measures between male and female USMC recruits ( $P < .05$ ). There is a significant decline in some sexist attitudes between weeks 2 and 11 of training among male USMC recruits ( $P < .05$ ). Nearly one-half to three-fourths of male USMC recruits hold sexist attitudes, even near the end of recruit training.

## Conclusions

The disparate gender and sexism attitudes of male USMC recruits compared with their peers in other services, and their fellow female USMC recruits suggest efforts to increase gender integration at entry-level training are needed, but also may be challenging since male USMC recruits report the highest levels of sexist attitudes among all recruits.

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<https://doi.org/10.1080/08995605.2023.2195328>

## **Comparing the effect of prolonged exposure therapy (PET) and metacognitive therapy (MCT) on the quality of life among veterans with PTSD.**

Rahnejat, A. M., Ebrahimi, M., Salimi, S. H., Fathi Ashtiani, A., Taghva, A., Mohammadi, T., ... Shahriri Barzoki, H.

Military Psychology  
2024; 36(4), 422–430

Veterans' quality of life (QoL) can be drastically affected by posttraumatic stress disorder (PTSD). We compared prolonged exposure therapy (PET) with metacognitive

therapy (MCT) in their effects on quality of life (QoL) among veterans with post-traumatic stress disorder (PTSD). Overall, 57 veterans with PTSD were randomly assigned to three groups MCT (N = 17), PET (N = 17), and Control (N = 23). The 36-item short-form survey (SF-36) was used to evaluate QoL pretest, posttest, and after a 3-month follow-up. The MCT was based on the practice of detached mindfulness, controlling rumination/anxiety, and challenging negative beliefs about symptoms. The PET was based on in-vivo and imaginal exposure to trauma-related events, and discontinuation of avoidance-oriented coping strategies. Both MCT and PET groups significantly improved QoL at posttest and follow-up, compared with the control group ( $P < .001$ ); however, the MCT and PET groups showed no significant difference at posttest ( $P = .644$ ) or follow-up ( $P = .646$ ). Our results support the efficacy of PET as the standard for PTSD treatment, while also signifying the effectiveness of MCT at increasing the QoL in war-related PTSD at a 3-month follow-up.

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<https://doi.org/10.3138/jmvfh-2023-0039>

### **Financial hardship, positive financial behaviour, and behavioural health outcomes among U.S. soldiers.**

LA Riviere, RR Sinclair, B Graham

Financial hardship, such as difficulty paying for expenses or having to borrow money from family and friends to pay for needs, is of concern for several reasons, including how it affects mental and physical health. The authors wanted to provide more detailed information on which aspects of health it affects and were also curious about whether positive financial behaviors affected the health of military personnel. This study found that service members who reported more financial hardship also reported higher levels of depression, anxiety, posttraumatic stress disorder, insomnia, and physical aggression, poorer general health, and less sleep. However, positive financial behaviors had little effect on any of the health outcomes. Findings suggest that focusing on reducing financial hardship will be more effective in improving mental health than encouraging positive financial behaviors. This research has implications for the ongoing military efforts to improve financial literacy and reduce financial hardship.

#### **Introduction:**

Financial well-being is an ongoing concern among military personnel, and more research is needed to understand the implications of both financial hardship and positive financial behaviours on behavioural health and well-being.



#### Methods:

Using a sample of active duty U.S. Army personnel (N = 850), the authors estimated the prevalence of self-reported past-year financial hardships and positive financial behaviors and examined the relationship of these factors with behavioural health.

#### Results:

At least one financial hardship was reported by 31% of participants, whereas 74% engaged in at least one positive financial behaviour. Junior enlisted personnel and personnel with lower income, less education, and larger families reported more financial hardship and fewer positive behaviours. Adjusted multivariate logistic regression analyses indicated that financial hardship was associated with posttraumatic stress disorder, depression, anxiety, fewer sleep hours, insomnia, and self-rated health, but not alcohol misuse. Following a budget was associated with lower alcohol misuse, but there were no other significant relationships between positive financial behaviors and the outcomes.

#### Discussion:

This study demonstrates that financial hardship is a risk factor for behavioural health problems among military personnel. Findings illustrate the need to evaluate existing military financial literacy and support programs and regulations intended to improve financial well-being or prevent poor financial decision-making. Future research should contemplate fine-tuned measurement strategies and the role of individual differences in these relationships of interest.

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<https://doi.org/10.1002/eat.24241>

### **The Integration of Sleep Research Into Eating Disorders Research: Recommendations and Best Practices.**

Leah A. Irish, Angeline R. Bottera, Stephanie M. Manasse, Kara A. Christensen Pacella, Lauren M. Schaefer

International Journal of Eating Disorders

First published: 27 June 2024

#### Objective

Sleep disturbance is common among individuals with eating disorders (EDs), with

approximately 50% of patients with EDs reporting sleep disturbance. Sleep problems may promote, exacerbate, or maintain ED symptoms through a variety of hypothesized mechanisms, such as impaired executive function, increased negative affect, and disruptions to appetitive rhythms. Although research investigating the role of sleep in EDs is growing, the current literature suffers from methodological limitations and inconsistencies, which reduce our ability to translate findings to improve clinical practice. The purpose of this forum is to propose a coordinated approach to more seamlessly integrate sleep research into ED research with particular emphasis on best practices in the definition and assessment of sleep characteristics.

#### Methods

In this article, we will describe the current status of sleep-related research and relevant gaps within ED research practices, define key sleep characteristics, and review common assessment strategies for these sleep characteristics. Throughout the forum, we also discuss study design considerations and recommendations for future research aiming to integrate sleep research into ED research.

#### Results/Discussion

Given the potential role of sleep in ED maintenance and treatment, it is important to build upon preliminary findings using a rigorous and systematic approach. Moving forward as a field necessitates a common lens through which future research on sleep and EDs may be conducted, communicated, and evaluated.

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#### Links of Interest

Staff Perspective: Grief, Proximity, and Social Determinants of Health

<https://deploymentpsych.org/blog/staff-perspective-grief-proximity-and-social-determinants-health>

Staff Perspective: The State of PTSD Treatment: Research is Important!

<https://deploymentpsych.org/blog/staff-perspective-state-ptsd-treatment-research-important>

Tips for Making Therapy More Trauma-Informed for Survivors of Intimate Partner Violence

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Tips-for-Making-Therapy-More-Trauma-Informed-for-Survivors-of-Intimate-Partner-Violence>

Trauma-Informed Interventions and Assessment for Survivors of Intimate Partner Violence

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Trauma-Informed-Interventions-and-Assessment-for-Survivors-of-Intimate-Partner-Violence>

A Trauma-Informed Approach to Provider Self-Care

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/A-Trauma-Informed-Approach-to-Provider-Self-Care>

Pattern of Brain Damage Is Pervasive in Navy SEALs Who Died by Suicide

[https://www.nytimes.com/2024/06/30/us/navy-seals-brain-damage-suicide.html?unlocked\\_article\\_code=1.3k0.azVQ.DYjrze9g3GPh&smid=nytcore-ios-share&referringSource=articleShare&sgrp=c-cb](https://www.nytimes.com/2024/06/30/us/navy-seals-brain-damage-suicide.html?unlocked_article_code=1.3k0.azVQ.DYjrze9g3GPh&smid=nytcore-ios-share&referringSource=articleShare&sgrp=c-cb)

Emerging Research Reinforces Links Between Sleep and Suicide

<https://www.psychiatrist.com/news/emerging-research-reinforces-links-between-sleep-and-suicide/>

Do military families really need to move so much?

<https://www.militarytimes.com/pay-benefits/mil-money/2024/06/27/do-military-families-really-need-to-move-so-much/>

Here's how troops convicted under a gay sex ban can apply for pardons

<https://www.militarytimes.com/news/your-military/2024/06/26/heres-how-troops-convicted-under-a-gay-sex-ban-can-apply-for-pardons/>

Latest research findings from VA's Million Veteran Program

<https://news.va.gov/131988/latest-research-from-million-veteran-program/>

Female Senior NCO Presence in the Army

<https://www.armyupress.army.mil/Portals/7/nco-journal/images/2024/June/Female-Senior-NCO/Female-Senior-NCO-Presence.pdf>

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## Resource of the Week: 2023 Military Family Support Programming Survey

From the Military Family Advisory Network:

Via [press release](#):

### Key Findings:

- The rate of decline in the propensity to recommend service has slowed but remains a key concern. In 2023, 57.6% of respondents would recommend military service to someone considering it, compared to 62.9% in 2021 and 74.5% in 2019.
- Family health has declined since 2021, with poor family health nearly doubling. In 2023, nearly a third (27.9%) of respondents indicated high levels of excellent, 45.6% moderate, and 26.5% poor family well-being. In 2021, only 14.0% of respondents indicated poor family health. Respondents with poor or moderate family health were significantly less likely to recommend military life than those with excellent family health.
- Families who PCS'd in the last two years were more likely to report negative family well-being. Most families reported between \$500 and \$1,000 in unreimbursed expenses. Families are also struggling to find suitable housing as one in five respondents (20.6%) reported spending between 31-60 nights in temporary lodging.
- One in four respondents (24.9%) have less than \$500 in emergency savings. The five most reported barriers to savings include the cost of living and inflation, income constraints and lack of financial resources, unexpected expenses, moving or PCS, and dependents and/or extended family.
- Food insecurity continues to be a pressing issue. One in five respondents experience food insecurity; increasing to one in four among active duty families.
- Families are spending well beyond their Basic Allowance for Housing (BAH), and many are housing cost burdened. Nearly 80 percent (79.8%) of respondents carry the burden of paying more than they can comfortably afford for housing. Over half (53.0%) of actively serving family

respondents reported paying \$251 or above their BAH for rent/mortgage or utilities.

- Spouse employment is a significant contributor to family well-being and experiences are wide-ranging. More than half (56.5%) of active duty spouses are employed (39.1% full-time and 17.4% part-time), 21.8% are unemployed and looking for work, and 16.5% indicated they were unemployed and not looking for work. Active duty spouses who report full-time employment are more likely to report gross household income above \$75,000 and are statistically more likely to report excellent family well-being.



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