

CDP



Research Update -- September 5, 2024

What's Here:

- A Baseline Model of PTSD From the ACES Cohort.
- Florida's Red Flag Gun Law and Firearm and Nonfirearm Homicide and Suicide Rates.
- Household Firearm Ownership and Firearm Mortality.
- Antitrans Policy Environment and Depression and Anxiety Symptoms in Transgender and Nonbinary Adults.
- Externalizing behaviors/violence exposure and suicide among US adolescents.
- Early-Childhood Tablet Use and Outbursts of Anger.
- A National Survey of Marijuana Use Among U.S. Adults According to Obesity Status, 2016–2022.
- Cannabis Use, Use Disorder, and Workplace Absenteeism in the U.S., 2021–2022.
- Is unit cohesion a double-edged sword? A moderated mediation model of combat exposure, work stressors, and marital satisfaction.
- Longitudinal association of health behaviors and health-related quality of life with military spouse readiness.
- Contrasting ecological contexts among treatment-seeking military sexual assault survivors: Consideration of relationships with sexual and gender minority identification.
- Lay-Led Intervention for War and Refugee Trauma: A Randomized Clinical Trial.

- Combat Medics' Preparedness to Serve as Behavioral Health Extenders in Forward Environments.
- Project Safe Guard: Evaluating a Lethal Means Safety Intervention to Reduce Firearm Suicide in the National Guard.
- Key Improvements to the Army's Suicide Prevention and Intervention Training: An Interagency Collaboration to Develop the New "ACE Base +1" Curriculum.
- Examining factors associated with self-reported cognitive functioning in elite military settings: considerations of combat experiences and post-traumatic stress symptomology.
- Problematic anger among military personnel after combat deployment: prevalence and risk factors.
- Testing a Novel Trauma-Informed Treatment for Anger and Aggression Following Military-Related Betrayal: Design and Methodology of a Clinical Trial.
- Identifying Predictors of Positive and Negative Affect at Mid-Deployment Among Military Medical Personnel.
- Risk and protective correlates of suicidality in the military health and well-being project.
- Identifying Suicide-Related Predictors Using Overseas Airborne Infantry Brigade Serious Incident Reports.
- The Suicide Prevention and Response Independent Review Committee (SPRIRC): Translating Recommendations Into Actions.
- Response styles to positive affect during a positive psychology intervention for veterans with PTSD and moral injury: Preliminary results from a moral elevation intervention pilot trial.
- Patterns and correlates of traumatic stress, depression, anxiety, and moral injury in U.S. health care providers late in the COVID-19 pandemic.
- Links of Interest
- Resource of the Week – Deserted: The U.S. Military's Sexual Assault Crisis as a Cost of War (Brown University Watson Institute Costs of War Project)

A Baseline Model of PTSD From the ACES Cohort.

Millington, D. J., Blackburn, A. N., Herrera, D., Dalgard, C. L., & Willis, A. M.

Military Medicine

Volume 189, Issue Supplement_3, September/October 2024, Pages 205–210

Introduction

Post-traumatic stress disorder (PTSD) is a primary military psychiatric condition with complex etiology including strong genetic and/or environmental influences.

Environmental influences and demographics can play a role in supporting underlying genetic traits for clinical utility evaluation as risk modifying factors. We are undertaking an IRB approved study to evaluate polygenic scores of PTSD risk in the adverse childhood experience and serotonin (ACES) transporter cohort.

Materials and Methods

Baseline demographic characteristics and statistical modeling of 291 active duty service members from ACES cohort were used and excluded individuals with traumatic brain injury-induced loss of consciousness, pre-deployment PTSD or anxiety disorder, and pre-deployment prescription of antidepressants or psychoactive medications. Summary of categorical and numerical variables were evaluated using chi-square and t-test, respectively. We model PTSD risk and associated scores using linear and logistic regressions.

Results

The ACES subset was 79.1% males, multi-ancestry, and mean age of 38.3 years. Most PTSD individuals received behavioral therapy (89.6%) and/or prescribed antidepressants (67%) had higher scores in ACES, combat exposure scales, PTSD checklist military version, neurobehavioral symptom inventory, Pittsburg sleep quality index, insomnia severity index, and composite autonomic symptom score surveys and were less likely to expect future deployment. A positive correlation between age, total months deployed, ACES, CES, PCL-M, and positive-PTSD diagnosis were consistent but not in older individuals, who were more likely and frequently deployed although increasing risk for combat exposure.

Conclusion

Demographic characteristics of the ACES cohort fit a coherent model of risk for PTSD to

evaluate polygenic scores. Additional research is merited to understand PTSD effects on these confounding factors.

<https://doi.org/10.1001/jama.2024.14465>

Florida's Red Flag Gun Law and Firearm and Nonfirearm Homicide and Suicide Rates.

Gimbrone, C., & Rudolph, K. E.

JAMA

Published online August 19, 2024

Firearm homicides are a leading cause of death in the US among individuals younger than 44 years, with over 21 000 deaths from mass shootings between 2014 and 2022. In response to the 2018 Parkland high school shooting that killed 17 people, Florida's legislature enacted a red flag law permitting the temporary removal of firearms by law enforcement officers from individuals posing a danger to themselves or others. Florida is one of the few politically conservative and largely profirearm states to pass a law restricting gun ownership.

<https://doi.org/10.1001/jamanetworkopen.2024.29335>

Household Firearm Ownership and Firearm Mortality.

Morrall, A. R., Agniel, D., Smart, R., & Schell, T. L.

JAMA Network Open

August 21, 2024

Key Points

Question

Do population-level household firearm ownership rates (HFRs) precede changes in firearm mortality rates, do mortality rates precede changes in HFRs, or both?

Findings

In this cohort study involving 16 demographic subgroups across the US, higher HFRs preceded increases in firearm suicide rates but were not associated with subsequent changes in firearm homicide rates. In contrast, higher firearm suicide rates were not associated with subsequent changes in HFRs, although higher firearm homicide rates preceded reductions in HFRs.

Meaning

By demonstrating the temporal sequencing of firearm ownership and mortality, this study may help to rule out some theories of why gun ownership and firearm mortality are associated at the population level.

Abstract

Importance

Causal associations between household firearm ownership rates (HFRs) and firearm mortality rates are not well understood.

Objective

To assess the population-level temporal sequencing of firearm death rates and HFRs.

Design, Setting, and Participants

This cohort study used autoregressive cross-lagged models to analyze HFRs, firearm suicide rates, and firearm homicide rates in the US from 1990 to 2018. The suicide analyses included 16 demographic subgroups of adults, defined by study year, state, sex, race and ethnicity, marital status, and urbanicity. The homicide analyses consisted of adult subgroups living in urban or rural areas. Data analysis was conducted from March to December 2023.

Exposures

Firearm mortality rates and HFRs.

Main Outcomes and Measures

Firearm homicide and suicide rates with HFRs as the exposure, and HFR with mortality as the exposure.

Results

A total of 10 416 observations of 16 demographic subgroups by state and 2-year periods were included in the suicide analyses, while 1302 observations from 2 demographic subgroups by state and 2-year period were included in the homicide analysis. At baseline, the mean (SD) rate per 100 000 population across strata was 7.46

(7.21) for firearm suicides and 3.32 (2.13) for firearm homicides. The mean (SD) baseline HFR was 36.9% (20.2%) for firearm suicides and 36.9% (14.8%) for firearm homicides. Higher HFR preceded increases in suicide rates: demographic strata with equal firearm suicide rates but which differ by 18.6 percentage points on HFR (1 SD) would be expected to have firearm suicide rates that diverged by 0.19 (95% CI, 0.15-0.23) deaths per 100 000 population per period. With these differences accumulated over 8 years, firearm suicide rates in subgroups with the highest decile HFR would be expected to have 1.93 (95% CI, 1.64-2.36) more suicides per 100 000 population than strata with lowest decile HFR, a difference of 25.7% of the overall firearm suicide rate in 2018 and 2019. Firearm suicide rates had a smaller magnitude of association with subsequent changes in HFR: strata with equal HFRs but which differ by 1 SD in firearm suicide rates had minimal subsequent change in HFRs (-0.02 [95% CI, -0.04 to 0.01] percentage points). A 1-SD difference in HFRs was associated with little difference in next-period overall firearm homicides rates (0.03 [95% CI, -0.02 to 0.08] per 100 000 population), but a 1-SD difference in homicide rates was associated with a decrease in HFR (-0.09 [95% CI, -0.16 to -0.04] percentage points).

Conclusions and Relevance

This cohort study found an association between high HFRs and subsequent increases in rates of firearm suicide. In contrast, higher firearm homicide rates preceded decreases in HFRs. By demonstrating the temporal sequencing of firearm ownership and mortality, this study may help to rule out some theories of why gun ownership and firearm mortality are associated at the population level.

<https://doi.org/10.1001/jamanetworkopen.2024.31306>

Antitrans Policy Environment and Depression and Anxiety Symptoms in Transgender and Nonbinary Adults.

Restar, A., Layland, E. K., Hughes, L., Dusic, E., Lucas, R., Bambilla, A. J. K., Martin, A., Shook, A., Karrington, B., Schwarz, D., Shimkin, G., Grandberry, V., Xanadu, X., Streed, C. G., Jr, Operario, D., Gamarel, K. E., & Kershaw, T.

JAMA Network Open
August 22, 2024

Key Points

Question

Is awareness of current policies addressing access to health care for transgender and nonbinary (trans) populations associated with depression and anxiety?

Findings

In this cross-sectional study of 797 trans individuals living in Washington State, concerns about trans rights being taken away were associated with significantly higher odds of depression and anxiety symptoms. Individuals with accurate knowledge of state-level protective legislation had lower odds of depression and anxiety.

Meaning

In a policy environment with increasing legislation aimed at eroding trans rights and access to care, interventions that increase awareness and accurate knowledge of policies that protect access to trans health care could help address distress around losing trans rights and may mitigate the negative impact of nationwide antitrans policies on mental health outcomes in trans adults.

Abstract

Importance

With the increasing legislation restricting health care access for transgender and nonbinary (trans) populations in recent years, there has been limited research on how awareness of and concerns about legislative restrictions and protections influence mental health outcomes.

Objective

To examine whether awareness of and concerns about the current policy environment regarding trans individuals are associated with depression and anxiety symptoms among trans adults.

Design, Setting, and Participants

This study uses cross-sectional data collected between March and April 2023 from the Washington Priority Assessment in Trans Health (PATH) Project, an online study designed by, with, and for trans communities. All participants were trans adults, aged 18 years or older, living in Washington state.

Exposure

Awareness and concerns about the antitrans policy environment.

Main Outcomes and Measures

The primary outcomes were depression and anxiety symptoms, assessed via the Patient Health Questionnaire–4. A series of multivariable regression models was used to assess the association between awareness and concerns about the antitrans policy environment and depression and anxiety symptoms. Models were adjusted for covariates, including demographics, social marginalization, and health care experiences.

Results

A total of 797 participants (653 women [81.93%]; 455 aged 18-29 years [57.09%]) were included. The majority screened positive for current depression (689 individuals [86.45%]) and anxiety (686 individuals [86.07%]) symptoms. Trans individuals who were concerned or worried about their rights being taken away (vs not) had significantly higher odds of current depression symptoms (adjusted odds ratio [aOR], 1.66; 95% CI, 1.08-2.54), as well as current anxiety symptoms (aOR, 2.67; 95% CI, 1.63-4.36). Those who knew (vs did not know) about state-level protective legislation had significantly lower odds of current depression symptoms (aOR, 0.44; 95% CI, 0.28-0.67), as well as current anxiety symptoms (aOR, 0.11; 95% CI, 0.04-0.25). When examining interaction effect estimates, trans individuals who correctly knew about the protective policies and were not worried about having their rights taken away reported the lowest odds of depression and anxiety.

Conclusions and Relevance

The findings of this cross-sectional study are consistent with research elucidating the negative mental health consequences of policies limiting health care access and provide insights into informing policies and interventions that target trans populations' worsened mental health outcomes as a result of antitrans legislation.

<https://doi.org/10.1016/j.amepre.2024.08.014>

Externalizing behaviors/violence exposure and suicide among US adolescents.

Victoria A. Joseph, Noah T. Kreski, Katherine M. Keyes

American Journal of Preventive Medicine

Available online 24 August 2024

Introduction

This study examines associations between externalizing behaviors/violence exposure and suicidal behavior among US high school students from 1991-2021

Methods

Data for this cross-sectional study were drawn from the Youth Risk Behavior Survey and the total sample contained data on 234,588 adolescents. Logistic regression models were used to assess the relationship between externalizing behaviors/violence exposure and suicidal behavior. To assess trends over time, models were then assessed for multiplicative interactions between externalizing behaviors/violence exposure and time by sex. State-level trends were also assessed. All analyses were conducted in 2024

Results

The prevalence of externalizing behaviors/violence exposure increased among youth with an injurious suicide attempt. Logistic regression models indicated statistically significant associations across suicidal behaviors with a higher magnitude of association observed among those with an injurious suicide attempt. For instance, compared to those who did not carry a gun, those who carried a gun had 6.32 (95% CI: 4.78, 8.36) times the odds of injurious suicide attempt vs. no attempt and 2.66 (95% CI: 2.00, 3.53) times the odds of non-injurious suicide attempt vs. no attempt. Stronger associations arose among male individuals. Among those with an injurious suicide attempt in 2021, state-level differences in weapon access emerged

Conclusions

Adolescents with externalizing behaviors/violence exposure are at an increased risk of an injurious suicide attempt. The relationship varies over time and by sex. Culturally adaptive and structurally competent approaches to mental health and mechanisms to identify at-risk youth are imperative.

<https://doi.org/10.1001/jamapediatrics.2024.2511>

Early-Childhood Tablet Use and Outbursts of Anger.

Fitzpatrick, C., Pan, P. M., Lemieux, A., Harvey, E., Rocha, F. A., & Garon-Carrier, G.

JAMA Pediatrics

August 12, 2024

Key Points

Question

Do higher levels of early-childhood tablet use undermine emotional regulation or is it the other way around?

Findings

In this study, child tablet use at age 3.5 years was associated with more expressions of anger and frustration by the age of 4.5 years. Child proneness to anger/frustration at age 4.5 years was then associated with more use of tablets by age 5.5 years.

Meaning

These results suggest that early-childhood tablet use may contribute to a cycle that is deleterious for emotional regulation.

Abstract

Importance

Tablet use continues to increase in preschool-aged children. The use of mobile devices has been linked to child emotional dysregulation. However, few studies have been able to show a clear direction of association between child tablet use and the development of self-regulation skills. In addition, few studies have modeled within-person associations over time.

Objective

To estimate how child tablet use contributes to expressions of anger and frustration across the ages of 3.5 to 5.5 years at the within-person level. The study team also examined the extent to which associations are bidirectional to clarify the direction of the correlations.

Design, Setting, and participants

This prospective, community-based convenience sample of 315 parents of preschool-aged children from Nova Scotia, Canada, was studied repeatedly at the ages of 3.5 (2020), 4.5 (2021), and 5.5 years (2022) during the COVID-19 pandemic. All analyses were conducted between October 5, 2023, and December 15, 2023.

Exposure

Parent-reported tablet use at the ages of 3.5, 4.5, and 5.5 years.

Main outcome and measures

Parents reported child expressions of anger/frustration at the ages of 3.5, 4.5, and 5.5 years using the Children's Behavior Questionnaire.

Results

The sample was equally distributed across child sex (171 were identified by parents as being born boys [54%] and 144 as girls [46%]). Most reported being Canadian (287 [91.0%]) and married (258 [82.0%]). A random-intercept cross-lagged panel model revealed that a 1-SD increase in tablet use at 3.5 years (corresponding to 1.15 hours per day) was associated with a 22% SD scale increase in anger/frustration at age 4.5 years (standardized coefficient = 0.22; 95% CI, 0.01-0.44). A 1 SD scale increase in anger and frustration at 4.5 years was associated with a 22% SD (corresponding to 0.28 hours per day) increase in tablet use at 5.5 years (standardized coefficient = 0.22; 95% CI, 0.01-0.43).

Conclusion and relevance

In this study, child tablet use at age 3.5 years was associated with more expressions of anger and frustration by the age of 4.5 years. Child proneness to anger/frustration at age 4.5 years was then associated with more use of tablets by age 5.5 years. These results suggest that early-childhood tablet use may contribute to a cycle that is deleterious for emotional regulation.

<https://doi.org/10.1089/can.2024.0069>

A National Survey of Marijuana Use Among U.S. Adults According to Obesity Status, 2016–2022.

Ray M. Merrill

Cannabis and Cannabinoid Research

Published Online: 19 August 2024

Background and Objective:

Research has linked marijuana use with lower body mass index (BMI). The current study explores the correlation between marijuana use on BMI in the general U.S. population. It reports the prevalence of marijuana in adults in relation to BMI, overall and across the levels of important variables.

Materials and Methods:

This study used a probability sample of U.S. adults 18 years of age and older from the 2016 through 2022 Behavioral Risk Factor Surveillance System, a telephone-administered survey. The survey collects data from a representative sample regarding health-related risk behaviors, chronic health conditions, and use of preventive services. The primary outcome variables are current (at least once in the last 30 days) and daily (at least 20 of the last 30 days) marijuana use.

Results:

The study sample consists of 735,921 participants in the surveys that completed the optional module on marijuana use. Prevalence of marijuana use in adults doubled during the study period (7.48% to 14.91%). The increase directly corresponds with a shift toward legalization of medical and recreational marijuana. On average, the prevalence of use is 9% higher when medical marijuana is legal and 81% higher when recreational marijuana is legal (vs. not legal). For obese individuals, prevalence of current marijuana use is 35% lower than for nonobese individuals on average. Lower prevalence of marijuana use in obese individuals is consistently observed across the levels of certain demographic variables, employment status, tobacco smoking history, marijuana legalization status, and certain medical conditions (asthma, arthritis, and depression). In 2022, the adjusted odds of current or daily marijuana use are significantly lower and similar among obese (vs. non-obese) (0.68, 0.69, respectively), such that reduced obesity does not require daily use. Similarly, the adjusted odds of current marijuana use decrease in similar fashion to daily marijuana use with higher BMI weight classification.

Conclusion:

Marijuana use is correlated with lower BMI. As legalization and prevalence of the drug in the U.S. increases, the prevalence of obesity may decline. However, clinicians should view this outcome along with the known health risks associated with marijuana use.

<https://doi.org/10.1016/j.amepre.2024.07.021>

Cannabis Use, Use Disorder, and Workplace Absenteeism in the U.S., 2021–2022.

Kevin H. Yang, Letitia Mueller, Omar El-Shahawy, Joseph J. Palamar

American Journal of Preventive Medicine

Available online 26 August 2024

Introduction

Cannabis use and cannabis use disorder (CUD) are associated with adverse psychosocial outcomes, but their impact on workplace absenteeism remains poorly understood. Moreover, few studies have examined the role of CUD severity. This study aims to address these gaps by examining the associations between cannabis use recency, frequency, CUD severity, and workplace absenteeism.

Methods

Cross-sectional data from a U.S. representative sample of full-time employed adults aged ≥ 18 from the 2021 to 2022 National Survey on Drug Use and Health (N=46,499) were analyzed. The associations between cannabis use recency, past-month cannabis use frequency, CUD severity, and workplace absenteeism (measured by self-reported number of missed days due to illness/injury and skipped work in the last 30 days) were evaluated using negative binomial regression, adjusting for sociodemographic characteristics and other substance use. Data were analyzed in 2023–2024.

Results

An estimated 15.9% of full-time employed adults used cannabis in the past month, with 6.5% meeting CUD criteria. Past-month cannabis use (compared to no lifetime use), more frequent past-month cannabis use (compared to no use in the past month), and each level of CUD (compared to no CUD) were associated with increased incidence of both missing work due to illness/injury and skipping work, with a dose-response relationship observed between CUD severity and skipping work (mild: adjusted incident rate ratio [aIRR]=1.60 [95% confidence interval [CI]=1.24, 2.08]; moderate: aIRR=1.98 [95% CI=1.50, 2.61]); severe (aIRR=2.87 [95% CI=2.12, 3.88]).

Conclusions

Individuals with recent and frequent cannabis use and CUD are disproportionately prone to workplace absenteeism. Results support the enforcement of workplace drug prevention and treatment policies.

<https://doi.org/10.1177/02654075241255391>

Is unit cohesion a double-edged sword? A moderated mediation model of combat exposure, work stressors, and marital satisfaction.

Frye-Cox, N., Lucier-Greer, M., O'Neal, C. W., & Richardson, E. W.

Guided by the stress process perspective, this study examined if combat exposure was indirectly associated with marital satisfaction through work performance stress. Additionally, we tested whether unit cohesion served as a moderator of this indirect effect. Data were drawn from 1,122 married Soldiers who participated in the All-Army Study component of the Army STARRS study, a probabilistic sample of Army Soldiers. Indicative of stress proliferation and spillover, our results showed that combat exposure may negatively impact marital satisfaction through work performance stress, but the pathways of this indirect effect varied as a function of unit cohesion. Consistent with the stress buffering hypothesis, unit cohesion buffered the positive association between combat exposure and work performance stress for Soldiers reporting higher levels unit cohesion, such that this association was no longer statistically significant. However, for Soldiers reporting higher levels of unit cohesion, the negative association between work performance stress and marital satisfaction was exacerbated but was not statistically significant for those reporting lower levels of unit cohesion. The results underscore the importance of understanding the contextual nature of relational resources within the stress process framework.

<https://doi.org/10.1186/s12889-024-18786-2>

Longitudinal association of health behaviors and health-related quality of life with military spouse readiness.

Nida H. Corry, Sharmini Radakrishnan, Christianna S. Williams, Kelly A. Woodall & Valerie A. Stander

BMC Public Health
24, 1341 (2024)

Background

Unhealthy behaviors impose costs on health-related quality of life (HRQOL) reducing productivity and readiness among military members (Hoge et al., JAMA 295:1023–32, 2006; Mansfield et al. 362:101–9, 2010). Among married personnel in particular, patterns of spouse health behaviors may play an interdependent role. As a result, the identification of military spouse health factors related to readiness may inform strategies

to screen for and identify those in need of greater support and enhance readiness. This study explored behavioral and HRQOL predictors and potential mediators of military spouse readiness utilizing data from the Millennium Cohort Family Study.

Methods

The analytic sample comprised of 3257 spouses of active-duty, non-separated service members who responded to both waves 1 and 2 of the survey. Sample characteristics are described with respect to demographics (e.g., age, sex, race/ethnicity, etc.), readiness measures (i.e., military satisfaction, lost workdays, health care utilization, military-related stress, and satisfaction), health behaviors (i.e., exercise, sleep, smoking, and alcohol use) and HRQOL (Veterans RAND 12-Item Short Form Survey). We conducted multivariate mediation analyses to evaluate the role of mental and physical HRQOL as mediators between the baseline health behaviors and the health readiness outcomes at follow-up, while adjusting for spouse and service member demographics.

Results

HRQOL had direct effects for all five readiness outcomes examined. Multiple health behaviors (insomnia, smoking, binge drinking, and exercise) were further significantly associated with spouse readiness outcomes, although most effects were mediated through HRQOL, suggesting this may be a useful index of military spouse readiness. Insomnia was the specific health behavior most consistently associated with poorer readiness across outcomes, and effects were only partially mediated by physical and mental HRQOL.

Conclusions

The results show spouse health behaviors are directly and indirectly (through HRQOL) associated with readiness indicators. This suggests that assessments of modifiable health behaviors (e.g., insomnia symptoms) and mental and physical HRQOL are important indicators of readiness among military spouses and should be used to inform future programs designed to improve population health.

<https://doi.org/10.1037/ser0000656>

Contrasting ecological contexts among treatment-seeking military sexual assault survivors: Consideration of relationships with sexual and gender minority identification.

Paulson, J. L., Florimbio, A. R., Rogers, T. A., Hartl Majcher, J., Bennett, D. C., & Sexton, M. B

Psychological Services
2024; 21(1), 139–147

Survivors of military sexual trauma (MST) seeking mental health services may present with concerns extending beyond symptom relief. Attention to social, economic, and coping resource contexts is salient for care consideration. Although those identifying as sexual and gender minorities (SGM) are overrepresented among service members exposed to assaultive MST, research contrasting ecological resource variability among treatment seekers is limited. The present study delineates modifiable risk and protective factors that might be used to inform MST-related health care for Veterans, broadly, and SGM-identifying Veterans, specifically. Veterans (N = 493, 12.8% identifying as SGM) presenting for treatment secondary to military sexual assault completed a semistructured clinical interview and intake survey including demographic characteristics, diversity-related factors, and access to psychosocial resources. SGM/non-SGM-identifying groups were contrasted on individual-, interpersonal-, and community-level ecological characteristics. SGM-identifying Veterans were less likely to report access to sufficient financial resources and had double the prevalence rate of housing instability in contrast to non-SGM-identifying Veterans. No significant differences emerged in terms of past-year interpersonal violence exposure, endorsement of helpful spiritual beliefs, or availability of social support based on SGM identification. Findings underscore the importance of attending to the intersection of SGM identity and ecological factors that can influence Veterans' clinical presentation and treatment engagement. Recommendations for provision of MST services are made. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1001/jamanetworkopen.2024.29661>

Lay-Led Intervention for War and Refugee Trauma: A Randomized Clinical Trial.

Zoellner, L. A., Bentley, J. A., Musa, K., Mohamed, F., Ahmed, L. B., King, K. M., Feeny, N. C., & Islamic Trauma Healing Clinical Team

JAMA Network Open
August 26, 2024

Key Points

Question

Does a brief, lay-led intervention for war and refugee trauma incorporating cognitive behavioral and Islamic principles have efficacy to address trauma-related mental health issues and well-being, compared with a control group?

Findings

In a randomized clinical trial with a US-based sample of 101 refugees, Islamic Trauma Healing showed significant effects on posttraumatic stress disorder, depression, and well-being, compared with the control group, with gains maintained through 12-week follow-up. Islamic Trauma Healing was well received by community members, consistent with faith and culture.

Meaning

The findings of this study suggest that this deep-cultural–adapted intervention has the potential to provide an easily trainable and scalable model to reach war and refugee communities unlikely to either have access to or seek Western-based mental health interventions.

Abstract

Importance

The global refugee crisis disproportionately affects the Muslim world. Forced displacement often results in trauma-related mental health issues. Effective psychotherapy exists, but there are barriers to uptake by refugee groups as well as a lack of culturally appropriate interventions.

Objective

To examine the efficacy of a brief, lay-led, mosque-based intervention, Islamic Trauma Healing (ITH), adapting empirically supported cognitive behavioral principles to improve mental health and well-being.

Design, Setting, and Participants

In a randomized clinical trial, 101 participants received ITH or active assessment but delayed intervention (waiting list [WL]) in mosques and virtually in Seattle, Washington, and Columbus, Ohio, and were assessed through 12-week follow-up. Data were collected from July 14, 2018, through July 14, 2022, and data analysis was conducted from March 13 to July 31, 2023. United States–based refugees from Somalia who experienced a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) Criterion A trauma exposure and posttraumatic stress disorder (PTSD)

reexperiencing or avoidance. Analyses were intention-to-treat, using full information likelihood for missing data.

Intervention

Islamic Trauma Healing included psychoeducation, discussion of the lives of prophets who had undergone trauma, and informal prayer turning to Allah about the trauma, incorporating cognitive restructuring and imaginal exposure. Lay-leader training is purposely brief: two 4-hour sessions with weekly supervision.

Main Outcomes and Measures

The primary outcome was PTSD severity (measured with the Posttraumatic Diagnostic Scale for DSM-5 [PDS-5]). Secondary outcomes included depression (Patient Health Questionnaire-9), somatic symptoms (Somatic Symptoms Severity-8), and quality of well-being (World Health Organization Five Well-Being Index). Analyses were intention-to-treat.

Results

Analyses were based on all 101 randomized participants (92 [91.1%] women; 9 [8.9%] men; mean [SD] age, 46.5 [12.02] years) with baseline mean (SD) PDS-5 score of 31.62 (16.55) points. There were significant differences in PTSD severity ($d = -0.67$), depression ($d = -0.66$), and well-being ($d = 0.71$), comparing ITH vs WL after the intervention. Gains were maintained through 12-week follow-up. Islamic Trauma Healing was consistent with religious and cultural practices (mean [SD], 3.8 [0.43]) and promoted community reconciliation (mean [SD], 3.8 [0.42]).

Conclusions and Relevance

In this randomized clinical trial of a brief, lay-led mental health intervention, ITH proved superior to WL. The findings suggest that ITH has the potential to provide an easily trainable and scalable intervention, incorporating Islam and empirically supported principles, that addresses the psychological wounds of war and refugee trauma.

Trial Registration

ClinicalTrials.gov Identifier: [NCT03502278](https://clinicaltrials.gov/ct2/show/study/NCT03502278)

See also: [Considerations for Addressing Trauma in Muslim Communities](#)

<https://doi.org/10.1093/milmed/usae121>

Combat Medics' Preparedness to Serve as Behavioral Health Extenders in Forward Environments.

Mesias, G. A., Nugent, K. L., Clarke-Walper, K. M., Sampson, M. K., & Wilk, J. E.

Military Medicine

Volume 189, Issue Supplement_3, September/October 2024, Pages 332–340

Introduction

Future multidomain operational combat environments will require combat medics to play a larger role in managing behavioral health (BH) conditions in forward environments, as soldiers in small teams may have them as their sole medical support for extended periods of time. Previously they were not expected to serve in this role, and thus, they receive minimal BH training. It is unknown to what extent combat medics consider BH tasks as falling within their scope of practice and how often they engage with their soldiers currently related to BH. Qualitative research suggests that many medics feel inadequately prepared to handle BH problems. Our aim is to further assess medic attitudes and behaviors related to BH to better understand the landscape of medic preparedness to fill an expanded role.

Materials and Methods

Data from 292 medics were collected before their participation in the BH Guidelines for mEdic Assessment and Response training, a day-long training for medics expected to deploy to far-forward environments. We investigated whether combat medics engage with their soldiers in areas related to BH, the extent to which they consider BH-related tasks as part of their scope of practice, and how confident they feel engaging in various BH-related tasks. We explored associations between medics' attitudes related to BH scope of practice and confidence performing BH tasks with gender, rank, component (National Guard vs. Active Duty), work-related BH experience, having suicide training in the past year, and having ever sought help for BH.

Results

Results indicated that in the past month, 61.4% of medics discussed BH issues, 48.3% assessed BH problems, and 41.3% provided interventions for BH problems with at least one soldier in their unit. Assessment tasks were more frequently endorsed as falling within medic's scope of practice (75%-95%) than intervention tasks (62%-83%). More medics felt confident doing assessments (39%-49% moderately confident or greater) than providing interventions (31%-37% moderately confident or greater). Medics

expressed highest confidence in assessing for suicide risk (49% moderate confidence or greater). Medics with a lot of prior BH work experience and non-commissioned officers (as compared to junior enlisted) reported greater confidence in most tasks. Receiving suicide training in the past year was associated with greater confidence assessing for suicide, as well as providing interventions for suicide, general BH problems, and substance abuse.

Conclusions

Most medics agreed that numerous BH tasks fell within the scope of their work, but few felt confident engaging in those tasks. These findings support a need for additional training in BH-related tasks across the force. Exploring ways to provide medics BH-related work rotations would augment their general proficiency as first-line treatment providers for soldiers in combat units, and increased training in BH-related tasks should be studied to determine its ability to increase competency and confidence. If medics can learn to assess and recognize BH concerns before they escalate to needing specialty BH care, this could potentially reduce the burden on BH clinics, as well as strengthen the overall force.

<https://doi.org/10.1093/milmed/usae172>

Project Safe Guard: Evaluating a Lethal Means Safety Intervention to Reduce Firearm Suicide in the National Guard.

Walsh, A., Friedman, K., Morrissey, B. H., Godin, S., Morgenstein, J., Bryan, C. J., Anestis, M. D., Foley, S. K., Johnson, R. L., Baker, J. C., Bryan, A., Betz, M. E., & Wright-Kelly, E.

Military Medicine

Volume 189, Issue Supplement_3, September/October 2024, Pages 510–516

Introduction

The purpose of this paper is to examine a scalable secure firearm storage intervention in the U.S. National Guard (NG) in preventing firearm injury and suicide. A study among firearm-owning members of the Mississippi NG testing Project Safe Guard (PSG), a 10 to 15 min lethal means counseling intervention, found that PSG increased self-reported secure firearm storage practices. Here, we sought to examine a “real world” rollout of a modified PSG program in the NG in which NG members were trained to understand the

importance of lethal means safety and to deliver PSG to Guardsmen peers within their units.

Materials and Methods

The PSG team collaborated with the NG to identify 4 states for the rollout; for each state, the NG was responsible for identifying key personnel (“facilitators”) who would receive the training. Team members provided in-person training at 5 locations across 4 states (AZ, GA, IA, and NV) from January to April 2023. Attendees were provided with combination trigger locks or cable locks and evaluation instructions. Questionnaires were administered to training attendees via REDCap at pre-training and post-training. We conducted descriptive and comparison statistics of questionnaire data.

Results

A total of 186 facilitators were trained at 5 in-person training locations across 4 states (AZ, GA, IA, and NV) from January to April 2023; data collection concluded in August 2023. There were 137 pre-training responses (74% pre-survey response rate) and 88 post-training responses (64% response rate from those who took the pre-training survey). Findings demonstrate increases in self-reported knowledge, attitudes, and beliefs regarding firearm injury and suicide and a reported desire to store personal firearms more securely.

Conclusion

The adapted version of PSG shows promise as a relevant and acceptable intervention among Guardsmen to enhance knowledge and attitudes regarding firearm suicide, increase secure firearm storage practices, and normalize conversations about firearm suicide prevention among peers. This intervention seeks to frame firearm suicide prevention within a culture of safety, complementary to the existing prevention methods and training within the NG.

<https://doi.org/10.1093/milmed/usae127>

Key Improvements to the Army's Suicide Prevention and Intervention Training: An Interagency Collaboration to Develop the New "ACE Base +1" Curriculum.

Kirk, M. A., Nolet, J. M., Novosel-Lingat, J. E. M., Williamson, S. L., Kilbride, D. S., & Knust, S. K.

Introduction

Suicide is a prevalent problem impacting the military community. The U.S. Army recognized the need to address this complex issue; one line of effort has been to provide suicide prevention and intervention education and training that is informed by current research, doctrine, and implementation best practices. The purpose of this article is to outline and present the genesis of the Army's new suicide prevention and intervention training—"Ask, Care, Escort (ACE) Base +1"—that aligns with the DoD newly published regulation-driven initiatives.

Materials and Methods

The development of the "ACE Base +1" curriculum was a collaborative effort between two organizations within the Defense Health Agency: The Defense Centers for Public Health-Aberdeen and the WRAIR. A multidisciplinary team was formed by selecting specific operational and subject-matter experts from each organization based on educational qualifications and practical experiences expected to aid the development of curriculum content (e.g., subject-matter experts) and/or the training design. Revisions to the curriculum were informed by the Army's existing suicide prevention training module, current research in suicide prevention and public health, updated and relevant Army regulations, and current public health policy guidance from the CDC and the Department of Suicide Prevention Office. A detailed account of the systematic and iterative curriculum development process is provided.

Results and Conclusions

The interagency collaborative efforts resulted in a suite of training products, "ACE Base +1" version 1.3 that is modernized in training content, delivery methods, and design. Four primary elements shaped the final products: (1) A modular framework allowing a tailored approach to mandatory training, (2) a public-health approach that focuses on earlier intervention opportunities while building trust and cohesion, (3) a training design centered on peer discussions and behavioral rehearsal, and (4) an expansion of the curriculum to be inclusive of the entire Army community. Practical implications for each element are discussed.

As the program of record, "ACE Base +1" training satisfies the annual requirement for all Active Army, Army National Guard, U.S. Army Reserve, and Department of the Army (DA) civilians. Both the training content (e.g., public-health concepts) and design of "ACE Base +1" reflect a comprehensive approach, focused on developing concrete, applicable skills that support the shared responsibility to suicide prevention and

intervention. Limitations, such as delayed interagency collaboration and time constraints, are discussed. Future directions include recommendations for future curriculum projects, specifically within military populations, such as interprofessional, interagency collaboration, and selecting a multidisciplinary team of subject-matter experts. Additionally, WRAIR plans to continue their support to Directorate of Prevention, Resilience and Readiness with the expansion of the +1 menu of trainings, ongoing program evaluation, and longitudinal analysis to inform future revisions and ensure the content and delivery methods remain modernized, relevant, and effective.

<https://doi.org/10.1038/s41598-024-65826-3>

Examining factors associated with self-reported cognitive functioning in elite military settings: considerations of combat experiences and post-traumatic stress symptomology.

Price, M. M., Zanesco, A. P., Denkova, E., & Jha, A. P.

Scientific Reports

Volume 14, Article number: 19161 (2024)

Exposure to traumatic events is associated with post-traumatic stress symptomology (PTSS) in a variety of populations. PTSS is also associated with self-reported everyday cognitive failures, which are acknowledged attentional lapses experienced in one's naturalistic everyday environment. While a growing literature suggests that PTSS is associated with both traumatic events and attentional functions, little is known regarding similar associations in elite military cohorts, such as Special Operations Forces (SOF) personnel. Herein, we investigate if prior combat experience is associated with everyday cognitive failures, while considering the possible mediating role of PTSS. SOF personnel (N = 119) completed self-report questionnaires assessing prior combat experience, PTSS, and everyday cognitive failures. Direct and indirect associations between these metrics were examined using structural equation modeling. Mediation analyses revealed that the correspondence between combat experiences and everyday cognitive failures is mediated by the severity of subclinical levels of PTSS. Such findings suggest that greater attention to subclinical PTSS is warranted due to its significant association with everyday cognitive failures that may contribute to deleterious mission-related failures in high-demand tactical professionals, such as SOF.

<https://doi.org/10.1186/s40359-024-01955-8>

Problematic anger among military personnel after combat deployment: prevalence and risk factors.

Nordstrand, A. E., Anyan, F., Bøe, H. J., Hjemdal, O., Noll, L. K., Reichelt, J. G., Forbes, D., & Adler, A. B.

BMC Psychology

Volume 12, Article number: 451 (2024)

Background

Problematic anger, characterized by excessive frequency, intensity, and duration of anger which causes substantial emotional distress and functional interference, poses a marked challenge in military populations. Despite its importance, research on this topic is limited. This study contributes to the literature by exploring problematic anger in a large sample of Norwegian military personnel who served in NATO missions in Afghanistan.

Methods

All Norwegian military personnel who deployed to Afghanistan between 2001 and 2020 were sent a link to a cross-sectional web-based survey by the Joint Medical Services of the Norwegian Armed Forces in 2020. A total of 6205 individuals (response rate: 67.7%) participated. The cross-sectional survey assessed problematic anger, mental and physical health, war zone stressor exposure, and quality of life.

Results

Overall, 8.4% of participants reported problematic anger. Mental health disorders, deployment-related shame and guilt, chronic pain, and challenges with the military-to-civilian transition were independently associated with problematic anger. Both staying in service and maintaining a part-time connection with the military as a reservist mitigated the risk of problematic anger after deployment, compared to complete separation from military service.

Conclusion

Findings demonstrate a sizeable prevalence of problematic anger among veterans of combat deployments. Given the associations between problematic anger and mental health disorders, chronic pain, and transition challenges, interventions designed to mitigate problematic anger need to be multi-faceted, including the possibility of

maintaining an ongoing connection to military service. By reducing the risk of problematic anger, occupational, interpersonal and health outcomes may be improved for service members. Future research should examine the impact of problematic anger on adjustment over time, prevention strategies, and problematic anger in other high-risk occupations.

<https://doi.org/10.1093/milmed/usae304>

Testing a Novel Trauma-Informed Treatment for Anger and Aggression Following Military-Related Betrayal: Design and Methodology of a Clinical Trial.

Jacoby, V. M., Young-McCaughan, S., Straud, C. L., Paine, C., Merkley, R., Blankenship, A., Miles, S. R., Fowler, P., DeVoe, E. R., Carmack, J., Ekanayake, V., & Peterson, A. L.

Military Medicine

Volume 189, Issue Supplement_3, September/October 2024, Pages 842–849

Introduction

Difficulty controlling anger is a common postdeployment problem in military personnel. Chronic and unregulated anger can lead to inappropriate aggression and is associated with behavioral health, legal, employment, and relationship problems for military service members. Military-related betrayal (e.g., military sexual assault, insider attacks) is experienced by over a quarter of combat service members and is associated with chronic anger and aggression. The high level of physical risk involved in military deployments make interconnectedness and trust in the military organization of utmost importance for survival during missions. While this has many protective functions, it also creates a vulnerability to experiencing military-related betrayal. Betrayal is related to chronic anger and aggression. Individuals with betrayal-related injuries express overgeneralized anger, irritability, blaming others, expectations of injustice, inability to forgive others, and ruminations of revenge. Current approaches to treating anger and aggression in military populations are inadequate. Standard anger treatment is not trauma-informed and does not consider the unique cultural context of anger and aggression in military populations, therefore is not well suited for anger stemming from military-related betrayal. While trauma-informed interventions targeting anger for military personnel exist, anger outcomes are mixed, and aggression and interpersonal functioning outcomes are poor. Also, these anger interventions are designed for patients with posttraumatic stress disorder. However, not all military-related betrayal

meets the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition-5 definition of trauma, though it may still lead to chronic anger and aggression. As a result, these patients lack access to treatment that appropriately targets the function of their anger and aggression.

Materials and Methods

This manuscript describes rationale, design, and methodology of a pilot clinical trial examining Countering Chronic Anger and Aggression Related to Trauma and Transgressions (CART). CART is a transdiagnostic, transgression-focused intervention for military personnel who have experienced military-related betrayal, targeting chronic anger and aggression, and improving interpersonal relationships. The pilot study will use an interrupted timeseries design, where participants are randomized to a 2-, 3-, or 4-week minimal contact waitlist before starting treatment. This design maximizes the sample size so that all participants receive the treatment and act as their own control, while maintaining a robust design via stepped randomization. This trial aims to (1) test the acceptability and feasibility of CART, (2) test whether CART reduces anger and aggression in military personnel with a history of military-related betrayal, and (3) test whether CART improves interpersonal functioning.

Results

The primary feasibility outcome will be the successful recruitment, enrollment, and initiation of 40 participants. Primary outcome measures include the Client Satisfaction Survey-8, the State Trait Anger Expression Inventory-2, Overt Aggression Scale-Modified, and the Inventory of Interpersonal Problems-Short Version.

Conclusion

If outcomes show feasibility, acceptability, and initial effectiveness, CART will demonstrate a culturally relevant treatment for chronic anger, the most frequent postdeployment problem, in a sample of active duty service members who have suffered a military betrayal. The DoD will also have an evidence-based treatment option focusing on interpersonal functioning, including relationships within the military and within families.

<https://doi.org/10.1093/milmed/usae062>

Identifying Predictors of Positive and Negative Affect at Mid-Deployment Among Military Medical Personnel.

Gomes, K. D., Moore, B. A., Straud, C. L., Baker, M. T., Isler, W. C., McNally, R. J., Litz, B. T., & Peterson, A. L.

Military Medicine

Volume 189, Issue Supplement_3, September/October 2024, Pages 142–148

Introduction

Positive and negative affect influence an individual's ability to utilize available physical, psychological, and social resources to maximize responses to life events. Little research has examined the factors that influence the development of positive affect or reduction of negative affective responses among deployed military personnel. The present study aimed to investigate the relationship between deployment-related stressors and symptoms of behavioral health concerns with affectivity among deployed U.S. service members.

Materials and Methods

Participants were 1148 U.S. Air Force medical personnel deployed to Balad, Iraq, between 2004 and 2011. All participants completed self-report measures of PTSD symptoms, general military and combat exposure, stress, and affectivity. The Institutional Review Board at Wilford Hall Medical Center, the Air Force Personnel Survey Program, and the U.S. Army's Joint Combat Casualty Research Team reviewed and approved the study.

Results

Most respondents (89%, 1,018/1,139) reported a positive military experience, but many respondents reported exposure to a potentially traumatic event during deployment. For example, seeing dead or seriously injured Americans (47%, 523/1,123) was the most common exposure reported by participants. A large portion of personnel (21%, 232/1,089) reported clinical levels of PTSD symptoms (score of 33 or higher on the Posttraumatic Stress Disorder Checklist—Military version). Risk factors, including PTSD symptoms, combat exposure, and stress, explained 39% of the variance in negative affect, $R^2 = 0.39$, $F(1046) = 224.96$, $P < .001$. Conversely, these risk and resilience factors, including PTSD symptoms, combat exposure, stress, and general military experiences, explained 28% of the variance in positive affect, $R^2 = 0.28$, $F(1050) = 103.79$, $P < .001$. No significant gender differences were found between models predicting positive and negative affect.

Conclusions

Negative mood states may be partly an epiphenomenon of PTSD, which has been shown to be safely and effectively treated in the deployed environment. Social support

during deployments is uniquely associated with a positive mood. These findings extend beyond the military and into any high-stress occupation wherein leaders could interpret these findings as a need to build or reinforce efforts to provide opportunities to sustain healthy relationships in personnel. These critical indigenous resources support mission readiness and enable the maintenance of positive psychological health.

<https://doi.org/10.1016/j.jad.2024.07.141>

Risk and protective correlates of suicidality in the military health and well-being project.

Schafer, K. M., Melia, R., & Joiner, T.

Journal of Affective Disorders

Volume 363, 15 October 2024, Pages 258-268

Highlights

- Suicidality disproportionately affects Veterans.
- We studied the risk and protective constructs for suicidality in Veterans.
- Social contribution was associated with the lowest experience of suicidality.
- Moral injury was associated with the greatest experience of suicidality.

Abstract

Suicidality disproportionately affects Veterans, and in 2020 the Military Health and Well-Being Project was conducted in part to study the link between risk and protective constructs with suicidality among Veterans. In the present study, we investigate the relative contribution of risk (i.e., military self-stigma, daily stress, combat exposure, substance use, traumatic brain injury, and moral injury) and protective constructs (i.e., social integration, social contribution, public service motivation, purpose and meaning, and help-seeking) with suicidality. Using cross-sectional Pearson correlation and linear regression models, we studied the independent and relative contribution of risk and protective correlates in a sample of 1469 Veterans (male: $n = 985$, 67.1 %; female: $n = 476$, 32.4 %; transgender, non-binary, prefer not to say: $n = 8$, 0.5 %). When we investigated protective constructs individually as well as simultaneously, social contribution ($\beta = -0.39$, $t = -15.59$, $p < 0.001$) was the strongest protective construct against suicidality. Social integration ($\beta = -0.13$, $t = -4.88$, $p < 0.001$) additionally accounted for significant reduction in suicidality when all protective constructs were

considered together. When we investigated the contribution of risk constructs towards suicidality, moral injury was most strongly associated with suicidality ($r = 0.519$, $p < 0.001$), yet when studied simultaneously for their relative contribution none of the constructs accounted for a significant amount of the variance in suicidality ($|t|s \leq 1.98$, $ps \geq 0.07$). These findings suggest that among Veterans it is possible that social contribution is protective against suicidality and could be a possible treatment target for the prevention or reduction of suicidality among Veterans.

<https://doi.org/10.1093/milmed/usae066>

Identifying Suicide-Related Predictors Using Overseas Airborne Infantry Brigade Serious Incident Reports.

Paul, B. T., Greeno, C. G., & Kloepper, M. F.

Military Medicine

Volume 189, Issue Supplement_3, September/October 2024, Pages 165–170

Introduction

Suicidal ideation and attempts are considered to be graduated risks for suicide, yet they remain under studied. Suicide is among the leading causes of death in the U.S. for all individuals between the ages of 10 and 64 years. Suicide is a critical problem in the U.S. Military. The U.S. Army suicide rates surpassed civilian rates in 2008 and continue to climb steadily; with U.S. Army soldiers at more than twice the risk than U.S. civilians, and enlisted personnel at more than twice the risk of officers. Suicidal ideation and attempts are routinely reported within U.S. Army brigades using suicide-related serious incident reports (SR-SIRs). These reports could form a useful source of information for prevention planning, but to date there have been no efforts to summary these reports. This paper analyzes SR-SIRs among enlisted personnel for a 4-year period for 1 Army brigade, to test the usefulness of this information and to explore whether risk factors for attempts compared to ideation can be identified.

Materials and Methods

This report analyzes 130 de-identified reports of suicidal ideation ($n = 102$) and suicide attempts ($n = 28$) reported as SR-SIRs from August 2018 to June 2022 among enlisted personnel in an airborne infantry brigade combat team (BCT) outside the continental U.S. Analysis of de-identified data was not considered research by brigade and university human subject/IRB authorities. Fourteen soldier characteristics and context

factors were examined to determine if they differentiate the two types of incidents, suicidal ideations and suicide attempts.

Results

Unit location and alcohol use at the time of the incident were strongly associated with suicide attempts compared to ideation. Attempts occurred disproportionately during off duty hours, and attempters were more likely to have had prior contact with behavioral health services than ideators; however, these differences did not attain conventional statistical significance.

Conclusions

The study can help inform unit-specific suicide prevention and intervention strategies. Off duty hours and alcohol use are risk factors for attempts, particularly among soldiers who have sought behavioral health care. Plans to engage and support soldiers who have sought behavioral health care during off duty hours, and information regarding the risks of alcohol use, could meaningfully reduce their risk. This is the first known attempt to examine active duty U.S. Army brigade combat team SR-SIRs, and they are a potentially valuable source of health and mental health-related information.

<https://doi.org/10.1093/milmed/usae135>

The Suicide Prevention and Response Independent Review Committee (SPRIRC): Translating Recommendations Into Actions.

Hoyt, T., & Blais, R. K.

Military Medicine

Volume 189, Issue Supplement_3, September/October 2024, Pages 381–389

Objectives

A number of reports over the past 2 decades have provided recommendations for reducing the rate of suicide in the U.S. Armed Forces. Notwithstanding their veracity, few of these recommendations have been fully implemented.

Methods

At the direction of the Secretary of Defense and the U.S. Congress, a Suicide Prevention and Response Independent Review Committee was formed in 2022, with the mission of reviewing all policies and procedures regarding suicide within the DoD.

The Suicide Prevention and Response Independent Review Committee considered over 400 specific recommendations garnered from component offices, military installation visits, and service member focus groups, ultimately making 127 recommendations. The Secretary of Defense then directed the formation of an implementation working group, which assessed these 127 recommendations for feasibility, impact, and required resourcing.

Results

After being assessed by the implementation working group, DoD leadership approved 111 total actions to move forward for resource consideration in the formal budget process. These actions aligned to 5 lines of effort focused on reducing suicide behavior throughout the military. Resourcing decisions then determined that 83 of these recommendations would be funded beginning in fiscal year 2025.

Discussion

From an implementation science perspective, broader agency concerns throughout the DoD often are primary barriers to implementing system-wide changes. By making deliberate decisions about prioritizing the most impactful actions, resourcing processes can be informed directly by relevant data.

Conclusions

Implementation of recommendations to reduce suicide deaths in the military must go through several deliberative steps in order to be prioritized, funded, and ultimately adopted by the military. As researchers and external stakeholders become more familiar with this process, recommendations for future prevention activities can better overcome barriers to implementation.

<https://doi.org/10.1037/tra0001774>

Response styles to positive affect during a positive psychology intervention for veterans with PTSD and moral injury: Preliminary results from a moral elevation intervention pilot trial.

McGuire, A. P., Rodenbaugh, M., Howard, B. A. N., & Contractor, A. A.

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

Objective:

Veterans with posttraumatic stress disorder (PTSD) or moral injury are at risk of maladaptive response styles to positive emotions, such as emotional numbing. A potential pathway to target problematic responses to positive affect is a positive psychology intervention that elicits moral elevation—feeling inspired after witnessing someone perform a virtuous act. This study aims to examine responses to positive affect in a pilot trial of a web-based moral elevation intervention titled, MOVED: Moral Elevation Online Intervention for Veterans Experiencing Distress Related to PTSD and Moral Injury.

Method:

Veterans who reported moral injury distress and probable PTSD were randomized into an intervention or control condition ($n = 48$). We examined repeated measures data during the trial and focused on three subscales of the Response to Positive Affect Questionnaire: rumination on positive mood and somatic experiences (emotion-focus), rumination on positive aspects of the self and pursuit of relevant goals (self-focus), and efforts to dampen positive moods (dampening). Three multilevel models were fitted with time and condition as predictors and subscale scores as outcomes. Qualitative data reported at intervention sessions was also reviewed and coded based on the three subscales.

Results:

Veterans in the MOVED condition reported more positive rumination than the control condition for both emotion-focus ($b = 2.70$, $p = .023$) and self-focus styles ($b = 2.90$, $p = .003$). There was no group difference in the dampening style. Qualitative responses after elevation-eliciting exercises and session-based goals were most frequently coded as including emotion-focused positive rumination, followed by dampening, then self-focused rumination.

Conclusion:

These results provide preliminary evidence that a moral elevation intervention might contribute to positive responses to positive affect in a sample predisposed to emotional numbing. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/tra0001780>

Patterns and correlates of traumatic stress, depression, anxiety, and moral injury in U.S. health care providers late in the COVID-19 pandemic.

Papa, A., Okun, A. H., Barile, J. P., Jia, H., Thompson, W. W., & Guerin, R. J.

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

Objective:

Providing health care during the COVID-19 pandemic has been associated with a high mental health burden for health care providers. This study examined patterns of responses and correlates of class membership across commonly assessed mental health symptoms, psychosocial functioning, and moral injury for providers in the United States in Fall 2022.

Method:

A convenience sample of 1,504 primary care physicians, pediatricians, nurse practitioners, and physician assistants who had been in practice for three or more years ($M_{age} = 46.1$ years, $SD_{age} = 11.3$, 58% male) completed self-report measures in an online, opt-in panel survey from September to November 2022.

Results:

Using latent class analysis, three classes were identified: No/Low Symptoms (64.8%), High Moral Injury (19.9%), and Elevated Symptoms (15.2%). Several factors were correlated with class membership including age, sex, social support, personal risk of COVID-19, pandemic-related work stressors, proportion of COVID-19 patients seen at the height of the pandemic, and death of a patient due to COVID-19.

Conclusions:

This study found high levels of mental health symptoms, and problems with psychosocial functioning and moral injury in health care providers well past the pandemic's peak. The results also demonstrated the importance of considering the unique contribution of moral injury to psychosocial functional difficulties experienced by health care providers during the pandemic given their defined role as essential workers. These findings have implications for preventing and managing mental health problems and burnout among providers postpandemic as well as for future pandemics at both the organizational and individual levels.

Clinical Impact Statement

This study examined patterns in reported symptoms of depression, anxiety, posttraumatic stress, moral injury (feeling morally responsible for causing or failing to prevent harm to others), and psychosocial functioning in health care providers 2 years

into the pandemic. We found three patterns, no/low symptoms (65%), high moral injury and psychosocial functional problems with moderate posttraumatic stress (19.9%), and moderate to high symptoms across all outcomes (15.2%), suggesting that many providers are still struggling with mental health problems. This study also highlighted moral injury's role in postpandemic psychological adjustment and identified several factors associated with classification into the symptomatic groups.

Links of Interest

USU Center for Deployment Psychology Awarded Top Prize for Virtual Suicide Prevention Learning Tool

<https://news.usuhs.edu/2024/07/usu-center-for-deployment-psychology.html>

Staff Perspective: Introducing the Second Life Island for Preventing Suicide

<https://deploymentpsych.org/blog/staff-perspective-introducing-second-life-island-preventing-suicide>

PTSD treatment may lower need for insulin prescriptions in some veterans, study finds

<https://www.stripes.com/veterans/2024-08-19/ptsd-veteran-diabetes-insulin-14911055.html>

- [Posttraumatic Stress Disorder and Type 2 Diabetes Outcomes in Veterans](#)
(JAMA Psychiatry)

DODEA school year kicks off with student ambassadors and universal pre-K

https://www.stripes.com/theaters/asia_pacific/2024-08-19/dodea-schools-first-day-prek-14908013.html

Early Recognition and Effective Treatment of Early Serious Mental Illness (SAMHSA)

<https://store.samhsa.gov/product/early-recognition-effective-treatment-early-serious-mental-illness/pep24-01-006>

Important Conversations to Have Before It's Too Late

<https://blog-brigade.militaryonesource.mil/2024/06/18/important-conversations-to-have-before-its-too-late/>

People with HIV cannot be categorically barred from joining the military, judge rules

<https://www.nbcnews.com/nbc-out/out-news/judge-rules-hiv-positive-americans-cannot-banned-military-service-rcna167557>

How Moves Put Military Families of Color at Risk

<https://www.military.com/daily-news/2024/08/21/how-moves-put-military-families-of-color-risk.html>

DOD Blast Summit Brings Together Public Health, Safety Experts to Address Blast Overpressure Concerns

https://www.army.mil/article/279051/dod_blast_summit_brings_together_public_health_safety_experts_to_address_blast_overpressure_concerns

Army launches brain health testing for new recruits as Pentagon eyes improved blast exposure care

<https://www.stripes.com/branches/army/2024-08-27/army-soldiers-brain-injuries-cognitive-tests-14995542.html>

Expanding Treatment Options for Alcohol Use Disorder

<https://doi.org/10.1001/jamahealthforum.2024.2184>

- [Alcohol Consumption Patterns and Mortality Among Older Adults With Health-Related or Socioeconomic Risk Factors](#)

On Resilience, Babies, and Bathwater

<https://doi.org/10.1001/jamapediatrics.2024.2842>

Federal agency pulls back \$583M Military OneSource contract for review

<https://www.militarytimes.com/news/your-military/2024/08/23/federal-agency-pulls-back-583m-military-onesource-contract-for-review/>

Combat tours don't cause permanent readjustment issues for vets: Study

<https://www.militarytimes.com/news/your-military/2024/08/27/combat-tours-dont-cause-permanent-readjustment-issues-for-vets-study/>

Draft Guidance on Reporting Gender, Sex, Gender Identity, Sexual Orientation, and Age in Medical and Scientific Publication—Call for Review and Comment

<https://jamanetwork.com/journals/jama/fullarticle/2822761>

Preventing Substance Use Among Young Adults with Disabilities

<https://store.samhsa.gov/product/preventing-substance-use-among-young-adults-disabilities/pep24-06-003>

Army launches cognitive screening to track new soldiers' brain health

<https://www.militarytimes.com/news/your-army/2024/08/29/army-launches-cognitive-screening-to-track-new-soldiers-brain-health/>

Resource of the Week – [Deserted: The U.S. Military's Sexual Assault Crisis as a Cost of War](#)

New, from Brown University's Watson Institute [Costs of War Project](#):

Over the past decade, the U.S. military has implemented policies to promote gender equality, notably lifting the ban on women in combat roles in 2013 and opening all military jobs to women by 2016. Yet, even as U.S. military policy reforms during the “War on Terror” appear to reflect greater equality, violent patterns of abuse and misogyny continued within military workplaces.

This author of this report found that sexual assault prevalence in the military is likely two to four times higher than official government estimations. Based on a comparison of available data collected by the U.S. Department of Defense to independent data, the research estimates there were 75,569 cases of sexual assault in 2021 and 73,695 cases in 2023. On average, over the course of the war in Afghanistan, 24 percent of active-duty women and 1.9 percent of active-duty men experienced sexual assault. The report highlights how experiences of gender inequality are most pronounced for women of color, who experience intersecting forms of racism and sexism and are one of the fastest-growing populations within the military. Independent data also confirm queer and trans service members' disproportionately greater risk for sexual assault.

The report notes that during the post-9/11 wars, the prioritization of force readiness above all else allowed the problem of sexual assault to fester, papering over internal violence and gender inequalities within military institutions.

Sexual Assault in the Military: Estimates



Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology

DoD and Uniformed Service Contractor

Phone: (727) 537-6160

Email: shirley.kennedy.ctr@usuhs.edu



Henry M. Jackson Foundation for the Advancement of Military Medicine