

# CDP



## Research Update -- September 19, 2024

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- The Transtheoretical Model of Change and Recovery from a Suicidal Episode.
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- Resource of the Week: Veterans Day Teachers Resource Guide (U.S. Department of Veterans Affairs)

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<https://doi.org/10.1177/0095327X231165910>

**Moral Coping or Simply Uncomplicated Soldiering? How Soldiers Avoid Moral Injury Through Simplification, Justification, Rationalization, and Compartmentalization.**

Tine Molendijk

Armed Forces & Society  
(2024) Volume 50, Issue 4, 977-999

A substantial number of soldiers develop moral injuries, yet just as many do not. Therefore, it is important to explore the question: How do military service members generally interpret and cope with moral challenges related to their profession? This

article analyzes the accounts of 80 (former) soldiers, examining how they perceived their profession and the coping strategies they tend to use in the face of moral challenges. The findings show that they generally did not experience as much moral tension as one might expect. Yet, when they did, they used coping strategies of simplification, justification, and rationalization, including doing good, rules and instructions, reciprocity, numbing, and compartmentalization. This leads to a middle position between the view that military personnel never experience moral challenges and the position that they find violence actually highly problematic, with important implications for research on moral injury, trauma, and soldiers' experience.

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<https://doi.org/10.1177/0095327X231161365>

### **Adverse Childhood Experiences in Military, Veteran, and Civilian Families.**

Hinojosa, M. S., Hinojosa, R., Condon, J., & DaSilva, S.

Armed Forces & Society  
(2024) 50(4), 1196-1217

Adverse childhood experiences are traumatic early life experiences that can lead to poorer mental, physical, and social outcomes. Children in military and veteran families can face unique challenges compared with civilian families. This study utilizes data from 2017–2019 National Survey of Children's Health to examine 56,655 children living in military, veteran, and civilian families to predict the prevalence of adverse childhood experiences. Findings indicate that children living in veteran families (compared with civilian families) have higher odds of witnessing parents use violence and witnessing parents with alcohol or substance use problems. Children in military families had higher odds of divorce and lower odds of experiencing parental death. It is also noted that children living in military, veteran, and civilian families are similar across other ACEs including the incarceration of a parent, child as victim of violence, living with family with mental illness, unfair treatment because of race, and difficulty covering basics like food and housing.

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<https://doi.org/10.1001/jamapsychiatry.2024.2349>

## **Brief Cognitive Behavioral Therapy for Suicidal Inpatients: A Randomized Clinical Trial.**

Diefenbach, G. J., Lord, K. A., Stubbing, J., Rudd, M. D., Levy, H. C., Worden, B., Sain, K. S., Bimstein, J. G., Rice, T. B., Everhardt, K., Gueorguieva, R., & Tolin, D. F.

JAMA Psychiatry  
September 11, 2024

### Key Points

#### Question

Does adding an inpatient version of brief cognitive behavioral therapy for suicide prevention to treatment as usual reduce suicide attempts, suicidal ideation, and psychiatric readmissions over 6 months postdischarge?

#### Findings

In this randomized clinical trial analyzing 200 suicidal inpatients, adding brief cognitive behavioral therapy significantly reduced the odds of postdischarge suicide attempts, and the rate of psychiatric readmissions was reduced in participants without substance use disorders. Effects on suicidal ideation were less clear.

#### Meaning

The findings indicate that adding an inpatient version of brief cognitive behavioral therapy for suicide prevention improved patient outcomes over current standard of care alone.

### Abstract

#### Importance

Suicide risk is elevated after discharge from inpatient level of care. Empirically supported inpatient suicide prevention treatments are needed.

#### Objective

To determine whether adding an inpatient version of brief cognitive behavioral therapy for suicide prevention to treatment as usual reduces postdischarge suicide attempts, suicidal ideation, and psychiatric readmissions and to determine whether substance use disorder moderates treatment effects.

## Design, Setting, and Participants

This randomized clinical trial compared treatment as usual (n = 106) to treatment as usual plus brief cognitive behavioral therapy for inpatients (n = 94) at a private psychiatric hospital in Connecticut. Follow-up assessments were completed monthly for 6 months postdischarge. Participants were enrolled from January 2020 through February 2023. Inpatients admitted following a suicidal crisis (past-week suicide attempt or ideation with plan on admission and attempt within previous 2 years) were included. Medical records of consecutive admissions (n = 4137) were screened, 213 were study eligible and randomized, and 200 were analyzed. A total of 114 participants (57.0%) completed 6-month follow-up assessments. Data from medical records were also obtained through 6-month follow-up.

## Intervention

Up to 4 individual sessions of brief cognitive behavioral therapy for suicide prevention designed for inpatients.

## Main Outcomes and Measures

Suicide attempts and readmissions were assessed via blind interviews and medical record review. Suicidal ideation was assessed via self-report.

## Results

The mean (SD) age among 200 analyzed participants was 32.8 (12.6) years; 117 participants were female and 83 were male. Brief cognitive behavioral therapy–inpatient reduced the occurrence of suicide attempt over 6 months postdischarge by 60% (odds ratio, 0.40; 95% CI, 0.20-0.80; number needed to treat, 7) in the entire patient group, and the rate of psychiatric readmissions by 71% (rate ratio, 0.29; 95% CI, 0.09-0.90) in those without a substance use disorder. The effect of treatment condition on suicidal ideation was less clear, although post hoc analyses indicated less severe suicidal ideation following brief cognitive behavioral therapy–inpatient vs treatment as usual at 1 and 2 months postdischarge.

## Conclusions and Relevance

Brief cognitive behavioral therapy–inpatient reduced 6-month postdischarge suicide reattempts and rate of readmissions when added to treatment as usual. Substance use disorder moderated the treatment's effect on readmission rates. Treatment effects on suicidal ideation were less clear. Implementation research is needed to facilitate dissemination. Additional research is also needed to optimize outcomes for individuals with substance use disorders.

Trial Registration ClinicalTrials.gov Identifier: [NCT04168645](https://clinicaltrials.gov/ct2/show/study/NCT04168645)

See also: [Suicide Risk—A Specific Intervention Target](#)

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<https://doi.org/10.1001/jamainternmed.2024.4419>

## **Nurse-Supported Self-Directed Cognitive Behavioral Therapy for Insomnia: A Randomized Clinical Trial.**

Ulmer, C. S., Voils, C. I., Jeffreys, A. S., Olsen, M., Zervakis, J., Goodwin, K., Gentry, P., Rose, C., Weidenbacher, H. J., Beckham, J. C., & Bosworth, H. B.

JAMA Internal Medicine  
September 9, 2024

### Key Points

#### Question

What is the effectiveness of nurse-supported self-directed cognitive behavioral therapy for insomnia (CBTi) for reducing insomnia severity and improving sleep outcomes among patients with insomnia disorder?

#### Findings

In this randomized clinical trial of 178 patients with insomnia disorder, those completing self-directed CBTi with 6 brief (median of 23 minutes each) nurse-supported phone calls achieved greater reductions in insomnia severity, depression, and fatigue at 8 weeks than a health education control group; these outcomes were sustained at 6 months.

#### Meaning

This randomized clinical trial found that patients receiving brief support from a health care clinician for patients engaged in self-directed insomnia treatment had reduced insomnia severity and improved sleep outcomes.

### Abstract

#### Importance

Cognitive behavioral therapy for insomnia (CBTi) is the standard of care for treating insomnia disorder, but access is limited. Alternative approaches are needed to expand access to the standard of care.

## Objective

To examine the effectiveness of a nurse-supported, self-directed behavioral insomnia intervention for decreasing insomnia severity and improving sleep outcomes among veterans, a population with considerable mental health comorbidity.

## Design, Setting, and Participants

This randomized clinical trial included 178 patients with insomnia disorder who were recruited from a Veterans Affairs hospital (Durham VA Healthcare System) from September 2019 to April 2022 and randomized following baseline assessment; follow-ups were conducted at 8 weeks (primary end point) and 6 months. Data analysis was primarily conducted during the summer of 2023 and concluded in May 2024.

**Intervention** Six weekly phone calls from a nurse interventionist plus assigned treatment manual readings covering CBTi treatment components. The health education manual focused on health topics but not sleep.

## Main Outcomes and Measures

The primary outcome was the Insomnia Severity Index (score range, 0-28; remission <8; differential improvement of 3 points targeted) score assessed at 8 weeks postrandomization. Secondary outcomes were sleep outcomes, depression, fatigue, treatment response, and remission.

## Results

Of 178 study participants, the mean (SD) age was 55.1 (13.2) years, and 128 (71.9%) identified as men. At 8 weeks, Insomnia Severity Index scores decreased by an estimated mean (SE) of 5.7 (0.51) points in the intervention group and 2.0 (0.47) points in the control group, a differential mean improvement of 3.7 points (95% CI, -5.0 to -2.4;  $P < .001$ ). Differences were sustained at 6 months (mean, -2.8; 95% CI, -4.4 to -1.3;  $P < .001$ ). The intervention also resulted in greater improvements at 8 weeks postrandomization in diary sleep onset latency, wake after sleep onset, and sleep efficiency and actigraphy sleep efficiency; these differences were sustained at 6 months. At 8 weeks, depression and fatigue were significantly reduced, and the odds of treatment response and remission were greater in the intervention group compared with controls.

## Conclusions and Relevance

This randomized clinical trial found that despite greater prevalence of mental health conditions and sleep difficulties among veterans, a nurse-supported self-directed CBTi was more effective than health education control for reducing insomnia severity and

improving sleep outcomes. Although less effective than therapist-delivered CBTi, findings were comparable with other trials using modified CBTi protocols.

Trial Registration ClinicalTrials.gov Identifier: [NCT03727438](https://clinicaltrials.gov/ct2/show/study/NCT03727438)

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<https://doi.org/10.22454/FamMed.2024.215649>

## **The Emotional Impact of Suicide Assessment: A Qualitative Study of Military Family Medicine Residents.**

McNamara, K. A., Dixon, M. A., & Moss, D. A.

Family Medicine  
2024; 56(8): 509-511

### Background and Objectives:

Assessing suicide risk in primary care settings has become standard practice; however, the emotional toll on medical providers remains understudied. This qualitative study examines the emotional impact of suicide assessments among family medicine residents.

### Methods:

We conducted one-on-one, semistructured, in-depth interviews with a convenience sample of residents enrolled in a family medicine residency program at a US military installation. Employing an exploratory, qualitative research approach, we iteratively coded transcribed interviews for content and themes.

### Results:

For this study, we interviewed 15 family medicine residents spanning all three postgraduate year groups. The primary objective of the comprehensive study was to evaluate the confidence levels of family medicine residents in suicide risk screening, with the intent to identify educational gaps for improvement. However, unexpectedly, participants revealed their profound negative emotional responses during these assessments. The emotional impact of suicide risk assessment was the most frequently coded theme in the study, with participants noting six main emotional reactions to assessing suicide risk among their patients: fear, weariness, anxiety, shock, overwhelm, and inadequacy.



## Conclusions:

Despite claims of emotional detachment, participants often expressed surprise and vulnerability when faced with suicidal patients. With suicide screening becoming increasingly vital in primary care, understanding and mitigating the emotional impact on physicians is essential. Future research should explore strategies to support medical providers in navigating these challenging interactions effectively for both the patients and themselves.

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<https://doi.org/10.1016/j.chc.2024.05.003>

## **Reimagining the CARE in Systems to Combat the Pediatric Mental Health Crisis in America: A Healing-Centered Approach.**

Gordon-Achebe, K., Legha, R. K., Durham, M. P., Hamilton, A. T., Praylow, T., & Fortuna, L. R.

Child and Adolescent Psychiatric Clinics of North America  
Volume 33, Issue 4, October 2024, Pages 511-525

The US child mental health care system requires a revival and reimagination. We need to shift toward healing-centered models of care and prioritize access to high-quality mental health care through policy changes and resource allocation. Funding community-based programs that provide culturally responsive, antiracist, and equitable (CARE) systems is essential. Policies must be implemented to reduce barriers to accessing mental health services for underresourced communities. By prioritizing (CARE) over control, we can build a just workforce that is equipped to address the needs of a growing diverse population and ensure that all children and families can heal and thrive.

### Key points

- Define “systems of care” and how they relate to clinical practice, education, policy, and public mental health interventions through a historical and sociopolitical lens.
- Understand the current critiques of diversity in the workforce, access to care, and equity issues in child mental health.
- Discover approaches to promoting healing systems of care for marginalized youth in crisis, including trauma-informed principles like social justice, antiracism, abolition medicine, and decolonization.

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<https://doi.org/10.1371/journal.pone.0309332>

## **Childhood trauma, PTSD/CPTSD and chronic pain: A systematic review.**

Maria Karimov-Zwienenberg , Wilfried Symphor, William Peraud, Greg Décamps

PLoS ONE

2024; 19(8): e0309332

### **Background**

Despite the growing body of literature on posttraumatic stress disorder (PTSD) and chronic pain comorbidity, studies taking into account the role of childhood exposure to traumatic and adverse events remains minimal. Additionally, it has been well established that survivors of childhood trauma may develop more complex reactions that extend beyond those observed in PTSD, typically categorized as complex trauma or CPTSD. Given the recent introduction of CPTSD within diagnostic nomenclature, the aim of the present study is to describe associations between childhood trauma in relation to PTSD/CPTSD and pain outcomes in adults with chronic pain.

### **Methods**

Following PRSIMA guidelines, a systematic review was performed using the databases Pubmed, PsychInfo, Psychology and Behavioral Sciences Collection, and Web of Science. Articles in English or French that reported on childhood trauma, PTSD/CPTSD and pain outcomes in individuals with chronic pain were included. Titles and abstracts were screened by two authors independently and full texts were consequently evaluated and assessed on methodological quality using JBI checklist tools. Study design and sample characteristics, childhood trauma, PTSD/CPTSD, pain outcomes as well as author's recommendations for scientific research and clinical practice were extracted for analyses.

### **Results**

Of the initial 295 search records, 13 studies were included in this review. Only four studies explicitly assessed links between trauma factors and pain symptoms in individuals with chronic pain. Findings highlight the long-term and complex impact of cumulative childhood maltreatment (e.g., abuse and neglect) on both PTSD/CPTSD and chronic pain outcomes in adulthood.

## Conclusion

This review contributes to current conceptual models of PTSD and chronic pain comorbidity, while adding to the role of childhood trauma and CPTSD. The need for clinical and translational pain research is emphasized to further support specialized PTSD/CPTSD treatment as well as trauma-informed pain management in routine care.

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<https://doi.org/10.1016/j.psychresns.2024.111888>

## **Neuroimaging evidence of disturbed self-appraisal in posttraumatic stress disorder: A systematic review.**

J Agathos, A Putica, T Steward, KL Felmingham, ML O'Donnell, C Davey, BJ Harrison

Psychiatry Research: Neuroimaging  
Volume 344, October 2024, 111888

## Highlights

- Individuals with PTSD show aberrant neural activity during negative and positive self-appraisal.
- Negative self-appraisal in PTSD is underpinned by deficient engagement of emotion regulation networks.
- Reduced DMN-amygdala connectivity in PTSD reflects dysfunctional emotional salience and valuation processing of self-information.
- Aberrant DMN activation in PTSD may be linked to fractured sense of self and somatic depersonalization.
- Findings may provide new insights into targeted PTSD treatment selection, development, and augmentation.

## Abstract

### Background

The experience of self-hood in posttraumatic stress disorder (PTSD) is altered cognitively and somatically. Dysfunctional negative cognitions about the self are a central mechanism of PTSD symptomatology and treatment. However, while higher-order brain models of disturbances in self-appraisal (i.e., cognitive processes relating to evaluating the self) have been examined in other psychiatric disorders, it is unclear how normative brain function during self-appraisal is impaired in PTSD.

## Methods

This paper presents a PRISMA systematic review of functional neuroimaging studies (n = 5), to establish a neurobiological account of how self-appraisal processes are disturbed in PTSD. The review was prospectively registered with PROSPERO (CRD42023450509).

## Results

Self-appraisal in PTSD is linked to disrupted activity in core self-processing regions of the Default Mode Network (DMN); and regions involved in cognitive control and emotion regulation, salience and valuation.

## Limitations

Because self-appraisal in PTSD is relatively under-studied, only a small number of studies could be included for review. Cross-study heterogeneity in analytic approaches and trauma-exposure history prohibited a quantitative meta-analysis.

## Conclusions

This paper proposes a mechanistic account of how neural dysfunctions may manifest clinically in PTSD and inform targeted selection of appropriate treatment options. We present a research agenda for future work to advance the field.

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## **Posttraumatic stress symptoms in recovery from concussion.**

Bunt, S. C., Doggett, H., Wilmoth, K., Hynan, L. S., Tamez, I., Didehbani, N., ... Cullum, C. M.

Journal of Clinical and Experimental Neuropsychology

Published online: 31 Aug 2024

## Background

Previous literature suggests that lingering concussion symptoms may be influenced by psychological factors. The relationship of posttraumatic stress symptoms (PTSS) during recovery with pre-existing/injury related factors and concussion symptomology is not fully understood. Identification of factors contributing to symptoms of posttraumatic stress may provide guidance to improve treatment following concussion.

## Method

This study included 287 participants (Male 40.42%, n = 116; Female 59.58%, n = 171) aged 13–75 years diagnosed with a recent concussion at one of the North Texas Concussion Registry (ConTex) specialty concussion clinic sites. Preinjury emotional history, injury related factors, and emotional state at time of initial evaluation were analyzed as predictors of post-traumatic stress symptoms (PCL-5) during recovery.

## Results

Sixty-one percent of participants endorsed at least one PTSS. Correlations were found between initial Sport Concussion Assessment Tool 5® (SCAT5) total emotional symptom severity and screening measures for anxiety (GAD-7;  $r = .453$ ,  $p < .001$ ) and depression (PHQ-8;  $r = .550$ ,  $p < .001$ ) symptom scores. Of the measures from the initial visit included in the multiple regression model predicting severity of PTSS at follow-up ( $R^2 = 0.554$ ,  $\beta < .001$ ), three measures predicted PTSS severity: initial SCAT5 total emotional symptom severity ( $\beta = 0.565$ ,  $p < .001$ ), PHQ-8 score ( $\beta = .166$ ,  $p = .009$ ), and GAD-7 score ( $\beta = 0.119$ ,  $p = .044$ ).

## Conclusions

Symptoms of anxiety and depression along with specific SCAT5 emotional symptoms present at the time of initial evaluation may serve to predict overall level of PTSS and increased risk for PTSS during recovery. PTSS may be another dimension of response to injury and concussion recovery, with a large percentage of individuals endorsing at least one PTSS. Clinicians can utilize brief assessments such as the SCAT5 at the time of initial clinical evaluation to identify those at risk for PTSS following concussion.

## Statement of Clinical Relevance

This study found that emotional symptoms present at initial clinical evaluation are associated with higher symptoms of posttraumatic stress and should be considered when managing recovery from concussion.

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<https://doi.org/10.1093/milmed/usae410>

## **Stigma and Barriers to Care, Online Mental Health Tools, and Suicidality in California's Veterans.**

Lydia Hill, USAF, Tristen K Inagaki, PhD, Emily A Schmied, PhD, Allison A Vaughn, PhD

## Introduction

Veterans have a higher national suicide rate than non-veterans (31.6 versus 18.0 per 100,000). Psychotherapy and other treatments are effective at reducing suicidality, yet stigma and barriers to care reduce willingness to seek help. For veterans who do seek help, they are often undertreated leaving them still in need of help. Online mental health tools (OMHTs) provide another option for obtaining help; however, there is limited research regarding the relationship between stigma and barriers to care, OMHT use, and suicidality. We hypothesized that stigma and barriers are related to higher likelihood of OMHT use and OMHT use is related to lower likelihood of suicidality.

## Materials and Methods

The California Health Interview Survey is a population-based state health survey that collects data over a 2-year cycle via web and phone interviews. The sample was 4,435 veterans (91% male, 75% White, and average age 67 years old). The study was institutional review board exempt because data storage and analyses were done at the Data Access Center at University of California—Los Angeles.

## Results

Logistic regressions showed endorsing stigma and barriers indicated a higher likelihood of using OMHTs. Additionally, use of OMHTs was unexpectedly associated with greater suicidality.

## Conclusions

Findings reinforce the need for research aimed at identifying ways to reduce stigma and barriers toward seeking help. Online mental health tools are a viable option for individuals experiencing stigma and barriers and for individuals who previously experienced suicidality.

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<https://doi.org/10.1080/08952841.2024.2395105>

**Insomnia and unhealthy alcohol use in a National Sample of Women Veterans 50 years and older enrolled in the Veterans Health Administration.**

Caitlan A. Tighe, Deirdre A. Quinn, Monique Boudreaux-Kelly, Karley Atchison & Rachel L. Bachrach

In this study, we examined rates of insomnia and co-occurring unhealthy alcohol use in a national sample of women Veterans age 50 years and older. We further explored associations between sociodemographic measures, insomnia-related clinical characteristics, and unhealthy alcohol use, and analyzed whether women with insomnia were more likely to report unhealthy alcohol use. Study aims were evaluated using national Veterans Health Administration (VA) electronic health records data from VA's Corporate Data Warehouse. Data were extracted for women Veterans  $\geq 50$  years old with  $\geq 1$  VA primary care visit in each study year (2018: 3/11/18–3/10/19; 2020: 3/11/20–3/10/21; 2022: 3/11/22–3/10/23). Cases of insomnia were identified via diagnostic codes and prescription medications for insomnia. Unhealthy alcohol use was identified via Alcohol Use Disorders Identification Test-Consumption screening scores indicating unhealthy alcohol use. Annual sample sizes ranged from 240,420–302,047. Over the study timeframe, insomnia rates (diagnosis or medication) among women  $\geq 50$  years old ranged from 18.11–19.29%; co-occurring insomnia and unhealthy alcohol use rates ranged from 2.02–2.52%. Insomnia and unhealthy alcohol use rates were highest among women aged 50–59 years old. Depression and physical health comorbidities were consistently associated with insomnia; associations by race and ethnicity were less consistent. Compared to women without insomnia, women Veterans with either concurrent or unremitting insomnia were more likely to endorse unhealthy alcohol use. Findings signal a potential need for assessment and preventative efforts aimed at addressing insomnia and unhealthy alcohol use among women Veterans.

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<https://doi.org/10.1016/j.jad.2024.08.213>

**A symptom-level perspective on irritability, PTSD, and depression in children and adults.**

N Zhan, F Li, HW Fung, K Zhang, J Wang, F Geng

Journal of Affective Disorders  
Volume 367, 15 December 2024, Pages 606-616

## Highlights

- Network analysis methods may indicate how symptoms of irritability, PTSD, and depression are associated.
- Irritability, PTSD and depression form independent stable and dense communities.
- Edge across disorders mainly emerges at negative cognition, dysphoria, and suicidal thoughts.
- Irritability emerges as a relatively core symptom in trauma-exposed populations.

## Abstract

### Background

Although irritability is a prominent clinical manifestation among traumatized populations, its relationships with other psychopathologies are rarely studied. Adopting a symptom-level perspective, this study aimed to explore how symptoms of irritability, posttraumatic stress disorder (PTSD), and depression are associated.

### Method

The Brief Irritability Test, the PTSD Checklist for DSM-5, and the Patient Health Questionnaire-9 were used to measure irritability, PTSD, and depression, respectively, in a large sample of trauma-exposed children and adolescents ( $n = 5454$ ), trauma-exposed adults ( $n = 4718$ ), and children and adolescents with probable PTSD ( $n = 556$ ). Exploratory graph analysis (EGA) and network analysis were conducted to examine potential communities and significant relations.

### Results

Although irritability, PTSD, and depression were highly correlated at the disorder level, EGA results indicated that, at the symptom level, they formed highly stable and dense communities, respectively. Relations across disorders mainly emerged at symptoms related to negative cognition, dysphoria, and suicidal thoughts. Especially, strong transdiagnostic relations across all samples were “negative beliefs” and “suicidal thoughts”, “numbing” and “suicidal thoughts”, “startle” and “moving slowly or restless”, “bothering” and “moving slowly or restless”. Furthermore, irritability symptoms seem more central than PTSD and depression symptoms, with “snap” being the most central node across all networks, especially in the child and adolescent sample.

### Conclusion

Irritability, PTSD, and depression are relatively independent constructs when analyzed at the symptom level. Irritability symptoms emerged as core symptoms in trauma-



exposed populations. Our findings highlight the importance of independent assessment of irritability in the diagnosis and treatment of PTSD.

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<https://doi.org/10.1136/ip-2024-045347>

## **Prevalence and correlates of handgun carrying and perceived ease of access among adolescents in Florida.**

Boccio C, Jones MS, Semenza D, Jackson DB

Injury Prevention

Published Online First: 03 September 2024

### Objective

Adolescent firearm violence poses a serious public health concern. The aim of this study is to explore correlates of access to firearms and firearm carrying patterns among adolescents in 2022. While previous research has documented correlates and risk factors for firearm carrying, the majority of this research has relied on samples collected prior to the COVID-19 pandemic and recent shifts in national patterns of firearm violence.

### Methods

We analysed data from the 2022 Florida Youth and Substance Use Survey (FYSAS) (N=41 768). Logistic regression models were used to examine associations between demographic, familial, temperamental, and behavioural factors and both ease of perceived firearm access and patterns of firearm carrying.

### Results

The results suggest that gender, grade level, race, residential setting, having a parent in the military, delinquency, depression, bullying and substance use are associated with perceived firearm access. In addition, gender, grade level, residential setting, ease of firearm access, delinquency, substance use, and bullying are all associated with firearm carrying.

### Conclusions

Our findings suggest a host of demographic features and behavioural factors are associated with both perceived ease of firearm access and patterns of firearm carrying. Implications of these findings for reducing access to firearms is discussed.

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<https://doi.org/10.1016/j.ajem.2024.08.039>

## **Depression after traumatic brain injury: A systematic review and Meta-analysis.**

M Dehbozorgi, MR Maghsoudi, S Rajai, I Mohammadi, AR Nejad, MA Rafiei, S Soltani, A Shafeei, M Bahktyari

The American Journal of Emergency Medicine

Available online 3 September 2024

### Background

Traumatic brain injury (TBI) afflicts 69 million individuals annually, resulting in numerous neuropsychiatric sequelae. Here, we investigate the possible relation between TBI and depression.

### Methods

an online database search of Pubmed, Scopus, and Web of Science was conducted on November 3rd, 2023 for observational studies investigating post-TBI depressive symptoms incidence or comparing the prevalence of depressive symptoms between TBI and non-TBI individuals.

### Results

a total of 43 studies were included in our review, 15 of which reported novel cases of depressive symptomology post-TBI and 34 of which compared depressive symptoms in TBI participants with non-TBI participants. Our meta-analysis showed an incidence of 13 % among 724,842 TBI participants, and a relative risk of 2.10 when comparing 106,083 TBI patients to 323,666 non-TBI controls. 11 of the 43 included studies were deemed as having a high risk of bias. Sensitivity analysis showed our findings to be robust and no publication bias was detected using Egger's regression test.

### Conclusion

Individuals suffering from TBI are almost twice as likely to develop depressive symptomology compared to non-TBI individuals.

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<https://doi.org/10.1093/sleep/zsae203>

## **The Relationship between REM Sleep Prior to Analogue Trauma and Intrusive Memories.**

Lawra Alkalame, Jessica Ogden, Jacob W Clark, Kate Porcheret, Victoria B Risbrough, Sean P A Drummond

Sleep

Published: 05 September 2024

Intrusive memories are a common experience following trauma exposure but can develop into a symptom of posttraumatic stress disorder (PTSD). Recent research has observed a relationship between sleep disturbance and intrusive memory frequency following analogue trauma exposure and disruptions in REM sleep are found to contribute to emotional dysregulation and an amplified reaction to negative emotional stimuli. The current study examined the association between REM sleep prior to analogue trauma and intrusive memories. To manipulate REM sleep, 27 healthy adults (MAge= 25.4, SD = 2.89) were randomised to either to a circadian misalignment (CM) condition or normal control (NC) condition for four nights. In CM, participants slept normally for two nights followed by a 4-hour phase advance on night three and an additional 4-hour phase advance on night four. In NC, participants had 8-hour sleep opportunities each night. On day 5, participants watched a trauma film and kept an intrusive memory diary for the next three days. Greater REM sleep percentage ( $p = .004$ ) and REM efficiency ( $p = .02$ ) across 4 nights prior to analogue trauma, independent of group, was significantly associated with fewer intrusive memories in the 3 days after viewing the film. Findings suggest REM sleep may serve to protect individuals against experiencing intrusive memories. This is consistent with evidence suggesting REM sleep influences emotional memory regulation. Occupations (e.g., emergency services/military personnel) who experience circadian disruptions likely to decrease REM sleep (e.g., from shift work) may be at heightened risk of experiencing intrusive memories after trauma exposure, and thus at increased risk of developing PTSD.

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<https://doi.org/10.1093/milmed/usae420>

**Reoptimizing Combat and Operational Stress Control in the U.S. Air Force.**

Mark A Dixon, BSC, USAF, T. Daniel Bohman, MC, USAF, Nicholas F Polk, BSC, USAF, Brandon C Farber, BSC, USAF, Charnell E Smith, BSC, USAF

Military Medicine

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The future of warfare is changing with anticipation of moving toward Agile Combat Employment in contested, degraded, and operationally limited environments. This will require some changes for behavioral health provision within the Air Force during deployments. With over a century of development and refinement, Combat and Operational Stress Control (COSC) has proven to be a sustainable model for behavioral health asset utilization to maximize unit combat effectiveness and individual personnel performance. It allows flexibility of implementation across the force generation cycle through outreach efforts, unit integration, prevention services, and command consultation. COSC teams are versatile: Both enlisted and officer providers have a dynamic opportunity to influence and shape the wellness of an entire population of service members. To maximize this potential, the Air Force needs to formally train for the COSC mission and consider realigning the active duty mental health personnel from working almost exclusively in the Mental Health clinic to primarily working in the units. Employing the key principles of COSC in garrison is possible; however, it will take significant effort and purpose to change from the current policy.

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<https://doi.org/10.1080/08995605.2024.2396174>

**Still “Don’t Ask” more than a decade later: The impact of research barriers for LGB+ military couples.**

Balderrama-Durbin, C., Cigrang, J. A., Snyder, D. K., Gupta, A., Slep, A. M. S., Heyman, R. E., ... Pound, L.

Military Psychology

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Despite the repeal of “Don’t Ask, Don’t Tell” (DADT) over a decade ago, military processes and policies continue to function as significant structural and institutional barriers to research aimed at optimizing resources for military couples and families with marginalized sexual identities. Such research is essential given the apparent mental health and related disparities among lesbian, gay, bisexual, and those with other

marginalized sexual identities (LGB+) active-duty service members (SMs), as well as the absence of appropriately tailored resources to support these members of the military community. In this paper, we review the empirical literature on the experiences and psychological health of LGB+ military couples, revealing severe limitations in our understanding of these diverse military romantic partnerships. We illuminate process-related barriers to conducting this essential research through an illustrative case example. Our review concludes with specific recommendations for reform and advocacy distinguished by coordinated efforts inclusive of all five military branches, policymakers, military leaders, researchers, and LGB+ stakeholders.

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<https://doi.org/10.1080/08995605.2024.2398832>

### **Resiliency among United States Air Force personnel: The direct and interactive influence of cognitive fitness and confidence in social connections.**

Harris, K. R., Bowen, G. L., & Jensen, T. M.

Military Psychology

Published online: 06 Sep 2024

The United States (U.S.) military has focused on increasing service members' (SM) mental and social fitness to bolster resiliency (successful role performance). The Resiliency Model of Role Performance posits that individual assets and social connections account for SM's differential success in meeting military demands and personal obligations. We used a U.S. Air Force (AF) active-duty dataset to test for a direct, positive relationship between cognitive fitness and both formal and informal social connections, and the impact on successful role performance. We also tested for potential moderating influences of formal and informal social connections on role performance among SMs with low vs. high cognitive fitness. Data were collected from a non-probability purposive sample of AF SMs and civilians (N = 59,094) who completed the Support and Resiliency Inventory between November 4, 2011 and January 7, 2014. We focused on the married active-duty subsample (n = 29,387). We employed multivariate hierarchical regression analysis across three models to explore the direct and interactive influence of cognitive and social fitness on resiliency. Controlling for military demographic characteristics, we found a positive linear relationship between cognitive fitness and resiliency and between informal and formal support and resiliency. Informal social support moderated the association between cognitive fitness and resiliency, compensating for resiliency among SMs with lower cognitive fitness. Study

findings support current military resilience-building initiatives and underline the importance of prioritizing informal social support in U.S. military settings.

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<https://doi.org/10.1080/07481187.2024.2400355>

### **Military-bereaved siblings' growth and distress – Interplays between interpersonal factors and commemoration.**

Yaira Hamama-Raz

Death Studies

Published online: 07 Sep 2024

Sibling bereavement due to military casualties can produce psychological distress but can also elicit personal growth. This research explored the association between psychological distress and post-traumatic growth (PTG) among military-bereaved siblings via a moderated mediation model. Israeli military-bereaved siblings were recruited through a nonprofit organization devoted to bereaved siblings of military casualties. Participants (N = 155) completed questionnaires of posttraumatic growth, distress, commemoration, social support. Results supported the moderated mediation study model. Specifically, higher psychological distress was associated with lower social support, which was subsequently associated with lower self-disclosure, for the entire sample. This association was strongest for bereaved siblings with high relief-related commemoration, which was then associated with lower PTG. Pursuant to our findings, mental health professionals need to guide bereaved siblings toward involvement in commemoration activities that bring them relief, thus further enabling social support that facilitates personal disclosure and, subsequently, PTG.

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<https://doi.org/10.1080/13811118.2024.2394674>

### **The Transtheoretical Model of Change and Recovery from a Suicidal Episode.**

Sokol, Y., Wahl, Y., Glatt, S., Levin, C., Tran, P., & Goodman, M.

Archives of Suicide Research

Published online: 24 Aug 2024

## Objective

The Transtheoretical Model of Change (TTM) is an established model outlining five stages of change within a psychotherapeutic context: pre-contemplation, contemplation, preparation, action, and maintenance. Research shows that these models benefit patients and clinicians by enhancing their understanding of complex processes and identifying optimal therapeutic support for individuals at specific times. This study aimed to apply the TTM to personal recovery following a suicidal episode.

## Method

A meta-synthesis was conducted on qualitative studies that outlined distinct phases or stages of recovery from a suicidal episode. The identified recovery stages were mapped onto corresponding TTM stages.

## Results

Recovery processes followed a pattern aligning with TTM stages, but the action, maintenance, and termination stages were not clearly distinguished in the context of personal recovery. A three-stage model was proposed instead: (1) precontemplation, where recovery is not seen as possible or meaningful; (2) contemplation, during which there is growing awareness and consideration of the possibility of recovery and change; and (3) active growth, which is characterized by ongoing progress and engagement in at least one personal recovery process.

## Conclusions

The proposed three-stage model condenses the later TTM stages and may better reflect personal recovery from a suicidal episode. Applying the model in clinical settings could help with case conceptualization and inform recovery approaches to an individual's current stage. Future research should evaluate the benefits of incorporating stages of change into suicide-focused recovery interventions to develop more effective interventions.

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## Links of Interest

No pushups? No problem. The Army builds a steppingstone to boot camp.

<https://www.csmonitor.com/USA/Military/2024/0910/boot-camp-military-army-recruiting-crisis>

VA leads the way in exposure-informed care

<https://news.va.gov/134611/va-leads-the-way-in-exposure-informed-care/>

Pentagon approves eating disorder nonprofit as official resource for military families

[https://www.stripes.com/theaters/asia\\_pacific/2024-09-13/sea-waves-eating-disorders-military-15160178.html](https://www.stripes.com/theaters/asia_pacific/2024-09-13/sea-waves-eating-disorders-military-15160178.html)

Department of Defense Highlights its Commitment to Taking Care of People During Suicide Prevention and Awareness Month 2024

<https://www.defense.gov/News/Releases/Release/Article/3895718/department-of-defense-highlights-its-commitment-to-taking-care-of-people-during/>

DHA-Public Health Army Suicide Study Emphasizes Firearm Storage, Safety Policies, as Effective Strategies in Suicide Prevention

<https://www.health.mil/News/Dvids-Articles/2024/09/09/news480418>

Taking Care of Our Service Members and Families: Secretary of Defense Announces New 2024 Initiatives

<https://www.militaryonesource.mil/financial-legal/personal-finance/taking-care-of-people/>

Secretary of Defense Memorandum: Our Enduring Duty to America's Service Members and Their Families

<https://media.defense.gov/2024/Sep/13/2003543124/-1/-1/0/OUR-ENDURING-DUTY-TO-AMERICAS-SERVICE-MEMBERS-AND-THEIR-FAMILIES.PDF>

Building a Family While Serving Our Nation

<https://www.fertstert.org/news-do/building-family-while-serving-our-nation>

Narcan Now Available at Exchanges on Base to Combat Opioid Overdoses

<https://www.airandspaceforces.com/narcan-exchanges-opioid-overdose/>

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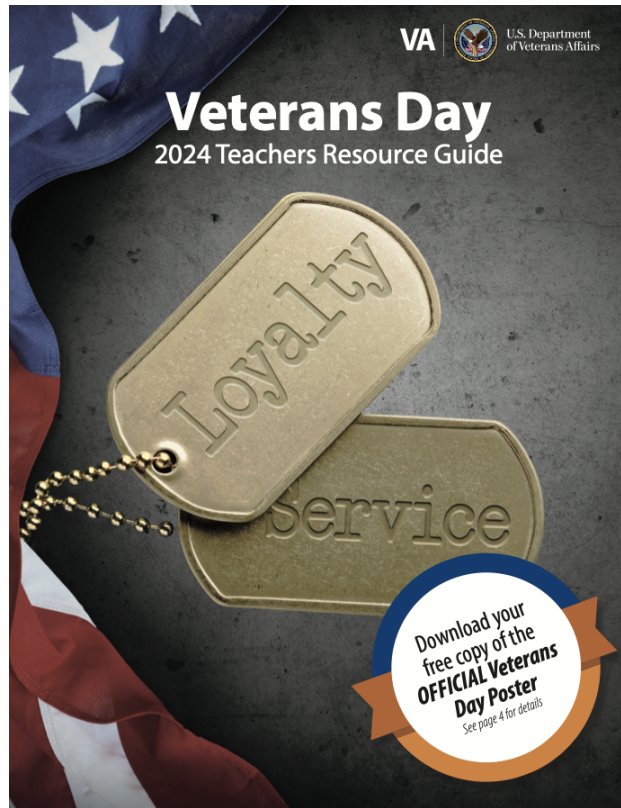
**Resource of the Week:** [Veterans Day Teachers Resource Guide](#)

From the U.S. Department of Veterans Affairs:

There are about 18 million Veterans living among us, in every state and territory, and from every walk of life. Many of the students in your class may be the son, daughter, cousin, or other relative of a Veteran or current Servicemember. By



engaging in discussion about these crucial members of our society, your students will better-appreciate the freedoms we have because of the men and women who have served in defense of the United States.



See also: [Veterans Day Poster Gallery](#)

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