

# CDP



## Research Update -- October 17, 2024

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<https://doi.org/10.1016/j.amepre.2024.10.006>

**Factors associated with mental healthcare utilization among United States military personnel with posttraumatic stress disorder or depression symptoms.**

Neika Sharifian, Cynthia A. LeardMann, Claire A. Kolaja, Anna Baccetti, Felicia R. Carey, Sheila F. Castañeda, Charles W. Hoge, Rudolph P. Rull

American Journal of Preventive Medicine  
Available online 16 October 2024

#### Introduction:

Although posttraumatic stress disorder (PTSD) and depression are prominent mental health conditions affecting United States service members, only a subset of individuals with these conditions utilize mental healthcare services. Identifying factors associated with mental healthcare utilization may elucidate military subgroups with unmet mental healthcare needs.

#### Methods:

Cross-sectional survey data from the 2019–2021 Millennium Cohort Study assessment were used to examine correlates of unmet mental healthcare needs among military personnel who screened positive for PTSD or depression symptoms (n=18,420) using modified Poisson regression models. Data analyses for this study were conducted between 2023 and 2024.

#### Results:

Approximately 32–43% of service members reported receiving any mental healthcare in the past 12 months. Hispanic and Asian or Pacific Islander personnel, and those with certain service characteristics (higher pay grade, recent deployment, experienced discrimination) had a lower likelihood of mental healthcare utilization. Female sex, greater symptom severity, experiencing bullying, and other psychosocial factors were associated with greater likelihood of mental healthcare utilization.

#### Conclusions:

One-third of service members with PTSD or depression symptoms reported any mental healthcare use, highlighting the need to identify factors that may impede or delay treatment. Racial and ethnic disparities in treatment utilization persist as do differences in utilization by military characteristics. Further research and initiatives are necessary to identify potential service-specific or cultural barriers and provide equitable quality and access to needed mental health services within the Military Health System.

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<https://doi.org/10.1001/jamapsychiatry.2024.2871>

**Bright Light Therapy for Nonseasonal Depressive Disorders: A Systematic Review and Meta-Analysis.**

Menegaz de Almeida, A., Aquino de Moraes, F. C., Cavalcanti Souza, M. E., Cavalcanti Orestes Cardoso, J. H., Tamashiro, F., Miranda, C., Fernandes, L., Kreuz, M., & Alves Kelly, F.

JAMA Psychiatry

October 2, 2024

### Key Points

#### Question

Is bright light therapy (BLT) an effective adjunctive treatment for nonseasonal depressive disorders?

#### Findings

In this systematic review and meta-analysis of 11 unique trials with data from 858 patients, statistically significant better remission and response rates were found in the BLT group. Subgroup analysis based on follow-up times also showed better remission and response rates with BLT.

#### Meaning

These findings suggest that BLT was an effective adjunctive treatment for nonseasonal depressive disorders, and the response time to the initial treatment may be improved with the addition of BLT.

### Abstract

#### Importance

Seasonal humor disorders are prone to have a link with daylight exposure. However, the effect of external light on nonseasonal disorders remains unclear. Evidence is lacking for the validity of bright light therapy (BLT) as an adjunctive treatment for these patients.

#### Objective

To assess BLT effectiveness as an adjunctive treatment for nonseasonal depressive disorders.

#### Data Sources

In March 2024, a comprehensive search was performed of publications in the MEDLINE, Embase, and Cochrane databases for randomized clinical trials (RCTs) evaluating BLT effects in patients with nonseasonal depression.

## Study Selection

RCTs published since 2000 were eligible. Comparisons between BLT and dim red light or antidepressant monotherapy alone were considered for inclusion.

## Data Extraction and Synthesis

Using the systematic review approach on RCTs published from January 1, 2000, through March 25, 2024, differences between patients treated with and without BLT were estimated using the Mantel-Haenszel method; heterogeneity was assessed using I<sup>2</sup> statistics.

## Main Outcomes and Measures

Remission of symptoms, response to treatment rates, and depression scales were assessed.

## Results

In this systematic review and meta-analysis of 11 unique trials with data from 858 patients (649 female [75.6%]), statistically significant better remission and response rates were found in the BLT group (remission: 40.7% vs 23.5%; odds ratio [OR], 2.42; 95% CI, 1.50-3.91; P <.001; I<sup>2</sup> = 21%; response: 60.4% vs 38.6%; OR, 2.34; 95% CI, 1.46-3.75; P <.001; I<sup>2</sup> = 41%). With BLT, subgroup analysis based on follow-up times also showed better remission (<4 weeks: 27.4% vs 9.2%; OR, 3.59; 95% CI, 1.45-8.88; P = .005; I<sup>2</sup> = 0% and >4 weeks: 46.6% vs 29.1%; OR, 2.18; 95% CI, 1.19-4.00; P = .01; I<sup>2</sup> = 47%) and response (<4 weeks: 55.6% vs 27.4%; OR, 3.65; 95% CI, 1.81-7.33; P <.001; I<sup>2</sup> = 35% and >4 weeks: 63.0% vs 44.9%; OR, 1.79; 95% CI, 1.01-3.17; P = .04; I<sup>2</sup> = 32%) rates.

## Conclusions and Relevance

Results of this systematic review and meta-analysis reveal that BLT was an effective adjunctive treatment for nonseasonal depressive disorders. Additionally, results suggest that BLT may improve the response time to the initial treatment.

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<https://doi.org/10.1080/16506073.2024.2408386>

## **Transitioning into trauma-focused evidence-based psychotherapy for posttraumatic stress disorder from other treatments: a qualitative investigation.**

Holder, N., Ranney, R. M., Delgado, A. K., Purcell, N., Iwamasa, G. Y., Batten, A., ... Maguen, S.

Cognitive Behaviour Therapy  
Published online: 03 Oct 2024

Although trauma-focused evidence-based psychotherapy (TF-EBP) is recommended for posttraumatic stress disorder (PTSD), rates of TF-EBP initiation among veterans is very low. Service delivery research has shown that other treatments are commonly provided to veterans diagnosed with PTSD, including stabilization treatments. As little is known about how veterans experience the transition to TF-EBP, we conducted a qualitative examination of veterans' perspectives on transitions in PTSD treatment. We recruited a diverse sample of veterans (n = 30) who recently initiated TF-EBP to complete semi-structured qualitative interviews focusing on six domains (PTSD treatment options, cultural sensitivity of treatment, PTSD treatment selection, transition criteria, beliefs about stabilization treatment, treatment needs/preferences). Rapid qualitative analysis procedures were used to identify themes. Themes included: (1) wanting to learn about TF-EBP earlier; (2) perceived risks of transition; (3) relationships with non-TF-EBP providers as transition barriers; (4) high symptoms and poor interpersonal functioning as transition facilitators; (5) benefits of treatment planning and handoffs; (6) prior therapy best when aligned with TF-EBP; (7) socialization as a key benefit of prior therapy; and (8) medications supporting TF-EBP. Results highlight the importance of introducing TF-EBP early to veterans, establishing and communicating a comprehensive care plan, and anchoring stabilization treatment in TF-EBP concepts.

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<https://doi.org/10.1001/jamanetworkopen.2024.36883>

### **Mental Disorders and Suicidality in Transgender and Gender-Diverse People.**

Eccles, H., Abramovich, A., Patte, K. A., Elton-Marshall, T., Racine, N., Ferro, M. A., Edwards, J., Anderson, K. K., Afifi, T. O., Geoffroy, M. C., Kingsbury, M., & Colman, I.

JAMA Network Open  
October 2, 2024

To our knowledge, this is one of the first population-based studies to find higher prevalence of mental disorders and suicidal behavior in TGD people compared with the cisgender population. This finding aligns with other studies, which have found significantly higher rates of mental health–related health service use among transgender people compared with the general population. This disparity may be

explained by minority stress theory, which posits that the experience of prejudice and negative social experiences by members of historically stigmatized groups can have substantial impacts on both physical and mental health. Further research should investigate what factors lead to this and what interventions may mitigate this inequity. Limitations of this study were the small sample of TGD people and the cross-sectional nature of the study. It is also unclear whether TGD people were less likely to participate in the study compared with others. There could also be residual confounding because we were unable to include additional covariates due to sample size.

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<https://doi.org/10.1001/jamanetworkopen.2024.36906>

## **Depression and Anxiety Among US Children and Young Adults.**

Xiang, A. H., Martinez, M. P., Chow, T., Carter, S. A., Negriff, S., Velasquez, B., Spitzer, J., Zuberbuhler, J. C., Zucker, A., & Kumar, S.

JAMA Network Open  
October 1, 2024

### Key Points

#### Question

What are the incidence, prevalence, and changes from 2017 to 2021 for depression and anxiety diagnosed clinically among children, adolescents, and young adults and are there disparities among subgroups?

#### Findings

In this cohort study of approximately 1.7 million individuals aged 5 to 22 years in Southern California, the overall incidence and prevalence of depression diagnosed clinically increased by approximately 60%, and anxiety diagnosed without depression incidence increased by 31% from 2017 to 2021. Rates increased across all subgroups and were greater during the COVID-19 pandemic.

#### Meaning

These findings suggest the increased need for mental health services for youth.

## Abstract

### Importance

Data from surveys show increased mental health disorders in youths. However, little is known about clinical diagnosis over time.

### Objective

To assess the incidence, prevalence, and changes from 2017 to 2021 for depression and anxiety diagnosed clinically among children, adolescents, and young adults and to identify potential disparities.

### Design, Setting, and Participants

This cohort study included approximately 1.7 million individuals aged 5 to 22 years in Southern California. Data were extracted from electronic medical records; International Statistical Classification of Diseases, Tenth Revision (ICD-10), codes were used to identify depression and/or anxiety diagnosis for each study year from January 1, 2017, to December 31, 2021. Rates were stratified by age, gender, race and ethnicity, estimated household income, weight status, and comorbidity history. Changes over time and association with these variables were assessed using Poisson regression. Data were analyzed between June 1, 2022, and November 29, 2023.

### Main Outcomes and Measures

Clinical diagnosis of (1) depression and (2) anxiety without a depression diagnosis using ICD-10 codes.

### Results

Among the 1.7 million participants, mean (SD) age was approximately 14 (5) years, and 51% were male. In terms of race and ethnicity for each study year, approximately 50% of participants were Hispanic; 8%, non-Hispanic Asian; 8%, non-Hispanic Black; and 23%, non-Hispanic White. From 2017 to 2021, depression diagnosis increased by 55.6% (from 1.35% to 2.10%) for incidence and 60.0% (from 2.55% to 4.08%) for prevalence; anxiety without depression diagnosis increased by 31.1% (from 1.77% to 2.32%) for incidence and 35.2% (from 3.13% to 4.22%) for prevalence ( $P < .001$  for trend). The increases in rates were higher during the COVID-19 pandemic (2020-2021) than before the pandemic (2017-2019), except for depression incidence. Rates increased across all subgroups. Rates were highest for subgroups aged 14 to 17 and 18 to 22 years; female participants; those of non-Hispanic American Indian or Alaska Native, non-Hispanic White, or multiple races or ethnicities; and subgroups with higher household income, obesity (and underweight for anxiety without depression), or comorbidities. Among these factors, age was the most important factor for depression diagnosis, whereas weight status was the most important factor for anxiety without



depression diagnosis.

### Conclusions and Relevance

This cohort study, using electronic medical record data from a large integrated health care system, found an increase in clinically diagnosed depression from 2017 to 2021, with a higher increase during the COVID-19 pandemic and higher rates in some subgroups. Equally important, this study identified high rates and an increase in clinical diagnosis of anxiety without a depression diagnosis. These results support the increased need in public health and health care effort to combat the mental health crisis in youths.

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<https://doi.org/10.1001/jamanetworkopen.2024.35011>

### **Voice-Activated Cognitive Behavioral Therapy for Insomnia: A Randomized Clinical Trial.**

Starling, C. M., Greenberg, D., Lewin, D., Shaw, C., Zhou, E. S., Lieberman, D., Chou, J., & Arem, H.

JAMA Network Open  
September 24, 2024

#### Key Points

##### Question

Does a daily, in-home, voice-interactive program delivering cognitive behavioral therapy for insomnia (CBT-I) impact insomnia symptoms among breast cancer survivors?

##### Findings

In this randomized clinical trial of 76 women, participants who received the CBT-I intervention demonstrated a clinically marked reduction in Insomnia Severity Index scores compared with the control group.

##### Meaning

The findings suggest that this in-home, voice-interactive CBT-I program has potential for widespread dissemination to address insomnia symptoms.

## Abstract

### Importance

Insomnia symptoms affect an estimated 30% to 50% of the 4 million US breast cancer survivors. Previous studies have shown the effectiveness of cognitive behavioral therapy for insomnia (CBT-I), but high insomnia prevalence suggests continued opportunities for delivery via new modalities.

### Objective

To determine the efficacy of a CBT-I–informed, voice-activated, internet-delivered program for improving insomnia symptoms among breast cancer survivors.

### Design, Setting, and Participants

In this randomized clinical trial, breast cancer survivors with insomnia (Insomnia Severity Index [ISI] score >7) were recruited from advocacy and survivorship groups and an oncology clinic. Eligible patients were females aged 18 years or older who had completed curative treatment more than 3 months before enrollment and had not undergone other behavioral sleep treatments in the prior year. Individuals were assessed for eligibility and randomized between March 2022 and October 2023, with data collection completed by December 2023.

### Intervention

Participants were randomized 1:1 to a smart speaker with a voice-interactive CBT-I program or educational control for 6 weeks.

### Main Outcomes and Measures

Linear mixed models and Cohen d estimates were used to evaluate the primary outcome of changes in ISI scores and secondary outcomes of sleep quality, wake after sleep onset, sleep onset latency, total sleep time, and sleep efficiency.

### Results

Of 76 women enrolled (38 each in the intervention and control groups), 70 (92.1%) completed the study. Mean (SD) age was 61.2 (9.3) years; 49 (64.5%) were married or partnered, and participants were a mean (SD) of 9.6 (6.8) years from diagnosis. From baseline to follow-up, ISI scores changed by a mean (SD) of  $-8.4$  (4.7) points in the intervention group compared with  $-2.6$  (3.5) in the control group ( $P < .001$ ) (Cohen d, 1.41; 95% CI, 0.87-1.94). Sleep diary data showed statistically significant improvements in the intervention group compared with the control group for sleep quality (0.56; 95% CI, 0.39-0.74), wake after sleep onset (9.54 minutes; 95% CI, 1.93-17.10 minutes), sleep onset latency (8.32 minutes; 95% CI, 1.91-14.70 minutes), and sleep efficiency

(-0.04%; 95% CI, -0.07% to -0.01%) but not for total sleep time (0.01 hours; 95% CI, -0.27 to 0.29 hours).

### Conclusions and Relevance

This randomized clinical trial of an in-home, voice-activated CBT-I program among breast cancer survivors found that the intervention improved insomnia symptoms. Future studies may explore how this program can be taken to scale and integrated into ambulatory care.

### Trial Registration

ClinicalTrials.gov Identifier: [NCT05233800](https://clinicaltrials.gov/ct2/show/study/NCT05233800)

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<https://doi.org/10.1038/s41562-024-01979-5>

## **State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary young people in the USA.**

Wilson Y. Lee, J. Nicholas Hobbs, Steven Hobaica, Jonah P. DeChants, Myeshia N. Price & Ronita Nath

Nature Human Behavior

Published: 26 September 2024

From 2018 to 2022, 48 anti-transgender laws (that is, laws that restrict the rights of transgender and non-binary people) were enacted in the USA across 19 different state governments. In this study, we estimated the causal impact of state-level anti-transgender laws on suicide risk among transgender and non-binary (TGNB) young people aged 13–17 ( $n = 35,196$ ) and aged 13–24 ( $n = 61,240$ ) using a difference-in-differences research design. We found minimal evidence of an anticipatory effect in the time periods leading up to the enactment of the laws. However, starting in the first year after anti-transgender laws were enacted, there were statistically significant increases in rates of past-year suicide attempts among TGNB young people ages 13–17 in states that enacted anti-transgender laws, relative to states that did not, and for all TGNB young people beginning in the second year. Enacting state-level anti-transgender laws increased incidents of past-year suicide attempts among TGNB young people by 7–72%. Our findings highlight the need to consider the mental health impact of recent anti-transgender laws and to advance protective policies.

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<https://doi.org/10.1037/ort0000747>

**Transgender older adults' prior military service: Mental health differences by gender identification.**

Hoy-Ellis, C. P., Kim, H. J., Oswald, A. G., Nelson, C., & Fredriksen-Goldsen, K. I.

American Journal of Orthopsychiatry  
2024; 94(5), 591–599

Despite a proportionally higher likelihood of serving, the role of prior military service in the mental health of transgender individuals is understudied. Research on the impact of military service on mental health tends to be proximal. We examined the distal relationship between prior military service, identity stigma, and mental health among transgender older adults, drawing comparisons between transgender men and women. We conducted a series of weighted multivariate linear models to predict the relationships between prior military service, identity stigma, perceived stress, and depression among 183 transgender women and men aged 51–87 ( $M = 60.11$ ,  $SD = 0.668$ ) using 2014 data from the National Health, Aging, and Sexuality/Gender Study. Prior military service was negatively associated with depression and perceived stress; identity stigma was positively associated with both. Prior military service and lower depression and perceived stress were significant for transgender men, but not women. Identity stigma was significant with depression and perceived stress among transgender women, but not transgender men. Our preliminary findings suggest that prior military service may serve as a protective factor for mental health among transgender men, but not transgender women. We need to better understand how military experience interacts with other characteristics, such as differing gender identities influences the mental health of transgender service members. Further research is needed to inform underlying mechanisms whereby military service differentially impacts mental health by gender identity so all active-duty personnel can share in the many benefits that accrue from military service, including protective effects on mental health in later life. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Our study reveals that prior military service may protect against mental health issues in transgender men, highlighting the need for targeted research to optimize support for all transgender service members. Demonstrating differential roles of military service on

mental health later in life may indicate that unit cohesion and readiness would not be detrimentally impacted and may support the military in achieving its recruitment goals. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1037/tmb0000127>

## **A Multiverse Analysis of the Associations Between Internet Use and Well-Being.**

Vuorre, M., & Przybylski, A. K.

Technology, Mind, and Behavior  
5 (2: Summer 2024)

Internet technologies' and platforms' potential psychological consequences remain debated. While these technologies have spurred new forms of commerce, education, and leisure, many are worried that they might negatively affect individuals by, for example, displacing time spent on other healthy activities. Relevant findings to date have been inconclusive and of limited geographic and demographic scope. We examined whether having (mobile) internet access or actively using the internet predicted eight well-being outcomes from 2006 to 2021 among 2,414,294 individuals across 168 countries. We first queried the extent to which well-being varied as a function of internet connectivity. Then, we examined these associations' robustness in a multiverse of 33,792 analysis specifications. Of these, 84.9% resulted in positive and statistically significant associations between internet connectivity and well-being. These results indicate that internet access and use predict well-being positively and independently from a set of plausible alternatives.

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<https://doi.org/10.1038/s41598-024-58170-z>

## **Evidence of an active role of dreaming in emotional memory processing shows that we dream to forget.**

Jing Zhang, Andres Pena, Nicole Delano, Negin Sattari, Alessandra E. Shuster, Fiona C. Baker, Katharine Simon & Sara C. Mednick

Dreaming is a universal human behavior that has inspired searches for meaning across many disciplines including art, psychology, religion, and politics, yet its function remains poorly understood. Given the suggested role of sleep in emotional memory processing, we investigated whether reported overnight dreaming and dream content are associated with sleep-dependent changes in emotional memory and reactivity, and whether dreaming plays an active or passive role. Participants completed an emotional picture task before and after a full night of sleep and they recorded the presence and content of their dreams upon waking in the morning. The results replicated the emotional memory trade-off (negative images maintained at the cost of neutral memories), but only in those who reported dreaming (Dream-Recallers), and not in Non-Dream-Recallers. Results also replicated sleep-dependent reductions in emotional reactivity, but only in Dream-Recallers, not in Non-Dream-Recallers. Additionally, the more positive the dream report, the more positive the next-day emotional reactivity is compared to the night before. These findings implicate an active role for dreaming in overnight emotional memory processing and suggest a mechanistic framework whereby dreaming may enhance salient emotional experiences via the forgetting of less relevant information.

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

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

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

Cognitive Behaviour Therapy  
2024; 53(6), 661–680

The existing literature examining the correlates of depression in individuals with obsessive compulsive disorder (OCD) is characterized by inconsistent results. The aim of the current study was to replicate and extend the literature by exploring whether various clinical and demographic factors are related to the occurrence of depression in a large sample (N = 243) of individuals with OCD (M age = 33.00; SD = 12.47; 74% female). Individuals with OCD who had elevated comorbid depressive symptoms [Patient Health Questionnaire-9 item (PHQ-9)  $\geq 10$ ] scored significantly higher on all OCD symptom subtypes ( $p$  range < .001–.048), had greater obsessive and compulsive

severity ( $p < .001$ ), scored higher on perfectionism ( $p < .001$ ), and had higher disgust sensitivity and propensity scores ( $p < .001$ ) compared with individuals who did not have comorbid depressive symptoms ( $\text{PHQ-9} < 10$ ). Of these variables, obsession severity ( $\beta = 0.22$ ,  $p = .004$ ), OCD contamination subtype ( $\beta = 0.16$ ,  $p = .032$ ) and perfectionism ( $\beta = 0.25$ ,  $p < .001$ ) were found to be associated with depressive symptoms on the PHQ-9. The findings of this study contribute to the understanding of factors which are associated with depression comorbidity in individuals with OCD.

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<https://doi.org/10.55460/78DD-BB0Y>

### **Tactical Psychiatric Care: Proposed Guideline.**

Bollinger J. W.

Journal of Special Operations Medicine  
Fall 2024

There is no concise guideline on how to manage a full range of emergency psychiatric conditions that are likely to be encountered on the battlefield. This article examines the best practices on how to best assess and treat suicidality, psychosis, agitation, malingering, and combat stress reactions in accordance with multiple clinical practice guidelines. The result is a proposed model for battlefield emergency psychiatric care.

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<https://doi.org/10.1097/NMD.0000000000001801>

### **PTSD Treatment of Joint Forces Operation Combatants: A Case Study.**

Semenenko, O., Dobrovolskyi, U., Yarmolchuk, M., Stolinets, S., & Tarasov, O.

Journal of Nervous and Mental Disease  
212(10):p 535-540, October 2024

The participation of military personnel in operations like the Anti-Terrorist Operation (ATO)/Joint Forces Operations (JFO) can lead to significant psychological trauma, potentially resulting in posttraumatic stress disorder (PTSD). Understanding the effectiveness of psychotherapy in treating PTSD among ATO/JFO participants is crucial

given its profound impact on personal relationships, life scenarios, and overall well-being. This study evaluates how acceptance and commitment therapy can alleviate PTSD symptoms and enhance well-being in Ukrainian military personnel with combat-related PTSD. The main research method was a psychological experiment, and the case study method was used as an auxiliary research method. The study revealed the following: combatants in the ATO/JFO who have been diagnosed with PTSD should be classified as persons with disabilities due to certain limitations in their life activities, namely, the inability to control their behavior, and difficulties in work and communication. This study proves that cognitive-behavioral psychotherapy has a clear advantage in overcoming PTSD in the military, as it allows transforming psychological trauma into posttraumatic growth. Attachment and acceptance therapy, a form of behavioral therapy, has emerged as one of the most effective treatments for PTSD. It focuses on diagnosing and addressing the psychological consequences of war by analyzing the connections among cognition, affect, and behavior. Given the protracted nature of PTSD, the practical significance of the study is to develop effective psychotherapeutic interventions for the expected recovery of ATO/JFO participants affected by combat operations.

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<https://doi.org/10.1017/S0033291724000734>

### **A longitudinal network analysis of suicide risk factors among service members and veterans sampled for suicidal ideation or attempt.**

Smith, A. R., Forrest, L. N., Kinkel-Ram, S. S., Grunewald, W., Tubman, S. D., Esche, A., & Levinson, C.

Psychological Medicine  
2024; 54(10): 2623-2633

#### **Background**

Suicidal thoughts and behaviors are elevated among active-duty service members (ADSM) and veterans compared to the general population. Hence, it is a priority to examine maintenance factors underlying suicidal ideation among ADSM and veterans to develop effective, targeted interventions. In particular, interpersonal risk factors, hopelessness, and overarousal have been robustly connected to suicidal ideation and intent.



## Methods

To identify the suicidal ideation risk factors that are most relevant, we employed network analysis to examine between-subjects (cross-sectional), contemporaneous (within seconds), and temporal (across four hours) group-level networks of suicidal ideation and related risk factors in a sample of ADSM and veterans (participant  $n = 92$ , observations  $n = 10\,650$ ). Participants completed ecological momentary assessment (EMA) surveys four times a day for 30 days, where they answered questions related to suicidal ideation, interpersonal risk factors, hopelessness, and overarousal.

## Results

The between-subjects and contemporaneous networks identified agitation, not feeling close to others, and ineffectiveness as the most central symptoms. The temporal network revealed that feeling ineffective was most likely to influence other symptoms in the network over time.

## Conclusion

Our findings suggest that ineffectiveness, low belongingness, and agitation are important drivers of moment-to-moment and longitudinal relations between risk factors for suicidal ideation in ADSM and veterans. Targeting these symptoms may disrupt suicidal ideation.

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<https://doi.org/10.1177/019394592412874>

## **Generational Differences in Moral Injury, Resilience, and Well-Being Among Nurses: Predictors of Intention to Leave Position and Profession.**

Kim, M., Jun, J., Lambert, J., Duah, H., Tucker, S. J., O'Mathúna, D. P., Pignatiello, G., & Fitzpatrick, J. J.

Western Journal of Nursing Research  
First published online October 14, 2024

### Background:

The COVID-19 pandemic highlighted the negative impact of moral injury on nurses' well-being. However, there is a lack of research about generational differences among nurses, particularly on newer nurses who have been identified as having a higher rate of intention to leave.

### Objective:

This study examines generational differences among nurses on moral injury, well-being, resilience, and intention to leave their nursing position and profession.

### Methods:

This is a secondary analysis of cross-sectional data from registered nurses in clinical practice in Ohio between July and August 2021. Data on demographics, moral injury, resilience, and well-being were collected using an online survey. Participants were categorized into 4 generational groups based on their age in 2021: Baby Boomers (57-75 years old), Generation X (42-56 years old), Generation Y (27-41 years old), and Generation Z (12-26 years old). Descriptive and inferential statistics, including logistic regression and analysis of variance, were employed for analysis.

### Results:

Significant generational differences were found in years of clinical experience, moral injury, resilience, and well-being. Baby Boomers reported higher well-being and resilience and lower moral injury. Notably, the intention to leave the profession was more strongly associated with well-being and moral injury levels than with the years of experience or generational group.

### Conclusions:

The findings suggest that interventions to improve nurse retention should prioritize enhancing well-being and addressing the root causes of moral injury. Tailored strategies addressing the needs of different generations are necessary for mitigating the adverse effects of current healthcare challenges on nurse attrition.

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<https://doi.org/10.1159/000540030>

## **Enhancing Conceptual Clarity regarding the Construct of Moral Injury.**

Frankfurt O'Brien, S., Baptista, I., & Szeszko, P. R.

Psychotherapy and Psychosomatics

October 7, 2024

### Background:

The construct of "moral injury" is used widely in the research literature and media to

broadly describe the impact of events involving perceived violations of one's sense of right and wrong (herein referred to as "potentially morally injurious events" [PMIEs]).

#### Summary:

In this theoretical review, we provided a brief overview of the "moral injury" construct and its limitations including the lack of consensus-drawn boundaries and operational definitions to guide hypothesis-driven research. We discussed whether this construct can be reliably distinguished from established psychiatric diagnoses and psychological constructs and the inherent challenges in separating or classifying the impact of high-magnitude stressful life events that likely form the majority of PMIEs. Assessments that purportedly measure "moral injury" are reviewed and limitations are discussed such as shared measurement variance with established psychological instruments.

#### Key messages:

We identified conceptual strategies for investigating behavioral and neurobiological features of PMIEs that could be used to inform the field of traumatic stress. We concluded that the construct of "moral injury" may provide an interpretive framework for positing why someone may be beset by guilt, shame, and/or rage whereas existing psychiatric diagnoses such as post-traumatic stress disorder and depression provide comprehensive descriptions regarding what someone might experience following extremely stressful events. We proposed directions to better clarify the boundaries of "moral injury" versus established psychiatric categories that could be used to enhance the conceptualization and assessment of this construct.

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<https://doi.org/10.1037/tra0001793>

### **Associations among combat exposure, adverse childhood experiences, moral injury, and posttraumatic growth in a large cohort of post-9/11 veterans.**

Aronson, K. R., Morgan, N. R., Doucette, C. E., McCarthy, K. J., Davenport, K. E., & Perkins, D. F. (2024). Associations among combat exposure,

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

#### Objective:

Post-9/11 veterans experienced more deployments, combat exposure, and disability than earlier military cohorts. Those in the military are also more likely to have

experienced adverse childhood experiences. Despite these traumatic exposures, a substantial number of veterans report experiencing personal growth, development, and maturity from their military service.

#### Method:

This longitudinal survey study (n = 5,245) examined the degree to which posttraumatic growth (PTG) was present among post-9/11 veterans. Several components of PTG were examined, including relating to others, seeing new possibilities, personal strength, spiritual growth, and appreciation for life.

#### Results:

Respondents rated their degree of personal growth and new appreciation of life most highly, while spiritual growth and appreciation of others were the least highly rated. Female veterans reported greater PTG. Veterans who experienced traumatic events (i.e., combat exposure, adverse childhood experiences), screened positive for posttraumatic stress disorder, and moral injury reported greater PTG than those who had not experienced those events or screened positive for posttraumatic stress disorder. Veterans reporting higher levels of social support and personal resilience were less likely to experience PTG. Veterans with other protective factors were more likely to experience PTG.

#### Conclusions:

Post-9/11 veterans report PTG in the face of various traumatic exposures. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

#### Impact Statement

This study provides information about the trauma experiences of post-9/11 veterans, as well as their ability to experience PTG. The findings suggest that PTG contributes to the successful transition of numerous post-9/11 veterans to civilian life. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1016/j.drugalcdep.2024.112459>

**Interactive effects of genetic liability and combat exposure on risk of alcohol use disorder among US service members.**

Campbell-Sills, L., Choi, K. W., Strizver, S. D., Kautz, J. D., Papini, S., Aliaga, P. A., Lester, P. B., Naifeh, J. A., Ray, C., Kessler, R. C., Ursano, R. J., Stein, M. B., & Bliese, P. D.

Drug and Alcohol Dependence  
Volume 264, 1 November 2024, 112459

#### Background:

An improved understanding of pathways to alcohol use disorder (AUD) among service members may inform efforts to reduce the substantial impact of AUD on this population. This study examined whether the relationship between a service-related risk factor (combat exposure) and later AUD varied based on individual differences in genetic liability to AUD.

#### Methods:

The sample consisted of 1203 US Army soldiers of genetically determined European ancestry who provided survey and genomic data in the Army STARRS Pre/Post Deployment Study (PPDS; 2012-2014) and follow-up survey data in wave 1 of the STARRS Longitudinal Study (2016-2018). Logistic regression was used to estimate the conditional effect of combat exposure level (self-reported in PPDS) on odds of probable AUD diagnosis at follow-up, as a function of a soldier's polygenic risk score (PRS) for AUD.

#### Results:

The direct effect of combat exposure on AUD risk was non-significant (AOR=1.12, 95 % CI=1.00-1.26,  $p=.051$ ); however, a significant combat exposure x PRS interaction was observed (AOR=1.60, 95 % CI=1.03-2.46,  $p=.033$ ). Higher combat exposure was more strongly associated with elevated AUD risk among soldiers with heightened genetic liability to AUD.

#### Conclusions:

The effect of combat exposure on AUD risk appeared to vary based on a service member's level of genetic risk for AUD. Continued investigation is warranted to determine whether PRS can help stratify AUD risk within stress-exposed groups such as combat-deployed soldiers. Such efforts might reveal opportunities to focus prevention efforts on smaller subgroups at the intersection of having both environmental exposures and genetic vulnerability to AUD.

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<https://doi.org/10.1093/milmed/usae478>

## **COVID-19 Personal Experiences and Posttraumatic Stress in National Guard Service Members.**

Mash, H. B. H., Fullerton, C. S., Adler, A. B., Morganstein, J. C., Blumhorst, A., LaCroix, C. L., Biggs, Q. M., & Ursano, R. J.

Military Medicine

Published: 12 October 2024

### Introduction

The National Guard (NG) was an important component of the U.S. emergency response for the coronavirus (COVID-19) pandemic. Understanding how the personal COVID-19 experiences of NG members may be associated with posttraumatic stress symptoms (PTSS) and disorder (PTSD) can inform approaches to identifying and sustaining service members' mental health.

### Materials and Methods

We surveyed 3,993 NG service members (75% Army; 79% enlisted; 33% 30-39 years old; 81% male) during the pandemic. Forty-six percent of participants were activated in response to COVID-19. Surveys were administered between August and December 2020. We defined personal COVID-19 experiences as having COVID-19, a family member(s) having COVID-19, and/or having a close relationship with someone who died from COVID-19. In addition, using a 4-item form of the PTSD Checklist for DSM-5 (PCL-5), current posttraumatic stress symptoms (PTSS) and probable PTSD were assessed. Linear and logistic regression analyses were conducted to examine the relationship of COVID-19 experiences to PTSS and probable PTSD, respectively.

### Results

Approximately 32% of participants reported at least one personal COVID-19 experience. Univariable linear regression analyses indicated that NG service members who had a personal COVID-19 experience reported more PTSS than those with no personal experience ( $B = 0.53$ ,  $SE = 0.12$ ,  $P < .001$ ). After adjusting for demographics and service-related characteristics, having a personal COVID-19 experience continued to be associated with higher PTSS ( $B = 0.48$ ,  $SE = 0.12$ ,  $P < .001$ ). When examining the relationships of distinct types of personal COVID-19 experiences to PTSS and PTSD together in multivariable models, those who had a close relationship with someone who died from COVID-19 had higher levels of PTSS ( $B = 1.31$ ,  $SE = 0.22$ ,  $P < .001$ ) and were almost 3 times more likely to have PTSD ( $OR = 2.94$  [95%CI = 1.93-4.47],  $P < .001$ ).

## Conclusions

Personal COVID-19 experiences are associated with increased PTSS and PTSD risk in NG service members. Such knowledge may aid in selection of service members for activation and identifying those in need of care.

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<https://doi.org/10.1093/sleep/zsae227>

## **Stress-induced Nocturnal Heart Rate Changes: A Potential Predictive Biomarker of PTSD Symptoms.**

Lior Kritzman, Matthew S Brock, Nava Levit-Binnun, Vincent Mysliwec

Sleep

Published: 28 September 2024

Post-Traumatic Stress Disorder (PTSD) is a significant mental health disorder that is associated with comorbid medical, psychiatric and sleep disorders, significant functional impairment and increased mortality. Diagnosing PTSD is a critical mental health challenge, particularly among combat soldiers who endure extreme stress, with prevalence rates ranging from 2% to 17% depending on stress exposure. The chronic and debilitating nature of this mental health disorder underscores the critical importance of early identification and intervention, as these measures can significantly reduce the severity of symptoms and prevent the disorder from becoming entrenched.

Physiological responses like increased heart rate (HR) and decreased heart-rate variability (HRV) are linked to heightened PTSD symptoms and can help identify at-risk individuals. Therefore, using physiological biomarkers easily measured in real-world settings to predict PTSD symptoms offers significant potential for improving mental health outcomes.

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<https://doi.org/10.1016/j.jad.2024.09.133>

## **Single-dose psilocybin for U.S. military Veterans with severe treatment-resistant depression – A first-in-kind open-label pilot study.**

Ellis, S., Bostian, C., Feng, W., Fischer, E., Schwartz, G., Eisen, K., Lean, M., Conlan, E., Ostacher, M., Aaronson, S., & Suppes, T.

Journal of Affective Disorders  
Volume 369, 15 January 2025, Pages 381-389

## Highlights

- Only study with Veterans assessing the effect of psilocybin for depression
- Notable response and remission observed at 3 weeks with durability to 12 weeks
- Co-morbid PTSD did not have a significant impact on change in depressive symptoms.
- No correlation between degree of psychedelic experience and change in depression
- No unexpected side effects or adverse events were noted.

## Abstract

### Background

The enduring and severe depression often suffered by Veterans causes immense suffering and is associated with high rates of suicide and disability. This is the first study to evaluate the efficacy and safety of psilocybin in Veterans with severe treatment-resistant depression (TRD).

### Methods

15 Veterans with severe TRD (major depressive episode failing to respond to  $\geq 5$  treatments, or lasting  $>2$  years) received 25 mg of psilocybin. Primary outcome was change in Montgomery-Åsberg Depression Rating scale (MADRS) at 3 weeks posttreatment. Response was defined as  $\geq 50$  % reduction in MADRS, and remission as  $\leq 10$  MADRS score. Psychedelic experience was assessed using the Five-Dimensional Altered States of Consciousness scale (5D-ASC). Safety measures included assessment of suicidality and adverse events. Participants on antidepressants were tapered to avoid drug interactions.

### Results

Of 15 participants, 60 % met response and 53 % met remission criteria at Week 3. At 12 weeks, 47 % maintained response, and 40 % remission. Co-morbid PTSD did not significantly influence study outcomes. The psychedelic experience reported in 5D-ASC did not correlate with response. Participants judged to need antidepressants were restarted and considered non-responders from that timepoint ( $n = 4$ ). No unexpected adverse events occurred.



## Limitations

Limitations include the small sample size, and the uncontrolled and unblinded nature of the study.

## Conclusions

In this first study on psilocybin for Veterans with severe TRD, a surprising response and remission was seen. Many Veterans had PTSD though no moderating impact of response was observed. The degree of psychedelic experience did not correlate with depression changes. Further study is warranted.

TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT04433858.

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<https://doi.org/10.1177/08919887241285558>

## **Co-Occurring Mental and Physical Health Conditions Among Older Adults With and Without Post-traumatic Stress Disorder: A Case Control Study.**

Pietrzykowski MO, Jackson CE, Gaudet CE.

Journal of Geriatric Psychiatry and Neurology

First published online September 27, 2024

## Objectives

Rates of post-traumatic stress disorder (PTSD) among older adults range from 0.4%–4.5%. Research examining PTSD in adults has demonstrated numerous associations between physical and mental health conditions; however, these are less well characterized in older adults. The current study aimed to identify base rates of such conditions among older adults with and without a history of PTSD.

## Method

In a case control design using the National Alzheimer's Coordinating Center Uniform Data Set, adults 65 years or older from the United States who endorsed either the presence or absence of PTSD were matched by age to assess between-group differences (N = 472; 236 pairs). We examined differences across self-reported sociodemographics and physical health, mental health, and substance use histories.

## Results

More participants with a history of PTSD identified as Hispanic, non-white, non-married, and functionally independent. Compared to individuals without a history of PTSD, significantly more individuals with a history of PTSD had histories of depression, anxiety, substance abuse, Parkinson's disease, seizures, insomnia, and TBI. Among participants without PTSD history, only 14.7% reported a history of TBI, compared to 41.1% of individuals with PTSD history.

## Conclusions

Findings showed expected trends toward worse physical and mental health among older adults with self-reported PTSD. There was a striking difference in the frequency of TBI history between participants with and without PTSD. These findings underscore a need to assess for PTSD among older adults, particularly those reporting a history of TBI.

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<https://doi.org/10.1016/j.beth.2024.09.003>

## **Misconceptions among mental health treatment providers about OCD and PTSD.**

Caitlin M. Pinciotti, Gabriella T. Ponzini, Gianna M. Colombo, Carmen P. McLean, ...  
Eric A. Storch

Behavior Therapy

Available online 28 September 2024

## Highlights

- Misconceptions about OCD and PTSD were compared across treatment providers.
- OCD specialists had more Trepidation in their approach to co-occurring OCD and PTSD.
- OCD specialists also underestimated the prevalence of trauma and PTSD in OCD.
- PTSD specialists were more likely to provide reassurance for OCD-related fears.
- OCD/PTSD specialists used rigid and inaccurate Differential Diagnosis criteria.

## Abstract

Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) share overlapping features for which similar cognitive behavioral treatment (CBT) strategies

can be employed. However, the comorbid presence of these conditions poses unique clinical considerations, and a nuanced approach to assessment, conceptualization, and treatment is needed when working with individuals with co-occurring OCD and PTSD. Treatment providers may not be aware of these nuances and may hold misconceptions about co-occurring OCD and PTSD. The current study sought to examine possible misconceptions among mental health treatment providers of differing specializations. Among 146 primarily CBT-oriented treatment providers (20.3% generalist, 13.0% PTSD specialist, 32.6% OCD specialist, and 34.1% OCD/PTSD specialist), exploratory factor analysis categorized misconceptions relating to Trepidation, Differential Diagnosis, Flexibility, OCD is Trauma, Trauma Misconceptions, and Compartmentalization. Overall, OCD specialists endorsed misconceptions most frequently, including those of Trepidation and the prevalence of trauma and PTSD in individuals with OCD. In contrast, PTSD specialists were more likely to endorse providing patients reassurance for their OCD-related fears, and OCD/PTSD providers were more likely to apply rigid Differential Diagnosis criteria to intrusive thoughts and safety behaviors not supported by research or diagnostic criteria. Misconceptions are explained through the lens of differing conceptualization and treatment approaches between areas of specialization.

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## Links of Interest

More service members eligible for benefits after VA amends character of discharge barriers

<https://news.va.gov/135111/more-service-members-eligible-for-benefits-after-va-amends-character-of-discharge-barriers/>

Pentagon changes discharges for 800-plus vets kicked out for being gay

<https://www.militarytimes.com/news/pentagon-congress/2024/10/15/pentagon-changes-discharges-for-800-plus-vets-kicked-out-for-being-gay/>

With a drop of blood, an Army device can detect traumatic brain injuries in 15 minutes

<https://taskandpurpose.com/news/army-traumatic-brain-injury-tool/>

Get the Facts About Mental Health and Security Clearances

<https://www.health.mil/News/Dvids-Articles/2024/10/02/news482228>

In wake of Helene, National Guard soldiers who lost their homes still reporting for duty

<https://taskandpurpose.com/news/hurricane-helene-national-guard-response-efforts/>

Military parents can get repaid for cost of bringing in child care helper following PCS move

<https://www.stripes.com/theaters/us/2024-10-03/child-care-pilot-program-dod-15389432.html>

Lessons Learned from SAMHSA's First LGBTQI+ Behavioral Health Summit

<https://www.samhsa.gov/blog/lessons-learned-samhsas-first-lgbtqi-behavioral-health-summit>

The VA Was an Early Adopter of Artificial Intelligence to Improve Care—Here's What They Learned

<https://jamanetwork.com/journals/jama/fullarticle/2824725>

Prioritizing your well-being and accessing lifesaving support

<https://news.va.gov/135291/prioritizing-well-being-accessing-support/>

Training changes on the horizon for Army Guardsmen

<https://www.defensenews.com/news/your-army/2024/10/15/training-changes-ahead-for-army-guardsmen/>

Army's new brain health strategy to address anomalous health incidents, Havana Syndrome

<https://defensescoop.com/2024/10/15/army-brain-health-strategy-address-anomalous-health-incident-havana-syndrome/>

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**Resource of the Week – New Report: [Cannabis Policy Impacts Public Health and Health Equity](#)**

From the National Academies of Sciences, Engineering and Medicine:

Over the past several decades, more than half of all U.S. states have legalized cannabis for adult and/or medical use, but it remains illegal at the federal level. The public health consequences of cannabis policy changes have not been comprehensively evaluated.

Therefore, the Centers for Disease Control and Prevention and the National Institutes of Health tasked the National Academies with reviewing cannabis and cannabinoid availability in the U.S., assessing regulatory frameworks for the

industry with an emphasis on equity, and describing strengths and weaknesses of surveillance systems for cannabis.

The resulting report finds that there has been limited federal guidance to states regarding protecting public health, which has led to inconsistent protection across the states. The report recommends a strategy to minimize public health harms through stronger federal leadership, a robust research agenda, and more.



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Henry M. Jackson Foundation for the Advancement of Military Medicine