

CDP



Research Update -- December 12, 2024

What's Here:

- Cognitive behavioural therapy for internalizing symptoms in LGBTQ+ people: a preliminary meta-analysis.
- The non-White standard: Racial bias in perceptions of diversity, equity, and inclusion leaders.
- Shifting the gaze from racism to healing from racism: A systematic review of selected psychology journals from 1992 to 2022.
- Facing discomfort: Avoided negative affect shapes the acknowledgment of systemic racism.
- Biracial Faces Offer Visual Cues of Successful Intergroup Contact: Genetic Admixture and Coalition Detection.
- Objectivity interrogation of racial scholarship in psychology and management.
- Psychological Interventions for Pediatric Posttraumatic Stress Disorder: A Systematic Review and Network Meta-Analysis.
- Trends in Outpatient Psychotherapy Among Adults in the US.
- Association of psychological problems for which help was sought with physical illness.
- Predicting Suicides Among US Army Soldiers After Leaving Active Service.
- Decreasing alcohol use among young adults presenting for service in the U.S. Air Force: An epidemiological surveillance study.

- Examining the factor structure of the Acquired Capability for Suicide Scale (ACSS) in a military population: Initial development and validation of a four-factor version of the ACSS.
- Institutional Betrayal in Military and Veteran Populations: A Systematic Scoping Review.
- Cognitive reappraisal moderates the effect of combat or other exposures on negative behavioral health symptoms.
- How Veterans with Chronic Pain Approach Using Cannabis for Symptom Management: Results from a Qualitative Interpretive Description Study.
- Creative Forces programming with military families: Art therapy, dance/movement therapy, and music therapy brief vignettes.
- Psychosocial Consequences of Sexual Assault on Women: A Scoping Review.
- Posttraumatic Stress Disorder, Obesity, and Accelerated Epigenetic Aging Among US Military Veterans.
- Physical activity and heart rate in PTSD inpatients: Moderation by custody of a service dog.
- Short-Term Outcomes of a Healthy Relationship Intervention for the Prevention of Sexual Harassment and Sexual Assault in the US Military: Pilot Pretest-Posttest Study.
- “It Was a Complete Violation of Everything”: LGBT + Veterans’ Experiences of Discrimination and Oppression Through the Exemptive UK Military “Gay Ban” Policy.
- Honor ideology and private firearm ownership in US active-duty soldiers.
- Mothers in the Military: Violence and Negative Perinatal Outcomes.
- A review of current and proposed behavioral nudge strategies to improve the readiness of the United States military.
- Links of Interest
- Resource of the Week – Issue Brief: Co-Occurring Mental Health and Substance Use (SAMHSA)

<https://doi.org/10.1080/16506073.2024.2434021>

Cognitive behavioural therapy for internalizing symptoms in LGBTQ+ people: a preliminary meta-analysis.

Dunn, I. B. J. M. D., Power, E., Casey, L. J., & Wootton, B. M.

Cognitive Behaviour Therapy
Published online: 03 Dec 2024

Internalizing disorders are common in lesbian, gay, bisexual, transgender, queer, questioning, and otherwise non-heterosexual or non-cisgender (LGBTQ+) people. Few studies have evaluated the efficacy of cognitive behavior therapy (CBT), a well-established treatment for internalizing disorders, in LGBTQ+ people. The current study quantitatively synthesized outcomes from existing trials of CBT for internalizing disorders in LGBTQ+ people. Seven databases were searched, identifying 14 relevant studies with a total of 414 participants. A medium within-group effect size was found for depressive symptoms from pre-treatment to post-treatment ($k = 14$; $g = 0.60$; 95% CI: 0.44–0.76; $I^2 = 71.59$) and pre-treatment to 2–6-month follow-up ($k = 7$; $g = 0.63$; 95% CI: 0.40–0.86; $I^2 = 71.59$). For anxiety and related disorder symptoms, a medium within-group effect size was found from both pre-treatment to post-treatment ($k = 10$; $g = 0.73$; 95% CI: 0.47–0.99; $I^2 = 71.59$) and to 3–9-month follow-up ($k = 5$; $g = 0.70$; 95% CI: 0.54–0.87; $I^2 = 36.04$). Exploratory analyses indicated small between-group effects at post-treatment between intervention and control groups. Effect sizes were comparable to those in the general population, indicating preliminary support for treating internalizing disorders in LGBTQ+ people with CBT.

<https://doi.org/10.1037/apl0001106>

The non-White standard: Racial bias in perceptions of diversity, equity, and inclusion leaders.

Paluch, R. M., & Shum, V.

Journal of Applied Psychology
2024; 109(7), 971–986

In response to calls for greater diversity, equity, and inclusion (DEI) in the workplace, many organizations have implemented a leadership role dedicated to advancing DEI. Although prior research has found that the traditional leader is associated with being White, anecdotal evidence suggests DEI leader roles are predominantly held by non-White individuals. To examine this contradiction, we draw on social role and role congruity theories to conduct three preregistered experimental studies (N = 1,913) and explore whether the DEI leader role diverges from the traditional leader role such that observers expect a DEI leader to be non-White (i.e., Black, Hispanic, or Asian). Our findings indicate that DEI leaders are generally presumed to be non-White (Study 1) and that observers perceive traits associated with non-White, rather than White, groups correspond more strongly with traits required for the DEI leader role (Study 2). We also explore the effects of congruity and find non-White candidates receive stronger leader evaluations for a DEI leader role and that this relationship is mediated by nontraditional, role-specific traits (i.e., commitment to social justice and suffered discrimination; Study 3). We conclude by discussing the implications of our work for DEI and leadership research as well as for work drawing on role theories. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/amp0001317>

Shifting the gaze from racism to healing from racism: A systematic review of selected psychology journals from 1992 to 2022.

Neville, H. A., Monette, M., Lewis, J. T., & Safir, S.

American Psychologist
2024; 79(5), 706–724

Using a decolonial approach, we provided a narrative review of the research on racism in psychology and conducted a systematic review of the top five psychology journals publishing research on racism and mental health to identify trends in racism research over time and the research gaps. We examined 372 articles on racism published between 1992 and 2022: American Psychologist, Cultural Diversity and Ethnic Minority Psychology, Journal of Black Psychology, Journal of Counseling Psychology, and The Counseling Psychologist. Based on our review, we found that published research examining racism has steadily increased over the past 3 decades, with the greatest spikes in 2021 and 2022. The largest increase was in studies focused on People of Color's experiences with racism. The overwhelming majority of the articles were

empirical (86.3%) and most of these studies (87.5%) employed cross-sectional designs. We identified corollary topics by racial/ethnic group, prevalent research designs, and the emergence of strength-based and healing approaches to address racism's impact. There were general racial and ethnic differences in trends, with research on various People of Color groups focused on the harmful effects of racism and research on White populations focused on Whiteness and level of awareness of racism. We conclude with recommendations to enhance the content and methodological rigor of future research while also suggesting policy implications to support advancements in this critical area of study. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/emo0001364>

Facing discomfort: Avoided negative affect shapes the acknowledgment of systemic racism.

Murray, K., & Koopmann-Holm, B.

Emotion

2024; 24(6), 1522–1535

Why can some Americans acknowledge the deeply rooted racism in the United States while others cannot? Past research suggests that the more people want to avoid feeling negative (“avoided negative affect; ANA”), the less likely they focus on and even perceive someone’s suffering. Because acknowledging racism is one specific instance of noticing and acknowledging that people are suffering, the present research investigates whether ANA might also affect the degree to which people acknowledge racism. We predicted that the more people want to avoid feeling negative, the less they will acknowledge systemic racism and the more they will deny negative aspects of their country’s history and current policies, that is, the more blindly patriotic they will be. In Study 1, 104 undergraduates reported their ANA and patriotism and rated how much racism they perceived in certain situations. As predicted, the more participants wanted to avoid feeling negative, the less they acknowledged systemic racism. These findings held even after controlling for political ideology, ethnicity, moral foundations, and how people actually feel. However, ANA did not predict blind patriotism. In Study 2, we randomly assigned 116 participants to either an increase ANA, decrease ANA, or control condition. As predicted, participants in the increase ANA condition acknowledged systemic racism less than those in the decrease ANA and control conditions. Wanting to avoid feeling negative might be one barrier to dismantling racial

inequalities. Given the high degree of ANA in the United States, we discuss the implications of this work. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1177/14747049241238623>

Biracial Faces Offer Visual Cues of Successful Intergroup Contact: Genetic Admixture and Coalition Detection.

Wang, X. (XiaoTian), & Miller, G.

Evolutionary Psychology
2024; 22(1)

This research explores how biracial facial cues affect racial perception and social judgment. We tested a coalition-signaling hypothesis of biracial cues in two studies conducted in the United States ($n = 227$) and China ($n = 116$). From the perspective of intergroup and interpersonal relations theories in social psychology, biracial features would likely be perceived as cues of threat or resource competition. In contrast, we propose an evolutionary hypothesis that biracial facial cues reveal the ancestral history of intergroup alliances between members of two races or ethnic groups. When racial cues are mixed, we predict that biracial individuals may be viewed more positively than other-race or even own-race members who often compete for limited ingroup resources. The participants observed facial images that ranged from 100% Asian to 100% Caucasian, including morphed biracial composites of 30%, 40%, 50%, 60%, and 70% Caucasian or Asian. The participants evaluated each image regarding perceived Caucasianness (Asianness), attractiveness, trustworthiness, health, intelligence, and career prospects. The US and Chinese samples yielded a similar pattern of own-race bias in racial perception and biracial favoritism in social judgment. The social judgment ratings were not correlated with the racial perception scores and were independent of the sex of the participants or biracial images, indicating a coalitional motive, instead of a mating motive, underlying social perception of biracial individuals. Overall, the results suggest that biracial facial features signal a successful genetic admixture and coalition in parental generations and thus increase the trustworthiness and cooperative potential of a biracial person.

<https://doi.org/10.1038/s41598-024-63236-z>

Objectivity interrogation of racial scholarship in psychology and management.

Torrez, B., Dupree, C.H. & Kraus, M.W.

Scientific Reports

Volume 14, Article number: 12509 (2024)

Scholars of color remain underrepresented in US institutions in academia. In this paper, we will examine one factor that contributes to their continued marginalization in psychology and management: the scientific method's commitment to traditional notions of objectivity. We argue that objectivity—defined as practices and policies rooted in the heightened value placed on a research process that is ostensibly free from bias—is central to the prominence of primarily White scholarship in psychology and management research and remains central to knowledge production. To investigate this, we employ a mixed-methods approach, integrating qualitative and quantitative data to codify how scholars of color experience objectivity interrogations, or written and verbal questioning in academic contexts that implicates their scientific rigor. We also identify how scholars of color engage in objectivity armoring, or self-presentational strategies (toning down and stepping up) to contend with these interrogations. Finally, we reveal these toning down processes in language use within publications on racial scholarship. Overall, these studies reveal the unique challenges scholars of color face to legitimize and validate their work on race and racism within predominantly White institutions and disciplines.

<https://doi.org/10.1001/jamapsychiatry.2024.3908>

Psychological Interventions for Pediatric Posttraumatic Stress Disorder: A Systematic Review and Network Meta-Analysis.

Hoppen, T. H., Wessargues, L., Jehn, M., Mutz, J., Kip, A., Schlechter, P., Meiser-Stedman, R., & Morina, N.

JAMA Psychiatry

December 4, 2024

Key Points

Question

How do psychological treatments compare in terms of alleviating pediatric posttraumatic stress disorder (PTSD)?

Findings

In this systematic review and network meta-analysis, trauma-focused cognitive behavior therapies (TF-CBTs), eye movement desensitization and reprocessing (EMDR), non-trauma-focused interventions, and multidisciplinary treatments (MDTs) were all associated with a significant reduction in pediatric PTSD relative to passive control conditions in the short term. TF-CBTs were associated with the largest short- and long-term reductions in pediatric PTSD, but EMDR and MDTs had insufficient long-term data.

Meaning

The findings suggest TF-CBTs should be the first-line treatment recommendation for pediatric PTSD; while data for other treatment approaches are emerging with some promising findings, more data (including long-term data) are needed to draw firmer conclusions.

Abstract

Importance

Pediatric posttraumatic stress disorder (PTSD) is a common and debilitating mental disorder, yet a comprehensive network meta-analysis examining psychological interventions is lacking.

Objective

To synthesize all available evidence on psychological interventions for pediatric PTSD in a comprehensive systematic review and network meta-analysis.

Data Sources

PsycINFO, MEDLINE, Web of Science, and PTSDpubs were searched from inception to January 2, 2024, and 74 related systematic reviews were screened.

Study Selection

Two independent raters screened publications for eligibility. Inclusion criteria were randomized clinical trial (RCT) with at least 10 patients per arm examining a psychological intervention for pediatric PTSD compared to a control group in children and adolescents (19 years and younger) with full or subthreshold PTSD.

Data Extraction and Synthesis

PRISMA guidelines were followed to synthesize and present evidence. Two independent raters extracted data and assessed risk of bias with Cochrane criteria. Random-effects network meta-analyses were run.

Main Outcome and Measures

Standardized mean differences (Hedges g) in PTSD severity.

Results

In total, 70 RCTs ($N = 5528$ patients) were included. Most RCTs ($n = 52$ [74%]) examined trauma-focused cognitive behavior therapies (TF-CBTs). At treatment end point, TF-CBTs ($g, 1.06$; 95% CI, 0.86-1.26; $P < .001$), eye movement desensitization and reprocessing (EMDR; $g, 0.86$; 95% CI, 0.54-1.18; $P < .001$), multidisciplinary treatments (MDTs) ($g, 0.88$; 95% CI, 0.53-1.23; $P < .001$), and non-trauma-focused interventions ($g, 0.95$; 95% CI, 0.62-1.28; $P < .001$) were all associated with significantly larger reductions in pediatric PTSD than passive control conditions. TF-CBTs were associated with the largest short-term reductions in pediatric PTSD relative to both passive and active control conditions and across all sensitivity analyses. In a sensitivity analysis including only trials with parent involvement, TF-CBTs were associated with significantly larger reductions in pediatric PTSD than non-trauma-focused interventions ($g, 0.35$; 95% CI, 0.04-0.66; $P = .03$). Results for midterm (up to 5 months posttreatment) and long-term data (6-24 months posttreatment) were similar.

Conclusions and Relevance

Results from this systematic review and network meta-analysis indicate that TF-CBTs were associated with significant reductions in pediatric PTSD in the short, mid, and long term. More long-term data are needed for EMDR, MDTs, and non-trauma-focused interventions. Results of TF-CBTs are encouraging, and disseminating these results may help reduce common treatment barriers by counteracting common misconceptions, such as the notion that TF-CBTs are harmful rather than helpful.

<https://doi.org/10.1001/jamapsychiatry.2024.3903>

Trends in Outpatient Psychotherapy Among Adults in the US.

Olfson, M., McClellan, C., Zuvekas, S. H., Wall, M., & Blanco, C.

JAMA Psychiatry
December 4, 2024

Importance:

While access to psychotherapy has recently increased in the US, concern exists that recent gains may be unevenly distributed despite teletherapy expansion.

Objective:

To characterize recent trends and patterns in outpatient psychotherapy by US adults.

Design, setting, and participants:

This is a repeated cross-sectional study of psychotherapy use among adults (ages ≥ 18 years) in the 2018 to 2021 Medical Expenditure Panel Surveys, which are nationally representative surveys of the civilian noninstitutionalized population. Data were analyzed from March to August 2024.

Main outcomes and measures:

Age-, sex-, and distress-adjusted differences between 2018 and 2021 in use of any psychotherapy and video-based psychotherapy (teletherapy) in 2021 with tests for trend differences (interactions) across levels of sociodemographic characteristics and distress were assessed. Psychological distress was measured using the Kessler-6 scale, with scores of 13 or higher defining serious psychological distress, 1 to 12 defining mild to moderate distress, and 0 defining no distress.

Results:

The analysis involved 89 619 participants (47 838 female [51.5%] and 41 781 male [48.5%]; 22 510 aged 18-34 years [29.0%], 43 371 aged 35-64 years [48.8%], and 23 738 aged ≥ 65 years [22.2%]). Between 2018 and 2021, psychotherapy use increased significantly faster for females (931/12 270 females [7.7%] to 1207/12 237 females [10.5%]) than males (547/10 741 males [5.2%] to 655/10 544 males [6.3%]), younger (455/6149 individuals [8.0%] to 602/5296 individuals [11.9%] aged 18-34 years) than older (217/5550 individuals [3.6%] to 304/6708 individuals [4.6%] aged ≥ 65 years) adults, college graduates (503/6456 adults [7.6%] to 810/7277 adults [11.4%]) than those without a high school diploma (193/3824 adults [5.5%] to 200/3593 adults [7.0%]), privately insured (881/14 387 adults [6.1%] to 1154/13 414 adults [8.9%]) than publicly insured (558/6511 adults [8.8%] to 659/7453 adults [8.8%]) individuals, adults at 2 to 4 times the poverty level (370/6670 adults [5.7%] to 488/6370 adults [8.2%]) than those below the poverty level (384/4495 adults [9.7%] to 428/4760 adults [10.0%]), employed persons overall (733/13 358 adults [5.7%] to 1082/12 365 adults [8.9%]) than unemployed persons aged 65 years and younger (547/5138 adults [10.8%] to 519/4905

adults [10.5%]), and urban (1335/20 682 adults [6.5%] to 1729/20 590 adults [8.7%]) than rural (143/2329 adults [6.4%] to 133/2191 adults [5.9%]) residents. In 2021, after controlling for distress level, teletherapy use was significantly higher among younger than middle-aged (aged 35-64 years: difference, -3.7 percentage points; 95% CI, -5.1 to -2.3) or older (aged ≥ 65 years: difference, -6.5 percentage points (95% CI, -8.0 to -5.0 percentage points) adults, females (difference, 1.9 percentage points; 95% CI, 0.9 to 2.9 percentage points) than males, not married (difference, 2.9 percentage points; 95% CI, 1.6 to 4.2 percentage points) than married persons, college educated adults (difference, 4.9 percentage points; 95% CI, 3.3 to 6.4 percentage points) than those without a high school diploma, people with higher (eg, 400% vs <100% of the federal poverty level: difference, 2.3 percentage points; 95% CI, 1.2 to 3.5 percentage points) than lower incomes, privately than publicly (difference, -2.5 percentage points; 95% CI, -3.4 to -1.5 percentage points) insured persons, and urban (difference, 2.7 percentage points; 95% CI, 1.5 to 3.8 percentage points) than rural residents.

Conclusions:

This study found that psychotherapy use increased significantly faster among several socioeconomically advantaged groups and that inequalities were evident in teletherapy access. These trends and patterns highlight a need for clinical interventions and health care policies to broaden access to psychotherapy including teletherapy.

<https://doi.org/10.1016/j.amepre.2024.12.004>

Association of psychological problems for which help was sought with physical illness.

Safak Caglayan, Anne Høye, Ole A. Andreassen, Ole K. Grønli

American Journal of Preventive Medicine

Available online 10 December 2024

Introduction

Persons with mental disorders are at increased risk for physical illness. Individuals who seek help for psychological problems might benefit from timely support and interventional approaches. This study aimed to explore associations between psychological problems for which help was sought and physical illness.

Methods

The seventh survey of the Tromsø Study, which included 21,083 participants who were age 40 years or older, was used in the study. The main exposure was psychological problems for which help was sought. Main outcomes were lifetime prevalence and time to onset of physical illness. Associations between psychological problems and physical illness were analyzed using logistic regression and survival analysis, and adjusted for sex, birth year, smoking, education, and income. Data was collected in 2015-2016 and analyzed in 2023-2024.

Results

Psychological problems were associated with smoking and having lower income but higher educational attainment. Psychological problems were associated with lifetime prevalence of hypertension, coronary artery disease (CAD), heart failure, atrial fibrillation, stroke, kidney disease, chronic obstructive pulmonary disease (COPD), asthma, arthrosis, migraine, chronic pain, and cancer; Odds ratios ranged from 1.15 (95% CI, 1.04 – 1.27) to 2.15 (95% CI, 1.76 – 2.62). Survival analysis demonstrated that individuals with psychological problems are at increased risk for subsequent physical illness; Hazard ratios ranged from 1.18 (95% CI 1.06 – 1.32) to 2.74 (95% CI 2.06 – 3.65).

Conclusions

This study found that psychological problems with or without a diagnosis of mental disorder might be an important marker of increased risk for physical illness.

<https://doi.org/10.1001/jamapsychiatry.2024.2744>

Predicting Suicides Among US Army Soldiers After Leaving Active Service.

Kennedy, C. J., Kearns, J. C., Geraci, J. C., Gildea, S. M., Hwang, I. H., King, A. J., Liu, H., Luedtke, A., Marx, B. P., Papini, S., Petukhova, M. V., Sampson, N. A., Smoller, J. W., Wolock, C. J., Zainal, N. H., Stein, M. B., Ursano, R. J., Wagner, J. R., & Kessler, R. C.

JAMA Psychiatry
September 25, 2024

Key Points

Question

Can suicides after leaving active US Army service be predicted from administrative data available prior to leaving?

Findings

This prognostic study showed that suicides after leaving active service can be predicted with moderate to good accuracy using administrative data available before leaving service. The 10% of soldiers with highest predicted risk accounted for 30.7% to 46.6% of all suicides across horizons.

Meaning

These results demonstrate that this model could facilitate targeted delivery of a high-risk posttransition suicide prevention intervention to soldiers who were identified before leaving active service.

Abstract

Importance

The suicide rate of military servicemembers increases sharply after returning to civilian life. Identifying high-risk servicemembers before they leave service could help target preventive interventions.

Objective

To develop a model based on administrative data for regular US Army soldiers that can predict suicides 1 to 120 months after leaving active service.

Design, Setting, and Participants

In this prognostic study, a consolidated administrative database was created for all regular US Army soldiers who left service from 2010 through 2019. Machine learning models were trained to predict suicides over the next 1 to 120 months in a random 70% training sample. Validation was implemented in the remaining 30%. Data were analyzed from March 2023 through March 2024.

Main outcome and measures

The outcome was suicide in the National Death Index. Predictors came from administrative records available before leaving service on sociodemographics, Army career characteristics, psychopathologic risk factors, indicators of physical health, social networks and supports, and stressors.

Results

Of the 800 579 soldiers in the cohort (84.9% male; median [IQR] age at discharge, 26 [23-33] years), 2084 suicides had occurred as of December 31, 2019 (51.6 per 100 000 person-years). A lasso model assuming consistent slopes over time discriminated as well over all but the shortest risk horizons as more complex stacked generalization ensemble machine learning models. Test sample area under the receiver operating characteristic curve ranged from 0.87 (SE = 0.06) for suicides in the first month after leaving service to 0.72 (SE = 0.003) for suicides over 120 months. The 10% of soldiers with highest predicted risk accounted for between 30.7% (SE = 1.8) and 46.6% (SE = 6.6) of all suicides across horizons. Calibration was for the most part better for the lasso model than the super learner model (both estimated over 120-month horizons.) Net benefit of a model-informed prevention strategy was positive compared with intervene-with-all or intervene-with-none strategies over a range of plausible intervention thresholds. Sociodemographics, Army career characteristics, and psychopathologic risk factors were the most important classes of predictors.

Conclusions and relevance

These results demonstrated that a model based on administrative variables available at the time of leaving active Army service can predict suicides with meaningful accuracy over the subsequent decade. However, final determination of cost-effectiveness would require information beyond the scope of this report about intervention content, costs, and effects over relevant horizons in relation to the monetary value placed on preventing suicides.

<https://doi.org/10.1080/08995605.2023.2259283>

Decreasing alcohol use among young adults presenting for service in the U.S. Air Force: An epidemiological surveillance study.

Aycock, C. A., Mallawaarachchi, I., Klesges, R. C., Wang, X. Q., Cassidy, D. G., Wiseman, K. P., Krunnusz, A. E., Kundu, D., Patience, M. A., Estevez Burns, R., & Talcott, G. W.

Military Psychology
Volume 36, 2024 - Issue 6

U.S. surveys demonstrate recent decreases in the prevalence of alcohol use and binge drinking among young adults. The current study aims to determine whether similar

trends are evident in a similarly aged cohort of service members in the US Air Force to inform ongoing prevention efforts. Participants were 103,240 Air Force personnel in entry-level training between 2016 and 2019. Participants anonymously completed the AUDIT (Alcohol Use Disorder Identification Test) regarding their pre-service drinking. Logistic regression analyses and the Cochran-Armitage test were conducted to measure population trends over the study duration with stratification by age (<21 vs. ≥21) and evaluation of specific alcohol behaviors. Between 2016 and 2019, the proportion of young service members endorsing any alcohol use significantly decreased for both the <21 group (i.e. from 38.9% to 32.6%) and the ≥21 group (i.e. from 80.6% to 77.5%). Among those who endorsed drinking, a decrease over time in binge use was also observed from 46.6% to 37.8% for the <21 group and from 34.2% to 27.5% for the ≥21 group. Responses to other specific alcohol risk items and total AUDIT scores also demonstrated decreases. Binge use and risky drinking remained disproportionately common among those under the legal drinking age. It is encouraging to observe a shift toward abstinence and decreased binge use among this population of young military recruits. However, given the risk for many adverse health and legal consequences in this population, more work is needed to prevent problematic drinking, especially among those under the legal drinking age.

<https://doi.org/10.1037/ser0000917>

Examining the factor structure of the Acquired Capability for Suicide Scale (ACSS) in a military population: Initial development and validation of a four-factor version of the ACSS.

Thomas, K. A., Hoyt, W. T., Goldberg, S., Abbas, M., Schultz, M., Hiserodt, M., & Wyman, M.

Psychological Services
Advance online publication

Suicide occurs at high rates in both military and veteran populations. The Interpersonal Theory of Suicide is a widely applied framework incorporating the requisite construct of acquired capability for suicide, which is the ability to engage in suicidal behaviors developed through painful and provocative life experiences. The Acquired Capability for Suicide Scale (ACSS) was developed to assess this construct. Despite substantial literature examining Interpersonal Theory of Suicide in military samples, many versions of ACSS have been used without adequate validation. The goal of this study was to

examine the factor structure of the ACSS and derive a version of the ACSS with initial validity for use in military populations. We also examined the stability of acquired capability over time. Data were collected among Wisconsin Army National Guard service members, who were deployed to the Middle East from 2008 to 2010, at three assessment points: before deployment (n = 714), immediately after return from deployment (n = 2,553), and 6–9 months postdeployment (n = 646). Exploratory and confirmatory factor analyses of postdeployment data suggest adoption of a novel, abbreviated 15-item, four-factor version of the ACSS. Analyses provided preliminary support for discriminant and predictive validity. Results also revealed that acquired capability for suicide increases after deployment and remains stable for at least 6–9 months after return from the combat. The four-factor version of the ACSS shows promise as a theory-relevant and empirically supported instrument for research and clinical applications in the military population. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1177/10783903241299720>

Institutional Betrayal in Military and Veteran Populations: A Systematic Scoping Review.

McAdams, M., Henninger, M. W., Bloeser, K., & McCarron, K. K.

Journal of the American Psychiatric Nurses Association
First published online December 7, 2024

BACKGROUND:

Institutional betrayal (IB) refers to the wrongdoings, encompassing both action and inaction, committed by institutions against their affiliated individuals. Military members are particularly vulnerable to IB due to strong social identification with the military, values of loyalty and self-sacrifice, dependence on the institution, the military power structure and legal system, and the complexity of morality in an occupation centered around war. **AIMS:** This review examines the state of IB literature within the military/Veteran population, identifying research gaps and implications for future policy and clinical care.

METHODS:

Conducting a systematic scoping literature review across seven databases resulted in 16 eligible publications out of 44 found.

RESULTS:

Findings indicate a high prevalence of IB experiences within the studied population, correlating with increased psychiatric symptoms and clinical features. The existing literature primarily focuses on military sexual trauma, with limited exploration of IB in the context of combat, politics, return from deployment, illness, military exposures, and moral injury.

CONCLUSIONS:

Future research should expand on IB in other military experiences, evaluate intervention efficacy and policies, and validate a standardized IB measure. These insights highlight the need for provider education, revised assessments, and interventions tailored to address the complex impact of IB on military and Veteran populations.

<https://doi.org/10.1080/08995605.2023.2250709>

Cognitive reappraisal moderates the effect of combat or other exposures on negative behavioral health symptoms.

Osgood, J. M., Yates, H. K., Holzinger, J. B., & Quartana, P. J.

Military Psychology

Volume 36, 2024 - Issue 6

Understanding the individual differences that can buffer the impact of combat and other adverse exposures on deleterious behavioral health outcomes could lead to more targeted prevention and intervention efforts. Cognitive reappraisal, an antecedent-focused emotion regulation strategy, is linked to positive health outcomes such as lower levels of post-traumatic stress disorder, anxiety, and depression. This study examined the moderating effect of individual differences in cognitive reappraisal use on the association between combat exposure and behavioral health outcomes in active-duty U.S. Soldiers (N = 2,290). This study utilized survey data collected approximately 18 months following a combat deployment to Afghanistan in 2014. Results showed that individual differences in cognitive reappraisal use significantly moderated the effect of combat exposure on anxiety and post-traumatic stress symptoms but not depressive symptoms. Specifically, increasing combat exposures predicted a steeper increase in negative behavioral health symptoms for Soldiers reporting lesser (versus greater) cognitive reappraisal use. These findings highlight a role for cognitive reappraisal as a

targetable factor that can mitigate the behavioral health consequences of exposure to combat stressors.

<https://doi.org/10.1089/can.2024.0135>

How Veterans with Chronic Pain Approach Using Cannabis for Symptom Management: Results from a Qualitative Interpretive Description Study.

Rachel S. Bergmans, Christine Yu, Bhaavna Yalavarthi, Lillian Z. Xiao, Riley Wegryn-Jones, Johari Summerville, Sia Rajgarhia, Vivian Kurtz, Samantha Dell'Imperio, Amy S. B. Bohnert, and Kevin F. Boehnke

Cannabis and Cannabinoid Research
Published Online: 25 November 2024

Introduction:

Veterans use cannabis as a chronic pain treatment due to a combination of the easing of restrictions and dissatisfaction with care standards. The segregation of medical cannabis from conventional health systems may translate to opportunities and disadvantages that are not well defined. Our study aimed to characterize how Veterans with chronic pain approach using cannabis for symptom management, including product access, developing a treatment plan, and its integration into daily life.

Materials and Methods:

We used an interpretive description design and conducted semi-structured interviews with U.S. Veterans in Michigan who had chronic pain; were aged 21 years or older; and (a) used cannabis, (b) were planning to use cannabis, or (c) interested in learning about how cannabis could help with pain. We analyzed deidentified interview transcripts to develop themes that focused on how Veterans approached new and continued use of cannabis for chronic pain management.

Results:

Participants were Veterans with chronic pain, median age = 50 years (n = 32). Participants described how factors at the individual, relationship, community, and societal levels influenced their interest in and use of cannabis for chronic pain. We identified five main themes: (1) cannabis supports holistic wellness, but there are also undesired effects; (2) medical cannabis requires a personalized treatment approach; (3) Veterans seek expanded access to medical cannabis and more assurance regarding

product safety and efficacy; (4) sociopolitical attitudes and advocacy shape medical cannabis acceptability; and (5) the interest in research to inform treatment approaches and facilitate access.

Discussion:

This article illustrates how Veterans approached using cannabis for chronic pain management. Findings illuminate the potential value of cannabis for Veterans with chronic pain while also highlighting numerous obstacles and limitations related to its use. There are opportunities for health care providers to support Veterans who are interested in cannabis while research regarding efficacy and safety continues. Future efforts should engage Veterans to collectively work toward a better understanding of cannabis as a pain treatment option.

<https://doi.org/10.3138/jmvfh-0718-0017>

Creative Forces programming with military families: Art therapy, dance/movement therapy, and music therapy brief vignettes.

Gioia Chilton, Rebecca Vaudreuil, Elizabeth K. Freeman, Nathaniel McLaughlan, Jessica Herman, and Stephen J. Cozza

Journal of Military, Veteran and Family Health
Volume 10, Number 4-EN

Creative arts therapists (art therapists, dance/movement therapists, and music therapists) administer assessments and interventions that support the holistic well-being of military families affected by traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD). Clinical examples illustrate methods used by creative arts therapists to address the neurological, physiological, and psychosocial needs of service members and their families. Creative arts therapists describe areas of need, identify common goals, and present creative arts therapy interventions used with military families. Three vignettes detail the application of creative arts therapy interventions with families, couples, and parent/child dyads. Art therapy, dance/movement therapy, and music therapy interventions were applied in discipline-specific sessions to promote familial bonding. As a result of these sessions, families were better able to identify challenges and discover strengths, improve intra-familial interactions, and create deeper mutual understanding and connectedness, all of which strengthened family resilience and encouraged motivation in other areas of rehabilitation. Creative arts therapies are an

integral part of interdisciplinary care to address behavioural and rehabilitative conditions of military families impacted by TBI and PTSD. Future research should examine the efficacy of creative arts therapies in improving resilience in military families.

<https://doi.org/10.1007/s10508-024-03013-1>

Psychosocial Consequences of Sexual Assault on Women: A Scoping Review.

Serrano-Rodríguez, E., Luque-Ribelles, V. & Hervías-Parejo, V.

Archives of Sexual Behavior

Published: 30 October 2024

Women are at a higher risk of sexual assault, partly due to societal sexism. This scoping review addresses the question: What is known about the psychosocial consequences of sexual assault on women? To understand these impacts, various studies were reviewed. Searches were conducted in Web of Science, PubMed, Scopus, PsycArticles, and PsycINFO between April and May 2022. The methodology followed Arksey and O'Malley's (2005) framework. PRISMA guidelines were used for screening and the Scoping Reviews Checklist was employed to ensure the quality of the review process. As a result, 1744 studies were identified, and 21 were selected based on inclusion and exclusion criteria, with publication years ranging from 1997 to 2021. The total sample of women analyzed across these studies was 20,071 ($M = 955.76$; $\sigma = 2236.53$). These 21 studies examined the psychosocial consequences of sexual assault on women's lives. The primary psychosocial outcomes identified were depressive symptoms ($n = 13$), anxiety symptoms ($n = 11$), post-traumatic stress disorder ($n = 11$), alcohol dependence ($n = 6$), and sleep disorders ($n = 3$). In conclusion, this review enhances our understanding of the effects of sexual assault on women and identifies areas for future research to further understand and address this phenomenon. This work can ultimately guide efforts to improve the well-being of survivors.

<https://doi.org/10.1001/jamapsychiatry.2024.3403>

Posttraumatic Stress Disorder, Obesity, and Accelerated Epigenetic Aging Among US Military Veterans.

Fischer, I. C., Na, P. J., Nagamatsu, S. T., Jeste, D. V., Cabrera-Mendoza, B., Montalvo-Ortiz, J. L., Krystal, J. H., Polimanti, R., Gelernter, J., & Pietrzak, R. H.

JAMA Psychiatry
October 30, 2024

This cross-sectional study uses data from 1135 male, European-American US military veterans to assess whether risk and protective factors influenced associations between posttraumatic stress disorder and epigenetic age.

<https://doi.org/10.1016/j.jpsychires.2024.10.017>

Physical activity and heart rate in PTSD inpatients: Moderation by custody of a service dog.

SH Woodward, AL Jamison, JDS Gala, BAD Villasenor, G Tamayo, M Puckett

Journal of Psychiatric Research
Volume 180, December 2024, Pages 362-370

Posttraumatic stress disorder is associated with autonomic hyperarousal often shown to involve elevated resting heart rate and, simultaneously if somewhat paradoxically, reduced physical activity. Both are risk factors for cardiovascular disease and so may contribute to its elevated prevalence in persons with this diagnosis. Epidemiological studies have observed dog owners to exhibit lower rates of cardiovascular disease. Non-randomized between-group studies have found service dog companionship to be associated with increased physical activity and with lower resting heart rate. A challenge to research in this area is its vulnerability to selection biases in group assignment which could lead to over-estimation of advantages or disadvantages associated with pet or service dog contact and companionship. The current study executed a within-subjects design investigating physical activity and heart rate in a sample of U.S. military Veterans engaged in residential treatment for PTSD and a concurrent service animal training intervention. A mean of 37 days of continuously-recorded day-time physical activity and heart rate were obtained from 45 participants. On days when they had custody of a familiar service-dog-in-training, participants exhibited increased physical activity accompanied by a small reduction in concurrent, activity-adjusted heart rate. Though observed in a specialized context, these short-term findings align with prior observations of lowered risk of cardiovascular disease in association with pet dog ownership.

Extended longitudinal designs will be necessary to determine whether such short-term effects truly mediate lowered long-term risk.

<https://doi.org/10.2196/64412>

Short-Term Outcomes of a Healthy Relationship Intervention for the Prevention of Sexual Harassment and Sexual Assault in the US Military: Pilot Pretest-Posttest Study.

Hernandez, B., Shegog, R., Markham, C., Emery, S., Baumler, E., Thormaehlen, L., Andina Teixeira, R., Rivera, Y., Pertuit, O., Kanipe, C., Witherspoon, I., Doss, J., Jones, V., & Peskin, M.

JMIR Formative Research

Published on 29.10.2024 in Vol 8 (2024)

Background:

Sexual harassment (SH) and sexual assault (SA) are serious public health problems among US service members. Few SH and SA prevention interventions have been developed exclusively for the military. Code of Respect (X-CoRe) is an innovative web-based, multilevel, SA and SH intervention designed exclusively for the active-duty Air Force. The program's goal is to increase Airmen's knowledge and skills to build and maintain respectful relationships, ultimately reducing SH and SA and enhancing Airmen's overall well-being and mission readiness.

Objective:

This pilot study aimed to assess the short-term psychosocial impact (eg, knowledge, attitudes, and self-efficacy) of the web-based component of X-CoRe on a sample of junior enlisted and midlevel Airmen.

Methods:

Airmen from a military installation located in the Northeastern United States were recruited to complete the 10 web-based modules in X-CoRe (9/15, 60% male; 7/15, 54% aged 30-35 years). Participants were given pretests and posttests to measure short-term psychosocial outcomes associated with SH and SA. Descriptive statistics and paired 2-tailed t tests were conducted to assess differences from preintervention to postintervention time points.

Results:

After completing X-CoRe, participants had a significantly greater understanding of active consent ($P=.04$), confidence in their healthy relationship skills ($P=.045$), and confidence to intervene as bystanders ($P=.01$). Although not statistically significant ($P>.05$), mean scores in attitudes about SH, couple violence, and cyberbullying; perceptions of sexual misconduct as part of military life; and relationship skills self-efficacy with a romantic partner and friend also improved.

Conclusions:

The findings from this study demonstrate X-CoRe's effectiveness in improving critical determinants of SH and SA, making it a promising intervention for SH and SA prevention. More rigorous research is needed to determine X-CoRe's impact on SH and SA victimization and the long-term impact on associated psychosocial determinants.

<https://doi.org/10.1007/s13178-024-01055-7>

“It Was a Complete Violation of Everything”: LGBT + Veterans’ Experiences of Discrimination and Oppression Through the Exemptive UK Military “Gay Ban” Policy.

McGill, G., Allen, S. & Osborne, A.K.

Sexuality Research and Social Policy

Published: 30 October 2024

Introduction

This is the first empirical study carried out in the UK to examine the devastating impact of the policy to ban all gay, lesbian, bisexual and transgender personnel under exemptive military laws and their resultant support needs as military veterans. The so-called “gay ban” policy was enforced with the rationale that homosexuality was incompatible with military service.

Methods

In the UK between 2021 and 2022, 15 LGBT + veterans took part in semi-structured interviews and 101 LGBT + veterans completed an online survey. The findings were triangulated to provide a comprehensive understanding of the impact of the “gay ban” policy.

Results

Three key overarching themes were identified: Emotional Impact, Changing to Adapt and Adapting to Change and Aftermath: Barriers to Help-Seeking.

Conclusions

Social cohesion, established during military service, was limited upon leaving the Armed Forces and LGBT + veterans reported feeling a loss of their identity and the ability to foster social relationships. The policy ban facilitated discrimination and harassment, causing emotional distress, mental ill health, social isolation and limited access to appropriate support following transition.

Policy Implications

Despite the lifting of the “gay ban” policy over 20 years ago, how inclusivity is represented in a historically heteronormative institution is unclear. The “gay ban” policy was weaponised with strategic power, leading to long-term, negative psychological consequences for those who were disempowered by the ban. Therefore, it is essential that confidence is restored, and that policy and institutional-level changes recognise the historical harm for the future of LGBT + military personnel and veterans. These findings will help to raise awareness and increase knowledge and, in turn, contribute to improving access and engagement with service provision and support.

<https://doi.org/10.1136/ip-2024-045256>

Honor ideology and private firearm ownership in US active-duty soldiers.

R Tucker, JE Bock, JL Gerner, EA Albury, J Osgood, SE Daruwala, ML Bozzay, MN Dretsch, B Trachik, M Anestis, CJ Bryan

Injury Prevention

First published October 30, 2024

Objectives

This study investigated whether honor ideology, or a belief that one’s reputation must be defended at all costs, is related to firearms ownership in soldiers.

Methods

N=301 active-duty soldiers completed online self-report measures in this cross-sectional study.

Results

Honor ideology was higher in soldiers who privately own a firearm compared with those who do not currently own and do not plan to after military separation. Higher honor ideology was correlated with a disbelief that private firearms ownership is related to soldier suicide risk. Levels of honor ideology were equal in soldiers who own a private firearm for protection versus other reasons (eg, hunting, maintaining a collection).

Conclusions

Honor ideology may be related to suicide risk through increased likelihood of owning a private firearm and disbelief in private firearm ownership being related to one's own suicide risk in soldiers. Honor ideology could be relevant to consider when means safety initiatives are developed for active-duty military personnel.

<https://doi.org/10.18103/mra.v12i10.5900>

Mothers in the Military: Violence and Negative Perinatal Outcomes.

Kathleen Kendall-Tackett, PhD, IBCLC, FA

Medical Research Archives

Vol 12 No 10 (2024): October Issue

The number of women serving in the United States (US) armed forces has more than tripled since 2000. The increased number of women highlights some areas of vulnerability, especially during the perinatal period, that are not currently being addressed. Compared to civilians, women in the military are more likely to have experienced adverse childhood experiences and intimate partner violence. They are also at higher risk for military sexual trauma than their male counterparts. For pregnant women, past or current violence increases the risk for adverse birth outcomes, such as preterm birth and low birth weight. During pregnancy and postpartum, military mothers are at higher risk for depression, anxiety, posttraumatic stress disorder (PTSD), and suicidal ideation than civilian mothers. The purpose of this review is to summarize recent studies on women in the military, examining rates of violence and adverse outcomes related to their experiences of violence. The findings do not allow us to understand underlying mechanisms but can describe associations. Overall, the findings are bleak but could become a call to action. With intervention, these outcomes can

improve. However, we must first realize that a problem exists, which the present article highlights.

<https://doi.org/10.1016/j.copsyc.2024.101936>

A review of current and proposed behavioral nudge strategies to improve the readiness of the United States military.

RP Tucker, DW Capron, B Trachik, EJ Mangini, J Osgood, J Morton, BW Bauer

Current Opinion in Psychology
Volume 60, December 2024, 101936

This review discusses findings on the use of behavioral nudges in both the Canadian and U.S. military. To date, most of this research has focused on improving recruitment and healthy eating behaviors in military personnel. The current review also highlights important areas of future research, focusing on the role behavioral nudges could potentially play in curbing three pressing issues in the U.S. military: 1) recruitment, 2) health-related readiness of the military, and 3) suicide prevention. The review concludes with an overview of unique challenges this work may face in the military context as well as unique resources available for this research and implementation not likely accessible in civilian communities.

Links of Interest

SAMHSA Releases Federal Guidelines for Opioid Treatment Programs and Explanatory Video Series

<https://store.samhsa.gov/product/federal-guidelines-opioid-treatment-programs-2024/pep24-02-011>

VA creates green burials at three national cemeteries

<https://news.va.gov/136850/va-green-burials-three-national-cemeteries/>

PTSD Bytes: PTSD and traumatic brain injury

<https://news.va.gov/136591/ptsd-bytes-ptsd-and-traumatic-brain-injury/>

Staff Perspective: Focus on Peace – An Antidote for Provider Helplessness

<https://deploymentpsych.org/blog/staff-perspective-focus-peace-%E2%80%93-antidote-provider-helplessness>

Staff Perspective: How Do We Define "Resilience"?

<https://deploymentpsych.org/blog/staff-perspective-how-do-we-define-resilience>

Staff Perspective: “Kids Don’t Come with Handbooks” – Helping Parents Build Resiliency in Their Children

<https://deploymentpsych.org/blog/staff-perspective-%E2%80%9Ckids-don%E2%80%99t-come-handbooks%E2%80%9D-%E2%80%93-helping-parents-build-resiliency-their-children>

Top-Gun Navy Pilots Fly at the Extremes. Their Brains May Suffer.

https://www.nytimes.com/2024/12/08/us/navy-pilot-brain-injury-topgun.html?unlocked_article_code=1.gE4.H0sJ.MlmcDhDH2HN5&smid=url-share

More than Winter Blues: Understanding Seasonal Affective Disorder

<https://www.samhsa.gov/blog/more-winter-blues-understanding-seasonal-affective-disorder>

Resource of the Week – [Issue Brief: Co-Occurring Mental Health and Substance Use](#)

New, from the Substance Abuse and Mental Health Services Administration

SAMHSA’s Issue Brief, Co-Occurring Mental Health and Substance Use, offers valuable information to State Mental Health Authorities (SMHA) about co-occurring mental health and substance use disorders (COD).

The document highlights the commonality of CODs and negative outcomes in the absence of evidence-based integrated care. It also provides an overview of treatment barriers and potential solutions, and the effectiveness of integrated care.

This Issue Brief is one in a series of briefs created by SAMHSA to provide guidance to State Mental Health Agencies to support improvement of the mental health systems within their states.



Issue Brief

Co-Occurring Mental Health and Substance Use Services

Introduction

The United States is amid a mental and substance use (M/SU) disorder crisis that spans all ages and backgrounds and disproportionately impacts minorities and under-resourced communities,¹ highlighting the importance of equitable and integrated services access across the lifespan. The percentage of adults with symptoms of anxiety and/or depression increased from 31.5 percent in February 2022 to 32.3 percent in February 2023.² In addition, many people, especially those experiencing anxiety, depression, or COVID-19-related stress, reported increasing their use of marijuana and alcohol.³ For example, of adults experiencing COVID-19-related stress, 3 out of 5 reported increased alcohol consumption.⁴ The ongoing overdose epidemic is exacerbated by fentanyl and xylazine in the drug supply and increasing polysubstance use. Youth are also experiencing mental health challenges in new ways. As recent data shows, depression, suicide, and substance use are important concerns for adolescents (12–17 years old), with 36.7 percent reporting persistent feelings of sadness or hopelessness and 18.8 percent seriously considered attempting suicide.⁵ These concerning trends extend to drug overdose deaths⁶ and death by suicide, leading causes of death in the United States.⁷

State Mental Health Authorities (SMHAs) and Single State Agencies (SSAs) fund, oversee, and support programs⁸ and services that support community

a For the purposes of this brief, "program(s)" and "organization(s)" refer to entities. "Provider(s)" and "practitioner(s)" refer to individuals, with the latter including individuals with formal credentialing and/or licensing.

About This SERIES

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

This brief provides state mental health directors and other policymakers with an overview of integrated co-occurring mental health and substance use services, evidence-based practices, and resources to help address the behavioral health crisis in the United States.

SAMHSA
Substance Abuse and Mental Health
Services Administration

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