

# CDP



## Research Update -- May 16, 2019

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- Resource of the Week -- State Strategies for Averting Early Deaths: Innovations and Best Practices for Preventing Suicide (National Governors Association)

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<https://link.springer.com/article/10.1007/s10615-019-00703-5>

### **Prevalence of Adverse Childhood Experiences Among Veterans.**

Laird, C.W. & Alexander, P.

Clinical Social Work Journal

First Online: 29 April 2019

<https://doi.org/10.1007/s10615-019-00703-5>

The adverse childhood experiences (ACE) study showed that childhood trauma is common in the general population and has enduring effects on adult emotional and physical health. Levels of childhood adversity among individuals with a history of military service have been found to match or exceed those among individuals with no history of military service. Most studies to date have found that ACEs are associated with poorer mental health outcomes among service members and veterans, although the ways in which childhood adversity may contribute to vulnerability or resilience are not fully understood. Further, the prevalence of ACEs specifically among veterans has not been clearly established. We evaluated the prevalence of childhood adversity at a

community-based outpatient mental health clinic within the Department of Veterans Affairs (VA) and found that 85.0% of participating veterans reported experiencing at least one category of ACE before the age of 18, while nearly half of veteran participants (46.0%) reported experiencing four or more categories. We discuss the implications of a high burden of childhood adversity for neurobiological development and psychological functioning among veterans, and for mental health treatment within the VA. Further, we describe the development of a trauma-informed program which utilizes a phase-based, modular approach to better address the psychological sequelae of childhood adversity, and foster resilience and posttraumatic growth. Several case examples are discussed, along with recommendations for future research.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2019.1598218>

### **The importance of distinguishing between harassment-only and assault military sexual trauma during screening.**

Rebecca K. Blais, Emily Brignone, Jamison D. Fargo, Whitney S. Livingston & Felicia J. Andresen

Military Psychology

Published online: 10 May 2019

DOI: 10.1080/08995605.2019.1598218

Extant research demonstrates that a history of military sexual trauma (MST) is associated with PTSD and depression diagnoses as well as heightened risk for suicidal ideation and death by suicide. Past studies of MST and its sequelae typically collapse harassment-only and assault MST screening items into a single response, recorded as positive or negative for a history of MST. It is presently unclear whether assault is associated with poorer mental health outcomes relative to harassment-only MST. Female service members/veterans (n = 656) completed an online survey assessing history (present, absent) and type (harassment-only, assault) of MST, PTSD, depression, sexual satisfaction and function symptoms, as well as suicidal ideation. Findings revealed that those who reported a history of MST, and assault more specifically, were more likely to report higher PTSD symptoms and probable PTSD diagnosis, higher depression symptoms and probable depression diagnosis, worse sexual function and probable sexual function diagnosis, lower sexual satisfaction, and presence of suicidal ideation. Those who reported harassment-only MST also reported higher PTSD severity and probable PTSD diagnosis, but the magnitude of the

association of harassment-only MST and PTSD severity relative to assault MST and PTSD severity was substantially lower. Findings suggest it is critical to distinguish between history and type of MST during screening as a combined screening item loses sensitivity to identify those at heightened risk for distress and dysfunction.

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<https://ajot.aota.org/article.aspx?articleid=2733387>

## **Occupational Challenges in Military Service Members With Chronic Mild Traumatic Brain Injury.**

Alison M. Cogan; Christine E. Haines; Maria D. Devore; Karla M. Lepore; Margaret Ryan

American Journal of Occupational Therapy  
05 2019, Vol. 73, 7303205040p1-7303205040p9  
doi:10.5014/ajot.2019.027599

### **OBJECTIVE.**

The purpose of this study was to identify the needs of military service members with chronic symptoms after mild traumatic brain injury (mTBI) that fall within the scope of occupational therapy practice.

### **METHOD.**

In this qualitative descriptive study, service members with a history of mTBI (N = 12) participated in semistructured interviews about their injury history, symptoms, daily routines, challenges, and plans.

### **RESULTS.**

Two main themes were identified: occupational changes and plans for the future. Occupational changes contains six subthemes: (1) rest and sleep, (2) activities of daily living and instrumental activities of daily living, (3) work, (4) social participation, (5) play and leisure, and (6) education. Plans for the future contains three subthemes: (1) supports, (2) barriers, and (3) fears.

### **CONCLUSION.**

Occupational therapists who work with this population should consider all areas of occupation, especially sleep, during assessment and treatment planning. Some clients may require additional support for preparing for civilian life.

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<https://www.ncbi.nlm.nih.gov/pubmed/31053215>

J Clin Sleep Med. 2019 Apr 30. pii: jc-18-00714. [Epub ahead of print]

## **Randomized Controlled Trial of Imagery Rehearsal for Posttraumatic Nightmares in Combat Veterans.**

Harb GC, Cook JM, Phelps AJ, Gehrman PR, Forbes D, Localio R, Harpaz-Rotem I, Gur RC, Ross RJ.

### **STUDY OBJECTIVES:**

To examine the efficacy of imagery rehearsal (IR) combined with cognitive behavioral therapy for insomnia (CBT-I) compared to CBT-I alone for treating recurrent nightmares in military veterans with posttraumatic stress disorder (PTSD).

### **METHODS:**

In this randomized controlled study, 108 male and female United States veterans of the Iraq and Afghanistan conflicts with current, severe PTSD and recurrent, deployment-related nightmares were randomized to six sessions of IR + CBT-I (n = 55) or CBT-I (n = 53). Primary outcomes were measured with the Nightmare Frequency Questionnaire (NFQ) and Nightmare Distress Questionnaire (NDQ).

### **RESULTS:**

Improvement with treatment was significant (29% with reduction in nightmare frequency and 22% with remission). Overall, IR + CBT-I was not superior to CBT-I (NFQ: -0.12; 95% confidence interval = -0.87 to 0.63; likelihood ratio chi square = 4.7(3), P = .2); NDQ: 1.5, 95% confidence interval = -1.4 to 4.4; likelihood ratio chi square = 7.3, P = .06).

### **CONCLUSIONS:**

Combining IR with CBT-I conferred no advantage overall. Further research is essential to examine the possibly greater benefit of adding IR to CBT-I for some subgroups of veterans with PTSD.

### **CLINICAL TRIAL REGISTRATION:**

Registry: ClinicalTrials.gov; Title: Cognitive Behavioral Therapy (CBT) for Nightmares in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans; Identifier:

NCT00691626; URL: <https://clinicaltrials.gov/ct2/show/NCT00691626>.

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<https://psycnet.apa.org/record/2019-25495-001>

## **An epidemiological evaluation of trauma types in a cohort of deployed service members.**

Presseau, C., Litz, B. T., Kline, N. K., Elsayed, N. M., Maurer, D., Kelly, K., . . .  
Williamson, D. E.

Psychological Trauma: Theory, Research, Practice, and Policy  
Advance online publication  
<http://dx.doi.org/10.1037/tra0000465>

### Objective:

Using Stein et al.'s (2012) categorization scheme for typing Criterion A events (i.e., Life Threat to Self, Life Threat to Other, Aftermath of Violence, Traumatic Loss, Moral Injury by Self, and Moral Injury by Other) and extending Litz et al.'s (2018) prior work, we investigated the prevalence of trauma types, prevalence of posttraumatic stress disorder within each trauma type, and associations between trauma types and behavioral and mental health outcomes for an epidemiological sample of service members.

### Method:

Criterion A events coded by independent raters (kappas = .85–1.00) were used to determine prevalence rates and to conduct two path models examining all trauma types in relation to mental health outcomes.

### Results:

Consistent with prior research, we found events containing Life Threat to Self (51.1%) and Life Threat to Other (30.8%) to be most prevalent, and a majority of events (62.9%) were coded with one trauma type. Although least prevalent, Aftermath of Violence (12.0%) and Moral Injury by Self (4.8%) were most frequently and strongly associated with worse mental health outcomes. Path models predicted a very small amount of variance in continuous outcomes, thus limiting the interpretation of findings.

Conclusion:

More epidemiological research is needed to understand the role of trauma type in relation to mental health among nontreatment-seeking service members.

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<https://www.ncbi.nlm.nih.gov/pubmed/29281745>

Suicide Life Threat Behav. 2019 Feb;49(1):210-220. doi: 10.1111/sltb.12425. Epub 2017 Dec 27

### **Detecting Potential Underreporting of Suicide Ideation Among U.S. Military Personnel.**

Anestis MD, Mohn RS, Dorminey JW, Green BA

Using a military sample comprised largely of National Guard personnel, zero-inflation negative binomial regression was applied to estimate the effects of indirect, nonface valid indicators of suicide ideation [Thwarted Belongingness (TB), Perceived Burdensomeness (PB), and Hopelessness], in predicting suicide ideation. Data from a sample of 497 military personnel (82.1% male;  $M$ age = 27.24; range = 18-59) were analyzed. TB and the interaction of TB with Hopelessness were significant predictors in the logistic regression, and in the negative binomial regression, the main effects of TB and hopelessness, and the interactions of TB with hopelessness and PB with hopelessness were significant. The findings further indicated that approximately 10% of those not reporting ideation would be predicted to be ideators. Clinically, these results indicate that, in samples reluctant to report ideation, the assessment of suicide risk may improve through the use of relevant measures that do not explicitly reference suicide thoughts.

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<https://www.ncbi.nlm.nih.gov/pubmed/29963891>

Psychol Trauma. 2019 May;11(4):379-382. doi: 10.1037/tra0000385. Epub 2018 Jul 2

**Killing during combat and negative mental health and substance use outcomes among recent-era veterans: The mediating effects of rumination.**

Kelley ML, Bravo AJ, Hamrick HC, Braitman AL, Judah MR

#### OBJECTIVE:

Although killing in combat is associated with negative mental health outcomes and hazardous alcohol use, mechanisms that underlie this risk are not well understood. To our knowledge, this present brief report is the first to use mediation analysis to examine associations between killing in combat, distinct facets of rumination (problem-focused thoughts, counterfactual thinking, repetitive thoughts, and anticipatory thoughts), and negative mental health outcomes (i.e., depression, anxiety, PTSD, suicidality) and hazardous alcohol use.

#### METHOD:

Participants were a community sample of 283 military personnel (158 males [60.31%]; mean age = 32.61 [SD = 7.11]) who had deployed in support of recent wars in Iraq or Afghanistan. Participants completed an online self-report survey.

#### RESULTS:

Three rumination facets (i.e., problem-focused thoughts, counterfactual thinking, and anticipatory thoughts) uniquely (controlling for effects of other rumination facets) mediated the associations between killing in combat and negative mental health outcomes and hazardous alcohol use. Taken together, killing in combat was associated with higher levels of each rumination facet, which in turn were distinctly associated with more negative symptoms of mental health and more hazardous drinking (problem-focused thoughts were the only facet to mediate all effects). Beyond these significant mediation effects, killing in combat still had a significant direct effect on every outcome.

#### CONCLUSION:

These findings provide preliminary support for associations between killing in combat and negative mental health outcomes and hazardous alcohol use. Furthermore, rumination (particularly problem-focused thoughts) may be an important consideration in the evaluation and care of recent-era combat veterans. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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<https://www.ncbi.nlm.nih.gov/pubmed/30686577>

Womens Health Issues. 2019 Mar - Apr;29(2):107-115. doi: 10.1016/j.whi.2018.12.002.  
Epub 2019 Jan 25



## **Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care.**

Klap R, Darling JE, Hamilton AB, Rose DE, Dyer K, Canelo I, Haskell S, Yano EM

### **BACKGROUND:**

Harassment of servicewomen during military service has been well-documented, but harassment of women veterans in Veterans Affairs (VA) health care settings has not been studied systematically. We assessed the prevalence and impacts of harassment among women veterans who use VA health care.

### **METHODS:**

From January to March 2015, we conducted computer-assisted telephone interviews of randomly sampled women veterans with three or more primary care and/or women's health visits at 1 of 12 VA medical centers. We asked if patients had experienced inappropriate/unwanted comments or behavior from male veterans at VA in the past year. We measured sociodemographics, health status, perceptions of VA care, delayed/unmet health care need, and care preferences. All analyses were weighted to account for the disproportionate sample design and nonresponse. Brief, open-ended descriptions of harassment were transcribed and coded.

### **RESULTS:**

Approximately one in four women veterans (25.2%; n = 1,395, response rate 45%) reported inappropriate/unwanted comments or behavior by male veterans on VA grounds. Site prevalence ranged from 10% to 42%. Incident descriptions were wide-ranging (e.g., catcalls, sexual/derogatory remarks, propositioning, stalking, and denigration of veteran status). Reports of harassment were more common among women with histories of military sexual trauma; other trauma exposures (e.g., combat, childhood); positive screens for anxiety, depression, and/or posttraumatic stress disorder; and fair/poor health. Those who reported harassment were significantly less likely to report feeling welcome at VA, and more likely to report not feeling safe, and delaying/missing care.

### **CONCLUSIONS:**

One-quarter of women veteran VA users experienced harassment in VA health care settings; these experiences negatively impacted women's health care experiences and use.

TRIAL REGISTRATION: [ClinicalTrials.gov NCT02039856](https://clinicaltrials.gov/ct2/show/study/NCT02039856). (Published by Elsevier Inc.)

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<https://www.ncbi.nlm.nih.gov/pubmed/30394773>

Psychol Trauma. 2019 May;11(4):466-474. doi: 10.1037/tra0000413. Epub 2018 Nov 5

## **Self-reported mindfulness and soldier health following a combat deployment.**

Nassif TH, Start AR, Toblin RL, Adler AB.

### **OBJECTIVE:**

Combat exposure has been linked to health-related challenges associated with postcombat adjustment, including mental health symptoms, behavior-related problems, physical pain, and functional impairment. Mindfulness, or acceptance of the present moment without reactivity or judgment, may be associated with better mental health following a combat deployment. This study examined whether self-reported mindfulness predicted soldier health outcomes over the course of the postdeployment period.

### **METHOD:**

U.S. soldiers (n = 627) were surveyed 4 months after a deployment to Afghanistan (T1) and again 3 months later (T2). Mindfulness was assessed using the nonreactivity to inner experience subscale of the Five-Facet Mindfulness Questionnaire. Hierarchical linear regressions examined how mindfulness (T1) moderated the impact of combat exposure (T1) on outcomes at T2.

### **RESULTS:**

Controlling for rank, the interaction between combat exposure and mindfulness significantly predicted posttraumatic stress disorder (PTSD) symptoms, depression symptoms, risk-taking behaviors, pain symptoms, and functional impairment. The interaction term explained 1% to 2% of the variance in these health outcomes. Simple slopes analyses revealed that combat exposure was associated with more PTSD symptoms, depression symptoms, risk-taking behaviors, pain symptoms, and functional impairment when soldiers reported low levels of mindfulness. There was no effect for alcohol misuse, sleep difficulties, or aggressive behaviors.

### **CONCLUSIONS:**

Nonreactivity to inner experience may mitigate the detrimental effects of high-levels of combat exposure on both mental and physical health outcomes. These findings indicate that mindfulness strategies such as nonreactivity may be particularly useful for

employees facing potentially traumatic stressors in a high-risk occupational context. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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<https://www.ncbi.nlm.nih.gov/pubmed/30010380>

Psychol Trauma. 2019 May;11(4):391-395. doi: 10.1037/tra0000394. Epub 2018 Jul 16

### **Acts of omission, altered worldviews, and psychological problems among military veterans.**

Williams CL, Berenbaum H

#### **OBJECTIVE:**

The present study explored acts of omission (i.e., inactions) among military service members. We also investigated whether the meanings and interpretations that service members assign to their actions and inactions, particularly alterations to their conceptualization of themselves, others, and the world (i.e., altered worldviews) would be associated with psychological problems (specifically, depression, suicidality, posttraumatic stress disorder [PTSD], and alcohol use).

#### **METHOD:**

A sample of 50 Iraq/Afghanistan military veterans (8% female) completed questionnaires measuring their (in)actions and the meanings and interpretations attached to those (in)actions. They also completed questionnaires measuring PTSD, depression, suicidality, alcohol use, and combat/postcombat experience.

#### **RESULTS:**

Higher levels of acts of omission were associated with higher levels of altered worldviews and psychological problems. Altered worldviews were strongly associated with PTSD, depression, and suicidality, even after taking into account age, gender, combat/postcombat experiences, and guilt/shame.

#### **CONCLUSION:**

Altered worldviews and acts of omission were strongly associated with psychological problems.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/ajcp.12333>

## **Bystander Response to Sexual Assault Disclosures in the U.S. Military: Encouraging Survivors to use Formal Resources.**

Kathryn J. Holland, Allison E. Cipriano

American Journal of Community Psychology

First published: 06 May 2019

<https://doi.org/10.1002/ajcp.12333>

Experiencing military sexual assault (MSA) results in serious mental health consequences. Sexual assault survivors often disclose to informal sources of support, and how these individuals respond can have a significant effect on survivors' wellbeing. Bystander intervention is one mechanism through which institutions, such as the U.S. Military, aim to teach informal support providers to respond positively and effectively to sexual assaults. One bystander response that survivors may find helpful is the discussion of formal resources (e.g., counseling options, reporting options). The current study examined factors associated with U.S. Service members' intentions to encourage sexual assault survivors to report and seek mental health counseling, including individual characteristics (rank, gender, personal experience of MSA) and perceptions of military sexual assault response efforts (exposure to sexual assault training, leader response to sexual assault, service barriers). The study also examined contextual factors (branch) and interactions between individual and contextual predictors. We analyzed survey data from 27,505 active duty Service members collected by the U.S. Department of Defense. As expected, rank, gender, experience of MSA, training exposure, leader response, and service barriers were associated with Service members' intentions to encourage MSA survivors to report and seek-help. Bystander responses to disclosures can have a significant effect on survivors' response to the assault, and these findings can help in identifying why bystanders may or may not encourage the use of formal resources after receiving a sexual assault disclosure.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz109/5487151>

## **Unmet Needs for Information and Support Among Military Caregivers.**

Tina L Rylee, Sayantani Sarkar, Sarah C Reed, Elbina Rafizadeh, Janice F Bell

Military Medicine

Published: 08 May 2019

<https://doi.org/10.1093/milmed/usz109>

## Introduction

In the United States, there are 5.5 million military caregivers, defined as family members, friends, or other acquaintances who provide essential care and support to current or former military service members. This study describes the prevalence and predictors of unmet information and support needs in this unique group of caregivers. Until recently, little research has focused on military caregivers. In 2014, a comprehensive RAND report underscored the specific challenges experienced by military caregivers including greater physical, financial, and emotional strain when compared with civilian caregivers. Of note, compared to civilian caregivers, military caregivers provide care and support for care recipients who are more likely to have complex illness. While this recent research improved our understanding of the increased burden associated with military caregiving, it also identified gaps for future work, including the need for additional studies to better understand unmet information and support needs to inform future interventions. The current study was designed to address this gap.

## Materials and Methods

We examined data collected in the Caregiving in the U.S. Survey, a cross-sectional online survey fielded in 2014, by the National Alliance for Caregiving and the American Association of Retired Persons (AARP) for primary caregivers who had been in the role for at least six months. Four outcomes representing unmet caregiver needs were examined measuring caregiver report of needing more help or information to: (1) keep the care recipient safe at home; (2) manage challenging behaviors such as wandering; (3) manage their own emotional and physical stress; and (4) make end-of-life decisions. Survey-weighted logistic regression was used to test associations between military caregiver status (military/civilian) and unmet needs while controlling for key socio-demographic, caregiving and care recipient health variables, with nationally generalizable results.

## Results

Compared to their civilian counterparts, military caregivers had significantly higher odds of reporting need for information or support to make end-of-life decisions (OR = 2.22; 95% CI: 1.24, 3.97;  $p = 0.01$ ) and marginally higher odds of reporting need for more

information or support to manage physical and emotional stress (OR = 1.64; 95% CI: 0.93, 2.88;  $p = 0.08$ ). In contrast, military caregivers had significantly lower odds of reporting need for more information or support to keep the care recipient safe compared to civilian caregivers (OR = 0.54; 95% CI: 0.30, 0.95;  $p = 0.03$ ). Reports of unmet needs related to managing challenging behaviors were similar between military and civilian caregivers.

### Conclusions

Needs for information and support differ for civilian and military caregivers and may reflect direct or indirect impacts on caregivers arising from differences in TRICARE and Veterans Affairs health insurance coverage and related benefits, services and systems or access to resources that address the unique needs of military populations. Future research is needed to better understand the unique concerns of military caregivers and inform interventions that support end-of-life care decision-making for military service members and their caregivers.

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<https://onlinelibrary.wiley.com/doi/full/10.1002/bsl.2409>

### **Documenting suicide risk assessments and proportionate clinical actions to improve patient safety and mitigate legal risk.**

Ian H. Stanley, Skip Simpson, Hal S. Wortzel, Thomas E. Joiner

Behavioral Sciences & The Law

First published: 07 May 2019

<https://doi.org/10.1002/bsl.2409>

Few clinical practices are as important for simultaneously augmenting patient safety and mitigating legal risk as the judicious evaluation and stratification of a patient's risk for suicide, proportionate clinical actions based thereon taken by the healthcare provider, and contemporaneous documentation of the foregoing. In this article, we draw from our combined decades of multidisciplinary experience as a clinical psychologist, forensic psychiatrist, medical malpractice attorney, and clinical psychology trainee to discuss the documentation of suicide risk assessment and management as a conduit to patient safety and legal risk mitigation. We additionally highlight documentation as a core clinical competency across disciplines and note areas of improvement, such as increased training, to bolster documentation practices.

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<https://www.sciencedirect.com/science/article/pii/S0165178118321437>

## **Suicidal Ideation among Recently Returned Veterans and its Relationship to Insomnia and Depression.**

Todd M. Bishop, Hugh F. Crean, Rani A. Hoff, Wilfred R. Pigeon

Psychiatry Research

Available online 10 May 2019

<https://doi.org/10.1016/j.psychres.2019.05.019>

### Highlights

- Participants endorsed problems with insomnia (63.4%) and suicidal ideation (17.4%)
- Depression severity mediated the indirect effect of insomnia on suicidal ideation
- Treating sleep disorders may be a strategy to augment suicide prevention efforts

### Abstract

Suicide is a significant public health problem associated with numerous health factors such as insomnia. Suicidal ideation is common among veterans, who often present with multiple comorbidities. The present study examined direct and indirect relationships among suicidal ideation, insomnia, depression, and alcohol use. U.S. veterans ( $n=850$ ) recently separated from military service completed phone-based interviews covering multiple domains. Tests of indirect effects and bias-corrected confidence intervals were used to conduct a cross-sectional analysis of baseline data from a larger parent study examining relationships among the latent variables of suicidal ideation, insomnia, alcohol use, and depression. In this analysis insomnia did not have direct associations with suicidal ideation ( $B=.06$ ,  $t=.29$ ,  $p=.772$ ) or alcohol use ( $B=.07$ ,  $t=1.73$ ,  $p=.084$ ). Insomnia severity was, however, significantly and positively related to depression severity ( $B=.58$ ,  $t=21.70$ ,  $p<.001$ ). Additionally, more severe depression was associated with greater intensity of suicidal ideation ( $B=.59$ ,  $t=3.64$ ,  $p<.001$ ). Notably, insomnia's indirect effect on suicidal ideation was driven by depression. In this sample of returning veterans, insomnia appears to indirectly impact suicidal ideation through its relationship with depression. This finding suggests the potential utility of addressing insomnia as part of an overall approach to reducing depressive symptomatology and indirectly, suicidal ideation.

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<https://link.springer.com/article/10.1007%2Fs10488-019-00938-x>

## **How Do Patients with Mental Health Diagnoses Use Online Patient Portals? An Observational Analysis from the Veterans Health Administration.**

Etingen, B., Hogan, T.P., Martinez, R.N. et al.

Administration and Policy in Mental Health and Mental Health Services Research

First Online: 07 May 2019

<https://doi.org/10.1007/s10488-019-00938-x>

Online patient portals may be effective for engaging patients with mental health conditions in their own health care. This retrospective database analysis reports patient portal use among Veterans with mental health diagnoses. Unadjusted and adjusted odds of portal feature use was calculated using logistic regressions. Having experienced military sexual trauma or having an anxiety disorder, post-traumatic stress disorder, or depression were associated with increased odds of portal use; bipolar, substance use, psychotic and adjustment disorders were associated with decreased odds. Future research should examine factors that influence portal use to understand diagnosis-level differences and improve engagement with such tools.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/ajad.12893>

## **A Retrospective 4-year Outcome Study of Veterans Admitted to an Acute Inpatient Detoxification Unit for Opioid Use Disorder.**

Kevin J. Li MD, Diane L. Smedberg BS, Lynn E. DeLisi MD

The American Journal on Addictions

First published: 08 May 2019

<https://doi.org/10.1111/ajad.12893>

### Background and Objectives

With 47 600 opioid-related deaths in 2017, the yearly deaths have surpassed the HIV/AIDS peak yearly death rates. Residential rehabilitation (RR) and medication-assisted treatments (MAT) are commonly utilized treatments for opioid use disorder (OUD).



## Methods

All patients (n = 182) who were admitted to the Boston Veterans Health Administration for inpatient admission for medically supervised opioid withdrawal in 2015 were included. Deceased patients were matched 1:1, based on age and sex to living patients from the 182-patient cohort. Nationwide electronic medical records were analyzed from 2015 through 2018. Via multilinear regression, risk factor correlation to all-cause mortality (the dependent variable) was our main outcome. Primary risk factors included recurrent admissions for medically supervised withdrawals and exposure to RR or MAT. Secondary risk factors were opioid use traits, nonopioid drug use, partner support, education level, homelessness, and employment.

## Results

18.4% (n = 34) were deceased by the time of follow-up—equivalent to 4760 deaths per 100 000 person-years. A total of 61.8% (n = 21) of these deaths were directly related to opioid use. Completion of RR correlated with lower predicted mortality ( $\beta = -8.21$ ,  $P = 0.03$ ). In contrast, attending RR but not completing correlated with higher predicted mortality rate ( $\beta = 6.51$ ,  $P = 0.046$ ). Concurrent benzodiazepine use ( $\beta = 8.99$ ,  $P = 0.047$ ), generalized anxiety disorder ( $\beta = 7.13$ ,  $P = 0.03$ ) and major depressive disorder ( $\beta = 5.44$ ,  $P = 0.04$ ) increased risk of death.

## Conclusion and Scientific Significance

OUD carries a shockingly high lethality in Veterans requiring inpatient admission for opioid withdrawal, particularly when there are untreated comorbid psychiatric conditions. RR and MAT are correlated to lower all-cause mortality in this population and should be highly utilized. Given the extremely high mortality, intensive system-wide interventions are needed for the care of Veterans with OUD. On the basis of the reduced predicted mortality with RR and MAT, further research into novel MATs as well as refining RR programs should be a major focus. (Am J Addict 2019:1–6)

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<https://journals.sagepub.com/doi/full/10.1177/0095327X19845024>

## **Retaining Women Air Force Officers: Work, Family, Career Satisfaction, and Intentions.**

King, E. L., DiNitto, D., Salas-Wright, C., & Snowden, D.

Armed Forces & Society

First Published May 9, 2019

<https://doi.org/10.1177/0095327X19845024>

Despite efforts to improve women's military representation, mid-career female officers attrit at twice the rate of male peers. Research and theory suggest women's turnover is influenced by family life including marriage and parenthood. But previous research has grouped women together, failing to extrapolate which factors influence retention of women with different family types. Thus, this study explored a single career point (mid-career) at different family intersections (married, unmarried, with, and without children) to elucidate work and family factors associated with female officers' retention decisions. Using 2011 Air Force survey data (n = 1,309), regression models tested four hypotheses regarding work and family factors associated with different subgroups' military life satisfaction and career intentions. Findings indicate that after accounting for satisfaction, work factors were insignificant for all subgroups, but family factors (as hypothesized) were significantly associated with married women's career intentions. Results suggest that policies targeting family support/satisfaction may improve retention.

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### Links of Interest

In First, Pentagon to Release Information on Military Dependent Suicides

<https://www.military.com/daily-news/2019/05/09/first-pentagon-release-information-military-dependent-suicides.html>

Navy Victims of Stalking, Revenge Porn Now Eligible for Expedited Unit Transfer

<https://www.military.com/daily-news/2019/05/09/navy-victims-stalking-revenge-porn-now-eligible-expedited-unit-transfer.html>

How a new plan aims to keep military spouses working

<https://www.militarytimes.com/news/pentagon-congress/2019/05/09/how-a-new-plan-aims-to-keep-military-spouses-working/>

Defense leaders mull changes to overseas base policies to help military spouses find jobs

<https://www.militarytimes.com/news/pentagon-congress/2019/05/13/defense-leaders-mull-changes-to-overseas-base-policies-to-help-military-spouses-find-jobs/>

A cultural shift is helping keep talented mothers in the Navy

<https://www.stripes.com/news/us/a-cultural-shift-is-helping-keep-talented-mothers-in-the-navy-1.580946>

Birth Control Policies at Boot Camp Affect Military Readiness, Study Finds

<https://www.military.com/daily-news/2019/05/14/birth-control-policies-boot-camp-affect-military-readiness-study-finds.html>

Sleep Hygiene

<https://sleepopolis.com/education/sleep-hygiene/>

Wrestling PTSD in spandex and makeup — Comedy Central brings unique coping methods to the fore

<https://www.militarytimes.com/off-duty/military-culture/2019/05/13/wrestling-ptsd-in-spandex-and-makeup-comedy-central-show-highlights-unique-vet-coping-methods/>

Moral Injury: The Pandemic for Physicians

<https://www.texmed.org/Template.aspx?id=49983>

Message to VA on sexual harassment: 'Do better'

<https://www.militarytimes.com/news/pentagon-congress/2019/05/14/message-to-va-on-sexual-harassment-do-better/>

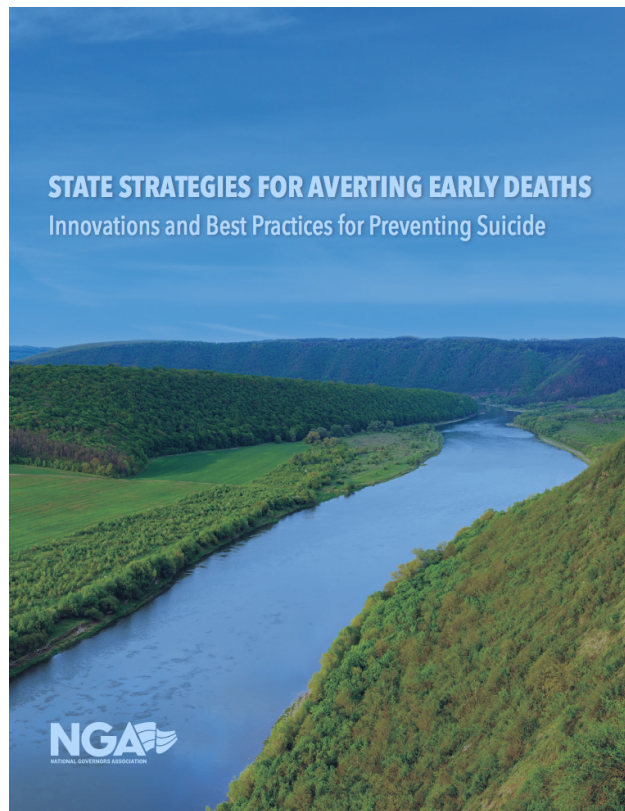
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### **Resource of the Week -- [State Strategies for Averting Early Deaths: Innovations and Best Practices for Preventing Suicide](#)**

New, from the [National Governors Association](#):

Death by suicide is a complex individual, relational and public health problem. The incidence of such deaths over the past two decades has increased nearly 30%, with half of states showing even higher rates. The Intermountain West and the Pacific Northwest are disproportionately burdened with high (and increasing) rates of suicide, especially among middle-aged adults and certain at-risk populations. Evidence shows that suicide can be prevented, and state-level strategies to stem the trend are evolving. With support from the Centers for Disease Control and Prevention, NGA Health convened state leaders from 13

states in the Intermountain West and Pacific Northwest in March 2018 to derive lessons and policy best practices for addressing the trend.



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