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## **Research Update -- March 26, 2020**

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[https://www.ptsd.va.gov/publications/rq\\_docs/V31N1.pdf](https://www.ptsd.va.gov/publications/rq_docs/V31N1.pdf)

## **PTSD Research Quarterly: Practical Implications of Research on Intimate Partner Violence Against Women**

Katherine M. Iverson, PhD

Vol. 31(1), 2020

National Center for PTSD

This report addresses the public health problem of intimate partner violence (IPV) which, for more than 30 years, has been observed every October as Domestic Violence Awareness Month by IPV-related public awareness campaigns, community gatherings, and outreach efforts. Research on IPV has also rapidly expanded to include broader concerns, and the incendiary and poignant #MeToo movement has drawn public attention and empowered women to disclose sexual abuse and IPV. Increased public attention to IPV, and growing likelihood of survivor disclosure, further stimulate interest in integrating IPV screening and intervention practices into routine healthcare (Iverson et al., 2019). But studies suggest that practitioners often don't know how to address IPV in ways that are consistent with the research findings — this is true across disciplines and services, including mental health (Howard et al., 2010). It is therefore important that clinicians, healthcare leaders and policy makers are knowledgeable about IPV, including its definition, prevalence, health consequences, and best clinical practices for screening and intervention. This report summarizes the current knowledge to guide clinical care for women who experience IPV, as the need for effective dissemination and implementation is urgent for this population.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2445>

## **The Role of Psychological and Social Factors in the Relationship between Attachment and Suicide: A Systematic Review.**

Green, J, Berry, K, Danquah, A, Pratt, D.

Clinical Psychology & Psychotherapy

First published: 13 March 2020

<https://doi.org/10.1002/cpp.2445>

Insecure attachment is widely accepted to be a risk factor for suicidal thoughts and behaviour. To increase our understanding of this distal association, the current systematic review aimed to evaluate empirical evidence that has investigated the role of psychosocial mechanisms within this relationship. Sixteen original research articles were identified, with the majority carrying out mediational analyses to test their hypotheses. Substantial heterogeneity was found across studies with regards to their theoretical approach to assessing attachment, suicide-related outcomes, sample population, statistical analyses and the psychological factors under investigation. Nevertheless, this emergent evidence base indicates that a range of predisposing, precipitating and crisis-state factors may mediate the association between attachment security and suicidality. Studies that investigated moderating factors did not report significant findings, and the mediating role for psychiatric diagnoses remains unclear. Furthermore, this emerging research base is limited by an over-reliance on cross-sectional designs and self-reported data. Longitudinal and experimental designs are required to verify causal pathways, and to investigate whether trait vulnerabilities interact with acute stressors to increase suicide risk. Finally, disorganised attachment has been overlooked so far and should be given greater consideration going forward.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa022/5805229>

## **The Use of Telepain for Chronic Pain in the U.S. Armed Forces: Patient Experience from Walter Reed National Military Medical Center.**

Taylor Byrne, MC USA, Christopher Spevak, MD, MPH, JD

Military Medicine

Published: 16 March 2020

<https://doi.org/10.1093/milmed/usaa022>

### **Introduction**

Chronic pain affects over 100 million American adults. The prevalence of chronic pain is even higher among U.S. military personnel. Approximately 44% of active duty military experience pain upon returning from deployment compared with 26% of the general public who experience chronic pain. The high prevalence of chronic pain within the Military Health System is compounded by limited access to chronic pain specialists, specifically with regard to patients at remote military treatment facilities (MTFs). Thus,

when compared to personnel at tertiary care MTFs, they often have decreased access to care and experience increased time away from their mission to receive care. Since 2009, Walter Reed National Military Medical Center (WRNMMC) has been using telemedicine to extend chronic pain consults to remote MTFs within the National Capital Region (NCR). The goal of this study was to determine if patients referred to the WRNMMC Telepain Program reported improvements in subjective measures associated with accessing care. To accomplish this, we surveyed a convenience sample of patients using the service to determine if participation: (1) improved pain, (2) improved quality of life, (3) decreased travel time, (4) improved access to care, and (5) decreased time away from work.

### Materials and Methods

An official on behalf of the Institutional Review Board at WRNMMC determined this research to be not human subject research. Over a 13-month period, surveys were administered at the conclusion of all initial Telepain Consults. The survey consisted of an eight question, 5-point balanced Likert scale survey with 1 (strongly disagree) being the most negative and 5 (strongly agree) being most positive. The questions were designed to gauge impact on patient's perceived access to care, quality of life, overall patient satisfaction, and privacy concerns. The percentages of answers, including strongly agree or agree for positive toned questions and strongly disagree and disagree for negatively toned questions, were calculated and presented in a clustered bar graph.

### Results

A total of 66 Telepain surveys were collected over 13 months with an overall positive reception. Respondents agreed or strongly agreed that Telepain increased access to care (98.5%) and decreased travel time (96.9%). When asked if they would recommend a Telepain visit to others, 93.9% of indicated strongly agree or agree. When asked about overall satisfaction, 83.3% of patients answered completely satisfied or very satisfied.

### Conclusions

The majority of pain specialists within the Military Health System are located at major military medical centers, the most of which are distant from surrounding MTFs. Prior to the development of the WRNMMC Telepain service, personnel at remote MTFs had to endure extended time away from their mission to receive care. The majority of patients that participated in the NCR Telepain program reported a positively perceived impact on pain, access to care, quality of life, transportation burden, and time away from work. In conclusion, The NCR Telepain team of providers have worked together to successfully establish a viable Telepain program at WRNMMC, one that will continue to be further improved and successful in the future.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa025/5805227>

## **Effect of Patient Compliance With Treatment Recommendations on Clinical Outcomes in Chronic mTBI: A TEAM-TBI Study.**

Jessica L Galey, BS, Shawn R Eagle, PhD, Nicholas A Blaney, BS, Cynthia L Holland, MPH, Hannah B Bitzer, BS, Walt Schneider, PhD, David O Okonkwo, MD, PhD, Anne Mucha, DPT, Michael W Collins, PhD, Anthony P Kontos, PhD

Military Medicine

Published: 16 March 2020

<https://doi.org/10.1093/milmed/usaa025>

### **Introduction**

Treatment approaches for mild traumatic brain injury (mTBI) have evolved to focus on active and targeted therapies, but the effect of compliance with therapy has not been investigated. The purpose of this study was to examine the role of patient compliance with prescribed therapies on clinical outcomes following mTBI.

### **Materials and Methods**

Participants were aged 18-60 years with chronic (ie, 6+ months) mTBI symptoms who were previously recalcitrant (n = 66). Participants were diagnosed with a vestibular disorder and were prescribed vestibular and exertion therapies. Participants were instructed to continue the exercise regimen during the 6-month treatment phase at home. Participant compliance was evaluated by clinicians at patients' follow up visit as: (1) high, (2) moderate, or (3) low compliance based on patient report and clinician interview. High-compliance was compared to a combined low- and moderate-compliance group on the outcomes using a 2 (group) × 2 (time) analysis of variance.

### **Results**

39 of the 66 (59%) participants with vestibular disorder returned for a 6-month evaluation and were included in the analyses. Of these 39 participants, 16 (41%) were high-compliance (36.7 ± 10.9 years, 18.8% female), 17 (44%) were moderate-compliance (32.5 ± 5.5 years, 23.5% female), and 6 (15%) were low-compliance (32.7 ± 3.3 years, 0% female).

## Conclusion

High compliance significantly reduced total Vestibular/Ocular Motor Screening scores compared to low/middle compliance ( $P = .005$ ). Post-Concussion Symptom Scale was reduced by 48% and dizziness symptoms reduced by 31% in the high-compliance cohort. High compliance with prescribed exertion/vestibular rehabilitation therapies enhanced clinical outcomes for previously recalcitrant patients with chronic mTBI-related vestibular disorders.

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<https://link.springer.com/article/10.1007/s40501-020-00204-0>

## **Addressing Diversity in PTSD Treatment: Clinical Considerations and Guidance for the Treatment of PTSD in LGBTQ Populations.**

Nicholas A. Livingston Ph.D., Danielle Berke Ph.D., James Scholl Ph.D., Mollie Ruben Ph.D. & Jillian C. Shipherd Ph.D.

Current Treatment Options in Psychiatry

Published: 16 March 2020

<https://doi.org/10.1007/s40501-020-00204-0>

## Purpose of review

Trauma exposure is widespread but is especially common among lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals. LGBTQ individuals also experience higher rates of discrimination, victimization, and minority stress which can complicate posttraumatic stress disorder (PTSD) treatment but also represent independent intervention targets. In this review, we highlight existing evidence-based practices, current limitations, and provide recommendations for care in the absence of established guidelines for treatment PTSD among LGBTQ patients.

## Recent findings

Trauma-focused therapies (e.g., CPT, PE) and medications (e.g., SSRIs, SNRIs) have shown benefit for people with PTSD. However, evaluations of these interventions have failed to examine the role of LGBTQ identities in recovery from trauma, and existing PTSD treatments do not account for ongoing threat to safety or the pervasive minority stress experienced by LGBTQ patients. In addition, many LGBTQ patients report negative experiences with healthcare, necessitating increased education and cultural awareness on the part of clinicians to provide patient-centered care and, potentially, corrective mental health treatment experiences.

## Summary

Providers should routinely assess trauma exposure, PTSD, and minority stress among LGBTQ patients. We provide assessment and screening recommendations, outline current evidence-based treatments, and suggest strategies for integrating existing treatments to treat PTSD among LGBTQ patients.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/jsr.13026>

## **Sleep disturbance mediates the association of adverse childhood experiences with mental health symptoms and functional impairment in US soldiers.**

Morgan A. Conway, Oscar A. Cabrera, Kristina Clarke-Walper, Michael N. Dretsch, Jayne B. Holzinger, Lyndon A. Riviere, Phillip J. Quartana

Journal of Sleep Research

First published: 12 March 2020

<https://doi.org/10.1111/jsr.13026>

Adverse childhood experiences (ACEs) can have long-term impacts on a person's mental health, which extend into adulthood. There is a high prevalence of ACEs among service members. Further, service members also report frequently experiencing disrupted sleep. We hypothesized that disrupted sleep may serve a mechanistic function connecting ACEs to functional impairment and poorer mental health. In a cross-sectional sample (n = 759), we found evidence for an indirect effect of ACEs on mental health outcomes through disrupted sleep. In a different sample using two time-points (n = 410), we found evidence for an indirect effect of ACEs on changes in mental health outcomes and functional impairment during a reset period, through changes in disrupted sleep during the same period. Implications, limitations and future research directions are discussed.

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<https://www.sciencedirect.com/science/article/abs/pii/S014929182030120X>

## **Psychological Stress–Induced Immune Response and Risk of Alzheimer's Disease in Veterans from Operation Enduring Freedom and Operation Iraqi Freedom.**



Duraisamy Kempuraj, Mohammad Ejaz Ahmed, Govindhasamy Pushpavathi  
Selvakumar, Ramasamy Thangavel, ... Asgar Zaheer

Clinical Therapeutics

Available online 14 March 2020

<https://doi.org/10.1016/j.clinthera.2020.02.018>

## Purpose

Psychological stress is a significant health problem in veterans and their family members. Traumatic brain injury (TBI) and stress lead to the onset, progression, and worsening of several inflammatory and neurodegenerative diseases in veterans and civilians. Alzheimer's disease (AD) is a progressive, irreversible neuroinflammatory disease that causes problems with memory, thinking, and behavior. TBIs and chronic psychological stress cause and accelerate the pathology of neuroinflammatory diseases such as AD. However, the precise molecular and cellular mechanisms governing neuroinflammation and neurodegeneration are currently unknown, especially in veterans. The purpose of this review article was to advance the hypothesis that stress and TBI-mediated immune response substantially contribute and accelerate the pathogenesis of AD in veterans and their close family members and civilians.

## Methods

The information in this article was collected and interpreted from published articles in PubMed between 1985 and 2020 using the key words stress, psychological stress, Afghanistan war, Operation Enduring Freedom (OEF), Iraq War, Operation Iraqi Freedom (OIF), Operation New Dawn (OND), traumatic brain injury, mast cell and stress, stress and neuroimmune response, stress and Alzheimer's disease, traumatic brain injury, and Alzheimer's disease.

## Findings

Chronic psychological stress and brain injury induce the generation and accumulation of beta-amyloid peptide, amyloid plaques, neurofibrillary tangles, and phosphorylation of tau in the brain, thereby contributing to AD pathogenesis. Active military personnel and veterans are under enormous psychological stress due to various war-related activities, including TBIs, disabilities, fear, new environmental conditions, lack of normal life activities, insufficient communications, explosions, military-related noise, and health hazards. Brain injury, stress, mast cell, and other immune cell activation can induce headache, migraine, dementia, and upregulate neuroinflammation and neurodegeneration in veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. TBIs, posttraumatic stress disorder, psychological

stress, pain, glial activation, and dementia in active military personnel, veterans, or their family members can cause AD several years later in their lives. We suggest that there are increasing numbers of veterans with TBIs and stress and that these veterans may develop AD late in life if no appropriate therapeutic intervention is available.

#### Implications

Per these published reports, the fact that TBIs and psychological stress can accelerate the pathogenesis of AD should be recognized. Active military personnel, veterans, and their close family members should be evaluated regularly for stress symptoms to prevent the pathogenesis of neurodegenerative diseases, including AD.

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<https://journals.sagepub.com/doi/abs/10.1177/1060826520911658?journalCode=mena>

### **The Association Between Traditional Masculinity Ideology and Predictors of Military to Civilian Transition Among Veteran Men.**

O'Loughlin, J. I., Cox, D. W., Ogrodniczuk, J. S., & Castro, C. A.

The Journal of Men's Studies

First Published March 15, 2020

<https://doi.org/10.1177/1060826520911658>

Although there is ample evidence that endorsement of traditional masculinity ideology may negatively affect veteran men's military to civilian transition, it remains unclear which specific facets of traditional masculinity are most likely to impede successful transition to civilian life. To better understand the association between traditional masculinity ideology and veteran transition, this study sought to examine the relationship between five facets of traditional masculinity ideology (restrictive emotionality, avoidance of femininity, toughness, dominance, and self-reliance) and four factors associated with difficult veteran transition (posttraumatic stress disorder [PTSD], depression, perceived social support, and alcohol-related problems) in (N = 289) veteran men. Results indicate that restrictive emotionality was the most significant contributing facet of traditional masculinity ideology to PTSD, depression, and perceived social support, whereas avoidance of femininity was the masculinity facet most significantly associated with alcohol-related problems. Theoretical and clinical implications are discussed.

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<https://psycnet.apa.org/record/2020-17546-001>

## **Behavioral activation for PTSD: A meta-analysis.**

Etherton, J. L., & Farley, R.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

<https://doi.org/10.1037/tra0000566>

### **Objective:**

The efficacy of behavioral activation (BA) for depression has been firmly established, and training therapists in BA may be less time-intensive than for standard interventions. Because BA addresses problematic avoidance behaviors, BA holds promise as a treatment for posttraumatic stress disorder (PTSD). We conducted a meta-analysis of both randomized controlled trials and uncontrolled studies involving the use of BA for the treatment of PTSD. Outcomes of interest were PTSD symptoms, anxiety, depression, and grief.

### **Method:**

Meta-analyses included published studies in which BA served as the primary form of treatment for PTSD symptoms, whether PTSD was a primary or secondary outcome. Analyses were performed using Comprehensive Meta Analysis software with a random-effects model.

### **Results:**

Eight studies (3 controlled, 5 uncontrolled) with a total sample size of 564 participants met final inclusion criteria. The primary analysis for controlled studies indicated a significant improvement in PTSD symptoms for BA compared with the case for wait-list control (Hedges's  $g = 1.484$ ) and for uncontrolled (Hedges's  $g = 0.717$ ) studies. Secondary analyses indicated improvement in anxiety, grief, and depression (Hedges's  $g$  ranging from 0.28 to 2.29). No significant difference in effectiveness was observed for BA versus 2 active treatment comparison conditions (cognitive processing therapy and Internet-guided exposure). Effect sizes were not moderated by treatment modality (in-person vs. remote delivery) or by use of completer versus intention-to-treat data.

### **Conclusions:**

BA appears to be effective for PTSD symptoms, but additional randomized controlled

trials are needed to increase confidence in these findings. (PsycINFO Database Record  
(c) 2020 APA, all rights reserved)

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1730683>

**The Coping Self-Efficacy Scale: Psychometric properties in an outpatient sample of active duty military personnel.**

Craig A. Cunningham, Robert J. Cramer, Sam Cacace, Michael Franks & Sarah L. Desmarais

Military Psychology

Published online: 20 Mar 2020

<https://doi.org/10.1080/08995605.2020.1730683>

Active duty military service members endure a unique constellation of stressors while deployed or at home. Yet, assessment of protective factors against these stressors among active duty service members represents an under studied area. The present study advances the assessment of protective factors through the psychometric evaluation of the Coping Self-Efficacy Scale (CSES) in a clinical sample of military service members in mental health or substance abuse treatment (n = 200). Cross-sectional data were drawn from military medical records and a supplemental self-report questionnaire. Data extracted included demographic (e.g., sex, age), military characteristics (e.g., rank, years in service), physical health and mental health (e.g., anxiety, depression), and coping self-efficacy. Findings suggest a 3-factor (i.e., problem-focused coping, thought-stopping, and getting social support) CSES structure with acceptable internal consistency. Further, there were small-to-moderate associations with physical and mental health outcomes, providing evidence of construct validity. There were few significant associations with military-related characteristics. Finally, controlling for covariates, thought-stopping beliefs explained unique variance in suicide-related behaviors. Together, findings support the use of the CSES to measure coping-related beliefs in military service members. Recommendations are offered for future research and practice with active duty service members.

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## **Improving Outcomes for a 3-week Intensive Treatment Program for Posttraumatic Stress Disorder in Survivors of Military Sexual Trauma.**

Ashton M. Lofgreen, Vanessa Tirone, Kathryn K. Carroll, Anne K. Rufa, ... Philip Held

Journal of Affective Disorders

Available online 19 March 2020

<https://doi.org/10.1016/j.jad.2020.03.036>

### **Highlights**

- Military sexual trauma (MST) often leads to adverse outcomes such as PTSD.
- MST survivors have higher rates of interpersonal trauma than combat veterans.
- Skills-training appears to improve PTSD treatment outcomes in intensive treatment.
- Staff sensitivity training may also contribute to improved treatment outcomes.

### **Abstract**

#### **Background**

The experience of Military Sexual Trauma (MST) in the form of sexual assault and sexual harassment is common during service in the U.S. Armed Forces and often leads to adverse health outcomes including posttraumatic stress disorder (PTSD). Improving treatment of MST-related PTSD across settings is important to optimize treatment for survivors. The delivery of Cognitive Processing Therapy (CPT) in an intensive treatment program (ITP) shows promise for rapid reduction of PTSD symptoms for veterans and service members (veterans). However, a recent outcome study suggested that this modality is significantly less effective in reducing symptoms of PTSD for survivors of MST compared to veterans recovering from combat trauma.

#### **Methods**

The current study examines the utility of modifications made to a CPT-based ITP designed to treat PTSD secondary to MST in a mixed gender sample (N = 285). Treatment modifications included the introduction of skills-based groups in emotion regulation and interpersonal domains. Individual skills-consultation sessions were also offered to participants on an as-needed basis. Further, training was provided to both clinical and non-clinical staff to increase understanding of the unique experiences and needs of MST survivors.

## Results

Program changes proved beneficial, resulting in PTSD treatment outcomes that were comparable for survivors of MST and combat traumas.

## Limitations

Further research is needed to determine which of these specific program changes were most impactful in improving symptom outcomes.

## Conclusions

Our findings suggest that short-term, intensive PTSD treatment for MST survivors may be improved by integrating present-focused, skills-based therapies and staff sensitivity training.

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<https://link.springer.com/article/10.1007/s11606-020-05769-3>

## **Tailored Activation of Middle-Aged Men to Promote Discussion of Recent Active Suicide Thoughts: a Randomized Controlled Trial.**

Anthony Jerant MD, Paul Duberstein PhD, Richard L. Kravitz MD, MSPH, Deborah M. Stone ScD, MSW, MPH, Camille Cipri BS & Peter Franks MD

Journal of General Internal Medicine

Published 17 March 2020

<https://doi.org/10.1007/s11606-020-05769-3>

## Purpose

Middle-aged men are at high risk of suicide. While about half of those who kill themselves visit a primary care clinician (PCC) shortly before death, in current practice, few spontaneously disclose their thoughts of suicide during the visits, and PCCs seldom inquire about such thoughts. In a randomized controlled trial, we examined the effect of a tailored interactive computer program designed to encourage middle-aged men's discussion of suicide with PCCs.

## Methods

We recruited men 35–74 years old reporting recent (within 4 weeks) active suicide thoughts from the panels of 42 PCCs (the unit of randomization) in eight offices within a single California health system. In the office before a visit, men viewed the intervention corresponding to their PCC's random group assignment: Men and Providers Preventing

Suicide (MAPS) (20 PCCs), providing tailored multimedia promoting discussion of suicide thoughts, or control (22 PCCs), composed of a sleep hygiene video plus brief non-tailored text encouraging discussion of suicide thoughts. Logistic regressions, adjusting for patient nesting within physicians, examined MAPS' effect on patient-reported suicide discussion in the subsequent office visit.

## Results

Sixteen of the randomized PCCs had no patients enroll in the trial. From the panels of the remaining 26 PCCs (12 MAPS, 14 control), 48 men (MAPS 21, control 27) were enrolled (a mean of 1.8 (range 1–5) per PCC), with a mean age of 55.9 years (SD 11.4). Suicide discussion was more likely among MAPS patients (15/21 [65%]) than controls (8/27 [35%]). Logistic regression showed men viewing MAPS were more likely than controls to discuss suicide with their PCC (OR 5.91, 95% CI 1.59–21.94;  $P = 0.008$ ; nesting-adjusted predicted effect 71% vs. 30%).

## Conclusions

In addressing barriers to discussing suicide, the tailored MAPS program activated middle-aged men with active suicide thoughts to engage with PCCs around this customarily taboo topic.

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<https://www.ncbi.nlm.nih.gov/pubmed/32181624>

Am J Manag Care. 2020 Mar;26(3):97-104. doi: 10.37765/ajmc.2020.42633

## **Gender differences in newly separated veterans' use of healthcare.**

Copeland LA, Finley EP, Vogt D, Perkins DF, Nillni Y

### OBJECTIVES:

The Veterans Health Administration (VHA) is adapting to a new model of care in the wake of the Veterans Choice Act of 2014. A longitudinal study, The Veterans Metrics Initiative, captured multiple domains of psychosocial health and healthcare use as veterans moved through the first 15 months of transition from military to civilian life. This study examined gender differences and clinical, social, and lifestyle correlates in healthcare use.

#### STUDY DESIGN:

The multiwave web-based survey collected self-reported measures from a national sample of newly separated military veterans.

#### METHODS:

Multivariable analysis weighted to represent the sampling frame and account for attrition at follow-up examined the association between gender and self-reported healthcare utilization overall and in the VHA.

#### RESULTS:

In fall 2016, veterans within approximately 90 days post military separation provided baseline data and completed a follow-up survey a year later, representing a cohort of 49,865. Sleep problems, anxiety, and depression were associated with healthcare use for both men and women following transition. Women were twice as likely as men to use healthcare in general but equally likely to use VHA care. For women veterans, unstable housing at separation was associated with less healthcare use a year later, especially for the subgroup with mental/behavioral health issues.

#### CONCLUSIONS:

US veterans separating from military service need expert care, both in the VHA and elsewhere, for anxiety, depression, and sleep disturbance. Women veterans may be underserved by the VHA and may benefit from housing assistance programs to enable ongoing healthcare use.

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<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762813>

#### **Prevalence of and Risk Factors Associated With Nonfatal Overdose Among Veterans Who Have Experienced Homelessness.**

Riggs KR, Hoge AE, DeRussy AJ, et al.

JAMA Network Open

2020; 3(3): e201190

<https://doi.org/10.1001/jamanetworkopen.2020.1190>



## Key Points

### Question

How common is nonfatal overdose among veterans who have experienced homelessness, and what are the risk factors and substances involved in overdoses?

### Findings

In this survey study including 5766 veterans nationwide who have experienced homelessness, 7.4% of veterans reported an overdose in the previous 3 years. Among veterans reporting overdose, alcohol was the most commonly involved substance.

### Meaning

These findings suggest that nonfatal overdose is a relatively common issue among veterans who have experienced homelessness and one that warrants additional attention.

## Abstract

### Importance

Individuals with a history of homelessness are at increased risk for drug or alcohol overdose, although the proportion who have had recent nonfatal overdose is unknown. Understanding risk factors associated with nonfatal overdose could guide efforts to prevent fatal overdose.

### Objectives

To determine the prevalence of recent overdose and the individual contributions of drugs and alcohol to overdose and to identify characteristics associated with overdose among veterans who have experienced homelessness.

### Design, Setting, and Participants

This survey study was conducted from November 15, 2017, to October 1, 2018, via mailed surveys with telephone follow-up for nonrespondents. Eligible participants were selected from the records of 26 US Department of Veterans Affairs medical centers and included veterans who had received primary care at 1 of these Veterans Affairs medical centers and had a history of experiencing homelessness according to administrative data. Preliminary analyses were conducted in October 2018, and final analyses were conducted in January 2020.

## Main

### Outcomes and Measures

Self-report of overdose (such that emergent medical care was obtained) in the previous 3 years and substances used during the most recent overdose. All percentages are

weighted according to propensity to respond to the survey, modeled from clinical characteristics obtained in electronic health records.

## Results

A total of 5766 veterans completed the survey (completion rate, 40.2%), and data on overdose were available for 5694 veterans. After adjusting for the propensity to respond to the survey, the mean (SD) age was 56.4 (18.3) years; 5100 veterans (91.6%) were men, 2225 veterans (38.1%) were black, and 2345 veterans (40.7%) were white. A total of 379 veterans (7.4%) reported any overdose during the past 3 years; 228 veterans (4.6%) reported overdose involving drugs, including 83 veterans (1.7%) who reported overdose involving opioids. Overdose involving alcohol was reported by 192 veterans (3.7%). In multivariable analyses, white race (odds ratio, 2.44 [95% CI, 2.00-2.98]), self-reporting a drug problem (odds ratio, 1.66 [95% CI, 1.39-1.98]) or alcohol problem (odds ratio, 2.54 [95% CI, 2.16-2.99]), and having witnessed someone else overdose (odds ratio, 2.34 [95% CI, 1.98-2.76]) were associated with increased risk of overdose.

## Conclusions and Relevance

These findings suggest that nonfatal overdose is relatively common among veterans who have experienced homelessness. While overdose involving alcohol was more common than any specific drug, 1.7% of veterans reported overdose involving opioids. Improving access to addiction treatment for veterans who are experiencing homelessness or who are recently housed, especially for those who have experienced or witnessed overdose, could help to protect this population.

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<https://www.ncbi.nlm.nih.gov/pubmed/30869954>

Psychol Trauma. 2019 Nov;11(8):886-894. doi: 10.1037/tra0000445. Epub 2019 Mar 14

## **Unwanted sexual experiences and retraumatization: Predictors of mental health concerns in veterans.**

Roberge EM, Haddock LA, Oakey-Frost DN, Hinkson KD, Bryan AO, Bryan CJ

### OBJECTIVE:

Repeated exposure to traumatic events has consistently been shown to negatively impact mental health functioning; however, the role of timing of such events has received less attention. The present study evaluated the role of trauma that has occurred prior to military service, during service, and across both points in contributing

to the most common and deleterious mental health concerns experienced by military personnel: posttraumatic stress, depression, suicide ideation, and suicide attempts.

#### METHOD:

Utah and Idaho National Guard personnel (n = 997) completed online self-report questionnaires of their current posttraumatic stress and depression symptoms, as well as history of potentially traumatic experiences, suicidal thoughts, and actions.

#### RESULTS:

Results indicated that history of trauma across time points is associated with negative outcomes across each of these outcomes, with the exception of suicide attempts. Exploratory analyses further revealed that unwanted or uncomfortable sexual experiences (not sexual assault) is the most robust predictor of negative outcomes, with approximately 2 to 7.5 times increased risk for PTSD, depression, suicide ideation, and suicide attempts.

#### CONCLUSIONS:

The present findings suggest that individuals with history of trauma prior to military service are at increased risk for developing clinically significant mental health problems if exposed to additional potentially traumatic experiences. Further, other unwanted sexual experiences appear to be particularly detrimental to mental health functioning. Potential implications for military recruitment and conceptualization of traumatic events are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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<https://www.ncbi.nlm.nih.gov/pubmed/31689900>

Int J Environ Res Public Health. 2019 Nov 4;16(21). pii: E4274. doi: 10.3390/ijerph16214274

#### **Putting Suicide Policy through the Wringer: Perspectives of Military Members Who Attempted to Kill Themselves.**

LeFeber TP, Solorzano B

In response to the Air Force Surgeon General, Lieutenant General Mark Ediger's call for medical services to be guided by service members' values, preferences, and experiences within the medical system, we conducted an interpretive phenomenological analysis of transcripts in which service members shared their experiences of military

mental health policy and practices after being identified as suicidal. Themes of their experiences underscore nuances as it relates to intersectionality of policy when faced with unique military contextual factors and power differentials; both of which were missing in available research literature. Their experiences also illuminate further the innate "Catch 22" which happens when accessing help. Catch 22 basically means if you know you need help than you are rational; but if you actually seek help, then you are crazy and not trustworthy to do your job. Themes presented center on the lack of confidentiality of Service Members in the Workplace, effects of Unit Members' Surveillance and Command Directed Evaluations, and experiences of Military Mental Health Services. Critical discussions of policy and taken for granted assumptions that often drive narrow responses to suicide, treatment, prevention, and stigma are presented. Particular attention is given to the lived experiences of service members when placed under the demands of circumstances created by policy that may inadvertently lead in some cases to further suffering. The paper closes with recommendations from participants and the authors for policy makers and future directions in research.

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<https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1740124>

### **The Mediating Roles of Psychological Pain and Dream Anxiety in the Relationship between Sleep Disturbance and Suicide.**

Kerim Uğur, Mehmet Emin Demirkol & Lut Tamam

Archives of Suicide Research

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Suicide is a significant public health problem worldwide, and sleep disturbances have negative effects on mental health and suicidality. Several psychological concepts may mediate the relationship between sleep disturbances and suicide. We aimed to investigate the mediating roles of psychological pain and dream anxiety in this relationship. This cross-sectional study included 150 depressive patients with or without recent suicide attempts and 91 healthy controls. The Pittsburgh Sleep Quality Index (PSQI), Beck Depression Inventory (BDI), Psychache Scale (PS), and Van Dream Anxiety Scale (VDAS) were used to assess sleep quality, depression severity, psychological pain, and dream anxiety, respectively. Depression group's mean depression, dream anxiety, psychache, and median sleep quality scores were higher

than those of the control group. The ROC analyses indicated no relationship between the violence status of the suicides and the mean dream anxiety, sleep quality or psychache scores. Multivariate regression analysis demonstrated that only the depression score predicted suicide attempts. Mediation analyses revealed that both psychache and dream anxiety have full mediator roles in the relationship between sleep disturbance and suicide attempts. Psychotherapeutic approaches to relieve dream anxiety and psychache may help prevent suicide attempts of at-risk individuals.

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<https://journals.sagepub.com/doi/abs/10.1177/1066480720911609>

### **Marital Satisfaction Is Associated With Health in Long-Distance Relationships.**

Wren Yoder, Steve N. Du Bois

The Family Journal

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Individuals with high marital satisfaction tend to have better health and engage in healthier behaviors than those with low marital satisfaction. Multiple studies have explored satisfaction–health associations for married individuals in proximal relationships (PR), but no known study has tested these associations for married individuals in long-distance relationships (LDR). LDR is a relationship arrangement that challenges traditional conceptions of romantic relationships and physical closeness. Related, recent empirical work indicates marital satisfaction–health associations may be weaker in LDR than PR due to unique relational and individual factors. The current study tested whether marital satisfaction–health associations are moderated by relational proximity (i.e., LDR vs. PR). We used an adult, married sample of individuals in LDR and PR (N = 293) who completed an online survey on relationships and health. Unexpectedly, moderation results suggested that associations between marital satisfaction and health did not differ by relational proximity. One potential difference emerged: Marital satisfaction was associated with social role satisfaction for those in PR, but not LDR. Simple main effects were consistent with moderation results, except regarding physical functioning. Marital satisfaction was not associated with pain for LDR or PR. Overall, study findings challenge recent empirical work reporting between-group, relationship health differences between PR and LDR. Clinicians can utilize our findings to improve treatment for couples and families in LDR. Future research should utilize actor–partner interdependence models and longitudinal studies to further elucidate the

associations between marital satisfaction and health for individuals in this unique but increasingly prevalent relationship arrangement.

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<https://link.springer.com/article/10.1007/s10608-020-10082-8>

### **Hostility and Suicide Risk Among Veterans: The Mediating Role of Perceived Burdensomeness.**

Brittany M. Mathes, Allysa D. Quick, Brian J. Albanese, Danielle M. Morabito, Carter E. Bedford & Norman B. Schmidt

Cognitive Therapy and Research

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There is a growing body of research aimed at identifying predictors of suicide risk among Veterans. One predictor may be hostility, as hostility and anger are associated with greater suicidal ideation among Veterans. The interpersonal theory of suicide suggests hostility may be associated with suicide risk through perceived burdensomeness and thwarted belongingness. The aim of the current study was to investigate associations among hostility, perceived burdensomeness, thwarted belongingness, and suicide risk among a sample of Veterans enrolled in a clinical trial. Participants (N = 90) completed self-report measures assessing the variables of interest. When accounting for previously identified risk factors, namely posttraumatic stress disorder, major depressive disorder, alcohol use disorder, traumatic brain injury, and family history of suicide, there was an indirect effect of hostility on suicide risk through perceived burdensomeness, but not thwarted belongingness. Specificity analyses assessing alternative predictors and mediators provided further support for the model. Findings suggest that hostility may require greater clinical attention among Veterans at risk for suicide.

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[https://journals.viamedica.pl/international\\_maritime\\_health/article/view/IMH.2020.0009](https://journals.viamedica.pl/international_maritime_health/article/view/IMH.2020.0009)

### **Mental health problems and suicide in the younger generation — implications for prevention in the Navy and merchant fleet.**

Vsevolod Rozanov

International Maritime Health

2020; 71(1): 34-41.

<https://doi.org/10.5603/IMH.2020.0009>

Psychologists and psychiatrists worldwide are expressing concerns regarding the growing prevalence of mental health problems and the incidence of suicide in young adults. The reasons are seen in the extremely high tempo of social changes, information pressure, and values evolution in the younger generations, which are exposed to growing inequalities, loneliness and lack of social support. Poverty, social isolation, consumerism, hedonism, and unrealistic expectations of the future generate in the vulnerable part of the young adults inevitable frustrations, which give way to depression, anxiety, addictions, and suicide. This creates additional risks for the situation on board ships, both military and merchant, and requires greater efforts during pre-admission selection and in the course of the service or voyages. Suicides in the Navy are better registered than in the cargo fleet and are lower than in the same age and gender groups from the general population, and usually lower than in other types of forces. Data on suicides in the civilian maritime sector are less conclusive, but suggest it as a growing problem, especially considering stress on board. Recent studies revealed quite a lot of mental health problems in the merchant fleet crews, including depression, anxiety, and suicidal thoughts. Among the reasons such factor as “flag of convenience” strategy that implies lower standards, recruiting of the less trained and lower-paid workforce, multinational and multilanguage rotating crews, higher workload and stress and insufficient level of the pre-employment medical examination are mentioned. Recent trends in the mental health of the youth demand higher awareness both in the military ships and in the merchant fleet. We consider that more education and training aimed at mental health problems identification and stress-resilience promotion are needed both for the military and civilian staff on board. Better education of the whole personnel and “healthy ship” approach (better recognition of the crew members’ needs, attention to mental health problems, nutrition, physical activity, etc.) may be applied both for the Navy and merchant fleet.

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### **Links of Interest**

Soldiers can apply for hardship, isolation allowance if impacted by stop-move policy

<https://www.armytimes.com/news/your-army/2020/03/19/soldiers-can-apply-for-hardship-isolation-allowance-if-impacted-by-stop-move-policy/>



Airlines' Proposed Emotional Support Animal Rules Divide Veteran Advocacy Groups  
<https://www.military.com/daily-news/2020/03/19/airlines-proposed-emotional-support-animal-rules-divide-veteran-advocacy-groups.html>

Military child care and youth programs face cancellations due to coronavirus  
<https://www.stripes.com/news/us/military-child-care-and-youth-programs-face-cancellations-due-to-coronavirus-1.623083>

Addressing Emotional Responses to Threat of Coronavirus  
<https://pdhealth.mil/news/blog/addressing-emotional-responses-threat-coronavirus>

A full night's sleep could be the best defense against COVID-19  
<https://health.mil/News/Articles/2020/03/23/A-full-nights-sleep-could-be-the-best-defense-against-COVID-19>

Spike in Jobless Rates Could Hit Post-9/11 Vets Hard, Numbers Show  
<https://www.military.com/daily-news/2020/03/23/spike-jobless-rates-could-hit-post-9-11-vets-hard-numbers-show.html>

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**Resource of the Week: [Key Policy Challenges and Opportunities to Improve Care for People with Mental Health and Substance Use Disorders](#)**

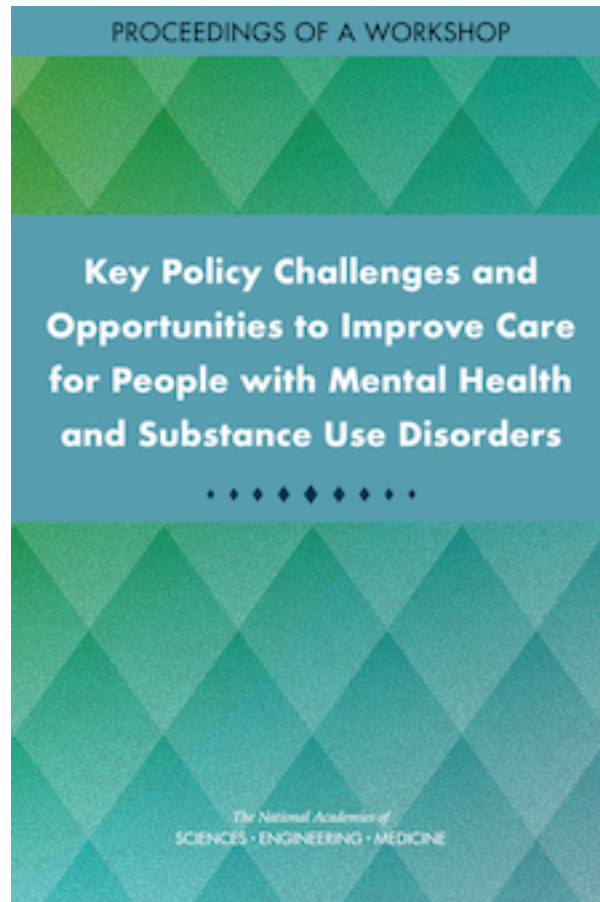
New, from the National Academies of Sciences, Engineering, and Medicine:

Behavioral health and substance use disorders affect approximately 20 percent of the U.S. population. Of those with a substance use disorder, approximately 60 percent also have a mental health disorder. Together, these disorders account for a substantial burden of disability, have been associated with an increased risk of morbidity and mortality from other chronic illnesses, and can be risk factors for incarceration, homelessness, and death by suicide. In addition, they can compromise a person's ability to seek out and afford health care and adhere to treatment recommendations.

To explore data, policies, practices, and systems that affect the diagnosis and provision of care for mental health and substance use disorders, the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine created the Forum on Mental Health and Substance Use Disorders.



The forum activities are expected to advance the discussion and generate potential ideas on ways to address many of the most persistent problems in delivering mental health and substance use services. The inaugural workshop, held October 15-16, 2019, in Washington, DC, explored the key policy challenges that impede efforts to improve care for those individuals with mental health and substance use disorders. This publication summarizes the presentations and discussion of the workshop.



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