

CDP



Research Update -- February 4, 2021

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<https://doi.org/10.1111/sltb.12730>

Behind therapists' emotional responses to suicidal patients: A study of the narrative crisis model of suicide and clinicians' emotions.

Ying, G., Chennapragada, L., Musser, E.D. and Galynker, I.

Suicide and Life-Threatening Behavior

First published: 23 January 2021

Objective

Clinicians' negative emotional responses to suicidal patients are predictive of near-term suicidality. This study aimed to explore the underlying pathway of this association by investigating the potential relationship between clinicians' emotional responses and the Narrative Crisis Model of suicide, which comprises long-term risk factors (LTRF) of suicidal thoughts and behaviors, Suicidal Narrative, and the Suicide Crisis Syndrome (SCS), a presuicidal affective state.

Method

One thousand and One patient participants and 169 clinician participants were recruited. Patients' Suicidal Narrative, SCS, and LTRF were assessed at intake using the Suicidal Narrative Inventory (SNI), the Suicide Crisis Inventory, and a composite score of three separate scales, respectively. Clinicians' emotional responses were measured immediately after patient intake using the Therapist Response Questionnaire-Suicide Form (TRQ-SF).

Results

Multilevel regression analyses, which controlled for clinician differences, found that only patients' SNI total score and perceived burdensomeness subscale score were significantly associated with clinicians' TRQ-SF total score. Furthermore, a higher SNI total score was significantly related to higher distress and lower affiliation scores among clinicians.

Conclusions

Clinicians appear to respond emotionally to patients' Suicidal Narrative, and thus, future investigation of Suicidal Narrative and its potential to improve imminent suicide risk assessment is warranted.

<https://doi.org/10.1093/pm/pnaa486>

The Social Forces Healing Patients with Painful Conditions: What Happens After COVID-19? (editorial)

Rollin M Gallagher, MD, MPH

Pain Medicine

Published: 23 January 2021

Picture your patients, many already socially isolated by the activity-limiting pain from which they suffer, now further absented from the healing touch, empathy, and compassionate demeanor you deliver at each office visit and during each pain-relieving procedure. Have patients ever told you that your team's reassuring and committed presence in their lives is helping them get better? Or that they looked forward to their thrice-weekly physical therapy appointments, weekly pain therapy groups, or monthly support groups, which helped them try self-management for pain and stick with a physical and psychological therapy regimen? This effect, an aspect of the biopsychosocial (BPS) model that is so foundational to the conceptualization and evolution of our specialty, is now often given only lip service in our health system practices.

<https://doi.org/10.1016/j.addbeh.2020.106791>

Anxiety sensitivity and substance use: Differential levels across individuals primarily using opioids, cannabis, or stimulants.

Amanda M. Raines, Chelsea R. Ennis, Nicholas P. Allan, Shelby J. McGrew, ... C. Laurel Franklin

Addictive Behaviors

Volume 116, May 2021

Highlights

- Compared levels of anxiety sensitivity (AS) across various substance using groups.

- There was a statistically significant difference between substance groups on AS physical.
- AS physical was highest in those using stimulants, followed by opioids, then cannabis.
- Findings question the idea that AS is negatively related to anxiogenic substances.

Abstract

Background

The purpose of the current study was to compare levels of anxiety sensitivity (AS) across a treatment-seeking sample of individuals primarily using opioids, stimulants, or cannabis. Consistent with the idea that individuals high in AS may be motivated to use substances with real or perceived anxiolytic properties, it was hypothesized that individuals primarily using opioids or cannabis would evidence higher levels of AS compared to individuals primarily using stimulants. Methods: The sample consisted of 110 veterans (including 29 individuals primarily using opioids, 42 primarily using cannabis, and 39 primarily using stimulants) presenting for psychological services to a Posttraumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD) specialty clinic at a large southeastern Veteran Affairs (VA) hospital. Results: AS levels varied by group with individuals primarily using stimulants evidencing the highest levels followed by those primarily using opioids and then those primarily using cannabis. Individuals primarily using stimulants had statistically significantly higher levels of AS physical concerns compared to individuals primarily using cannabis but not those primarily using opioids. Further, individuals who primarily use opioids did not differ from those primarily using cannabis. Conclusions: Taken together, these findings call into question the notion that AS may be negatively related to the use of substances that have anxiogenic properties.

<https://doi.org/10.1016/j.cpr.2021.101978>

Association of opioid misuse with anxiety and depression: A systematic review of the literature.

Andrew H. Rogers, Michael J. Zvolensky, Joseph W. Ditre, Julia D. Buckner, Gordon J.G. Asmundson

Clinical Psychology Review
Volume 84, March 2021

Highlights

- This paper systematically reviews literature on opioid misuse, anxiety and depression.
- We review anxiety and depression symptoms/disorders among opioid users.
- We review prevalence of anxiety and depressive symptoms/disorders among opioid users.
- We review the extent of anxiety and depressive symptoms/disorders among opioid users.
- We review factors for anxiety and depression that may lead to opioid misuse.

Abstract

The opioid epidemic is a public health problem associated with a host of negative outcomes. Although clinicians recognize covariation between opioid misuse with anxiety and depressive symptoms and disorders, research on this topic has only recently accumulated. Progress in this domain is impeded by the lack of systematic and integrative research to better understand and treat these co-occurring problems. This paper represents the first attempt to systematically review the empirical literature examining relations between opioid use and misuse, and anxiety and depression. In the first section, we define key terms and describe the article selection strategy. In the second section, we review the prevalence of anxiety and depressive symptoms among individuals who use and misuse prescription and illicit opioids. In the third section, we review the magnitude of associations between anxiety and depressive symptoms and disorders with opioid misuse, as well as highlight studies examining the longitudinal and temporal sequence of the relations between these variables. In the fourth section, we focus on experimental therapeutics, reviewing what is known about individual difference and transdiagnostic vulnerability factors for anxiety and depression that might contribute to opioid misuse and its symptoms. Finally, we discuss current knowledge gaps and present a heuristic model to guide future research.

<https://doi.org/10.1080/21635781.2020.1864532>

A Ten-Year Review of Treating Active Duty Military Service Members in a Gold-Standard Western Region Military Intensive Outpatient Program.

Tasha Rasolkhani-Kalhorn & Christopher W. Sheppard

Prior to the integration of Intensive Outpatient Programs (IOPs) into the U.S Army Behavioral Health Service Line (BHSL) in 2015, very few military IOPs existed to meet the unique needs of active-duty service members. As a director and clinician of the gold-standard Western region military IOP, it is imperative to share first-hand experiences and expertise with the scientific community so that it can be used as a template for the future establishment of IOPs. Along with these first-hand experiences and expertise, evidentiary support from current research on best practices for operating Military IOPs is offered. It is noteworthy to mention that from the inception of this Western region military IOP in 2010 to the present, treatment outcomes have been maintained and analyzed to substantiate the clinical benefits of this program. These clinical outcome measures were the determining factor used by U.S. Army MEDCOM to substantiate IOPs as a BHSL. This IOP provides fiscally cost-effective treatment and decreases the length of hospitalization time resulting in lowered fiscal expenses. Furthermore, a rationale and analysis for the utilization of dialectical behavior therapy, cognitive processing therapy, and complimentary alternative medicine as treatment modalities in current IOP is justified. Along with the above topics, this article also reviews the relevancy and benefits of group therapy as a viable intervention in the context of military culture and group cohesion.

<https://doi.org/10.1016/j.psychres.2021.113761>

Adaptive disclosure, a combat-specific PTSD treatment, versus cognitive-processing therapy, in deployed marines and sailors: A randomized controlled non-inferiority trial.

Brett T. Litz, Luke Rusowicz-Orazem, Gheorghe Doros, Breanna Grunthal, ... Ariel J. Lang

Psychiatry Research
Volume 297, March 2021

Highlights

- Adaptive Disclosure (AD) is a new combat-specific emotion-focused PTSD treatment.
- We conducted a randomized non-inferiority trial of AD in the military.

- AD was no less effective than an established first-line psychotherapy.

Abstract

Adaptive Disclosure (AD) is a new emotion-focused psychotherapy for combat-related PTSD. As a second step in the evaluation process, we conducted a non-inferiority (NI) trial of AD, relative to Cognitive Processing Therapy – Cognitive Therapy version (CPT-C), an established first-line psychotherapy. Participants were 122 U.S. Marines and Sailors. The primary endpoint was PTSD symptom severity change from pre- to posttreatment, using the Clinician Administered PTSD Scale for DSM-IV. Secondary endpoints were depression (Patient Health Questionnaire-9; PHQ-9) and functioning (Veterans Rand Health Survey-12; VR-12). For cases with complete data, the mean difference in CAPS-IV change scores was 0.33 and the confidence interval (CI) did not include the predefined NI margin (95% CI = -10.10, 9.44). The mean difference in PHQ-9 change scores was -1.01 and the CI did not include the predefined margin (95% CI = -3.31, 1.28), as was the case for the VR-12 Physical Component and VR-12 Mental Component subscale scores (0.27; 95% CI = -4.50, 3.95, and -2.10; 95% CI = -7.03, 2.83, respectively). A series of intent-to-treat sensitivity analyses confirmed these results. The differential effect size for CAPS-IV was $d = 0.01$ (nonsignificant). As predicted, Adaptive Disclosure was found to be no less effective than a first-line psychotherapy.

<https://doi.org/10.3389/fpsyg.2021.625669>

Neurocognitive Predictors of Treatment Outcomes in Cognitive Processing Therapy for Post-traumatic Stress Disorder: Study Protocol.

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Frontiers in Psychology
26 January 2021

Background:

Post-traumatic stress disorder (PTSD) is a prevalent, debilitating, and costly psychiatric disorder. Evidenced-based psychotherapies, including Cognitive Processing Therapy (CPT), are effective in treating PTSD, although a fair proportion of individuals show limited benefit from such treatments. CPT requires cognitive demands such as encoding, recalling, and implementing new information, resulting in behavioral change

that may improve PTSD symptoms. Individuals with PTSD show worse cognitive functioning than those without PTSD, particularly in acquisition of verbal memory. Therefore, memory dysfunction may limit treatment gains in CPT in some individuals with PTSD.

Methods and Analysis:

Here, we present a protocol describing the Cognition and PsychoTherapy in PTSD (CPTPTSD) study, a prospective, observational study examining how cognitive functioning affects treatment response in CPT for PTSD (NCT# 03641924). The study aims to recruit 105 outpatient veterans with PTSD between the ages of 18 and 70 years. Prior to beginning 12 sessions of CPT, Veteran participants will have standardized assessments of mood and functioning and complete a comprehensive neurocognitive battery assessing episodic learning, attention and speed of processing, language ability, executive control, and emotional functioning. This study aims to fill gaps in the current literature by: (1) examining the specificity of memory effects on treatment response; (2) exploring how baseline cognitive functioning impacts functional outcomes; and (3) examining potential mechanisms, such as memory for treatment content, that might explain the effects of baseline memory functioning on PTSD symptom trajectory.

Discussion:

If successful, this research could identify clinically relevant neurocognitive mechanisms that may impact PTSD psychotherapy and guide the development of individualized treatments for PTSD.

<https://doi.org/10.1093/milmed/usaa410>

Brain Injury: What Influences the Beliefs U.S. Service Members Have About Reporting and Seeking Care?

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Military Medicine

Volume 186, Issue Supplement_1, January-February 2021, Pages 546–551

Introduction

Despite the recent Department of Defense emphasis on traumatic brain injury (TBI)

education and improvements in treatment, social, and attitudinal beliefs instilled in the military community hinder seeking medical assistance at the time of injury. This survey research presents injury reporting and care seeking behavioral patterns of service members (SMs) stationed in the Landstuhl catchment area in the context of TBI. This descriptive study investigated whether sociocultural factors influence health decision-making among SMs stationed abroad and how these compare to the SMs stationed in Fort Bliss and Fort Hood.

Materials and Methods

A total of 969 of U.S. Army, Air Force, and Navy SMs completed a voluntary and anonymous 2- to 5-minute paper survey during the month of March 2019. As a result of illegibility and incompleteness, 15 survey responses were removed from the total sample.

Results

Data analyses show three main findings about SMs in the Landstuhl catchment area: (a) older population (25-34, $\geq 48\%$; 18-24, 26.1%; +35, 25.4%) when compared to Fort Hood and Fort Bliss ($\geq 48\%$; 18-24); (b) more years in service (7-13 years; 30.2%) versus 6 years or less in both Fort Hood and Fort Bliss ($\geq 69\%$); (c) 54.8% of participants did not think TBI requires care versus 63.5% in both Fort Bliss and Fort Hood.

Conclusion

Results suggest that TBI beliefs and influences are constant variables hindering health decision-making choices in the military population. Beliefs about thinking that the injury does not require care, fear to jeopardize the career, and knowledge about TBI and treatments vary among the respondents and all these components influence treatment-seeking behaviors. The findings provide a preliminary framework to further investigate the role of culture in reporting and seeking treatment behaviors among SMs.

<https://doi.org/10.1093/pm/pnaa417>

The Resurrection of Interdisciplinary Pain Rehabilitation: Outcomes Across a Veterans Affairs Collaborative.

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Objective

Despite empirical support for interdisciplinary pain rehabilitation programs improving functioning and quality of life, access to this treatment approach has decreased dramatically over the last 20 years within the United States but has grown significantly in the Department of Veterans Affairs (VA). Between 2009 and 2019, VA pain rehabilitation programs accredited by the Commission on Accreditation of Rehabilitation Facilities increased 10-fold in the VA, expanding from two to 20. The aim of this collaborative observational evaluation was to examine patient outcomes across a subset of six programs at five sites.

Methods

Outcomes were assessed using agreed-upon measures of patient-reported pain intensity, pain interference across various domains, pain catastrophizing, and sleep.

Results

A total of 931 patients enrolled in the selected VA interdisciplinary pain programs, with 84.1% of participants completing the full course of treatment. Overall, all programs showed significant improvements from pretreatment to posttreatment in nearly all patient-reported outcomes. The effect sizes ranged from medium to large. Notably, the results demonstrate that positive outcomes were typical despite differences in structure and resources across programs.

Conclusions

The adverse impacts of opioid use have highlighted the importance of chronic pain treatment approaches that emphasize team-based care focused on functional improvements. This study represents the first and largest analysis of outcomes across chronic pain rehabilitation programs and demonstrates the need for increased access to similar comprehensive approaches to pain management across the health care system. Further, it suggests that a variety of structures may be effective, encouraging flexibility in adopting this interdisciplinary approach.

<https://doi.org/10.1007/s11469-020-00482-y>

Exploring Factors Associated with Alcohol and/or Substance Use During the COVID-19 Pandemic.

Thalia MacMillan, Matthew J. Corrigan, Kevin Coffey, Christine D. Tronnier, Donna Wang & Kathryn Krase

International Journal of Mental Health and Addiction
Published: 26 January 2021

This study explored the relationship between alcohol and substance use in the general population during the early stages of COVID-19 as related to individual, family, and community stressors. A convenience sample of adults who resided in the USA and Canada was utilized. An online survey was conducted. Over one-third of the sample reported utilizing alcohol and substances as a means to cope during the pandemic. A linear regression revealed that use of social media as a source of information, being personally affected by COVID-19, experiencing child care challenges, and not being associated with a religious community were related to increased likeliness for alcohol and/or substance use. Future research should explore these concepts further within the general population.

<https://doi.org/10.1093/braincomms/fcab001>

Symptoms of traumatic encephalopathy syndrome are common in the United States general population.

Grant Iverson, Andrew J Gardner

Brain Communications
Published: 25 January 2021

There are no validated criteria for diagnosing chronic traumatic encephalopathy, or traumatic encephalopathy syndrome, in a living person. The purpose of this study is to examine symptom reporting resembling the research criteria for traumatic encephalopathy syndrome in men and women from the US general population. This is a retrospective analysis of publicly available data from a cross-sectional epidemiological study. The National Comorbidity Survey Replication was designed to examine the prevalence and correlates of mental disorders in the United States. The study included a nationally representative sample of 9,282 adults (4,139 men and 5,143 women). An in-person interview and survey were conducted in the homes of men and women from the general population. The study was conducted with participants residing in New York

City, Los Angeles, Chicago, Philadelphia, Detroit, San Francisco, Washington DC, Dallas/Fort Worth, Houston, Boston, Nassau-Suffolk NY, St Louis, Pittsburgh, Baltimore, Minneapolis, and Atlanta. Symptoms from the research criteria for the diagnosis of traumatic encephalopathy syndrome were applied to men and women in the general population and in subgroups of people with health problems and mental health problems. A small percentage of the US general population met symptom criteria for traumatic encephalopathy syndrome (6.6-11.9%, depending upon the definition applied). People with chronic pain were much more likely to meet criteria (i.e., 14.8% to 30.5%), and two out of three people who have experienced suicidality in the past year met symptom criteria for traumatic encephalopathy syndrome (65.2-72.2%). The majority of women with a mood disorder and chronic pain met criteria (62.7%-89.8%). This is the largest study to date examining aspects of the research criteria for the diagnosis of traumatic encephalopathy syndrome in the general population, and the first study to examine these criteria in women. This study has important clinical and public health implications. The potential rate for misdiagnosing traumatic encephalopathy syndrome in adults who are experiencing chronic pain, idiopathic mental health problems, or both is high.

<https://doi.org/10.1093/milmed/usab002>

US Army Drill Sergeants: Stressors, Behavioral Health, and Mitigating Factors.

Toby D Elliman, PhD, Molly E Schwalb, MPH, Stephen Krauss, Peter Mikoski, MPS, Amy B Adler, PhD

Military Medicine

Published: 25 January 2021

Introduction

The role of the drill sergeant is one of the most challenging within the US Army, involving unusually long hours and little time off, for a minimum of 2 years. The current study sought to examine the behavioral health of this population and identify risk factors that might be addressed by policy changes.

Materials and Methods

In total, 856 drill sergeants across all Army basic training sites completed surveys from September to November of 2018. Drill sergeants identified factors that had caused stress or worry during their assignment. Rates were measured for behavioral health

outcomes including depression, insomnia, anxiety, burnout, functional impairment, alcohol misuse, aggression, and low morale. Potential risk and resilience factors included time as a drill sergeant, sleep, route of assignment, general leadership, health-promoting leadership, and drill sergeant camaraderie. The study was approved by the Walter Reed Army Institute of Research Institutional Review Board.

Results

The most commonly experienced stressors were finding time to exercise, lack of sleep, and long work hours. Percentages of drill sergeants meeting behavioral health screening criteria were 19% for depression, 27% for moderate-to-severe insomnia, 14% for generalized anxiety disorder, 48% for high burnout, 32% for functional impairment, 35% for moderate alcohol misuse, 32% for off-duty aggression, and 25% for low morale. Rates for most outcomes were associated with time spent as a drill sergeant, with behavioral health issues peaking during 13-18 months. Poorer outcomes were also associated with fewer hours of sleep and initial unhappiness regarding involuntary assignment to the role of drill sergeant, while better outcomes were associated with higher ratings of general leadership, health-promoting leadership, and drill sergeant camaraderie.

Conclusions

This study is the first to examine behavioral health and morale of drill sergeants and to identify risk and resilience factors. Suggestions for policy changes include increasing the number of drill sergeants to decrease workload and allow sufficient time for recovery and sleep.

<https://doi.org/10.1001/jamapsychiatry.2020.4442>

Association of Psychiatric Disorders With Mortality Among Patients With COVID-19.

Nemani K, Li C, Olfson M, et al.

JAMA Psychiatry

Published online January 27, 2021

Key Points

Question

Is a diagnosis of schizophrenia spectrum, mood, or anxiety disorders associated with

increased risk of mortality in patients with coronavirus disease 2019 (COVID-19)?

Findings

In this cohort study of 7348 adults with laboratory-confirmed COVID-19 in a New York health system, a schizophrenia spectrum diagnosis was associated with an increased risk of death after adjusting for demographic and medical risk factors. Mood and anxiety disorders were not associated with increased risk of mortality.

Meaning

A diagnosis of a schizophrenia spectrum disorder may be a risk factor for mortality in patients with COVID-19.

Abstract

Importance

To date, the association of psychiatric diagnoses with mortality in patients infected with coronavirus disease 2019 (COVID-19) has not been evaluated.

Objective

To assess whether a diagnosis of a schizophrenia spectrum disorder, mood disorder, or anxiety disorder is associated with mortality in patients with COVID-19.

Design, Setting, and Participants

This retrospective cohort study assessed 7348 consecutive adult patients for 45 days following laboratory-confirmed COVID-19 between March 3 and May 31, 2020, in a large academic medical system in New York. The final date of follow-up was July 15, 2020. Patients without available medical records before testing were excluded.

Exposures

Patients were categorized based on the following International Statistical Classification of Diseases, Tenth Revision, Clinical Modification diagnoses before their testing date: (1) schizophrenia spectrum disorders, (2) mood disorders, and (3) anxiety disorders. Patients with these diagnoses were compared with a reference group without psychiatric disorders.

Main Outcomes and Measures

Mortality, defined as death or discharge to hospice within 45 days following a positive severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) test result.

Results

Of the 26 540 patients tested, 7348 tested positive for SARS-CoV-2 (mean [SD] age, 54

[18.6] years; 3891 [53.0%] women). Of eligible patients with positive test results, 75 patients (1.0%) had a history of a schizophrenia spectrum illness, 564 (7.7%) had a history of a mood disorder, and 360 (4.9%) had a history of an anxiety disorder. After adjusting for demographic and medical risk factors, a premorbid diagnosis of a schizophrenia spectrum disorder was significantly associated with mortality (odds ratio [OR], 2.67; 95% CI, 1.48-4.80). Diagnoses of mood disorders (OR, 1.14; 95% CI, 0.87-1.49) and anxiety disorders (OR, 0.96; 95% CI, 0.65-1.41) were not associated with mortality after adjustment. In comparison with other risk factors, a diagnosis of schizophrenia ranked behind only age in strength of an association with mortality.

Conclusions and Relevance

In this cohort study of adults with SARS-CoV-2–positive test results in a large New York medical system, adults with a schizophrenia spectrum disorder diagnosis were associated with an increased risk for mortality, but those with mood and anxiety disorders were not associated with a risk of mortality. These results suggest that schizophrenia spectrum disorders may be a risk factor for mortality in patients with COVID-19.

<https://doi.org/10.1177/1049909121989021>

Behavioral Activation and Therapeutic Exposure vs. Cognitive Therapy for Grief Among Combat Veterans: A Randomized Clinical Trial of Bereavement Interventions.

Acierno, R., Kauffman, B., Muzzy, W., Tejada, M. H., & Lejuez, C.

The American Journal of Hospice & Palliative Care
2021 Jan 28

Approximately two-thirds of Operations Enduring Freedom, Iraqi Freedom, and New Veterans reported knowing someone who was killed or seriously injured, lost someone in their immediate unit, or personally saw dead or seriously injured Americans (Hoge et al., 2004; Thomas et al., 2010; Toblin et al., 2012). Thus, it is not surprising that prevalence of Persistent Complex Bereavement Disorder (PCBD) is high in these groups. Importantly, PCBD impact appears to be independent of both Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (Bonnano, 2007), 2 disorders that are also highly prevalent in these groups, thus tailored treatments for grief are indicated. The Department of Veterans Affairs suggests Cognitive Therapy for Grief as

a first line psychotherapy, however treatments relatively more focused on behavior change and exposure to grief cues also may be useful for this population. To address this question, the present study used a randomized controlled trial to compare a 7-session program of Behavioral Activation and Therapeutic Exposure for Grief vs. Cognitive Therapy for Grief among 155 OIF/OEF/OND veterans. Both treatments produced significant treatment gains over baseline, and these improvements were maintained over 6-month followup; however no differences were observed between groups. Given equal efficacy, implications for matching treatment to patient characteristics are discussed.

<https://doi.org/10.1093/milmed/usaa301>

Longitudinal Relationship of Combat Exposure With Mental Health Diagnoses in the Military Health System.

Campbell, M. S., O'Gallagher, K., Smolenski, D. J., Stewart, L., Otto, J., Belsher, B. E., & Evatt, D. P.

Military Medicine

2021 Jan 25;186(Suppl 1):160-166

Introduction:

Combat deployment is associated with mental and physical health disorders and functional impairment. Mental health (MH) diagnoses such as adjustment and anxiety disorders have received little research attention but may reflect important postdeployment sequelae. The purpose of this study was to investigate the association of combat exposure with the acquisition of a wide range of mental health diagnoses over 2 years.

Materials and methods:

This retrospective longitudinal study utilized multiple administrative Military Health System datasets compiled for all individuals who entered active duty in the U.S. Army from FY2005 to FY2011. A total eligible cohort of 289,922 Service members was stratified into three mutually exclusive groups according to their deployment status after 2 years in service: Deployed, Combat-Exposed; Deployed, Not-Combat-Exposed; and Not Deployed. Outcomes of interest were new mental health diagnoses grouped into six categories-posttraumatic stress disorder, anxiety, adjustment, mood, substance use disorders, and any MH diagnosis. Survival analyses over 2 years were conducted and adjusted hazard ratios were calculated.

Results:

Combat exposure in the first 2 years of military service was associated with significantly higher rates of a wide range of mental health diagnoses over a two-year follow-up period, compared with deployment with no combat exposure and no deployment. Adjusted cumulative failure proportions demonstrated that approximately a third of the Combat-Exposed group, a quarter of the Not-Combat-Exposed, and a fifth of the Not Deployed groups received a MH diagnosis over 2 years. For all groups, cumulative failure proportions and incidence rates were highest for adjustment disorder and lowest for posttraumatic stress disorder diagnoses.

Conclusions:

Researchers and providers should be alerted to the impact of combat exposure and the wide range of MH conditions and diagnoses that may represent important postdeployment sequelae.

<https://pubmed.ncbi.nlm.nih.gov/33177226/>

Comparison of Clinical Outcomes 1 and 5 Years Post-Injury Following Combat Concussion.

Mac Donald CL, Barber J, Patterson J, Johnson AM, Parsey C, Scott B, Fann JR, Temkin NR

Neurology

2021 Jan 19;96(3):e387-e398

Objective:

To compare 1-year and 5-year clinical outcomes in 2 groups of combat-deployed service members without brain injury to those of 2 groups with combat-related concussion to better understand long-term clinical outcome trajectories.

Methods:

This prospective, observational, longitudinal multicohort study examined 4 combat-deployed groups: controls without head injury with or without blast exposure and patients with combat concussion arising from blast or blunt trauma. One-year and 5-year clinical evaluations included identical batteries for neurobehavioral, psychiatric, and cognitive outcomes. A total of 347 participants completed both time points of

evaluation. Cross-sectional and longitudinal comparisons were assessed. Overall group effect was modeled as a 4-category variable with rank regression adjusting for demographic factors using a 2-sided significance threshold of 0.05, with post hoc Tukey p values calculated for the pairwise comparisons.

Results:

Significant group differences in both combat concussion groups were identified cross-sectionally at 5-year follow-up compared to controls in neurobehavioral (Neurobehavioral Rating Scale-Revised [NRS]; Cohen d, -1.10 to -1.40, confidence intervals [CIs] [-0.82, -1.32] to [-0.97, -1.83] by group) and psychiatric domains (Clinician-Administered PTSD Scale for DSM-IV [CAPS]; Cohen d, -0.91 to -1.19, CIs [-0.63, -1.19] to [-0.76, -1.62] by group) symptoms with minimal differences in cognitive performance. Both combat concussion groups also showed clinically significant decline from 1- to 5-year evaluation (66%-76% neurobehavioral NRS; 41%-54% psychiatric CAPS by group). Both control groups fared better but a subset also had clinically significant decline (37%-50% neurobehavioral NRS; 9%-25% psychiatric CAPS by group).

Conclusions:

There was an evolution, not resolution, of symptoms from 1- to 5-year evaluation, challenging the assumption that chronic stages of concussive injury are relatively stable. Even some of the combat-deployed controls worsened. The evidence supports new considerations for chronic trajectories of concussion outcome in combat-deployed service members.

<https://doi.org/10.1089/tmr.2020.0011>

Implementation of a Telemental Health Training Program Across a Mental Health Department.

Bradford L. Felker, Meghan M. McGinn, Erika M. Shearer, Gina T. Raza, Sari D. Gold, Jean M. Kim, Sasha M. Rojas, Milena S. Roussev, Ruth L. Varkovitzky, Huiting Liu, Kate L. Morrison, and Russell A. McCann

Telemedicine Reports

Jan 2021.26-31

Introduction:

Telemental health (TMH) has increased substantially. However, health care systems have found it challenging to implement TMH ubiquitously. A quality improvement project guided by implementation science methodology was used to design and implement a TMH training program.

Materials and Methods:

Implementation science methodology (Promoting Access to Research Implementation in Health Services, Reach-Effectiveness-Adoption-Implementation-Maintenance, Implementation/Facilitation) provided the framework to design and implement the training program. A total of 100 interdisciplinary mental health providers from outpatient mental health clinics participated.

Results:

Providers reported satisfaction with the training program. Results indicated that the training increased providers' TMH knowledge and competence. The number of providers using TMH and patients who received TMH nearly doubled.

Conclusions:

Implementation science methodology was important in creating an organizational framework at this facility to design, evaluate, and implement an innovative TMH training program.

<https://doi.org/10.1093/milmed/usaa306>

Soldiers' Perception of a Behavioral Intervention for Positive Airway Pressure Therapy Adherence in a Military Treatment Facility.

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Military Medicine

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Introduction

The incidence of obstructive sleep apnea in military personnel has increased over 500% since the early 2000s. Adherence to continuous positive airway pressure (PAP), an efficacious treatment, has been suboptimal. This article presents a behavioral

intervention model for enhancing PAP therapy adherence and describes how the model was received by military personnel.

Materials and Methods

The study population comprised 254 out of 280 military personnel (93% men, mean age 39 years) who attended a 90-minute behavioral intervention class within the first 8 weeks of PAP use. They were coached on the Knowledge, Skills, Attitudes (KSA) model of PAP therapy success: Knowledge about obstructive sleep apnea and PAP treatment; Skills to develop a habitual loop for nightly PAP use; and Attitudes that address readiness, barriers, and solutions for sustaining PAP use. Participants completed a voluntary, anonymous postclass survey that inquired of their perception of various elements of the class. Data were analyzed using descriptive statistics and a paired sample t-test.

Results

In participants' self-rating of how much they know about PAP treatment before and after the class, their ratings indicated that they experienced a significant increase in knowledge ($P < 0.0001$). On the postclass survey, 77% of the participants ($N = 195/254$) "agree a lot" or "strongly agree" that the class gave them tools to have a successful treatment and 78% ($N = 198/254$) noted that it was a valuable educational experience. The Knowledge portion was rated by 79% ($N = 201/254$) of the participants as "quite a lot" or "extremely" beneficial. The Skills segment was rated as "quite a lot" or "extremely" beneficial by 72% ($N = 183/254$) of the participants. The Attitudes discussion was perceived as "quite a lot" or "extremely" beneficial by 70% ($N = 178/254$) of the participants. Participants' free-text responses to "what was most helpful" were generally positive.

Conclusions

A KSA model of behavioral intervention for enhancing PAP therapy adherence was well received by participants. Future research will assess the impact of this intervention on adherence as measured by objective indicators.

<https://doi.org/10.1016/j.smrv.2021.101428>

Sleep and Social Relationships in Healthy Populations: A Systematic Review.

Amie M. Gordon, Belinda Carrillo, Christopher M. Barnes

Sleep Medicine Reviews
Available online 26 January 2021

Over the past decade, research linking sleep and social relationships has burgeoned. Researchers across the globe are trying to understand whether the quality and quantity of our social relationships matter for sleep, and vice versa. We conducted a systematic review of the literature, identifying over 200 relevant articles examining sleep and social relationships in healthy populations. Here, we summarize our findings by reviewing (1) links between sleep and broad social ties across the lifespan, and (2) links between sleep and specific social relationships identified in the literature search, including romantic relationships, family relationships, and work relationships. Taken together, the literature provides evidence that the quality and presence of social relationships, especially our closest relationships, play a role in how we sleep. Likewise, sleep appears to influence our social bonds. However, the majority of work is correlational, limiting conclusions about the directionality of these effects. We conclude by synthesizing the findings, considering the limitations of the present literature, and identifying key future directions for this emerging area of research.

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Mental Health Symptoms Among Veteran VA Users by Tinnitus Severity: A Population-based Survey.

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Military Medicine

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Introduction

Tinnitus is prevalent among Service members and Veterans and is often comorbid with mental health disorders. Associations between the severity of individuals' tinnitus and mental health symptoms are not well described.

Materials and Methods

We conducted a population-based survey of a stratified random sample of 1,800 Veterans diagnosed with tinnitus. We used the Tinnitus Functional Index to measure

tinnitus severity and the Primary Care-Posttraumatic Stress Disorder (PTSD) screen and the Hospital Anxiety and Depression Scale to assess PTSD, depression, and anxiety. Descriptive statistics and bivariable and multivariable regression models were used to estimate associations between Veterans' tinnitus severity and mental health symptoms. Inverse probability weights were used to account for sample stratification and survey non-response. Multivariable odds ratios (ORs) and 95% confidence intervals (CIs) controlled for Veterans' demographics, military history, and health diagnoses.

Results

A total of 891 Veterans completed surveys (adjusted response rate = 53%). Large proportions rated their tinnitus as severe (29.4%; 95% CI: 27.2-31.6) or very severe (18.7%; 95% CI: 16.8-20.5). In multivariable regression models, and compared with Veterans with none/mild tinnitus, the likelihood of screening positive for PTSD was increased for those who reported moderate (OR = 4.0; 95% CI: 1.6-10.3), severe (OR = 7.5; 95% CI: 3.1-18.5), or very severe (OR = 17.5; 95% CI: 4.4-70.0) tinnitus. Similarly, Veterans' likelihood of positive depression screens were elevated for those with moderate (OR = 2.6; 95% CI: 1.1-5.9), severe (OR = 3.0; 95% CI: 1.4-6.5), or very severe (OR = 15.5; 95% CI: 4.3-55.5) tinnitus, as was the likelihood of positive anxiety screens for those with severe (OR = 2.6; 95% CI: 1.1-6.3) or very severe (OR = 13.4; 95% CI: 4.0-44.3) tinnitus.

Conclusions

Mental health symptoms are strongly associated with Veterans' tinnitus severity. A better understanding of the interplay between these conditions may help improve the provision of interdisciplinary (Audiology and Mental Health) care for Service members and Veterans.

<https://doi.org/10.1093/milmed/usaa395>

Use of Mobile Technology Paired with Heart Rate Monitor to Remotely Quantify Behavioral Health Markers among Military Reservists and First Responders.

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Introduction

Heart rate variability (HRV) is a biological marker that reflects an individual's autonomic nervous system regulation. Psychological resilience is an individual's ability to recover from an adverse event and return to physiological homeostasis and mental well-being, indicated by higher resting HRV. The Biofeedback Assisted Resilience Training (BART) study evaluates a resilience-building intervention, with or without HRV biofeedback. This article evaluates the feasibility of remote psychophysiological research by validating the HRV data collected.

Materials and Methods

The BART platform consists of a mobile health application (BART app) paired to a wearable heart rate monitor. The BART app is installed on the participant's personal phone/tablet to track and collect self-report psychological and physiological data. The platform collects raw heart rate data and processes HRV to server as online biofeedback. The raw data is processed offline to derive HRV for statistical analysis. The following HRV parameters are validated: inter-beat interval, respiratory sinus arrhythmia, low-frequency HRV, biofeedback HRV, and heart period. Bland–Altman and scatter plots are used to compare and contrast online and offline HRV measures. Repeated-measures ANOVA are used to compare means across tasks during the stress (rest, stress, and recovery) and training (rest and paced breathing) sessions in order to validate autonomic nervous system changes to physiological challenges.

Results

The analyses included 245 participants. Bland–Altman plots showed excellent agreement and minimal bias between online and offline unedited inter-beat interval data during the stress session. RMANOVA during the training session indicated a significant strong effect on biofeedback HRV, $F(11,390) = 967.96$, $P < .01$. During the stress session, RMANOVA showed significant strong effect on respiratory sinus arrhythmia and low-frequency HRV, and a significant but weak effect on heart period.

Conclusions

The BART digital health platform supports remote behavioral and physiological data collection, intervention delivery, and online HRV biofeedback.

<https://doi.org/10.1093/milmed/usaa320>

Burden of Behavioral Health Comorbidities on Outpatient Health Care Utilization by Active Duty Service Members With a First Documented mTBI.

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Military Medicine

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Objective

More than 280,000 Active Duty Service Members (ADSMs) sustained a mild traumatic brain injury (mTBI) between 2000 and 2019 (Q3). Previous studies of veterans have shown higher utilization of outpatient health clinics by veterans diagnosed with mTBI. Additionally, veterans with mTBI and comorbid behavioral health (BH) conditions such as post-traumatic stress disorder, depression, and substance use disorders have significantly higher health care utilization than veterans diagnosed with mTBI alone. However, few studies of the relationship between mTBI, health care utilization, and BH conditions in the active duty military population currently exist. We examined the proportion of ADSMs with a BH diagnosis before and after a first documented mTBI and quantified outpatient utilization of the Military Health System in the year before and following injury.

Materials and Methods

Retrospective analysis of 4,901,840 outpatient encounters for 39,559 ADSMs with a first documented diagnosis of mTBI recorded in the Department of Defense electronic health record, subsets of who had a BH diagnosis. We examined median outpatient utilization 1 year before and 1 year after mTBI using Wilcoxon signed rank test, and the results are reported with an effect size r . Outpatient utilization is compared by BH subgroups.

Results

Approximately 60% of ADSMs experience a first mTBI with no associated BH condition, but 17% of men and women are newly diagnosed with a BH condition in the year following mTBI. ADSMs with a history of a BH condition before mTBI increased their median outpatient utilization from 23 to 35 visits for men and from 32 to 42 visits for women. In previously healthy ADSMs with a new BH condition following mTBI, men more than tripled median utilization from 7 to 24 outpatient visits, and women doubled utilization from 15 to 32 outpatient visits.

Conclusions

Behavioral health comorbidities affect approximately one-third of ADSMs following a first mTBI, and approximately 17% of previously healthy active duty men and women will be diagnosed with a new BH condition in the year following a first mTBI. Post-mTBI outpatient health care utilization is highly dependent on the presence or absence of BH condition and is markedly higher in ADSMs with a BH diagnosis in the year after a first documented mTBI.

<https://doi.org/10.1093/milmed/usaa466>

The Impact of Parental Injury on Children's Mental Health Diagnoses and Classes of Psychotropic Medication by Child Age.

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Military Medicine

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Background

Civilian and military research has linked parental illness and injury with increased overall mental health care and psychiatric medication use in children. Care for specific mental health conditions and medications by child age have not been reported.

Objective

We sought to quantify the effect of parental illness and injury on child mental health care and psychiatric medication use in children overall and stratified by age.

Methods

A self-controlled case series analyzed the impact of parental illness/injury on mental health and psychiatric medication use of military dependent children. Children were aged 2–16 years (51% male) when their parents were injured and received care in the Military Health System for 2 years before and 2 years after their parent's illness/injury. We used International Classification of Diseases 9th edition codes to identify outpatient mental healthcare visits. Outpatient care for 14 specific mental health diagnoses was classified using the Agency for Healthcare Research and Quality clinical classification system. Outpatient pharmacy records identified psychiatric medication prescriptions by therapeutic class. Parental illness/injury was identified by inclusion in the Military Health System Ill, Injured, and Wounded Warrior database. Adjusted negative binomial

regression analysis compared rates of outpatient visits and medication days in the 2 years following parental illness/injury to the 2 years before the parent's illness/injury overall. Secondary analyses were stratified by age groups of 2–5 years (n = 158,620), 6–12 years (n = 239,614), and 13–16 years (n = 86,768) and adjusted for parental pre-injury/illness deployment and child sex. Additional secondary analysis compared post-parental injury/illness care of children whose parents had post-traumatic stress disorder or traumatic brain injury to children of parents with physical/mental health injury/illness.

Results

There were 485,002 children of 272,211 parents injured during the study period. After adjustment for child sex, years of pre-injury/illness parental deployment, and child age, parental illness/injury was associated with increased mental visits across all categories of care except developmental diagnoses. Post-parental injury visits for suicidal ideation, alcohol abuse, mood, and anxiety disorders were all doubled. For children aged 2–5 years at parental illness/injury, the largest increases in care were in psychotic, anxiety, attention deficit, and mood disorders. In children aged 6–12 years, the largest increases were in psychotic conditions, suicidal ideation, and personality disorders. In adolescents aged 13–16 years, the largest increases were for alcohol and substance abuse disorders, with visits increasing by 4–5 times. For children of all ages, parental injury was associated with increased use of all therapeutic classes of psychiatric medications; use of stimulant medications was increased in younger children and decreased in older children following parental injury ($P < .001$).

Conclusion

Parental illness/injury is associated with increased mental health care and days of psychiatric medication use in dependent children. Practitioners who care for families impacted by parental illness/injury should be cognizant of children's mental health risk. Early identification and treatment of child-related mental health issues can improve family functioning and increase military family readiness.

<https://doi.org/10.1080/15402002.2021.1878173>

Reducing Barriers to Behavioral Treatments for Insomnia: A Qualitative Examination of Veterans' Perspectives of BBTI.

Nicholas Holder, Jennifer C. Kanady, Laura D. Straus, Amanda J. Khan, Natalie Purcell, Joy Huggins, Rebecca Gloria, Thomas C. Neylan, Callan Lujan & Shira Maguen

Objective:

Although behavioral treatments are recommended for treating insomnia disorder, these treatments are not the most commonly provided treatments due to numerous barriers (e.g., treatment length, time limitations). Brief Behavioral Treatment for Insomnia (BBTI) was developed, in part, to help overcome these barriers. The purpose of the current study was to qualitatively examine the treatment experiences of veterans with insomnia disorder participating in BBTI.

Methods:

All veterans (n=46) who were randomized to receive BBTI as part of a randomized clinical trial participated in 10-20 minute semi-structured interviews one week after completing treatment. Rapid analysis procedures were used for qualitative analysis.

Results:

Thirteen qualitative themes were identified: BBTI provided veterans with the skills they believed they needed to continue improving independently post-treatment; beginning BBTI with in-person sessions was valued; phone sessions helped participation; veterans did not perceive that they could cover the same content during phone and in-person sessions; materials could be more portable; BBTI created accountability; BBTI required discipline and willingness; BBTI facilitated buy-in; BBTI was aligned with military culture; loved ones could provide important support; BBTI could be improved with more personalization; BBTI challenged expectations of mental health; and BBTI improved awareness of health behaviors beyond sleep.

Conclusions:

BBTI was successful in overcoming barriers to behavioral insomnia treatment and interviews identified critical treatment aspects that should be maintained to preserve acceptability (e.g., in-person session first). Areas in which BBTI did not fully meet the needs of veterans and targets for improvement (e.g., ameliorating understanding and expectations of phone sessions) were also identified.

Links of Interest

Staff Perspective: Pandemic Environment, Combat, and Depression – How Memory and Tradition Can Help

<https://deploymentpsych.org/blog/staff-perspective-pandemic-environment-combat-and-depression>

First lady praises military teens for their efforts to help new students

<https://www.militarytimes.com/pay-benefits/2021/01/29/first-lady-praises-military-teens-for-their-efforts-to-help-new-students/>

Navy directs commanders to follow up after suicide prevention referrals

<https://www.upi.com/Defense-News/2021/01/28/Navy-directs-commanders-to-follow-up-after-suicide-prevention-referrals/3581611879693/>

Clinical Support Tools: Invaluable Resources for a Provider's Toolbox

<https://www.pdhealth.mil/news/blog/clinical-support-tools-invaluable-resources-provider-s-toolbox>

“This Level of Death, It's New”—Health Care Workers in Their Own Words

<https://jamanetwork.com/journals/jama/fullarticle/2775432>

Veterans group launches podcast series for Black History Month on Black veterans and their mental health

<https://www.militarytimes.com/veterans/2021/02/01/veterans-group-launches-podcast-series-for-black-history-month-on-black-veterans-and-their-mental-health/>

The PCS penalty and the Army family (commentary)

<https://www.armytimes.com/opinion/commentary/2021/02/02/the-pcs-penalty-and-the-army-family/>

Mobile vet centers deployed at Capitol to provide mental health resources for siege survivors, responders

<https://www.militarytimes.com/news/pentagon-congress/2021/02/02/mobile-vet-centers-deployed-at-capitol-to-provide-mental-health-resources-for-seige-survivors-responders/>

Veterans employment discrimination guidance updated (commentary)

<https://www.militarytimes.com/opinion/commentary/2021/02/03/veterans-employment-discrimination-guidance-updated/>

New Research Networks To Explore the Science of Emotional Well-Being

<https://www.nccih.nih.gov/research/blog/new-research-networks-to-explore-the-science-of-emotional-well-being>

Resource of the Week: [Traumatic Brain Injury Center of Excellence](#)

A new site from the Defense Health Agency:

Welcome to the new Traumatic Brain Injury Center of Excellence website. Here, you'll find TBI clinical tools, educational resources, and research information. Check out our content, and don't forget to bookmark your favorite pages. We hope you enjoy it!

Our mission remains the same: TBICoE will continue to promote state-of-the-science traumatic brain injury care from point-of-injury to reintegration for service members, veterans and their families. Our goal is to help the Defense Health Agency provide optimal patient outcomes, leading to a medically ready and a ready medical force.



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