

# CDP



## Research Update -- March 4, 2021

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- Mental Health and Health Risk Behaviors of Active Duty Sexual Minority and Transgender Service Members in the United States Military.
- Diagnostic Accuracy and Acceptability of the Primary Care Posttraumatic Stress Disorder Screen for the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) Among US Veterans.
- Links of Interest
- Resource of the Week -- Sexual Harassment and Assault: Guidance Needed to Ensure Consistent Tracking, Response, and Training for DOD Civilians (U.S. GAO)

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<https://doi.org/10.1002/jts.22656>

**Posttraumatic Stress Disorder in a Cohort of Pregnant Active Duty U.S. Military Servicewomen.**

Abramovitz, L.M., Lutgendorf, M.A., Bukowinski, A.T., Gumbs, G.R., Conlin, A.M.S. and Hall, C.

Journal of Traumatic Stress

First published: 05 February 2021

The present study aimed to describe the demographic and occupational characteristics, comorbidities, and psychotropic medication receipt associated with posttraumatic stress disorder (PTSD) diagnosis during pregnancy among a sample of active duty U.S. military servicewomen. Data from the U.S. Department of Defense Birth and Infant Health Research program were used to identify pregnancies in active duty servicewomen from 2007 through 2014. Demographic and occupational data were linked with electronic medical and pharmacy records to capture mental health diagnoses and medication receipt dates. Cases of PTSD were identified by the presence of ICD-9-CM Diagnostic Code 309.81 on maternal records from 1 year before the date of the last menstrual period through the end of pregnancy. Of 134,244 identified pregnancies among active duty servicewomen, 2,240 (1.7%) met the case criteria for PTSD. Women with a PTSD diagnosis compared to those without a PTSD diagnosis were more likely to be White non-Hispanic (51.3% vs. 47.4%), unmarried (33.3% vs. 28.2%), in the Army (49.6% vs. 35.8%) or Marine Corps (10.9% vs. 8.0%), in a service and supply occupation (18.2% vs. 13.6%), and to have a junior enlisted rank (56.3% vs. 50.1%) and have been previously deployed (51.2% vs. 39.6%), RRs = 1.15–1.75. Among PTSD cases, the most common mental health comorbidities were depressive disorder (60.9%), adjustment disorder (43.4%), and anxiety disorder (39.3%). During pregnancy, 44.2% of PTSD cases and 7.2% of noncases received psychotropic medications. Demographic and occupational characteristics, comorbidities, and psychotropic medication use differed substantially among PTSD cases and noncases in this large records-based study.

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<https://doi.org/10.1002/jts.22653>

### **Posttraumatic Stress Disorder Treatment Dropout Among Military and Veteran Populations: A Systematic Review and Meta-Analysis.**

Edwards-Stewart, A., Smolenski, D.J., Bush, N.E., Cyr, B.-A., Beech, E.H., Skopp, N.A. and Belsher, B.E.

High treatment dropout rates reported in recent literature have brought into question the effectiveness of trauma-focused posttraumatic stress disorder (PTSD) treatments among military populations. The aim of the current systematic review was to evaluate PTSD treatment dropout rates among military populations by treatment type and other study-level variables. We searched four databases as well as gray literature for randomized controlled trials that evaluated evidence-based PTSD treatments in samples of active duty personnel and/or veterans. In total, 26 studies were included in this review, with a total of 2,984 participants. We analyzed dropout rates across treatment types using multivariate meta-analysis. Across all forms of treatment, the aggregated dropout rate was 24.2%. Dropout percentages based on treatment type were 27.1% for trauma-focused treatments, 16.1% for non-trauma-focused treatments, and 6.8% for waitlist groups. We found substantial heterogeneity between studies that was not explained by military status or other study-level covariates. Summary risk ratios (RRs) comparing relative dropout between treatment groups indicated that trauma-focused treatment groups had a higher risk of dropout compared to non-trauma-focused treatments,  $RR = 1.60$ . The statistical heterogeneity of within-treatment dropout risk ratios was negligible. Dropout rates among military patients receiving trauma-focused therapies were only slightly higher than those reported in the literature among civilian populations and were not explained by study-level covariates.

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<https://doi.org/10.1080/02699931.2021.1892593>

### **The impact of COVID-19 social isolation on aspects of emotional and social cognition.**

Amy Rachel Bland, Jonathan Paul Roiser, Mitul Ashok Mehta, Barbara Jacquelyn Sahakian, Trevor William Robbins & Rebecca Elliott

Cognition and Emotion  
Published online: 25 Feb 2021

The present study aimed to examine the impact of COVID-19 social isolation upon aspects of emotional and social cognitive function. We predicted that greater impairments in emotional and social cognition would be observed in people who experienced more disruption to their usual social connectivity during COVID-19 social

isolation. Healthy volunteers (N = 92) without prior mental health problems completed assessments online in their own homes during the most stringent period of the first COVID-19 “lockdown” in the UK (March – May 2020). Measures included two questionnaires probing levels of social isolation, anxiety levels, as well as five neuropsychological tasks assessing emotional and social cognition. Reduced positive bias in emotion recognition was related to reduced contact with friends, household size and communication method during social isolation. In addition, reduced positive bias for attention to emotional faces was related to frequency of contact with friends during social isolation. Greater cooperative behaviour in an ultimatum game was associated with more frequent contact with both friends and family during social isolation. The present study provides important insights into the detrimental effects of subjective and objective social isolation upon affective cognitive processes.

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<https://doi.org/10.1186/s12905-021-01181-z>

### **Risk and protective factors associated with mental health among female military veterans: results from the veterans' health study.**

Adams, R. E., Hu, Y., Figley, C. R., Urosevich, T. G., Hoffman, S. N., Kirchner, H. L., Dugan, R. J., Boscarino, J. J., Withey, C. A., & Boscarino, J. A.

BMC Womens Health  
2021 Feb 8;21(1):55

#### Background:

This study focuses on factors that may disproportionately affect female veterans' mental health, compared to men, and is part of a larger study assessing the prevalence of mental health disorders and treatment seeking among formerly deployed US military service members.

#### Methods:

We surveyed a random sample of 1,730 veterans who were patients in a large non-VA hospital system in the US. Based on previous research, women were hypothesized to be at higher risk for psychological problems. We adjusted our results for confounding factors, including history of trauma, childhood abuse, combat exposure, deployments, stressful life events, alcohol misuse, psychological resources, and social support.

## Results:

Among the veterans studied, 5% were female (n = 85), 96% were White (n = 1,161), 22.9% were Iraq/Afghanistan veterans (n = 398), and the mean age was 59 years old (SD = 12). Compared to males, female veterans were younger, unmarried, college graduates, had less combat exposure, but were more likely to have lifetime PTSD (29% vs. 12%), depression (46% vs. 21%), suicidal ideation (27% vs. 11%), and lifetime mental health service use (67% vs. 47%). Females were also more likely to have low psychological resilience and to have used psychotropic medications in the past year. Using multivariate logistic regression analyses that controlled for risk and protective factors, female veterans had greater risk for lifetime PTSD, depression, suicidal thoughts, and for lifetime use of psychological services, compared to males. Since 95% of the population in this study were male and these results may have been statistically biased, we reran our analyses using propensity score matching. Results were consistent across these analyses.

## Conclusion:

Using a sample of post-deployment veterans receiving healthcare services from a large non-VA health system, we find that female veterans are at greater risk for lifetime psychological problems, compared to male veterans. We discuss these findings and their implications for service providers.

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<https://doi.org/10.1002/jts.22593>

## **The Ending Self-Stigma for Posttraumatic Stress Disorder (ESS-P) Program: Results of a Pilot Randomized Trial.**

Drapalski, A.L., Aakre, J., Brown, C.H., Romero, E. and Lucksted, A.

Journal of Traumatic Stress

First published: 15 October 2020

Experiences of and concerns about encountering stigma are common among veterans with posttraumatic stress disorder (PTSD). One common and serious consequence is self-stigma, which is when an individual comes to believe that common negative stereotypes and assumptions about PTSD are true of oneself. The current study was a pilot randomized trial that evaluated the feasibility, acceptability, and preliminary outcomes of the Ending Self-Stigma for PTSD (ESS-P) program, a nine-session group intervention that aims to assist veterans with PTSD learn tools and strategies to address

stigma and self-stigma. Veterans (N = 57) with a diagnosis of PTSD who were receiving treatment in U.S. Veterans Health Administration outpatient mental health programs were recruited. Participants were randomized to either ESS-P or minimally enhanced treatment as usual and assessed at baseline and after treatment on clinical symptoms, self-stigma, self-efficacy, recovery, and sense of belonging. Information on mental health treatment utilization for the 3 months before and after group treatment was also collected. Compared to controls, there was a significant decrease in self-stigma,  $d = -0.77$ , and symptoms of depression,  $d = -0.76$ , along with significant increases in general and social self-efficacy,  $ds = 0.73$  and  $0.60$ , respectively, and psychological experience of belonging,  $d = 0.46$ , among ESS-P participants. There were no differences regarding recovery status or changes in treatment utilization. The results of the pilot study suggest that participation in ESS-P may help reduce self-stigma and improve self-efficacy and a sense of belonging in veterans with PTSD.

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<https://doi.org/10.1002/jts.22596>

### **Exposure-Based Writing Therapies for Subthreshold and Clinical Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis.**

Dawson, R.L., Callear, A.L., McCallum, S.M., McKenna, S., Nixon, R.D.V. and O'Kearney, R.

Journal of Traumatic Stress

First published: 11 October 2020

We undertook a systematic review to assess the efficacy of exposure-based writing therapies (WTs) for trauma-exposed adults with subthreshold or clinical levels of posttraumatic stress disorder. Four databases (PsycINFO, Medline, Wiley Online, PILOTS) were searched for randomized controlled trials (RCTs) of exposure-based WTs. A total of 13 RCTs that reported on results from 17 WT versus control comparisons were included. The primary outcomes were posttraumatic stress symptom severity at posttreatment and/or clinical response. An overall unclear or high risk of bias was identified in 84.6% of studies. In comparison to both waitlist  $k = 3$ , Hedges'  $g = -0.97$ , 95% CI [-1.20, -0.73], and placebo writing conditions,  $k = 9$ , Hedges'  $g = -0.48$ , 95% CI [-0.87, -0.08], WTs were more beneficial to participants. There was no evidence of a difference between WTs that were longer in duration compared to other psychotherapy,  $k = 2$ ; pooled OR = 1.42; 95% CI [0.83, 2.43]. These findings indicate that exposure-based WTs are effective when compared to waitlist and placebo writing

control conditions. The evidence needs to be considered in the context of the modest number of studies conducted to date, the high methodological heterogeneity between the studies, and the high or unclear risk of bias across many studies. Further research is needed to increase the evidence base regarding the efficacy of WTs for posttraumatic stress. Future research should also measure the mediators and predictors of outcomes to further develop protocols and understand which variants of WTs work for different populations or individuals.

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<https://doi.org/10.1002/jts.22541>

### **Change in Event Centrality and Posttraumatic Stress Disorder Symptoms During Intensive Treatment.**

Grau, P.P., Larsen, S.E., Lancaster, S.L., Garnier-Villarreal, M. and Wetterneck, C.T.

Journal of Traumatic Stress  
First published: 10 June 2020

Event centrality, defined as the extent to which a traumatic event becomes a core component of a person's identity (Berntsen & Rubin, 2006), is both a correlate and predictor of posttraumatic stress disorder (PTSD) symptoms, over and above event severity. These findings suggest that decreasing the perceived centrality of a traumatic event to one's identity might result in decreases in PTSD symptom severity. To date, few studies have examined how centrality is affected by PTSD treatment. The present study tested the hypotheses that change in centrality would be associated with both change in PTSD symptom severity and discharge PTSD symptom severity in an exposure-based PTSD partial hospitalization program (N = 132; 86.0% White; 85.2% female; M age = 36 years). At discharge (i.e., after approximately 6 weeks of treatment), both PTSD symptoms and centrality had significantly decreased,  $d_s = .70$  and  $.98$ , respectively, with large effect sizes. Decreases in Centrality of Events Scale (CES) scores at posttreatment, baseline CES scores, and baseline PTSD Checklist for DSM-5 (PCL-5) scores were associated with change (i.e., decrease) in PCL-5 scores,  $p < .001$ , as well as with posttreatment PCL-5 scores,  $p < .001$ . Decreases in CES scores over time, baseline CES scores, and baseline PCL-5 scores explained 31% of the variance in PCL-5 change and 34% of the variance in posttreatment PCL-5 scores. The results indicate the potential importance of decreasing the centrality of a traumatic event in PTSD treatment and recovery.



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<https://doi.org/10.1089/tmj.2020.0575>

## **Clinician Satisfaction with Rapid Adoption and Implementation of Telehealth Services During the COVID-19 Pandemic.**

Melanie T. Gentry, Ajeng J. Puspitasari, Alastair J. McKean, Mark D. Williams, Scott Breiting, Jennifer R. Geske, Matthew M. Clark, Katherine M. Moore, Mark A. Frye, and Donald M. Hilty

Telemedicine and e-Health  
Published Online: 19 Feb 2021

### **Background:**

To examine clinician perspectives on the acceptability, appropriateness/suitability, and feasibility of video telehealth as a way to deliver mental health services during the COVID-19 pandemic.

### **Materials and Methods:**

Mental health clinicians were surveyed with 27 Likert questions, using previously validated measures, on satisfaction and implementation experience with video telehealth visits between March and June 2020.

### **Results:**

A total of 112 of 193 clinicians completed the survey (58.0%), including psychiatrists, psychologists, trainees (i.e., residents and fellows), advanced practice providers, and licensed mental health counselors. Clinicians reported high levels of acceptability, feasibility, and appropriateness of video telehealth; they also reported high levels of satisfaction with video telehealth visits. Seventy-nine and a half (79.5%) reported that their patients seemed highly satisfied with video telehealth visits, and 107 (95.5%) of clinicians responded that they would like video telehealth visits to represent at least 25% of their practice in the future.

### **Discussion:**

Mental health clinicians showed positive attitudes toward the implementation of video telehealth visits, high levels of satisfaction with this care, and indicated strong interest in continuing this modality as a significant portion of clinical practice.

Conclusion:

This study demonstrates the ability of mental health clinicians to embrace new technology to expand access to care during the COVID-19 pandemic. Results indicate that telemental health is likely to be an integral part of clinic practice in the future.

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<https://doi.org/10.1080/15402002.2019.1693373>

**Insomnia Symptoms and Suicide-Related Ideation in U.S. Army Service Members.**

Vargas, I., Perlis, M. L., Grandner, M., Gencarelli, A., Khader, W., Zandberg, L. J., Klingaman, E. A., Goldschmied, J. R., Gehrman, P. R., Brown, G. K., & Thase, M. E.

Behavioral Sleep Medicine  
Nov-Dec 2020;18(6):820-836

Background:

Insomnia has been identified as a key risk factor for suicide, though most studies have been limited to global measures of these constructs. The aim of the present study was to evaluate the link between insomnia symptoms and five different aspects of suicide-related ideation. Participants: 1,160 active U.S. Army service members (719 male; Mage = 31.2; SDage = 8.62).

Methods:

As part of an archival analysis, retrospectively assessed insomnia, depression, anxiety symptoms, as well as suicide-related ideation, were evaluated. Suicide-related ideation was assessed in terms of: thoughts of death, thoughts of suicide, suicidal plan, suicidal intent, and suicidal communication.

Results:

Subjects with clinically significant insomnia symptoms were 3.5 times more likely to report any suicide-related ideation, and approximately 3 times more likely to report thoughts of death and thoughts of suicide. More frequent nocturnal awakenings (i.e., waking up three or more times during a single night) were associated with a greater likelihood of reporting thoughts of death or suicide, whereas greater middle insomnia (i.e., waking up and having difficulty getting back to sleep) was associated with lower odds of experiencing thoughts of suicide, suicidal plan, and suicidal intent.

Conclusions:

A more refined delineation of insomnia and suicide-related ideation may serve to clarify the nature of the association, and potentially offer some clues as to the underlying mechanisms. With regard to potential clinical implications, the results support that careful assessment of insomnia symptoms, suicide-related ideation, and their respective subtypes, is important and may influence how we estimate risk for suicide.

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<https://doi.org/10.1080/02699052.2021.1878555>

**Incidence (2008-2015) of post-traumatic headaches in United States military personnel.**

Paul S. Nabity, Brian A. Moore, Alan L. Peterson & Donald D. McGeary

Brain Injury

Published online: 31 Jan 2021

Objective:

To conduct a descriptive transversal study to evaluate the incidence and demographic characteristics of post-traumatic headache using data from the Defense Medical Epidemiology Database.

Methods:

A retrospective cohort study was conducted of data from 2008 to 2015 based on the International Classification of Diseases codes for both acute and chronic post-traumatic headache.

Results:

A total of 17,010 new cases of post-traumatic headaches were diagnosed among active duty military personnel. Reported incidence rates of post-traumatic headaches in the military increased 29-fold over the timeframe analyzed. Males enlisted in the Army were more likely to be diagnosed with post-traumatic headaches than females (O/E = 0.76), other branches, and officers.

Conclusion:

Findings of this study indicate that there is a significant incidence of post-traumatic headaches in the U.S. military. However, the incidence rates of post-traumatic headaches in the military are much lower than what was expected considering the

number of traumatic brain injuries in the United States military reported by the Department of Defense for the same period. Additional research is needed to further evaluate these differences and the impact of PTHs on military personnel.

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<https://doi.org/10.1016/j.psychres.2021.113775>

**Risk and resilience factors associated with traumatic loss-related PTSD in U.S. military veterans: Results from the National Health and Resilience in Veterans Study.**

RH Asch, I Esterlis, SM Southwick, RH Pietrzak

Psychiatry Research  
Volume 298, April 2021

**Purpose**

Sudden death of a loved one is the most prevalent potentially traumatic event worldwide, yet little is known about risk and resilience factors associated with traumatic loss-related posttraumatic stress disorder (PTSD).

**Methods**

Data from a nationally representative sample of U.S. military veterans were analyzed to identify sociodemographic, military, health and psychosocial correlates of traumatic loss-related PTSD.

**Results**

Loneliness, somatic symptoms, and attachment style were the strongest correlates of PTSD symptom severity and positive screens for traumatic loss-related PTSD.

**Conclusion**

Loneliness, somatic symptoms, and attachment style may represent therapeutic targets to help mitigate traumatic loss-related PTSD in U.S. veterans.

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<https://doi.org/10.1080/00952990.2020.1868488>

## **Positive emotional intensity and substance use: the underlying role of positive emotional avoidance in a community sample of military veterans.**

Melissa R. Schick, Nicole H. Weiss, Ateka C. Contractor, Emmanuel D. Thomas & Nichea S. Spillane

The American Journal of Drug and Alcohol Abuse  
Published online: 01 Feb 2021

### Background:

Military veterans are at greater risk for substance misuse. Positive emotional intensity is one well-established antecedent of substance misuse in this population. Positive emotional avoidance, or attempts to alter the form, frequency, or context of positive emotions, may help to explain this association. While clinical practice typically aims to increase positive emotions, such approaches may have iatrogenic effects, as high-intensity positive emotions may be experienced as distressing and prompt avoidance for some populations. This suggests a need to better understand responses to positive emotions to inform clinical practice.

### Objectives:

The goal of the current study was to advance theory, research, and clinical practice by exploring the role of positive emotional avoidance in the associations between positive emotional intensity and both alcohol and drug misuse. We hypothesized that positive emotional intensity would indirectly influence alcohol and drug misuse through positive emotional avoidance.

### Methods:

Participants were a community sample of United States military veterans recruited through Amazon's Mechanical Turk ( $n = 535$ , Mage = 37.45, 71.8% male, 69.5% White).

### Results:

Correlations among positive emotional intensity, positive emotional avoidance, and alcohol and drug misuse were significant and positive ( $r$ s range from .13 to .41). Further, positive emotional avoidance was found to account for the relations of positive emotional intensity to alcohol (indirect effect:  $b = .04$ , 95%CI [.01,.08]) and drug misuse (indirect effect:  $b = .01$ , 95%CI [.01,.02]).

## Conclusions:

Results provide preliminary support for the potential clinical utility of targeting avoidance responses to positive emotions in interventions targeting alcohol and drug misuse among military veterans.

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<https://doi.org/10.1016/j.lfs.2021.119147>

## **Cognitive behavioral therapy for insomnia in veterans with gulf war illness: Results from a randomized controlled trial.**

Linda L. Chao, Jennifer C. Kanady, Nicole Crocker, Laura D. Straus, ... Thomas C. Neylan

Life Sciences

Available online 4 February 2021

### Highlights

- Insomnia and sleep disturbance are common symptoms of Gulf War Illness (GWI).
- Cognitive Behavioral Therapy for Insomnia (CBT-I) is efficacious for insomnia.
- CBT-I produced durable improvements in both sleep and non-sleep symptoms of GWI.
- CBT-I has great potential for managing and reducing Gulf War Illness symptoms.

### Abstract

#### Aims

To examine whether cognitive behavioral therapy for insomnia (CBT-I), delivered by telephone, improves sleep and non-sleep symptoms of Gulf War Illness (GWI).

#### Main methods

Eighty-five Gulf War veterans (21 women, mean age: 54 years, range 46–72 years) who met the Kansas GWI case definition, the Centers for Disease Control and Prevention (CDC) case definition for Chronic Multisymptom Illness (CMI), and research diagnostic criteria for insomnia disorder were randomly assigned to CBT-I or monitor-only wait list control. Eight weekly sessions of individual CBT-I were administered via telephone by Ph.D. level psychologists to study participants. Outcome measures included pre-, mid-, and post-treatment assessments of GWI and insomnia symptoms, subjective sleep

quality, and continuous sleep monitoring with diary. Outcomes were re-assessed 6-months post-treatment in participants randomized to CBT-I.

#### Key findings

Compared to wait list, CBT-I produced significant improvements in overall GWI symptom severity, individual measures of fatigue, cognitive dysfunction, depression and anxiety, insomnia severity, subjective sleep quality, and sleep diary outcome measures. The beneficial effects of CBT-I on overall GWI symptom severity and most individual GWI symptom measures were maintained 6-months after treatment.

#### Significance

GWI symptoms have historically been difficult to treat. Because CBT-I, which is associated with low stigma and is increasingly readily available to veterans, improved both sleep and non-sleep symptoms of GWI, these results suggest that a comprehensive approach to the treatment of GWI should include behavioral sleep interventions.

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<https://doi.org/10.1037/ser0000522>

### **The effectiveness of telepsychology with veterans: A meta-analysis of services delivered by videoconference and phone.**

McClellan, M. J., Osbaldiston, R., Wu, R., Yeager, R., Monroe, A. D., McQueen, T., & Dunlap, M. H.

Psychological Services

Advance online publication

Veterans face a variety of stressors due to their military service and are more likely to develop psychological problems as a result. Research suggests that as many as half of veterans with mental health conditions go untreated due to barriers including lack of accessibility to services and stigma. The present study builds on previous research by using meta-analytic techniques to determine the effectiveness of telepsychology-delivered therapy with veterans. Empirical studies were included if they reported veteran-related outcome data on a psychological intervention used to treat a mental health condition remotely using either videoconferencing or telephone. Twenty-seven studies including 2,648 total participants (1,667 in treatment conditions and 981 in control conditions) met our inclusion criteria and were incorporated into our analysis.

Twenty-five studies provided pre–post data to evaluate various therapy outcomes, and 18 studies used a randomized clinical trials (RCTs) design that allowed a comparison between telehealth and traditional in-person therapy. Publication bias was evaluated using correlations between sample and effect sizes for posttraumatic stress disorder (PTSD) and depression for pretest–posttest and RCT designs; risk was determined to be minimal. Weighted average pre–post effect sizes were moderate-to-strong for depression and trauma, and videoconferencing was more effective than telephone for depression ( $d = 0.86$  and  $0.46$ , respectively) and trauma ( $d = 1.00$  and  $0.51$ , respectively). Weighted average effect sizes computed from RCT studies suggest telepsychology is similarly effective as services provided face-to-face. More research is needed for telepsychology-delivered treatments for other mental health conditions faced by veterans. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1093/pm/pnaa481>

## **Women Veterans' Experiences with Integrated, Biopsychosocial Pain Care: A Qualitative Study.**

Francesca M Nicosia, PhD, Carolyn J Gibson, PhD, Natalie Purcell, PhD, Kara Zamora, MA, Jennifer Tighe, MSPH, Karen H Seal, MD

Pain Medicine

Published: 06 February 2021

### Objectives

Biopsychosocial, integrated pain care models are increasingly implemented in the Veterans Health Administration to improve chronic pain care and reduce opioid-related risks, but little is known about how well these models address women veterans' needs.

### Design

Qualitative, interview-based study.

### Setting

San Francisco VA Health Care System Integrated Pain Team (IPT), an interdisciplinary team that provides short-term, personalized chronic pain care emphasizing functional goals and active self-management.



## Subjects

Women with chronic pain who completed  $\geq 3$  IPT sessions.

## Methods

Semistructured phone interviews focused on overall experience with IPT, perceived effectiveness of IPT care, pain care preferences, and suggested changes for improving gender-sensitive pain care. We used a rapid approach to qualitative thematic analysis to analyze interviews.

## Results

Fourteen women veterans (mean age 51 years; range 33–67 years) completed interviews. Interviews revealed several factors impacting women veterans' experiences: 1) an overall preference for receiving both primary and IPT care in gender-specific settings, 2) varying levels of confidence that IPT could adequately address gender-specific pain issues, 3) barriers to participating in pain groups, and 4) barriers to IPT self-management recommendations due to caregiving responsibilities.

## Conclusions

Women veterans reported varied experiences with IPT. Recommendations to improve gender-sensitive pain care include increased provider training; increased knowledge of and sensitivity to women's health concerns; and improved accommodations for prior trauma, family and work obligations, and geographic barriers. To better meet the needs of women veterans with chronic pain, integrated pain care models must be informed by an understanding of gender-specific needs, challenges, and preferences.

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<https://doi.org/10.1089/lgbt.2020.0235>

## **Suicide, Homicide, and All-Cause Mortality Among Transgender and Cisgender Patients in the Veterans Health Administration.**

Taylor L. Boyer, Ada O. Youk, Ann P. Haas, George R. Brown, Jillian C. Shipherd, Michael R. Kauth, Guneet K. Jasuja, and John R. Blosnich.

LGBT Health

Online Ahead of Print: February 5, 2021

#### Purpose:

This study examines the differences in suicide, homicide, and all-cause mortality between transgender and cisgender Veterans Health Administration (VHA) patients.

#### Methods:

VHA electronic medical record data from October 1, 1999 to December 31, 2016 were used to create a sample of transgender and cisgender patients ( $n = 32,441$ ). Cox proportional hazard regression was used to evaluate differences in survival time (date of birth to death date/study end). Death data were from the National Death Index.

#### Results:

Transgender patients had more than twofold greater hazard of suicide than cisgender patients (adjusted hazard ratio [aHR] = 2.77, 95% confidence interval [CI] = 1.88–4.09), especially among younger (18–39 years) (aHR = 3.35, 95% CI = 1.30–8.60) and older ( $\geq 65$  years) patients (aHR = 9.48, 95% CI = 3.88–23.19). Alternatively, transgender patients had an overall lower hazard of all-cause mortality (aHR = 0.90, 95% CI = 0.84–0.97) compared with cisgender patients, which was driven by patients 40–64 years old (aHR = 0.78, 95% CI = 0.72–0.86) and reversed by those 65 years and older (aHR = 1.17, 95% CI = 1.03–1.33).

#### Conclusion:

Transgender patients' hazard of suicide mortality was significantly greater than that of cisgender VHA patients.

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<https://doi.org/10.1093/milmed/usab021>

### **Associations Between Mental and Physical Health Conditions and Occupational Impairments in the U.S. Military.**

Michael S Dunbar, PhD, Megan S Schuler, PhD, Sarah O Meadows, PhD, Charles C Engel, MD

Military Medicine

Published: 03 February 2021

#### Introduction

Prior studies have identified associations between specific health conditions and occupational impairments in the U.S. military, but little is known about the relative

magnitude of impairments associated with different mental and physical health conditions among military service members. The goal of this study is to comparatively assess occupational impairment associated with mental and physical conditions among active duty military service members.

#### Materials and Methods

Data on 11,055 U.S. active duty service members were from the Department of Defense 2015 Health Related Behaviors Survey, an anonymous online health survey. Items assessed common mental and physical health conditions. Absenteeism was assessed as number of lost work days and presenteeism was assessed as number of work days with impaired functioning in the past 30 days. This research was approved by the RAND Human Subjects Protections Committee.

#### Results

Back pain (23%) and anxiety (14%) were the most prevalent conditions in the sample. Mental health conditions (anxiety, depression, and PTSD) were associated with more absentee and presentee days than physical conditions. Adjusting for physical health conditions, anxiety, depression, and PTSD showed robust associations with both absenteeism and presenteeism.

#### Conclusions

Common mental health conditions such as anxiety, depression, and PTSD showed robust associations with absenteeism and presenteeism among active duty U.S. military service members. Efforts to rigorously evaluate and improve existing military screening programs and reduce barriers to accessing and engaging in mental healthcare may help to reduce work absenteeism and presenteeism among active duty service members.

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<https://doi.org/10.1089/lgbt.2020.0031>

### **Mental Health and Health Risk Behaviors of Active Duty Sexual Minority and Transgender Service Members in the United States Military.**

Ian W. Holloway, Daniel Green, Chad Pickering, Elizabeth Wu, Michael Tzen, Jeremy T. Goldbach, and Carl A. Castro

LGBT Health

Published Online: 4 Feb 2021

#### Purpose:

The aim of this study was to examine health risk behaviors and mental health outcomes among sexual minority and transgender active duty military service members and their heterosexual and cisgender counterparts.

#### Methods:

Participants (N = 544) were recruited by using respondent-driven sampling between August 2017 and March 2018 and completed an online survey by using validated measures of cigarette smoking, alcohol use, anxiety, depression, post-traumatic stress disorder (PTSD), and suicidality. Bayesian random intercept multiple logistic regressions were used to understand differences between sexual minority participants and heterosexual participants as well as between transgender participants and both their cisgender sexual minority and cisgender heterosexual peers.

#### Results:

Cisgender sexual minority women service members were more likely to meet criteria for problematic alcohol use (adjusted odds ratio [aOR] = 10.11) and cigarette smoking (aOR = 7.12) than cisgender heterosexual women. Cisgender sexual minority men had greater odds of suicidality (aOR = 4.73) than their cisgender heterosexual counterparts. Transgender service members had greater odds of anxiety, PTSD, depression, and suicidality than their cisgender peers.

#### Conclusion:

Military researchers and policymakers who seek to improve the overall health and well-being of sexual minority and transgender service members should consider programs and policies that are tailored to specific health outcomes and unique sexual minority and transgender subgroups.

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<https://doi.org/10.1001/jamanetworkopen.2020.36733>

#### **Diagnostic Accuracy and Acceptability of the Primary Care Posttraumatic Stress Disorder Screen for the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) Among US Veterans.**

Bovin, M. J., Kimerling, R., Weathers, F. W., Prins, A., Marx, B. P., Post, E. P., & Schnurr, P.

Importance:

Posttraumatic stress disorder (PTSD) is a serious mental health disorder that can be effectively treated with empirically based practices. PTSD screening is essential for identifying undetected cases and providing patients with appropriate care.

Objective:

To determine whether the Primary Care PTSD screen for the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (PC-PTSD-5) is a diagnostically accurate and acceptable measure for use in Veterans Affairs (VA) primary care clinics.

Design, setting, and participants:

This cross-sectional, diagnostic accuracy study enrolled participants from May 19, 2017, to September 26, 2018. Participants were recruited from primary care clinics across 2 VA Medical Centers. Session 1 was conducted in person, and session 2 was completed within 30 days via telephone. A consecutive sample of 1594 veterans, aged 18 years or older, who were scheduled for a primary care visit was recruited. Data analysis was performed from March 2019 to August 2020.

Exposures:

In session 1, participants completed a battery of questionnaires. In session 2, a research assistant administered the PC-PTSD-5 to participants, and then a clinician assessor blind to PC-PTSD-5 results conducted a structured diagnostic interview for PTSD.

Main outcomes and measures:

The range of PC-PTSD-5 cut points overall and across gender was assessed, and diagnostic performance was evaluated by calculating weighted  $\kappa$  values.

Results:

In total, 495 of 1594 veterans (31%) participated, and 396 completed all measures and were included in the analyses. Participants were demographically similar to the VA primary care population (mean [SD] age, 61.4 [15.5] years; age range, 21-93 years) and were predominantly male (333 participants [84.1%]) and White (296 of 394 participants [75.1%]). The PC-PTSD-5 had high levels of diagnostic accuracy for the overall sample (area under the receiver operating characteristic curve [AUC], 0.927; 95% CI, 0.896-0.959), men (AUC, 0.932; 95% CI, 0.894-0.969), and women (AUC, 0.899, 95% CI, 0.824-0.974). A cut point of 4 ideally balanced false negatives and false positives for the

overall sample and for men. However, for women, this cut point resulted in high numbers of false negatives (6 veterans [33.3%]). A cut point of 3 fit better for women, despite increasing the number of false positives. Participants rated the PC-PTSD-5 as highly acceptable.

Conclusions and relevance:

The PC-PTSD-5 is an accurate and acceptable screening tool for use in VA primary care settings. Because performance parameters will change according to sample, clinicians should consider sample characteristics and screening purposes when selecting a cut point.

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## Links of Interest

Staff Perspective: Intimate Partner Violence and The Power and Control Wheel - A Closer Look at the Impact of COVID-19

<https://deploymentpsych.org/blog/staff-perspective-intimate-partner-violence-and-power-and-control-wheel-closer-look-impact>

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>

Experiencing Sexual Assault Doubles Odds That Troops Will Leave Military, Report Finds

<https://www.military.com/daily-news/2021/02/11/experiencing-sexual-assault-doubles-odds-troops-will-leave-military-report-finds.html>

- [Effects of Sexual Assault and Sexual Harassment on Separation from the U.S. Military: Findings from the 2014 RAND Military Workplace Study](#)

The Pentagon's sexual assault review committee wants troop input on policy and culture change

<https://www.militarytimes.com/news/your-military/2021/02/26/the-pentagons-sexual-assault-review-committee-wants-troop-input-on-policy-and-culture-change/>

'Nothing Happened to This Dude:' Soldiers Call for Consequences, Changes to Prevent Sexual Assault

<https://www.military.com/daily-news/2021/02/26/nothing-happened-dude-soldiers-call-consequences-changes-prevent-sexual-assault.html>

Air Force Reviewing Support Services Amid Suicides, COVID-19

<https://www.airforcemag.com/air-force-reviewing-support-services-amid-suicides-covid-19/>

Let's hope the Pentagon's new military community and family policy appointee discards the 'Army goggles' (commentary)

<https://www.militarytimes.com/opinion/commentary/2021/02/12/lets-hope-the-pentagons-new-military-community-and-family-policy-appointee-discards-the-army-goggles/>

Report: Marine Corps has most hazing complaints among military services for fifth year in a row

<https://www.stripes.com/news/us/report-marine-corps-has-most-hazing-complaints-among-military-services-for-fifth-year-in-a-row-1.662065>

Top African American leaders in MHS share similar thoughts on service

<https://health.mil/News/Articles/2021/02/25/Top-African-American-leaders-in-MHS-share-similar-thoughts-on-service>

Exploring Patient-Provider Relationships To Improve Treatment Outcomes

<https://www.nccih.nih.gov/research/blog/exploring-patient-provider-relationships-to-improve-treatment-outcomes>

First lady recommits to helping military children, families

<https://www.stripes.com/news/us/first-lady-recommits-to-helping-military-children-families-1.662591>

Helping military children is 'critical to our national security,' says first lady

<https://www.militarytimes.com/pay-benefits/2021/02/18/helping-military-children-is-critical-to-our-national-security-says-first-lady/>

United Through Reading offer free books and mobile app for Veterans, military

<https://blogs.va.gov/VAntage/77492/united-through-reading/>

Retired military may face fewer transition problems than their peers: report

<https://www.militarytimes.com/news/pentagon-congress/2021/02/17/retired-military-may-face-fewer-transition-problems-than-their-peers-report/>

- [Support Needs of Post-9/11 Veterans and Families](#)

DOD initiatives address the sexual health of our military

<https://health.mil/News/Articles/2021/02/17/DOD-initiatives-address-the-sexual-health-of-our-military>

VA offers Veterans new resources to safely store lethal means

<https://blogs.va.gov/VAntage/70891/va-offers-veterans-new-resources-safely-store-lethal-means/>

Department of the Air Force launches second disparity review, focusing on women, Hispanics and other minorities

<https://www.airforcetimes.com/news/your-air-force/2021/02/19/air-force-launches-second-disparity-review-focusing-on-women-hispanics-and-other-minorities/>

Some combat experiences — like ambushes or killing a civilian — more closely linked to suicide, study finds

<https://www.militarytimes.com/news/your-military/2021/02/19/some-combat-experiences-like-ambushes-or-killing-a-civilian-more-closely-linked-to-suicide-study-finds/>

- [Association of Combat Experiences With Suicide Attempts Among Active-Duty US Service Members](#)

Air Force tests suicide prevention training with virtual reality system

<https://www.upi.com/Defense-News/2021/02/22/suicide-prevention-usaf-vr-virtualreality/3081614019558/>

DHA's TBI-focused Caregiver & Family Member Study continues at TBICoE

<https://health.mil/News/Articles/2021/02/19/DHAs-TBI-focused-Caregiver-Family-Member-Study-continues-at-TBICoE>

March is Brain Injury Awareness Month; TBICoE's mission lasts all year

<https://health.mil/News/Articles/2021/03/02/March-is-Brain-Injury-Awareness-Month-TBICoEs-mission-lasts-all-year>

Living Joyous and Free – Sobriety and the Pandemic

<https://www.pdhealth.mil/news/blog/living-joyous-and-free-sobriety-and-pandemic>

How do you mend a broken heart? It usually fixes itself

<https://health.mil/News/Articles/2021/02/23/How-do-you-mend-a-broken-heart-It-usually-fixes-itself>



About 1 in 3 colleges have cut funding for veteran-support programs, survey says  
<https://www.militarytimes.com/education-transition/2021/02/23/about-1-in-3-colleges-have-cut-funding-for-veteran-support-programs-survey-says/>

- [Completing the Mission III: Assessing the Impact of the COVID Pandemic on Student Veterans and Campus Support Services](#)

Active-duty women pay up to 10 times more than men for mandatory uniform items, GAO report says

<https://www.stripes.com/news/us/active-duty-women-pay-up-to-10-times-more-than-men-for-mandatory-uniform-items-gao-report-says-1.663693>

- [Military Service Uniforms: DOD Could Better Identify and Address Out-of-Pocket Cost Inequities](#)

In a Changing Military, the Army Eases Its Rules for Women's Hair

<https://www.nytimes.com/2021/02/26/us/army-haircut-women-grooming-standard.html>

Calls to Military Law Enforcement Reveal Racial Disparities, Army General Says

<https://www.military.com/daily-news/2021/02/26/calls-military-law-enforcement-reveal-racial-disparities-army-general-says.html>

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### **Resource of the Week -- [Sexual Harassment and Assault: Guidance Needed to Ensure Consistent Tracking, Response, and Training for DOD Civilians](#)**

This report was issued last month by the U.S. Government Accountability Office (U.S. GAO):

Sexual harassment and assault in the workplace can cause long-term trauma for victims and may affect the Department of Defense's more than 900,000 federal civilian employees.

DOD estimated that about 49,700 of its civilian employees experienced sexual harassment and about 2,500 experienced work-related sexual assault in FY2018, but it does not fully track reports of these behaviors. Also, civilian employees may not have access to DOD-provided reporting and support services available to servicemembers.

Our 19 recommendations include tracking civilian sexual harassment and assault incidents and expanding access to reporting and support services.

**Table 1: Number of Department of Defense Federal Civilian Employee Equal Employment Opportunity Sexual Harassment Pre-complaints and Formal Complaints for Selected DOD Components, Fiscal Years 2015-2019**

DOD component	Fiscal year 2015		Fiscal year 2016		Fiscal year 2017		Fiscal year 2018		Fiscal year 2019		All 5 fiscal years combined	
	Pre-	Formal	Pre-	Formal	Pre-	Formal	Pre-	Formal	Pre-	Formal	Pre-	Formal
Army	46	51	47	41	28	68	36	58	37	56	194	274
Navy	18	11	24	10	39	18	43	13	94	11	218	63
Marine Corps	8	*	9	*	*	*	16	*	29	6	66	15
Air Force <sup>a</sup>	46	18	24	21	21	23	38	25	16	19	145	106
Defense Commissary Agency	10	10	6	12	7	9	*	11	*	6	30	48
Defense Contract Audit Agency	*	*	*	*	*	*	*	*	*	*	9	*
Defense Intelligence Agency	*	*	*	*	*	*	*	*	5	*	10	9
Defense Logistics Agency	15	*	12	*	13	*	10	7	10	11	60	25

Source: GAO analysis of military service and select Department of Defense (DOD) agency Equal Employment Opportunity data. | GAO-21-113

Note: An asterisk (\*) denotes that there were fewer than five pre-complaints or formal complaints in a given fiscal year.

<sup>a</sup>According to Air Force officials, Air Force data for fiscal years 2016 and 2017 may not be complete due to the transition to a new database for tracking sexual harassment complaints.

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