

# CDP

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## **Research Update -- April 8, 2021**

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- Resource of the Week: Perceived Retaliation Against Military Sexual Assault Victims (RAND)

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<https://doi.org/10.1037/ser0000528>

**Brief behavioral treatment for insomnia: Treatment schedule and training feasibility in the military.**

Elliman, T. D., Schwalb, M. E., **Dolan, D.**, **Brim, W.**, & Adler, A. B.

Psychological Services  
Advance online publication

Insomnia is a threat to the well-being and combat readiness of military service members. Brief Behavioral Treatment for Insomnia (BBTI) is effective in treating insomnia, but the treatment schedule is difficult to implement in the Military Health System due to shorter appointment windows than what is offered in civilian settings. In

the present study, 23 behavioral health providers were trained in a version of BBTI adapted for use within the Military Health System. Training was conducted remotely via a 2-day webinar, followed by 12 weekly telephone consultations with a trainer. Surveys were conducted before and after the 2-day webinar, and after the consultation period. Training led to increases in target knowledge scores and self-rated confidence in administering BBTI. All providers reported implementing the treatment with multiple patients during the 12-week period, and all providers reported that the intervention was more effective than their usual treatment method. All behavioral health providers also reported that they were likely to use BBTI in the future when treating patients with insomnia, and that they would advertise their BBTI skills to primary care providers to encourage insomnia referrals. Although conducted with a small sample size, the current study gives provisional support for (a) feasibility of implementing the adapted version of BBTI within the Military Health System and (b) feasibility of training the adapted BBTI to behavioral health providers via remote learning methodology. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1192/bjo.2021.25>

### **Examining the development of PTSD symptoms in individuals who witness acute stress reaction on the battlefield.**

Harbertson, J., Ziajko, L., & Watrous, J.

BJPsych Open  
2021 Apr 1; 7(3):e74

Adler et al describe an innovative perspective on battlefield posttraumatic stress disorder (PTSD) symptoms in response to an acute stress reaction (ASR), tracking not the individual experiencing ASR, but rather the service members who witness another team member experiencing an ASR. PTSD symptoms, reactions, observations and responses in the witness are assessed.

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<https://doi.org/10.1007/s11916-021-00948-1>

### **CBT and CFT for Chronic Pain.**

Hadley, G., & Novitch, M. B.

Current Pain and Headache Reports

2021 Apr 1; 25(5):35

Purpose of review:

Chronic pain is a widespread public and physical health crisis, as it is one of the most common reasons adults seek medical care and accounts for the largest medical reason for disability in the USA (Glombiewski et al., *J Consult Clin Psychol.* 86(6):533-545, 2018; Schemer et al., *Eur J Pain.* 23(3):526-538, 2019). Chronic pain is associated with decreased functional status, opioid dependence and substance abuse disorders, mental health crises, and overall lower perceived quality of life (Korff et al., *J Pain.* 17(10):1068-1080, 2016). For example, the leading cause of chronic pain and the leading cause of long-term disability is low back pain (LBP) (Bjorck-van Dijken et al. *J Rehabil Med.* 40:864-9, 2008). Evidence suggests that persistent low back pain (pLBP) is a multidimensional biopsychosocial problem with various contributing factors (Cherkin et al., *JAMA.* 315(12):1240-1249, 2016). Emotional distress, pain-related fear, and protective movement behaviors are all unhelpful lifestyle factors that previously were more likely to go unaddressed when assessing and treating patient discomfort (Pincus et al., *Spine.* 38:2118-23, 2013). Those that are not properly assisted with these psychosocial issues are often unlikely to benefit from treatment in the primary care setting and thus are referred to multidisciplinary pain rehabilitation physicians. This itself increases healthcare costs, and treatments can be invasive and have risks of their own. Therefore, less expensive and more accessible management strategies targeting these psychosocial issues should be started to facilitate improvement early. As a biopsychosocial disorder, chronic pain is influenced by a range of factors including lifestyle, mental health status, familial culture, and socioeconomic status. Physicians have moved toward multi-modal pain approaches in order to combat this public health dilemma, ranging from medications with several different mechanisms of action, lifestyle changes, procedural pain control, and psychological interventions (Fashler et al., *Pain Res Manag.* 2016:5960987, 2016). Part of the rehabilitation process now more and more commonly includes cognitive behavioral and cognitive functional therapy. Cognitive functional therapy (CFT) and cognitive behavioral therapy (CBT) are both multidimensional psychological approaches to combat the mental portion of difficult pain control. While these therapies are quite different in their approach, they lend to the idea that chronic pain can and should be targeted using coping mechanisms, helping patients understand the pathophysiological process of pain, and altering behavior.

Recent findings:

CFT differs from CBT functionally, as instead of improving managing/coping

mechanisms of pain control from a solely mental approach, CFT directly points out maladaptive behaviors and actively challenges the patient to change them in a cognitively integrated, progressive overloading functional manner (Bjorck-van Dijken et al. J Rehabil Med. 40:864-9, 2008). This allows CFT to be targeted to each individual patient, with the goal of personalized reconceptualization of the pain response. The end goal is to overcome the barriers that prevent functional status improvement, a healthy lifestyle, and reaching their personal goals. Chronic pain is a major public health issue. Cognitive functional therapy (CFT) and cognitive behavioral therapy (CBT) are both multidimensional psychological approaches to combat the mental portion of difficult pain control. While these therapies are quite different in their approach, they lend to the idea that chronic pain can and should be targeted using coping mechanisms, helping patients understand the pathophysiological process of pain, and altering behavior.

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<https://doi.org/10.1093/milmed/usab121>

### **A Pilot Study of a Stress Management Program for Incarcerated Veterans.**

Louisa G Sylvia, PhD, Rana Chudnofsky, MEd, Stacie Fredriksson, Bingyu Xu, BA, Megan D McCarthy, BS, Jacque Francona, Betsy R Hart, Rachel Millstein, PhD, Darshan H Mehta, MD, Elyse R Park, PhD, Gregory L Fricchione, MD

Military Medicine

Published: 27 March 2021

#### Introduction

Veterans involved in the justice system are an understudied population warranting attention given their higher risk of mental health concerns and psychosocial challenges. Thus, there is a need for programs to support the psychological health of incarcerated veterans. The present study sought to determine the acceptability and effectiveness of a mind-body stress reduction program for incarcerated veterans.

#### Materials and Methods

Twenty-four incarcerated veterans (100% male; Mage = 44.87 (SD = 13.84)) completed a 6 week mind-body stress reduction course, or Resilient Warrior. Participants completed validated, self-report assessments of mood, functioning, mindfulness, and coping at pre- and post-program as well as having post-program qualitative feedback surveys.

## Results

Results showed improvement in depressive symptom severity, self-efficacy, and resilience over the study duration ( $P < .05$ ), but not stress reactivity, mindfulness, sleep disturbance, or perceived stress. The intervention was reported as helpful by 96% of participants, with 86% of participants stating they would recommend the course to others.

## Conclusions

The Resilient Warrior program is acceptable and well-tolerated for incarcerated veterans as well as may improve aspects of psychological health. Future studies could examine how stress reductions program might improve recidivism rates and quality of life after the release of incarcerated veterans.

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<https://doi.org/10.1002/jts.22676>

## **The Effect of Therapeutic Alliance on Dropout in Cognitive Processing Therapy for Posttraumatic Stress Disorder.**

Iris Sijercic Rachel E. Liebman Shannon Wiltsey Stirman Candice M. Monson

Journal of Traumatic Stress

First published: 27 March 2021

A substantial number of individuals who undergo cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) drop out before receiving a full course of treatment. Therapeutic alliance, defined as the working relationship between the therapist and client, is a dynamic process within therapy that may change over time. Research suggests that therapeutic alliance is associated with dropout in various treatments. However, no studies have yet examined the association between therapeutic alliance and dropout in CPT, and few studies have examined therapeutic alliance longitudinally over the course of treatment. Examining alliance in CPT through different methods may increase clinicians' understanding of how to tailor interventions to prevent treatment dropout. The present study examined the association between therapeutic alliance and treatment dropout among 169 participants in a randomized implementation effectiveness trial. In total, 33.1% of clients dropped out over the course of CPT, and nearly half of these individuals dropped out during the first six sessions. Continuous-time survival analysis results indicated that mean ratings of alliance significantly predicted treatment dropout, Wald  $\chi^2(1, N = 167) = 4.08$ ,  $\text{Exp}(\beta) = .64$ ,  $p =$

.043, whereas initial alliance, late alliance, and change in alliance over treatment did not. These findings suggest that overall therapeutic alliance is an important predictor of dropout from CPT.

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<https://doi.org/10.1089/lgbt.2020.0379>

### **The Role of Implementation Science in Reducing Sexual and Gender Minority Mental Health Disparities.**

Nicholas S. Perry and A. Rani Elwy

LGBT Health

Published Online: 2 Mar 2021

Owing to multiple and multilevel ecological factors, sexual and gender minority (SGM) populations exhibit persistent mental health disparities. SGM populations are also at increased risk for never being reached by evidence-based mental health care in real-world settings, which is essential for reducing these disparities. To be maximally effective in reducing these disparities, we must strive to bring our research findings into routine clinical care quickly. Implementation science can help SGM health researchers achieve this goal. This perspective outlines how researchers can use implementation science theories and methods to reduce SGM mental health disparities more efficiently and more durably.

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<https://doi.org/10.1080/08995605.2021.1897490>

### **Tired and angry: Sleep, mental health, and workplace relational aggression.**

Jeffrey M. Osgood, Hunter K. Yates, Amy B. Adler, Karmon D. Dyches & Phillip J. Quartana

Military Psychology

Published online: 29 Mar 2021

Workplace relational aggression incurs substantial costs to organizations in the form of reduced employee effectiveness and can exact a personal toll on the targets of the

aggression. The extant literature contains limited studies related to physiological variables in predicting the perpetration of workplace relational aggression. Using survey data from a large US military sample (N = 2290), this research tested a hypothesized indirect effects model of sleep and relational aggression against unit members. Results suggest that subjective sleep duration and discontinuity are associated indirectly with perpetrating relational aggression against unit members through higher levels of poor mental health symptoms. Moreover, this association was more robust at higher versus lower levels of trait anger. This research is among the first to examine sleep disturbance or mental health as potential upstream factors associated with instigating relational aggression in the workplace. This is also among the first scientific studies on perpetrating relational aggression against unit members in the US military.

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<https://doi.org/10.1080/08995605.2021.1897492>

### **Resiliency to adversity in military personnel: The role of self-regulation.**

Matthew J. W. McLarnon, Mitchell G. Rothstein & Gillian A. King

Military Psychology

Published online: 01 Apr 2021

Military service can include numerous adverse events. As such, resiliency has been considered as a means of potentially helping active-duty personnel face adversity and be better prepared for the demands of military service. However, research in military contexts has been hindered by use of disparate conceptualizations, definitions, and measures of resiliency. To provide some resolution to these inconsistencies, we use a comprehensive, theoretically based model of resiliency to explore how self-regulation processes contributed to Soldiers' negative affect and self-perceived effectiveness. We hypothesized that self-regulation (comprising distinct affective, behavioral, and cognitive processes) increments prediction of Soldiers' outcomes over and above trait-based resiliency protective factors. Using a sample of active-duty military personnel, cognitive self-regulation and affective self-regulation incremented the prediction of negative affect and self-perceived Soldier effectiveness, respectively, over and above trait-based protective factors. These results support the use of a comprehensive model and measure of resiliency, which may enable greater consistency across future research endeavors. As these results validated the links between self-regulation and post-adversity outcomes, this study provides a basis for developing new resiliency training



programs. Additional implications for theory and continued research on resiliency in military contexts are discussed.

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<https://doi.org/10.1080/08995605.2021.1897495>

**Delivering treatment to morally injured UK military personnel and Veterans: The clinician experience.**

Victoria Williamson, Dominic Murphy, Sharon A. M. Stevelink, Shannon Allen, Edgar Jones & Neil Greenberg

Military Psychology

Published online: 29 Mar 2021

This study explored the experiences of clinicians in providing treatment in cases of military-related moral injury (MI). Qualitative interviews were carried out with 15 clinicians. Clinicians found patients experienced particular maladaptive appraisals following MI, which were considered different from the responses experienced after threat-based trauma. To address MI-related distress, clinicians utilized a range of treatment approaches. Several difficulties in providing care to patients following MI were described, including the impact of providing treatment on the clinicians own mental health. This study provides detailed insight into the approaches currently used to identify and treat UK Veterans with MI-related psychological problems. These findings highlight the need to evaluate the effectiveness of the treatments currently provided for MI-related psychological problems and suggest developing best practice guidance may improve clinician confidence in delivering care to those adversely impacted by MI.

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<https://doi.org/10.1177/15346501211006922>

**Integrated Trauma-Focused Cognitive Behavioral Therapy for Comorbid Combat-Related Posttraumatic Stress Disorder: A Case Study with a Military Veteran.**

Skilbeck, L., Spanton, C., & Roylance, I.

Clinical Case Studies

First Published March 30, 2021

Individual Trauma-focused CBT has been shown to be effective for treating posttraumatic stress disorder in military veterans. Treatment challenges are common including the presence of dissociation and comorbidities including depression, traumatic brain injury symptoms, substance misuse, and social transition difficulties. There are currently no standard psychological therapy guidelines for veterans with comorbid presentations. However, as recommended by the National Institute for Health and Care Excellence treatment guidelines, adapting existing treatments can improve the chances of successfully treating trauma cases. In line with these recommendations, the current case study describes how the existing individual trauma-focused CBT model was integrated to treat posttraumatic stress disorder with comorbid depression, persistent mild-traumatic brain injury migraine, and social transition difficulties in a 38-year-old male combat veteran. The client attended 16-sessions of trauma-focused CBT. This model integrated his comorbidities and involved his spouse and multidisciplinary discussions with his general practitioner, and neurorehabilitation team and the Veterans' Transition Service. At the end of treatment, the client no longer met the diagnostic criteria for posttraumatic stress disorder. This case illustrates how trauma-focused CBT can be integrated to treat comorbid posttraumatic stress disorder in veterans.

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<http://dx.doi.org/10.1136/bmjmilitary-2020-001735>

### **Building resilience in US military families: why it matters.**

Alicia Gill Rossiter and C G Ling

BMJ Military Health

First published March 30, 2021

Service members and their families have endured significant stressors over the past 19 years in support of the nation's engagement in the wars in Iraq and Afghanistan. 'Resilience' is the term most commonly used to describe the military spouse and military-connected child. However, due to a paucity of research on military families, little is known about the impact of spousal/parental military service on the military family. The ability of the healthcare provider is critical to ensuring the success of the military spouse and military-connected child. Providers can support the physical and psychological health needs of military families through (1) identification of military family members in clinical practice and (2) providing culturally competent care that correlates the unique lifestyle and physical and psychological health exposures associated with

spousal/parental military service. Historically, in the United States, there has been a proud legacy of generational military service in families—upwards of 80% of new recruits have a family member who has served in the military. The leading factor associated with retention of the service member on Active Duty or in the Reserve or National Guard is the satisfaction of the at-home spouse. Disenfranchising the military spouse and lack of services and support for military-connected children could create a gap in meeting recruitment goals creating a threat to national security in the United States.

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<https://doi.org/10.1080/21635781.2021.1904063>

### **Clinical Skills in Military Behavioral Health Education: Efficacy of Role Play vs Standardized Actor Patient Training.**

Sara Kintzle & Hazel R. Atuel

Military Behavioral Health  
Published online: 29 Mar 2021

The use of Role Play (RP) and Standardized Actor Patients (SAP) have significantly impacted the behavioral health field's ability to train clinicians in clinical practice and the development of clinical skills. The purpose of this study was to test and compare the effects of RP and SAP in training graduate social work students in the development of military specific clinical skills. Masters of social work students (n = 156) at a university were enrolled in a quasi-experimental study and provided clinical training with the use of either RP or SAP. Participants were measured on their ability to clinically engage with clients and their ability to recognize and responds to symptoms of PTSD and suicide ideation. Participants in both groups demonstrated increases in self-efficacy, clinical engagement, recognizing, and responding to PTSD and suicidal symptoms, and overall performance. Overall significant differences were not found in the development of clinical skills between RP and SAP groups with an exception related to developing a collaborative relationship, with participants in the RP group scoring higher than those in the SAP group. These findings suggest that though SAP and RP appear to be equally effective training modalities, RP may provide advantages in the development of the therapeutic relationship.

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<https://doi.org/10.1080/21635781.2021.1904064>

## **Operational Stress Control during a Pandemic: An Army National Guard Perspective on Lessons Learned during the Response to COVID-19.**

Greg M. Reger

Military Behavioral Health

Published online: 29 Mar 2021

U.S. Army combat operational stress control doctrine and techniques are effective resources for military leaders preparing for prolonged operations in hostile environments. This doctrine provides an understanding of common sources of stress, stress reactions, and effective leader actions to help mitigate the effects. However, it may be less relevant to Army National Guard members activated to support their states during domestic emergencies. This article reviews the observations of one Behavioral Health Officer activated during the novel coronavirus 19 (COVID-19) pandemic and describes the operational stress experienced by Army National Guard members. Adaptive and maladaptive stress reactions to the stress of the COVID-19 operations are reviewed. The author calls for new or revised combat operational stress doctrine that is relevant to part time, citizen-soldiers activated for domestic emergencies. Aggregating Army National Guard lessons learned in the context of COVID-19 may also help support soldiers in the case that unfortunate future waves of the virus occur and to prepare for future pandemics.

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<https://doi.org/10.1007/s40596-021-01421-2>

## **Teaching Suicide Risk Assessment: Spotlight on the Therapeutic Relationship.**

Adriana Foster, Matison Alderman, Daniel Safin, Xenia Aponte, Karina McCoy, Meghan Caughey & Igor Galynker

Academic Psychiatry

Published: 30 March 2021

Despite years of intense public attention and significant research of pathophysiology, genetics, prevention, and treatment, suicide remains a leading cause of death [1]. Because of our inability to predict and prevent suicide [2], clinicians working with acutely

suicidal patients frequently experience negative emotions, such as anxiety and avoidance that may be sensed by the patient and result in adverse outcomes [3, 4]. To maintain positive therapeutic alliance, it is critically important to train clinicians in recognizing and managing their negative emotions towards patients with suicidal thoughts and behaviors [3, 5]. Hence, in this paper, we discuss the role of academic psychiatry in improving the emotional facet of the patient-clinician relationship with suicidal patients, with the goal of offering clinicians' a broader set of tools to use in the fight against suicide. This paper aims to highlight clinician-specific aspects of the therapeutic alliance that may encourage patients to reveal their struggles with suicidal thoughts to their clinician and accept help in relieving their emotional pain. These aspects involve (1) becoming aware of and managing negative emotions (i.e., countertransference) that occur in the stressful interactions with patients at risk of suicide, (2) learning specific empathic communication techniques, and (3) incorporating feedback from patients with lived experience of suicide attempts in developing therapeutic alliance with people at suicide risk.

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<https://doi.org/10.1001/jamapsychiatry.2021.0247>

### **Cost-effectiveness of Treatments for Opioid Use Disorder.**

Fairley, M., Humphreys, K., Joyce, V. R., Bounthavong, M., Trafton, J., Combs, A., Oliva, E. M., Goldhaber-Fiebert, J. D., Asch, S. M., Brandeau, M. L., & Owens, D. K.

JAMA Psychiatry  
March 31, 2021

#### Key Points

##### Question

What is the cost-effectiveness of medication-assisted treatment (MAT) and treatment add-ons (eg, contingency management) for opioid use disorder in the United States?

##### Findings

In this cost-effectiveness study, MAT combined with contingency management and overdose education and naloxone distribution to treat opioid use disorder was associated with significant health benefits and cost savings compared with no treatment.

## Meaning

A significant fraction of individuals with opioid use disorder in the United States do not receive any form of MAT; expanding access to MAT, overdose education and naloxone distribution, and contingency management may generate significant societal cost savings and, more importantly, save numerous lives.

## Abstract

### Importance

Opioid use disorder (OUD) is a significant cause of morbidity and mortality in the US, yet many individuals with OUD do not receive treatment.

### Objective

To assess the cost-effectiveness of OUD treatments and association of these treatments with outcomes in the US.

### Design and Setting

This model-based cost-effectiveness analysis included a US population with OUD.

### Interventions

Medication-assisted treatment (MAT) with buprenorphine, methadone, or injectable extended-release naltrexone; psychotherapy (beyond standard counseling); overdose education and naloxone distribution (OEND); and contingency management (CM).

### Main Outcomes and Measures

Fatal and nonfatal overdoses and deaths throughout 5 years, discounted lifetime quality-adjusted life-years (QALYs), and costs.

### Results

In the base case, in the absence of treatment, 42 717 overdoses (4132 fatal, 38 585 nonfatal) and 12 660 deaths were estimated to occur in a cohort of 100 000 patients over 5 years, and 11.58 discounted lifetime QALYs were estimated to be experienced per person. An estimated reduction in overdoses was associated with MAT with methadone (10.7%), MAT with buprenorphine or naltrexone (22.0%), and when combined with CM and psychotherapy (range, 21.0%-31.4%). Estimated deceased deaths were associated with MAT with methadone (6%), MAT with buprenorphine or naltrexone (13.9%), and when combined with CM, OEND, and psychotherapy (16.9%). MAT yielded discounted gains of 1.02 to 1.07 QALYs per person. Including only health care sector costs, methadone cost \$16 000/QALY gained compared with no treatment, followed by methadone with OEND (\$22 000/QALY gained), then by buprenorphine with OEND and CM (\$42 000/QALY gained), and then by buprenorphine with OEND, CM,

and psychotherapy (\$250 000/QALY gained). MAT with naltrexone was dominated by other treatment alternatives. When criminal justice costs were included, all forms of MAT (with buprenorphine, methadone, and naltrexone) were associated with cost savings compared with no treatment, yielding savings of \$25 000 to \$105 000 in lifetime costs per person. The largest cost savings were associated with methadone plus CM. Results were qualitatively unchanged over a wide range of sensitivity analyses. An analysis using demographic and cost data for Veterans Health Administration patients yielded similar findings.

#### Conclusions and Relevance

In this cost-effectiveness analysis, expanded access to MAT, combined with OEND and CM, was associated with cost-saving reductions in morbidity and mortality from OUD. Lack of widespread MAT availability limits access to a cost-saving medical intervention that reduces morbidity and mortality from OUD. Opioid overdoses in the US likely reached a record high in 2020 because of COVID-19 increasing substance use, exacerbating stress and social isolation, and interfering with opioid treatment. It is essential to understand the cost-effectiveness of alternative forms of MAT to treat OUD.

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<https://doi.org/10.3389/fpsy.2021.566740>

#### **COVID-19: Mental Health Prevention and Care for Healthcare Professionals.**

Julie Rolling , Amaury C. Mengin , Cédric Palacio, Dominique Mastelli, Morgane Fath, Adrien Gras, Jean-Jacques Von Hunolstein, Carmen M. Schröder and Pierre Vidailhet

Frontiers in Psychiatry

23 March 2021

The Coronavirus Disease 2019 (COVID-19) pandemic exposed health professionals to high stress levels inducing significant psychological impact. Our region, Grand Est, was the most impacted French region during the first COVID-19 wave. In this context, we created CoviPsyHUS, local mental health prevention and care system dedicated explicitly to healthcare workers affected by the COVID-19 pandemic in one of this region's tertiary hospitals. We deployed CoviPsyHUS gradually in 1 month. To date, CoviPsyHUS comprises 60 mental health professionals dedicated to 4 complementary components: (i) a mental health support hotline (170 calls), (ii) relaxation rooms (used by 2,120 healthcare workers with 110 therapeutic workshops offered), (iii) mobile teams (1,200 contacts with healthcare staff), and (iv) a section dedicated to patients and their

families. Among the critical points to integrate mental health care system during a crisis, we identified: (i) massive dissemination of mental health support information with multimodal communication, (ii) clear identification of the mental health support system, (iii) proactive mobile teams to identify healthcare professionals in difficulty, (iv) concrete measures to relieve the healthcare professionals under pressure (e.g., the relay in communication with families), (v) support for primary needs (body care (physiotherapy), advice and first-line therapy for sleep disorders), and (vi) psychoeducation and emotion management techniques. The different components of CoviPsyHUS are vital elements in meeting the needs of caregivers in situations of continuous stress. The organization of 4 targeted, modular, and rapidly deployable components makes CoviPsyHUS an innovative, reactive, and replicable mental health prevention and care system that could serve as a universal support model for other COVID-19 affected teams or other exceptional health crises in the future.

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<https://doi.org/10.1016/j.psychres.2021.113909>

## **Differences in sleep apnea among veterans with PTSD and other mental health conditions.**

JC DeViva, E McCarthy, GM Santoro

Psychiatry Research  
Available online 31 March 2021

### Highlights

- A third of referrals for polysomnograms to a VA sleep carried a diagnosis of PTSD
- Cases with PTSD did not differ from other groups on any polysomnography result
- Rate of sleep apnea in cases with PTSD was not different from any other group

### Abstract

The current study compared polysomnography results of 200 consecutive VA sleep clinic referrals with PTSD, other mental health diagnoses (OTHMH), and no mental health diagnoses (NOMH). There were 59 (29.5%) NOMH cases, 62 (31.0%) PTSD cases, and 79 (39.5%) OTHMH cases. SA was diagnosed in 105 cases (52.5%), and rates of SA diagnosis did not differ by MH diagnosis. PTSD SA cases were younger than NOMH cases. NOMH cases had less sleep and higher apnea-hypopnea index



than OTHMH cases. PTSD cases were not different on any sleep variable, hypertension frequency, or body-mass index.

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<https://doi.org/10.1037/adb0000709>

### **Drinking to cope as a mechanism between sleep problems and heavy episodic drinking among trauma survivors.**

Brockdorf, A. N., Haws, J. K., Brock, R. L., Gratz, K. L., Messman, T. L., & DiLillo, D.

Psychology of Addictive Behaviors  
Advance online publication

#### Objective:

Women who have experienced trauma report high rates of heavy episodic drinking (HED) and sleep problems. Prior work suggests that poor sleep exacerbates heavy alcohol use; however, potential mechanisms for this association are unclear. Consistent with the self-medication model, one possibility may be that women with a history of trauma are drinking at increased rates in order to cope with the affective consequences of poor sleep. To examine this possibility, the current study tested the role of drinking to cope motives as a mediator of prospective associations between sleep problems and HED among women who have experienced trauma.

#### Method:

Community women reporting a history of trauma (N = 414, Mage = 21.8, 59.9% White, 36.2% Black) completed self-report measures at baseline and 4 month and 8 month follow-ups. Measures of trauma exposure (Life Events Checklist [LEC]) and sleep problems (Cohen-Hoberman Inventory of Physical Symptoms—Revised [CHIPS-R]) were taken from baseline, drinking motives (Revised Drinking Motives Questionnaire) at 4 months, and HED at 8 months.

#### Results:

Findings supported an indirect association between sleep problems and later HED through increased drinking to cope motives ( $b = .05$ , 95% CI [.018, .108],  $\beta = .05$ ).

#### Conclusion:

As hypothesized, drinking to cope accounted for associations between sleep problems and later HED. Findings underscore the potential value in addressing drinking to cope

motives as a means of reducing HED, particularly among women with a history of trauma who are sleeping poorly. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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<https://doi.org/10.1016/j.apmr.2021.03.009>

## **Suicide Following Stroke in the United States Veterans Health Administration Population.**

Jordan M. Wyrwa, Tyler M. Shirel, Trisha A. Hostetter, Alexandra L. Schneider, ... Lisa A. Brenner

Archives of Physical Medicine and Rehabilitation  
Available online 31 March 2021

### Highlights

- Stroke increases Veterans' risk for suicide, specifically by firearm
- Mental health disorders are more prevalent among patients with a history of stroke
- Consider incorporating mental health care into stroke rehabilitation
- Consider discussing lethal means safety with these patients and their caregivers

### Abstract

#### Objective

To evaluate risk for suicide among Veterans with a history of stroke, seeking care within the Veterans Health Administration (VHA), we analyzed existing clinical data.

#### Design

This retrospective cohort study was approved and performed in accordance with the local Institutional Review Board. Veterans were identified via the VHA's Corporate Data Warehouse (CDW). Initial eligibility criteria included confirmed Veteran status and at least 90 days of VHA utilization between fiscal years 2001-2015. Cox proportional hazards models were used to assess the association between history of stroke and suicide. Among those Veterans who died by suicide, the association between history of stroke and method of suicide was also investigated.

#### Setting

VHA

## Participants

Veteran's with at least 90 days of VHA utilization between fiscal years 2001-2015

## Interventions

not applicable

## Main Outcome Measure(s)

suicide and method of suicide

## Results

Data from 1,647,671 Veterans were analyzed (1,405,762 without stroke and 241,909 with stroke). The fully adjusted model, which controlled for age, sex, mental health diagnoses, mild traumatic brain injury (TBI), and modified Charlson/Deyo Index (stroke-related diagnoses excluded), demonstrated a hazard ratio of 1.13 (95% CI: 1.02-1.25;  $p = 0.02$ ). The majority of suicides in both cohorts was by firearm, and a significantly larger proportion of suicides occurred by firearm in the group with stroke compared to the cohort without (81.2% versus 76.6%).

## Conclusions

Findings suggest that Veterans with a history of stroke are at increased risk for suicide, specifically by firearm, compared to Veterans without a history of stroke. Increased efforts are needed to address the mental health needs and lethal means safety of Veterans with a history of stroke, with the goal of improving function and decreasing negative psychiatric outcomes, such as suicide.

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<https://doi.org/10.1093/milmed/usab126>

## **Sexsomnia in Active Duty Military: A Series of Four Cases.**

Juan D Fernandez, MD, MC, USA, Rodolfo Soca, MD

Military Medicine

Published: 03 April 2021

Sexsomnia is a type of non-rapid eye movement (NREM) parasomnia in which sexual behaviors arise during sleep; these behaviors are varied and can include masturbation, orgasms with or without self-stimulation, sexual vocalizations and talking, and sexual

fondling and/or intercourse with the bed partner. The military creates a challenging environment, with sleep deprivation, shift work, and increased psychosocial stress that may predispose service members to an increased risk for all NREM parasomnias, including sexsomnia. Given that sexsomnia is sometimes invoked in sexual assault military lawsuits, it may behoove the military community to understand how this condition usually manifests so that its medicolegal implications can be addressed more clearly. Here, we present the largest case series of sexsomnia to date in active duty military service members, which adds to the limited literature on such cases in the military and to the broader but still growing literature on this rare disorder. We compare and contrast these cases with the available literature to highlight their similarities and differences in addition to commenting on the relevance of these cases in forensic investigations. As none of these cases were involved in legal issues, they could provide useful information about this rare condition in individuals who are less likely to be affected by the biases that are inherent to litigation.

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<https://doi.org/10.1002/ajcp.12516>

### **Systematic Review of Cultural Aspects of Stigma and Mental Illness among Racial and Ethnic Minority Groups in the United States: Implications for Interventions.**

Misra, S., Jackson, V.W., Chong, J., Choe, K., Tay, C., Wong, J. and Yang, L.H.

American Journal of Community Psychology

First published: 03 April 2021

Stigma is integral to understanding mental health disparities among racial and ethnic minority groups in the United States. We conducted a systematic review to identify empirical studies on cultural aspects of mental illness stigma (public, structural, affiliative, self) among three racial and ethnic minority groups (Asian Americans, Black Americans, Latinx Americans) from 1990 to 2019, yielding 97 articles. In comparison studies (N = 25), racial and ethnic minority groups often expressed greater public and/or self-stigma than White American groups. In within-group studies (N = 65; Asian American, n = 21; Black American, n = 18; Latinx American; n = 26), which were primarily qualitative (73%), four major cultural themes emerged: 1) service barriers including access and quality (structural stigma); 2) family experiences including concealment for family's sake, fear of being a burden, and stigma extending to family (affiliative stigma); 3) lack of knowledge about mental illness and specific cultural beliefs (public stigma); and 4) negative emotional responses and coping (self-stigma). These

findings confirmed stigma has both similar and unique cultural aspects across groups. Despite this, few studies tested stigma reduction interventions (N = 7). These cultural insights can inform contextual change at the health systems and community levels to reduce stigma, and empowerment at the interpersonal and individual levels to resist stigma.

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## Links of Interest

Veterans' poor sleep can lead to mental health nightmares

<https://blogs.va.gov/VAntage/86248/veterans-poor-sleep-can-lead-mental-health-nightmares/>

Visual dysfunctions common in even mild TBI patients

<https://health.mil/News/Articles/2021/03/30/Visual-dysfunctions-common-in-even-mild-TBI-patients>

Improving Reproductive Health for Women with PTSD

<https://blogs.va.gov/VAntage/86691/improving-reproductive-health-women-ptsd/>

Vietnam Veterans Memorial showcases warriors instead of war

<https://blogs.va.gov/VAntage/86469/vietnam-veterans-memorial-showcases-warriors-instead-war/>

Tricare expanding program for nearly 16,000 military family members with autism

<https://www.militarytimes.com/pay-benefits/2021/03/31/tricare-expanding-program-for-nearly-16000-military-family-members-with-autism/>

Almost half of working military spouses lost jobs during the coronavirus pandemic, study finds

<https://www.stripes.com/news/us/almost-half-of-working-military-spouses-lost-jobs-during-the-coronavirus-pandemic-study-finds-1.667935>

Military plans survey on compliance with sexual harassment, assault policies

<https://www.upi.com/Defense-News/2021/04/01/military-survey-sexual-assault-harassment-compliance/3711617325195/>

DOD warfighter brain health draft plan has six priorities

<https://health.mil/News/Articles/2021/03/31/DOD-warfighter-brain-health-draft-plan-has-six-priorities>

Trauma Associated Sleep Disorder: How PTSD Patients Might Be Suffering From This New, Proposed Parasomnia.

<https://www.aastweb.org/hubfs/A2Zzz%202021/TraumaAssociatedSleepDisorder.pdf>

Cognitive Behavioral Therapy (CBT)

<https://www.brainline.org/treatment-hub/treatments-ptsd/cognitive-behavioral-therapy-cbt>

Supporting Survivors of Sexual Assault and Sexual Harassment

<https://www.pdhealth.mil/news/blog/supporting-survivors-sexual-assault-and-sexual-harassment>

18 Army instructors charged with sexual abuse since 2019, data shows

<https://www.militarytimes.com/news/your-army/2021/04/05/18-army-instructors-charged-with-sexual-abuse-since-2019-data-shows/>

Insomnia Assessment and Treatment is an Essential Competency for Health Psychologists

<https://div38healthpsychologist.com/2021/03/18/insomnia-assessment-and-treatment-is-an-essential-competency-for-health-psychologists/>

Navy bans 'faddish,' 'eccentric' and other subjective terms from grooming regs

<https://www.navytimes.com/news/your-navy/2021/04/02/navy-bans-faddish-eccentric-and-other-subjective-terms-from-grooming-regs/>

Defense Health Agency celebrating the mighty military child in April

<https://health.mil/News/Articles/2021/04/02/Defense-Health-Agency-celebrating-the-mighty-military-child-in-April>

Pandemic adds strain on already stressful life of military kids: child psychologist

<https://www.militarytimes.com/pay-benefits/2021/04/02/pandemic-adds-strain-on-already-stressful-life-of-military-kids-child-psychologist/>

Children's well-being contributes immeasurably to force readiness

<https://health.mil/News/Articles/2021/04/06/Childrens-well-being-contributes-immeasurably-to-force-readiness>

MHS pushing to expand children's mental health care options

<https://health.mil/News/Articles/2021/04/07/MHS-pushing-to-expand-childrens-mental-health-care-options>

Military children qualify for a variety of VA benefits

<https://blogs.va.gov/VAntage/86374/military-children-qualify-variety-va-benefits/>

Sexually transmitted infections increasing in the military

<https://www.militarytimes.com/pay-benefits/military-benefits/health-care/2021/04/05/sexually-transmitted-infections-increasing-in-the-military/>

Active-duty suicide numbers level off after summer spike, but reserves soar

<https://www.militarytimes.com/news/your-military/2021/04/05/active-duty-suicide-numbers-level-off-after-summer-spike-but-reserves-soar/>

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**Resource of the Week: [Perceived Retaliation Against Military Sexual Assault Victims](#)**

New, from the RAND Corporation:

In response to the high and stable rates of perceived retaliation against military sexual assault victims, in 2014, Secretary of Defense Chuck Hagel announced new procedures that would better prepare commanders, junior officers, and supervisors to "reduce the potential for retaliation."

This resolve was echoed by the U.S. Congress, which included in the National Defense Authorization Act for fiscal year 2016 a directive to create a comprehensive strategy to prevent retaliation. The resultant DoD Retaliation Prevention and Response Strategy includes the goal of "creating a culture intolerant of retaliation" and plans to "hold supervisors and leaders appropriately accountable for preventing, detecting, and addressing retaliatory behavior." To guide this effort, it may be helpful to better understand the situations in which retaliation against military sexual assault victims is most likely to occur. Although fear of retaliation is often identified as a barrier to reporting sexual assault, little is known about the predictors of retaliation when it does occur. This research documents the characteristics of sexual assault incidents, victims, and perpetrators that increase risk for perceived retaliation against service women

who have been sexually assaulted. Because telling others about the sexual assault increases the number of people who know about the assault and thus may retaliate against the victim, the authors also explored the relationship between disclosure choices and retaliation and subsequently controlled for disclosure choices when identifying risk factors for retaliation.



Research Report

COREEN FARRIS, TERRY L. SCHELL, LISA H. JAYCOX, ROBIN L. BECKMAN

# Perceived Retaliation Against Military Sexual Assault Victims

In 2014, we estimated that approximately 20,300 active-component service members experienced a sexual assault in the previous 12 months (1.0 percent of men and 4.9 percent of women; Morral, Gore, and Schell, 2015b).<sup>A</sup> Fifteen percent of women and 2 percent of men had been sexually assaulted at least one time since joining the service (Morral, Gore, and Schell, 2015b).

Sexual assault victimization is associated with a variety of negative outcomes, including short- and long-term medical problems, mental health symptoms, suicide attempts, and career

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<sup>A</sup> The research reported here was completed in May 2018 and underwent security review with the sponsor and the Defense Office of Prepublication and Security Review before public release. Documents that were published subsequent to May 2018 are not cited.

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