

CDP



Research Update -- September 2, 2021

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- Spiritually Integrated Interventions for PTSD and Moral Injury: A Review.
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- Happy Soldiers are Highest Performers.
- States of mind preceding a near-lethal suicide attempt: A mixed methods study.

- Links of Interest
- Resource of the Week: Telepsychology Best Practices 101 (American Psychological Association)

<https://doi.org/10.1080/08995605.2021.1959222>

Better off with you: Exploring congruity between caregivers' and Veterans' experience of efforts to cope with suicide.

Dev Crasta, Angela Page Spears, Sarah R. Sullivan, Peter C. Britton & Marianne Goodman

Military Psychology

Published online: 25 Aug 2021

The interpersonal theory of suicide posits people are more likely to consider suicide when they perceive themselves as alone and as a burden. However, there is limited research on whether these self-perceptions reflect caregiver experiences. As part of a larger study of collaborative safety planning, 43 Veteran/caregiver dyads (N = 86 individuals) completed measures of belongingness and burdensomeness, caregiver burden, family problem solving, and suicide-related coping. We conducted dyad-level actor interdependence models allowing two types of social coping (i.e., general problem solving and suicide-specific coping) to predict Veteran's self-views and caregiver interpersonal perceptions. Results suggested that Veteran social coping predicted lower Veteran thwarted belongingness and burdensomeness and caregiver involvement in problem solving was similarly associated with their own lower caregiver emotional burden. But examination of cross-partner effects demonstrated that greater Veteran coping was associated with greater time burden for caregivers. Findings suggest that social coping is associated with positive perceptions at the individual level (i.e., Veterans and caregivers to themselves) but does not indicate positive effects at the partner level. Clinicians working with Veterans may wish to involve supports in care to encourage effective collaboration that meets both caregiver/recipient needs.

<https://doi.org/10.1080/08995605.2021.1962190>

An examination of department of defense environmental factors that contribute to reporting sexual harassment.

Kenzie Hurley, Brandon Sholar & L. T. Christopher Rodeheffer

Military Psychology

Published online: 25 Aug 2021

This study examined the influence of inclusion on the relationship between unwanted workplace experiences (UWEs) and negative perceptions of the sexual harassment reporting climate (NPRC) among 77 United States military units. De-identified archival data from the Department of Defense's Defense Organizational Climate Survey (DEOCS) were analyzed. Results show that, while perceptions of inclusion did not moderate the relationship between UWEs and NPRC, it did predict NPRC. Our research reveals that the more inclusive a unit is, the more likely members in that unit will have positive perceptions of the sexual harassment reporting climate. Additionally, unit group cohesion (GC) levels were found to positively predict levels of inclusion among units. Implications regarding the implementation of more team-building exercises to both raise GC and perceptions of inclusion – as a potential way for military units to improve sexual harassment reporting climate – are discussed.

<https://doi.org/10.1080/08995605.2021.1962176>

Military identity and planning for the transition out of the military.

Meredith Kleykamp, Sidra Montgomery, Alexis Pang & Kristin Schrader

Military Psychology

Published online: 20 Aug 2021

Everyone who serves in the military (and survives the experience) will eventually become a Veteran, and most will face the challenge of finding a civilian job. This paper investigates how contemporary Veterans experience the transition period between military exit and entrance into civilian life and how their own actions before separation shape their post-transition outcomes. We follow 35 servicemembers through the transition process, interviewing them before and several months after they left the

military. These interviews reveal the importance of three factors – the conditions triggering their exit, the strength of their military identity, and their own planning (or lack thereof) for the transition to civilian life – in enhancing or detracting from achievement of a stated post-military goals and objective success in moving into work or school. The strength and depth of an individual’s institutional identity shapes how and when servicemembers plan for military exit and how they adjust to unanticipated military exits. Early planning reflects anticipatory socialization for new civilian roles and is associated with better post-military outcomes. But early planning is often hindered by a strong military identity or facilitated by a weak military identity. These findings have important implications for the military and advocates who serve them with the recent military policy changes to transition assistance and the retirement pension system that encourage early planning for post-military life.

<https://doi.org/10.1016/j.jpsychires.2021.08.027>

Shorter and longer-term risk for non-fatal suicide attempts among male U.S. military veterans after discharge from psychiatric hospitalization.

Peter C. Britton, Dev Crasta, Kipling M. Bohnert, Cathleen Kane, ... Wilfred R. Pigeon

Journal of Psychiatric Research
Volume 143, November 2021, Pages 9-15

Highlights

- There are limited data on shorter (1–90) and longer-term (91–365) risk factors for suicide attempts after discharge.
- Risk was highest among veterans who were between 18–59, were hospitalized after a suicide attempt, and had suicidal ideation.
- Risk was lowest among those with a dementia diagnosis.
- Risk increased over the timeframes among those with substance use disorders.
- Risk decreased over the timeframes among those with sleep disturbance and those who were discharged against medical advice.

Abstract

Although there are key differences in shorter-term (days 1–90) and longer-term (days 91–365) risk factors for suicide after discharge from inpatient psychiatry, there are no comparable data on non-fatal suicide attempts. Risk factors for non-fatal attempts in the first 90 days after discharge were compared with those over the remainder of the year

to identify temporal changes in risk. Records were extracted from 208,554 male veterans discharged from Veterans Health Administration acute psychiatric inpatient units from 2008 through 2013. Proportional hazard regression models identified correlates of non-fatal attempts for 1–90 days and 91–365 days; adjusted piecewise proportional hazards regression compared risk between these time frames. 5010 (2.4%) veterans made a non-fatal attempt, 1261 (0.60%) on days 1–90 and 3749 (1.78%) on days 91–365. Risk across both time frames was highest among younger veterans ages 18–59, and those hospitalized with a suicide attempt or suicidal ideation. It was lowest among those with a dementia diagnosis. Risk estimates were generally stable over time but increased among those with substance use disorders and decreased among those with sleep disturbance and discharged against medical advice. Estimates of some risk factors for non-fatal attempts change over time in the year after discharge and differ from those that change for suicide. Different preventive approaches may be needed to reduce shorter and longer-term risk for non-fatal attempts and suicide in the year after discharge.

<https://doi.org/10.1037/tra0001099>

Translation, cultural adaptation, and psychometric properties of the Spanish version of the Combat Exposure Scale (CES-S) with U.S. military Spanish speaking Latino veterans living in the Caribbean: A cross-sectional preliminary data study.

Rivera-Rivera, N., Pérez-Pedrogo, C., Calaf, M., & Sánchez-Cardona, I.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

The Combat Exposure Scale (CES) is one of the most used self-report instruments to assess various combat situations experienced by military personnel. This article presents a comprehensive translation and cultural adaptation of the CES to Spanish and its psychometric properties.

Method:

Fifty-five (n = 55) U.S. military Spanish-speaking Latino veterans diagnosed with combat-related PTSD were recruited from 2018 to 2020 to participate in this cross-sectional preliminary data study at the VA Caribbean Health Care System. The

translation and cultural adaptation followed the recommendations by Chavez & Canino (2005). Statistical analysis included principal component factor analysis, internal consistency analysis, and content validity analysis. It included two different expert bilingual committees composed of veterans with combat experience and university professors at a doctoral level.

Results:

The CES-S consists of seven items. The principal component factor analysis resulted in one factor and the content validity of =1. CES-S has an internal consistency of $\alpha=.84$.

Conclusion: The CES-S is suitable for its use with Spanish-speaking Latino veteran samples. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1027/0227-5910/a000803>

A Shelter in the Storm – Acceptability and Feasibility of a Brief Clinical Intervention for Suicidal Crisis.

Yolanda Mansfield, Sarah Hamilton, Julie Argus, Marianne Wyder, Rachel Macready, Bridie James, Coralie Stewart, and Tom Meehan

Crisis

Published Online: August 18, 2021

Background:

People attending the emergency department (ED) for suicidal crisis are at significantly higher risk of taking their own lives in the week following discharge. Aims: We aimed to evaluate the acceptability and feasibility of implementing a brief clinical aftercare intervention provided through Allied Health Brief Therapies (AHBTs) Clinics.

Method:

Consecutive referrals (n = 149) to the clinics following assessment in the ED for suicidal crisis formed the study group. This article details participant engagement and retention, service provision, therapeutic alliance, and participant satisfaction with the program. Suicidal ideation and ED utilization 3 months pre-/postintervention were used to assess short-term impact.

Results:

The study supports the feasibility of implementing a brief aftercare intervention for those

presenting to the ED for suicidal crisis. High rates of therapeutic alliance and satisfaction with the clinic intervention were reported by participants. Impact assessments pointed to a significant reduction in both suicidal ideation and ED utilization following the intervention.

Limitations:

A substantial number of participants had missing follow-up data. Given this and the absence of a control group, findings must be interpreted with caution.

Conclusion:

The study supports the acceptability and feasibility of implementing AHBT Clinics as a potential adjunct in the aftercare of people in suicidal crisis.

<https://doi.org/10.1037/pst0000378>

The Collaborative Assessment and Management of Suicidality (CAMS) stabilization plan for working with patients with suicide risk.

Tyndal, T., Zhang, I., & Jobes, D. A.

Psychotherapy

Advance online publication

The Collaborative Assessment and Management of Suicidality (CAMS) provides clinicians with an evidence-based suicide-focused therapeutic framework to help patients understand and manage suicidal thoughts and behaviors. A key component in CAMS suicide-focused treatment planning is the development and use of the CAMS Stabilization Plan (CSP). The CSP is used to ensure between-session safety and stability by helping patients learn to cope differently, enabling clinicians to care for suicidal patients on an outpatient basis, and thereby rendering suicidal-oriented coping obsolete. While implementing and maintaining the CSP, clinicians work to identify, target, and treat patient-identified suicidal drivers aimed at lowering the patient's suicide risk. The CSP employs a collaborative, flexible, and problem-focused approach creating a unique dynamic between clinician and patient as they work together to address the patient's suicidal struggle. CAMS allows clinicians to be flexible in their approach to treating suicidal behavior, utilizing techniques and tools they know, while providing them with a unique framework to engage their suicidal patients. Additionally, there is an overt and ongoing emphasis on encouraging patients to cultivate purpose and meaning in

their lives with plans, goals, and hope for the future—ultimately leading patients to discover a life worth living, which is the final focus in CAMS-guided care. (PsyInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1111/jsr.13468>

Night work as a stressor: The role of sleep reactivity to stress in the relationship between night work and insomnia.

Katarzyna Gustavsson, Adam Wichniak

Journal of Sleep Research
First published: 23 August 2021

Sleep reactivity to stress is a predisposition to experience sleep disturbances in response to stress. The present study aimed to examine the potential moderating role of sleep reactivity to stress in the relationship between the number of night shifts per month as a stressor and insomnia symptoms. A total of 188 shift-working physicians completed a short questionnaire about work schedule, the Ford Insomnia Response to Stress and the Insomnia Severity Index. Sleep reactivity to stress was a significant moderator of the effect of number of nights worked in the last month on insomnia symptoms. At low and medium sleep reactivity to stress the relationship between the number of night shifts per month and insomnia symptoms was positive and significant. At high sleep reactivity to stress the relationship was no longer significant. The results show that with low and medium sleep reactivity to stress, the more night shifts a person works per month, the more severe insomnia symptoms they will report. With high sleep reactivity to stress even a low number of night shifts per month will lead to a deterioration of sleep. This is important for identifying those who are more vulnerable to adverse consequences of working in the shift system, and the knowledge of workers' sleep reactivity to stress may help in providing targeted interventions.

<https://doi.org/10.1016/j.whi.2020.11.006>

A Scoping Review of Unintended Pregnancy in Active Duty United States Military Women.

Candy Wilson, Angela Kornegay Phillips, Stacey E. Iobst, Evan R. Myers, ... Ryan Landoll

Women's Health Issues

Volume 31, Supplement 1, 25 August 2021, Pages S66-S80

Introduction

The purpose of this scoping review was to apply the Social Ecological Model for Military Women's Health to literature on unintended pregnancy (UIP) to answer the question: In United States active duty military women (population) with the potential for UIP (context), what is known about risk factors, prevention, and pregnancy outcomes (concepts)?

Methods

We conducted this review based on a PRISMA-ScR protocol registered a priori in Open Science Framework. Following a literature search of six databases and the grey literature, we used DistillerSR to manage data screening and data charting. The Social Ecological Model for Military Women's Health served as the theoretical framework to chart findings regarding UIP at the individual, microsystem, mesosystem, exosystem, and macrosystem levels.

Results

A total of 74 research, review, and grey literature articles met the inclusion criteria. Risk factors included specific demographics, military service, and recent deployment. Prevention included contraceptive practices, access, and education that should take place early in servicewomen's careers and before deployment. Outcomes included early return from deployment, personal career challenges, and seeking alternative health services outside the military health system.

Conclusions

Research and policy initiatives should focus on decreasing risk factors in the military working environment, with particular attention to the deployed environment. These initiatives should include input from military leaders, health care providers, servicewomen, and servicemen with the goal of decreasing the incidence of unintended pregnancies. Pregnancy intentionality among military women should be considered as a concept to shape intervention research to reduce unintended pregnancies.

<https://doi.org/10.1016/j.whi.2021.01.004>

Sexually Transmitted Infections in U.S. Military Women: A Scoping Review 2000–2018.

Dawnkimberly Hopkins, Candy Wilson, Rhonda Allard

Women's Health Issues

Volume 31, Supplement 1, 25 August 2021, Pages S43-S52

Purpose

High rates of sexually transmitted infections (STIs) have been documented among U.S. military servicemembers. The purpose of this scoping review is to evaluate the literature to determine what is known about the risk factors, preventive measures, and health outcomes regarding STIs among active duty servicewomen.

Methods

A search of six bibliographic databases and the grey literature identified articles published from January 1, 2000, to December 31, 2018. A two-level review process was used to evaluate the inclusion of articles.

Results

Fifty-six articles were included. The majority of studies (n = 47) were descriptive (95%). The primary STIs of focus were chlamydia (66%) and gonorrhea (38%), with a lesser focus on herpes simplex virus 1 and 2 (17%) and syphilis (11%). There were no studies on chancroid or pubic lice. Chlamydia and gonorrhea were highly prevalent. Age, race, and gender were nonmodifiable risk factors, whereas behaviors, beliefs, socioeconomic level, marital status, and concomitant or repeat infections were modifiable risk factors. Educational programs and studies evaluating efficacious STI prevention methods were lacking. STI diagnoses occurred in servicewomen at their home stations as well as in deployed settings.

Conclusion

STIs remain an ongoing public health challenge with insufficient research to guide military and health care leaders. Future research should focus on prospective designs that leverage identified risk factors and at-risk populations where the most impact can be made to promote reproductive health.

<https://doi.org/10.1016/j.whi.2021.03.001>

Sleep Health in U.S. Military Women: A Scoping Review of the Literature, 2000–2019.

Leilani Siaki, Sharon Hasslen, Lilian Hoffecker, Lori L. Trego

Women's Health Issues

Volume 31, Supplement 1, 25 August 2021, Pages S22-S32

Background

Sleep, critical to military operational effectiveness, is among the top five outpatient conditions for which military women seek care, yet sleep research in active duty servicewomen is sparse. We conducted a scoping review to 1) describe literature focused on sleep disorders and promotion of sleep health among U.S. active duty servicewomen and 2) identify opportunities for future health policies and research that may improve sleep health and decrease incidence of disordered sleep in servicewomen.

Methods

The PRISMA-ScR guidelines for scoping reviews informed this project. We searched Ovid; MEDLINE and Epub Ahead of Print, In-Process and Other Non-Indexed Citations, Daily and Versions; Embase; CINAHL; Cochrane Central; the Cochrane Database of Systematic Reviews; PsycInfo; and the Web of Science, and several sources of grey literature, from January 2000 through March 2019. We used a three-step screening and data extraction process: 1) title and abstract screening, 2) full-text article screening, and 3) data extraction from included articles.

Results

Seventeen of 1464 articles met the inclusion criteria. Most articles were retrospective, descriptive, or observational research. No intervention studies were identified. Sleep diagnoses and dimensions included insomnia, obstructive sleep apnea, disordered sleep quality and duration, and narcolepsy. Sex/gender differences were documented in screening, diagnosis, risk factors, and conditions associated with disordered sleep, for example, pregnancy and postpartum status. Actionable leverage points involve military culture, training, education, treatment, and self-care behaviors related to sleep health.

Conclusions

Although we identified leverage points where policy changes have the potential to improve sleep health in active duty servicewomen, there is an urgent need for

intervention research to address the gaps in knowledge about sleep health in this population.

<https://doi.org/10.1016/j.whi.2020.12.003>

Adjustment Disorders in U.S. Active Duty Military Women: A Scoping Review for the Years 2000 to 2018.

Jouhayna Bajjani-Gebara, Sherrie L. Wilcox, John W. Williams, Andrzej S. Kosinski, ...
Ryan Landoll

Women's Health Issues

Volume 31, Supplement 1, 25 August 2021, Pages S33-S42

Background

Adjustment disorder (AD) is the most common mental health diagnosis in the U.S. military and is more than twice as likely to be diagnosed in active duty servicewomen as compared with male servicemembers. The literature on ADs, particularly in female servicemembers, has not been reviewed yet. We conducted a scoping review of the literature to explore the degree of research activity and summarize current literature gaps.

Methods

We created a PRISMA-ScR checklist and prospectively registered it in Open Science Framework. The literature search included articles (including studies and reports) published between 2000 and 2018 in either the grey literature or the following databases: Ovid Medline, CINAHL, Embase, PsycINFO, Web of Science, and Ovid Cochrane. We used DistillerSR to conduct title and abstracts screening, full-text screening, and data charting. The social ecological model for military women's health framework was used to organize the results.

Results

After screening 1,304 records, 29 were included for data charting. Most frequently, studies were descriptive (cross-sectional) (25%), with no randomized controlled studies. The studies primarily focused on ADs' risk factors in servicewomen (76%), followed by military readiness (38%). Only 14% addressed recommendations for treatments based on expert opinion, although they did not directly test interventions, and 7% focused on health outcomes.

Conclusions

ADs affect the health of U.S. military women and military readiness, yet little is known about their successful treatment or health outcomes. Additional research in those areas is warranted.

<https://doi.org/10.1093/milmed/usab342>

Prevalence of Comorbidities in Active and Reserve Service Members Pre and Post Traumatic Brain Injury, 2017-2019.

Tajrina Hai, MHS, Yll Agimi, PhD, Katharine Stout, DPT

Military Medicine

Published: 23 August 2021

Objective

To understand the prevalence of comorbidities associated with traumatic brain injury (TBI) patients among active and reserve service members in the U.S. Military.

Methods

Active and reserve SMs diagnosed with an incident TBI from January 2017 to October 2019 were selected. Nineteen comorbidities associated with TBI as identified in the literature and by clinical subject matter experts were described in this article. Each patient's medical encounters were evaluated from 6 months before to 2 years following the initial TBI diagnoses date in the Military Data Repository, if data were available. Time-to-event analyses were conducted to assess the cumulative prevalence over time of each comorbidity to the incident TBI diagnosis.

Results

We identified 47,299 TBI patients, of which most were mild (88.8%), followed by moderate (10.5%), severe (0.5%), and of penetrating (0.2%) TBI severity. Two years from the initial TBI diagnoses, the top five comorbidities within our cohort were cognitive disorders (51.9%), sleep disorders (45.0%), post-traumatic stress disorder (PTSD; 36.0%), emotional disorders (22.7%), and anxiety disorders (22.6%) across severity groups. Cognitive, sleep, PTSD, and emotional disorders were the top comorbidities seen within each TBI severity group. Comorbidities increased pre-TBI to post-TBI; the more severe the TBI, the greater the prevalence of associated comorbidities.

Conclusion

A large proportion of our TBI patients are afflicted with comorbidities, particularly post-TBI, indicating many have a complex profile. The military health system should continue tracking comorbidities associated with TBI within the U.S. Military and devise clinical practices that acknowledge the complexity of the TBI patient.

<https://doi.org/10.1016/j.whi.2021.07.003>

Staff and Patient Perspectives on Bystander Intervention Training to Address Patient-Initiated Sexual Harassment in Veterans Affairs Healthcare Settings.

Karissa M. Fenwick, Sharyn J. Potter, Ruth Klap, Karen E. Dyer, ... Alison B. Hamilton

Women's Health Issues

Available online 25 August 2021

Introduction

One in four women veteran patients experience public harassment by men veterans at Veterans Affairs (VA) health care facilities. Bystander intervention training—teaching bystanders to identify harassment, assess appropriate responses, and safely intervene before, during, or after an event—is a popular strategy for addressing harassment in military and education settings. We explored staff and veteran patient perspectives on bystander intervention training to address harassment of women veterans in VA health care settings.

Methods

We conducted 24 staff interviews and 15 veteran patient discussion groups (eight men's groups and seven women's groups) at four VA Medical Centers. We analyzed transcripts using the constant comparative method.

Results

Participants expressed divergent views about bystander intervention training to address harassment of women veteran patients at VA. Most participants supported training staff in bystander intervention, but support for training patients was mixed. Participants identified potential benefits of bystander intervention, including staff and patient empowerment and improvements to organizational culture. They also identified potential concerns, including provocation of conflict between patients, lack of buy-in among the

VA community, and difficulty in identifying intervention-appropriate situations. Finally, participants offered recommendations for tailoring training content and format to the VA context.

Conclusions

Bystander intervention training has the potential to raise collective responsibility for addressing harassment of women in VA and other health care contexts. However, our results illustrate divergent stakeholder views that underscore the importance of engaging and educating stakeholders, securing buy-in, and tailoring bystander intervention programs to local contexts before implementation.

<https://doi.org/10.1093/milmed/usab341>

Engaging Stakeholders to Optimize Sleep Disorders' Management in the U.S. Military: A Qualitative Analysis.

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Military Medicine

Published: 23 August 2021

Introduction

Sleep disorders' are highly prevalent among U.S. active duty service members (ADSMs) and present well-documented challenges to military health, safety, and performance. In addition to increased need for sleep medicine services, a major barrier to effective sleep management has been a lack of alignment among patients, health providers, and economic-decision-makers. To address this gap in knowledge, the purpose of the present study was to engage diverse stakeholders vested in improving sleep disorders' management in the military.

Materials and Methods

We elicited feedback from ADSMs with sleep disorders (five focus group discussion, n = 26) and primary care managers (PCMs) (11 individual semi-structured interview) in

two military treatment facilities (MTFs) in the National Capitol Region, in addition to national level military and civilian administrative stakeholders (11 individual semi-structured interview) about their experiences with sleep disorders' management in U.S. MTFs, including facilitators and barriers for reaching a definitive sleep diagnosis, convenience and effectiveness of sleep treatments, and key desired outcomes from interventions designed to address effectively sleep disorders in the U.S. military health care system (MHS). Recordings from focus groups and semi-structured interviews were transcribed verbatim and analyzed using QSR International's NVivo 12 software using inductive thematic analysis. The study was approved by Walter Reed National Military Medical Center Department of Research Programs.

Results

Active duty service members with sleep disorders often fail to recognize their need for professional sleep management. Whereas PCMs identified themselves as first-line providers for sleep disorders in the military, patients lacked confidence that PCMs can make accurate diagnoses and deliver effective sleep treatments. Active duty service members cited needs for expeditious treatment, educational support and care coordination, and support for obtaining sleep treatments during deployment. Challenges that PCMs identified for effective management include insufficient time during routine care visits, delays in scheduling testing procedures, and limited number of sleep specialists. Primary care managers suggested offering evidence-based telehealth tools and enhanced care coordination between PCMs and specialists; standardized medical education, materials, and tools; patient preparation before appointments; self-administered patient education; and including behavioral sleep specialists as part of the sleep management team. For administrative stakeholders, key outcomes of enhanced sleep management included (1) improved resource allocation and cost savings, and (2) improved ADSM safety, productivity, and combat effectiveness.

Conclusion

Current military sleep management practices are neither satisfactory nor maximally effective. Our findings suggest that solving the military sleep problem will require sustained effort and ongoing collaboration from ADSM patients, providers, and health systems leaders. Important potential roles for telehealth and technology were identified. Future research should seek to enhance implementation of sleep management best practices to improve outcomes for patients, providers, MHS, and the military as a whole.

<https://doi.org/10.2147/JPR.S322432>

Suicide Attempts in US Veterans with Chronic Headache Disorders: A 10-Year Retrospective Cohort Study.

Androulakis XM, Guo S, Zhang J, Sico J, Warren P, Giakas A, Li X, Peterlin BL, Mathew R, Reyes D.

Journal of Pain Research

Published 24 August 2021 Volume 2021:14 Pages 2629—2639

Objectives:

A large-scale retrospective analysis of veterans with chronic pain was conducted to examine (1) the annual incidence of suicide attempts (SA) in veterans with chronic headache and other chronic pain conditions, and (2) the risk of SA in men and women with chronic headache and chronic headache concurrent with traumatic brain injury (TBI) as compared to non-headache chronic pain.

Methods:

This retrospective study (N=3,247,621) analyzed National Veterans Affairs Health Administrative data of patients diagnosed with chronic head, neck, back and other chronic pain from 2000 to 2010. Multivariable Poisson regression was used to explore the relative risks of SA in veterans with chronic headache and chronic headache concurrent with TBI as stratified by sex.

Results:

Veterans with chronic headaches had the highest annual incidence of SA (329 to 491 per 100,000) each year among all identified types of chronic pain conditions. Compared to other non-headache chronic pain, chronic headache is associated with increased risk of SA [men RR (1.48), CI (1.37,1.59); women RR (1.64), CI (1.28,2.09)], after adjusting for demographic factors, TBI, and psychiatric comorbidities. The risk increased further when chronic headache is comorbid with TBI [men RR (2.82), CI (2.60, 3.05); women RR (2.16, CI (1.67– 2.78)].

Conclusion:

Veterans with chronic headache have a higher risk of SA than those with other chronic pain and women with chronic headache are at a higher risk than men with chronic headache. Chronic headache concurrent with TBI further heightened this risk, especially in men. Our data underscore the importance of identifying specific types of chronic pain

in veterans with comorbid TBI and sex disparity associated with SA when targeting suicide prevention measures.

<https://doi.org/10.1001/jamapsychiatry.2021.2332>

Prevalence and Trends in Suicidal Behavior Among US Military Veterans During the COVID-19 Pandemic.

Brandon Nichter, PhD; Melanie L. Hill, PhD; Peter J. Na, MD, MPH; et al

JAMA Psychiatry

Published online August 25, 2021

Key Points

Question

What is the population-based burden of the COVID-19 pandemic on suicidal behavior among US military veterans?

Finding

In this cohort study of 3078 US military veterans, rates of suicide ideation and suicide attempts did not significantly increase from prepandemic to peripandemic at the population level. However, a small proportion of veterans (2.6%) developed new-onset suicide ideation during the pandemic.

Meaning

These results suggest that despite grim forecasts about the COVID-19 pandemic possibly creating a perfect storm for suicidal behavior, the prevalence of suicidality did not appear to increase among military veterans nearly 10 months into the pandemic.

Abstract

Importance

The COVID-19 pandemic has raised considerable concerns about increased risk for suicidal behavior among US military veterans, who already had elevated rates of suicide before the pandemic.

Objective

To examine longitudinal changes in suicidal behavior from before the COVID-19

pandemic to nearly 10 months into the pandemic and identify risk factors and COVID-related variables associated with new-onset suicide ideation (SI).

Design, Setting, and Participants

This population-based prospective cohort study used data from the first and second wave of the National Health and Resilience in Veterans Study, conducted from November 18, 2019, to December 19, 2020. Median dates of data collection for the pre-pandemic and peripandemic assessments were November 21, 2019, and November 14, 2020, nearly 10 months after the start of the COVID-19 public health emergency in the US. A total of 3078 US military veterans aged 22 to 99 years were included in the study.

Main Outcomes and Measures

Past-year SI and suicide attempts.

Results

In this cohort study of 3078 US veterans (mean [SD] age, 63.2 [14.7] years; 91.6% men; 79.3% non-Hispanic White veterans, 10.3% non-Hispanic Black veterans, and 6.0% Hispanic veterans), 233 (7.8%) reported past-year SI, and 8 (0.3%) reported suicide attempts at the peripandemic assessment. Past-year SI decreased from 10.6% pre-pandemic (95% CI, 9.6%-11.8%) to 7.8% peripandemic (95% CI, 6.9%-8.8%). A total of 82 veterans (2.6%) developed new-onset SI over the follow-up period. After adjusting for sociodemographic and military characteristics, the strongest risk factors and COVID-19-related variables for new-onset SI were low social support (odds ratio [OR], 2.77; 95% CI, 1.46-5.28), suicide attempt history (OR, 6.31; 95% CI, 2.71-14.67), lifetime posttraumatic stress disorder and/or depression (OR, 2.25; 95% CI, 1.16-4.35), past-year alcohol use disorder severity (OR, 1.06; 95% CI, 1.01-1.12), COVID-19 infection (OR, 2.41; 95% CI, 1.41-5.01), and worsening of social relationships during the pandemic (OR, 1.47; 95% CI, 1.16-1.88).

Conclusions and Relevance

The results of this cohort study suggest that despite grim forecasts that the COVID-19 pandemic would exacerbate suicidality among US military veterans, the rate of SI decreased at the population level nearly 10 months into the pandemic. Veterans who were infected with COVID-19 were more than twice as likely to report SI, which suggests the need for future research to examine the potential link between COVID-19 infection and suicidal behavior.

<https://doi.org/10.1007/s11469-021-00620-0>

American Veterans in the Era of COVID-19: Reactions to the Pandemic, Posttraumatic Stress Disorder, and Substance Use Behaviors.

Eric R. Pedersen, Jordan P. Davis, Reagan E. Fitzke, Daniel S. Lee & Shaddy Saba

International Journal of Mental Health and Addiction

Published: 26 August 2021

The COVID-19 pandemic may have a compounding effect on the substance use of American veterans with posttraumatic stress disorder (PTSD). This study investigated the relationship between PTSD and current reactions to COVID-19 on alcohol and cannabis use among veterans who completed a survey 1 month prior to the pandemic in the USA and a 6-month follow-up survey. We hypothesized that veterans with PTSD would experience more negative reactions to COVID-19 and increased alcohol and cannabis use behaviors over those without PTSD. Veterans with PTSD prior to the pandemic, relative to those without, endorsed poorer reactions, greater frequency of alcohol use, and greater cannabis initiation and use during the pandemic. Veterans with PTSD may use substances to manage COVID-related stress. Clinicians may see an increase in substance use among this group during and after the pandemic and may need to implement specific behavioral interventions to mitigate the negative effects of COVID-19.

<https://doi.org/10.1037/tra0001071>

Exploring the maladaptive cognitions of moral injury within a primarily combat-trauma military sample.

Boska, R. L., & Capron, D. W.

Psychological Trauma: Theory, Research, Practice, and Policy

Advance online publication

Objective:

Post-Traumatic Stress Disorder (PTSD) is a prominent mental health condition that affects military personnel. Moral injury is another mental health concern among military personnel that requires further investigation. Moral injury results when the individual is

exposed to a situation or event that violates their moral code. Meanwhile, PTSD results when there is a substantial threat of harm. Although distorted cognitions are core components of PTSD symptomatology, there is no research of cognitions in moral injury. The current study examined how maladaptive cognitions (i.e., self-worth and judgment, threat of harm, forgiveness of the situation reliability, trustworthiness of others, forgiveness of others, forgiveness of self, and atonement) may be associated with either moral injury or PTSD.

Method:

Participants (N = 253) were recruited online and eligible for the study if they endorsed a previous deployment, answered military-specific questions, and reported clinical levels of distress on PTSD and Moral Injury self-report measures. An overwhelming majority of participants experienced foreign deployment(s; 90.1%).

Results:

Data indicated that moral injury was defined by atonement, self-worth and judgment, reliability and trustworthiness of others, and forgiveness of others while PTSD was defined by threat of harm and forgiveness of the situation. Forgiveness of self was not associated with moral injury nor PTSD.

Conclusion:

The results highlighted that moral injury and PTSD are associated with distinct maladaptive cognitions. The results of the current study can assist in treatment of moral injury and PTSD by identifying the maladaptive cognitions specific to moral injury that may be targets for change during treatment. (Psycho Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1037/tra0001106>

A case series examining PTSD and depression symptom reductions over the course of a 2-week virtual intensive PTSD treatment program for veterans.

Held, P., Coleman, J. A., Petrey, K., Klassen, B. J., Pridgen, S., Bravo, K., Smith, D. L., & Van Horn, R.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Evidence-based treatments for posttraumatic stress disorder (PTSD) can be effectively delivered over telehealth. There are, however, no studies that examine the effectiveness of delivering evidence-based treatments for PTSD in an intensive format via telehealth. Telehealth may be well-suited as a delivery modality because it may address barriers specific to intensive treatments.

Method:

To address this gap, we report on a case series of ten consecutively enrolled veterans (60% male; mean age 42.3, SD = 6.3) who participated in a virtual 2-week, cognitive processing therapy (CPT)-based intensive program.

Results:

All (100%) participants completed treatment and reported large reductions in PTSD and depression symptoms pre- to posttreatment (Hedge's g s = 2.83 and g s = 1.97, respectively), pre- to 3-month follow-up (Hedge's g s = .99 and g s = 1.24, respectively), as well as very high satisfaction.

Conclusions:

Results of this case series suggest that evidence-based treatments for PTSD can be effectively delivered in intensive formats over telehealth and lay the foundation for more rigorously designed and larger scale research comparing virtual to in-person delivered intensive PTSD treatments. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1093/sleep/zsab219>

A trait of mind: stability and robustness of sleep across sleep opportunity manipulations during simulated military operational stress.

Alice D LaGoy, J David Cashmere, Meaghan E Beckner, Shawn R Eagle, Aaron M Sinnott, William R Conkright, Eric Miller, Carson Derrow, Michael N Dretsch, Shawn D Flanagan, Bradley C Nindl, Christopher Connaboy, Anne Germain, Fabio Ferrarelli

Sleep

Published: 25 August 2021

Study Objectives

Within-subject stability of certain sleep features across multiple nights is thought to reflect the trait-like behavior of sleep. However, to be considered a trait, a parameter must be both stable and robust. Here, we examined the stability (i.e., across the same sleep opportunity periods) and robustness (i.e., across sleep opportunity periods that varied in duration and timing) of different sleep parameters.

Methods

Sixty-eight military personnel (14 W) spent 5 nights in the sleep laboratory during a simulated military operational stress protocol. After an adaptation night, participants had an 8-hour sleep opportunity (23:00–07:00) followed by 2 consecutive nights of sleep restriction and disruption which included two 2-hour sleep opportunities (01:00–03:00; 05:00–07:00) and, lastly, another 8-hour sleep opportunity (23:00–07:00). Intra-class correlation coefficients were calculated to examine differences in stability and robustness across different sleep parameters.

Results

Sleep architecture parameters were less stable and robust than absolute and relative spectral activity parameters. Further, relative spectral activity parameters were less robust than absolute spectral activity. Absolute alpha and sigma activity demonstrated the highest levels of stability that were also robust across sleep opportunities of varying duration and timing.

Conclusions

Stability and robustness varied across different sleep parameters, but absolute NREM alpha and sigma activity demonstrated robust trait-like behavior across variable sleep opportunities. Reduced stability of other sleep architecture and spectral parameters during shorter sleep episodes as well as across different sleep opportunities has important implications for study design and interpretation.

<https://doi.org/10.1037/adb0000725>

Prevalence of medical and nonmedical cannabis use among veterans in primary care.

Browne, K., Leyva, Y., Malte, C. A., Lapham, G. T., & Tiet, Q. Q.

Objective:

This study examined past-year cannabis use prevalence and sociodemographic and clinical correlates of cannabis use among Veterans Health Administration (VHA) primary care patients in a state with legalized medical cannabis.

Method:

Participants were 1,072 predominantly white, male, VHA primary care patients enrolled in a drug screening validation study (2012–2014). Sociodemographic and clinical correlates were examined by past-year cannabis use status. Multivariate regression models, adjusted for demographics, estimated cannabis use prevalence and clinical correlates among recreational, medical, and both medical and recreational users.

Results:

Nearly one in five (18.7%) veterans endorsed past-year cannabis use, with 14.1% of the total sample reporting any recreational use and 7.0% reporting any medical use. Correlates of any past-year use included younger age, period of service, being unmarried, lower education, lower income, other substance use, meeting criteria for an alcohol or drug use disorder or posttraumatic stress disorder, higher pain rating, and lower self-reported well-being. Compared to veterans endorsing only recreational use, veterans endorsing only medical use reported more cannabis use days but had lower odds of other drug use, alcohol or drug-related problems, or alcohol or drug use disorders. Differences between recreational only users and those using medical and recreational cannabis were minimal.

Conclusions:

Veterans enrolled in VHA in states with legalized cannabis may be particularly likely to use cannabis. Veterans identifying as recreational users may be at increased risk for adverse clinical outcomes compared to medical-only users. Prevalence monitoring, assessment, and intervention services should be considered, particularly in states with legalized cannabis. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1007/s40501-021-00248-w>

Spiritually Integrated Interventions for PTSD and Moral Injury: A Review.

J. Irene Harris PhD, Elizabeth S. Chamberlin PhD, Brian Engdahl PhD, Amanda Ayre BS, Timothy Usset MDiv, LMFT, MPH & Diana Mendez PhD

Current Treatment Options in Psychiatry
Published: 27 August 2021

Purpose of review

The scope of this article is to summarize (a) what is known about the relationships between spirituality and trauma outcomes and (b) outline options for spiritually integrated trauma care.

Recent findings

Research on relationships between spirituality and psychological trauma outcomes has advanced to the point that there is no doubt that interventions addressing spiritual distress can provide critically needed help to trauma survivors who want spiritually integrated care. There are now many options for providing spiritually integrated care for trauma, including both implicitly and explicitly spiritually integrated options, group and individual options, and options for chaplaincy and mental health providers.

Summary

This review focused on spiritually integrated interventions for posttraumatic stress disorder that have at least one randomized controlled trial in the peer-reviewed literature. Eight interventions with that level of evidence are described with a review of clinical recommendations for their use.

<https://doi.org/10.1037/tra0001084>

Cross-lagged analyses of anger and PTSD symptoms among veterans in treatment.

Cowlshaw, S., Metcalf, O., Little, J., Hinton, M., Forbes, D., Varker, T., Agathos, J., Bryant, R. A., McFarlane, A. C., Hopwood, M., Phelps, A. J., Howard, A., Cooper, J., Dell, L., & O'Donnell, M. L.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Anger is a salient feature of posttraumatic mental health which is linked to posttraumatic stress disorder (PTSD) and may have implications for treatment. However, the nature of associations involving anger and PTSD remains unclear. The aim of the present study was to examine bidirectional influences involving anger and International Classification of Diseases (ICD)-11 PTSD symptom clusters over time among treatment-seeking veterans.

Method:

Current or ex-serving members (n = 742; 92.4% male) who participated in an accredited outpatient PTSD treatment program were administered measures of PTSD symptoms (PTSD checklist for Diagnostic and Statistical Manual of Mental Disorders, 5th edition [PCL-5]) and anger (Dimensions of Anger Reactions Scale-5 [DAR-5]) at treatment intake, discharge, and three-month follow-up. Bidirectional influences were assessed using cross-lagged panel analyses.

Results:

The majority of participants (78%) exhibited significant anger problems at intake. Cross-lagged analyses showed anger was associated with relative increases in PTSD symptoms of intrusive reexperiencing and avoidance at posttreatment, whereas no reverse effects of any PTSD symptoms on anger were observed. Anger continued to influence changes in heightened sense of threat and avoidance symptoms at three-months posttreatment.

Conclusions:

Anger influences change in specific PTSD symptoms over time among military veterans in treatment and may interfere with treatments for PTSD. Veterans who present to clinical services with anger problems may benefit from anger interventions prior to commencing trauma-focused treatment. The findings have additional implications for conceptual models of the relationship between anger and PTSD. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1007/s10902-021-00441-x>

Happy Soldiers are Highest Performers.

Paul B. Lester, Emily P. Stewart, Loryana L. Vie, Douglas G. Bonett, Martin E. P. Seligman & Ed Diener

Journal of Happiness Studies

Published: 25 August 2021

We examined the prediction of affective well-being to work performance in the United States Army. We found that high positive affect (PA), low negative affect (NA), and high optimism predicted awards for performance and heroism in a sample of 908,096 U.S. Army soldiers (mean age 29.60 years old, SD = 9.16 years; with over ¼ of a million ethnic minorities and over 150,000 women). Baseline high PA, low NA, and high optimism predicted awards over a four-year follow up window, in which 114,443 soldiers (12.60%) received an award. Each well-being variable predicted future awards for both women and men, for enlisted soldiers as well as officers, for several ethnicities, for varying levels of education, and controlling for a number of other potential explanatory variables. The effects of high positive and low negative affect were additive, with each predicting significantly beyond the other. Comparing the soldiers highest vs. lowest in well-being predicted an almost fourfold greater award recognition in the high group. Awards were predicted by both high and low arousal positive emotions, as well as low sadness and low anger. The relations between PA, NA, and optimism with award attainment were curvilinear, with the greatest difference in award attainment occurring between low and moderate levels of affective well-being, with little effect between moderate and high well-being.

<https://doi.org/10.1037/pap0000378>

States of mind preceding a near-lethal suicide attempt: A mixed methods study.

Tillman, J. G., Stevens, J. L., & Lewis, K. C.

Psychoanalytic Psychology

Advance online publication

Near-lethal suicide (NLS) attempt survivors are the nearest surrogates we have for completed suicide. In the present study, subjects reporting a recent history of NLS attempt participated in a semistructured interview aimed at reconstructing their state of mind in the hours leading up to their NLS attempt, with the goal of better understanding both situational factors and potential psychological pathways to suicide. Using a mixed methods design, a semistructured interview aimed at evaluating underlying themes of preoccupation, conflict, and defensive processes was developed and completed by

participants along with self-report measures assessing demographic, psychiatric, suicide history, and mood. Participants (n = 11) were patients enrolled in residential treatment who had made an NLS attempt in the 2 years prior to participating in the study. The interviews were analyzed using Interpretative phenomenological analysis (IPA). Seven thematic units were identified as being associated with states of mind preceding a near-lethal suicide attempt. Results suggest that mental states and psychological processes preceding an NLS attempt are highly variable and embedded in longer-term developmental and characterological vulnerabilities. Participants reported efforts to conceal their imminent suicidal intent from their treatment providers and other sources of interpersonal support. States of mind preceding NLS attempts were found in this study to evolve in the context of developmental psychopathology, characterized by dimensional aspects that were multidetermined, interactive, and highly individual. Our findings lend support for approaches to treatment of suicidal individuals that emphasize understanding of highly specific elements of personal history and psychological vulnerabilities and the development of personalized interventions for suicide. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Links of Interest

Coping with Current Events in Afghanistan (National Center for PTSD)

https://www.ptsd.va.gov/gethelp/veterans_coping_events.asp

Provider Guide to Addressing Veterans' Reactions to Current Events in Afghanistan (National Center for PTSD)

https://www.ptsd.va.gov/professional/treat/specific/pro_guide_veterans_reactions.asp

The Resilience of Ritual

<https://www.nationalacademies.org/news/2021/08/the-resilience-of-ritual>

Importance to check in on veterans after Afghan news

<https://www.defensenews.com/video/2021/08/30/importance-to-check-in-on-veterans-after-afghan-news/>

More vets reaching out for crisis line help amid Afghanistan collapse

<https://www.militarytimes.com/veterans/2021/08/31/more-vets-reaching-out-for-crisis-line-help-amid-afghanistan-collapse/>

Staff Perspective: Behavioral Health Treatment - A Pervasive Stigma

<https://deploymentpsych.org/blog/staff-perspective-behavioral-health-treatment-pervasive-stigma>

Resource of the Week: [Telepsychology Best Practices 101](#)

From the American Psychological Association:

The Telepsychology Best Practices 101 training series is an introduction to the ins and outs of real-world telepsychology. Each 2-hour webinar details the competencies needed for telepractice, including critical ethical, legal, clinical, and technical issues, together with reimbursement strategies. The series discusses practical ways to leverage a variety of technologies with a focus on video conferencing. As an introduction to the field, this training series outlines a variety of routes to reach more people, to lower your overhead and to focus on the specialty area(s) that interest you most. Original webinar date: October/November 2019.

Presenter



Marlene M. Maheu, PhD, has been a technology-focused pioneer since 1994. As the executive director of the [Telebehavioral Health Institute, Inc.](#), she has overseen the development and delivery of online training to professionals worldwide.

Maheu has served various organizations to assist with the development of technology-focused standards and guidelines, including the American Telemedicine Association, the American Psychological Association and the American Counseling Association. She serves as the founder and executive director of the Telebehavioral Health Institute, Inc., which offers a certificate in telehealth. She is the CEO for the non-profit [Coalition for Technology in Behavioral Science \(CTIBS\)](#). She has authored five telehealth textbooks, including a text in press for graduate students; the APA-published, *A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical and Evidence-Based Telepractice* (2016), and *Career Paths in Telemental Health* (2016).

Maheu consults with medical groups, clinics, agencies, schools, community mental health clinics and group practices as well as technology start-ups seeking to develop or expand telehealth services.

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