CDP

Uniformed Services University

Research Update -- February 24, 2022

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- The role of suicide stigma in self-disclosure among civilian and veteran populations.
- Links of Interest
- Resource of the Week: Veterans and Homelessness (Congressional Research Service)

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https://doi.org/10.1080/15402002.2022.2036741

Improvement of Insomnia Symptoms following a Single 4-Hour CBT-I Workshop.

Michele L. Okun & Robert N. Glidewell

Behavioral Sleep Medicine
Published online: 12 Feb 2022

Study Objectives:
Cognitive behavioral treatment for insomnia (CBT-I) is the first line of treatment for insomnia. However, the expanded use of CBT-I is limited by the number of specialty-trained clinicians in addition to the duration and cost of individual treatment sessions. One viable option is a single-session educational group format delivered by a trained health educator.

Methods:
In a preliminary, single group pretest-posttest design, the effectiveness of group CBT-I delivered to community dwelling individuals with self-reported insomnia symptoms was evaluated. Participants completed the Insomnia Severity Index (ISI) and provided information on sleep aid use, prior to and 1-month post attendance of a single 4-hour CBT-I workshop.

Results:
Participants (N = 45) were 54 ± 16 years and 71% female. ISI scores significantly improved from baseline (20.09 ± 4.1) to 1-month follow-up (11.89 ±5.7; $t = 10.1$, $p < .001$) with an average change of 8.2 ± 5.4 points. Frequency of sleep aid use significantly dropped ($\chi 2 = 105.7$, $p = .017$). Eighty percent of participants reported sleeping better or much better at follow-up. Twenty percent of participants met criteria for remission of insomnia and 35.6% of participants had ISI change scores meeting criteria for a Minimally Important Difference associated with improvements in fatigue, work productivity, and health related quality of life.

Conclusions:
These preliminary data suggest that a single 4-hour CBT-I workshop delivered by a health educator can significantly improve insomnia symptoms, improve subjective sleep quality, and reduce sleep aid use among community dwelling adults with and without co-morbidities within 1-month.

Brief Summary
Current knowledge/study rationale:
In order to disseminate CBT-I to a broader section of the population with insomnia complaints, novel approaches need to be incorporated and assessed. The utilization of a single 4-hour group CBT-I session may be a suitable choice for many people experiencing insomnia.

Study Impact:
In comparison to the 4-8 individual sessions commonly available, this format shows promise as another option for treatment of insomnia, and preliminarily shows comparable effectiveness for various sleep outcomes. Moreover, by utilizing a non-clinician health educator to provide these workshops, the number of people that may be helped with CBT-I is increased.

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https://doi.org/10.1017/S1352465821000382

Anger and predictors of drop-out from PTSD treatment of veterans and first responders.

Hinton, E., Steel, Z., Hilbrink, D., & Berle, D.

Behavioural and Cognitive Psychotherapy
2022; 50(2), 237-251

Background:
Drop-out is an important barrier in treating post-traumatic stress disorder (PTSD) with consequences that negatively impact clients, clinicians and mental health services as a whole. Anger is a common experience in people with PTSD and is more prevalent in military veterans. To date, no research has examined if anger may predict drop-out in military veterans or first responders.

Aims:
The present study aimed to determine the variables that predict drop-out among individuals receiving residential treatment for PTSD.

Method:
Ninety-five military veterans and first responders completed pre-treatment measures of

PTSD symptom severity, depression, anxiety, anger, and demographic variables. Logistic regression analyses were used to determine if these variables predicted drop-out from treatment or patterns of attendance.

Results:
Female gender was predictive of drop-out. However, when analysed by occupation female gender was predictive of drop-out among first responders and younger age was predictive of drop-out in military participants. Anger, depression, anxiety and PTSD symptom severity were not predictive of drop-out in any of the analyses. No variables were found to predict attendance patterns (consistent or inconsistent) or early versus late drop-out from the programme.

Conclusion:
These results suggest that although anger is a relevant issue for treating PTSD, other factors may be more pertinent to drop-out, particularly in this sample. In contrast with other findings, female gender was predictive of drop-out in this study. This may indicate that in this sample, there are unique characteristics and possible interacting variables that warrant exploration in future research.

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https://doi.org/10.1002/cpp.2726

The relationship between the therapeutic alliance in psychotherapy and suicidal experiences: A systematic review.

Charlotte Huggett, Patricia Gooding, Gillian Haddock, Jody Quigley, Daniel Pratt

Clinical Psychology & Psychotherapy
First published: 15 February 2022

It is well-established that there is a fundamental need to develop a robust therapeutic alliance to achieve positive outcomes in psychotherapy. However, little is known as to how this applies to psychotherapies which reduce suicidal experiences. The current narrative review summarizes the literature which investigates the relationship between the therapeutic alliance in psychotherapy and a range of suicidal experiences prior to, during and following psychotherapy. Systematic searches of MEDLINE, PsycINFO, Web of Science, EMBASE and British Nursing Index were conducted. The search returned 6,472 studies of which 19 studies were eligible for the present review. Findings failed to demonstrate a clear link between suicidal experiences prior to or during

psychotherapy and the subsequent development and maintenance of the therapeutic alliance during psychotherapy. However, a robust therapeutic alliance reported early on in psychotherapy was related to a subsequent reduction in suicidal ideation and attempts. Study heterogeneity, varied sample sizes and inconsistent reporting may limit the generalisability of review findings. Several recommendations are made for future psychotherapy research studies. Training and supervision of therapists should not only highlight the importance of developing and maintaining the therapeutic alliance in psychotherapy when working with people with suicidal experiences, but also attune to client perceptions of relationships and concerns about discussing suicidal experiences during therapy.

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https://doi.org/10.1002/jts.22665

A Pilot Randomized Controlled Trial of Transcendental Meditation as Treatment for Posttraumatic Stress Disorder in Veterans.

Mayer Bellehsen, Valentina Stoycheva, Barry H. Cohen, Sanford Nidich

Journal of Traumatic Stress
First published: 18 March 2021

Preliminary studies have demonstrated the efficacy of Transcendental Meditation (TM) for treating posttraumatic stress disorder (PTSD). The present study extended previous research with a pilot trial of TM as a treatment for PTSD via a single-blinded, randomized controlled design. veterans with PTSD (N = 40) were assigned to a TM intervention or treatment-as-usual (TAU) control group. Participants in the TM group engaged in 16 sessions over 12 weeks, primarily in a 60-min group format. Change in PTSD symptoms, measured via the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) was the primary outcome. Secondary outcomes included self-reported PTSD symptoms, depression, anxiety, sleep difficulties, anger, and quality of life (QoL). Assessments were conducted at baseline and 3-month follow-up. Mean CAPS-5 score decreases were significantly larger for participants in the TM group (M = -11.28, 95% CI [-17.35, -5.20]), compared to the TAU group (M = −1.62, 95% CI [-6.77, 3.52]), p = .012, d = -0.84. At posttest, 50.0% of veterans in the TM group no longer met PTSD diagnostic criteria as compared to 10.0% in the TAU group, p = .007. Adjusted mean changes on self-report measures of PTSD symptoms, depression, anxiety, and sleep difficulties indicated significant reductions in the TM group compared to TAU, ds = .80–1.16. There were no significant group differences regarding anger or QoL. These

findings demonstrate the efficacy of TM as a treatment for veterans with PTSD and for comorbid symptoms. Combined with other research, they suggest that TM may be a tolerable, non–trauma-focused PTSD treatment.

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https://doi.org/10.1002/jts.22679

Investigation of Therapist Effects on Patient Engagement in Evidence-Based Psychotherapies for Posttraumatic Stress Disorder in the Veterans Health Administration.

Nina A. Sayer, Shannon Wiltsey-Stirman, Craig S. Rosen, Nancy C. Bernardy, Michele R. Spoont, Shannon M. Kehle-Forbes, Afsoon Eftekhari, Kathleen M. Chard, David B. Nelson

Journal of Traumatic Stress
First published: 28 May 2021

The present study examined whether certain Veterans Health Administration (VHA) therapists have more success than others in keeping patients engaged in evidence-based psychotherapies for posttraumatic stress disorder (PTSD). Our objective was to use multilevel modeling to quantify the variability between therapists in two indicators of patient engagement: early dropout (i.e., < 3 sessions) and adequate dose (i.e., ≥ 8 sessions). The phenomenon of systematic variability between therapists in patients' treatment experience and outcomes is referred to as "therapist effects." The sample included the 2,709 therapists who provided individual cognitive processing therapy (CPT) or prolonged exposure (PE) to 18,461 veterans with PTSD across 140 facilities in 2017. Data were extracted from administrative databases. For CPT, therapist effects accounted for 10.9% of the variance in early dropout and 8.9% of the variance in adequate dose. For PE, therapist effects accounted for 6.0% and 8.8% of the variance in early dropout and adequate dose, respectively. Facility only accounted for an additional 1.1%–3.1% of the variance in early dropout and adequate dose. For CPT, patients' odds of receiving an adequate dose almost doubled, OR = 1.41/0.72 = 1.96, if they were seen by a therapist in the highest compared with the lowest retention decile. For PE, the odds of a patient receiving an adequate dose were 84% higher, OR = 1.38/0.75 = 1.84, when treated by a therapist in the highest compared with the lowest retention decile. Therapist skills and work environment may contribute to variability across therapists in early dropout and adequate dose.

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Examining the Interaction Between Potentially Morally Injurious Events and Religiosity in Relation to Alcohol Misuse Among Military Veterans.

Emmanuel D. Thomas, Nicole H. Weiss, Shannon R. Forkus, Ateka A. Contractor

Journal of Traumatic Stress
First published: 08 May 2021

Given the disproportionate rate of alcohol misuse among veterans and related outcomes as compared to the general population, the examination of predictors of alcohol misuse in this population is imperative. Potentially morally injurious events (PMIEs), defined as severe transgressions of a moral code, have been positively associated with alcohol misuse. Exposure to PMIEs may challenge one's religious beliefs, which may, in turn, influence the strength of the association between PMIEs and alcohol misuse among military veterans. The goal of the current study was to examine the potential moderating role of religiosity in the association between PMIEs and alcohol misuse (i.e., alcohol consumption, drinking behaviors, adverse reactions to drinking, and alcohol-related problems). Participants were 496 military veterans in the community (Mage = 37.80 years, SD = 11.42; 70.5% male). The results of moderation analyses indicated that overall religiosity, organizational religiosity, and intrinsic religiosity significantly moderated the association between PMIEs and alcohol misuse such that the positive relation between PMIEs and alcohol misuse was stronger at high versus low levels of religiosity, R2s = .01. Our findings highlight the importance of considering the role of religiosity in relation to alcohol misuse as a moral injury outcome and the potential utility of tailoring treatments for military veterans who have experienced moral injury.

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https://doi.org/10.1001/jamanetworkopen.2021.46716

Effect of Computer-Assisted Cognitive Behavior Therapy vs Usual Care on Depression Among Adults in Primary Care: A Randomized Clinical Trial.

Wright, J. H., Owen, J., Eells, T. D., Antle, B., Bishop, L. B., Girdler, R., Harris, L. M., Wright, R. B., Wells, M. J., Gopalraj, R., Pendleton, M. E., & Ali, S.

JAMA Network Open
2022 Feb 1 ;5(2): e2146716

Importance:
Depression is a common disorder that may go untreated or receive suboptimal care in primary care settings. Computer-assisted cognitive behavior therapy (CCBT) has been proposed as a method for improving access to effective psychotherapy, reducing cost, and increasing the convenience and efficiency of treatment for depression.

Objectives:
To evaluate whether clinician-supported CCBT is more effective than treatment as usual (TAU) in primary care patients with depression and to examine the feasibility and implementation of CCBT in a primary care population with substantial numbers of patients with low income, limited internet access, and low levels of educational attainment.

Design, setting, and participants:
This randomized clinical trial included adult primary care patients from clinical practices at the University of Louisville who scored 10 or greater on the Patient Health Questionnaire-9 (PHQ-9) and were randomly assigned to CCBT or TAU for 12 weeks of active treatment. Follow-up assessments were conducted 3 and 6 months after treatment completion. Enrollment occurred from June 24, 2016, to May 13, 2019. The last follow-up assessment was conducted on January 30, 2020.

Interventions:
CCBT included use of the 9-lesson computer program Good Days Ahead, along with as many as 12 weekly telephonic support sessions of approximately 20 minutes with a master's level therapist, in addition to TAU, which consisted of the standard clinical management procedures at the primary care sites. TAU was uncontrolled, but use of antidepressants and psychotherapy other than CCBT was recorded.

Main outcomes and measures:
The primary outcome measure (PHQ-9) and secondary outcome measures (Automatic Thoughts Questionnaire for negative cognitions, Generalized Anxiety Disorder-7, and the Satisfaction with Life Scale for quality of life) were administered at baseline, 12 weeks, and 3 and 6 months after treatment completion. Satisfaction with treatment was assessed with the Client Satisfaction Questionnaire-8.

Results:
The sample of 175 patients was predominately female (147 of 174 [84.5%]) and had a high proportion of individuals who identified as racial and ethnic minority groups (African American, 44 of 162 patients who reported [27.2%]; American Indian or Alaska Native, 2 [1.2%]; Hispanic, 4 [2.5%]; multiracial, 14 [8.6%]). An annual income of less than $30 000 was reported by 88 of 143 patients (61.5%). Overall, 95 patients (54.3%) were randomly assigned to CCBT and 80 (45.7%) to TAU. Dropout rates were 22.1% for CCBT (21 patients) and 30.0% for TAU (24 patients). An intent-to-treat analysis found that CCBT led to significantly greater improvement in PHQ-9 scores than TAU at posttreatment (mean difference, -2.5; 95% CI, -4.5 to -0.8; P = .005) and 3 month (mean difference, -2.3; 95% CI, -4.5 to -0.8; P = .006) and 6 month (mean difference, -3.2; 95% CI, -4.5 to -0.8; P = .007) follow-up points. Posttreatment response and remission rates were also significantly higher for CCBT (response, 58.4% [95% CI, 46.4-70.4%]; remission, 27.3% [95% CI, 16.4%-38.2%]) than TAU (response, 33.1% [95% CI, 20.7%-45.5%]; remission, 12.0% [95% CI, 3.3%- 20.7%]).

Conclusions and relevance:
In this randomized clinical trial, CCBT was found to have significantly greater effects on depressive symptoms than TAU in primary care patients with depression. Because the study population included people with lower income and lack of internet access who typically have been underrepresented or not included in earlier investigations of CCBT, results suggest that this form of treatment can be acceptable and useful in diverse primary care settings. Additional studies with larger samples are needed to address implementation procedures that could enhance the effectiveness of CCBT and to examine potential factors associated with treatment outcome.

Trial registration:
ClinicalTrials.gov Identifier: NCT02700009.

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https://doi.org/10.1002/jts.22800

Estimating posttraumatic stress disorder severity in the presence of differential item functioning across populations, comorbidities, and interview measures: Introduction to Project Harmony.

Antonio A. Morgan-López, Denise A. Hien, Tanya C. Saraiya, Lissette M. Saavedra, Sonya B. Norman, Therese K. Killeen, Tracy L. Simpson, Skye Fitzpatrick, Katherine L. Mills, Lesia M. Ruglass, Sudie E. Back, Teresa López-Castro, the Consortium on Addiction, Stress and Trauma (CAST)

Journal of Traumatic Stress
First published: 05 February 2022

Multiple factor analytic and item response theory studies have shown that items/symptoms vary in their relative clinical weights in structured interview measures for posttraumatic stress disorder (PTSD). Despite these findings, the use of total scores, which treat symptoms as though they are equally weighted, predominates in practice, with the consequence of undermining the precision of clinical decision-making. We conducted an integrative data analysis (IDA) study to harmonize PTSD structured interview data (i.e., recoding of items to a common symptom metric) from 25 studies (total N = 2,568). We aimed to identify (a) measurement noninvariance/differential item functioning (MNI/DIF) across multiple populations, psychiatric comorbidities, and interview measures simultaneously and (b) differences in inferences regarding underlying PTSD severity between scale scores estimated using moderated nonlinear factor analysis (MNLFA) and a total score analog model (TSA). Several predictors of MNI/DIF impacted effect size differences in underlying severity across scale scoring methods. Notably, we observed MNI/DIF substantial enough to bias inferences on underlying PTSD severity for two groups: African Americans and incarcerated women. The findings highlight two issues raised elsewhere in the PTSD psychometrics literature: (a) bias in characterizing underlying PTSD severity and individual-level treatment outcomes when the psychometric model underlying total scores fails to fit the data and (b) higher latent severity scores, on average, when using DSM-5 (net of MNI/DIF) criteria, by which multiple factors (e.g., Criterion A discordance across DSM editions, changes to the number/type of symptom clusters, changes to the symptoms themselves) may have impacted severity scoring for some patients.

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https://doi.org/10.1002/jts.22794

The role of general self-efficacy in intimate partner violence and symptoms of posttraumatic stress disorder among women veterans.

Aliya R. Webermann, Christina M. Dardis, Katherine M. Iverson

Journal of Traumatic Stress
First published: 31 January 2022

Whereas some prior studies have assessed associations between general self-efficacy, intimate partner violence (IPV) experiences, and posttraumatic stress disorder (PTSD) symptoms cross-sectionally, there is limited research investigating the potential directions of these effects or the longitudinal effects over multiple assessment points. We investigated the role of general self-efficacy in experiences of IPV and PTSD symptoms across time among 411 women veterans of the U.S. Armed Forces. Online survey data were collected at baseline (Time 1; T1), 18 months after baseline (Time 2; T2), and 2 years after baseline (Time 3; T3). Structural equation models were used to test hypotheses that T2 general self-efficacy would mediate reciprocal associations between IPV experiences and PTSD symptoms while controlling for T2 IPV experiences, T1 PTSD symptoms, and demographic and military covariates (i.e., age, military sexual trauma, and combat exposure). Specifically, we hypothesized that T2 general self-efficacy would mediate the association between (a) T1 IPV experiences and T3 IPV experiences, (b) T1 IPV experiences and T3 PTSD symptoms, (c) T1 PTSD symptoms and T3 IPV experiences, and (d) T1 PTSD symptoms and T3 PTSD symptoms. Findings revealed that T1 PTSD symptoms predicted lower T2 general self-efficacy, and, in turn, lower T2 general self-efficacy was associated with higher T3 IPV experiences, 95% CI [0.06, 0.41]; no other hypotheses were supported. The findings speak to the importance of clinical interventions which promote general self-efficacy as well as assess and treat PTSD symptoms among women who experience IPV.

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https://doi.org/10.5664/jcsm.9530

Obstructive sleep apnea among survivors of combat-related traumatic injury: a retrospective cohort study.

Haynes, Z. A., Stewart, I. J., Poltavskiy, E. A., Holley, A. B., Janak, J. C., Howard, J. T., Watrous, J., Walker, L. E., Wickwire, E. M., Werner, K., Zarzabal, L. A., Sim, A., Gundlapalli, A., & Collen, J. F.

Journal of Clinical Sleep Medicine
2022 Jan 1; 18(1): 171-179

Study objectives:
Obstructive sleep apnea is prevalent among military members despite fewer traditional

risk factors. We sought to determine the incidence and longitudinal predictors of obstructive sleep apnea in a large population of survivors of combat-related traumatic injury and a matched control group.

Methods:
Retrospective cohort study of military service members deployed to conflict zones from 2002-2016 with longitudinal follow-up in the Veterans Affairs and Military Health Systems. Two cohorts of service members were developed: (1) those who sustained combat injuries and (2) matched, uninjured participants.

Results:
17,570 service members were retrospectively analyzed for a median of 8.4 years. After adjustment, traumatic brain injury (hazard ratio [HR] 1.39, 95% confidence interval [CI] 1.20-1.60), posttraumatic stress disorder (HR 1.24, 95% CI 1.05-1.46), depression (HR 1.52, 95% CI 1.30-1.79), anxiety (HR 1.40, 95% CI 1.21-1.62), insomnia (HR 1.71, 95% CI 1.44-2.02), and obesity (HR 2.40, 95% CI 2.09-2.74) were associated with development of obstructive sleep apnea. While combat injury was associated with obstructive sleep apnea in the univariate analysis (HR 1.25, 95% CI 1.17-1.33), the direction of this association was reversed in the multivariable model (HR 0.74, 95% CI 0.65-0.84). In a nested analysis, this was determined to be due to the effect of mental health diagnoses.

Conclusions:
The incidence of obstructive sleep apnea is higher among injured service members (29.1 per 1,000 person-years) compared to uninjured service members (23.9 per 1,000 person-years). This association appears to be driven by traumatic brain injury and the long-term mental health sequelae of injury.

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https://doi.org/10.1037/tra0000647

Military sexual trauma: Exploring the moderating role of restrictive emotionality among male veterans.

Rivera, L. A., Liang, C., Johnson, N. L., & Chakravorty, S.

Psychological Trauma: Theory, Research, Practice and Policy
2022 Mar; 14(3): 410-420

Objective:
Military Sexual Trauma (MST) has been found to be positively associated with mental health outcomes, such as posttraumatic stress disorder (PTSD) symptoms, depressive symptoms, symptoms of anxiety, and insomnia severity (Jenkins et al., 2015; O'Brien & Sher, 2013). Male survivors of MST face unique challenges, including concerns associated with hypermasculinity (e.g., restrictive emotionality [RE]). Men with high RE (difficulty expressing emotions) report more negative mental health outcomes compared to men with low RE (Good et al., 1995). The present study investigated whether RE moderated the relationship between MST and negative mental health outcomes, while controlling for combat exposure (CE) and age to further assess confounding variables.

Method:
One hundred thirty-four adult male veterans in behavioral health treatment at a large VA medical center in the mid-Atlantic region of the United States were recruited. Participants provided self-reported data on MST and symptoms of PTSD, depression, anxiety, and insomnia, as well as their endorsement of restrictive emotionality. PROCESS v3.3 (Hayes, 2017) regression analytic method was used to test main and interaction effects.

Results:
MST was a significant predictor of PTSD symptoms and insomnia severity-but not depressive symptoms or symptoms of anxiety. RE also moderated the relationship between MST and PTSD symptoms, depressive symptoms, and insomnia, after controlling for CE and age.

Conclusion:
These findings suggest that restricting emotions has a negative influence on men's mental health functioning. Therefore, assessing male veterans' experiences of expressing their emotions within the context of masculinity and their military training will likely have implications on trauma processing and treatment outcomes. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

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https://doi.org/10.1037/ser0000507

Is "me-search" a kiss of death in mental health research?

Devendorf A. R.

Psychological Services
2022 Feb; 19(1): 49-54

Applicants to graduate school in clinical psychology are warned against disclosing something in their application that could be the "kiss of death," information that by itself causes admissions committees to reject otherwise strong applicants. Specifically, several renowned authorities warn applicants against disclosing a lived experience with, or close connection to, psychopathology. This state of affairs seems counterintuitive. At least some people who pursue research in clinical psychology do so, in part, because they have a lived experience with mental illness. This pursuit is termed self-relevant research, which is also known by the pejorative label me-search. Mental health professionals with lived experience are sometimes referred to as "prosumers." There are anecdotal accounts of stigma toward self-relevant research in clinical psychology, but despite the important professional stakes at hand (e.g., gaining admissions into a graduate program), there is a lack of systematic documentation of such experiences. To fill this research gap, I use a scholarly personal narrative to facilitate a scholarly conversation about this topic. I reflect upon my own experiences with stigma for when I, a depression researcher, shared my personal connections to depression in my family. This narrative calls for inquiry on self-relevant research and questions biases against this pursuit; for example, the assumption that self-relevant research hinders objectivity. Noting exemplars of people conducting self-relevant research in clinical psychology (e.g., Marsha Linehan), encouraging a more robust practice of self-relevant research, may help combat psychopathology stigma. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

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https://doi.org/10.1186/s12913-021-07368-2

Veteran families with complex needs: a qualitative study of the veterans' support system.

Angela M. Maguire, Julieann Keyser, Kelly Brown, Daniel Kivlahan, Madeline Romaniuk, Ian R. Gardner & Miriam Dwyer

BMC Health Services Research
Published: 15 January 2022

Background
Families with complex needs face significant challenges accessing and navigating

health and social services. For veteran families, these challenges are exacerbated by interactions between military and civilian systems of care, and the density of the veterans' non-profit sector. This qualitative study was designed to gather rich, detailed information on complex needs in veteran families; and explore service providers' and families' experiences of accessing and navigating the veterans' support system.

Methods
The study comprised participant background questionnaires (n = 34), focus groups with frontline service providers (n = 18), and one-on-one interviews with veteran families (n = 16) in Australia. The semi-structured focus groups and interviews were designed to gather rich, detailed information on four study topics: (i) health and wellbeing needs in veteran families; (ii) service-access barriers and facilitators; (iii) unmet needs and gaps in service provision; and (iv) practical solutions for improving service delivery. The study recruited participants who could best address the focus on veteran families with complex needs. The questionnaire data was used to describe relevant characteristics of the participant sample. The focus groups and interviews were audio-recorded, transcribed, and a reflexive thematic analysis was conducted to identify patterns of shared meaning in the qualitative data.

Results
Both service providers and families found the veterans' support system difficult to access and navigate. System fragmentation was perceived to impede care coordination, and delay access to holistic care for veteran families with complex needs. The medico-legal aspects of compensation and rehabilitation processes were perceived to harm veteran identity, and undermine health and wellbeing outcomes. Recovery-oriented practice was viewed as a way to promote veteran independence and self-management. Participants expressed a strong preference for family-centred care that was informed by an understanding of military lifestyle and culture.

Conclusion
The health and wellbeing needs of veteran families intensify during the transition from full-time military service to civilian environments, and service- or reintegration-related difficulties may emerge (or persist) for a significant period of time thereafter. Veteran families with complex needs are unduly burdened by care coordination demands. There is a pressing need for high-quality implementation studies that evaluate initiatives for integrating fragmented systems of care.

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https://doi.org/10.1016/j.jpsychires.2022.01.028

Seeking treatment for mental illness and substance abuse: A cross-sectional study on attitudes, beliefs, and needs of military personnel with and without mental illness.

R Bogaers, E Geuze, N Greenberg, F Leijten, P Varis, J van Weelgel, D van de Mheen, A Rozema, E Brouwers

Journal of Psychiatric Research
Volume 147, March 2022, Pages 221-231

Background
Often, military personnel do not seek treatment for mental illness or wait until they reach a crisis point. Effective, selective, and indicated prevention is best achieved by seeking treatment early.

Aims
We aimed to examine military personnel's attitudes, beliefs, and needs around seeking treatment for mental illness. We compared those who sought treatment to those who did not and those with and without the intention to seek treatment. Finally, we examined factors associated with intentions of not seeking treatment.

Method
We conducted a cross-sectional questionnaire study of military personnel with (N = 324) and without (N = 554) mental illness. Descriptive and regression analyses (logistic and ordinal) were performed.

Results
The majority of the personnel believed treatment was effective (91.6%); however, most preferred to solve their own problems (66.0%). For personnel with mental illness, compared to those who sought treatment, those who did not had a higher preference for self-management and found advice from others less important. For those without mental illness, those with no intention to seek treatment indicated a higher preference for self-management, stigma-related concerns, denial of symptoms, lower belief in treatment effectiveness and found it less important to be an example, compared to those with treatment-seeking intentions. A clear indication of where to seek help was the most reported need (95.7%). Regression analyses indicated that not seeking treatment was most strongly related to preference for self-management (OR(95%CI) = 4.36(2.02–9.39); no intention to seek treatment was most strongly related to a lower belief that

treatment is effective (OR(95%CI) = .41(0.28–0.59) and with not having had positive earlier experiences with treatment seeking (OR(95%CI) = .34(0.22–0.52).

Conclusions
To facilitate (early) treatment seeking, interventions should align with a high preference for self-management, mental illness stigma should be targeted, and a clear indication of where to seek treatment is needed.

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https://doi.org/10.1093/milmed/usab559

Correlations Between the Neurobehavioral Symptom Inventory and Other Commonly Used Questionnaires for Traumatic Brain Injury.

Peter J Hoover, MS, Caitlyn A Nix, BA, Juliana Z Llop, BS, Lisa H Lu, PhD, Amy O Bowles, MD, Jesus J Caban, PhD

Military Medicine
Published: 12 January 2022

Objective
To evaluate the correlations between the Neurobehavioral Symptom Inventory (NSI) and other questionnaires commonly administered within military traumatic brain injury clinics.

Setting
Military outpatient traumatic brain injury clinics.

Participants
In total, 15,428 active duty service members who completed 24,162 NSI questionnaires between March 2009 and May 2020.

Design
Observational retrospective analysis of questionnaires collected as part of standard clinical care.

Main Measures
NSI, Post-Traumatic Stress Disorder Checklist for DSM-5 and Military Version, Patient Health Questionnaire (PHQ), Generalized Anxiety Disorder, Headache Impact Test

(HIT-6), Insomnia Severity Index (ISI), Epworth Sleepiness Scale (ESS), Activities-Specific Balance Confidence Scale (ABC), Dizziness Handicap Inventory (DHI), Alcohol Use Disorders Identification Test (AUDIT), and the World Health Organization Quality of Life Instrument-Abbreviated Version. Only questionnaires completed on the same date as the NSI were examined.

Results
The total NSI score was moderately to strongly correlated with all questionnaires except for the AUDIT. The strongest correlation was between the NSI Affective Score and the PHQ9 ($r = 0.86$). The NSI Vestibular Score was moderately correlated with the ABC ($r = –0.55$) and strongly correlated with the DHI ($r = 0.77$). At the item level, the HIT-6 showed strong correlation with NSI headache ($r = 0.80$), the ISI was strongly correlated with NSI difficulty sleeping ($r = 0.63$), and the ESS was moderately correlated with NSI fatigue ($r = 0.39$).

Conclusion
Clinicians and healthcare administrators can use the correlations reported in this study to determine if questionnaires add incremental value for their clinic as well as to make more informed decisions regarding which questionnaires to administer.

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https://doi.org/10.1002/jts.22785

A prospective examination of health care costs associated with posttraumatic stress disorder diagnostic status and symptom severity among veterans.

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Journal of Traumatic Stress
First published: 14 January 2022

Posttraumatic stress disorder (PTSD) is associated with increased health care costs; however, most studies exploring this association use PTSD diagnostic data in administrative records, which can contain inaccurate diagnostic information and be confounded by the quantity of service use. We used a diagnostic interview to determine PTSD diagnostic status and examined associations between PTSD symptom severity and health care costs and utilization, extracted from Veteran Health Administration (VHA) administrative databases. Using a nationwide longitudinal sample of U.S.

veterans with and without PTSD (N = 1,377) enrolled in VHA health care, we determined the costs and utilization of mental health and non–mental health outpatient, pharmacy, and inpatient services for 1 year following cohort enrollment. Relative to veterans without PTSD, those with PTSD had higher total health care, B = 0.47; mental health clinic care, B = 0.72; non–mental health clinic care, B = 0.30; and pharmacy costs, B = 0.72, ps < .001. More severe PTSD symptoms were associated with mental health clinic care costs, B = 0.12; non–mental health clinic care costs, B = 0.27; and higher odds of inpatient, B = 0.63, and emergency service use, B = 0.39, p < .001–p = .012. These findings indicate that veterans' PTSD status, determined by a clinician-administered semistructured diagnostic interview, was associated with higher health care costs and increased use of mental health and non–mental health clinic services. The findings also suggest that more severe PTSD is associated with increased costs and utilization, including costly emergency and inpatient utilization.

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https://doi.org/10.1016/j.neubiorev.2022.104532

Sleep disorders and non-sleep circadian disorders predict depression: A systematic review and meta-analysis of longitudinal studies.

MM Zhang, Y Ma, LT Du, K Wang, Z Li, WL Zhu, YH Sun, L Liu, YP Bao, SX Li

Neuroscience & Biobehavioral Reviews
Volume 134, March 2022

Highlights

- We comprehensively evaluate both sleep disorders and non-sleep circadian disorders are as predictors of the onset of depression.
- Subjective sleep disorders predict future depression, while objective short sleep duration is contradictory to that of subjective short sleep duration.
- Non-sleep circadian disorders are as a predictor of depression, although there are not enough studies to include in a meta-analysis.

Abstract
Patients with depression often suffer from sleep disorders and non-sleep circadian disorders. However, whether they precede and predict subsequent depression is

unclear. We conducted a meta-analysis of studies on sleep disorders and non-sleep circadian disorders. We found insomnia, hypersomnia, short and long sleep duration, obstructive sleep apnea, restless legs syndrome and eveningness orientation at baseline all led to subsequent depression. Those with propensity to late meal patterns, heightened levels of cortisol in awakening response and low robustness of rest-activity rhythm at baseline had higher risks for later depression. Among insomnia subtypes, difficulty initiating sleep and difficulty maintaining sleep predicted future depression. Notably, persistent insomnia at baseline contributed to more than two-fold risk of incident depression compared to insomnia. Moreover, insomnia symptom numbers showed dose-dependent relationship with the incident depression. In conclusion, different types of sleep disorders and non-sleep circadian disorders were proven to be risk factors of subsequent depression, and mechanisms underlying the relationship between sleep disorders, non-sleep circadian disorders and subsequent depression should be further elucidated in the future.

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https://doi.org/10.1016/j.genhosppsych.2022.01.001

Mental health clinician perspectives regarding factors impacting implementation of evidence-based psychotherapies in Veterans Health Administration community-based outpatient clinics.

LA Brennan, JE Brady, KL Drummond, S Wiltsey-Stirman, CA Gutner, KM Iverson

General Hospital Psychiatry
Volume 75, March–April 2022, Pages 54-60

Highlights

- Community-based clinicians value EBPs for providing quality mental health care.
- Limited EBP training/consultation opportunities exist for community-based clinicians.
- Flexibility in scheduling, frequency, and length of treatment increases EBP uptake.
- Feeling isolated and devalued by leadership contributes to clinician burnout.
- Geography and infrastructure-related barriers are notable in non-metro/rural areas.

Abstract
Objective
Uptake of Evidence-Based Psychotherapies (EBPs) by mental health (MH) clinicians, especially in community settings, remains highly variable. This formative pilot study aimed to understand the attitudes and practices of Veterans Health Administration community-based MH clinicians regarding EBPs and to identify multi-level factors that enable and hinder EBP implementation in this unique context.

Methods
Semi-structured interviews were conducted with MH clinicians (N = 40) working in community-based outpatient clinics (CBOCs) in metro/urban (n = 20) and non-metro/rural (n = 20) locations. Interviews were guided by the Consolidated Framework for Implementation Research and were analyzed using rapid content analysis. Results were organized by system-, clinician-, patient-, and innovation-levels.

Results
EBPs were consistently perceived as important to delivering quality MH care, with most clinicians having received training in at least one VHA EBP. However, limited EBP training and consultation opportunities, inadequate autonomy to schedule EBP sessions, high and complex caseloads, and feelings of isolation at CBOCs decreased EPB use. Social workers perceived disparities in EBP training access relative to psychologists. Some barriers were more salient in non-metro/rural settings (e.g., patient-level privacy concerns).

Conclusions
Increased EBP training opportunities- particularly for social workers-, greater flexibility over schedules and caseloads, and more mechanisms for consultation and professional development may increase EBP uptake in community-based clinics.

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https://doi.org/10.1017/S0033291721005274

Moral injury and peri- and post-military suicide attempts among post-9/11 veterans.

S Maguen, BJ Griffin, D Vogt, CA Hoffmire, JR Blosnich, PA Bernhard, FZ Aktar, YS Cypel, AI Schneiderman

Psychological Medicine
Published online by Cambridge University Press: 17 January 2022

Background
Our goal was to examine the association between moral injury, mental health, and suicide attempts during military service and after separation by gender in post-9/11 veterans.

Methods
A nationally representative sample of 14057 veterans completed a cross-sectional survey. To examine associations of exposure to potentially morally injurious events (PMIEs; witnessing, perpetrating, and betrayal) and suicidal self-directed violence, we estimated two series of multivariable logistic regressions stratified by gender, with peri- and post-military suicide attempt as the dependent variables.

Results
PMIE exposure accounted for additional risk of suicide attempt during and after military service after controlling for demographic and military characteristics, current mental health status, and pre-military history of suicidal ideation and attempt. Men who endorsed PMIE exposure by perpetration were 50% more likely to attempt suicide during service and twice as likely to attempt suicide after separating from service. Men who endorsed betrayal were nearly twice as likely to attempt suicide during service; however, this association attenuated to non-significance after separation in the fully adjusted models. In contrast, women who endorsed betrayal were over 50% more likely to attempt suicide during service and after separation; PMIE exposure by perpetration did not significantly predict suicide attempts before or after service among women in the fully adjusted models.

Conclusions
Our findings indicate that suicide assessment and prevention programs should consider the impact of moral injury and attend to gender differences in this risk factor in order to provide the most comprehensive care.

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https://doi.org/10.1007/s12144-021-02609-3

PTSD, rumination, and psychological health: examination of multi-group models among military veterans and college students.

Eleftherios Hetelekides, Adrian J. Bravo, Elizabeth Burgin & Michelle L. Kelley

Current Psychology
Published: 19 January 2022

Posttraumatic stress disorder (PTSD) is a psychiatric disorder associated with negative mental health problems. Rumination is a multifaceted cognitive process of uncontrollable thoughts similar to worry and is associated with greater severity of PTSD symptoms. Relationships between PTSD, rumination, and mental health problems have been identified in military and college student populations, but research comparing these associations across these populations is scarce. The present study compared relationships among PTSD, four facets of rumination (problem-focused, counterfactual, repetitive and anticipatory thoughts) and anxiety, depression and suicidality in military-affiliated personnel [mostly veterans] (n = 407) and non-military college students (n = 310). For both military and student samples, PTSD was significantly positively associated with each rumination facet and mental health outcome. PTSD ➔ mental health outcome relationships were stronger among the military sample compared to student sample (no significant differences in PTSD ➔ rumination facets associations). Additionally, the relationship between problem-focused ruminative thoughts and suicidality was stronger among the military sample compared to student sample. Although preliminary, our results support the utility of examining different facets of rumination as risk factors associated with PTSD and mental health problems and provide a potential target in clinical treatment. Future research may examine additional variables that may be related to the stronger effects of PTSD on suicidality seen in veterans compared to college students.

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https://doi.org/10.1186/s12888-022-03699-4

In-office, in-home, and telehealth cognitive processing therapy for posttraumatic stress disorder in veterans: a randomized clinical trial.

Alan L. Peterson, Jim Mintz, John C. Moring, Casey L. Straud, Stacey Young-McCaughan, Cindy A. McGeary, Donald D. McGeary, Brett T. Litz, Dawn I. Velligan, Alexandra Macdonald, Emma Mata-Galan, Stephen L. Holliday, Kirsten H. Dillon, John D. Roache, Lindsay M. Bira, Paul S. Nabity, Elisa M. Medellin, Willie J. Hale & Patricia A. Resick

BMC Psychiatry
Published: 17 January 2022

Background
Trauma-focused psychotherapies for combat-related posttraumatic stress disorder (PTSD) in military veterans are efficacious, but there are many barriers to receiving treatment. The objective of this study was to determine if cognitive processing therapy (CPT) for PTSD among active duty military personnel and veterans would result in increased acceptability, fewer dropouts, and better outcomes when delivered In-Home or by Telehealth as compared to In-Office treatment.

Methods
The trial used an equipoise-stratified randomization design in which participants (N = 120) could decline none or any 1 arm of the study and were then randomized equally to 1 of the remaining arms. Therapists delivered CPT in 12 sessions lasting 60-min each. Self-reported PTSD symptoms on the PTSD Checklist for DSM-5 (PCL-5) served as the primary outcome.

Results
Over half of the participants (57%) declined 1 treatment arm. Telehealth was the most acceptable and least often refused delivery format (17%), followed by In-Office (29%), and In-Home (54%); these differences were significant ($p = 0.0008$). Significant reductions in PTSD symptoms occurred with all treatment formats ($p < .0001$). Improvement on the PCL-5 was about twice as large in the In-Home ($d = 2.1$) and Telehealth ($d = 2.0$) formats than In-Office ($d = 1.3$); those differences were statistically large and significant ($d = 0.8$, 0.7 and $p = 0.009$, 0.014, respectively). There were no significant differences between In-Home and Telehealth outcomes ($p = 0.77$, $d = -.08$). Dropout from treatment was numerically lowest when therapy was delivered In-Home (25%) compared to Telehealth (34%) and In-Office (43%), but these differences were not statistically significant.

Conclusions
CPT delivered by telehealth is an efficient and effective treatment modality for PTSD, especially considering in-person restrictions resulting from COVID-19.

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https://doi.org/10.1016/j.psychres.2022.114408

The role of suicide stigma in self-disclosure among civilian and veteran populations.

BA Ammerman, ML Piccirillo, CM O'Loughlin, SP Carter, B Matarazzo, AM May

Psychiatry Research
Volume 309, March 2022

Highlights

- Limited research on suicide-specific stigma and self-disclosure exists.
- U.S. veterans may be at high risk for the impacts of suicide-specific stigma.
- Greater self-stigma reduced likelihood of self-disclosure among veterans.
- Greater anticipated stigma reduced likelihood of self-disclosure among veterans.
- Suicide prevention efforts targeting stigma reduction among veterans are needed.

Abstract
Widespread attempts to implement suicide prevention efforts may be hindered by stigma regarding suicidal thoughts and behaviors (STBs). Despite extensive literature linking general mental health stigma to numerous negative outcomes (i.e., reduced help-seeking), limited research has extended findings to STB-specific stigma. Thus, the present study aimed to examine the association between three types of STB stigma (public, self, and anticipated) and self-disclosure, a specific form of help-seeking for some individuals, among civilians and a population at heightened suicide risk, U.S. veterans. Participants (n = 500) reported a lifetime history of suicidal ideation (n = 253 identified as a U.S. veteran; n = 132 reported being enrolled in Veteran Health Administration [VHA] care) who completed self-report measures about their STB experiences, including stigma and self-disclosure. Results highlighted a significant association between greater self-stigma, as well as greater anticipated stigma, and a reduced likelihood of STB disclosure, among veterans but not civilians. No significant associations as a result of VHA care status were found. Together, findings suggest that individuals' concerns related to STBs and STB disclosure may be grounded in past experiences in the military, and thus highlight the need for prevention efforts that protect against negative consequences related to STB disclosure.

Links of Interest

Sailors and Marines with PTSD or other trauma to have their discharge upgrade cases reexamined
https://www.navytimes.com/news/your-navy/2022/02/17/sailors-and-marines-with-ptsd-or-other-trauma-to-have-their-discharge-upgrade-cases-reexamined/

Sex assault reports at military academies soared as students returned to campus
https://www.militarytimes.com/news/pentagon-congress/2022/02/17/sex-assault-reports-at-military-academies-soared-as-students-returned-to-campus/

Preventing, Identifying, and Treating Substance Use Disorders among Service Members
https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Preventing-Identifying-and-Treating-Substance-Use-Disorders-among-Service-Members

Air Force officials: Racism in schools, businesses in Cheyenne, Wyo.
https://www.airforcetimes.com/news/your-air-force/2022/02/22/air-force-officials-racism-in-schools-businesses-in-cheyenne-wyo/

Wounded veterans still struggle to access mental health support: survey
https://www.militarytimes.com/veterans/2022/02/22/wounded-veterans-struggle-to-access-mental-health-support-survey/

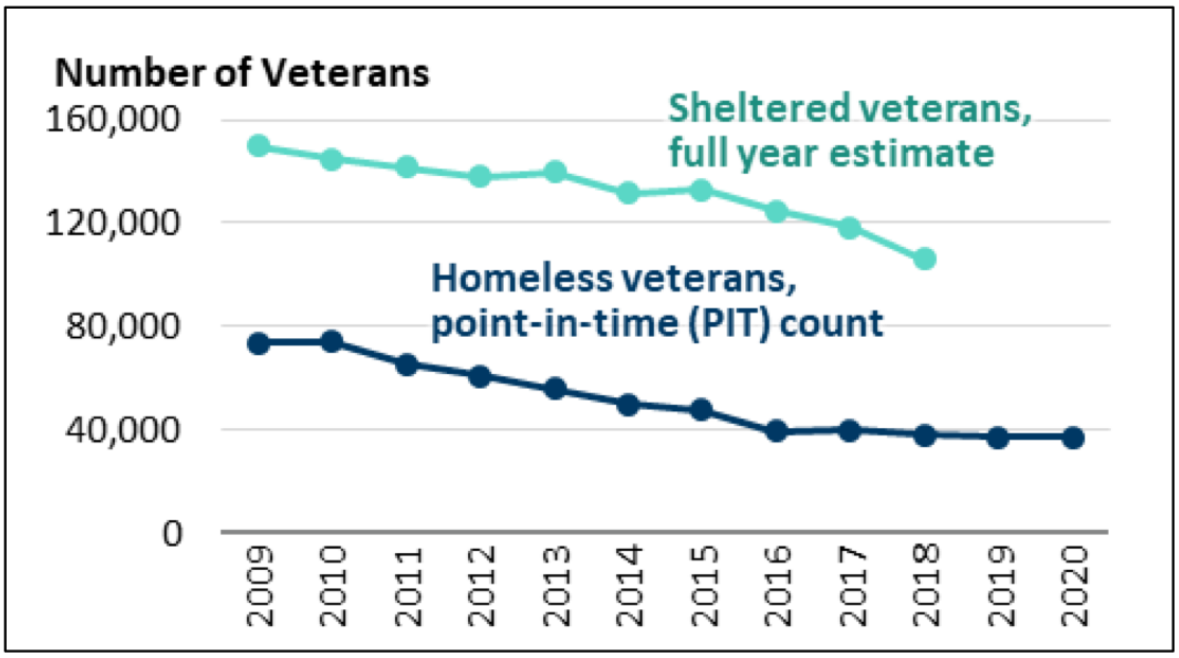
Resource of the Week: Veterans and Homelessness

Recently updated Congressional Research Service In Focus brief:

> According to HUD data from FY2018 full-year estimates, veterans living in emergency shelter and transitional housing are primarily men (92%) and the majority (66%) have a disability. While nearly 60% of all veterans are age 65 and older (59%), veterans in the 45-54 and 55-64 age groups make up 62% of the homeless veteran population (23% and 39%, respectively). African American veterans are overrepresented compared to their percentages in the overall veteran population—40% of homeless veterans are African American (compared to about 10% of all veterans). Non-Hispanic White veterans are

underrepresented, making up 81% of all veterans but approximately 49% of homeless veterans.

Figure 2. Number of Homeless Veterans



Source: HUD Annual Homeless Assessment Reports (AHARs) to Congress, https://www.hudexchange.info/homelessness-assistance/ahar/. Created by CRS.

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