Research Update -- March 31, 2022

What's Here:

- Risk of suicide attempt in reserve versus active component soldiers during deployment to the wars in Iraq and Afghanistan.
- Socioeconomic Indicators of Treatment Prognosis for Adults With Depression: A Systematic Review and Individual Patient Data Meta-analysis.
- Veterans and Suicide: An Integrative Review of Risk Factors and Suicide Reduction Services.
- Association between neurocognitive functioning and suicide attempts in U.S. Army Soldiers.
- Resilience predicts posttraumatic cognitions after a trauma reminder task and subsequent positive emotion induction among veterans with PTSD.
- Longitudinal associations of military-related factors on self-reported sleep among U.S. service members.
- Acute Mild Traumatic Brain Injury Assessment and Management in the Austere Setting: A Review.
- The nosographic structure of posttraumatic stress symptoms across trauma types: An exploratory network analysis approach.
- The role of pain and socioenvironmental factors on posttraumatic stress disorder symptoms in traumatically injured adults: A 1-year prospective study.
- Sexual and physical revictimization in U.S. military veterans.

- Sex differences in the effectiveness and affecting factors to adherence of continuous positive airway pressure therapy.
- Less dropout from prolonged exposure sessions prescribed at least twice weekly: A meta-analysis and systematic review of randomized controlled trials.
- Cannabis use among U.S. military veterans with subthreshold or threshold posttraumatic stress disorder: Psychiatric comorbidities, functioning, and strategies for coping with posttraumatic stress symptoms.
- Effect of Medical Marijuana Card Ownership on Pain, Insomnia, and Affective Disorder Symptoms in Adults: A Randomized Clinical Trial.
- “Will it work for me?” Developing patient-friendly graphical displays of posttraumatic stress disorder treatment effectiveness.
- Indirect standardization for rare events and a dynamic standard population rate: An analysis and simulation of U.S. military suicide mortality rates.
- Parental suicide attempt and subsequent risk of pre-enlistment suicide attempt among male and female new soldiers in the U.S. Army.
- The mental health and well-being among partners and children of military personnel and veterans with a combat-related physical injury: A scoping review of the quantitative research.
- Concerns of relationship mistreatment, emotional abuse, and physical abuse in deployed military medical personnel: Prevalence and risk factors.
- Neurocognitive performance predicts future partner violence among U.S. Iraq- and Afghanistan-deployed army soldiers and veterans.
- Improvement of Insomnia Symptoms following a Single 4-Hour CBT-I Workshop.
- Adjustment Disorder in U.S. Service Members: Factors Associated With Early Separation.
- Low resilience following traumatic brain injury is strongly associated with poor neurobehavioral functioning in U.S. military service members and veterans.
- Links of Interest
- Resource of the Week: Assessing the Quality of Outpatient Pain Care and Opioid Prescribing in the Military Health System (RAND)

—--

https://doi.org/10.1111/sltb.12770

Risk of suicide attempt in reserve versus active component soldiers during deployment to the wars in Iraq and Afghanistan.

Naifeh, J. A., Ursano, R. J., Stein, M. B., Mash, H., Aliaga, P. A., Fullerton, C. S., Dinh, H. M., Vance, M. C., Wynn, G. H., Kao, T. C., Sampson, N. A., & Kessler, R. C.

Suicide & Life-Threatening Behavior
2022 Feb; 52(1): 24-36

Introduction:
Little is known about the degree to which U.S. Army soldiers in the Reserve Components (Army National Guard and Army Reserve) and Active Component (Regular Army) differ with respect suicide attempt (SA) risk during high-stress times, such as deployment.

Method:
Using administrative person-month records of enlisted soldiers on active duty during 2004-2009, we identified 1170 soldiers with a medically documented SA during deployment and an equal-probability control sample of other deployed soldiers (n = 52,828 person-months). Logistic regression analyses examined the association of Army component (Guard/Reserve vs. Regular) with SA before and after adjusting for socio-demographic and service-related predictors.

Results:
Guard/Reserve comprised 32.1% of enlisted soldiers and 19.7% of suicide attempters in-theater, with a SA rate of 81/100,000 person-years (vs. 157/100,000 person-years among Regular; rate ratio = 0.5 [95% CI = 0.5-0.6]). Risk peaked near mid-deployment for both groups but was consistently lower for Guard/Reserve throughout deployment. Guard/Reserve had lower odds of SA after adjusting for covariates (OR = 0.7 [95%CI = 0.6-0.8]). Predictors of SA were similar between components.

Conclusions:
Guard/Reserve and Regular soldiers had similar patterns and predictors of SA during deployment, but Guard/Reserve had lower risk even after controlling for important risk factors. Additional research is needed to understand the lower SA risk among Guard/Reserve in-theater.

© 2021 American Association of Suicidology. This article has been contributed to by US Government employees and their work is in the public domain in the USA.

-----

https://doi.org/10.1001/jamapsychiatry.2022.0100

Socioeconomic Indicators of Treatment Prognosis for Adults With Depression: A Systematic Review and Individual Patient Data Meta-analysis.

Buckman, J., Saunders, R., Stott, J., Cohen, Z. D., Arundell, L. L., Eley, T. C., Hollon, S. D., Kendrick, T., Ambler, G., Watkins, E., Gilbody, S., Kessler, D., Wiles, N., Richards, D., Brabyn, S., Littlewood, E., DeRubeis, R. J., Lewis, G., & Pilling, S.

JAMA Psychiatry
March 9, 2022

Key Points
Question
Are socioeconomic factors associated with depression treatment outcomes regardless of treatment type?

Findings
In this systematic review and meta-analysis that included 9 studies with 4864 participants, socioeconomic disadvantage in employment and housing were associated with worse prognosis outcomes regardless of treatment type and after adjusting for clinical prognostic factors.

Meaning
Accessible information on employment and housing status can inform the intensity of treatment to manage depression and referrals for specialist support; addressing employment and housing needs may make it easier for patients to engage in and achieve better outcomes from treatment for depression.

Abstract
Importance
Socioeconomic factors are associated with the prevalence of depression, but their associations with prognosis are unknown. Understanding this association would aid in the clinical management of depression.

Objective

To determine whether employment status, financial strain, housing status, and educational attainment inform prognosis for adults treated for depression in primary care, independent of treatment and after accounting for clinical prognostic factors.

Data Sources

The Embase, International Pharmaceutical Abstracts, MEDLINE, PsycINFO, and Cochrane (CENTRAL) databases were searched from database inception to October 8, 2021.

Study Selection

Inclusion criteria were as follows: randomized clinical trials that used the Revised Clinical Interview Schedule (CIS-R; the most common comprehensive screening and diagnostic measure of depressive and anxiety symptoms in primary care randomized clinical trials), measured socioeconomic factors at baseline, and sampled patients with unipolar depression who sought treatment for depression from general physicians/practitioners or who scored 12 or more points on the CIS-R. Exclusion criteria included patients with depression secondary to a personality or psychotic disorder or neurologic condition, studies of bipolar or psychotic depression, studies that included children or adolescents, and feasibility studies. Studies were independently assessed against inclusion and exclusion criteria by 2 reviewers.

Data Extraction and Synthesis

Data were extracted and cleaned by data managers for each included study, further cleaned by multiple reviewers, and cross-checked by study chief investigators. Risk of bias and quality were assessed using the Quality in Prognosis Studies (QUIPS) and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) tools, respectively. This study followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses–Individual Participant Data (PRISMA-IPD) reporting guidelines.

Main Outcomes and Measures

Depressive symptoms at 3 to 4 months after baseline.

Results

This systematic review and individual patient data meta-analysis identified 9 eligible studies that provided individual patient data for 4864 patients (mean [SD] age, 42.5 (14.0) years; 3279 women [67.4%]). The 2-stage random-effects meta-analysis end point depressive symptom scale scores were 28% (95% CI, 20%-36%) higher for

unemployed patients than for employed patients and 18% (95% CI, 6%-30%) lower for patients who were homeowners than for patients living with family or friends, in hostels, or homeless, which were equivalent to 4.2 points (95% CI, 3.6-6.2 points) and 2.9 points (95% CI, 1.1-4.9 points) on the Beck Depression Inventory II, respectively. Financial strain and educational attainment were associated with prognosis independent of treatment, but unlike employment and housing status, there was little evidence of associations after adjusting for clinical prognostic factors.

Conclusions and Relevance
Results of this systematic review and meta-analysis revealed that unemployment was associated with a poor prognosis whereas home ownership was associated with improved prognosis. These differences were clinically important and independent of the type of treatment received. Interventions that address employment or housing difficulties could improve outcomes for patients with depression.

—--

https://doi.org/10.55460/T7F5-7MMP

Veterans and Suicide: An Integrative Review of Risk Factors and Suicide Reduction Services.

Crawford, S., Duffey, J. M., & Doss, K. M.

Journal of Special Operations Medicine
Spring 2022; 22(1): 134-140

Suicide has quickly risen to be among the top threats to humanity the world over, which is most certainly the case for American veterans. Literature has well documented that veterans are at increased suicide risk due to numerous factors associated with military culture. This article examines veterans' suicide reduction services by addressing the identification of veterans at elevated risk of suicide and assessing public-private partnership models that promote effective collaborative outreach and treatment. Essentially, this work appraises the development and procedures of multi-organization systems collaborating to impart novel and effective processes to eliminate suicide as intended by Past-President Trump's Executive Order No. 13,861.1 The essential risk factors associated with the identification of veterans at elevated risk of suicide are reviewed. Public-private partnership models that encourage collaborative and effective outreach and treatment are examined. The implications of this literature review will support mental health providers, researchers, and policymakers in innovative,

collaborative, and effective suicide prevention and intervention practices for veterans. Directions for future research are identified to further contribute to efforts to empower veterans and eliminate suicide.

—--

https://doi.org/10.1016/j.jpsychires.2020.11.012

Association between neurocognitive functioning and suicide attempts in U.S. Army Soldiers.

Hoffman, S. N., Taylor, C. T., Campbell-Sills, L., Thomas, M. L., Sun, X., Naifeh, J. A., Kessler, R. C., Ursano, R. J., Gur, R. C., Jain, S., & Stein, M. B.

Journal of Psychiatric Research
2022 Jan; 145: 294-301

Background:
Suicide is a serious public health problem, including among U.S. Army personnel. There is great interest in discovering objective predictors of suicide and non-fatal suicidal behaviors. The current study examined the association between neurocognitive functioning and pre-military history of suicide attempts (SA) and post-enlistment onset of SA.

Methods:
New Soldiers reporting for Basic Combat Training (N = 38,507) completed a comprehensive computerized neurocognitive assessment battery and self-report questionnaires. A subset of Soldiers (n = 6216) completed a follow-up survey, including assessment of lifetime SA, 3-7 years later.

Results:
Six hundred eighty-nine Soldiers indicated lifetime SA at baseline and 210 Soldiers indicated new-onset SA at follow-up. Regression analyses, adjusted for demographic variables, revealed significant bivariate associations between neurocognitive performance on measures of sustained attention, impulsivity, working memory, and emotion recognition and lifetime SA at baseline. In a multivariable model including each of these measures as predictors, poorer impulse control and quicker response times on an emotion recognition measure were significantly and independently associated with increased odds of lifetime SA. A second model predicted new-onset SA at follow-up for

Soldiers who did not indicate a history of SA at baseline. Poorer impulse control on a measure of sustained attention was predictive of new-onset SA.

Limitations:
Effect sizes are small and of unlikely clinical predictive utility.

Conclusions:
We simultaneously examined multiple neurocognitive domains as predictors of SA in a large, representative sample of new Army Soldiers. Impulsivity most strongly predicted past and future SA over and beyond other implicated cognitive-emotional domains.

—--

https://doi.org/10.1037/tra0001143

Resilience predicts posttraumatic cognitions after a trauma reminder task and subsequent positive emotion induction among veterans with PTSD.

Szabo, Y. Z., Frankfurt, S., Kurz, A. S., Anderson, A., & McGuire, A. P.

Psychological Trauma : Theory, Research, Practice and Policy
2022 Apr; 14(S1): S101-S108

[Correction Notice: An Erratum for this article was reported in Vol 14(S1) of Psychological Trauma: Theory, Research, Practice, and Policy (see record 2022-45004-002). In the article (https://doi.org/10.1037/tra0001143), the Supplemental materials link was missing from the title page. All versions of this article have been corrected.]

Objective:
Posttraumatic stress disorder (PTSD) is a common problem for veterans. Resilience, the tendency to bounce back from difficult circumstances, is negatively associated with posttraumatic cognitions (PTCs) among individuals with a history of trauma, and it may be important to understand responses to trauma reminders.

Method:
Using a quasi-experimental design, we examined the association between trait resilience and state PTCs in veterans with PTSD (n = 47, Mage = 48.60, 91.8% male) at two points: following a written trauma narrative exposure (Time 1 [T1]), and following a subsequent positive distraction task (i.e., brief, positive video; Time 2 [T2]).

Results:
After controlling for PTSD symptom severity and combat exposure, resilience was negatively associated with PTCs at T1 ($\Delta R2 = .19$) and T2 ($\Delta R2 = .13$). However, resilience was a poor predictor of change in PTCs from T1 to T2. We also examined the relationship between resilience and subtypes of PTCs: resilience was associated with negative views of the self (T1, $\Delta R2 = .24$) but not negative views of the world or self-blame (T1, $\Delta R2s \leq .07$); these results were consistent at T2.

Conclusions:
Thus, resilience may attenuate negative trauma-related cognitions after trauma recall; however, this study was not designed to test causal pathways. Future research could examine whether resilience-building exercises reduce negative PTCs after trauma reminders among veterans. Additional research is needed to generalize to other trauma-exposed populations. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

—--

https://doi.org/10.1093/sleep/zsab168

Longitudinal associations of military-related factors on self-reported sleep among U.S. service members.

Cooper, A. D., Kolaja, C. A., Markwald, R. R., Jacobson, I. G., & Chinoy, E. D.

Sleep
2021 Dec 10; 44(12): zsab168

Study objectives:
Sleep loss is common in the military, which can negatively affect health and readiness; however, it is largely unknown how sleep varies over a military career. This study sought to examine the relationships between military-related factors and the new onset and reoccurrence of short sleep duration and insomnia symptoms.

Methods:
Millennium Cohort Study data were used to track U.S. military service members over time to examine longitudinal changes in sleep. Outcomes were self-reported average sleep duration (categorized as ≤5 h, 6 h, or 7-9 h [recommended]) and/or insomnia symptoms (having trouble falling or staying asleep). Associations between military-r

elated factors and the new onset and reoccurrence of these sleep characteristics were determined, after controlling for multiple health and behavioral factors.

Results:
Military-related factors consistently associated with an increased risk for new onset and/or reoccurrence of short sleep duration and insomnia symptoms included active duty component, Army or Marine Corps service, combat deployment, and longer than average deployment lengths. Military officers and noncombat deployers had decreased risk for either sleep characteristic. Time-in-service and separation from the military were complex factors; they lowered risk for ≤5 h sleep but increased risk for insomnia symptoms.

Conclusions:
Various military-related factors contribute to risk of short sleep duration and/or insomnia symptoms over time, although some factors affect these sleep characteristics differently. Also, even when these sleep characteristics remit, some military personnel have an increased risk of reoccurrence. Efforts to improve sleep prioritization and implement interventions targeting at-risk military populations, behaviors, and other significant factors are warranted.

—--

https://doi.org/10.1093/milmed/usab104

Acute Mild Traumatic Brain Injury Assessment and Management in the Austere Setting: A Review.

Ownbey, M. R., & Pekari, T. B.

Military Medicine
2022 Jan 4; 187(1-2): e47-e51

Introduction:
Traumatic brain injury (TBI) continues to be a major source of military-related morbidity and mortality. The insidious short- and long-term sequelae of mild TBIs (mTBIs) have come to light, with ongoing research influencing advances in patient care from point of injury onward. Although the DoDI 6490.11 outlines mTBI care in the deployed setting, there is currently no standardized training requirement on mTBI care in the far-forward deployed setting. As the Joint Trauma System (JTS) is considered to be one of the leaders in standard of care trauma medicine in the deployed environment and is often

the go-to resource for forward-deployed medical providers, it is our goal that this review be utilized by the JTS with prominent mTBI resources to disseminate a clinical practice guideline (CPG) appropriate for the far-forward operational environment.

Materials and methods:
The resources used for this review reflect the most current data, knowledge, and recommendations associated with research and findings from reputable sources as the Traumatic Brain Injury Center of Excellence (TBI CoE; formerly the Defense and Veterans Brain Injury Center), the Center for Disease Control and Prevention, as well as prominent journals such as Academic Emergency Medicine, British Journal of Sports Medicine, and JAMA. We searched for articles under keyword searches, limiting results to less than 5 years old, and had military relevance. About 1,740 articles were found using keywords; filters on our search yielded 707 articles, 100 of which offered free full text. The topic of far-forward deployed management of mTBI does not have a robust academic background at this time, and recommendations are derived from a combination of academic evidence in more traditional clinical settings, as well as author's direct experience in managing mTBI casualties in the austere environment.

Results:
At the time of this writing, there is no JTS CPG for management of mTBI and there is no pre-deployment training requirement for medical providers for treating mTBI casualties in the far-forward deployed setting. The TBI CoE does, however, have a multitude of resources available to medical providers to assist with post-mTBI care. In this article, we review these clinical tools, pre-planning considerations including discussions and logistical planning with medical command, appropriate evaluation and treatment for mTBI casualties based on TBI CoE recommendations, the need for uniform and consistent documentation and diagnosis in the acute period, tactical and operational considerations, and other considerations as a medical provider in an austere setting with limited resources for treating casualties with mTBIs.

Conclusions:
Given the significant morbidity and mortality associated with mTBIs, as well as operational and tactical considerations in the austere deployed setting, improved acute and subacute care, as well as standardization of care for these casualties within their area of operations is necessary. The far-forward deployed medical provider should be trained in management of mTBI, incorporate mTBI-associated injuries into medical planning with their command, and discuss the importance of mTBI management with servicemembers and their units. Proper planning, training, standardization of mTBI management in the deployed setting, and inter-unit cooperation and coordination for mTBI care will help maintain servicemember readiness and unit capability on the

battlefield. Standardization in care and documentation in this austere military environment may also assist future research into mTBI management. As there is currently no JTS CPG covering this type of care, the authors recommend sharing the TBI CoE management guideline with medical providers who will be reasonably expected to evaluate and manage mTBI in the austere deployed setting.

Published by Oxford University Press on behalf of the Association of Military Surgeons of the United States 2021. This work is written by (a) US Government employee(s) and is in the public domain in the US.

—--

https://doi.org/10.1002/jts.22818

The nosographic structure of posttraumatic stress symptoms across trauma types: An exploratory network analysis approach.

Filipa Ferreira, Deisy Gysi, Daniel Castro, Tiago Bento Ferreira

Journal of Traumatic Stress
First published: 05 March 2022

The nosographic structure of posttraumatic stress disorder (PTSD) remains unclear, and attempts to determine its symptomatic organization have been unsatisfactory. Several explanations have been suggested, and the impact of trauma type is receiving increasing attention. As little is known about the differential impact trauma type in the nosographic structure of PTSD, we explored the nosology of PTSD and the effect of trauma type on its symptomatic organization. We reanalyzed five cross-sectional psychopathological networks involving different trauma types, encompassing a broad range of traumatic events in veterans, war-related trauma in veterans, sexual abuse, terrorist attacks, and various traumatic events in refugees. The weighted topological overlap was used to estimate the networks and attribute weights to their links. Coexpression differential network analysis was used to identify the common and specific network structures of the connections across different trauma types and to determine the importance of symptoms across the networks. We found a set of symptoms with more common connections with other symptoms, suggesting that these might constitute the prototypical nosographic structure of PTSD. We also found a set of symptoms that had a high number of specific connections with other symptoms; these connections varied according to trauma type. The importance of symptoms across the common and specific networks was ascertained. The present findings offer new insights

into the symptomatic organization of PTSD and support previous research on the impact of trauma type on the nosology of this disorder.

—--

https://doi.org/10.1002/jts.22815

The role of pain and socioenvironmental factors on posttraumatic stress disorder symptoms in traumatically injured adults: A 1-year prospective study.

E. Kate Webb, Richard T. Ward, Abel S. Mathew, Matthew Price, Carissa N. Weis, Colleen M. Trevino, Terri A. deRoon-Cassini, Christine L. Larson

Journal of Traumatic Stress
First published: 02 March 2022

Approximately 20% of individuals who experience a traumatic injury will subsequently develop posttraumatic stress disorder (PTSD). Physical pain following traumatic injury has received increasing attention as both a distinct, functionally debilitating disorder and a comorbid symptom related to PTSD. Studies have demonstrated that both clinician-assessed injury severity and patient pain ratings can be important predictors of nonremitting PTSD; however, few have examined pain and PTSD alongside socioenvironmental factors. We postulated that both area- and individual-level socioeconomic circumstances and lifetime trauma history would be uniquely associated with PTSD symptoms and interact with the pain–PTSD association. To test these effects, pain and PTSD symptoms were assessed at four visits across a 1-year period in a sample of 219 traumatically injured participants recruited from a Level 1 trauma center. We used a hierarchal linear modeling approach to evaluate whether (a) patient-reported pain ratings were a better predictor of PTSD than clinician-assessed injury severity scores and (b) socioenvironmental factors, specifically neighborhood socioeconomic disadvantage, individual income, and lifetime trauma history, influenced the pain–PTSD association. Results demonstrated associations between patient-reported pain ratings, but not clinician-assessed injury severity scores, and PTSD symptoms, R2(fvm) = .65. There was a significant interaction between neighborhood socioeconomic disadvantage and pain such that higher disadvantage decreased the strength of the pain–PTSD association but only among White participants, R2(fvm) = .69. Future directions include testing this question in a larger, more diverse sample of trauma survivors (e.g., geographically diverse) and examining factors that may alleviate both pain and PTSD symptoms.

—--

https://doi.org/10.1002/jts.22816

Sexual and physical revictimization in U.S. military veterans.

Arielle A. J. Scoglio, Beth E. Molnar, Alisa K. Lincoln, John Griffith, Crystal Park, Shane W. Kraus

Journal of Traumatic Stress
First published: 01 March 2022

The present study examined revictimization, defined as sexual or physical assault in adulthood that followed a history of childhood maltreatment. We aimed to identify factors associated with revictimization over time in a group of U.S. military veterans deployed following the September 11, 2001, terrorist attacks (9/11). As revictimization is associated with multiple negative mental health outcomes in the literature, identifying risk and protective factors can aid in the prevention of revictimization and associated poor health outcomes among veterans. In this sample, the proportion of adult revictimization was 2.7% for men, 95% CI [2.0, 3.6] and 22.9% for women, 95% CI [20.5, 25.8]. Using multilevel logistic models, we found that women, $\beta = 2.2$, $p < .001$; Navy veterans, $\beta = 1.5$, $p < .001$; and participants who reported posttraumatic stress symptoms, $\beta = 0.2$, $p = .028$, were at significantly higher risk of revictimization across time compared to nonrevictimized counterparts. Social support while in the military was protective, $\beta = -0.1$, $p < .001$, against revictimization. In addition, childhood abuse experiences combined with characteristics such as female gender were related to an increased risk of revictimization during and following military service. The findings highlight opportunities for intervention and areas of strength within this population; social connection garnered during military service may serve as a protective factor against revictimization. Future research is needed to examine the role of social support in possibly lowering veterans' risk of revictimization over time, particularly for post-9/11 veterans struggling with transitioning from military to civilian life.

—--

https://doi.org/10.1007/s41105-021-00355-4

Sex differences in the effectiveness and affecting factors to adherence of continuous positive airway pressure therapy.

Kanae Fujita, Hiroaki Chishaki, Shin-ichi Ando & Akiko Chishaki

Sleep and Biological Rhythms
Published: 10 January 2022

Although sex differences in clinical backgrounds of patients with obstructive sleep apnea (OSA) are well known, studies of sex differences about the influencing factors on adherence to continuous positive airway pressure (CPAP) are very sparse. Our aim was to investigate the effects of CPAP use affecting therapeutic adherence in sex differences. We retrospectively assessed demographic data, clinical characteristics, OSA-related symptoms, and effects and adherence of CPAP use in 348 patients (264 males, median age 58 years) who continued CPAP for at least 1 year. Poor adherence was defined as CPAP dropout within 1 year after starting CPAP or the average cumulative CPAP use less than four hours/night. We also studied the predictors or influencing factors of CPAP adherence by multivariate logistic regression analyses. Age was higher and the severity of OSA was lower in female patients. Although the adherence level itself was not significantly different between both sexes, influencing factors were different. OSA severity, such as apnea–hypopnea index and sleepiness, and many effects from CPAP use (respiratory difficulty, difficult adaptation to CPAP use, improved awakening, reduced nocturia, and easy adaptation to CPAP) influenced adherence only in men. Common factors of poor adherence in both sexes were lower age, insomnia by CPAP use, and improved daytime sleepiness. No other specific factors predicted poor adherence in women. We found that there were sex differences in influencing factors on CPAP adherence not only in clinical characteristics of OSA, but also in effectiveness and side effects of CPAP use.

—--

https://doi.org/10.1002/jts.22822

Less dropout from prolonged exposure sessions prescribed at least twice weekly: A meta-analysis and systematic review of randomized controlled trials.

Daniel B. Levinson, Tate F. Halverson, Sarah M. Wilson, Rongwei Fu

Journal of Traumatic Stress
First published: 12 March 2022

Trauma-focused psychotherapies, such as prolonged exposure (PE), are strongly recommended to treat posttraumatic stress disorder due to their effects in reducing

symptoms. However, such therapies may also suffer from high dropout rates. To investigate how clients might benefit from trauma-focused therapy while minimizing dropout, we conducted a meta-analysis of 1,508 adults from 35 randomized controlled trials (RCTs) of outpatient PE programs to evaluate treatment frequency as a predictor of dropout. When an RCT prescribed PE sessions at least twice weekly compared to less frequently, the dropout rate was significantly lower at 21.0%, 95% CI [13.9%, 30.4%], compared to 34.0%, 95% CI [28.9%, 39.4%], OR = 0.52, 95% CI [0.30, 0.89], p = .018. It was not possible to draw causal conclusions, as only one RCT compared two PE treatment frequencies head-to-head. Nonetheless, the findings remained significant after controlling for study characteristics. These data invite reconsideration of the common practice of weekly psychotherapy in favor of twice-weekly sessions in standard outpatient treatment.

—--

https://doi.org/10.1002/jts.22823

Cannabis use among U.S. military veterans with subthreshold or threshold posttraumatic stress disorder: Psychiatric comorbidities, functioning, and strategies for coping with posttraumatic stress symptoms.

Melanie L. Hill, Mallory Loflin, Brandon Nichter, Peter J. Na, Sarah Herzog, Sonya B. Norman, Robert H. Pietrzak

Journal of Traumatic Stress
First published: 11 March 2022

Cannabis use is common among individuals with posttraumatic stress disorder (PTSD) symptoms, but its impact on psychiatric symptoms and functioning in this population is unclear. To clarify the clinical and functional correlates of cannabis use in individuals with PTSD symptoms, we analyzed data from the 2019–2020 National Health and Resilience in Veterans Study, a nationally representative survey of U.S. military veterans. Participants with current subthreshold or full PTSD (N = 608) reported on their past-6-month cannabis use and current psychiatric symptoms, functioning, treatment utilization, and PTSD symptom management strategies. Veterans with subthreshold/full PTSD who used cannabis more than weekly were more likely to screen positive for co-occurring depression, anxiety, and suicidal ideation than those who did not use cannabis, ORs = 3.4–3.8, or used cannabis less than weekly, ORs = 2.7–3.7. Veterans who used cannabis more than weekly also scored lower in cognitive functioning than veterans with no use, d = 0.25, or infrequent use, d = 0.71, and were substantially more

likely to endorse avoidance coping strategies, ORs = 8.2–12.2, including substance use, OR = 4.4, and behavioral disengagement, ORs = 2.7–9.1, to manage PTSD symptoms. Despite more psychiatric and functional problems, veterans with frequent cannabis use were not more likely to engage in mental health treatment, ORs = 0.87–0.99. The results suggest enhanced cannabis use screening, interventions targeting risky use, and strategies promoting treatment engagement may help ameliorate more severe clinical presentations associated with frequent cannabis use among veterans with subthreshold/full PTSD.

—--

https://doi.org/10.1001/jamanetworkopen.2022.2106

Effect of Medical Marijuana Card Ownership on Pain, Insomnia, and Affective Disorder Symptoms in Adults: A Randomized Clinical Trial.

Gilman, J. M., Schuster, R. M., Potter, K. W., Schmitt, W., Wheeler, G., Pachas, G. N., Hickey, S., Cooke, M. E., Dechert, A., Plummer, R., Tervo-Clemmens, B., Schoenfeld, D. A., & Evins, A. E.

JAMA Network Open
2022 Mar 1; 5(3): e222106

Key Points
Question
What are the risks and benefits of obtaining a medical marijuana card for adults who seek medical marijuana for pain, insomnia, and anxiety or depressive symptoms?

Findings
In this randomized clinical trial involving 186 participants, immediate acquisition of a medical marijuana card increased the incidence and severity of cannabis use disorder (CUD) and resulted in no significant improvement in pain, anxiety, or depressive symptoms, but improved self-reported sleep quality.

Meaning
Findings from this study suggest the need for further investigation into the benefits of medical marijuana card ownership for insomnia symptoms and the risk of CUD, particularly for those with anxiety or depressive symptoms.

Abstract

Importance

Despite the legalization and widespread use of cannabis products for a variety of medical concerns in the US, there is not yet a strong clinical literature to support such use. The risks and benefits of obtaining a medical marijuana card for common clinical outcomes are largely unknown.

Objective

To evaluate the effect of obtaining a medical marijuana card on target clinical and cannabis use disorder (CUD) symptoms in adults with a chief concern of chronic pain, insomnia, or anxiety or depressive symptoms.

Design, Setting, and Participants

This pragmatic, single-site, single-blind randomized clinical trial was conducted in the Greater Boston area from July 1, 2017, to July 31, 2020. Participants were adults aged 18 to 65 years with a chief concern of pain, insomnia, or anxiety or depressive symptoms. Participants were randomized 2:1 to either the immediate card acquisition group (n = 105) or the delayed card acquisition group (n = 81). Randomization was stratified by chief concern, age, and sex. The statistical analysis followed an evaluable population approach.

Interventions

The immediate card acquisition group was allowed to obtain a medical marijuana card immediately after randomization. The delayed card acquisition group was asked to wait 12 weeks before obtaining a medical marijuana card. All participants could choose cannabis products from a dispensary, the dose, and the frequency of use. Participants could continue their usual medical or psychiatric care.

Main Outcomes and Measures

Primary outcomes were changes in CUD symptoms, anxiety and depressive symptoms, pain severity, and insomnia symptoms during the trial. A logistic regression model was used to estimate the odds ratio (OR) for CUD diagnosis, and linear models were used for continuous outcomes to estimate the mean difference (MD) in symptom scores.

Results

A total of 186 participants (mean [SD] age 37.2 [14.4] years; 122 women [65.6%]) were randomized and included in the analyses. Compared with the delayed card acquisition group, the immediate card acquisition group had more CUD symptoms (MD, 0.28; 95% CI, 0.15-0.40; P < .001); fewer self-rated insomnia symptoms (MD, –2.90; 95% CI, –4.31 to –1.51; P < .001); and reported no significant changes in pain severity or anxiety or

depressive symptoms. Participants in the immediate card acquisition group also had a higher incidence of CUD during the intervention (17.1% [n = 18] in the immediate card acquisition group vs 8.6% [n = 7] in the delayed card acquisition group; adjusted odds ratio, 2.88; 95% CI, 1.17-7.07; P = .02), particularly those with a chief concern of anxiety or depressive symptoms.

Conclusions and Relevance
This randomized clinical trial found that immediate acquisition of a medical marijuana card led to a higher incidence and severity of CUD; resulted in no significant improvement in pain, anxiety, or depressive symptoms; and improved self-rating of insomnia symptoms. Further investigation of the benefits of medical marijuana card ownership for insomnia and the risk of CUD are needed, particularly for individuals with anxiety or depressive symptoms.

Trial Registration
ClinicalTrials.gov Identifier: NCT03224468

—--

https://doi.org/10.1002/jts.22808

“Will it work for me?” Developing patient-friendly graphical displays of posttraumatic stress disorder treatment effectiveness.

Jessica L. Hamblen, Kathleen M. Grubbs, Bernard Cole, Paula P. Schnurr, Juliette M. Harik

Journal of Traumatic Stress
First published: 08 March 2022

The goal of this study was to create simple visual displays to help patients understand the benefits of evidence-based treatment for posttraumatic stress disorder (PTSD). We reviewed randomized trials of the most effective individual, trauma-focused psychotherapies and first-line antidepressants for adults with PTSD. The analytic sample included 65 treatment arms from 41 trials. We used binomial logistic regression to estimate the proportion of participants who lost their PTSD diagnosis at posttreatment and created a sample icon array to display these estimates. We provide a range of estimates (0–100) based on varying the percentage of the sample with a military affiliation. The percentage of participants who no longer met the diagnostic criteria for PTSD among civilian populations was 64.3% for trauma-focused treatment, 56.9% for

SSRI/SNRI, and 16.7% for waitlist/minimal attention. For military populations, the proportions of participants who no longer met the diagnostic criteria were 44.2%, 36.7%, and 8.1%, respectively. We present icon arrays for 0%, 7%, 50%, and 100% military affiliation displaying 100 icons, a portion of which were shaded to indicate the number of participants that no longer met the PTSD criteria following treatment. After evidence-based treatment, between one third and two thirds of participants no longer met the PTSD criteria. Providers can use the icon array developed in this study with patients to facilitate communication regarding PTSD treatment effectiveness.

—--

https://doi.org/10.1111/sltb.12798

Indirect standardization for rare events and a dynamic standard population rate: An analysis and simulation of U.S. military suicide mortality rates.

Smolenski, D. J., Balcena, P. P., Tucker, J., & Curry, J. C.

Suicide & Life-Threatening Behavior
2021 Dec; 51(6): 1159-1174

Introduction:
Comparing suicide mortality rates between the U.S. military and U.S. general populations is common in lay and professional literature. Standardization is required for this comparison to account for differences in the population structure, but small event counts complicate the analysis.

Methods:
We demonstrated the performance of direct, indirect, and reverse-direct standardization using U.S. military and U.S. general population suicide mortality data from 2011 to 2018. We also used simulations of direct and indirect standardization in annual comparisons, and over time for the standardized mortality ratio in Poisson regression.

Results:
Indirect standardization outperformed direct standardization for annual rate standardization. Direct standardization with combined subgroups can produce a biased estimate. Reverse-direct standardization was unbiased, but it generally yields incorrect interval estimates. Over 2011-2018, the U.S. military suicide mortality data were very consistent with the U.S. general population.

Conclusion:
Indirect standardization provides more flexibility in rate standardization with rare outcomes. For comparisons between the U.S. military and the U.S. general populations, it can provide valid point and interval estimates of standardized rates and ratios both within a single year and between years without combining categories to account for sparseness.

Published 2021. This article is a U.S. Government work and is in the public domain in the USA.

—--

https://doi.org/10.1111/sltb.12772

Parental suicide attempt and subsequent risk of pre-enlistment suicide attempt among male and female new soldiers in the U.S. Army.

Wang, J., Naifeh, J. A., Mash, H., Morganstein, J. C., Fullerton, C. S., Cozza, S. J., Stein, M. B., & Ursano, R. J.

Suicide & Life-Threatening Behavior
2022 Feb; 52(1): 59-68

Objective:
Suicide and suicide attempts among U.S. Army soldiers are a significant concern for public health. This study examined the association of parental suicide attempt prior to age 13 of the soldier with subsequent risk of pre-enlistment suicide attempt.

Method:
We conducted secondary analyses of survey data from new soldiers who participated in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) (N = 38,396). A series of logistic regression analyses were conducted.

Results:
Of all new soldiers, 1.4% reported that they attempted suicide between age 13 and entering the Army, and 2.3% reported a parental suicide attempt prior to age 13. Parental suicide attempt was associated with increased odds of subsequent suicide attempt; however, this association was moderated by gender and was significant only among male soldiers. The association between parental suicide attempt and pre-enlistment suicide attempt among male soldiers was still significant after controlling for

socio-demographic characteristics, soldier/parental psychopathology, and childhood adversities.

Conclusions:
These results highlight parental suicide attempt as a unique pre-enlistment risk factor for suicide attempt, especially among male new soldiers. Further studies are needed to separate the genetic and environmental contributions to intra-familial risk for suicidal behavior.

—--

https://doi.org/10.1016/j.dhjo.2022.101283

The mental health and well-being among partners and children of military personnel and veterans with a combat-related physical injury: A scoping review of the quantitative research.

N Solomon, R Gribble, G Dighton, S Evans, S Taylor-Beirne, M Chesnokov, N Fear

Disability and Health Journal
Available online 15 February 2022

Background
Little research has focused on the impact of combat-related physical injuries on the mental health and well-being of partners and children of military personnel and veterans.

Objectives
This scoping review identifies the consequences of combat-related physical injuries (CRPIs) on the mental health and well-being of partners and children of military personnel and veterans.

Methods
Quantitative articles examining mental health and well-being in partners and children of military personnel and veterans with CRPIs from the UK, US, Canada, New Zealand, Australia, European Union (EU), or Israel published since 2000 were identified.

Results
Seven articles were included, six from the US. The findings indicate the potential negative and positive impacts CRPIs can have on the health and well-being of partners

of military partners and the negative impacts identified among children, and how this differs from psychological injuries.

Conclusions
This scoping review highlights the lack of research focusing on the impact of CRPIs on the family members of military personnel and veterans. Additional research is needed to understand how psychological injuries might have different effects on the mental health and well-being partners and children of military personnel and veterans compared to different types of CRPIs.

—--

https://doi.org/10.1016/j.avb.2022.101735

Concerns of relationship mistreatment, emotional abuse, and physical abuse in deployed military medical personnel: Prevalence and risk factors.

CJ McMahon, S Zwetzig, B Schumann, CL Straud, MT Baker, S Young-McCaughan, BT Litz, WC Isler, RJ McNally, J Mintz, AL Peterson

Aggression and Violent Behavior
Available online 16 February 2022

Highlights
- Most deployed military medical personnel endorsed very low emotional or physical abuse concerns.
- Caucasian service members were more likely to endorse emotional abuse concerns compared to other racial groups.
- Male service members were more likely to report physical abuse concerns compared to females.
- Christian service members were more likely to endorse concerns of physical abuse compared other religion groups.
- A probable posttraumatic stress disorder diagnosis was not a risk factor for either emotional or physical abuse.

Abstract
The aims of this study were to identify self-reported point-prevalence rates of concerns about relationship mistreatment, emotional abuse, and physical abuse among military medical personnel and to evaluate demographic and military risk factors associated with these concerns. Participants (N = 721) were U.S. Air Force military medical personnel

(61.4% male) deployed to Iraq between 2004 and 2011 who reported being either married or engaged. Most of the sample expressed at least some concern for mistreatment (79.0%), emotional abuse (70.8%), or physical abuse (66.3%) in their relationship. Caucasians were more likely to endorse emotional abuse concerns compared with other racial groups ($p = .04$). Men ($p = .02$) and service members who identified as Christians ($p = .03$) were more likely to endorse physical abuse concerns compared to their respective counterparts. Results suggest that relationship abuse concerns may be more common than expected among deployed military medical personnel. Demographic factors were associated with abuse concerns while military service characteristics and probable posttraumatic stress disorder diagnosis were not associated with abuse concerns. Future research should examine abuse concerns in population-based studies of military personnel and evaluate the longitudinal trajectory of outcomes associated with relationship abuse among active duty military personnel across the deployment cycle.

—--

https://doi.org/10.1037/vio0000408

Neurocognitive performance predicts future partner violence among U.S. Iraq- and Afghanistan-deployed army soldiers and veterans.

Chiu, C., Gnall, K., Pless Kaiser, A., Taft, C. T., Franz, M. R., Lee, L. O., & Vasterling, J. J.

Psychology of Violence
Advance online publication

Objective:
Intimate partner violence (IPV) constitutes a major U.S. national health concern and disproportionately affects military families. Prior research, which has been conducted primarily in civilian populations, suggests that relative neurocognitive weaknesses may increase risk for IPV. This prospective study examined the associations between postdeployment neurocognitive performance and subsequent IPV (5–13 years later) among warzone veterans in the context of psychological health and traumatic brain injury (TBI).

Method:
Participants were 217 warzone veterans from a nationally dispersed sample of service members and veterans who had previously deployed to the Iraq war zone and their

intimate partners. Warzone veterans had previously completed performance-based neurocognitive assessments at a postdeployment assessment. An average of 8 years later, participants completed structured psychiatric interviews and psychometric surveys assessing TBI history, post-traumatic stress disorder (PTSD), depression, alcohol use, and IPV perpetration.

Results:
Regression analyses revealed that relatively greater psychopathology and history of TBI were significantly associated with more frequent warzone veteran IPV psychological perpetration. Furthermore, relatively poorer postdeployment neurocognitive performance predicted higher subsequent psychological and physical IPV perpetration, adjusting for demographics, psychological health, and TBI.

Conclusions:
Our findings highlight the importance of identifying both psychological/behavioral and neurocognitive correlates of IPV among warzone veterans. An integrative understanding of IPV risk can help inform both IPV prevention and treatment efforts for warzone veterans. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

—--

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.

—--

https://doi.org/10.1093/milmed/usac008

Adjustment Disorder in U.S. Service Members: Factors Associated With Early Separation.

Maria A Morgan, PhD, MPS, Kevin O’Gallagher, Marija Spanovic Kelber, PhD, Abigail L Garvey Wilson, PhD, MPH, Bradley E Belsher, PhD, Daniel P Evatt, PhD

Military Medicine
Published: 19 January 2022

Introduction
Adjustment disorder (AD) is a time-delimited disorder characterized by excessive emotional distress or impaired functioning in response to an identifiable stressor. Although it is commonly diagnosed in mental health settings, its impact on occupational, social and other areas of functioning is not well understood. As a subthreshold disorder that is frequently diagnosed in conjunction with other physical and mental health disorders, the extent of its contribution to functional impairment may be obscured. During military service, research suggests AD is frequently diagnosed in early-service trainees. To help elucidate the relationship between AD and functional outcome, we explored 2 factors that may be associated with the rate of separation from service in U.S. active duty service members (SMs) with an AD diagnosis: previous mental health diagnoses and time in service when SMs receive an incident AD diagnosis (IADx).

Materials and Methods
Twenty-thousand SMs with an IADx were grouped by whether or not this was their first mental health diagnosis received in the military. To assess functional impairment, the 2 groups were compared on rate of separation. Those without prior diagnoses were then stratified into 5 groups based on length of time from military entrance to receipt of IADx and were further analyzed for separation rates. The Cox model was used to determine hazard ratios and create survival curves. The study was determined to be “not human subjects research.”

Results
Nearly half (46.4%) of SMs with an IADx previously had received a mental health diagnosis and had an increased risk of separation [hazard ratio = 1.25 (95% confidence interval: 1.207-1.286)]. Of SMs with IADx as their first diagnosis, 19.3% were diagnosed during the first 6 months of service and had the highest risk of separating [hazard ratio = 1.48 (1.381-1.589)], with a 60% probability of separating within 2 years of diagnosis. Those receiving it during the second 6 months of service (16.2%), second year (20.1%), or third year (18.2%) had approximately a 47% probability of separating within 2 years.

Conclusions
Previous mental health diagnoses and time in service when diagnosed appear to be important factors associated with functional impairment for SMs with AD. Nearly half of those with an IADx had previously received diagnoses for mood, anxiety, and other disorders and were at higher risk of separation following IADx. Our findings are based on diagnoses entered in electronic health records, so we cannot identify the nature of the stressor that precipitated AD. Nonetheless, early IADx predicted the fastest rate of separation, and it may be an opportune time for interventions to reduce its impact on functional outcomes.

—--

https://doi.org/10.1080/02699052.2022.2034183

Low resilience following traumatic brain injury is strongly associated with poor neurobehavioral functioning in U.S. military service members and veterans.

Victoria C. Merritt, Tracey A. Brickell, Jason M. Bailie, Lars Hungerford, Sara. M. Lippa, Louis M. French & Rael T. Lange

Brain Injury
Published online: 16 Feb 2022

Objective
The purpose of this study was to examine the relationship between resilience and self-reported neurobehavioral functioning following traumatic brain injury (TBI) in U.S. military service members and veterans (SMVs). A secondary objective was to examine the interaction between resilience and posttraumatic stress disorder (PTSD) on neurobehavioral functioning.

Method
Participants included 795 SMVs classified into four groups: Uncomplicated Mild TBI (MTBI; n=300); Complicated Mild, Moderate, Severe, or Penetrating TBI (STBI, n 162); Injured Controls (IC, n=185); and Non-injured Controls (NIC, n=148). Two independent cohorts were evaluated – those assessed within 1-year of injury and those assessed 10-years post-injury. SMVs completed self-report measures including the PTSD Checklist-Civilian version, Neurobehavioral Symptom Inventory, and TBI-Quality of Life.

Results
Results showed that (1) lower resilience was strongly associated with poorer

neurobehavioral functioning across all groups at 1-year and 10-years post-injury, and (2) PTSD and resilience had a robust influence on neurobehavioral functioning at both time periods post-injury, such that SMVs with PTSD and low resilience displayed the poorest neurobehavioral functioning.

Conclusion
Results suggest that regardless of injury group and time since injury, resilience and PTSD strongly influence neurobehavioral functioning following TBI among SMVs. Future research evaluating interventions designed to enhance resilience in this population is indicated.

Links of Interest

Alaska Army Leaders Scramble for Help After Spike in Suicides
https://www.military.com/daily-news/2022/03/18/alaska-army-leaders-scramble-help-after-spike-suicides.html

An independent commission will review the military's suicide prevention efforts
https://www.militarytimes.com/news/pentagon-congress/2022/03/22/an-independent-commission-will-review-the-militarys-suicide-prevention-efforts/

DoD overhauls its body composition and fitness policy
https://www.militarytimes.com/news/your-military/2022/03/21/dod-overhauls-its-body-composition-and-fitness-policy/

Injured by TBI and suffer from insomnia? This USU study could help you catch some ZZZs
https://www.dvidshub.net/news/415697/injured-tbi-and-suffer-insomnia-usu-study-could-help-you-catch-some-zzzs

Immediate Testing: How the Military Evaluates Risk For Brain Injuries
https://health.mil/News/Articles/2022/03/28/Immediate-Testing-How-the-Military-Evaluates-Risk-For-Brain-Injuries

Resources for Behavioral Health Providers Treating Survivors of Sexual Assault with Symptoms of Posttraumatic Stress Disorder (PTSD)
https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Resources-for-Behavioral-Health-Providers-Treating-Survivors-of-Sexual-Assault-with-Symptoms-of-Posttraumatic-Stress-Disorder-PTSD

What veterans and service members need to know about military discharge upgrades (commentary)
https://www.militarytimes.com/opinion/commentary/2022/03/24/what-veterans-and-service-members-need-to-know-about-military-discharge-upgrades/

For service members learning to speak civilian, it's about softening the edges
https://www.militarytimes.com/education-transition/2022/03/27/for-service-members-learning-to-speak-civilian-its-about-softening-the-edges/

DOD's and U.S. Coast Guard's Efforts to Prevent Sexual Assault In The Military (GAO podcast)
https://www.gao.gov/podcast/dods-and-u.s.-coast-guards-efforts-prevent-sexual-assault-military

Army leaders: Young soldiers make honest mistakes. Don't react too harshly (commentary)
https://www.armytimes.com/opinion/commentary/2022/03/28/army-leaders-young-soldiers-make-honest-mistakes-dont-react-too-harshly/

Five VA Facilities Chosen to Start Service Dog Program for Veterans with PTSD
https://www.military.com/daily-news/2022/03/29/five-va-facilities-chosen-start-service-dog-program-veterans-ptsd.html

-----

Resource of the Week: Assessing the Quality of Outpatient Pain Care and Opioid Prescribing in the Military Health System

New report from the RAND Corporation:

> Pain conditions are the leading cause of disability among active-duty service members. Given the significant implications for force readiness and service member well-being, the Military Health System (MHS) has made it a strategic

priority to provide service members with the highest-quality treatment for pain conditions.

RAND researchers assessed MHS outpatient care for acute and chronic pain, including opioid prescribing. The assessment involved developing a set of 14 quality measures designed to assess aspects of outpatient care for pain, including care associated with dental and ambulatory procedures, acute low back pain, chronic pain, opioid prescribing, and medication treatment for opioid use disorder. This report offers the most comprehensive examination to date of the quality and safety of pain care in the MHS and its alignment with evidence-based clinical practice guidelines. It identifies several areas of strength in pain care delivery, along with some areas for improvement, and provides recommendations to support the MHS in continuing to improve pain care for service members.

Research Report

KIMBERLY A. HEPNER, CAROL P. ROTH, TISAMARIE B. SHERRY,
RYAN K. MCBAIN, TEAGUE RUDER, CHARLES C. ENGEL

Assessing the Quality of Outpatient Pain Care and Opioid Prescribing in the Military Health System

-----

Shirl Kennedy, BS, MA
Research Editor
Henry M. Jackson Foundation employee collaborating with Center for Deployment Psychology
Office: (727) 537-6160
Email: shirley.kennedy.ctr@usuhs.edu