

CDP



Research Update -- May 19, 2022

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<https://doi.org/10.1001/jamanetworkopen.2022.2101>

Mental Health Treatment Seeking and History of Suicidal Thoughts Among Suicide Decedents by Mechanism, 2003-2018.

Bond, A. E., Bandel, S. L., Rodriguez, T. R., Anestis, J. C., & Anestis, M. D.

JAMA Network Open
March 14, 2022

Key Points

Question

Does the use of treatment for mental health and substance use and do suicidal thoughts or plans differ between suicide decedents who died by firearm and those who died by other methods?

Findings

Results from a cross-sectional study of 234 652 suicide decedents indicated that those who used a firearm were less likely to engage in treatment, more likely to disclose suicidal thoughts or plans, and less likely to have previously attempted suicide.

Meaning

This study suggests that suicide decedents who die by firearm are less likely to seek treatment, more likely to die on their first attempt, and more likely to tell someone about their suicidal thoughts or plans, thus emphasizing the importance of community-based interventions for suicide prevention.

Abstract

Importance

Understanding mental health and substance use treatment seeking and suicidality among suicide decedents is important to determine prevention efforts.

Objective

To evaluate differences in treatment seeking and suicidality between suicide decedents who died by firearms and those who died by other methods.

Design, Setting, and Participants

Cross-sectional data were collected on 234 652 suicide decedents from 2003 to 2018. Participant information was reported by their state of residence to the National Violent Death Reporting System. Statistical analysis was performed from July 1, 2021, to January 21, 2022.

Main Outcomes and Measures

Main outcomes were treatment for mental health and substance use at time of death, previous treatment for mental health and substance use, history of suicidal ideation or plans, history of suicide attempts, and disclosure of suicidal ideation or plans.

Results

A total of 234 652 participants (182 520 male [77.8%]; 205 966 White [87.8%]; mean [SD] age, 46.3 [18.2] years [range, 3-112 years]) were included in this study. Compared with suicide decedents who died by another method (n = 117 526 [50.1%]), those who died by firearm (n = 117 126 [49.9%]) were more likely to have disclosed thoughts or plans of suicide within the month prior to death (odds ratio [OR], 1.16 [95% CI, 1.13-1.18]) and were less likely to have previously attempted suicide (OR, 0.44 [95% CI, 0.43-0.46]). Compared with those who died by poisoning, those who used a firearm were more likely to have had a history of suicidal thoughts or plans (OR, 1.19 [95% CI, 1.15-1.23]) and to have disclosed their thoughts or plans of suicide within the month prior to death (OR, 1.06 [95% CI, 1.03-1.10]). Compared with those who died by hanging, those who used a firearm were more likely to have disclosed their thoughts or plans of suicide to another person within the month prior to their death (OR, 1.14 [95% CI, 1.11-1.17]).

Conclusions and Relevance

These findings provide information that suggests who is at risk to die by firearm suicide. Community-based interventions in suicide prevention could help reduce access to firearms during a time of crisis. The finding that firearm suicide decedents were more likely to disclose their suicidal thoughts or plans provides an important avenue for prevention.

<https://doi.org/10.1016/j.sleep.2022.05.006>

Does sleep quality modify the relationship between common mental disorders and chronic low back pain in adult women?

Lidiane Barazzetti, Anderson Garcez, Patrícia Cilene Freitas Sant'Anna, Fernanda Souza de Bairros, ... Maria Teresa Anselmo Olinto

Sleep Medicine

Available online 13 May 2022

Highlights

- We explored the association between common mental disorders and chronic low back pain in women, while considering poor sleep quality as a potential effect modifier of this relationship.
- This study revealed a significant relationship between common mental disorders and chronic low back pain, wherein poor sleep quality acted as an effect modifier.
- Women with common mental disorders and poor sleep quality had a 48% higher probability of having chronic low back pain after adjustment for confounders.

Abstract

Objective

This study explored the association between common mental disorders (CMD) and chronic low back pain (CLBP) in women, while considering poor sleep quality as a potential effect modifier of this relationship.

Methods

A cross-sectional population-based study was conducted with a representative sample of 1068 women (age 20–69 years) living in the urban area of São Leopoldo, RS, Brazil. CLBP was defined as pain lasting for ≥ 3 months; CMD was assessed using the Self-Reporting Questionnaire (SRQ-20; score ≥ 8); poor sleep quality was evaluated using the Pittsburgh Sleep Quality Index (PSQI; score ≥ 5). Poisson regression with robust variance was used to estimate the prevalence ratios (PR) with 95% confidence intervals (CI).

Results

The prevalence of CLBP, CMD, and poor sleep quality was 46.8% (95% CI: 43.8–49.8), 33.5% (95% CI: 30.3–36.3), and 42.3% (95% CI: 39.3–45.2), respectively. Poor sleep quality was a significant modifier of the association between CMD and CLBP. Compared to women without CMD and poor sleep quality, women with CMD and poor sleep quality had a 48% higher probability of having CLBP after adjustment for confounders (PR = 1.48; 95% CI: 1.23–1.77; $p < 0.001$). The relationship between CMD and CLBP was not statistically significant in women with good sleep quality.

Conclusions

This study revealed a significant relationship between CMD and CLBP, wherein poor sleep quality acted as an effect modifier. Women with CMD and poor sleep quality were more vulnerable to CLBP.

<https://doi.org/10.1080/21635781.2022.2067917>

The REBOOT Combat Recovery Program: Health and Socioemotional Benefits.

Leanne K. Knobloch, Jenny L. Owens, Robyn L. Gobin & Timothy J. Wolf

Military Behavioral Health

Published online: 12 May 2022

Spiritual care for combat trauma seeks to help military personnel heal by finding meaning and purpose in their warzone experiences. Although prior work suggests that spiritual care for combat trauma is potentially beneficial, questions remain about whether health and socioemotional benefits hinge on intrinsic religiosity. We evaluated these questions in conjunction with the REBOOT Combat Recovery program, which offers Christian-based spiritual care for combat trauma via a 12-week manualized course. We collected self-report data from 111 U.S. service members and veterans during Week 3 and Week 12 of the program. Findings showed gains in pain interference and intensity ($|d| = .30$ to $.37$), sleep health ($|d| = .44$ to $.52$), mental health ($|d| = .68$ to $.75$), and social health ($|d| = .54$). Socioemotional improvements in anger ($|d| = .76$), meaning and purpose in life ($|d| = .58$), social connectedness ($|d| = .50$), and forgiveness ($|d| = .44$) also were apparent. Gains were largely unmoderated by intrinsic religiosity, demographic characteristics, and military characteristics. A key direction for future research is to employ a pretest/post-test control group design to further evaluate whether REBOOT Recovery is broadly useful as a spiritual care program for combat trauma.

<https://doi.org/10.1080/21635781.2022.2067921>

Understanding Special Operations Forces Spouses Challenges and Resilience: A Mixed-Method Study.

I. Richer, C. Frank & E. Guérin

Military Behavioral Health

Published online: 11 May 2022

Special Operations Forces (SOF) are high readiness units that frequently deploy on short notice, leaving their families to cope at home. The objective of this study was to better understand the unique challenges of SOF spouses and the risk and protective factors that contribute to their resilience. The study employed a mixed-methods design, including an online survey (n = 159 spouses) and in-depth semi-structured interviews (n = 29 spouses). Results indicate that while the majority of surveyed SOF spouses had good mental health, they seem to have a higher prevalence of poor mental health than conventional force spouses. Combined survey and interview results indicate that SOF spouses report high levels of work-life conflict and experience challenges related to the demands of the SOF lifestyle. Living in a rural area was inversely related to good mental health, and qualitative findings suggest that this association may be due to career limitations. Social support, especially from the SOF community and their SOF partner, was identified as critical for spouses' well-being. Participants also discussed having a military background, being independent, engaging in self-care, and using military family services and counseling as key to maintaining their well-being. Recommendations for support needs are discussed.

<https://doi.org/10.1037/tra0001226>

A qualitative analysis of the context and characteristics of trauma exposure among sexual minority survivors: Implications for posttraumatic stress disorder assessment and clinical practice.

Berke, D. S., Tuten, M. D., Smith, A. M., & Hotchkiss, M.

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

Objective:

Sexual minority individuals are exposed to traumatic harms unique to the shared cultural experience of living under conditions of identity-based stigma, discrimination, and marginalization. However, the context and characteristics by which this culture shapes traumatic experiences among sexual minority people are poorly specified in the

research literature, leaving even well-intentioned mental health professionals inadequately prepared to treat sexual minority trauma survivors in a culturally affirming, tailored, and evidence-based manner.

Method:

To begin to address this gap, we conducted a thematic analysis of descriptions of 52 Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5) Criterion A (traumatic) events described by sexual minority participants during administration of the Clinician-Administered PTSD Scale for DSM–5.

Results:

Probing for identity relatedness of Criterion A trauma produced a rich and reliable ($\kappa = .83-.86$) coding scheme reflecting the cultural context and characteristics of these experiences.

Conclusions:

Clinicians working with sexual minority and other marginalized trauma survivors should specifically assess for the role of culture in traumatic experiences to inform case conceptualization and treatment plans supporting recovery of the whole survivor. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1037/tra0001234>

Life satisfaction following treatment-related reductions in alcohol use and PTSD symptoms: Results from VetChange.

Newberger, N. G., Yeager, S., Livingston, N. A., Enggasser, J. L., Brief, D. J., Litwack, S., Helmuth, E., Roy, M., Rosenbloom, D., & Keane, T. M.

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

Objective:

Rates of hazardous alcohol consumption and co-occurring posttraumatic stress disorder (PTSD) are high among returning combat veterans and may adversely affect satisfaction with life (SWL). Improving life satisfaction represents a potential secondary outcome of web-based interventions for alcohol use and PTSD. Understanding the relationship between intervention targets and SWL may help inform future interventions

and provide clarity regarding how improvements are manifesting. We examined returning veterans enrolled in VetChange, an evidence-based web intervention for co-occurring alcohol use and PTSD, to determine changes in SWL over time and as a function of changes in alcohol consumption and PTSD symptoms.

Method:

Participants included 222 returning veterans who reported hazardous drinking. Veterans engaged in a nationwide implementation of VetChange and completed measures of average weekly drinks (AWD), PTSD symptoms, and SWL at baseline, 1, 3, and 6 months. We investigated the effects of changes in PTSD and AWD between baseline and 1 month on SWL over 6 months using linear mixed-effects modeling.

Results:

Across all veterans, SWL increased by 19% over 6 months. AWD and PTSD decreased between baseline and 1 month, but only change in PTSD predicted changes in SWL over the 6-month interval.

Conclusions:

Reductions in PTSD symptoms within the first month of intervention use, and not reductions in drinking, predicted increased SWL over 6 months. SWL is an important marker for recovery and related quality of life, and an important assessment and intervention target of web-based interventions. Interventions may also target SWL, as improvements in SWL promote future recovery and sustained improvement. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1016/j.smrv.2022.101623>

Bidirectional associations between daily PTSD symptoms and sleep disturbances: A systematic review.

Danica C. Slavish, Madasen Briggs, Andrea Fentem, Brett A. Messman, Ateka A. Contractor

Sleep Medicine Reviews
Volume 63, June 2022, 101623

Sleep disturbances are a core feature of posttraumatic stress disorder (PTSD) and can affect PTSD onset, maintenance, and recovery. However, there is conflicting evidence

about the directionality of sleep and PTSD symptoms, particularly at the daily level. The current systematic review summarizes the literature on within-person associations between daily PTSD symptoms and sleep among trauma-exposed adults. We searched four databases using PRISMA 2020 guidelines. Of 2006 screened articles, six met inclusion criteria. Study sample sizes ranged from 30 to 202 participants, and studies assessed PTSD symptoms and sleep for 7–28 days. Two relatively consistent findings emerged: (1) shorter sleep and poorer quality sleep predicted greater next-day PTSD symptoms, and (2) greater PTSD symptoms predicted nightmares and poorer sleep quality that night. Individual study risk of bias was low to moderate. The current review provides initial support for a bidirectional association between daily self-reported sleep and PTSD symptoms. Potential clinical implications include targeting sleep via evidence-based PTSD interventions and using just-in-time adaptive interventions to disrupt the daily PTSD-sleep cycle. Findings also highlight areas for future research, such as the need to incorporate more objective sleep measures, examine PTSD symptom clusters, justify sample sizes and number of daily observations, and recruit more diverse samples.

<https://doi.org/10.15288/jsad.2022.83.202>

Postdeployment Alcohol Use and Risk Associated With Deployment Experiences, Combat Exposure, and Postdeployment Negative Emotions Among Army National Guard Soldiers.

James Griffith

Journal of Studies on Alcohol and Drugs
2022 83: 2, 202-211

Objective:

A continued health concern of the U.S. military has been unhealthy alcohol use by its service members, in particular among several subpopulations—the deployed, the combat-exposed, and the reserve component. This study provides prevalence estimates of post-deployment alcohol use among recently deployed Army National Guard (ARNG) personnel and compares the rates with those of soldiers in previously published studies. We also examine deployment experiences and combat events associated with postdeployment alcohol use and the role of negative emotions in this relationship.

Method:

Study data were cross-sectional, retrospective soldier responses to an ongoing survey of health and well-being, called the Reintegration Unit Risk Inventory. The study sample consisted of recently returned Operation Iraqi Freedom ARNG soldiers (N = 4,567 in 50 companies), many of whom had participated in combat. Soldiers' alcohol use was compared with that of a sample of ARNG soldiers serving in their traditional part-time military service role who had responded to the Unit Risk Inventory, as well as with alcohol use reported in the research literature for deployed military personnel. Relationships among deployment and combat experiences, negative emotions, and postdeployment alcohol use were examined using multiple regression and mediation analyses.

Results:

Combat events were associated with unhealthy alcohol use during postdeployment. In addition, postdeployment negative emotions mediated this relationship.

Conclusions:

Findings have implications for understanding the trauma-alcohol use relationship and for prevention of unhealthy alcohol use among military personnel.

<https://doi.org/10.1017/S0033291722000472>

Improved resilience following digital cognitive behavioral therapy for insomnia protects against insomnia and depression one year later.

Cheng, P., Kalmbach, D. A., Hsieh, H. F., Castelan, A. C., Sagong, C., & Drake, C. L.

Psychological Medicine

Advance online publication

Background:

While the negative consequences of insomnia are well-documented, a strengths-based understanding of how sleep can increase health promotion is still emerging and much-needed. Correlational evidence has connected sleep and insomnia to resilience; however, this relationship has not yet been experimentally tested. This study examined resilience as a mediator of treatment outcomes in a randomized clinical trial with insomnia patients.

Methods:

Participants were randomized to either digital cognitive behavioral therapy for insomnia (dCBT-I; n = 358) or sleep education control (n = 300), and assessed at pre-treatment, post-treatment, and 1-year follow-up. A structural equation modeling framework was utilized to test resilience as a mediator of insomnia and depression. Risk for insomnia and depression was also tested in the model, operationalized as a latent factor with sleep reactivity, stress, and rumination as indicators (aligned with the 3-P model). Sensitivity analyses tested the impact of change in resilience on the insomnia relapse and incident depression at 1-year follow-up.

Results:

dCBT-I resulted in greater improvements in resilience compared to the sleep education control. Furthermore, improved resilience following dCBT-I lowered latent risk, which was further associated with reduced insomnia and depression at 1-year follow-up. Sensitivity analyses indicated that each point improvement in resilience following treatment reduced the odds of insomnia relapse and incident depression 1 year later by 76% and 65%, respectively.

Conclusions:

Improved resilience is likely a contributing mechanism to treatment gains following insomnia therapy, which may then reduce longer-term risk for insomnia relapse and depression.

<https://doi.org/10.1080/08995605.2022.2044119>

Peace of mind: Promoting psychological growth and reducing the suffering of combat veterans.

Anna Harwood-Gross, Alon Weltman, Yaniv Kanat-Maymon, Ruth Pat-Horenczyk & Danny Brom

Military Psychology

Published online: 16 Mar 2022

The Peace of Mind (POM) program was designed to enable combat veterans in Israel to process their combat experience, address difficulties in the transition to civilian life and facilitate psychological growth as a result of their military experience. During the course of the program, 1068 participants were studied at four time points. Post-traumatic

symptoms were measured using the PTSD checklist for DSM-5 (PCL-5), and post-traumatic growth (PTG) was measured using the Post Traumatic Growth Inventory (PTGI). Multilevel Modeling (MLM) was used to assess symptom and psychological trajectories for all participants and for those who began with and without PTSD symptoms, respectively. The results demonstrated that those who began the program with elevated PTSD symptoms experienced a significant reduction in PTSD symptoms following the completion of the intensive element of the program. Additionally, all participants demonstrated an increase in PTG following the intensive section of the program and this was maintained throughout follow-up. The findings indicate that the POM program is beneficial in relation to both positive and negative outcomes of traumatic military experiences though it is clear that the transition from combat to civilian life is more complex than the current measures identify and that further research needs to examine the distinct lifestyle and functional changes which occur following the program.

<https://doi.org/10.1177/15210251221086851>

Unlocking SSM/V Success: Welcoming Student Service Members and Veterans and Supporting SSM/V Experiences.

Hodges TJ, Gomes KD, Foral GC, Collette TL, Moore BA

Journal of College Student Retention: Research, Theory & Practice
First Published March 10, 2022

Helping student service members and veterans (SSM/Vs) earn a college degree is central to supporting them post-service. Yet, this generation of SSM/Vs faces challenges in higher education, including problems adapting, poor health, and administrative constraints, contributing to worsened academic outcomes and a sense of isolation on campus. This monograph synthesizes research on the challenges facing SSM/Vs. It also frames common aspects of successful programs aiding SSM/Vs as three areas for intervention: how administrators and faculty can create a welcoming campus for SSM/Vs; ways universities can create support systems for SSM/V social, health, and academic success; and engaging community partnerships to enable these efforts. Whether SSM/Vs overcome their challenges and unlock their strengths is contingent on opportunities provided within the school itself, and by its faculty, administrators, students, and community. Central to these efforts should be the goal of

inclusivity enhancement, community building, and reduction of health-related dysfunction among SSM/Vs.

<https://doi.org/10.2196/27791>

Implementation of Cognitive Behavioral Therapy in e–Mental Health Apps: Literature Review.

Denecke K, Schmid N, Nüssli S

Journal of Medical Internet Research

Published on 10.3.2022 in Vol 24, No 3 (2022): March

Background:

To address the matter of limited resources for treating individuals with mental disorders, e–mental health has gained interest in recent years. More specifically, mobile health (mHealth) apps have been suggested as electronic mental health interventions accompanied by cognitive behavioral therapy (CBT).

Objective:

This study aims to identify the therapeutic aspects of CBT that have been implemented in existing mHealth apps and the technologies used. From these, we aim to derive research gaps that should be addressed in the future.

Methods:

Three databases were screened for studies on mHealth apps in the context of mental disorders that implement techniques of CBT: PubMed, IEEE Xplore, and ACM Digital Library. The studies were independently selected by 2 reviewers, who then extracted data from the included studies. Data on CBT techniques and their technical implementation in mHealth apps were synthesized narratively.

Results:

Of the 530 retrieved citations, 34 (6.4%) studies were included in this review. mHealth apps for CBT exploit two groups of technologies: technologies that implement CBT techniques for cognitive restructuring, behavioral activation, and problem solving (exposure is not yet realized in mHealth apps) and technologies that aim to increase user experience, adherence, and engagement. The synergy of these technologies enables patients to self-manage and self-monitor their mental state and access relevant

information on their mental illness, which helps them cope with mental health problems and allows self-treatment.

Conclusions:

There are CBT techniques that can be implemented in mHealth apps. Additional research is needed on the efficacy of the mHealth interventions and their side effects, including inequalities because of the digital divide, addictive internet behavior, lack of trust in mHealth, anonymity issues, risks and biases for user groups and social contexts, and ethical implications. Further research is also required to integrate and test psychological theories to improve the impact of mHealth and adherence to the e-mental health interventions.

<https://doi.org/10.1007/s10943-022-01542-4>

Complex Moral Injury: Shattered Moral Assumptions.

Wesley H. Fleming

Journal of Religion and Health

Published: 10 March 2022

An infographic model of moral injury (MI) is introduced in this conceptual paper that distinguishes the development of a worldview discrepancy-induced genus of MI, called complex moral injury (C-MI), from a standard expression of moral injury (S-MI), clearly delineated as perpetration-focused and a violation of moral belief in the contemporary view. It builds upon a previous essay that examined the potential of paradoxical circumstance (e.g., clashes of value, competing moral expectations, and moral paradox) to inflict MI among military personnel during wartime (Fleming in *J Relig Health* 60(5):3012–3033, 2021). Accordingly, it heeds Litz et al.'s recommendation to expand the research of MI beyond the effects of perpetration and investigate the impact of morally injurious events that shake one's core moral beliefs about the world and self (Litz et al. in *Clin Psychol Rev* 29(8):695–706, 2009). A review of definitional, scale, and qualitative studies shows evidence of a nuanced and complex form of MI that presents as moral disorientation and is a response to a disruption and subsequent failure of foundational moral beliefs to adequately appraise ethical problems and inform moral identity. Interrelations between MI, assumptive world, and meaning theories suggest the mechanism of C-MI and potential therapies. Case studies from a Veterans Administration hospital in the United States and a walk through the diagram will help

illustrate the model. Clinical implications of a definition that includes morally injurious events that shatter fundamental moral assumptions are discussed. The role of chaplains in facilitating acceptance and meaning-making processes is recommended for C-MI recovery. Acknowledging the model's need for empirical support, a plausible scale is discussed for future research.

<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/10.1037/fam0000976>

An uncontrolled trial of couple HOPES: A guided online couple intervention for PTSD and relationship enhancement.

Monson, C. M., Wagner, A. C., Crenshaw, A. O., Whitfield, K. M., Newnham, C. M., Valela, R., Varma, S., Di Bartolomeo, A. A., Fulham, L., Collins, A., Donkin, V., Mensah, D. H., Landy, M. S. H., Samonas, C., Morland, L., Doss, B. D., & Fitzpatrick, S.

Journal of Family Psychology
Advance online publication

Novel interventions that overcome limited access to empirically supported psychotherapies for posttraumatic stress disorder (PTSD) are sorely needed. Couple helping overcome PTSD and enhance relationships (HOPES), a guided, online couple intervention drawing from cognitive-behavioral conjoint therapy (CBCT) for PTSD (Monson, 2012), was designed to decrease PTSD symptoms and improve relationship satisfaction. The present study is the first uncontrolled trial of 17 couples in which one partner was a military member, veteran, or first responder and had probable PTSD (PTSD + partner) based on self-report assessment. Intent-to-intervene analyses revealed significant improvements from pre- to postintervention in PTSD + partners' self-reported PTSD symptoms ($g = .72$), as well as their intimate partner's relationship satisfaction ($g = .34$) and behavioral accommodation of PTSD symptoms ($g = .84$). There were also significant improvements in PTSD + partners' depression ($g = .43$) and perceived relationship arguments ($g = .62$). There were similar results found in the completer sample. There were no adverse events and high satisfaction with the intervention in those who completed the evaluation. These findings provide additional initial data on the safety, feasibility, and efficacy of Couple HOPES. The similarities of intent-to-intervene and completer results, as well as the need for randomized controlled trial designs to test Couple HOPES, are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1001/jamanetworkopen.2022.10731>

Analysis of Methods of Suicide Among US Military Veterans Recently Separated From Military Service.

Stanley, I. H., Ravindran, C., Morley, S. W., Stephens, B. M., & Reger, M. A.

JAMA Network Open

May 6, 2022

Introduction

Veterans who recently separated from military service have high suicide rates for several years after the transition.¹ It is unknown whether this risk differs by method of suicide. This study aimed to examine (1) firearm, suffocation, and poisoning suicide rates among recently separated veterans (≤ 5 years) and the general veteran population and (2) demographic and military characteristics associated with risk of method-specific suicide mortality among recently separated veterans.

Methods

This retrospective, population-based cohort study used data from the Veterans Affairs (VA)/Department of Defense Identity Repository and Mortality Data Repository.² Because analyses were conducted as part of ongoing Veterans Health Administration operations and program evaluation conducted by the VA Office of Mental Health and Suicide Prevention, institutional review board approval and informed consent were not required per VA policy. We followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.

Individuals who served active duty in the US Army, Navy, Air Force, or Marine Corps after September 11, 2001, and were separated from the Active Component or Selected Reserve between January 1, 2010, and December 31, 2019, were included in this recently separated cohort. Separation refers to complete separation from military status (discharge into civilian life) or transition from active status to a Reserve component category other than Selected Reserve (eg, Inactive Ready Reserve). Service members entered the cohort on their separation date and exited after 5 years (1825 days), on their date of death, or on December 31, 2019, whichever came first. The time at risk was calculated as the number of days from separation to exiting the cohort.

Race and ethnicity (American Indian or Alaskan Native, Asian, Black or African American, Hispanic, Native Hawaiian, Pacific Islander, White, and unknown) were

determined from data in the repository. Race and ethnicity were assessed in this study because previous research has shown between-group differences in suicide risk.

We compared suicide mortality within 5 years of separation in the recently separated cohort with the overall suicide mortality of the general veteran population (regardless of separation date) between 2010 and 2019 using age-standardized mortality ratios (SMRs) and associated Poisson 95% CIs. Directly age-standardized rate ratios (RRs) and 95% CIs were generated for comparisons within the cohort between strata. For service members with multiple transitions, we used the characteristics associated with their latest separation. Missing sociodemographic data were addressed through pairwise deletion. Analyses were conducted from April 20, 2021, to September 27, 2021. Data were analyzed with SAS statistical software version 8.2 (SAS Institute).

Results

The cohort included 2 323 692 recently separated veterans (1 943 755 men [83.6%]; 379 931 women [16.4%]; mean [SD] age at separation, 30.7 [9.9] years). Overall, 3573 suicides were identified within 5 years of military separation. Compared with suicide mortality in the general veteran population, recently separated veterans were at increased risk of suicide by any method (SMR, 1.04; 95% CI, 1.01-1.08) and firearms (SMR, 1.10; 95% CI, 1.06-1.15) (Table 1). Sex-stratified analyses revealed that the increased risk for firearm suicide among recently separated veterans was specific to male veterans (SMR, 1.11; 95% CI, 1.06-1.15). Among recently separated veterans, the risk of firearm suicide was elevated for those who were male, White, non-Hispanic, unmarried, last served in the Active Component, and last served in the Army or Marine Corps, compared with their respective demographic groups (Table 2).

Discussion

In this cohort study, we found that recently separated male veterans were at increased risk for firearm suicide compared with the general veteran population, adjusting for age. We speculate that recently separated veterans may have more proximal familiarity and comfort with firearms and/or are more likely to own or have access to firearms, thereby increasing their risk for firearm suicide.³ Mechanisms and processes accounting for elevated risk for firearm suicide among recently separated veterans requires additional inquiry. A limitation of this study is that we ascertained suicide deaths via death certificates, which are subject to misclassification.

These findings have potential clinical and programmatic implications to prevent suicide among recently separated veterans. One approach is lethal means safety counseling (LMSC). The White House recently called on the VA and Department of Defense, among other federal agencies, to create an interagency action plan to broadly

implement LMSC.4 This study suggests that LMSC and other public health efforts that promote safe firearm storage practices might be especially important for recently separated veterans.

<https://doi.org/10.1016/j.jsams.2022.01.008>

Chronicity of sleep restriction during Army basic military training.

Larsen, P., Drain, J. R., Gibson, N., Sampson, J., Michael, S., Peoples, G., & Groeller, H.

Journal of Science and Medicine in Sport
2022 May; 25(5): 432-438

Objectives:

To investigate: (i) the chronicity and phasic variability of sleep patterns and restriction in recruits during basic military training (BMT); and (ii) identify subjective sleep quality in young adult recruits prior to entry into BMT.

Design:

Prospective observational study.

Methods:

Sleep was monitored using wrist-worn actigraphy in Army recruits (n = 57, 18-43 y) throughout 12-weeks of BMT. The Pittsburgh Sleep Quality Index (PSQI) was completed in the first week of training to provide a subjective estimate of pre-BMT sleep patterns. A mixed-effects model was used to compare week-to-week and training phase (Orientation, Development, Field, Drill) differences for rates of sub-optimal sleep (6-7 h), sleep restriction (≤ 6 h), and actigraphy recorded sleep measures.

Results:

Sleep duration was $06:24 \pm 00:18$ h (mean \pm SD) during BMT with all recruits experiencing sub-optimal sleep and 42% (n = 24) were sleep restricted for ≥ 2 consecutive weeks. During Field, sleep duration ($06:06 \pm 00:36$ h) and efficiency ($71 \pm 6\%$; $p < 0.01$) were reduced by 15-18 min (minimum - maximum) and 7-8% respectively; whereas, sleep latency (30 ± 15 min), wake after sleep onset (121 ± 23 min), sleep

fragmentation index ($41 \pm 4\%$) and average awakening length (6.5 ± 1.6 min) were greater than non-Field phases ($p < 0.01$) by 16-18 min, 28-33 min, 8-10% and 2.5-3 min respectively. Pre-BMT global PSQI score was 5 ± 3 , sleep duration and efficiency were 7.4 ± 1.3 h and $88 \pm 9\%$ respectively. Sleep schedule was highly variable at pre-BMT (bedtime: $22:34 \pm 7:46$ h; wake time: $6:59 \pm 1:42$ h) unlike BMT (2200-0600 h).

Conclusions:

The chronicity of sub-optimal sleep and sleep restriction is substantial during BMT and increased training demands exacerbate sleep disruption. Exploration of sleep strategies (e.g. napping, night-time routine) are required to mitigate sleep-associated performance detriments and maladaptive outcomes during BMT.

<https://doi.org/10.1093/milmed/usac056>

Development of an Animal Model of Military-Relevant Traumatic Stress.

Drew Henschen, VC, USA, Kevin Swift, PhD, Rachel Taylor, PhD, Emily Scott, MS, Matthew May, MS, Boris Ngouajio, BS, Kilana Jenkins, BS, Fred Johnson III, BS, Isaac Jeong, BS, Gabriella Silva, BS, Liana Matson, PhD, Emily Lowery-Gionta, PhD

Military Medicine

Published: 10 March 2022

Introduction

Acute Stress Reactions (ASRs) affect a subgroup of individuals who experience traumatic stress. In the context of military operations, such reactions are often termed Combat and Operational Stress Reactions (COSRs). COSRs not only encompass all symptoms of ASRs but also include additional symptoms related to military combat and may develop at a rate higher than the general public experiences ASRs. Despite an obvious need, there are currently no approved pharmacologic treatments or guidelines for ASR and/or COSR. Preclinical rodent stress models and behavioral assessments are used to evaluate pharmacotherapies and elucidate underlying mechanisms. Here, we combined established traumatic stress models to develop a model of traumatic stress relevant to military trauma exposure and measured behavioral outcomes that reflect outcomes observed in ASRs and COSRs.

Materials and Methods

Adult male rats underwent exposure to either a combination of two or three traumatic stress exposures (e.g., predator exposure, underwater trauma (UWT), and/or inescapable shock) or control procedures. Behavioral performance on the open field, elevated plus maze, and acoustic startle response (SR) was then assessed 24- and 48-hours following stress/control procedures.

Results

In Experiment 1, rats were exposed to a two-stressor model, where predator exposure was coupled with UWT. Minor behavioral deficits were observed in SR for stress-exposed rats as compared to controls. In Experiment 2, inescapable shock was added to predator exposure and UWT. Behavioral performance deficits were observed across all behavioral tests. In Experiment 3, procedures from Experiment 2 were repeated with the only major modification being a shortened predator exposure duration, which resulted in performance deficits in SR only.

Conclusions

We found that the three-stressor model of Experiment 2 resulted in the greatest overall behavioral disturbance (both in the number of variables and magnitude of stress effects). Interestingly, behavioral deficits elicited from the shorter predator exposure were distinct from those observed with longer predator exposure times. Together, these results generally suggest that combined preclinical stressors with military-relevant elements result in behavioral performance deficits reflective of post-trauma phenotypes in Soldiers. The present findings support the use of both physical and psychological stressors to model operationally relevant traumatic stress exposure.

<https://doi.org/10.1080/15402002.2022.2050724>

Nighttime Sleep Quality and Daytime Sleepiness Predicts Suicide Risk in Adults Admitted to an Inpatient Psychiatric Hospital.

Christopher A. Shepard, Katrina A. Rufino, Jaehoon LeeORCID Icon, Tiffany Tran, Kieran Paddock, Chester Wu, John M. Oldham, Sanjay J. Mathew & Michelle A. Patriquin

Behavioral Sleep Medicine
Published online: 17 Mar 2022

As sleep problems have been identified as an important, yet understudied, predictor of suicide risk, the present study analyzed the relationship between daytime sleepiness and nighttime sleep disturbance in a high-risk population of adults admitted to an inpatient psychiatric hospital. Objectives were to (1) examine the time course of subjective daytime sleepiness, nighttime sleep disturbance, and suicide risk throughout inpatient psychiatric treatment, (2) examine pre- to post-treatment changes in sleep disturbance with treatment as usual in an inpatient psychiatric setting, and (3) investigate whether daytime sleepiness and nighttime sleep disturbance predicted suicide risk above and beyond anxiety and depression. Participants were 500 consecutively admitted adults admitted to an intermediate length of stay (4–6 weeks) inpatient psychiatric hospital (47% female; 18–87 years of age). Measures of sleep, suicide risk, depression, and anxiety were completed at admission, weeks 1 through 4, and at discharge. Latent growth curve modeling (LGM) and hierarchical linear modeling (HLM) were conducted. The LGM analysis demonstrated that daytime sleepiness, nighttime sleep disturbance, and suicide risk all improved throughout inpatient treatment. Further, HLM showed that daytime sleepiness predicted suicide risk above and beyond symptoms of anxiety, depression, major sleep medications, and prior suicidal ideation and attempts, while nighttime sleep disturbance predicted suicide risk above and beyond symptoms of anxiety, major sleep medications, and prior suicidal ideation and attempts. Findings indicate the need to reevaluate safety protocols that may impact sleep, particularly that may increase daytime sleepiness, and to develop evidence-based sleep interventions for individuals admitted to inpatient psychiatric hospitals.

<https://doi.org/10.1017/S1754470X22000083>

Patients' and therapists' experiences of CBT videoconferencing in anxiety disorders.

Song, L., & Foster, C.

The Cognitive Behaviour Therapist

Published online by Cambridge University Press: 16 March 2022

Abstract

Cognitive behavioural therapy (CBT) videoconferencing has been demonstrated to be an effective treatment for anxiety disorders and an equal alternative to face-to-face CBT. However, qualitative patient and therapist experiences of CBT videoconferencing have

been less researched. Due to COVID-19, mental health services have shifted to remote therapy methods; thus, understanding patient and therapist experiences are crucial to better inform service policies and best practices. The current study focused on patient and therapist experiences of CBT videoconferencing at the Centre for Anxiety Disorders and Trauma (CADAT). Researchers used qualitative content analysis to explore patients' (n = 54) and therapists' (n = 15) responses to an online survey. Results yielded four themes: behavioural experiments work well if the problem lends itself to videoconferencing, overall practicalities but some home environment implications, privacy and technical issues, high telepresence and the negative impact on the therapeutic alliance, and COVID-19 influences attitude positively. The findings have clinical implications for CBT videoconferencing, including a need for specific training in assessment and intervention for therapists using videoconferencing.

Key learning aims

Readers of this paper will be able to:

- (1) Describe patient and therapist qualitative experiences of CBT videoconferencing.
- (2) Identify areas to consider when delivering CBT videoconferencing in anxiety disorders.
- (3) Understand therapist training needs for CBT videoconferencing in anxiety disorders.
- (4) Inform own service protocols and best practices for the delivery of CBT videoconferencing.

<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/10.1007/s10943-022-01534-4>

Moral Injury, Chaplaincy and Mental Health Provider Approaches to Treatment: A Scoping Review.

Kimberley A. Jones, Isabella Freijah, Lindsay Carey, R. Nicholas Carleton, Peter Devenish-Meares, Lisa Dell, Sara Rodrigues, Kelsey Madden, Lucinda Johnson, Fardous Hosseiny & Andrea J. Phelps

Journal of Religion and Health

Published: 15 March 2022

The aim of this research was to describe the evidence examining the approaches taken by mental health providers (MHPs) and chaplains to address symptoms related to moral injury (MI) or exposure to potentially morally injurious events (PMIEs). This research also considers the implications for a holistic approach to address symptoms related to MI that combines mental health and chaplaincy work. A scoping review of literature was conducted using Medline, PsycINFO, Embase, Central Register of Controlled Trials, Proquest, Philosophers Index, CINAHL, SocINDEX, Academic Search Complete, Web of Science and Scopus databases using search terms related to MI and chaplaincy approaches or psychological approaches to MI. The search identified 35 eligible studies: 26 quantitative studies and nine qualitative studies. Most quantitative studies ($n = 33$) were conducted in military samples. The studies examined interventions delivered by chaplains ($n = 5$), MHPs ($n = 23$) and combined approaches ($n = 7$). Most studies used symptoms of post-traumatic stress disorder (PTSD) and/or depression as primary

outcomes. Various approaches to addressing MI have been reported in the literature, including MHP, chaplaincy and combined approaches, however, there is currently limited evidence to support the effectiveness of any approach. There is a need for high quality empirical studies assessing the effectiveness of interventions designed to address MI-related symptoms. Outcome measures should include the breadth of psychosocial and spiritual impacts of MI if we are to establish the benefits of MHP and chaplaincy approaches and the potential incremental value of combining both approaches into a holistic model of care.

<https://doi.org/10.1093/milmed/usac051>

Intrepid Spirit Centers: Considerations for Active Duty, National Guard, Reserves, and Retirees.

Amanda Banaag, MPH, Jessica Korona-Bailey, MPH, Tracey Pérez Koehlmoos, PhD, MHA

Military Medicine

Published: 10 March 2022

Background

Traumatic brain injury (TBI) is a significant concern to the military health system (MHS) and a signature wound of America's current conflict. To address the influx of patients with military-related TBI, the Department of Defense has partnered with the Fisher Foundation and the Intrepid Fallen Heroes Fund to establish the National Intrepid Center of Excellence and satellite network of Intrepid Spirit Centers. The purpose of this study is to review the prevalence of disease and geographic density of TBI among active duty, National Guard, reservist, and retired military populations in order to inform decision-making around the development of additional Intrepid Spirit Centers.

Methods

We used the MHS Data Repository to perform a cross-sectional examination to assess the prevalence of TBI among active duty, National Guard, reservist, and retired military personnel from fiscal years (FY) 2016 to 2019. Statistical analyses included descriptive statistics on patient demographics and the prevalence of TBI.

Results

We identified a total of 3,221,682 active duty, National Guard, reservists, and retired

military personnel in the U.S. Army, Air Force, Navy, and Marine Corps during FY 2016 to 2019; 59.5% were active duty personnel, 23.1% were Retirees, and 17.4% were National Guard and reservists. A total of 72,002 were found to have a TBI-related diagnosis. Texas, North Carolina, and California had the highest case counts for TBI. High prevalence of TBI was found in Bexar County, TX, Muscogee County, GA, Okaloosa County, FL, San Diego County, CA, and Virginia Beach City, VA.

Conclusions

Additional Intrepid Spirit Centers are warranted to better meet the needs of active duty, active and inactive National Guard and reservists, and retired military personnel in locations including San Antonio, TX, and Columbus, GA. These locations currently have the medical infrastructure necessary to facilitate the care of wounded warriors and return to duty ensuring the health of the Nation's fighting force and veterans.

<https://doi.org/10.1037/ser0000637>

Implementation strategy to increase clinicians' use of the caring letters suicide prevention intervention.

Reger, M. A., Jegley, S. M., Porter, S. A., Woods, J. A., Liu, L., Markman, J. D., & Landes, S. J.

Psychological Services
Advance online publication

Caring Letters is recommended in multiple best practice guidelines; however, the Caring Letters intervention has not been widely implemented. The process of tracking, scheduling, and mailing letters for multiple patients over many months may represent a significant barrier for busy clinicians. This evaluation examined whether the use of centralized administrative support (Centralized Caring Letters; CCL) was associated with increased utilization of the intervention. These procedures were tested in the Department of Veterans Affairs (VA) Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment (REACH VET) program. In REACH VET, VA clinicians are routinely asked to consider Caring Letters as one option for veterans identified as at-risk. In this evaluation, clinicians at two VA facilities were offered assistance in the tracking, preparation, mailing, and documentation of Caring Letters for veterans they chose to enroll in CCL. The utilization of Caring Letters increased more than 14-fold after CCL was implemented. In the year that preceded CCL, 3% of REACH VET

veterans were sent Caring Letters at the two sites; this increased to 43% of cases after the implementation of CCL (45% at Site 1 and 41% at Site 2). In qualitative interviews with providers, clinicians described Caring Letters as beneficial and stated that the centralized features of the program were helpful. Caring Letters were discontinued for 30% of enrolled veterans, often because of a bad address (9% of enrolled) or relocation (8% of enrolled). Although there are barriers for the use of Caring Letters, CCL was associated with a very large increase in the use of Caring Letters. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

Links of Interest

Army Suicide Numbers for 2022 'Significantly Lower,' Army Secretary Says

<https://www.defenseone.com/policy/2022/05/army-suicide-numbers-2022-significantly-lower-army-secretary-says/366741/>

Here are a seasoned military spouse's tips for a smoother move

<https://www.militarytimes.com/pay-benefits/2022/05/11/here-are-a-seasoned-military-spouses-tips-for-a-smoother-move/>

23 things veterans may carry for life

<https://www.militarytimes.com/off-duty/military-culture/2022/05/12/23-things-veterans-may-carry-for-life/>

Airmen take KC-46 tanker on record-setting ride in the name of sleep and fatigue science

<https://www.airforcetimes.com/news/your-air-force/2022/05/13/airmen-take-kc-46-tanker-for-a-joyride-in-the-name-of-sleep-and-fatigue-science/>

Fort Riley Summit Tackles Mental Healthcare Shortage

<https://www.dvidshub.net/news/419739/fort-riley-summit-tackles-mental-healthcare-shortage>

New military suicide prevention study group to begin work this summer

<https://www.militarytimes.com/news/pentagon-congress/2022/05/17/new-military-suicide-prevention-study-group-to-begin-work-this-summer/>

Diversity and inclusion are critical to future military readiness (Commentary)
<https://www.militarytimes.com/opinion/commentary/2022/05/17/diversity-and-inclusion-are-critical-to-future-military-readiness/>

Resource of the Week: [Setting Standards for Delivering High-Quality Care to Veterans with Invisible Wounds](#)

New from the RAND Corporation:

The Veteran Wellness Alliance, an initiative of the George W. Bush Institute, is a coalition of seven veteran peer network organizations and nine clinical provider organizations that aims to improve access to high-quality care for post-9/11 veterans with invisible wounds. The alliance collaborated with RAND researchers to develop a shared definition of high-quality care and identify corresponding standards of care for treating invisible wounds.

There are four components of the shared definition of high-quality care for veterans with PTSD, depression, substance use disorders, and TBI:

1. Veteran-centered care: High-quality care accounts for veterans' unique needs, values, and preferences. Providers are culturally competent and assess veterans' experiences, engage them in shared decisionmaking, and involve family members and caregivers in their treatment.
2. Accessible care: High-quality care is both accessible and timely.
3. Evidence-based care: High-quality care is based on the best available research and adheres to clinical practice guidelines. Providers perform a comprehensive assessment to guide treatment; conduct screenings; and take an interdisciplinary, team-based approach to care.
4. Outcome monitoring: High-quality care promotes the use of validated measurement tools to assess and monitor clinical outcomes and veterans' well-being, guide treatment decisions, and facilitate coordination.

Although the definition is useful for establishing the essential tenets of high-quality care, operationalizing the definition through a set of standards of care can allow veterans, policymakers, providers, and payers to identify clinical providers who serve veterans and are currently delivering high-quality care. Standards of care are more specific than a definition and are intended to set a benchmark for what should be considered high-quality care. Standards of care can also provide

a target for quality improvement: Providers who are not currently delivering high-quality care can identify gaps in the care they provide by comparing their care with the standards and implement necessary practice changes.

To arrive at an evidence-based, useful set of standards of care, RAND researchers conducted a rigorous literature review and interviewed Veteran Wellness Alliance clinical partners to expand the definition of high-quality care for invisible wounds to include depression and substance use disorders, in addition to PTSD and TBI.

A collaborative process informed the operationalization of the high-quality care definition into standards of care. The first step was to identify existing quality measures that assess the performance of health care providers in delivering high-quality care to veterans with invisible wounds. These measures were an important source of information about what should be considered best practices or standards of care. The next step was to translate these existing measures into standards while retaining the measure concept and setting aside any specifications that were not relevant to high-quality care for veterans (e.g., inclusion criteria, numerator, and denominator). Where no measures existed, RAND researchers proposed standards of care based on their expertise and previous research.



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