

CDP



Research Update -- May 26, 2022

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<https://doi.org/10.1176/appi.ps.202100523>

Adapting the Cultural Formulation Interview for the Military.

Meyer, E. G., DeSilva, R. B., Hann, M. C., Aggarwal, N. K., **Brim, W. L.**, Engel, C. C., Lu, F. G., & Lewis-Fernández, R.

Psychiatric Services
2022 Feb 23

Objective:

U.S. military service members, veterans, and their families increasingly seek care from providers with limited knowledge of military culture. The 16-item core DSM-5 Cultural Formulation Interview (CFI) was designed to integrate cultural factors into assessment and treatment of mental disorders. Although the CFI was designed for use with all patients, it is unknown whether the CFI adequately assesses military culture. The authors describe a methodology to determine the need for specific CFI versions and how to create a version for use with persons affiliated with the military.

Methods:

Published articles on cultural competence in the military were systematically reviewed. Cultural domains were abstracted from each article, inductively coded, and hierarchically organized for assessment against the core CFI. A military CFI was created with additional implementation instructions, questions, and probes when the core CFI was inadequate for eliciting relevant cultural domains.

Results:

Sixty-three articles were included. Coding revealed 22 military culture domains, of which only five would be elicited in the core CFI without additional guidance. Twelve of 16 questions in the core CFI required additional instructions, five benefited from question edits, and 10 needed additional probing questions. On the basis of these results, the authors crafted a military version of the CFI for service members, veterans, and their families.

Conclusions:

The military CFI for clinicians assesses aspects of military culture that are not comprehensively evaluated through the core CFI. The development process described

in this article may inform the creation of other versions when the core CFI does not comprehensively assess cultural needs for specific populations.

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

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

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

Psychological Services
2022 May; 19(2): 335-342

Insomnia is a threat to the well-being and combat readiness of military service members. Brief Behavioral Treatment for Insomnia (BBTI) is effective in treating insomnia, but the treatment schedule is difficult to implement in the Military Health System due to shorter appointment windows than what is offered in civilian settings. In the present study, 23 behavioral health providers were trained in a version of BBTI adapted for use within the Military Health System. Training was conducted remotely via a 2-day webinar, followed by 12 weekly telephone consultations with a trainer. Surveys were conducted before and after the 2-day webinar, and after the consultation period. Training led to increases in target knowledge scores and self-rated confidence in administering BBTI. All providers reported implementing the treatment with multiple patients during the 12-week period, and all providers reported that the intervention was more effective than their usual treatment method. All behavioral health providers also reported that they were likely to use BBTI in the future when treating patients with insomnia, and that they would advertise their BBTI skills to primary care providers to encourage insomnia referrals. Although conducted with a small sample size, the current study gives provisional support for (a) feasibility of implementing the adapted version of BBTI within the Military Health System and (b) feasibility of training the adapted BBTI to behavioral health providers via remote learning methodology. (PsychoInfo Database Record (c) 2022 APA, all rights reserved).

<https://doi.org/10.3357/AMHP.5990.2022>

Obstructive Sleep Apnea Among Army Aircrew.

Goldie, C., Stork, B., Bernhardt, K., Gaydos, S. J., & Kelley, A. M.

Aerospace Medicine and Human Performance

2022 May 1; 93(5): 415-420

INTRODUCTION:

Obstructive sleep apnea (OSA) is a condition characterized by disrupted sleep and excessive daytime fatigue. Associated cognitive and psychomotor decrements pose a threat to aviators' performance and flight safety. Additionally, the longer term health effects associated with the disease can jeopardize an aviator's career and negatively impact operational outputs. This study reviews OSA prevalence, related comorbid conditions in Army aviators, and analyzes the aeromedical dispositions of affected individuals.

METHODS:

The U.S. Army Aeromedical Electronic Resource Office (AERO) database was interrogated for all cases of OSA from June 2005 through June 2015 using ICD-9 code 327.23. Prevalence rates for OSA and other comorbid conditions were then calculated using the total number of aviators in the AERO database. RESULTS: A total of 663 unique instances of OSA were found among the aviator population (N = 24,568), giving a point prevalence of 2.69%. Four cases affected women. Mean age of initial presentation was 42.62 yr and mean Body Mass Index was 28.69. The top five most prevalent comorbid conditions were hypertension, lumbago, degeneration of a lumbar or lumbosacral intervertebral disc, PTSD, and testicular hypofunction.

DISCUSSION:

Prevalence of OSA among aviators is lower than the general population but is not uncommon. A positive diagnosis requires a waiver or can result in suspension if not managed effectively, potentially leading to a reduction in aviator numbers. Aggressive health promotion and robust medical surveillance and aeromedical disposition management by the aeromedical community is essential to reduce OSA numbers, maintain aviator health, and maximize flight safety.

<https://doi.org/10.1016/j.drugalcdep.2022.109461>

Military service branch differences in alcohol use, tobacco use, prescription drug misuse, and mental health conditions.

Schuler, M. S., Wong, E. C., & Ramchand, R.

Drug and Alcohol Dependence

2022 Jun 1; 235: 109461

Introduction:

Rates of substance use and mental health conditions vary across military service branches, yet branches also differ notably in terms of demographics and deployment experiences. This study examines whether branch differences in substance use and mental health outcomes persist after adjustment for a comprehensive set of demographic and deployment-related factors.

Methods:

Data on 16,699 Armed Forces Active Duty service members were from the 2015 Department of Defense Health Related Behaviors Survey. Service branch-specific prevalences were estimated for self-reports of heavy episodic drinking (HED), possible alcohol use disorder (AUD), current smoking, e-cigarette use, smokeless tobacco use, prescription drug misuse, probable post-traumatic stress disorder (PTSD), probable depression, and probable anxiety. Using logistic regression, we assessed whether branch differences persisted after adjusting for an extensive array of demographic factors (among full sample) and deployment/combat factors (among ever-deployed subgroup).

Results:

HED, AUD, smoking, e-cigarette use, smokeless tobacco use, depression, and anxiety were highest in the Marine Corps; prescription drug misuse and PTSD were highest in the Army. HED, AUD, smoking, smokeless tobacco use, PTSD, depression, and anxiety were lowest in the Air Force; e-cigarette use and prescription drug misuse were lowest in the Coast Guard. Demographics and deployment/combat experiences differed across branches. After adjustment, service members in the Army, Marine Corps and Navy exhibited nearly 2-3 times the odds of multiple mental health conditions and substance use behaviors relative to the Air Force.

Conclusion:

Service branch differences were not fully explained by variation in demographics and deployment/combat experiences.

<https://doi.org/10.1080/08995605.2022.2058301>

Association between burnout and insomnia in U.S. Air Force Pararescue personnel: A cross-sectional study.

Sowan Kang, Andrew J. Waters & Craig J. Bryan

Military Psychology

Published online: 17 May 2022

Studies have examined burnout and its impact on health, to include its influence on sleep. While many studies report a significant relationship between burnout and insomnia in civilian populations, no studies have examined this relationship in a military population. The United States Air Force (USAF) Pararescue personnel are an elite combat force who are specially trained to conduct both first-line combat and full spectrum personnel recovery and may be at high risk of burnout and insomnia. The current study investigated the association between dimensions of burnout and insomnia, and also examined potential moderators of the associations. A cross-sectional survey was administered to 203 Pararescue personnel (Mean Age = 32.1 years; 100% Male; 90.1% Caucasian) recruited from six US bases. The survey included measures of three dimensions of burnout (emotional exhaustion, depersonalization, personal achievement), insomnia, psychological flexibility, and social support. Emotional exhaustion was significantly associated with insomnia with a moderate to large effect size, when controlling for covariates. Depersonalization, but not personal achievement, was also significantly associated with insomnia. There was no evidence that associations between burnout and insomnia were moderated by psychological flexibility or social support. These findings help to identify individuals at risk of insomnia and may ultimately be useful in developing interventions for insomnia in this population.

<https://doi.org/10.1111/1475-6773.13931>

Analysis of a national response to a White House directive for ending veteran suicide.

Kalvesmaki, A. F., Chapman, A. B., Peterson, K. S., Pugh, M. J., Jones, M., & Gleason, T. C.

Health Services Research
2022 Jun; 57 Suppl 1(Suppl 1): 32-41

Objective:

Analyze responses to a national request for information (RFI) to uncover gaps in policy, practice, and understanding of veteran suicide to inform federal research strategy.

Data source:

An RFI with 21 open-ended questions generated from Presidential Executive Order #1386, administered nationally from July 3 to August 5, 2019.

Study design:

Semi-structured, open-ended responses analyzed using a collaborative qualitative and text-mining data process.

Data extraction methods:

We aligned traditional qualitative methods with natural language processing (NLP) text-mining techniques to analyze 9040 open-ended question responses from 722 respondents to provide results within 3 months. Narrative inquiry and the medical explanatory model guided the data extraction and analytic process.

Results:

Five major themes were identified: risk factors, risk assessment, prevention and intervention, barriers to care, and data/research. Individuals and organizations mentioned different concepts within the same themes. In responses about risk factors, individuals frequently mentioned generic terms like "illness" while organizations mentioned specific terms like "traumatic brain injury." Organizations and individuals described unique barriers to care and emphasized ways to integrate data and research to improve points of care. Organizations often identified lack of funding as barriers while individuals often identified key moments for prevention such as military transitions and ensuring care providers have military cultural understanding.

Conclusions:

This study provides an example of a rapid, adaptive analysis of a large body of qualitative, public response data about veteran suicide to support a federal strategy for an important public health topic. Combining qualitative and text-mining methods allowed a representation of voices and perspectives including the lived experiences of individuals who described stories of military transition, treatments that worked or did not, and the perspective of organizations treating veterans for suicide. The results supported

the development of a national strategy to reduce suicide risks for veterans as well as civilians.

<https://doi.org/10.1038/s41380-021-01423-4>

Predicting suicide attempts among U.S. Army soldiers after leaving active duty using information available before leaving active duty: results from the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS).

Molecular Psychiatry
2022 Mar; 27(3): 1631-1639

Suicide risk is elevated among military service members who recently transitioned to civilian life. Identifying high-risk service members before this transition could facilitate provision of targeted preventive interventions. We investigated the feasibility of doing this by attempting to develop a prediction model for self-reported suicide attempts (SAs) after leaving or being released from active duty in the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS). This study included two self-report panel surveys (LS1: 2016-2018, LS2: 2018-2019) administered to respondents who previously participated while on active duty in one of three Army STARRS 2011-2014 baseline self-report surveys. We focus on respondents who left active duty >12 months before their LS survey (n = 8899). An ensemble machine learning model using predictors available prior to leaving active duty was developed in a 70% training sample and validated in a 30% test sample. The 12-month self-reported SA prevalence (SE) was 1.0% (0.1). Test sample AUC (SE) was 0.74 (0.06). The 15% of respondents with highest predicted risk included nearly two-thirds of 12-month SAs and over 80% of medically serious 12-month SAs. These results show that it is possible to identify soldiers at high post-transition self-report SA risk before the transition. Future model development is needed to examine prediction of SAs assessed by administrative data and using surveys administered closer to the time of leaving active duty.

<https://doi.org/10.1016/j.jad.2022.03.016>

Military sexual trauma in the United States: Results from a population-based study.

Brandon Nichter, Ryan Holliday, Lindsey L. Monteith, Peter J. Na, ... Robert H. Pietrzak

Journal of Affective Disorders

Volume 306, 1 June 2022, Pages 19-27

Highlights

- The prevalence of MST among female and male veterans was 44.2% and 3.5%.
- History of MST was associated with elevated health burden and suicide risk.
- Males with MST histories were no more likely to engage in mental health treatment.

Abstract

Background

The reported prevalence of military sexual trauma (MST) has increased over the past decades in the United States, yet scarce population-based studies have examined the prevalence, correlates, and health burden of MST in the general veteran population.

Methods

Data were from the 2019–2020 National Health and Resilience in Veterans Study, a population-based survey of veterans ($n = 4069$). Analyses: (1) estimated the prevalence of MST; (2) identified sex-stratified sociodemographic, military, and trauma characteristics associated with MST; and (3) examined sex-stratified associations between MST and psychiatric comorbidities, functioning, disability, and treatment utilization.

Results

Female veterans reported substantially higher rates of MST (44.2%) than male veterans (3.5%). Relative to male veterans without MST histories, male veterans with MST histories had nearly 3-fold increased odds of reporting future suicidal intent, 2-to-3-fold greater odds of screening positive for current posttraumatic stress disorder (PTSD), depression, and generalized anxiety disorder; and nearly 2-fold increased odds of being disabled. Male veterans with MST histories also scored lower on mental, physical, cognitive, and psychosocial functioning (d 's = 0.16–0.29). Relative to female veterans without MST histories, female veterans with MST histories had 5-fold greater odds of current PTSD, 2-fold greater odds of engaging in mental health treatment, and scored lower on psychosocial functioning and higher on somatic symptoms (both d 's = 0.25).

Limitations

Cross-sectional design precludes causal inference.

Conclusions

A substantial proportion of veterans in the U.S. experience sexual trauma during their military service, and these experiences are associated with an elevated health burden.

<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
Volume 61, pages 1051–1094 (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/10.1016/j.jcm.2022.01.002>

Coordination of Care Between Chiropractic and Behavioral Health Practitioners Within the US Department of Veterans Affairs Health Care System: A Report of 3 Patients With Pain and Mental Health Symptoms.

Clinton J. Daniels, Derek R. Anderson, Zachary A. Cupler

Journal of Chiropractic Medicine
Available online 16 March 2022

Objective

The purpose of this case series is to describe coordination of care between chiropractic and behavioral health practitioners within an integrated hospital-based system.

Clinical Features

Three individuals presented to a US Veterans Affairs Health Care system with musculoskeletal complaints for chiropractic care. Each person demonstrated symptoms of depression or anxiety and in 2 cases indicated passive suicidal ideation.

Intervention and Outcome

The chiropractors referred the patients to a mental health provider for co-management. Different approaches to mental health care were offered to each of these patients to meet their individual preferences and needs as part of an evidence informed approach. One patient underwent individual cognitive behavioral therapy; 1 patient responded well to individual cognitive behavioral therapy before transitioning to group-based pain skills, resiliency, and mindfulness therapy; and 1 patient required additional referral to Primary Care-Mental Health Integration for pharmacologic treatment. The 3 patients responded positively to interdisciplinary care and realized functional improvements and improved patient reported outcomes as assessed with the 11-point Numerical Pain Rating Scale and Neck or Back Bournemouth Questionnaire.

Conclusion

This case series describes the recognition of mental health symptoms, referral to behavioral health providers, and the subsequent treatment approaches. This case series presents the first description of co-managed care for US veterans by a chiropractor and psychologist.

<http://doi.org/10.21061/jvs.v8i1.291>

Stress and Coping among Post-9/11 Veterans During COVID-19: A Qualitative Exploration.

Kathryn E. Bouskill, Reagan E. Fitzke, Shaddy K. Saba, Colin Ring, Jordan P. Davis, Daniel S. Lee, Eric R. Pedersen

Journal of Veterans Studies

Published on 18 Mar 2022

Behavioral health has been a topic of great concern during the COVID-19 pandemic, with researchers and health providers exhibiting special concern for populations who are at-risk for mental health and substance use disorders. American veterans are one such group, as they already experience behavioral health disorders at disproportionate rates, including posttraumatic stress disorder (PTSD), depression, anxiety, and substance use disorders (SUDs). To date, only a limited number of studies have evaluated the impact of the pandemic on the veteran population. The current study expands upon such work through a qualitative analysis of veterans' experiences during the pandemic. We conducted 23 in-depth interviews with Post-9/11 veterans throughout the US via Zoom videoconferencing about their experiences with the pandemic. The findings show that veterans faced challenges during COVID-19, some of which are shared among those in general civilian populations, and others of which may be specific to veterans and servicemembers. In addition, some veterans have experienced exacerbated behavioral health concerns, such as increased substance use or mental health symptoms, while others have shown resilience and adaptation in the wake of collective, societal challenges. Our findings also point to the importance of providing resources and support to veteran and military populations during potentially distressing events.

<https://doi.org/10.1037/hea0001174>

Physical inactivity, cigarette smoking, and psychiatric comorbidity among veterans with posttraumatic stress disorder.

Whitworth, J. W., Scioli, E. R., Keane, T. M., & Marx, B. P.

Background:

Posttraumatic stress disorder (PTSD) is associated with physical inactivity and cigarette smoking. However, little is known about the degree to which comorbid psychiatric conditions affect the odds of physical inactivity and smoking among individuals with PTSD. Objective: To examine associations between PTSD, comorbid psychiatric conditions (depression, anxiety, or hazardous alcohol/substance use), physical inactivity and smoking among military veterans.

Method:

This was a cross-sectional analysis of data on U.S. veterans from Project VALOR (Veterans' After-discharge Longitudinal Registry; $n = 1140$). Logistic regressions examined associations between PTSD, comorbid psychiatric conditions, physical inactivity, and cigarette smoking.

Results:

PTSD was associated with increased odds of being physically inactive (odds ratio [OR] = 2.08, $p < .001$) and a current smoker (OR = 1.39, $p = .037$), relative to no PTSD. PTSD with cooccurring depression was associated with increased odds for physical inactivity (OR = 2.68, $p < .001$) and smoking (OR = 1.78, $p = .003$), relative to PTSD only. PTSD with anxiety was associated with physical inactivity (OR = 2.17, $p < .001$), whereas cooccurring alcohol (OR = 1.60, $p = .023$) and substance use (OR = 2.00, $p = .001$) were associated with smoking. Additionally, numerous combinations of PTSD plus multiple conditions (e.g., PTSD + depression + anxiety) further increased the odds of physical inactivity and smoking ($p < .05$).

Conclusions:

Greater numbers of psychiatric comorbidities increase the odds of physical inactivity and cigarette smoking among veterans with PTSD. Physical inactivity and cigarette smoking are important predictors of cardiovascular and metabolic disease, and PTSD rarely occurs without psychiatric comorbidity. Thus, additional longitudinal research is needed to determine the impact of these associations, as they have clear physical and mental health implications. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1097/PR9.0000000000000993>

Naloxone prescribing practices in the Military Health System before and after policy implementation.

Pakieser, J., Peters, S., Tilley, L. C., Costantino, R. C., Scott-Richardson, M., & Highland, K. B.

Pain Reports

Published online 2021 Mar 14

Introduction:

Despite public health campaigns, policies, and educational programs, naloxone prescription rates among people receiving opioids remains low. In June 2018, the U.S. Military Health System (MHS) released 2 policies to improve naloxone prescribing.

Objectives:

The objective of this study was to examine whether the policies resulted in increased naloxone coprescription rates for patients who met the criteria for 1 or more risk indicators (eg, long-term opioid therapy, benzodiazepine coprescription, morphine equivalent daily dose ≥ 50 mg, and elevated overdose risk score) at the time of opioid dispense.

Methods:

Prescription and risk indicator data from January 2017 to February 2021 were extracted from the MHS Data Repository. Naloxone coprescription rates from January 2017 to September 2018 were used to forecast prescribing rates from October 2018 to February 2021 overall and across risk indicators. Forecasted rates were compared with actual rates using Bayesian time series analyses.

Results:

The probability of receiving a naloxone coprescription was higher for patients whose opioid prescriber and pharmacy were both within military treatment facilities vs both within the purchased-care network. Bayesian time series results indicated that the number of patients who met the criteria for any risk indicator decreased throughout the study period. Naloxone prescribing rates increased across the study period from $<1\%$ to 20% and did not significantly differ from the forecasted rates across any and each risk indicator (adjusted P values all >0.05).

Conclusion:

Future analyses are needed to better understand naloxone prescribing practices and the impact of improvements to electronic health records, decision support tools, and policies.

<https://doi.org/10.1017/S0033291722000617>

Prevalence, correlates, and mental health burden associated with homelessness in U.S. military veterans.

Psychological Medicine

Published online by Cambridge University Press: 18 March 2022

Background

Homelessness is a major public health problem among U.S. military veterans. However, contemporary, population-based data on the prevalence, correlates, and mental health burden of homelessness among veterans are lacking.

Methods

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study, a nationally representative survey of veterans ($n = 4069$). Analyses examined the prevalence and correlates of homelessness, as well as the independent associations between homelessness and current probable psychiatric conditions, suicidality, and functioning.

Results

The lifetime prevalence of homelessness was 10.2% (95% confidence interval 9.3–11.2). More than 8-of-10 veterans reported experiencing their first episode of homelessness following military service, with a mean of 10.6 years post-discharge until onset (S.D. = 12.6). Adverse childhood experiences (ACEs), cumulative trauma burden, current household income, younger age, and drug use disorder emerged as the strongest correlates of homelessness (49% of total explained variance). Veterans with a history of homelessness had elevated odds of lifetime suicide attempt, attempting suicide two or more times, and past-year suicide ideation [odds ratios (ORs) 1.3–3.1]. They also had higher rates of current probable posttraumatic stress disorder, major depressive, generalized anxiety, and drug use disorders (ORs 1.7–2.4); and scored lower on measures of mental, physical, cognitive, psychosocial functioning ($d = 0.11$ – 0.15).

Conclusions

One in ten U.S. veterans has experienced homelessness, and these veterans represent a subpopulation at substantially heightened risk for poor mental health and suicide. ACEs were the strongest factor associated with homelessness, thus underscoring the importance of targeting early childhood adversities and their mental health consequences in prevention efforts for homelessness in this population.

<https://doi.org/10.1016/j.jsat.2022.108775>

The impact of military sexual trauma and gender on receipt of evidence-based medication treatment among veterans with opioid use disorder.

Kerry L. Beckman, Emily C. Williams, Paul Hebert, Eric J. Hawkins, ... Keren Lehavot

Journal of Substance Abuse Treatment

Available online 18 March 2022

Highlights

- Overall receipt of medications for opioid use disorder (MOUD) for Veterans with OUD in years 2009-2017 was low at 35%.
- Military Sexual Trauma (MST) was not associated with lower receipt of MOUD.
- There was a trend towards Veterans with a history of MST having greater odds of MOUD receipt than those without.
- The location where a Veteran seeks treatment for OUD became a less important indicator of MOUD receipt over the last decade.

Abstract

Introduction

Opioid use disorder (OUD), a chronic illness associated with substantial morbidity and mortality, is common in veterans. Despite several national Department of Veteran Affairs (VA) initiatives over the last 15 years to increase access to medications to treat OUD (MOUD), MOUD remain underutilized. Women and veterans with mental health comorbidities are less likely to receive MOUD. The current study evaluated associations between military sexual trauma (MST), one common comorbidity among veterans, and receipt of MOUD among VA outpatients. We also evaluated whether gender moderated the MST-MOUD association and whether mental health conditions were associated with lower rates of MOUD across MST status.

Methods

In a cross-sectional study using a national sample of 80,845 veterans with OUD who sought care at VA facilities from 2009 to 2017, we fit mixed-effects logistic regression models to assess the association between MST and MOUD, adjusting for demographic and clinical characteristics, and with facility modeled as a random effect. Secondary analyses added interaction terms of MST x gender and MST x mental health diagnoses and compared average predicted probabilities to evaluate whether the MST and MOUD association varied by gender or mental health diagnoses. The study used a p-value threshold of .001 to determine significance due to multiple comparisons and large sample size.

Results

Overall, 35% of veterans with OUD received MOUD. MST (8.1% overall; 5.2% of men, 48.8% of women) was not significantly associated with receipt of MOUD in a fully adjusted model (OR = 1.08; 99% CI 1.00, 1.17). No significant MST x gender interaction ($p = .377$) and no significant MST x mental health interaction ($p = .722$) occurred.

Conclusions

Both men and women veterans with and without a history of MST received MOUD treatment at similar rates. Room for improvement exists in MOUD receipt and future research should continue to assess barriers to MOUD receipt.

<https://doi.org/10.1037/hea0001113>

PTSD symptoms and tinnitus severity: An analysis of veterans with posttraumatic headaches.

Moring, J. C., Straud, C. L., Penzien, D. B., Resick, P. A., Peterson, A. L., Jaramillo, C. A., Eapen, B. C., McGeary, C. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Keane, T. M., & McGeary, D. D.

Health Psychology
2022; 41(3), 178–183

Objective:

Tinnitus and posttraumatic stress disorder (PTSD) are among the top service-connected disabilities within the Veterans Health Administration. Extant research shows that there

is considerable overlap between tinnitus-related distress and PTSD, including sleep difficulty, irritability, hyperarousal, and concentration problems. However, no studies have prospectively examined the relationship between the two disorders. The purpose of this study was to examine that relationship.

Method:

Participants (N = 112) with posttraumatic headache completed measures of tinnitus and PTSD. Correlational analyses and analyses of variance were conducted to examine the associations with PTSD symptom clusters and factors of tinnitus-related distress.

Results:

Approximately, half of participants with tinnitus demonstrated severe impairment. Correlational analyses indicated that reexperiencing, avoidance, negative emotions and cognitions, and hyperarousal PTSD symptoms were significantly related to many factors of tinnitus-related distress, including intrusiveness of tinnitus, perceived loudness, awareness, and annoyance. Participants with severe tinnitus demonstrated significantly greater reexperiencing, negative mood/cognitions, hyperarousal, and PTSD total severity compared to those with mild or moderate tinnitus.

Conclusions:

Trauma therapists should assess for the presence of tinnitus in order to more fully conceptualize key health problems of help-seeking patients. Heightened psychological symptoms seemingly related to PTSD may be a function of tinnitus-related distress.
(PsyInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1016/j.pmn.2022.02.040>

Challenges in Managing Chronic Pain in Veterans.

Renee Holleran, FNP-BC, RN-BC, PhD, FAEN

Pain Management Nursing

Vol 23, Issue 2, P 242, April 01, 2022

Pain continues to be one of the primary reasons that cause patients to seek health care. It is estimated that about 30% of the population in the United States experience chronic pain. However, in contrast, approximately 50% of military veterans experience chronic pain. Chronic pain has particularly become more common in veterans who have

participated in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). In 2015, the U.S. Department of Veterans Affairs identified six steps to good chronic pain care. These include:

- Educate Veterans and their families about pain and promote self-efficacy
- Educate and train all team members who provide care for veterans
- Develop nonpharmacologic modalities for pain management
- Institute safe medication prescribing, including safe opioid use (universal precautions)
- Develop approaches to bringing the veteran's expanded team together (virtual pain consulting and education as well as ongoing communication between team members)
- Establish metrics to monitor pain care

The focus of this presentation includes:

- The current definitions of pain
- Definition of acute and chronic pain.
- Causes and associated factors related to pain in Veterans
- Multimodal treatments for chronic pain
- The effects of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) on a Veteran's pain
- The use of an interdisciplinary team to manage pain
- Veterans Health Administration Opioid Safety Initiative
- The role of the family in caring for the veteran with chronic pain.

<https://doi.org/10.1037/pro0000451>

**A systematic review of posttraumatic stress and resilience trajectories:
Identifying predictors for future treatment of veterans and service members.**

Pavlicic, J. M., Buchanan, E. M., McCaslin, S. E., Schulenberg, S. E., & Young, J. N.

Professional Psychology: Research and Practice
2022; 53(3), 266–275

Posttraumatic stress disorder (PTSD) often presents with comorbidities and can result in functional impairment. Veterans and service members report PTSD at higher rates than civilians, which represents a public health concern among those who have served or are serving in the military. Prior reviews of evidence-based treatments for PTSD demonstrate smaller effect sizes for veterans and service members than for civilians. One line of investigation that may contribute to our understanding in this area is developmental trajectory research. Understanding predictors of different symptomatic trajectories compared to resilient trajectories and vice versa may help clinicians better tailor evidence-based conceptualizations, treatments, and change agents to the individual, facilitate prevention efforts, and embark on a process-based, flexible, cognitive-behavioral approach that is patient-centered. The current systematic review examined predictors of both resilient (i.e., compared to heterogeneous symptomatic

trajectories) and variable symptomatic trajectories (i.e., compared to resilient and/or other symptomatic trajectories) in veterans and service members. Twenty-seven studies met inclusion criteria. Across all included studies reporting percentages of resilience trajectories (i.e., including some studies that used the same data sets and/or samples), 73.4% reported a resilience trajectory, while the remaining 26.6% encompassed heterogeneous symptomatic trajectories on average. Predictors are presented and discussed, in addition to implications for research and treatment of veterans and service members. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1080/10615806.2022.2038788>

Families serve too: military spouse well-being after separation from active-duty service.

Nida H. Corrya, Rayan Joneydi, Hope S. McMaster, Christianna S. Williams, Shirley Glynn, Christopher Spera & Valerie A. Stander

Anxiety, Stress & Coping

Published online: 22 Mar 2022

Background and Objectives

Transitioning from military to civilian life can be challenging for families, but most research focuses only on the service member. We applied a life course model to assess spouse well-being following this important transition.

Design

Prospective, longitudinal survey of service members and their spouses

Methods

We captured three spouse well-being domains: psychological health, physical health, and family relationships. We identified differences between families who separated from service and those still affiliated (N = 4,087) and assessed baseline factors associated with spouse well-being after the family separated from service (N = 1,199).

Results

Spouses of service members who had separated from the military (versus those who had not) reported poorer mental health and family relationship quality at baseline and follow-up. After controlling for baseline differences, spouses whose families transitioned

experienced a greater increase in PTSD symptoms and a steeper decline in quality of marriage. Spouses of active-duty service members reported greater increases in work–family conflict. Among families who had transitioned, the most consistent predictor of positive outcomes was baseline well-being. Protective factors included having more psychological and social resources and less financial stress.

Conclusions

Several protective and risk factors identified in the study may inform programming for families transitioning from active duty.

<https://doi.org/10.1037/ser0000631>

A scoping review of veteran suicide prevention programs in Native American communities and in the general population.

Mohatt, N. V., Begay, R. L., Goss, C. W., Shore, J. H., Kaufman, C. E., & Hicken, B. L.

Psychological Services
Advance online publication

Suicide is a major public health problem that disproportionately impacts veterans in the general U.S. population. Recent analyses indicate that American Indian and Alaska Native (AI/AN) veterans may be two to three times as likely as non-Hispanic White veterans to experience suicidal ideation. Although suicide prevention programs have been successfully implemented for many at-risk populations, to our knowledge, none have been designed or implemented for AI/AN veterans. To address this gap, we conducted a scoping review of suicide prevention programs with the objective of identifying promising strategies and lessons learned to identify promising practices for preventing suicide among AI/AN veterans. We conducted two parallel literature searches—a review of suicide prevention programs for the general U.S. adult population and AI/AN communities. We rated programs on 16 criteria, covering five domains—best practices in suicide prevention, U.S. Department of Veterans Affairs (VA) Office of Rural Health Promising Practice criteria, cultural fit, care coordination, and outcomes. Our findings indicate that many of the VA evidence-based or best practice programs are available system-wide, but none have been tailored for AI/AN veterans or the communities in which they live. Conversely, we found that many culturally specific programs implemented in AI/AN communities were rarely disseminated beyond tribal land and none were specifically developed for veterans. Based upon these findings, and

to advance suicide prevention programs for AI/AN veterans, we propose a suicide prevention model that builds upon existing VA infrastructure to disseminate best practices to AI/AN communities and integrate tribal-specific cultural approaches to suicide prevention. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<https://doi.org/10.1080/15402002.2022.2074996>

Beyond Stress: Altered Sleep-Wake Patterns are a Key Behavioral Risk Factor for Acute Insomnia During Times of Crisis.

Hailey Meaklim, Moira F Junge, Prerna Varma, Wendy A. Finck & Melinda L. Jackson

Behavioral Sleep Medicine

Published online: 23 May 2022

Background

Stress is a common precipitant of acute insomnia; however, reducing stress during times of crisis is challenging. This study aimed to determine which modifiable factors, beyond stress, were associated with acute insomnia during a major crisis, the COVID-19 pandemic.

Participants/Methods

A global online survey assessed sleep/circadian, stress, mental health, and lifestyle factors between April-May 2020. Logistic regression models analyzed data from 1319 participants (578 acute insomnia, 741 good sleepers), adjusted for demographic differences.

Results

Perceived stress was a significant predictor of acute insomnia during the pandemic (OR 1.23, 95% CI 1.19–1.27). After adjusting for stress, individuals who altered their sleep-wake patterns (OR 3.36, CI 2.00–5.67) or increased technology use before bed (OR 3.13, CI 1.13–8.65) were at increased risk of acute insomnia. Other sleep factors associated with acute insomnia included changes in dreams/nightmares (OR 2.08, CI 1.32–3.27), increased sleep effort (OR 1.99, CI 1.71–2.31) and cognitive pre-sleep arousal (OR 1.18, CI 1.11–1.24). For pandemic factors, worry about contracting COVID-19 (OR 3.08, CI 1.18–8.07) and stringent government COVID-19 restrictions (OR 1.12, CI =1.07–1.18) were associated with acute insomnia. Anxiety (OR 1.02, CI 1.01–1.05) and depressive (OR 1.29, CI 1.22–1.37) symptoms were also risk factors. A

final hierarchical regression model revealed that after accounting for stress, altered sleep-wake patterns were a key behavioral predictor of acute insomnia (OR 2.60, CI 1.68–5.81).

Conclusion

Beyond stress, altered sleep-wake patterns are a key risk factor for acute insomnia. Modifiable behaviors such as maintaining regular sleep-wake patterns appear vital for sleeping well in times of crisis.

<https://doi.org/10.1093/milmed/usac065>

Pain Catastrophizing Mediates the Relationship Between Pain Intensity and Sleep Disturbances in U.S. Veterans With Chronic Pain.

Marian Wilson, PhD, MPH, RN, Lillian Skeiky, MS, Rachael A Muck, BS, Kimberly A Honn, PhD, Rhonda M Williams, PhD, Mark P Jensen, PhD, Hans P A Van Dongen, PhD

Military Medicine

Published: 20 March 2022

Introduction

Veterans with chronic pain frequently report comorbid disruptions in sleep and psychological dysfunction. The purpose of this study was to investigate whether psychological function variables mediate the sleep–pain relationship. Knowledge regarding such contributing factors can inform the development and optimization of treatments for sleep disturbances and pain.

Materials and Methods

In an IRB-approved, registered clinical trial, we collected objective sleep data from U.S. military Veterans with chronic pain (N = 184, ages 23–81) using wrist actigraphy for 7 days and self-reported survey data assessing sleep quality, pain intensity, and psychological function (depression, anxiety, post-traumatic stress disorder, and pain catastrophizing). We investigated the associations between objectively measured and self-reported sleep quality and self-reported pain intensity. In addition, using parallel mediation analyses, we examined whether psychological function variables mediated these associations.

Results

Actigraphy showed suboptimal sleep duration (less than 7 hours) and sleep fragmentation for most participants. Self-reported poor sleep quality and pain intensity were significantly correlated. Pain catastrophizing was found to mediate the association between self-reported sleep quality and pain intensity.

Conclusions

Sleep disturbances in this sample of Veterans with chronic pain included insufficient sleep, fragmented sleep, and perceived poor sleep quality. Analyses suggest that poor perceived sleep quality and pain intensity are mediated via pain catastrophizing. The finding highlights the potential importance of pain catastrophizing in Veterans with chronic pain. Future longitudinal research is needed to determine the extent to which treatments that reduce pain catastrophizing might also improve both sleep and pain outcomes.

<https://doi.org/10.1111/jsr.13570>

How do US military veterans with serious mental illness manage insomnia? A phenomenological analysis.

Elizabeth A. Klingaman, Alicia Lucksted, Eric S. Crosby, Samantha M. Hack, Amanda D. Peeples, Yelena Blank, Elana Schwartz

Journal of Sleep Research

First published: 23 March 2022

Insomnia is a prevalent experience for individuals with serious mental illness, and is one of the most common reasons for mental health referrals in the Veterans Health Administration. Insomnia also critically impacts psychiatric, cognitive and somatic outcomes. However, there is limited information about how people with serious mental illness (i.e. schizophrenia spectrum, bipolar, or major depressive disorders, with serious functional impairments) understand and respond to problems with their own sleep. Bringing this information to light will yield novel methods of research and treatment. The purpose of this study was to examine reactions to insomnia among veterans with serious mental illness and insomnia. An inductive phenomenological approach was used to collect data from 20 veterans with serious mental illness and insomnia using semi-structured interviews. Six themes were identified: Becoming Aware that Insomnia is a Problem; Response to and Dissatisfaction with Medications; Strategies to Get

Better Sleep: Contrary to Usual Guidelines; Personal Responsibility for Getting Sleep; Resigned and Giving Up; and Acceptance and Persistence. These results provide insight into the process of identifying insomnia and the subsequent cognitive and behavioural responses that are used to manage sleep disturbances among veterans with serious mental illness, a group often excluded from gold-standard treatments for chronic insomnia. Clinical implications and recommendations for improving treatment efficacy are discussed.

<https://doi.org/10.1080/10615806.2022.2038788>

Families serve too: military spouse well-being after separation from active-duty service.

Nida H. Corry, Rayan Joneydi, Hope S. McMaster, Christianna S. Williams, Shirley Glynn, Christopher Spera & Valerie A. Stander

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discussed, in addition to implications for research and treatment of veterans and service members. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

Links of Interest

'I Want to Reset My Brain': Female Veterans Turn to Psychedelic Therapy

<https://www.nytimes.com/2022/05/21/world/americas/psychedelic-therapy-female-veterans.html>

Sailors must wait 5 weeks for mental health appointments as Navy battles suicides, top enlisted leader says

<https://www.stripes.com/branches/navy/2022-05-18/george-washington-aircraft-carrier-sailors-suicides-navy-6049477.html>

Amid suicide crisis, the Army says it will rush mental health providers to Alaska

<https://www.usatoday.com/story/news/politics/2022/05/18/army-suicide-crisis-response-mental-health/9721997002/>

Navy desertions have more than doubled amid suicide concerns, as sailors feel trapped by contracts

<https://www.nbcnews.com/news/us-news/navy-desertions-doubled-suicide-concerns-sailors-feel-trapped-contract-rcna28516>

Distinguishing between TBIs, psychological conditions key to treatment

<https://health.mil/news/articles/2021/03/10/distinguishing-between-tbis-psychological-conditions-key-to-treatment>

A Military Community's Single-Minded Vision For Student Success

<https://www.forbes.com/sites/jimcowen/2022/05/17/a-military-communitys-single-minded-vision-for-student-success/>

Veterans with PTSD given chance to train service dogs in program at 4 US locations

<https://www.stripes.com/veterans/2022-05-24/veterans-puppies-program-6109801.html>

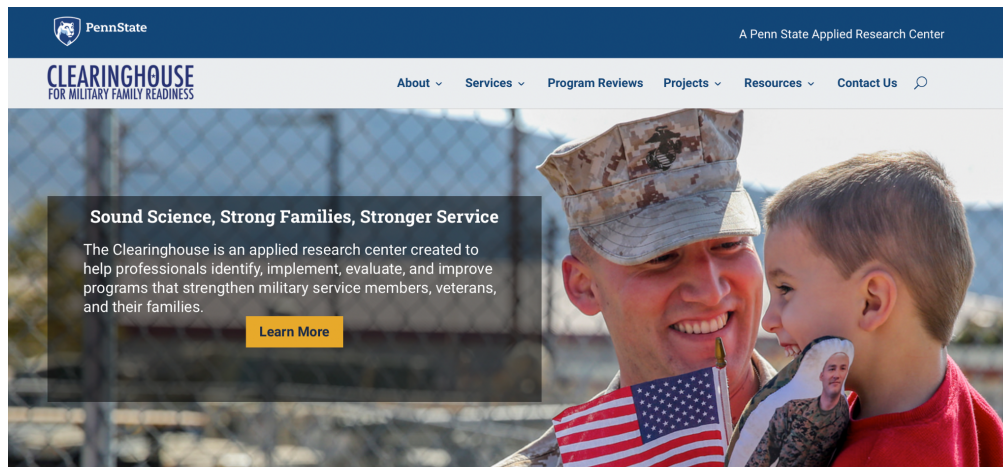
Resource of the Week: [Clearinghouse for Military Family Readiness](#)

What does the Clearinghouse do?

Simply put, we're here to provide you with the right tools and information to keep our military families strong. The Clearinghouse will help you—a dedicated professional who provides direct assistance to military families—do your job. By taking advantage of all the Clearinghouse has to offer, you will enhance your capacity to bolster military family readiness, resilience, and well-being. We will help you identify, select, and implement the right evidence-based programs and practices to address wide-ranging family and mental health issues—from healthy parenting to preventing problematic and risky behaviors. Using our interactive, searchable database, you will find effective and promising intervention programs as well as practical resources and strategies to help you achieve your mission and ensure the welfare of our military families. Not only will you be able to take advantage of exciting learning opportunities through webinars, videos, and virtual learning communities, you will also be able to connect with other colleagues through our social media networks, including the Clearinghouse's Facebook page, Twitter, and blogs.

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The Clearinghouse for Military Family Readiness at Penn State is the result of a partnership funded by the Department of Defense between the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a cooperative agreement with Penn State. This work leverages funds by the USDA's National Institute of Food and Agriculture and Hatch Appropriations.



The screenshot shows the homepage of the Clearinghouse for Military Family Readiness. At the top left is the Penn State logo. To the right, it says "A Penn State Applied Research Center". Below this is a navigation bar with links for "About", "Services", "Program Reviews", "Projects", "Resources", and "Contact Us", each with a dropdown arrow. A search icon is also present. The main content area features a large background image of a smiling soldier in uniform holding a small American flag, with a young boy in a red shirt looking at him. Overlaid on the left side of this image is a text box with the heading "Sound Science, Strong Families, Stronger Service" and a paragraph: "The Clearinghouse is an applied research center created to help professionals identify, implement, evaluate, and improve programs that strengthen military service members, veterans, and their families." Below the paragraph is a yellow "Learn More" button.

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Research Editor

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