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Uniformed Services University

Research Update -- January 19, 2023

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- Reporting Ethical Procedures in Suicide Prevention Research: Current Status and Recommendations.
- Combat events and negative emotions associated with postdeployment illicit drug use among Army National Guard soldiers.
- Bad Dreams and Nightmares Preceding Suicidal Behaviors.
- A Qualitative Study of the Expectations, Experiences, and Perceptions That Underpin Decisions Regarding PTSD Treatment in Help-seeking Veterans.
- Prevalence of eviction, home foreclosure, and homelessness among low-income US veterans: the National Veteran Homeless and Other Poverty Experiences study.
- Links of Interest
- Resource of the Week – Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services (GAO)

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Sudden gains in therapist-guided versus self-guided online treatments for anxiety or depression.

Bisby, M. A., Scott, A. J., Hathway, T., Dudeney, J., Fisher, A., Gandy, M., Heriseanu, A. I., Karin, E., Titov, N., & Dear, B. F.

Journal of Consulting and Clinical Psychology
(2022) 90(11), 861–871

Objective:
Sudden gains are large, rapid, and sustained symptom improvements, and are associated with improved treatment outcomes across a range of mental health problems. Current theories suggest that therapists are required for sudden gains to be sustained, and to result in improved treatment outcomes. We compared the prevalence and consequences of sudden gains in therapist-guided versus self-guided internet-delivered treatments for anxiety and depression.

Method:
Samples from four previous randomized controlled trials were analyzed: generalized anxiety disorder (n = 259), panic disorder (n = 109), social anxiety disorder (n = 175), and major depressive disorder (n = 209). The prevalence, timing, and reversal rates of sudden gains were compared across therapist-guided and self-guided groups. Generalized estimating equations were used to examine the impact of guidance level and sudden gain status on posttreatment outcomes.

Results:
Sudden gains were similarly prevalent in therapist-guided and self-guided treatments. In all four diagnostic samples, sudden gains most frequently occurred between Weeks 2 and 3 of treatment, and the rate of reversals did not differ based on the presence of guidance. The association between sudden gains and treatment outcome varied by disorder, such that sudden gains were associated with improved outcomes (irrespective of guidance condition) for participants with social anxiety disorder and major depression, but not generalized anxiety disorder or panic disorder.

Conclusions:
Sudden gains can occur, and are maintained, during internet-delivered psychotherapy even in the absence of therapist guidance. Furthermore, sudden gains may be associated with different patterns of symptom improvement depending on diagnostic presentation.

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https://doi.org/10.1016/j.smrv.2022.101736

Cognitive-behavioral therapy for insomnia with objective short sleep duration phenotype: A systematic review with meta-analysis.

Dongmei He, Zhiwei Guo, Morgan A. Mcclure, Qiwen Mu, Binghu Jiang

Sleep Medicine Reviews
Volume 67, February 2023, 101736

Cognitive-behavioral therapy for insomnia (CBT-I) has been recommended as the first-line therapy for this condition. However, insomnia disorder with objective short sleep duration (ISS) phenotype is a distinct subtype from insomnia with normal sleep duration (INS) phenotype, and it may have a differential therapeutic response. We searched PubMed, EMBASE, Cochrane Library, and ClinicalTrials.gov using the PICOS principle for studies that examined the efficacy of cognitive-behavioral therapy for those with the ISS phenotype versus the INS phenotype, and identified nine studies with 612 patients with insomnia disorder. This included 270 patients with the ISS phenotype and 342 patients with the INS phenotype. The main outcome was that CBT-I had a better efficacy for the INS phenotype compared with the ISS phenotype, with about 30% higher response and about 20% higher remission. Similar results were indicated in the secondary outcomes. The therapeutic response of the ISS phenotype was significantly different from that of the INS phenotype. In the future, research is needed to clarify how to optimally treat insomnia disorder with the ISS phenotype in prospective randomized clinical trials, and to understand whether decreasing physiologic arousal will be necessary to improve results.

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https://doi.org/10.1093/sleep/zsac251

Cognitive-behavioral therapy for insomnia prevents and alleviates suicidal ideation: insomnia remission is a suicidolytic mechanism.

David A Kalmbach, Philip Cheng, Brian K Ahmedani, Edward L Peterson, Anthony N Reffi, Chaewon Sagong, Grace M Seymour, Melissa K Ruprich, Christopher L Drake

Sleep
Volume 45, Issue 12, December 2022, zsac251

Study Objectives
Insomnia is associated with elevated levels of suicidal thoughts and behaviors. Emerging evidence suggests that cognitive-behavioral therapy for insomnia (CBTI) may reduce suicidal ideation (SI). However, the role of digital therapeutics in both the alleviation and prevention of SI remains unclear, and treatment mechanisms facilitating SI reductions have not been clearly identified.

Methods
A total of 658 adults with Diagnostic and Statistical Manual of Mental Disorders, 5th Edition insomnia disorder enrolled in a single-site randomized controlled trial evaluating the efficacy of digital CBTI relative to attention control. Outcomes were measured at pretreatment, posttreatment, and 1-year follow-up.

Results
Before treatment, 126 patients endorsed SI (19.1% prevalence). Among those with baseline SI, CBTI patients reported lower SI rates at posttreatment (30.0% vs 54.5%, $p = .005$) and 1-year follow-up (29.6% vs 46.8%, $p = .042$) relative to control. PRODCLIN analysis estimated that half of suicidolytic effects of CBTI were mediated through insomnia remission. Among those without baseline SI, CBTI did not directly prevent new onset SI. However, insomnia remitters reported lower rates of new-onset SI at posttreatment relative to non-remitters (1.5% vs 6.5%, $p = .009$). Mediation analysis supported a significant indirect effect wherein CBTI increased the likelihood of insomnia remission, which was associated with SI prevention ($\alpha\beta = -3.20$, 95% CI = −5.74 to −0.87).

Conclusion
Digital CBTI reduces insomnia symptoms, which promotes SI alleviation and prevention. For nonsuicidal patients, digital CBTI may serve as a highly accessible monotherapy for improving sleep, thereby reducing the risk for SI. For suicidal patients, digital CBTI may

be appropriately administered as an adjunct treatment to support mainline intervention more directly targeting suicidogenic thoughts.

See also: Targeting insomnia symptoms as a path to reduction of suicide risk: the role of cognitive behavioral therapy for insomnia (CBT-I) (editorial)

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https://doi.org/10.1093/sleep/zsac203

A comprehensive evaluation of insomnia, obstructive sleep apnea and comorbid insomnia and obstructive sleep apnea in US military personnel.

Vincent Mysliwiec, Matthew S Brock, Kristi E Pruiksma, Casey L Straud, Daniel J Taylor, Shana Hansen, Shannon N Foster, Sara Mithani, Sarah Zwetzig, Kelsi Gerwell, Stacey Young-McCaughan, Tyler Powell, John A Blue Star, Daniel G Cassidy, Jim Mintz, Alan L Peterson on behalf of STRONG STAR Consortium

Sleep
Volume 45, Issue 12, December 2022, zsac203

Study Objectives
The aim of this study was to characterize the sleep disorders of insomnia, obstructive sleep apnea (OSA), and comorbid insomnia and OSA (COMISA) in active duty military personnel.

Methods
Prospective observational study of 309 military personnel with a mean age of 37.17 years (SD = 7.27). Participants served in four branches of the U.S. military (47.9% Air Force, 38.8% Army, 11.3% Navy, and 1.9% Marines). Sleep diagnoses were rendered after video-polysomnography and a clinical evaluation. Validated self-report measures assessed insomnia severity, excessive daytime sleepiness, sleep quality, disruptive nocturnal behaviors, nightmare disorder, shift work disorder (SWD), sleep impairment, fatigue, posttraumatic stress disorder (PTSD) symptoms, anxiety, depression, and traumatic brain injury (TBI). General linear models and Pearson chi-square tests were used for between-group differences in data analyses.

Results
Insomnia was diagnosed in 32.7%, OSA in 30.4% and COMISA in 36.9%. Compared to military personnel with OSA alone, those with insomnia only and COMISA had

significantly greater insomnia severity, disruptive nocturnal behaviors, sleep-related impairment, rates of nightmare disorder, and poorer sleep quality (all Ps < .05). They also reported greater symptoms of fatigue, PTSD, anxiety, and depression (all Ps < .05). There were no significant differences among the three sleep disorder diagnostic groups on sleepiness, SWD, or TBI.

Conclusions
Military personnel with insomnia only and COMISA overall report worsened symptoms of sleep disorders, sleep-related impairment, fatigue, and psychiatric disorders than those with OSA. Results highlight the importance of a comprehensive assessment for sleep-related impairment, sleep, and comorbid disorders in military personnel with clinically significant sleep disturbances.

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Relationship maintenance among military couples.

Knobloch, L. K., Monk, J. K., & MacDermid Wadsworth, S. M.

Journal of Social and Personal Relationships
First published online June 30, 2022

A burgeoning body of research on the relationship maintenance of military couples over the past two decades suggests the time is right to organize, assimilate, and critique the literature. We conducted a systematic review informed by the integrative model of relationship maintenance that considered issues of intersectionality. Our literature search identified 81 relevant journal articles representing 62 unique samples. With respect to theory, 59.3% of the journal articles employed one or more formal theoretical frameworks. In terms of research design, 88.7% of the studies focused on the U.S. military, 83.9% of the studies recruited convenience samples, 54.8% of the studies utilized quantitative methods, and 30.6% of the studies collected longitudinal data. Among the studies reporting sample demographics, 96.8% of participants were married, 77.2% of participants identified as non-Hispanic White, and only one same-sex relationship was represented. Our narrative synthesis integrated findings about relationship maintenance from studies examining (a) relationship maintenance overtly, (b) communicating to stay connected across the deployment cycle, (c) disclosure and protective buffering, (d) support from a partner, (e) dyadic coping, and (f) caregiving and

accommodating a partner's symptoms. We interpret our results with an eye toward advancing theory, research, and practice.

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Longitudinal Associations Among Service Members' PTSD Symptoms, Partner Accommodation, and Partner Distress.

Fredman, S. J., Le, Y., Renshaw, K. D., & Allen, E. S.

Behavior Therapy
Volume 53, Issue 6, November 2022, Pages 1161-1174

Highlights

- Partners accommodate PTSD by changing their behaviors in response to symptoms.
- We investigated links between accommodation and partner distress over time.
- PTSD symptoms predict increases in partner depression through accommodation.
- Partners who accommodate more are more depressed if accommodating to avoid conflict.
- Partners who accommodate more are less relationally satisfied.

Abstract
Romantic partners' accommodation of trauma survivors' posttraumatic stress disorder (PTSD) symptoms (e.g., participating in avoidance and safety behaviors, not expressing one's thoughts and feelings) is a putative mechanism linking PTSD symptoms and partner distress, but this hypothesis has never been empirically tested. The current study investigated this proposed within-couple mediation process from service members' PTSD symptoms to partners' depressive symptoms and relationship satisfaction through partner accommodation, as well as between-couple associations among these constructs and the possible moderating role of partners' conflict avoidance and helplessness (CAH) motivations for accommodating service members' PTSD symptoms. We examined these questions in 272 male service member/female civilian couples assessed four times over an 18-month period using the multiple-group version of the random intercept cross-lagged panel model. Within couples, service members' higher levels of PTSD symptoms at one time point significantly predicted partners being more accommodating at the next time point (βs = .14–.19), which, in turn, significantly

predicted higher levels of partner depressive symptoms at the subsequent time point (βs = .09–.19) but did not predict partners' subsequent relationship satisfaction. At the between-couple level, partner accommodation was significantly positively associated with partners' depressive symptoms only among those endorsing high CAH motivations for accommodation (r = .50). In addition, accommodation was significantly negatively associated with partners' relationship satisfaction regardless of CAH motivation level (rs = −.43 to −.49). These findings are discussed in light of the potential for couple-based treatments for PTSD to enhance partner individual and relational well-being.

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https://doi.org/10.1002/cpp.2810

Patient- and therapist-rated alliance predict improvements in posttraumatic stress disorder symptoms and substance use in integrated treatment.

Tanya C. Saraiya, Amber M. Jarnecke, Alexandria G. Bauer, Delisa G. Brown, Therese Killeen, Sudie E. Back

Clinical Psychology & Psychotherapy
First published: 12 December 2022

Objective
Concurrent Treatment of Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders Using Prolonged Exposure (i.e., COPE) is an efficacious, integrated, psychotherapy that attends to PTSD and substance use disorders simultaneously. No study has examined how therapeutic alliance functions during the provision of COPE and how this compares to non-integrated treatments, such as relapse prevention (RP) for substance use disorders. Understanding the role of alliance in COPE versus RP could inform treatment refinement and ways to enhance treatment outcomes.

Methods
Participants (N = 55 veterans) were randomized to 12, individual, weekly sessions of COPE or RP in a randomized clinical trial. Piecewise linear mixed effect models examined how mid-treatment (1) patient-rated alliance, (2) therapist-rated alliance, and (3) the convergence between patient- and therapist-rated alliance as measured by a difference score predicted reductions in PTSD symptoms and substance use across treatment and follow-up periods.

Results
Both patient- and therapist-rated alliance predicted reductions in PTSD symptoms in COPE. Higher patient-rated alliance predicted lower percent days using substances in RP. Difference score models showed higher patient-rated alliance relative to therapist-rated alliance scores predicted symptom reductions in COPE whereas higher therapist-rated alliance scores relative to patient-rated alliance scores predicted symptom reductions in RP.

Discussion
Preliminary findings show a unique relationship between the rater of the alliance and treatment modalities. Patient-rated alliance may be important in trauma-focused, integrated treatments whereas therapist-rated alliance may be more important in skills-focused, substance use interventions.

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https://doi.org/10.1002/cpp.2815

An Examination of the Heterogeneity of the Relationships between Posttraumatic Stress Disorder, Self-compassion, and Gratitude.

Zoe M. F. Brier, Keith B. Burt, Alison C. Legrand, Matthew Price

Clinical Psychology & Psychotherapy
First published: 12 December 2022

Previous research has found both self-compassion and gratitude to be protective against overall PTSD symptom severity. PTSD is a highly heterogenous disorder, however, and it is unclear if these protective constructs are differentially associated with each cluster of PTSD. The present study examined differences in the association of self-compassion and gratitude with the four clusters of PTSD as indicated by the DSM-5. Participants were 1424 trauma-exposed individuals recruited via Amazon's Mechanical Turk. The mean age of participants was 31.49 (SD = 11.25) years old, and 55.3% of the sample identified as female. A structural equation model (SEM) approach was used to examine relationships between factors of gratitude, self-compassion, and the four PTSD symptom clusters. A two-factor model of self-compassion best fit the data. Both factors of self-compassion and the gratitude factor were significantly associated with all symptom clusters of PTSD. Wald chi-square tests indicated self-compassion and gratitude to have the strongest association with Negative Alterations in Cognitions and Mood (NACM) PTSD symptoms. These findings may have important

implications for treatment targets to reduce specific symptoms of PTSD, particularly in PTSD symptoms related to negative affect.

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Association of Treatment-Resistant Depression With Patient Outcomes and Health Care Resource Utilization in a Population-Wide Study.

Lundberg, J., Cars, T., Lööv, S. Å., Söderling, J., Sundström, J., Tiihonen, J., Leval, A., Gannedahl, A., Björkholm, C., Själin, M., & Hellner, C.

JAMA Psychiatry
December 14, 2022

Key Points
Question
What is the total individual and societal impact of treatment-resistant depression (TRD) and to what extent can TRD be prognosticated at initiation of a major depressive disorder (MDD) episode?

Findings
This cohort study found that, compared with patients with MDD and no TRD episodes, patients with TRD episodes had higher prevalence of psychiatric comorbid conditions, twice the utilization of outpatient health care resources, 3 times the number of inpatient bed-days, and 23% higher all-cause mortality. A prognostic model was constructed for clinical use with some discriminative capacity.

Meaning
Because of the heavy individual and societal burden of TRD, early identification of patients with MDD and high risk of TRD is important for targeting health care efforts.

Abstract
Importance
The totality of the societal and individual impact of treatment-resistant depression (TRD) is unknown, as is the potential to prognosticate TRD. The generalizability of many observational studies on TRD is limited.

Objective
To estimate the burden of TRD in a large population-wide cohort in an area with universal health care by including data from both health care types (psychiatric and nonpsychiatric) and, further, to develop a prognostic model for clinical use.

Design, Setting, and Participants
This cohort study, a population-based observational study, assessed data from the Stockholm MDD Cohort for episodes of major depressive disorder (MDD) between 2010 and 2017 that fulfilled predefined criteria for TRD (≥3 consecutive antidepressant treatments). Data analysis was performed from August 2020 to May 2022.

Main Outcomes and Measures
Outcomes were psychiatric and nonpsychiatric comorbid conditions, antidepressant treatments, health care resource utilization, lost workdays, all-cause mortality, and intentional self-harm and, in the prognostic model, TRD.

Results
A total of 158 169 unipolar MDD episodes (in 145 577 patients) were identified between January 1, 2012, and December 31, 2017 (64.7% women; median [IQR] age, 42 years [30-56]). Of these, 12 793 episodes (11%) fulfilled criteria for TRD. The median (IQR) time from the start of MDD episode to TRD was 552 days (294-932). Selective serotonin reuptake inhibitor was the most common class of antidepressant treatment in all treatment steps, and 5907 patients (46.2%) received psychotherapy at some point before initiation of the third pharmacological antidepressant treatment. Compared with matched non-TRD episodes, TRD episodes had more inpatient bed-days (mean, 3.9 days; 95% CI, 3.6-4.1, vs 1.3 days; 95% CI, 1.2-1.4) and more lost workdays (mean, 132.3 days; 95% CI, 129.5-135.1, vs 58.7 days; 95% CI, 56.8-60.6) 12 months after the index date. Anxiety, stress, sleep disorder, and substance use disorder were all more common comorbid conditions in TRD episodes. Intentional self-harm was more than 4 times more common in TRD episodes. The all-cause mortality rate for patients with MDD with TRD episodes was 10.7/1000 person-years at risk, compared with 8.7/1000 person-years at risk for patients with MDD without TRD episodes (hazard ratio, 1.23; 95% CI, 1.07-1.41). Median time from start of the first antidepressant treatment to start of the second, and from start of the second antidepressant treatment to start of the third, was 165 and 197 days, respectively. The severity of MDD, defined using the self-rating Montgomery-Åsberg Depression Rating Scale (MADRS-S) at time of MDD diagnosis, was found to be the most important prognostic factor for TRD (C index = 0.69).

Conclusions and Relevance
In this cohort study, TRD was a common variant of MDD when including patients from

both health care types, which is associated with a high disease burden for both patients and society. The median time between initiation of new antidepressant treatments was longer than recommended in current treatment guidelines, suggesting room for more structured and timely depression care.

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https://doi.org/10.15288/jsad.22-00011

Does Effectiveness of a Brief Substance Use Treatment Depend on PTSD? An Evaluation of Motivational Enhancement Therapy for Active-Duty Army Personnel.

Kaysen, D., Jaffe, A. E., Shoenberger, B., Walton, T. O., Pierce, A. R., & Walker, D. D.

Journal of Studies on Alcohol and Drugs
2022 Nov; 83(6): 924-933

Objective:
Posttraumatic stress disorder (PTSD) with comorbid substance use disorders (SUDs) has been associated with poorer treatment outcomes. The present study examined associations between provisional PTSD at baseline and 3 months with 6-month treatment outcomes from either a one-session motivational enhancement therapy (MET) or education intervention addressing substance use.

Method:
Secondary analyses were conducted on a randomized clinical trial comparing a novel MET intervention to an educational intervention for Army personnel with SUD who were not engaged in SUD treatment (n = 242; 92.1% male). We compared three groups with complete data on baseline and 3-month provisional PTSD: individuals without provisional PTSD at baseline (n = 98), those with provisional PTSD remitted by 3 months (n = 42), and those with provisional PTSD unremitted at 3 months (n = 53) on alcohol use frequency, quantity, consequences, and related diagnoses.

Results:
Individuals with unremitted provisional PTSD were at increased risk for moderate/severe alcohol use disorder at 6 months relative to those without baseline provisional PTSD (odds ratio = 4.53, p = .007). The effect of MET on drinks per week at 6 months (controlling for baseline) differed with a significant effect of MET for individuals with remitted provisional PTSD (count ratio = 0.41, p = .005).

Conclusions:
Both interventions were effective in reducing drinking even for those with provisional PTSD, although, compared with education, MET had slightly better effects on reducing drinking quantity for those with remitted PTSD. Findings suggest that PTSD remission may serve as an early prognostic indicator of long-term alcohol use changes, or alternatively, delivery of MET during heightened transitory distress may be most effective for reducing alcohol use.

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https://doi.org/10.1016/j.sleh.2022.07.005

The bi-directional relationship between post-traumatic stress disorder and obstructive sleep apnea and/or insomnia in a large U.S. military cohort.

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

Sleep Health
2022 Dec; 8(6): 606-614

Objectives:
Determine if a bi-directional relationship exists between the development of sleep disorders (obstructive sleep apnea [OSA] and/or insomnia) and existing post-traumatic stress disorder (PTSD), and vice versa; and examine military-related factors associated with these potential relationships.

Design:
Longitudinal analyses of a prospective representative U.S. military cohort.

Participants:
Millennium Cohort Study responders in 2011-2013 (Time 1 [T1]) and 2014-2016 (Time 2 [T2]) without insomnia or OSA at T1 (N = 65,915) or without PTSD at T1 (N = 71,256).

Measurements:
Provider-diagnosed OSA, self-reported items for insomnia, provider-diagnosed PTSD, and current PTSD symptoms were assessed at T1 and T2. Adjusted multivariable models identified military-related factors associated with new-onset PTSD in those with OSA and/or insomnia, and vice versa.

Results:
Self-reported history of provider-diagnosed PTSD without current symptoms at T1 was associated with new-onset OSA only and comorbid OSA/insomnia at T2, while current PTSD symptoms and/or diagnosis was associated with new-onset insomnia only. OSA/insomnia at T1 was consistently associated with newly reported PTSD symptoms or diagnosis except that insomnia only was not associated with newly reported provider-diagnosed PTSD. Military-related risk factors significantly associated with the bi-directional relationship for new-onset PTSD or OSA/insomnia included prior deployment with higher combat exposure and recent separation from the military; being an officer was protective for both outcomes.

Conclusions:
In this large military cohort, findings suggest that PTSD and OSA and/or insomnia are bi-directionally predictive for their development, which was sometimes revealed by health care utilization. Relevant military-related risk factors should be considered in efforts to prevent or treat PTSD and/or sleep disorders.

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https://doi.org/10.1002/smi.3153

Changes in perceived stress during the COVID-19 pandemic among American veterans.

Davis, J. P., Prindle, J., Saba, S. K., Tran, D. D., Lee, D. S., Sedano, A., Castro, C. A., & Pedersen, E. R.

Stress and Health
2022 Dec; 38(5): 1014-1028

American veterans are a population that suffer from both context specific stressors as well as many population-specific major-life events. The present exploratory study utilises a longitudinal cohort of 1230 U.S. veterans surveyed from February 2020 through February 2021. We sought to understand heterogeneity in perceived stress, using growth mixture modelling, over this time period, how COVID-specific factors such as negative reactions to the pandemic, loneliness, and employment disruptions influence perceived stress trajectories, and how veterans vary across distal outcomes including posttraumatic stress disorder (PTSD), pain, depression, sleep problems, physical health, and alcohol use disorder. Results revealed a 4-class solution: Stable

High, Stable Low, Steady Increasing, and Steady Decreasing classes. In terms of COVID specific factors, negative reactions to COVID were consistently associated with perceived stress for those in the Stable High and Steady Increasing classes whereas loneliness was associated with stress trajectories for all emergent classes. Finally, in terms of our distal outcomes, results showed a relatively robust pattern with veterans in the Stable High or Steady Increasing classes reporting worse scores across all outcomes including PTSD, pain, sleep problems, physical health, depression, and alcohol use disorder. Understanding the interplay between existing vulnerabilities, ongoing stressors, and behavioural health outcomes among veterans is crucial for prevention and intervention efforts.

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https://doi.org/10.1002/jts.22894

The influence of posttraumatic stress disorder treatment on anxiety sensitivity: Impact of prolonged exposure, sertraline, and their combination.

Matthew T. Luciano, Sonya B. Norman, Carolyn B. Allard, Ron Acierno, Naomi M. Simon, Kristin L. Szuhany, Amanda W. Baker, Murray B. Stein, Brian Martis, Peter W. Tuerk, Sheila A. M. Rauch, for the PROGrESS Study Team

Journal of Traumatic Stress
First published: 30 November 2022

Trauma-informed beliefs often decrease during posttraumatic stress disorder (PTSD) treatment. This may also extend to anxiety sensitivity (AS), defined as a fear of anxiety-related sensations and beliefs that anxiety is dangerous and/or intolerable. However, little is known about how AS changes during exposure-based and psychopharmacological PTSD treatments. Further, high AS may be a risk factor for diminished PTSD symptom improvement and increased treatment dropout. To better understand how AS impacts and is impacted by PTSD treatment, we conducted a secondary analysis of a randomized clinical trial with a sample of 223 veterans (87.0% male, 57.5% White) with PTSD from four U.S. sites. Veterans were randomized to receive prolonged exposure (PE) plus placebo (n = 74), sertraline plus enhanced medication management (n = 74), or PE plus sertraline (n = 75). Veterans answered questions about PTSD symptoms and AS at baseline and 6-, 12-, 24-, 36-, and 52-week follow-ups. High baseline AS was related to high levels of PTSD severity at 24 weeks across all conditions, $\beta = .244$, $p = .013$, but did not predict dropout from exposure-based, $\beta = .077$, $p = .374$, or psychopharmacological therapy, $\beta = .009$, $p = .893$. AS

also significantly decreased across all three treatment arms, with no between-group differences; these reductions were maintained at the 52-week follow-up. These findings suggest that high AS is a risk factor for attenuated PTSD treatment response but also provide evidence that AS can be improved by both PE and an enhanced psychopharmacological intervention for PTSD.

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https://doi.org/10.1016/j.beth.2022.11.005

Systematic Review and Meta-Analysis of Stepped Care Psychological Prevention and Treatment Approaches for Posttraumatic Stress Disorder.

Larissa N. Roberts, Reginald D.V. Nixon

Behavior Therapy
Available online 19 December 2022

Highlights

- Stepped care approaches can potentially increase access to PTSD treatments.
- Twelve studies were included in the systematic review (N = 2,212)
- Stepped care was not superior to other approaches at reducing PTSD in most studies.
- There was some evidence of the cost-effectiveness and acceptability of stepped care.

Abstract
Stepped care approaches have been developed to increase treatment accessibility for individuals with posttraumatic stress disorder (PTSD). However, despite guidelines recommending stepped care, it is currently unclear how the approach compares to other treatments for PTSD in terms of symptom reduction, cost, and client-rated acceptability. We conducted a systematic review and meta-analysis of randomised controlled- and open trials evaluating stepped care prevention (i.e., targeting those with recent trauma exposure at risk of developing PTSD) and treatment approaches for adults and adolescents/children with PTSD. Eight prevention and four treatment studies were included. There was considerable variation in the sample types, stepped approaches and control conditions. Most studies found no significant differences between stepped care (both prevention and treatment) and control (active and usual care) in terms of PTSD severity, loss of PTSD diagnosis, depression severity, and quality of life at the final follow up. There was some evidence to suggest that stepped care was more cost-

effective, and as acceptable or more acceptable compared to controls. Interpretations were tempered by high statistical heterogeneity, risk of bias, and lack of recommended evidence-based treatments. Stepped care can make PTSD treatment more accessible; however, more high-quality research is needed comparing stepped care to active controls.

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https://doi.org/10.1016/j.cpr.2022.102239

Efficacy of psychological interventions for PTSD in distinct populations - An evidence map of meta-analyses using the umbrella review methodology.

Ahlke Kip, Linnéa N. Iseke, Davide Papola, Chiara Gastaldon, ... Nexhmedin Morina

Clinical Psychology Review
Volume 100, March 2023, 102239

We aimed at mapping the meta-analytic evidence base on the efficacy of psychological treatments for posttraumatic stress disorder (PTSD) in specific populations. We conducted a systematic search until January 2022 in MEDLINE, PsycINFO, PTSDpubs, Web of Science, and the Cochrane Database of Systematic Reviews for meta-analyses of randomized controlled trials. We contrasted all eligible meta-analyses irrespective of overlapping datasets to present a comprehensive overview of the state of research. Reporting quality was assessed using the AMSTAR 2 tool and certainty of evidence was assessed using established umbrella review criteria. Nine meta-analyses with distinct adult populations (51 unique trials) and four with children and adolescents (24 unique trials) were included. Reporting quality of meta-analyses was heterogeneous with risk of bias assessment being rated lowest. The certainty of evidence on the efficacy of psychological interventions for adult populations was thoroughly weak because of small samples and large heterogeneity. In war- and conflict-affected youth, the certainty of evidence was suggestive. Our review highlights the need to improve quality of meta-analyses on treatment efficacy for PTSD. More importantly, however, the findings demonstrate the need for new large-scale trials on the efficacy of treatments for PTSD in distinct populations in order to increase certainty of evidence and to identify potential differences in treatment responses.

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https://doi.org/10.1016/j.sleep.2022.11.015

Short sleep duration is associated with a wide variety of medical conditions among United States military service members.

Joseph J. Knapik, John A. Caldwell, Ryan A. Steelman, Daniel W. Trone, ... Harris R. Lieberman

Sleep Medicine
Volume 101, January 2023, Pages 283-295

Highlights

- Prevalence of clinically diagnosed medical conditions (CDMCs) was compared in personnel with ≤4, 5–6 and ≥7 h sleep.
- Service members reported a mean ± standard deviation of 6.3 ± 1.4 h of sleep per day. Shorter sleep duration was associated with higher odds of a medical condition in 25 of 33 CDMCs.
- CDMC with the largest differences between ≤4 vs ≥ 7 h sleep was diseases of the nervous system.
- Six hours of sleep or less was independently associated with several risk factors.

Abstract

Objectives This cross-sectional study investigated self-reported sleep duration and its association with a comprehensive range of clinically-diagnosed medical condition categories (CDMCs), as well as the relationship between short sleep duration (≤6 h) and demographic/lifestyle factors, among United States military service members (SMs).

Methods A stratified random sample of SMs (n = 20,819) completed an online questionnaire on usual daily hours of sleep and demographic/lifestyle characteristics. CDMCs for a six-month period prior to questionnaire completion were obtained from a comprehensive military electronic medical surveillance system and grouped into 33 CDMCs covering both broad and specific medical conditions. Prevalence of CDMCs was compared among three sleep duration categories (≤4, 5–6 and ≥7 h).

Results
SMs reported a mean ± standard deviation of 6.3 ± 1.4 h of sleep per day. After adjustment for demographic/lifestyle characteristics, shorter sleep duration was associated with higher odds of a medical condition in 25 of 33 CDMCs, with most (n = 20) demonstrating a dose-response relationship. The five CDMCs with the largest

differences between ≤4 vs ≥ 7 h sleep were: diseases of the nervous system (odds ratio [OR] = 2.9, 95% confidence interval [95%CI] = 2.4–3.4), mental/behavioral diseases (OR = 2.7, 95%CI = 2.3–3.2), diseases of the musculoskeletal system (OR = 1.9, 95%CI = 1.6–2.1), diseases of the circulatory system (OR = 1.7, 95%CI = 1.3–2.2), and diseases of the digestive system (OR = 1.6, 95%CI = 1.2–2.0). Six hours of sleep or less was independently associated with older age, less formal education, race, Hispanic ethnicity, higher body mass index, smoking, and military service branch.

Conclusions
In this young, physically active population, reporting shorter sleep duration was associated with a higher risk of multiple CDMCs.

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Characterizing Sex Differences in Clinical and Functional Outcomes Among Military Veterans With a Comprehensive Traumatic Brain Injury Evaluation: A Million Veteran Program Study.

Merritt, V. C., Chanfreau-Coffinier, C., Sakamoto, M. S., Jak, A. J., & Delano-Wood, L.

Clinical Psychological Science
First published online November 21, 2022

Using a diverse sample of military veterans enrolled in the Veteran Affairs (VA) Million Veteran Program (N = 14,378; n = 1,361 females [9.5%]; all previously deployed), we examined sex differences on the Comprehensive Traumatic Brain Injury Evaluation (CTBIE), a structured traumatic brain injury (TBI) interview routinely administered in VA health centers. Confirmed TBI diagnoses were more frequent among males than females (65% vs. 58%). In addition, compared with females, a greater proportion of males with CTBIE-confirmed TBI histories experienced blast-related injuries and were employed. In contrast, a greater proportion of females reported experiencing falls, sustaining a TBI since deployment, and having more severe neurobehavioral symptoms (particularly affective-related symptoms). Results indicate that males and females experience differential clinical and functional outcomes in the aftermath of military TBI. Findings underscore the need to increase female representation in TBI research to

increase understanding of sex-specific experiences with TBI and to improve the clinical care targeted to this vulnerable population.

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https://doi.org/10.12788/fp.0330

Medicaid Expansion and Veterans' Reliance on the VA for Depression Care.

Daniel Liaou, MD Patrick N. O'Mahen, PhD Laura A. Petersen, MD, MPH

Federal Practitioner
2022 November; 39(11): 436-444

Background:
In 2001, before the Affordable Care Act (ACA), some states expanded Medicaid coverage to include an array of mental health services, changing veterans' reliance on US Department of Veterans Affairs (VA) services.

Methods:
Using Medicaid and VA administrative data from 1999 to 2006, we used a difference-in-difference design to calculate shifts in veterans' reliance on the VA for depression care in New York and Arizona after the 2 states expanded Medicaid coverage to adults in 2001. Demographically matched, neighbor states Pennsylvania and New Mexico/Nevada were used as paired comparisons, respectively. Fractional logit was used to capture the distribution of inpatient and outpatient depression care utilization between the VA and Medicaid, while ordered logit and negative binomial regressions were applied to model Medicaid-VA dual users and per capita utilization of total depression care services, respectively.

Results:
Medicaid expansion was associated with a 9.50 percentage point (pp) decrease (95% CI, -14.61 to -4.38) in reliance on the VA for inpatient depression care among service-connected veterans and a 13.37 pp decrease (95% CI, -21.12 to -5.61) among income-eligible veterans. For outpatient depression care, VA reliance decreased by 2.19 pp (95% CI, -3.46 to -0.93) among income-eligible veterans. Changes among service-connected veterans were nonsignificant (-0.60 pp; 95% CI, -1.40 to 0.21).

Conclusions:
After Medicaid expansion, veterans shifted depression care away from the VA, with

effects varying by health care setting, income- vs service-related eligibility, and state of residence. Issues of overall cost, care coordination, and clinical outcomes deserve further study in the ACA era of Medicaid expansions.

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Characteristics associated with non-suicidal self-injury among veterans seeking military sexual trauma-related mental healthcare.

Chelsea D. Cawood, Diana C. Bennett, Rebecca K. Lusk, Alisson N.S. Lass, ... Minden B. Sexton

Journal of Psychiatric Research
Volume 157, January 2023, Pages 127-131

Military sexual trauma (MST) is a serious issue among Veterans; it is associated with increased rates of posttraumatic stress disorder (PTSD) and nonsuicidal self-injury (NSSI), both of which are correlated with poorer mental health outcomes, including increased suicide risk. Additional insight into the characteristics associated with NSSI among Veterans with MST can help identify individuals at increased risk for suicide and other negative outcomes and improve care for Veterans with a history of MST. The current study was comprised of 327 Veterans referred for MST-related mental health services at a VHA hospital. Participants completed a semi-structured interview for clinical symptoms, including NSSI behaviors. Results of a retrospective chart review revealed a high endorsement of lifetime NSSI (26.9%) with cutting behaviors identified as the most frequently endorsed method. Logistic regression showed personality features, history of cumulative sexual trauma, and younger age were uniquely related to lifetime NSSI. These results corroborate previous findings that show elevated rates of NSSI among Veterans with exposure to trauma. This study expands upon previous findings by examining risk factors specific to treatment-seeking Veterans with a history of MST, which can aid clinical care and risk management procedures in Veteran healthcare.

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https://doi.org/10.1016/j.jpsychires.2022.11.004

Associations between deployment experiences, safety-related beliefs, and firearm ownership among women Veterans.

Lindsey L. Monteith, Adam R. Kinney, Ryan Holliday, Christin Miller, ... Jeri E. Forster

Journal of Psychiatric Research
Volume 157, January 2023, Pages 72-81

Highlights

- Surveyed 492 post-9/11 women Veterans about deployment and firearm ownership.
- Perceived threat during deployment was associated current firearm ownership.
- Safety beliefs did not mediate relations between deployment experiences & firearms.
- Perceived threat mediated association between combat & current firearm ownership.
- Perceived threat while deployed may be important to women Veterans' firearm access.

Abstract

Introduction

Among women Veterans, firearms are the leading suicide means. This has prompted efforts to elucidate factors associated with women Veterans' firearm ownership. This cross-sectional study examined if deployment experiences were associated with firearm ownership among women Veterans and if safety-related beliefs mediated these associations.

Methods

492 previously deployed post-9/11 women Veterans participated in a national survey that included the Deployment Risk and Resilience Inventory-2, subscales of the Posttraumatic Cognitions Inventory and Posttraumatic Maladaptive Beliefs Scale, and firearm ownership questions. Path analysis was used.

Results

Perceived threat during deployment was associated with firearm ownership, irrespective of safety-related beliefs. Indirect effects did not support that safety-related beliefs mediated relations between deployment experiences and firearm ownership. The other deployment experiences (sexual harassment, sexual assault, general harassment,

combat experiences) were not indirectly associated with firearm ownership, nor were safety-related beliefs (negative cognitions about the world, threat of harm, beliefs about others' reliability and trustworthiness) directly associated with firearm ownership. In an exploratory serial mediation analysis, perceived threat during deployment mediated the association between combat experiences and firearm ownership. In a sensitivity analysis examining firearm acquisition following military service, results were similar, except the indirect effect of combat experiences upon firearm acquisition through perceived threat was not significant.

Conclusion
Post-9/11 women Veterans' firearm acquisition and ownership may relate to specific deployment experiences, such as perceived threat; however, longitudinal studies are needed to fully ascertain this. Efforts to address firearm access among post-9/11 women Veterans may benefit from assessing heightened sense of danger during deployment.

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https://doi.org/10.1080/13811118.2022.2131493

Reporting Ethical Procedures in Suicide Prevention Research: Current Status and Recommendations.

Ryan M. Hill, Zain Hussain, Blake Vieyra & Alexis Gallagher

Archives of Suicide Research
Published online: 22 Nov 2022

Objective
Ethical concerns frequently arise in suicide prevention research regarding participant safety and confidentiality. Despite a substantial literature on managing and navigating ethical concerns in suicide research, little attention has been paid to the reporting of ethical procedures. Furthermore, standard procedures for reporting ethical risk management procedures have not been developed.

Method
A review of the current literature was performed to examine the current state of reporting of ethical procedures within suicide research. Articles published in 2020 (N = 263) from three suicide-focused publications were screened and then coded

(n = 131) to identify reporting of procedures for the ethical conduct of research and suicide risk management steps taken by the research teams.

Results
The majority of articles reported ethical review or approval (84.7%) and reported the use of an informed consent process (77.9%). Only 28.2% included risk mitigation procedures. Of those 29.7% of those articles reported conducting risk evaluation, 66.7% reported resource dissemination, and 51.4% reported an intervention.

Conclusion
As empirical support for brief interventions accrues, suicide prevention researchers should consider establishing standards for the reporting of procedures to ensure the safety of participants with suicidal risk.

Highlights

- Reporting suicide safety protocols helps ensure high ethical standards in research.
- Fewer than 1/3 of articles reviewed reported risk mitigation procedures in 2020.
- Standard procedures for reporting safety protocols in suicide research are needed.

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https://doi.org/10.1080/14659891.2022.2148580

Combat events and negative emotions associated with postdeployment illicit drug use among Army National Guard soldiers.

James Griffith

Journal of Substance Use
Published online: 22 Nov 2022

Background and Study Aim
One of the major health policy issues for the 1.3 million U.S. military personnel who supported combat operations in Iraq and Afghanistan has been their post deployment adjustment, in particular, reservists after having returned and reverted back to their part-time military service. This study provided preliminary estimates of illicit drug use among deployed reserve military personnel and its relationship to combat exposure.

Method
Relying on archived survey data, the present study examined illicit drug use among Army National Guard (ARNG) (N = 4,567 in 50 company-sized units) who had been deployed to Iraq in 2010 and returned recently to home station.

Results
Self-reported illicit drug use was relatively low during post deployment (2.2%) but use was related to specific combat events, such as having seen killed or wounded or having killed and wounded others. Feelings of anger and frustration associated with combat (i.e., experienced trauma, seen wounded or killed, or wounded or killed someone) were predictive of illicit drug use and mediated the relationship of combat events to drug use.

Conclusion
Findings provide a broader understanding of illicit drug use among veterans and suggest preventive strategies for drug use.

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https://doi.org/10.4088/JCP.22m14448

Bad Dreams and Nightmares Preceding Suicidal Behaviors.

Geoffroy, P. A., Borand, R., Ambar Akkaoui, M., Yung, S., Atoui, Y., Fontenoy, E., Maruani, J., & Lejoyeux, M.

The Journal of Clinical Psychiatry
2022 Nov 23; 84(1): 22m14448

Objective:
Nightmares seem to predict suicidal behaviors, and the aim of this study is to explore the chronology and trajectories of alterations in dream contents before a suicidal crisis, distinguishing 3 different experiences: bad dreams, nightmares, and suicidal scenarios during dreams.

Methods:
This naturalistic study included individuals hospitalized between January 2021 and May 2021 in a psychiatric post-emergency room unit for suicidal crisis (thoughts and attempts).

Results: The study observed that 80% (n = 32/40) of patients had altered dreams (AD) before the suicidal crisis, including 27 (67.5%) with bad dreams, 21 (52.5%) with nightmares (bad dreams that awaken the sleeper), and 9 (22.5%) with suicidal scenarios during dreams. No differences were observed between the AD group versus patients with no altered dreams (ND) regarding sociodemographic characteristics. We observed a progression of dream content alterations: bad dreams appear 111 days (4 months) before the suicidal crisis, then nightmares appear 87.3 days before (3 months), and suicidal scenarios during dreams were reported 45.2 days before (1.5 months). For the AD and ND populations in suicidal crisis, 80% had at least 1 subtype of dream alterations, 40% had bad dreams and nightmares, and 17.5% had all 3 subtypes. The AD group, compared to the ND group, had significantly more family history of insomnia (P = .046). Almost all patients (97.5%) had depressive symptoms (Montgomery-Asberg Depression Rating Scale [MADRS] score ≥ 7; 82.5% had moderate to severe symptoms, MADRS ≥ 20), 60% had insomnia (Insomnia Severity Index > 14), 92.5% had altered sleep quality (Pittsburgh Sleep Quality Index > 5), and 57.5% reported sleepiness (Epworth Sleepiness Scale > 10).

Conclusions:
Dream alterations and their progression can be readily assessed and may help to better identify prodromal signs of suicidal behaviors.

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https://doi.org/10.1093/milmed/usac374

A Qualitative Study of the Expectations, Experiences, and Perceptions That Underpin Decisions Regarding PTSD Treatment in Help-seeking Veterans.

Mark Hinton, PhD, Olivia Metcalf, PhD, Tracey Varker, PhD, Greg Roebuck, MD, Violette McGaw, PhD, Loretta Watson, GradDipPsych (Adv), Julia Fredrickson, PhD, Lucinda Johnson, MPH, David Forbes, PhD, Andrea Phelps, PhD, Dzenana Kartal, PhD, Lisa Dell, PhD, Richard Bryant, PhD, Alexander C McFarlane, PhD, Malcolm Hopwood, PhD, Meaghan O'Donnell, PhD

Military Medicine
Published: 26 November 2022

Introduction
A range of evidence-based treatments are available for PTSD. However, many veterans with PTSD do not engage in these treatments. Concurrently, various novel PTSD

treatments with little or no evidence based are increasingly popular among veterans. This qualitative study explored the expectations, experiences, and perceptions of help-seeking veterans with PTSD to improve understanding of how these veterans make treatment decisions.

Materials and Methods
Fifteen treatment-seeking veterans with PTSD participated in the study. Participants took part in semi-structured interviews. Data were analyzed using interpretative phenomenological analysis.

Results
A number of themes and subthemes emerged from the data, providing a detailed account of the factors that influenced participants' treatment decisions. Most participants were in an acute crisis when they made the initial decision to seek treatment for their PTSD. In choosing a specific treatment, they tended to follow recommendations made by other veterans or health professionals or orders or directions from their superiors, health providers, or employers. Few participants actively considered the scientific evidence supporting different treatments. Participants had a strong preference for treatment provided by or involving other veterans. They reported finding PTSD treatments helpful, although some were not convinced of the value of evidence-based treatments specifically. Many participants reported negative experiences with treatment providers.

Conclusions
These findings will inform strategies to improve engagement of veterans in evidence-based PTSD treatments and advance progress toward veteran-centered care.

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https://doi.org/10.1016/j.puhe.2022.10.017

Prevalence of eviction, home foreclosure, and homelessness among low-income US veterans: the National Veteran Homeless and Other Poverty Experiences study.

J. Tsai, D. Hooshyar

Public Health
Volume 213, December 2022, Pages 181-188

Objectives
Housing stability is essential for health and social well-being, and the United States is focused on preventing homelessness among veterans, so this study examined the prevalence of different events related to housing instability among low-income US veterans.

Study design
This was a nationally representative survey.

Methods
Using a sample of 1004 low-income veterans in 2021, this study examined the lifetime prevalence and characteristics associated with eviction, home foreclosure, and homelessness among low-income US veterans.

Results
In the total sample, 10.9% reported a lifetime history of eviction, 8.0% reported a lifetime history of home foreclosure, and 19.9% reported a lifetime history of homelessness. Among those with a history of homelessness, 39.2% also reported a history of eviction, and 13.9% reported a history of home foreclosure. Hierarchical logistic regression analyses found that for eviction, sociodemographic characteristics (e.g. being Hispanic, having private insurance, and being from the Northeast was associated with lower risk of eviction) together explained 26% of the variance, and clinical characteristics explained an incremental 12% additional variance. For homelessness, sociodemographic characteristics explained 18% of the variance, and clinical characteristics explained an incremental 20% (e.g. diagnosis of schizophrenia or bipolar disorder, any history of suicide attempt, and lower physical health scores were associated with higher risk of homelessness). For home foreclosure, sociodemographic, clinical, and psychosocial variables together only explained 14% of the variance.

Conclusion
Evictions, home foreclosures, and homelessness are discrete events and occur at relatively high rates among low-income veterans. In addition, homelessness was more associated with biosocial dysfunction, whereas eviction was more closely associated with socio-economic vulnerability, which may inform intervention efforts for both events.

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Links of Interest

Veterans Find Pain Relief Through Acupuncture
https://www.va.gov/WHOLEHEALTH/features/Veterans_Find_Pain_Relief_Through_Acupun.asp

Swipe right: New social app allows military spouses to connect, create friendships
https://www.stripes.com/theaters/us/2022-12-14/military-spouse-social-network-app-8417707.html

Guard Turns 386 Years Old, But Still Has Growing Pains
https://www.military.com/daily-news/2022/12/13/guard-turns-386-years-old-still-has-growing-pains.html

Discrimination, sex assault are among barriers that prevent more women from serving in special ops forces, watchdog study says
https://www.stripes.com/theaters/us/2022-12-16/special-operations-women-study-pentagon-8445539.html

- Women in Special Operations: Improvements to Policy, Data, and Assessments Needed to Better Understand and Address Career Barriers (GAO)

Yoga's Place in the Military
https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Yogas-Place-in-the-Military

Mental Health is Health Care
https://www.health.mil/News/In-the-Spotlight/Mental-Health-is-Health-Care

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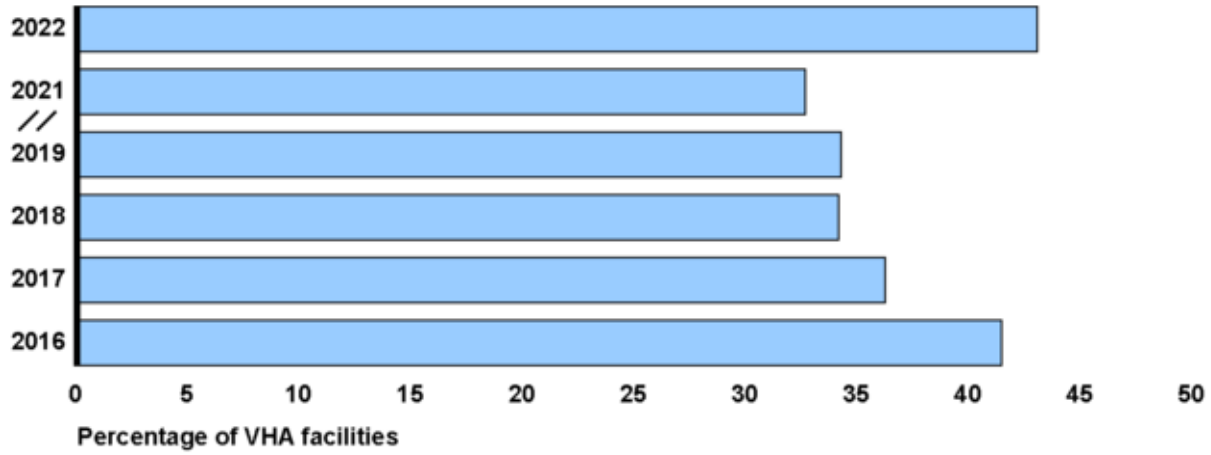
Resource of the Week – Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services

From the Government Accountability Office (GAO):

> With the growing demand for mental health services, Veterans Health Administration facilities must make providers—like psychologists and psychiatrists—available within primary care settings to assess and treat veterans with mild-to-moderate symptoms and conditions, like anxiety or depression.

But persistent staffing issues at some VHA facilities have negatively affected efforts to integrate these services into primary care settings. To address this, some facilities have offered flexible work schedules and provided more technology to reduce workloads. We recommended that VHA evaluate these and other mitigation strategies.



Source: GAO analysis of Veterans Health Administration (VHA) data. | GAO-23-105372

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