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Uniformed Services University

Research Update -- October 3, 2024

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https://doi.org/10.1001/jamapsychiatry.2024.2744

Predicting Suicides Among US Army Soldiers After Leaving Active Service.

Kennedy, C. J., Kearns, J. C., Geraci, J. C., Gildea, S. M., Hwang, I. H., King, A. J., Liu, H., Luedtke, A., Marx, B. P., Papini, S., Petukhova, M. V., Sampson, N. A., Smoller, J. W., Wolock, C. J., Zainal, N. H., Stein, M. B., Ursano, R. J., Wagner, J. R., & Kessler, R. C.

JAMA Psychiatry
September 25, 2024

Key Points
Question
Can suicides after leaving active US Army service be predicted from administrative data available prior to leaving?

Findings
This prognostic study showed that suicides after leaving active service can be predicted with moderate to good accuracy using administrative data available before leaving service. The 10% of soldiers with highest predicted risk accounted for 30.7% to 46.6% of all suicides across horizons.

Meaning
These results demonstrate that this model could facilitate targeted delivery of a high-risk posttransition suicide prevention intervention to soldiers who were identified before leaving active service.

Abstract

Importance

The suicide rate of military servicemembers increases sharply after returning to civilian life. Identifying high-risk servicemembers before they leave service could help target preventive interventions.

Objective

To develop a model based on administrative data for regular US Army soldiers that can predict suicides 1 to 120 months after leaving active service.

Design, Setting, and Participants

In this prognostic study, a consolidated administrative database was created for all regular US Army soldiers who left service from 2010 through 2019. Machine learning models were trained to predict suicides over the next 1 to 120 months in a random 70% training sample. Validation was implemented in the remaining 30%. Data were analyzed from March 2023 through March 2024.

Main outcome and measures

The outcome was suicide in the National Death Index. Predictors came from administrative records available before leaving service on sociodemographics, Army career characteristics, psychopathologic risk factors, indicators of physical health, social networks and supports, and stressors.

Results

Of the 800 579 soldiers in the cohort (84.9% male; median [IQR] age at discharge, 26 [23-33] years), 2084 suicides had occurred as of December 31, 2019 (51.6 per 100 000 person-years). A lasso model assuming consistent slopes over time discriminated as well over all but the shortest risk horizons as more complex stacked generalization ensemble machine learning models. Test sample area under the receiver operating characteristic curve ranged from 0.87 (SE = 0.06) for suicides in the first month after leaving service to 0.72 (SE = 0.003) for suicides over 120 months. The 10% of soldiers with highest predicted risk accounted for between 30.7% (SE = 1.8) and 46.6% (SE = 6.6) of all suicides across horizons. Calibration was for the most part better for the lasso model than the super learner model (both estimated over 120-month horizons.) Net benefit of a model-informed prevention strategy was positive compared with intervene-with-all or intervene-with-none strategies over a range of plausible intervention thresholds. Sociodemographics, Army career characteristics, and psychopathologic risk factors were the most important classes of predictors.

Conclusions and relevance
These results demonstrated that a model based on administrative variables available at the time of leaving active Army service can predict suicides with meaningful accuracy over the subsequent decade. However, final determination of cost-effectiveness would require information beyond the scope of this report about intervention content, costs, and effects over relevant horizons in relation to the monetary value placed on preventing suicides.

See also: [Actualizing Military Suicide Prevention Through Digital Health Modernization](#) (editorial)

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Suicidal Ideation and Suicide Attempts After Direct or Indirect Psychotherapy: A Systematic Review and Meta-Analysis.

van Ballegooijen, W., Rawee, J., Palantza, C., Miguel, C., Harrer, M., Cristea, I., de Winter, R., Gilissen, R., Eikelenboom, M., Beekman, A., & Cuijpers, P.

Key Points
Question
What are the effects of suicide-focused (direct) and other (indirect) psychotherapies on suicidal ideation and suicide attempts?

Findings
In this systematic review and meta-analysis of 147 studies comprising 193 comparisons and 11 001 participants, direct and indirect interventions were associated with significant reductions in suicidal ideation and suicide attempts.

Meaning
The findings suggest that both direct and indirect psychotherapies can be used to reduce the severity of suicidal ideation and risk of suicide attempts.

Abstract

Importance

Suicidal ideation and suicide attempts are debilitating mental health problems that are often treated with indirect psychotherapy (ie, psychotherapy that focuses on other mental health problems, such as depression or personality disorders). The effects of direct and indirect psychotherapy on suicidal ideation have not yet been examined in a meta-analysis, and several trials have been published since a previous meta-analysis examined the effect size of direct and indirect psychotherapy on suicide attempts.

Objective

To investigate the effect sizes of direct and indirect psychotherapy on suicidal ideation and the incidence of suicide attempts.

Data Sources

PubMed, Embase, PsycInfo, Web of Science, Scopus, and the Cochrane Central Register of Controlled Trials were searched for articles published up until April 1, 2023.

Study Selection

Randomized clinical trials of psychotherapy for any mental health problem, delivered in any setting, compared with any control group, and reporting suicidal ideation or suicide attempts were included. Studies measuring suicidal ideation with 1 item were excluded.

Data Extraction and Synthesis

PRISMA guidelines were followed. Summary data were extracted by 2 independent researchers and pooled using 3-level meta-analyses.

Main Outcomes and Measures

Hedges g was pooled for suicidal ideation and relative risk (RR) was pooled for suicide attempts.

Results

Of 15 006 studies identified, 147 comprising 193 comparisons and 11 001 participants were included. Direct and indirect psychotherapy conditions were associated with reduced suicidal ideation (direct: g, −0.39; 95% CI, −0.53 to −0.24; I2, 83.2; indirect: g, −0.30; 95% CI, −0.42 to −0.18; I2, 52.2). Direct and indirect psychotherapy conditions were also associated with reduced suicide attempts (direct: RR, 0.72; 95% CI, 0.62 to 0.84; I2, 40.5; indirect: RR, 0.68; 95% CI, 0.48 to 0.95; I2, 0). Sensitivity analyses largely confirmed these results.

Conclusions and Relevance
Direct and indirect interventions had similar effect sizes for reducing suicidal ideation and suicide attempts. Suicide prevention strategies could make greater use of indirect treatments to provide effective interventions for people who would not likely seek treatment for suicidal ideation or self-harm.

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https://doi.org/10.1016/S2468-2667(24)00157-9

Restriction of access to means used for suicide.

Hawton, K., Knipe, D., & Pirkis, J.

The Lancet
Published September 9, 2024

One of the most effective public health measures to prevent suicide is the restriction of access to means used in suicidal acts. This approach can be especially effective if a method is common and readily accessible. Suicide methods vary widely, and there have been several examples where means restriction has been applied, often with considerable success. Factors contributing to availability of suicide methods can include access to physical means as well as cognitive awareness of methods. In this paper, which is the second in a Series on a public health approach to suicide prevention, we focus primarily on examples of restricting access to physical means of suicide, such as pesticides, firearms, and medication. We also discuss restricting the cognitive availability of means through attention to media and other representations of suicide methods. There are challenges associated with restricting access to means, including resistance to measures required to change the availability of some methods (which might, in part, be commercially determined) and method substitution, whereby one suicide method is replaced by another. Nevertheless, means restriction must be an integral part of all national and local suicide prevention strategies.

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https://doi.org/10.1037/ser0000836

Examining veterans' preferences for how to deliver couples-based treatments for posttraumatic stress disorder: Home-based telehealth or in-person?

Wells, S. Y., Knopp, K., Ponzini, G. T., Kehle-Forbes, S. M., Gomez, R. M., Morland, L. A., Dedert, E., Jackson, G. L., & Grubbs, K. M.

Understanding the modality by which veterans prefer to receive couples-based posttraumatic stress disorder (PTSD) treatment (i.e., home-based telehealth, in-person) may increase engagement in PTSD psychotherapy. This study aimed to understand veterans' preferred modality for couples-based PTSD treatments, individual factors associated with preference, and reasons for their preference. One hundred sixty-six veterans completed a baseline assessment as part of a clinical trial. Measures included a closed- and open-ended treatment preference questionnaire, as well as demographics, clinical symptoms, functioning, and relational measures, such as relationship satisfaction. Descriptive statistics and correlations examined factors associated with preference. An open-ended question querying veterans' reasons for their preferred modality was coded to identify themes. Though veterans as a group had no clear modality preference (51% preferring home-based telehealth and 49% preferring in-person treatment), veterans consistently expressed high levels of preference strength in the modality they chose. The presence of children in the home was associated with stronger preference for home-based telehealth. Veterans who preferred in-person care found it to be more credible and had more positive treatment expectancies. Veterans who preferred home-based telehealth believed it was flexible and increased access to care. For both preference groups, veterans' preferred modality was viewed as facilitating interpersonal relations and being more comfortable than the alternative modality. Veterans expressed strong preference for receiving their desired treatment modality for couples-based PTSD treatment. Results suggest that it is important to offer multiple treatment delivery options in couples-based PTSD treatment and matching couples to their preferred modality supports individualized, patient-centered care. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement
Approximately half of veterans prefer to receive couples-based posttraumatic stress disorder (PTSD) treatment in person, and half prefer home-based telehealth. Veterans' preferences for receiving their care are strong. Multiple options to deliver care should be available to veterans to allow matching veterans with their preferred delivery modality to promote patient-centered care. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

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A Mixed-Methods Study to Evaluate Family Planning Desires and Barriers to Building Families Among Gay, Bisexual, and Lesbian Cisgender Military Service Members.

David Boedeker, USAF, MC, Kiley Hunkler, MC, USA, Peter Lindner, USAF, MC, Keeley Phillips, MC, USN, Micah Hill, MC, USA, Torie Plowden, MC, USA, Rebekah Cole, PhD

Introduction
Barriers to seeking infertility care for lesbian, gay, bisexual, transgender, intersex, queer/questioning, and asexual (LGBTIQA+) individuals are well documented in the literature. However, little is known about military LGBTIQA+ service members seeking infertility care within the Military Health System. Approximately 6.1% of active duty U.S. service members across all branches identify as LGBTIQA+, which underscores the need for a deeper understanding of the needs of this community to support and retain service members. We therefore sought to describe the lived experiences of lesbian and gay cisgender service members in building their families in order to understand their family-building desires and potential barriers to seeking infertility care.

Materials and Methods
We developed a survey to investigate the impact of military service on family planning. After Institutional Review Board approval, we distributed the survey throughout Walter Reed National Military Medical Center's obstetrics and gynecology clinic and posted the survey on multiple open and closed social media pages for LGBTIQA+ service members. We reported descriptive statistics of our survey and compared binary variables using the Fisher exact test. Following completion of this survey, participants could self-select to participate in semi-structured interviews.

Results
Sixty-eight respondents completed our survey and self-identified as either cis-male (n = 28) or cis-female (n = 40). Most respondents (67.9% cis-males, 92.5% cis-females) plan to build their families during their military commitment; however, approximately half (50.0% cis-male, 42.5% cis-female) reported a lack of support in this endeavor. Many respondents were unaware of resources that would assist in the pursuit of donor egg,

donor sperm, or surrogacy (78.6% cis-males, 50.0% cis-females). Thirty-six participants elected to complete a follow-up interview. After coding the interviews, 5 themes emerged: (1) barriers to initiating care; (2) institutional barriers within the military; (3) political barriers; (4) knowledge sharing; and (5) implicit and explicit bias.

Conclusions
Our results suggest significant barriers to LGBTIQA+ service members seeking infertility care. Overall, LGBTIQA+ service members did not feel supported by the military in building their families. Although the military has expanded access to infertility services, efforts to raise awareness and build support for LGBTIQA+ service members are warranted.

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Confronting moral injury across health systems: Enhancing medical social workers' resilience and well-being.

Fantus, S., Cole, R., Thomas, L., & Usset, T. J.

Research has demonstrated that encounters of potentially moral injurious events (PMIEs) may result in longstanding psychological trauma that impact healthcare workers' mental health and well-being. In this paper, we explore strategies to alleviate PMIEs for medical social workers. In-depth semi-structured interviews (30–60 min) were conducted with medical social workers (n = 75) across the state of Texas. Supported by directed content analysis, textual data were coded and categorised to finalize emerging themes. Findings demonstrate that multilevel strategies ought to be implemented into daily healthcare practice. PMIEs that impact frontline healthcare delivery can be alleviated by having formal and informal support systems (e.g., mentorship, supervision, counselling) as well as honest and transparent interprofessional collaborative care to facilitate psychological team safety. PMIEs across the healthcare organisation, perhaps due to internal policies and practices, may be reduced by implementing educational initiatives and building ethical workplace cultures that serve to explicitly reduce stigma associated with mental health and enhance worker well-being. PMIEs that derive from macro-level social policies (e.g., insurance, health disparities) may be alleviated by instituting patient advocacy initiatives and dismantling systems of oppression to lessen

psychological stress and trauma. Hospital leadership ought to understand how the United States healthcare industry triggers PMIEs across the healthcare workforce. Multi-tiered practices and policies that addresses frontline delivery care, leadership and administrative responsibilities, and the healthcare industry can enhance psychologically safe workplaces and elicit macro-level institutional reform in how health systems function. These findings have important implications for healthcare policy makers, practitioners, educators, and researchers to inform future research and practice development.

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Posttraumatic Stress Disorder Symptom Clusters, Exposure to Potentially Morally Injurious Events, and Aggression Among Army Veterans.

Potik, D., Einat, T., & Idisis, Y.

Objective
Very few studies have examined the association between posttraumatic stress disorder (PTSD) symptom clusters and aggression since the change in PTSD diagnosis criteria a decade ago. Furthermore, these studies have used measures based on PTSD criteria of the DSM-IV. The current study therefore examines the association between PTSD symptom clusters, exposure to potentially morally injurious events (PMIEs), and various types of aggression following the change in PTSD criteria and in accordance with the criteria of the DSM-5-TR.

Method
A sample of 167 Israeli combat veterans completed validated self-report questionnaires tapping PTSD symptoms, exposure to PMIEs, and aggression levels.

Results
Our analysis revealed a significant positive relationship between the number of court-martials, betrayal-based PMIEs, all PTSD symptom clusters, and aggression. We also found that the arousal cluster, as well as the number of court-martials and age, predicted aggression, whereas the re-experiencing cluster predicted lower aggression levels.

Conclusion

Besides an updated understanding of the association between all PTSD symptom clusters and various forms of aggression, these findings emphasize the importance of targeting arousal symptoms and especially anger in treatment of veterans with PTSD symptoms and those who report experiences of betrayal. The findings also suggest clinicians to consider arousal symptoms, age, and history of court-martials when conducting either clinical or actuarial risk assessments of veterans.

Summary
- All PTSD symptom clusters are associated with aggression, but only the arousal cluster predicts aggression.
- PMIE-betrayal is associated with overall aggression and also with anger, hostility, and verbal aggression.
- Clinicians who want to either identify risk factors in veterans or conduct clinical or actuarial risk assessments of violence among this population should pay attention to arousal symptoms as well as to age and court-martials.

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https://doi.org/10.11124/JBIES-21-00403

Experiences of adult patients living with depression-related insomnia: a qualitative systematic review protocol.

Kristiansen, S. T., Videbech, P., Kragh, M., Sigaard, K. R., Lyhne, C. N., Larsen, E. R., & Bjerrum, M.

Objective:
The objective of this review was to identify and synthesize the best available evidence on how adult patients experience living with depression-related insomnia, and their experiences related to pharmacological and non-pharmacological interventions aimed at improving sleep.

Introduction:
Insomnia affects 80% to 90% of patients with depression. The costs of insomnia are considerable for the individual and society alike. To understand the role and

consequences of insomnia for an individual with depression and to optimize sleep interventions, an in-depth understanding of patients' experiences is needed. Therefore, this review addresses how adult patients experience living with depression-related insomnia, along with the experiences of pharmacological and non-pharmacological sleep interventions among patients with depression-related insomnia.

Inclusion criteria:
Studies focusing on adult patients aged 18 years and older with a diagnosis of depression who had experiences with insomnia and pharmacological and/or non-pharmacological sleep interventions were included. All studies with qualitative research findings from inpatient and outpatient populations were considered.

Methods:
The following databases were searched: MEDLINE (PubMed), Embase (Elsevier), CINAHL (EBSCOhost), PsycINFO (ProQuest), Cochrane CENTRAL, SveMed+, Scopus, and Web of Science Core Collection. Google Scholar and ProQuest Dissertations and Theses were searched for eligible dissertations and theses. The searches were conducted on May 3–5, 2022, and updated on June 13–19, 2023. Studies published in English, Danish, German, Norwegian, and Swedish were considered. Databases were searched from their inception to the search date. All studies were screened against the inclusion criteria and critically and independently appraised by 2 reviewers for methodological quality. Findings were pooled using meta-aggregation, and a ConQual Summary of Findings was created.

Results:
Ten qualitative studies were included. The studies were conducted in 6 countries and counted a total of 176 participants. In all, 127 findings were extracted and aggregated into 11 categories. From the 11 categories, 3 synthesized findings were developed: 1) Disruption of sleep challenges coping with everyday life by depleting both physical and mental resources; 2) Sleep is an escape and a protective factor against suicide; and 3) Choices, support, and personalized interventions from non-pharmacological approaches addressing depression-related insomnia are valued.

Conclusions:
This review underlined the relationship between depression-related insomnia, its profound impact on individuals' lives, and the value of non-pharmacological sleep interventions to address these issues. Specifically, the study revealed the physical and emotional consequences of insomnia while emphasizing how wakefulness during night hours may exacerbate feelings of loneliness and vulnerability to negative thoughts and suicide. Moreover, it provides an overview of patients' experiences of non-

pharmacological approaches to address depression-related insomnia and highlights their diverse treatment experiences and preferences.

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Scoping review of the role of social support in women veterans' psychosocial and health outcomes.

Shaw, R., Pengelly, C., Crinnin, C., Amina, E., Wutz, A. V., & King, P. R.

Women veterans are a steadily growing population and have unique military experiences (e.g., report high rates of sexual harassment and assault) that are impactful across the lifespan. High levels of positive social support have been linked to a range of positive outcomes in both civilian and military populations. However, research has not consistently explored social support and interpersonal functioning in women veterans, or as potential mechanisms of change within interventions for women veterans. This is a scoping review of peer-reviewed articles that evaluated social support. Articles with at least 10% women or formally evaluated sex or gender in reference to social support were included. A total of 69 studies evaluated social support in relation to women veterans' health outcomes. From a biopsychosocial perspective, social support is an important construct to examine relative to health care engagement and response. Limited research considered aging women veterans needs or focused on the intersectional identities of women veterans. Positive social support can have major physical and mental health benefits, yet limited research and disparate methodological approaches minimize the ability to draw conclusions on how social support can best be leveraged to support women veterans. Women veterans' roles and military experiences (e.g., increased likelihood of combat exposure) are changing and this population is aging. Research is needed to inform best practices for this growing segment of the veteran population.

PUBLIC SIGNIFICANCE STATEMENT
Women veterans are a growing population with unique military experiences and post-service health needs. Positive social support can have major physical and mental health benefits, however unique effects of women veterans' social support have been understudied particularly with regards to the impact over the lifespan. This review

summarizes the state of literature on social support in women veterans, describes relationships among social support and mental and physical health outcomes, and highlights implications for future research, intervention, and prevention work.

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Insomnia and unhealthy alcohol use in a National Sample of Women Veterans 50 years and older enrolled in the Veterans Health Administration.

Tighe, C. A., Quinn, D. A., Boudreaux-Kelly, M., Atchison, K., & Bachrach, R. L.

In this study, we examined rates of insomnia and co-occurring unhealthy alcohol use in a national sample of women Veterans age 50 years and older. We further explored associations between sociodemographic measures, insomnia-related clinical characteristics, and unhealthy alcohol use, and analyzed whether women with insomnia were more likely to report unhealthy alcohol use. Study aims were evaluated using national Veterans Health Administration (VA) electronic health records data from VA's Corporate Data Warehouse. Data were extracted for women Veterans ≥50 years old with ≥1 VA primary care visit in each study year (2018: 3/11/18–3/10/19; 2020: 3/11/20–3/10/21; 2022: 3/11/22–3/10/23). Cases of insomnia were identified via diagnostic codes and prescription medications for insomnia. Unhealthy alcohol use was identified via Alcohol Use Disorders Identification Test-Consumption screening scores indicating unhealthy alcohol use. Annual sample sizes ranged from 240,420–302,047. Over the study timeframe, insomnia rates (diagnosis or medication) among women ≥50 years old ranged from 18.11–19.29%; co-occurring insomnia and unhealthy alcohol use rates ranged from 2.02–2.52%. Insomnia and unhealthy alcohol use rates were highest among women aged 50–59 years old. Depression and physical health comorbidities were consistently associated with insomnia; associations by race and ethnicity were less consistent. Compared to women without insomnia, women Veterans with either concurrent or unremitting insomnia were more likely to endorse unhealthy alcohol use. Findings signal a potential need for assessment and preventative efforts aimed at addressing insomnia and unhealthy alcohol use among women Veterans.

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Personal Circumstances Preceding Firearm Suicide Death Among Black Adults in the United States.

Goldstein, E.V.

Despite an alarming rise in firearm suicide rates within Black communities, there has been little research on the contributors that precede firearm suicide deaths among Black adults. To fill this knowledge gap, this study was guided by an overarching research question: What are the recurring and salient personal circumstances experienced by Black adults prior to dying by firearm suicide in the US? This basic, interpretive qualitative study analyzed narrative text data for 843 Black adult firearm suicide decedents from the National Violent Death Reporting System. The analysis began with an initial cycle of open coding, followed by a second coding cycle, organizing the circumstances into major categories using a focused coding process. The analysis then moved back and forth between description and interpretation, and major themes were developed. Five themes emerged from this analysis: (1) Decedents often experienced poor health prior to death — but not always poor mental health. (2) Romantic relationships were often deteriorating, leading to frequent interpersonal arguments. (3) Alcohol and substance use were common before a suicide attempt. (4) Decedents frequently experienced financial and legal difficulties prior to death. (5) Decedents had many pathways to accessing firearms, and limiting firearm availability before death was challenging. Additional research on potential intervention pathways will be critical, given recent evidence indicating dramatic increases in firearm ownership among Black adults over the past 5 years.

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Primary Care Management of Sleep Disturbances Associated With Concussion/Mild Traumatic Brain Injury in Service Members and Veterans.

Gold, J. M., Gano, A. L., McKinney, G. L., & Wickwire, E. M.

Objective:
To develop an evidence and consensus-based clinical recommendation (CR) regarding primary care management of insufficient and disturbed sleep associated with concussion/mild traumatic brain injury (mTBI) in service members and veterans.

Participants:
A multidisciplinary expert working group (EWG) of 23 subject matter experts was selected by the Defense Health Agency (DHA) Traumatic Brain Injury Center of Excellence (TBICoE), based on relevant expertise and experience, from candidates nominated by DHA communities of interest.

Evidence:
The TBICoE core working group (CWG) conducted a literature search using PubMed and Google Scholar databases for articles relevant to sleep and mTBI from 2014 to 2018. Resulting studies were reviewed by the CWG, and questions addressing gaps in the literature were formulated.

Consensus Process:
Questions addressing gaps in the literature were distributed to the EWG, and consensus was achieved over the course of 5 online meetings. Based on the available evidence and EWG consensus, TBICoE developed a draft of the clinical recommendations and submitted it to the EWG for review and feedback. Feedback was adjudicated by TBICoE, and areas of nonconsensus were addressed via email utilizing a modified Delphi method.

Conclusion:
The evidence and EWG agree that addressing sleep early following mTBI is imperative to promoting recovery and preventing chronic mTBI symptoms, maladaptive sleep behaviors, and chronic sleep disorders.

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Links of Interest

Dr. Lorenzo McFarland on anniversary of Don't Ask, Don't Tell repeal
https://news.va.gov/134958/dr-lorenzo-mcfarland-on-anniversary-of-dont-ask-dont-tell-repeal/

A beginner's guide to Veteran homelessness
https://news.va.gov/134737/a-beginners-guide-to-veteran-homelessness/

DoD Commits $500 Million for Women's Health Research, Supports Better Care for All Women
https://www.defense.gov/News/Releases/Release/Article/3913913/dod-commits-500-million-for-womens-health-research-supports-better-care-for-all/

Army's new 'female' medical simulators teach medics not to 'hesitate'
https://taskandpurpose.com/history/army-female-simulators-medic-training/

Financial complaints by US military community climb nearly 100% in 2 years, report finds
https://www.stripes.com/theaters/us/2024-09-25/consumer-financial-protection-bureau-report-15296786.html

Special operations forces face hurdles to DOD program for civilian transition, report says
https://www.stripes.com/theaters/us/2024-09-27/special-operations-tap-dod-15318533.html
- Transition to Civilian Life: Additional Data Analysis and Reporting Would Improve Special Operations Forces Experiences [Reissued with revisions on Sep. 30, 2024]

Not Your Grandfather's National Guard
https://www.afcea.org/signal-media/cyber-edge/not-your-grandfathers-national-guard

US military spouses in Spain gain right to remote work, but some employers wary of agreement
https://www.stripes.com/theaters/europe/2024-10-01/military-spouses-remote-work-spain-15368791.html

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Resource of the Week: [Office of Servicemember](#) [Affairs Annual Report](#)

From the U.S. Consumer Financial Protection Bureau:

> The Office of Servicemember Affairs' annual report covers the top financial concerns facing servicemembers, veterans, and military families, based on the complaints they submitted to the CFPB. Servicemembers told the CFPB about issues they were having when trying to contact or get help from their federal student loan servicer. The report also highlights other areas of concern in student lending such as transcript withholding and fraud and scams.

CONSUMER FINANCIAL PROTECTION BUREAU | SEPTEMBER 2024

Office of Servicemember
Affairs Annual Report

January – December 2023

cfpb Consumer Financial
Protection Bureau
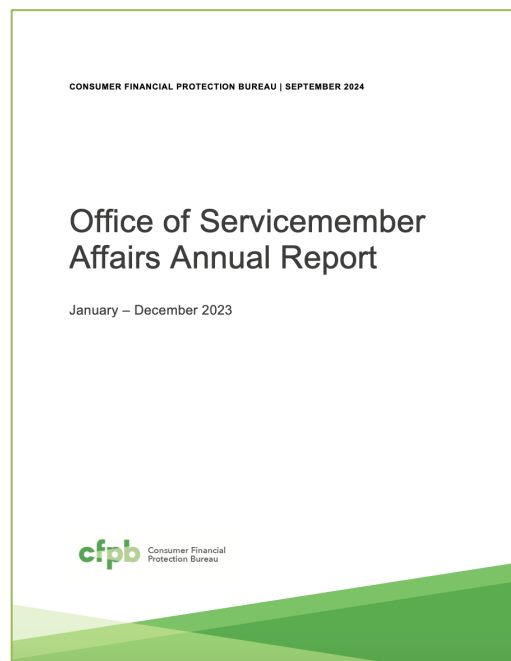
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Henry M. Jackson Foundation for the Advancement of Military Medicine