

# CDP



## Research Update -- December 5, 2024

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<https://doi.org/10.15241/rc.14.1.83>

### **Military Spouses' Perceptions of Their Resilience.**

Cole, Rebekah; Ward, Christine; Quintana, Taqueena; Burgin, Elizabeth

The Professional Counselor  
Vol. 14, Iss. 1, (2024): 83-99

This qualitative study used a transcendental phenomenological approach, which focuses on understanding participants' subjective lived experiences and minimizing researchers' assumptions, to explore 8 active-duty military spouses' perceptions of resilience. In semistructured interviews, spouses were asked to define resilience and discuss perceptions of their own resilience and resilience within the military culture. 6 themes were identified. Spouses collectively defined resilience as an individualized process of persevering through difficulties. To be resilient for their families when difficulties arose, spouses relied on their individual strength as well as the collective strength of the military spouse community.

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<https://doi.org/10.1001/jamapsychiatry.2024.3596>

### **Ending Unequal Treatment for People With Behavioral Health Conditions. (Viewpoint)**

Shim, R. S., & Alegría, M.

JAMA Psychiatry  
November 20, 2024

In 2003, the Institute of Medicine released a groundbreaking report entitled "[Unequal Treatment: Confronting Racial Bias and Ethnic Disparities in Health Care](#)." The report provided extensive scientific evidence of the pervasive nature of racial and ethnic disparities in health care. Twenty years later, the National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality tasked the National Academies of Sciences, Engineering, and Medicine with updating the report to identify the progress made toward achieving equity. As behavioral health practitioners who served on this

consensus committee, we sought to ensure that mental health issues were central to the work of the updated report entitled “[Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All.](#)” Here, we summarize the report’s main recommendations, focusing on its implications for achieving equity in mental health outcomes.

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<https://doi.org/10.1016/j.amepre.2024.07.021>

## **Cannabis Use, Use Disorder, and Workplace Absenteeism in the U.S., 2021–2022.**

Kevin H. Yang, Letitia Mueller, Omar El-Shahawy, Joseph J. Palamar

American Journal of Preventive Medicine  
Volume 67, Issue 6, December 2024, Pages 803-810

### Introduction

Cannabis use and cannabis use disorder (CUD) are associated with adverse psychosocial outcomes, but their impact on workplace absenteeism remains poorly understood. Moreover, few studies have examined the role of CUD severity. This study aims to address these gaps by examining the associations between cannabis use recency, frequency, CUD severity, and workplace absenteeism.

### Methods

Cross-sectional data from a U.S. representative sample of full-time employed adults aged  $\geq 18$  from the 2021 to 2022 National Survey on Drug Use and Health (N=46,499) were analyzed. The associations between cannabis use recency, past-month cannabis use frequency, CUD severity, and workplace absenteeism (measured by self-reported number of missed days due to illness/injury and skipped work in the last 30 days) were evaluated using negative binomial regression, adjusting for sociodemographic characteristics and other substance use. Data were analyzed in 2023–2024.

### Results

An estimated 15.9% of full-time employed adults used cannabis in the past month, with 6.5% meeting CUD criteria. Past-month cannabis use (compared to no lifetime use), more frequent past-month cannabis use (compared to no use in the past month), and each level of CUD (compared to no CUD) were associated with increased incidence of both missing work due to illness/injury and skipping work, with a dose-response relationship observed between CUD severity and skipping work (mild: adjusted incident

rate ratio [aIRR]=1.60 [95% confidence interval [CI]=1.24, 2.08]; moderate: aIRR=1.98 [95% CI=1.50, 2.61]); severe (aIRR=2.87 [95% CI=2.12, 3.88]).

## Conclusions

Individuals with recent and frequent cannabis use and CUD are disproportionately prone to workplace absenteeism. Results support the enforcement of workplace drug prevention and treatment policies.

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<https://doi.org/10.1001/jamanetworkopen.2024.29630>

## Data-Driven Cutoff Selection for the Patient Health Questionnaire-9 Depression Screening Tool.

Levis, B., Bhandari, P. M., Neupane, D., Fan, S., Sun, Y., He, C., Wu, Y., Krishnan, A., Negeri, Z., Imran, M., Rice, D. B., Riehm, K. E., Azar, M., Levis, A. W., Boruff, J., Cuijpers, P., Gilbody, S., Ioannidis, J. P. A., Kloda, L. A., Patten, S. B., ... Depression Screening Data (DEPRESSD) PHQ Group

JAMA Network Open  
November 22, 2024

## Key Points

### Question

Does data-driven optimal cutoff score selection in Patient Health Questionnaire-9 (PHQ-9) screening accuracy studies generate cutoff scores that diverge from the population-level cutoff score and overstate accuracy?

### Findings

In this study of cross-sectional data from 100 primary studies including 44 503 participants, the optimal PHQ-9 scores identified varied from the population-level optimal cutoff score, and PHQ-9 screening accuracy was exaggerated. As sample size increased, overestimation of sensitivity decreased, while specificity remained within 1 percentage point.

### Meaning

Findings of this study suggest that users of diagnostic accuracy evidence should evaluate studies of accuracy with caution and ensure that cutoff score

recommendations are based on adequately powered research or well-conducted meta-analyses.

## Abstract

### Importance

Test accuracy studies often use small datasets to simultaneously select an optimal cutoff score that maximizes test accuracy and generate accuracy estimates.

### Objective

To evaluate the degree to which using data-driven methods to simultaneously select an optimal Patient Health Questionnaire-9 (PHQ-9) cutoff score and estimate accuracy yields (1) optimal cutoff scores that differ from the population-level optimal cutoff score and (2) biased accuracy estimates.

### Design, Setting, and Participants

This study used cross-sectional data from an existing individual participant data meta-analysis (IPDMA) database on PHQ-9 screening accuracy to represent a hypothetical population. Studies in the IPDMA database compared participant PHQ-9 scores with a major depression classification. From the IPDMA population, 1000 studies of 100, 200, 500, and 1000 participants each were resampled.

### Main Outcomes and Measures

For the full IPDMA population and each simulated study, an optimal cutoff score was selected by maximizing the Youden index. Accuracy estimates for optimal cutoff scores in simulated studies were compared with accuracy in the full population.

### Results

The IPDMA database included 100 primary studies with 44 503 participants (4541 [10%] cases of major depression). The population-level optimal cutoff score was 8 or higher. Optimal cutoff scores in simulated studies ranged from 2 or higher to 21 or higher in samples of 100 participants and 5 or higher to 11 or higher in samples of 1000 participants. The percentage of simulated studies that identified the true optimal cutoff score of 8 or higher was 17% for samples of 100 participants and 33% for samples of 1000 participants. Compared with estimates for a cutoff score of 8 or higher in the population, sensitivity was overestimated by 6.4 (95% CI, 5.7-7.1) percentage points in samples of 100 participants, 4.9 (95% CI, 4.3-5.5) percentage points in samples of 200 participants, 2.2 (95% CI, 1.8-2.6) percentage points in samples of 500 participants, and 1.8 (95% CI, 1.5-2.1) percentage points in samples of 1000 participants. Specificity was within 1 percentage point across sample sizes.

## Conclusions and Relevance

This study of cross-sectional data found that optimal cutoff scores and accuracy estimates differed substantially from population values when data-driven methods were used to simultaneously identify an optimal cutoff score and estimate accuracy. Users of diagnostic accuracy evidence should evaluate studies of accuracy with caution and ensure that cutoff score recommendations are based on adequately powered research or well-conducted meta-analyses.

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<https://doi.org/10.1001/jamapsychiatry.2024.3409>

## **Grief-Specific Cognitive Behavioral Therapy vs Present-Centered Therapy: A Randomized Clinical Trial.**

Rosner, R., Rau, J., Kersting, A., Rief, W., Steil, R., Rummel, A. M., Vogel, A., & Comtesse, H.

JAMA Psychiatry  
November 13, 2024

### Key Points

#### Question

Is integrative cognitive behavioral therapy for prolonged grief (PG-CBT) more effective than present-centered therapy (PCT) in patients with prolonged grief disorder (PGD)?

#### Findings

In a multicenter randomized clinical trial with 212 participants, PG-CBT resulted in greater improvement in blinded rater-assessed PGD severity after treatment, but at follow-up, this effect was only visible on a trend level. PG-CBT was superior at follow-up in terms of reductions in self-reported comorbid symptoms.

#### Meaning

Both treatments were shown to be effective and acceptable, showing the potential for dissemination and increasing patient choice.

### Abstract

#### Importance

Prolonged grief disorder (PGD) is included as a new diagnosis in international

classification systems. Treatments following a cognitive behavioral model are most effective, but comparisons with active control treatments are scarce.

### Objective

To examine whether integrative cognitive behavioral therapy for prolonged grief (PG-CBT) is superior to present-centered therapy (PCT).

### Design, Setting, and Participants

This was a rater-blinded, multicenter, randomized clinical trial (stratified by center and relationship to the deceased) with enrollment from April 2017 to May 2022. The setting included 4 university outpatient clinics in Germany. Eligible participants were aged 18 to 75 years and had PGD based on the Prolonged Grief Disorder 13 (PG-13) interview. Participants were randomized 1:1 to PG-CBT and PCT.

### Interventions

PG-CBT focused on the exposure to the worst moment of the loss and cognitive restructuring of grief-related cognitions in combination with solution-focused and experiential methods (eg, walk to the grave exercise). PCT was adapted in session length and number to PG-CBT and focused on a supportive relationship and coping with daily problems that may have arisen from the loss or grief symptoms.

### Main Outcomes and Measures

All outcomes were assessed at baseline, after treatment, and 12 months after randomization at follow-up. The primary outcome was a blinded assessment of the PG-13 severity score at follow-up. Secondary outcomes were self-reported depressive, somatic, and overall psychopathological symptoms.

### Results

Of 544 treatment-seeking individuals experiencing bereavement, 212 eligible participants (mean [SD] age, 51.8 [13.3] years; 173 female [82%]) with PGD based on the PG-13 interview were randomized to PG-CBT and PCT ( $n = 106$  in each condition). In the intention-to-treat analysis, both treatments yielded high reductions in PGD severity at follow-up (PG-CBT: Cohen  $d = 1.64$ ; 95% CI, 1.31-1.97; PCT: Cohen  $d = 1.38$ ; 95% CI, 1.09-1.66). After treatment, participants receiving PG-CBT demonstrated significantly greater reductions in PGD severity than those receiving PCT (Cohen  $d = 0.31$ ; 95% CI, 0.03-0.57). At follow-up, this effect was only visible on a trend level (Cohen  $d = 0.28$ ; 95% CI, -0.02 to 0.57), whereas participants in the PG-CBT group had significantly less depressive and general psychopathological symptoms. Twenty-three participants (20%) discontinued PG-CBT treatment, and 17 participants (16%) discontinued PCT.



## Conclusion and Relevance

This randomized clinical trial demonstrates that PG-CBT was superior to PCT after treatment and at follow-up with regard to comorbid symptoms. Both treatments were shown to be effective and acceptable, showing the potential for dissemination and increasing patient choice.

## Trial registration

German Clinical Trials Register (DRKS) identifier: [DRKS00012317](https://www.drks.de/DRKS00012317)

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<https://doi.org/10.1016/j.profnurs.2024.07.008>

## **Knowledge, Attitudes, Confidence, and comfort of Nurses and Nursing Students Caring for Military Veterans and Their Families.**

Brenda Elliott, Deborah L. Sikes, Katie A. Chargualaf, Barbara Patterson, ... Myrna L. Armstrong

Journal of Professional Nursing

Volume 54, September–October 2024, Pages 228-233

## Background

National initiatives such as 'Joining Forces' and the 'Have you ever served in the military?' campaign increased awareness of the needs of the military and veteran population. Yet, empirical evidence suggests that nurses and other healthcare providers continue to report insufficient cultural competency, as well as knowledge and awareness of unique healthcare needs to provide optimal care to this population.

## Purposes

The study purposes were to explore nurses' and nursing students' knowledge, attitudes, confidence, and comfort levels to care for veterans and their family, identify potential factors associated with these outcome measures, and examine the relationships between knowledge, attitudes, confidence, and comfort.

## Method

A quantitative, cross-sectional study design guided an online survey of 153 respondents. The military and veteran family cultural competency model provided a theoretical foundation.

## Findings

Overall, the confidence in skills and abilities, and comfort levels on addressing military culture, providing care, and discussing health issues increases as participants' gain knowledge and awareness of the military. Having an immediate family member(s) who served in the military was a significant factor related to confidence.

## Implications

Nursing students and nurses in practice need education aimed at addressing the veteran care competencies, specifically military/veteran culture.

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<https://doi.org/10.1007/s10826-024-02910-2>

## **How the COVID-19 Pandemic Influenced Veteran Parents' Harsh Parenting: Do Parental PTSD and Parental Role Matter?**

Xiafei Wang, Choyang L. Sherpa, Lisette R. Piera-Tyree, Brooks B. Gump, Kenneth J. Marfilius, Jennifer C. Genovese, Carrie J. Smith & Jacqueline Allen

Journal of Child and Family Studies  
Volume 33, pages 3081–3092, (2024)

## Abstract

Prior studies show a heightened risk of child maltreatment during the COVID-19 pandemic because of financial difficulties and parenting stress, but little is known about what happened to the veteran families. This study aimed to examine the influences of the COVID-19 pandemic on veteran parents' harsh parenting – creating a potential for child maltreatment. Further, we explored the potential moderating effects of parental PTSD and parental role on the association between COVID-19 impacts and veteran harsh parenting. We recruited 509 veteran parents from Qualtrics online research panel and assessed the impacts of the COVID-19 pandemic (e.g., perceived threat, financial and psychological impacts) on the participants, parental PTSD, and parents' past year prevalence of corporal punishment and psychological aggression. We used Mplus 8.8 to build main models, two-way moderation models, and three-way moderation models. There was a significant association between COVID-19 pandemic impacts and harsh parenting (Corporal punishment:  $\beta = 0.09$ ,  $p < 0.05$ ; Psychological aggression:  $\beta = 0.10$ ,  $p < 0.05$ ), while parental PTSD was a significant moderator (Corporal punishment:  $\beta = 0.10$ ,  $p < 0.05$ ; Psychological aggression:  $\beta = 0.08$ ,  $p < 0.05$ ). Parents with higher levels of PTSD were more vulnerable to the negative influences of COVID-19 on their

harsh parenting. However, the association between COVID-19 pandemic impacts and harsh parenting did not differ by parental role. Our study findings contribute to the current knowledge of veteran families during the COVID-19 pandemic and provide implications for both Veteran Affairs services and child protective services.

## Highlights

- Veteran parents are especially vulnerable during the pandemic because their military experiences have already profoundly affected their behavioral health, such as PTSD.
- We examined the influences of the COVID-19 pandemic on veteran parents' harsh parenting.
- Veteran parents with higher levels of PTSD were more vulnerable to the negative influences of COVID-19 on their harsh parenting.
- Veteran fathers endorsed more corporal punishment than veteran mothers during the COVID-19 pandemic, but the association between COVID-19 pandemic impacts and harsh parenting did not differ by parental role.
- Research with a large survey data needs to be conducted to explain gender difference in harsh parenting during the pandemic.

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<https://doi.org/10.1136/military-2022-002281>

## **The relationship between sleep, pain, and musculoskeletal injuries in US Army Soldiers.**

Ritland, B. M., Judkins, J. L., Naylor, J. A., Kardouni, J. R., Pasiakos, S. M., & Jayne, J. M.

BMJ Military Health

Online issue publication: November 25, 2024

### Introduction:

The purpose of this study was to investigate the relationship between sleep and pain in military personnel and to determine if metrics of sleep and pain intensity differ between the injured and uninjured in this population.

### Methods:

Active-duty US Army Soldiers (n=308; 26.8±6.5 years, 82% male) from the 2nd Infantry

Division, Joint Base Lewis-McChord, Washington, and 101st Airborne Division, Fort Campbell, Kentucky, completed the Pittsburgh Sleep Quality Index (PSQI), Epworth Sleepiness Scale (ESS), and questionnaires about current musculoskeletal injuries and pain intensity (0=no pain to 10=worst imaginable pain). Pearson correlation coefficients were used to assess the association between pain and sleep. Differences in sleep and pain between injured and uninjured participants were determined using an analysis of covariance.

#### Results:

Pain intensity was positively correlated with sleep quality (global PSQI score,  $r=0.337$ ,  $p<0.001$ ) and daytime sleepiness (ESS score,  $r=0.163$ ,  $p=0.005$ ), and negatively associated with sleep duration ( $r=-0.118$ ,  $p=0.039$ ). Injured participants accounted for 37.7% ( $n=116$ ) of the study population. Injured participants reported greater pain intensity ( $3.7\pm 2.5$  vs  $1.3\pm 1.9$ ,  $p<0.001$ ), were older ( $28.5\pm 7.4$  years vs  $25.8\pm 5.7$  years,  $p=0.001$ ) and in the service longer ( $6.3\pm 6.3$  years vs  $4.6\pm 4.7$  years,  $p=0.013$ ) than uninjured participants. Injured participants had higher global PSQI scores ( $9.0\pm 4.1$  vs  $6.4\pm 3.4$ ,  $p<0.001$ ), including each of the seven PSQI components (all  $p<0.050$ ), and reported sleeping less per night than uninjured participants ( $5.7\pm 1.3$  hours vs  $6.1\pm 1.2$  hours,  $p=0.026$ ).

#### Conclusion:

These data demonstrate that pain intensity is associated with sleep in active-duty US Army Soldiers and that those who report a musculoskeletal injury, regardless of age and time in service, report poorer sleep

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<https://doi.org/10.1080/21635781.2024.2328369>

### **The relationship of risk-related behaviors and substance use among U.S. Army National Guard/Army Reserve soldiers and deployment differences.**

Arif, M., Hoopsick, R. A., Homish, D. L., & Homish, G. G.

Journal of Military Social Work and Behavioral Health Services  
2024; 12(1), 96–107

U.S. Army National Guard and Army Reserve (ANG/USAR) soldiers are at risk for substance use, and research in other populations suggests risk-related behaviors and traits affect the propensity for use. Less is known about how deployment might amplify

these effects. Our research explored the relations between risk-related behaviors and substance use among ANG/USAR soldiers and investigated differences by deployment (previously vs. never deployed). We drew a subset of data from Operation: SAFETY, an ongoing study of ANG/USAR soldiers and their partners (married/living together as if married). Cross-sectional regression models examined domains of risk (i.e., risk perception, risk-taking/impulsivity, sensation-seeking) and substance use (any current drug use, current non-medical use of prescription drugs, current illicit drug use, alcohol problems, and frequent heavy drinking [FHD]). Final models controlled for age, sex, anger, and PTSD. Interaction terms between risk behaviors and deployment status on substance use were also noted. Results revealed that greater risk perception was significantly associated with a lower likelihood of and protective against FHD. Greater risk-taking/impulsivity was associated with a higher likelihood of any current drug use and alcohol problems. Additionally, interaction models suggest that non-deployed soldiers at every level of risk-taking/impulsivity had a consistently high likelihood of illicit drug use overall. Sensation-seeking was not associated with any outcome. Findings demonstrate that greater risk-taking/impulsivity was associated with substance use, and never deployed/non-deployed ANG/USAR soldiers might be more vulnerable. Our work can help inform substance use interventions in the military by highlighting the role and impact of risk-related behaviors and non-deployment.

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<https://doi.org/10.1007/s11920-024-01531-2>

### **Ageism in the Mental Health Setting.**

Dix, E., Van Dyck, L., Adeyemo, S., Blazek, M., Lehmann, S. W., Singh, E., & Wilkins, K.

Current Psychiatry Reports  
Volume 26, pages 583–590, (2024)

#### **Purpose of Review**

This paper summarizes the prevalence, impact, and presentation of ageism across multiple mental health care settings including inpatient, outpatient, long-term care, and criminal justice. Strategies for combating ageism are described.

#### **Recent Findings**

Ageism is a common form of bias that has deleterious medical and psychosocial consequences for older adults. Ageism manifests in a variety of ways in mental health

settings. Clinical, educational, and public policy strategies are recommended to combat ageism in mental health settings.

### Summary

Ageism remains pervasive in society and in mental health care settings. Ageism impacts healthcare trainees, healthcare providers, healthcare systems, and older adults themselves. Age-friendly practices and strategies for combating ageism exist and need broader dissemination.

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<https://doi.org/10.1136/military-2022-002155>

## **Effectiveness of treatments for symptoms of post-trauma related guilt, shame and anger in military and civilian populations: a systematic review.**

Serfioti, D., Murphy, D., Greenberg, N., & Williamson, V.

BMJ Military Health  
2024; 170: 519-528

### Introduction

Individuals who have been exposed to a traumatic event can develop profound feelings of guilt, shame and anger. Yet, studies of treatments for post-traumatic stress disorder (PTSD) have largely investigated changes in PTSD symptoms relating to a sense of ongoing fear or threat and the effectiveness of such treatments for post-trauma related guilt, shame or anger symptom reduction is comparatively not well understood.

### Methods

This review systematically examined the effectiveness of existing treatment approaches for three symptoms associated with exposure to traumatic events: guilt, shame and anger. Studies included had to be published after 2010 with a sample size of n=50 or greater to ensure stable treatment outcome estimates.

### Results

15 studies were included, consisting of both civilian and (ex-) military population samples exposed to a wide range of traumatic events (eg, combat-related, sexual abuse). Findings indicated a moderate strength of evidence that both cognitive-based and exposure-based treatments are similarly effective in reducing symptoms. Cognitive-based treatments were found to effectively reduce post-trauma related guilt and anger,

while exposure-based treatments appeared effective for post-trauma related guilt, shame and anger.

### Conclusions

The findings suggest the importance of confronting and discussing the traumatic event during therapy, rather than using less directive treatments (eg, supportive counselling). Nonetheless, while these results are promising, firm conclusions regarding the comparative effectiveness and long-term impact of these treatments could not be drawn due to insufficient evidence. Further empirical research is needed to examine populations exposed to traumatic events and investigate which treatment approaches (or combination thereof) are more effective in the long-term.

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<https://doi.org/10.1016/j.amepre.2024.11.011>

### **Association between receipt of a continuum of supportive housing services and mortality among Veterans with experience of housing instability.**

Ann Elizabeth Montgomery, Kalea C. Jones, Gala True, Aerin deRussy, Joshua S. Richman, Melissa E. Dichter, John R. Blosnich

American Journal of Preventive Medicine

Available online 29 November 2024

### Introduction

Veterans face elevated risk of suicide and homelessness, with housing instability being a significant, independent risk factor among this population. Addressing housing instability through primary, secondary, and tertiary prevention services is crucial for improving health and mortality outcomes, though research remains limited. The objective of this study is to assess the association between receipt of primary, secondary, and tertiary homelessness prevention services and risk of suicide and all-cause mortality among Veterans within 24 months of experiencing housing instability.

### Methods

Data were extracted from national U.S. Department of Veterans Affairs (VA) electronic health records (EHR), 2014–2019, and mortality data from National Death Index. Logistic regressions conducted in 2024 modeled suicide and all-cause mortality using a time-discrete survival framework with person-month as the unit of analysis. Cohort included 662,682 Veterans with indicators of housing instability in EHR.

## Results

Veterans who received homeless services across the three levels of public health prevention had reduced odds of suicide compared to non-participants while Veterans exiting these programs had higher odds of suicide (p-value ranges  $<.001 - 0.05$ ). Consistent results were found for all-cause mortality.

## Conclusions

Continued receipt of services to address housing instability is associated with reduced mortality risk. Exiting programs to address housing instability may be a vulnerable period for Veterans, and investment in homelessness prevention is crucial to reduce mortality and improve outcomes among Veterans. Ongoing support is essential to mitigate risks associated with program exit.

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<https://doi.org/10.1016/j.amepre.2024.11.015>

## **Suicides and Overdoses at Work: Census of Fatal Occupational Injuries, 2011-2022.**

Hope M. Tiesman, Scott Hendricks

American Journal of Preventive Medicine  
Available online 30 November 2024

## Introduction

The worsening life expectancy of middle-aged white Americans due to suicides and substance overdoses has been hypothesized to be caused by various societal conditions. Work is a social determinant of health, but its role in this demographic shift has not been examined. This article describes the characteristics and trends of suicides and overdose fatalities occurring in U.S. workplaces among all workers between 2011 and 2022.

## Methods

Data originated from the Census of Fatal Occupational Injury database. Fatality rates were calculated using the Current Population Survey. Fatality rates were calculated and compared among demographic and occupational groups. Annual rates were modeled with a first order auto-regressive linear regression to account for serial correlation. Analyses were conducted in 2023-2024.



## Results

Between 2011 and 2022, the rate of workplace overdose fatality rates increased from 0.05 per 100,000 workers to 0.33 - an increase of 560%. Workplace suicide rates were relatively stable (0.19 per 100,000 to 0.17). Most industries and occupations experienced significant increases in workplace overdose rates and non-significant decreases in workplace suicide rates. The largest workplace overdose rates occurred in the Transportation & Warehousing industry (0.47, 95% CI=0.27-0.67) and Farming, Fishing, & Forestry occupations (0.68, 95% CI=0.27-1.08).

## Conclusions

Fatal workplace suicides and substance overdoses have different trends and impact industries, occupations, and demographic groups differently. The rise in workplace overdoses deserve immediate attention.

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<https://doi.org/10.1111/jsr.14207>

## **Sleep health among US Navy afloat versus ashore personnel in the Millennium Cohort Study.**

Jacobson, I. G., Harbertson, J., Sharifian, N., Rull, R. P., Steele, C. T., & Russell, D. W.

Journal of Sleep Research

Volume 33, Issue 6, December 2024, e14207

Despite emerging public concern regarding the sleep health of military personnel over the past two decades, there remains a dearth of research examining sleep health among naval personnel assigned to sea duty. This study examined sleep metrics (e.g. fatigue, short sleep duration) and mental (e.g. posttraumatic stress disorder, depression) and physical health (e.g. type 2 diabetes, bodily pain) outcomes among naval personnel with recent sea duty (i.e. afloat) compared with naval personnel with recent shore duty (i.e. ashore). Prevalence ratios and mean differences for all outcomes were estimated and adjusted for demographic and military variables, and subsequently stratified by obesity. Sleep metrics were similar between afloat and ashore sailors except for short sleep duration, while sailors with recent shore duty had poorer physical health compared with those with recent sea duty. Stratified analyses suggested naval personnel with obesity had a higher proportion of nearly all adverse sleep-related health outcomes than those without obesity. Among participants without obesity, afloat

personnel were more likely to report very short sleep ( $\leq 5$  hours) and fewer hours of average nightly sleep, but were less likely to report physical health outcomes compared with ashore personnel. These findings suggest potential differences in sleep metrics and sleep-related health outcomes between afloat and ashore naval personnel. Additional research examining sleep outcomes using more objective measures is required to further investigate these findings, which may inform strategies to foster consolidated sleep despite environmental and occupational challenges in order to maintain high-performing naval personnel.

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<https://doi.org/10.1016/j.copsyc.2024.101936>

**A review of current and proposed behavioral nudge strategies to improve the readiness of the United States military.**

Tucker, R. P., Capron, D. W., Trachik, B., Mangini, E. J., Osgood, J., Morton, J., & Bauer, B. W.

Current Opinion in Psychology  
Volume 60, December 2024, 101936

This review discusses findings on the use of behavioral nudges in both the Canadian and U.S. military. To date, most of this research has focused on improving recruitment and healthy eating behaviors in military personnel. The current review also highlights important areas of future research, focusing on the role behavioral nudges could potentially play in curbing three pressing issues in the U.S. military: 1) recruitment, 2) health-related readiness of the military, and 3) suicide prevention. The review concludes with an overview of unique challenges this work may face in the military context as well as unique resources available for this research and implementation not likely accessible in civilian communities.

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<https://doi.org/10.1037/ser0000894>

**A qualitative study of special operations forces chaplaincy teams' relationship building for suicide prevention, intervention, and postvention.**

Lee-Tauler, S. Y., Grammer, J., Ekman, E., LaCroix, J., & Ghahramanlou-Holloway, M.

Psychological Services  
2024; 21(4), 797–810

The U.S. special operations forces (SOF) contribute to a range of complex missions and experience high operational tempo, which may result in heightened professional and personal stressors. Those who are experiencing stressors may be reluctant to seek professional mental health services due to career concerns. The chaplaincy community is at the forefront of bearing and responding to the pain of others including those at risk for suicide. As a formative step to developing a tailored suicide prevention curriculum for the U.S. SOF religious support teams (RSTs), we sought to understand SOF RSTs' common strategies for suicide prevention, intervention, and postvention. We conducted confidential interviews with SOF RSTs via telephone and in person. We used an inductive thematic analysis to code a total of 57 transcripts. SOF RSTs prominently expressed that building relationships with SOF community members was foundational to their suicide prevention, intervention, and postvention practices: (a) Suicide prevention involved being available and cultivating a community of insiders who can provide resources as needed prior to crisis escalation; (b) Suicide intervention involved listening and responding to suicide risk and building autonomy for a suicidal SOF member to seek outside help; (c) Suicide postvention involved reaching out to suicide-loss survivors and grieving together through memorial services. The salient theme of building relationships points to opportunities to capitalize on RSTs' social connections and to enhance skills and resources for military suicide prevention, intervention, and postvention practices. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1089/jwh.2023.1010>

### **Incidence and Predictors of Postpartum Depression Diagnoses among Active-Duty U.S. Army Soldiers.**

Wu, S., Kaplan, J., Trautwein, M. L., Nelson, D. A., Duong, A., Woolaway-Bickel, K., Shaw, J. G., Shaw, K. A., & Kurina, L. M.

Journal of Women's Health  
Published Online: 2 December 2024

Introduction:

Understanding the incidence and predictors of postpartum depression (PPD) among

active-duty service members is critical given the importance of this population and its unique stressors.

#### Methods:

We conducted a retrospective cohort study of all active-duty U.S. Army soldiers with a record of at least one live-birth delivery between January 2012 and December 2013. Multivariate logistic regression models were used to estimate associations between demographic, health-related, and military-specific variables and diagnoses of PPD in the total population (N = 4,178) as well as in a subpopulation without a record of depression before delivery (N = 3,615).

#### Results:

The overall incidence of PPD diagnoses was 15.9% (N = 664 cases) among the total population and 10.4% (N = 376 cases) among those without prior depression. Statistically significant predictors of PPD in the adjusted model included lower pay grade, a higher number of prior deployments, a higher number of child dependents, tobacco use, and a history of depression or anxiety before or during pregnancy. For soldiers without a history of depression, lower pay grade, and a history of anxiety before or during pregnancy were significantly associated with PPD.

#### Conclusions:

Knowing the predictors of overall and novel onset PPD diagnoses in this population could help establish clearer guidelines on PPD prevention, screening, management, and return to duty.

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<https://doi.org/10.1037/ser0000850>

### **Posttraumatic cognitions about the self are associated with depression symptoms in veterans endorsing a history of assaultive military sexual trauma.**

Fernando, M., Schubert, J. R., Valentine, L. M., Koch, E. I., & Sexton, M. B.

Psychological Services  
2024; 21(4), 834–839

Depressive symptoms are a commonly observed yet understudied mental health sequelae of military sexual trauma (MST). Prior research supports the relationship between negative posttraumatic cognitions (NPCs) and the onset and course of trauma

symptoms more broadly. We hypothesized that NPCs would be associated with depression symptoms in veterans endorsing a history of MST, specifically assaultive type MST. Our clinical sample included veterans presenting for treatment related to assaultive MST (N = 158; 70.9% female, 65.2% White, 27.8% Black). Participants completed self-report measures of posttraumatic stress disorder (PTSD), depression, and NPCs during intake at a Veteran's Affairs specialty trauma clinic. Linear regressions were used to analyze the association between NPCs and depression symptoms controlling for PTSD symptom severity. PTSD severity and NPCs about the self were significantly associated with depression symptoms, explaining 46% of the variance severity,  $F(4, 153) = 33.16$ ,  $R^2 = .46$ ,  $p < .001$ . These findings newly demonstrate a relationship between NPCs about the self and depression in veterans with a history of MST. Clinicians may benefit from incorporating cognitive interventions into preexisting depression treatments to directly address NPCs in this population. Future study is needed to determine how these results may extend to other forms of MST or trauma types. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1093/milmed/usae539>

## **Assessing Attention-Deficit/Hyperactivity Disorder in Post-9/11 Veterans: Prevalence, Measurement Correspondence, and Comorbidity With Posttraumatic Stress Disorder.**

Knight, A. R., Kim, S., Currao, A., Lebas, A., Nowak, M. K., Milberg, W. P., & Fortier, C. B.

Military Medicine

Published: 28 November 2024

### Introduction

Attention-deficit/hyperactivity disorder (ADHD) is common among Veterans but overlapping symptoms with other prevalent psychiatric disorders (e.g., posttraumatic stress disorder [PTSD]) complicate diagnosis. This study aims to (1) assess the prevalence of ADHD, (2) evaluate the correspondence between ADHD self-report measures, and (3) examine the association between ADHD and PTSD in a sample of combat-deployed post-9/11 Veterans.

### Materials and Methods

A total of 332 combat-deployed post-9/11 Veterans from VA Boston Healthcare System

completed the Clinician-Administered PTSD Rating Scale, 2 ADHD self-report questionnaires (Wender Utah Rating Scale–25 and the Adult ADHD Self-Report Scale v1.1), and report of the presence/absence of a historical ADHD diagnosis. Attention-deficit/hyperactivity disorder status via Wender Utah Rating Scale ([WURS-25] criterion standard) was compared to historical ADHD diagnosis and the ASRSv.1.1 screener. Log-binomial regression models assessed the relationship between ADHD and PTSD. This study was reviewed and approved by the VA Boston Institutional Review Board.

## Results

In all, 12.7% of the sample met criteria for ADHD per the WURS-25. The WURS-25 demonstrated poor sensitivity with historical ADHD diagnosis (27.7%) but adequate specificity (90.3%). Poor sensitivity (60.7%) and specificity (60.8%) were observed between the WURS-25 and the ASRS-v.1.1. The prevalence of ADHD was 2.5 times as high for Veterans with a history of PTSD (Prevalence Ratio [PR] = 2.53, 95% CI: 1.11, 7.28) and over twice as high for those with current PTSD (PR = 2.19, 95% CI: 1.17, 4.38).

## Conclusions

Attention-deficit/hyperactivity disorder is prevalent in this sample of Veterans and is associated with an increased risk of current and lifetime PTSD. The low correspondence across self-report ADHD measures illustrates the complexity of assessing ADHD in this highly comorbid population. When evaluating ADHD in Veterans, clinicians should carefully consider alternative and contributory symptom etiologies, such as PTSD, to ensure accurate diagnosis and treatment.

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<https://doi.org/10.3390/bs14111103>

## **Intensive Treatment of Chronic Pain and PTSD: The PATRIOT Program.**

Otis, J. D., Comer, J. S., Keane, T. M., Checko Scioli, E., & Pincus, D. B.

Behavioral Sciences

Published: 16 November 2024

Military combat can result in the need for comprehensive care related to both physical and psychological trauma, most commonly chronic pain and post-traumatic stress disorder (PTSD). These conditions tend to co-occur and result in high levels of distress and interference in everyday life. Thus, it is imperative to develop effective, time-

efficient treatments for these conditions before they become chronic and resistant to change. We developed and pilot-tested the Pain and Trauma Intensive Outpatient Treatment (PATRIOT) Program, a brief, intensive (3 weeks, six sessions) integrated chronic pain and PTSD treatment. An overview and session-by-session outline of the PATRIOT Program is provided, followed by results from the first pilot evaluation of the PATRIOT Program's feasibility, acceptability, and preliminary efficacy in a sample of eight participating Veterans with comorbid chronic pain and PTSD. There were no treatment dropouts. At post-treatment, there were significant reductions in PTSD symptoms based on the Clinician-Administered Assessment of PTSD (CAPS). Pain and catastrophic thinking also decreased from pre- to post-treatment. With continued investigations and support, the PATRIOT Program may offer a brief, cost-effective, and more easily accessible treatment option for individuals who could benefit from learning skills to manage pain and PTSD more effectively.

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<https://doi.org/10.3390/bs14111040>

## **The Impact of Relationships Within Combat Units on Post-Deployment Suicide Risk.**

Sher L.

Behavioral Sciences

Published: 5 November 2024

Multiple deployment factors may affect suicidality in combat veterans. The relationships between combat deployments and suicidality are complex and not completely understood. Studies of stress in the military and psychological effects of military actions are mostly focused on stressors relating to combat operations. However, many studies suggest that interactions within combat units affect post-deployment psychiatric conditions, suicidal ideation, and behavior. The goal of this article is to review and discuss how relationships within combat units may influence post-deployment suicide risk. Studies of the relationships within combat units are generally focused on two aspects: unit cohesion and harassment/abuse. Considerable evidence suggests that service members who report strong unit cohesion have a lower risk of post-deployment psychiatric disorders and suicidal behavior. Studies examining deployment sexual and non-sexual harassment and abuse have found that combat veterans who experience harassment and abuse during deployment are at heightened post-deployment suicide risk. Sound post-deployment social support and the efficient treatment of psychiatric



disorders may mitigate the suicide risk associated with adverse relationships within combat units. Improvements in units' cohesion and the prevention of harassment/abuse during a military deployment are necessary to reduce post-deployment psychiatric pathology, including suicidal behavior.

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<https://doi.org/10.1037/ser0000855>

**Worry differentially mediates posttraumatic cognition and posttraumatic stress symptom relationships among veterans seeking treatment associated with military sexual trauma.**

Vuper, T. C., Lass, A. N. S., Paulson, J. L., Rogers, T. A., Porter, K. E., Rauch, S. A. M., & Sexton, M. B.

Psychological Services  
2024; 21(4), 840–848

Research has established negative posttraumatic cognitions (NPC) affect the development and course of posttraumatic stress symptoms (PTSS) following trauma exposure (L. A. Brown et al., 2019). Previous studies in civilian and combat veteran populations also suggest positive associations among worry, NPC (Beck et al., 2004; Bennett et al., 2009), and PTSS (Fergus & Bardeen, 2017). However, little research has investigated the prevalence of worry in veterans who have experienced military sexual trauma (MST), and no research has examined the role of worry in the relation between NPC and PTSS among veterans seeking treatment associated with MST. This project examined the prevalence of worry in a MST sample and whether worry mediated NPC-PTSS associations. Veterans (N = 91) seeking MST-related treatment presented to a Veterans Affairs Posttraumatic Stress Disorder specialty clinic for assessment and treatment recommendations. Veterans completed questionnaires assessing NPC, worry, and PTSS. Bootstrapped mediation analyses examined NPC-PTSS associations. Veterans reported similar levels of worry as nonveterans seeking treatment associated with generalized anxiety disorder. Mediation analyses showed worry significantly mediated NPC-PTSS relationships for beliefs about the world, self-blame, and coping competence but not for beliefs about the self or global NPC severity. Further, the degree of mediation differed by NPC type. Though a limitation of this study is the use of cross-sectional data, these results inform the use of clinical intervention strategies targeting worry in trauma-focused interventions and necessitate further research on



whether trauma-focused interventions ameliorate co-occurring worry among veterans exposed to MST. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

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<https://doi.org/10.1177/0095327X23117>

### **Welcome to the U.S. Army: A Qualitative Examination of the Army's Reception of New Soldiers.**

Kintzle, S., Schnyder, L. P., Alday, E., Gonzalez, L. A., Mor Barak, M., & Castro, C. A.

Armed Forces & Society  
2025; 51(1), 337-360

Joining the Army, a new installation or a new unit are times of significant stress for Soldiers. Support provided during these transitions can affect unit cohesion, Soldier well-being, retention, and mission readiness. This research aimed to explore how Soldiers experience the Army onboarding process as well as perceptions of the welcome experience. Nineteen focus groups were conducted with 120 Soldiers using a semistructured interview protocol. Thematic analysis of focus group transcripts revealed two major themes, varied welcome experience and an inconsistent Total Army Sponsorship Program. Soldiers reported varied transition experiences ranging from positive, neutral, nonexistent, to negative. Results indicate that Soldiers welcome experience was dependent on the specific installation, leaders, and unit. Findings demonstrate that at the installation and unit level, the Army currently lacks standardized processes for onboarding new service members. We note the research limitations and offer several recommendations that can be drawn from the present findings.

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<https://doi.org/10.1177/0095327X231197992>

### **Military-Connected Children With Special Health Care Needs and Their Families: A Literature Review.**

Hill, A. "Toni", & Blue-Banning, M.

Armed Forces & Society  
2025; 51(1), 204-230

Since 2001, armed conflicts have required extraordinary sacrifices by U.S. military service members and their families. Literature on the impact of the military lifestyle between 2001 and 2021 suggests frequent relocation and deployment have consequences for children. Limited research on the subpopulation of children and youth with special health care needs contains evidence these military families face complex issues, amplifying stressors of military life. The results of this review identified challenges in continuity of care in education, health care, and family support resulting from frequent relocations, plus notable gaps in research. These findings are important because of their potential impact on military readiness, recruitment, and retention. This review appears to be the only peer-reviewed systematic literature review on military-connected children with special health care needs and their families.

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### **Links of Interest:**

Ending Unequal Treatment for People With Behavioral Health Conditions (Opinion)

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2826081>

DOD Installation access simplified: Three updates for Veterans and caregivers

<https://news.va.gov/136468/dod-installation-access/>

FDA authorizes clinical trials to study cannabis use for veterans with PTSD

<https://www.stripes.com/veterans/2024-11-22/veterans-marijuana-ptsd-trials-fda-15935021.html>

Veteran finds a home after sexual trauma

<https://news.va.gov/136193/veteran-finds-a-home-after-sexual-trauma/>

Women in combat 'proficient,' SecDef says, dismissing calls for change

<https://www.militarytimes.com/news/pentagon-congress/2024/11/20/women-in-combat-proficient-secdef-says-dismissing-calls-for-change/>

Weak passwords, easy access and unsupported web apps hinder online security at the VA

<https://www.stripes.com/veterans/2024-11-20/veterans-computer-systems-personal-information-health-care-15914417.html>

SAMHSA Now Accepting Public Comments on Draft Model Behavioral Health Crisis Services Definitions

<https://988crisissystemshelp.samhsa.gov/model-behavioral-health-crisis-services-definitions-public-comment>

DOD Releases Resilient and Healthy Defense Communities Implementation Plan  
<https://www.defense.gov/News/Releases/Release/Article/3975051/dod-releases-resilient-and-healthy-defense-communities-implementation-plan/>

- [Resilient and Healthy Defense Communities Strategy Implementation Plan](#)

Technology and the Good Life: A Primer for Military Health Providers

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Technology-and-the-Good-Life-A-Primer-for-Military-Health-Providers>

‘Come for the dog, stay for the care’: Sailors find mental health care aboard Navy warships through ‘fur therapy’

<https://www.stripes.com/branches/navy/2024-11-27/navy-warships-dogs-therapy-sailors-mental-health-15973380.html>

VA awards \$1.5 million to study using psychedelics for PTSD treatment

<https://www.militarytimes.com/veterans/2024/12/03/va-awards-15-million-to-study-using-psychedelics-for-ptsd-treatment/>

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**Resource of the Week:** [Military Health System Mental Health Hub](#)

From the Military Health System:

Mental Health is health. The Military Health System has many resources available to help service members, families, or veterans who are struggling with mental health challenges.

Military families' lives are generally very different from others. Service members may be subject to frequent relocations, deployments, and stressful experiences due to combat and time away from their families. Families cope with additional stressors when their loved ones are deployed, managing family life on the home front. Traumatic events such as combat, assault, or disasters can have long-

lasting negative effects like trouble sleeping, increased anger, nightmares, anxiety, and alcohol and drug abuse.

Protecting, optimizing, and defending mental health needs is vital to the well-being and readiness of our military force. Seeking help is a sign of strength and a critical element of individual performance and overall readiness.



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Shirl Kennedy  
Research Editor  
HJF employee collaborating with Center for Deployment Psychology  
DoD and Uniformed Service Contractor  
Phone: (727) 537-6160  
Email: shirley.kennedy.ctr@usuhs.edu



Henry M. Jackson Foundation for the Advancement of Military Medicine