



## FROM THE DIRECTOR

We have all, of course, faced a series of transitions over these last several months. The manner in which we maintain and manage our varied work, personal, health and recreational lives has shifted dramatically. We have also seen that such transitions can be both stressful and have lasting impacts on mental and physical health for ourselves, our staff and the Veterans we serve.

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**“Change is the law of life and those who look only to the past or present are certain to miss the future.”**

*- John F. Kennedy*

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This month’s newsletter highlights various ways in which the CoE, VA and Veterans work together to maintain connections during times of transition.

*- Wilfred R. Pigeon, Ph.D.*

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## **Strategies to promote social connections among older Veterans while “social distancing”**

Social (or physical) distancing is an important public health strategy for controlling the spread of the COVID-19 virus and minimizing its impact. However, sometimes physical distancing can result in social isolation, which can lead to loneliness – particularly among older Veterans. Loneliness is associated with a myriad of adverse health outcomes, one of which is impaired immune functioning, which adds even greater risk for coronavirus infection, complications and death.

Similar to depression and anxiety, loneliness and stress related to social isolation can be conceptualized as being caused and maintained not just by “objective” circumstances, but also by individuals’ thoughts, behaviors, and feelings surrounding those experiences. Older adults, therefore, are at compound risk, making effective management of loneliness and social isolation in older Veterans a high priority target for preventive intervention.

[This study’s authors](#), including CoE’s Emily Bower, Ph.D., describe a cognitive-behavioral framework for bolstering social connectedness, including evidence-informed strategies clinicians can use to help patients develop a “Connections Plan” to stay connected and promote their social, mental and physical health while social distancing.

## RESEARCH DIVISION



### Researchers aim to reduce post-hospitalization suicide risk

Todd Bishop, Ph.D., Robert Bossarte, Ph.D. and Wilfred Pigeon, Ph.D., alongside colleagues at Harvard Medical School and the Warren Alpert Medical School of Brown University, recently received funding to reduce suicides among Veterans transitioning home following a psychiatric hospitalization. The multi-million-dollar grant, awarded by the

Warren Alpert Foundation, will allow researchers to evaluate the efficacy of the “Coping Long-Term with Active Suicide Program (CLASP)”, a telehealth based intervention designed to reduce suicidal behavior among individuals at high risk for suicide going through periods of transition.

The three-year randomized trial will offer CLASP (n=425) as compared to VHA usual care (n=425) to Veterans identified as being at the greatest risk of suicide by a predictive modeling algorithm developed by colleagues at the Harvard Medical School and CoE.

“Widespread implementation of this intervention could be one of the most effective ways available to reduce the number of suicide attempts and deaths in this high-risk segment of the population,” noted one of the study investigators. Researchers anticipate the implementation of CLASP will significantly reduce post-discharge suicide-related behaviors in Veterans, including nonfatal suicide attempts, opioid overdose or other substance-related accidents and death by suicide. Secondary outcomes involving Veteran suicidal ideation and functioning will also be examined.

“Evaluation of the intervention within VHA carries the potential not only to address the national priority to reduce Veteran suicides, but [also]...recently-discharged psychiatric patients in the civilian healthcare system as well as high-risk segments of other groups with elevated suicide risk.”

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## White House adopts public health approach to suicide prevention

Consistent with the CoE’s mission “to prevent morbidity and mortality from suicidal behaviors among all Veterans by using a public health approach,” the President’s Executive Order 13861, establishes a three-year effort known as the [President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide \(PREVENTS\)](#).

### PREVENTS

The President’s Roadmap to Empower Veterans  
and End a National Tragedy of Suicide



By adopting a holistic public health approach, PREVENTS is acting on the knowledge that suicide prevention is everyone’s business, and that by working together, locally and nationally, we can prevent suicide.

PREVENTS is developing a national Roadmap to change the culture surrounding mental health and suicide prevention through enhanced community integration, prioritized research activities, and implementation strategies that emphasize improved overall health and well-being. The PREVENTS Roadmap contains research, strategies, and recommendations to inform both the public and private sectors in their efforts.

The goal of PREVENTS is to prevent suicide — among not just Veterans but all Americans. We all have a role to play in combating the national tragedy of suicide, and we all can make a difference.

## The relationship between opioid use disorder and social connection

Social problems including loneliness and social isolation not only increase risk of mortality, but are also common among individuals with an opioid use disorder (OUD). A study conducted by CoE investigators Lisham Ashrafioun, Ph.D., Tracy Stecker, Ph.D. and Nicholas Allen, Ph.D., sought to assess:

- the extent to which difficulties participating in social activities are associated with OUD;
- suicidal thoughts and behaviors as a potential consequence of difficulties participating in social activities among those with an OUD.

Study data suggest suicidal ideation and suicide attempts are more common among those with an OUD, and individuals commonly experience severe difficulty participating in social activities. The study also found that increasing social activities may be important to address OUD and reduce suicidal ideation. Addressing social factors in individuals with an OUD can reduce risk factors for relapse and improve patients' skills in developing, maintaining, and utilizing social supports effectively.

**Background & Objectives**

- Social problems including loneliness and social isolation increase risk of mortality<sup>1</sup>
- Social problems are very common among individuals with an OUD with one study finding nearly two-thirds of women and two-thirds of men reporting loneliness among individuals receiving methadone maintenance treatment<sup>2</sup>
- Social isolation is both a mediator for heroin use and a risk factor for suicidal behavior among individuals addicted to heroin<sup>3</sup>
- Stronger social support is predictive of improved treatment retention<sup>4</sup>

**Methods**

- The current study seeks to extend the current literature by:
  - Assessing the extent to which difficulties with participating in social activities are associated with OUD in a nationally representative sample
  - Assessing suicidal thoughts and behaviors as a potential consequence of these difficulties participating in social activities among those with an OUD

**Respondent characteristics by OUD status**

Characteristic	Overall (n = 308,087)	No OUD (n = 261,067)	OUD (n = 4,700)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Gender					
Male	48.2% (2.1%)	48.1% (2.1%)	50.2% (1.1%)	1.04 (1.04-1.04)	1.04 (1.04-1.04)
Female	51.8% (2.1%)	51.9% (2.1%)	49.8% (1.1%)	0.96 (0.96-0.96)	0.96 (0.96-0.96)
Age					
18-24	14.5% (2.1%)	14.4% (2.1%)	20.2% (2.2%)	1.54 (1.54-1.54)	1.11 (1.11-1.11)
25-34	15.5% (2.1%)	15.7% (2.1%)	20.7% (1.1%)	1.33 (1.33-1.33)	1.01 (1.01-1.01)
35-44	20.1% (2.1%)	20.1% (2.1%)	24.5% (1.1%)	1.21 (1.21-1.21)	0.91 (0.91-0.91)
45-54	25.3% (2.1%)	25.4% (2.1%)	21.4% (1.1%)	0.84 (0.84-0.84)	0.61 (0.61-0.61)
55-64	25.3% (2.1%)	25.4% (2.1%)	21.4% (1.1%)	0.84 (0.84-0.84)	0.61 (0.61-0.61)
65+	15.3% (2.1%)	15.3% (2.1%)	2.4% (2.5%)	Reference	Reference
Race/Ethnicity					
White	65.2% (2.2%)	65.1% (2.2%)	73.0% (1.2%)	Reference	Reference
Black	11.7% (2.1%)	11.7% (2.1%)	6.7% (2.7%)	0.57 (0.57-0.57)	0.58 (0.58-0.58)
Hispanic	14.9% (2.1%)	14.9% (2.1%)	11.9% (2.0%)	0.73 (0.73-0.73)	0.68 (0.68-0.68)
Education					
Less than HS	14.0% (2.1%)	13.9% (2.1%)	22.9% (2.1%)	1.62 (1.62-1.62)	1.48 (1.48-1.48)
HS graduate	35.9% (2.1%)	35.9% (2.1%)	34.1% (1.1%)	0.97 (0.97-0.97)	0.94 (0.94-0.94)
Some college	27.8% (2.1%)	27.9% (2.1%)	21.4% (1.1%)	0.76 (0.76-0.76)	0.71 (0.71-0.71)
College graduate	20.9% (2.2%)	20.9% (2.2%)	11.7% (2.0%)	Reference	Reference
Marital status					
Married	22.7% (2.1%)	22.7% (2.1%)	8.1% (2.7%)	Reference	Reference
Divorced	26.1% (2.1%)	26.1% (2.1%)	2.0% (1.4%)	0.07 (0.07-0.07)	0.07 (0.07-0.07)
Widow	28.1% (2.1%)	28.0% (2.1%)	5.1% (2.8%)	0.18 (0.18-0.18)	0.15 (0.15-0.15)
Never married	19.9% (2.1%)	19.9% (2.1%)	4.4% (2.8%)	0.22 (0.22-0.22)	0.18 (0.18-0.18)
Partner	1.9% (2.1%)	1.9% (2.1%)	17.5% (1.1%)	9.23 (9.23-9.23)	1.71 (1.71-1.71)
Depressive episode	8.5% (2.1%)	8.5% (2.1%)	37.5% (1.1%)	4.41 (4.41-4.41)	1.71 (1.71-1.71)
ADHD	6.9% (2.1%)	6.9% (2.1%)	34.0% (2.9%)	5.07 (5.07-5.07)	1.81 (1.81-1.81)

**Suicide variables and social activities**

Variable	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Severe difficulty	4.49 (4.49-4.49)	3.87 (3.87-3.87)
Moderate difficulty	2.83 (2.83-2.83)	1.20 (1.20-1.20)
No social activities	1.31 (1.31-1.31)	0.52 (0.52-0.52)

**Discussion**

- These data suggest that those with an OUD commonly experience severe difficulty participating in social activities and are less likely to be married after accounting for key correlates
- Social isolation and suicide attempts are much more common among individuals with an OUD compared to those without
- The proportion of people with OUD who have attempted suicide is generally higher across levels of difficulties with participating in social activities, while those with more severe difficulties were more likely to report suicidal ideation
- Addressing social factors in individuals with an OUD can reduce risk factors for relapse and have a significant positive impact on how a person develops, maintains, and utilizes social support
- Increasing social activities may be important to addressing OUD and in reducing suicide ideation among individuals with an OUD
- Limitations – cross-sectional data, limited social engagement variables
- Future studies should focus on longitudinal and causal associations of social activities, OUD, and suicidality to inform OUD prevention, treatment, and suicide risk mitigation strategies

## EDUCATION & DISSEMINATION DIVISION

### Get to know the Upstate New York Veterans Research and Engagement Board



Founded in 2017 by the CoE, in collaboration with the Center for Integrated Healthcare (CIH), the Upstate New York Veterans Research and Engagement Board (VREB) promotes innovative, Veteran-centered research informed by stakeholder involvement and insight.

Investigators present their research ideas and specific study-related questions to the board each month. Using an iterative process, VREB feedback is then incorporated into investigators' study methods and protocols.

During the February 2020 VREB meeting, the Board welcomed five new members, all Veterans themselves.

VREB stakeholders are committed to actively engaging in community-based efforts that maximize the collective impact of local services for Veterans. One of these stakeholders is the Rochester Veterans Outreach Center, a community-based organization that hosts VREB's monthly meetings.

Founded locally in 1973 by returning Vietnam Veterans, the Rochester Veterans Outreach Center (VOC) offers a comprehensive portfolio of supportive services designed to meet the needs of Veterans and their families all free of charge. Programs and services include, but are not limited to: employment assistance, legal and case management counseling, homeless Veteran housing and Veterans Treatment Court.

# CENTER OF EXCELLENCE SPOTLIGHT

## Lieutenant Colonel (LTC) Kai Chitaphong, PhD, LCSW, BCD

Lieutenant Colonel (LTC) Khamkay “Kai” Chitaphong recently received the Meritorious Service Medal from the United States Army for “exceptionally meritorious service while serving as Assistant Behavioral Health Consultant” during his work in Warrior Care and Transition in Washington D.C. last year. This is awarded to a member of the military of the Armed Forces of the United States for having set him or herself apart from his/her comrades by outstanding non-combat meritorious achievement or service to the United States.



While in uniform, LTC Chitaphong has served the U.S. Army for 17 years in various positions with increasing responsibilities. LTC Chitaphong has deployed twice in support of Operation Iraqi Freedom and New Dawn, overseeing behavioral health services in Central and Southern, Iraq, respectively. He recently returned from two stateside deployments serving as the Chief of Social Work and Family Advocacy at West Point, NY, and Assistant Behavioral Health Consultant in Washington, D.C.

At the CoE, Kai Chitaphong, Ph.D., LCSW, BCD, is the National Director of the [Veterans Integration to Academic Leadership \(VITAL\)](#), a nationwide program whose mission is to provide Veterans with world-class health care and improve their overall mental health as they successfully integrate into college and university campus life.

## Taking Transition Head On

The CoE congratulates the following staff members on their upcoming career transitions.

### DATA & ANALYTICS

Susan Smith, MS, has transitioned from CoE's Mortality Data Repository Coordinator to full-time retiree. After supporting dozens of projects across VA for the last several years, Sue's work has left a legacy that has improved Veteran suicide prevention research. Best wishes, Sue!

### RESEARCH

Next month, post-doctoral fellow Katrina Speed, Ph.D., will begin a new position at the Charlie Norwood VAMC in Augusta, Georgia, as a Staff Psychologist in Primary Care and Mental Health Integration. During her fellowship, Dr. Speed's research examined how sleep disturbance and suicidal behavior may be addressed within the domiciliary setting.

Second year post-doctoral fellow, Emily Bower, Ph.D., has secured a faculty position at Pacific University. She will begin the fall semester as an Assistant Professor in the Department of Psychology and maintain a CoE research appointment. During her fellowship, Dr. Bower's research focused on how to improve late-life mental health among Older Veterans and reduce suicide risk among patients residing or transitioning through nursing homes.