



## CDP Research Update -- September 8, 2016

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[http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_v10n4.pdf](http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v10n4.pdf)

### **Clinician's Trauma Update**

Issue 10(4), August 2016

National Center for PTSD

CTU-Online contains summaries of clinically relevant research articles.

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[https://www.jagcnet.army.mil/DOCLIBS/MILITARYLAWREVIEW.NSF/20a66345129fe3d885256e5b00571830/a2c681e5d99363bc85257fe200697450/\\$FILE/8.%20%20By%20MAJ%20Erik%20D.%20Masick.pdf](https://www.jagcnet.army.mil/DOCLIBS/MILITARYLAWREVIEW.NSF/20a66345129fe3d885256e5b00571830/a2c681e5d99363bc85257fe200697450/$FILE/8.%20%20By%20MAJ%20Erik%20D.%20Masick.pdf)

### **Moral Injury and Preventative Law: A Framework for the Future.**

Major Erik D. Masick

Military Law Review

Volume 224-1

The evidence for the existence of moral injury is overwhelming. Moral injury causes mental torture to the very troops whose care is entrusted to American leaders. It leads soldiers to try to drown their sorrows in alcohol or the euphoria of drugs, to be involuntarily separated from the service due to disciplinary action, or to voluntarily leave the service—or the world, by killing themselves—because they feel they cannot cope anymore. It greatly burdens the U.S. military and civilian healthcare systems. It hurts the ability of veterans to positively contribute to society. It distresses and sometimes leads

to the physical harm of those who interact with afflicted soldiers. Of all these adverse effects of moral injury, it is the role that moral injury may play in the U.S. military's high suicide rate that has attracted the most attention.

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<http://www.sciencedirect.com/science/article/pii/S0193953X16300466>

### **At Risk for Violence in the Military.**

Stephen N. Xenakis, MD, US Army

Psychiatric Clinics of North America

Available online 31 August 2016

<http://dx.doi.org/10.1016/j.psc.2016.07.008>

#### **KEY POINTS**

- Violence and violent deaths afflict servicemembers, families, and the communities they inhabit.
- Military personnel train for and conduct violent missions to kill the enemy and achieve victory in support of the national interests.
- The military has inherent protective factors and constraints on violence that provide counterbalancing forces.
- Understanding the occurrence and nature of violence in the military entails appreciating military culture, the sociology and demographics of its personnel, military training, combat experiences, and injuries and illnesses that veterans suffer.
- The spillover of violence to the home stations and communities has multiple elements.

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<http://www.sciencedirect.com/science/article/pii/S1555415516303592>

### **Posttraumatic Stress Disorder and Veterans: Finding Hope and Supporting Healing.**

Susanne Astrab Fogger, DNP, FAANP, Randy Moore, DNP, Leah Pickett, DNP, PMHNP-BC

The Journal for Nurse Practitioners  
Available online 30 August 2016  
<http://dx.doi.org/10.1016/j.nurpra.2016.07.014>

Posttraumatic stress disorder (PTSD) frequently occurs among veterans and has multiple treatment options that are not entirely effective for all. Traditional evidence-based therapies for PTSD may not entirely eliminate symptoms or may not be acceptable or accessible to veterans. The most beneficial treatment may be a mix of traditional therapy and adjunctive nonpharmacologic treatments the veteran selects. Although PTSD is treated by mental health professionals, all practitioners can improve and support veteran care by ongoing assessment and education around the different types of treatment options for PTSD including integrative health therapies as viable strategies to improve patient outcomes.

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<http://psycnet.apa.org/psycinfo/2016-41150-001/>

### **Posttraumatic Stress Mediates Traditional Masculinity Ideology and Romantic Relationship Satisfaction in Veteran Men.**

Cox, Daniel W.; O'Loughlin, Julia

Psychology of Men & Masculinity  
Aug 25 , 2016  
<http://dx.doi.org/10.1037/men0000067>

Veteran men have high rates of adherence to traditional masculinity ideology, posttraumatic stress disorder (PTSD) symptoms, and romantic relationship dissatisfaction. However, there is a paucity of studies investigating how these constructs relate to one another in veteran men. We examined the relation between masculinity ideology and relationship satisfaction and the extent to which this relation was mediated by PTSD symptoms. Next, we tested this mediating effect with traditional male role norms hypothesized to inhibit cognitive-emotional processing of traumatic events (i.e., self-reliance, toughness, dominance, restrictive emotionality) and male role norms with no hypothesized relation with cognitive-emotional processing (i.e., avoidance of femininity, importance of sex, negativity toward sexual minorities). Participants were veteran men with a history of military-related trauma who were in a romantic relationship at the time of study participation (N = 76). Veterans completed measures of traditional masculinity ideology endorsement, PTSD symptoms, and relationship satisfaction.

Findings indicated that PTSD partially mediated the association between endorsement of traditional masculinity ideology and relationship functioning in veterans. These findings can be used to inform PTSD interventions with veteran men and their romantic partners. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1111/pere.12148/full>

### **Relational turbulence among military couples after reunion following deployment.**

LEANNE K. KNOBLOCH, KELLY G. MCANINCH, BRYAN ABENDSCHEIN, AARON T. EBATA and PATRICIA C. MCGLAUGHLIN

Personal Relationships

First published: 30 August 2016

DOI: 10.1111/pere.12148

Reintegration following deployment is a pivotal time for returning service members and at-home partners. We test logic derived from the relational turbulence model about depressive symptoms, relational uncertainty, and interference from a partner as predictors of people's appraisals of turmoil during the post-deployment transition. Participants were 118 military couples who completed an online questionnaire once per month for the first 3 months after homecoming. Multilevel models predicting people's appraisals of turmoil revealed (a) actor and partner effects of depressive symptoms, (b) actor effects of relational uncertainty, and (c) actor effects of interference from a partner that were apparent beyond people's appraisals of turmoil during the previous month. These findings advance both theory and practice.

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<http://www.tandfonline.com/doi/abs/10.1080/10615806.2016.1230669>

### **Moral Transgression during the Vietnam War: A Path Analysis of the Psychological Impact of Veterans' Involvement in Wartime Atrocities.**

Paul A. Dennis Ph.D., Nora M. Dennis M.D., Elizabeth E. Van Voorhees Ph.D., Patrick S. Calhoun Ph.D., Michelle F. Dennis B.A., and Jean C. Beckham Ph.D.

Anxiety, Stress & Coping

Published online: 31 Aug 2016

<http://dx.doi.org/10.1080/10615806.2016.1230669>

#### Background and Objectives:

Involvement in wartime combat often conveys a number of deleterious outcomes, including posttraumatic stress disorder (PTSD), depression, hostility aggression, and suicidal ideation. Less studied is the effect of engagement in wartime atrocities, including witnessing and perpetrating abusive violence.

#### Design and Methods:

This study employed path analysis to examine the direct effects of involvement in wartime atrocities on hostility, aggression, depression, and suicidal ideation independent of combat exposure, as well as the indirect effects via guilt and PTSD symptom severity among 603 help-seeking male Vietnam War veterans.

#### Results:

Involvement in wartime atrocities was predictive of increased guilt, PTSD severity, hostility, aggression, depressive symptoms, and suicidal ideation after controlling for overall combat exposure. Combat-related guilt played a minor role in mediating the effect of atrocity involvement on depression and suicidal ideation. PTSD severity had a larger mediational effect. However, it still accounted for less than half of the total effect of involvement in wartime atrocities on hostility, aggression, and suicidal ideation.

#### Conclusions:

These findings highlight the heightened risk conveyed by involvement in wartime atrocities and suggest that the psychological sequelae experienced following atrocity involvement may extend well beyond guilt and PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22551/full>

### **Individual differences in cognitive reappraisal use and emotion regulatory brain function in combat-exposed veterans with and without PTSD.**

Fitzgerald, J. M., MacNamara, A., Kennedy, A. E., Rabinak, C. A., Rauch, S. A.M., Liberzon, I. and Phan, K. L.

## Depression and Anxiety

Version of Record online: 25 AUG 2016

DOI: 10.1002/da.22551

### Background

Veterans with posttraumatic stress disorder (PTSD) exhibit marked deficits in emotion regulation. Past research has demonstrated underengagement of the prefrontal cortex during regulation of negative affect in those with PTSD, but has been unable to find evidence of impaired downregulation of the amygdala. One possibility is that there exists variability in amygdala reactivity that cuts across diagnostic status and which can be characterized using a continuous measure of individual differences. In healthy/nontraumatized volunteers, individual variability in amygdala engagement during emotion processing and regulation has been shown to relate to habitual use of regulation strategies.

### Methods

The current study examined whether self-reported use of cognitive reappraisal and expressive suppression regulation strategies correlated with brain activation during cognitive reappraisal in combat-exposed veterans with ( $n = 28$ ) and without PTSD (combat-exposed controls, CEC;  $n = 20$ ).

### Results

Results showed that greater self-reported use of cognitive reappraisal was associated with less activation in the right amygdala during volitional attempts to attenuate negative affect using reappraisal, irrespective of PTSD diagnosis.

### Conclusions

This finding is in line with prior work and extends evidence of an association between habitual use of regulation strategies and amygdala engagement during emotion regulation to a trauma-exposed sample of individuals both with and without PTSD. Furthermore, by providing evidence of individual differences in regulation-related amygdala response in a traumatized sample, this result may increase understanding of the neural mechanisms that support variability in symptom manifestation observed across individuals with PTSD.

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## **Drinking motives and PTSD-related alcohol expectancies among combat veterans.**

Meghan E. McDevitt-Murphy, Matthew T. Luciano, Jessica C. Tripp, Jasmine E. Eddinger

Addictive Behaviors

Available online 27 August 2016

<http://dx.doi.org/10.1016/j.addbeh.2016.08.029>

### Introduction

Combat veterans are at increased risk for PTSD and alcohol misuse, and expectancies and motives for drinking may help explain the link between these comorbid issues. This investigation explored the relationships between PTSD symptoms, PTSD-related alcohol expectancies, motives for drinking, and alcohol consumption/misuse.

### Method

67 veterans of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) participated in this project. We examined correlations between PTSD severity, alcohol misuse, drinking motives, PTSD alcohol expectancies, and tested models of mediation and moderation.

### Results

Coping-anxiety drinking motives and positive PTSD-related alcohol expectancies were associated with alcohol misuse and alcohol-related consequences, but not with consumption. Each PTSD symptom cluster was associated with positive and negative PTSD alcohol expectancies, and coping-anxiety was specifically related to reexperiencing and avoidance. Drinking to cope mediated the relationship between PTSD symptoms and hazardous drinking. Moderation analyses showed that a positive relationship between PTSD severity and hazardous drinking existed among those with moderate and higher levels of positive PTSD-alcohol expectancies.

### Discussion

Our findings point to surprising, and in some cases complex, relationships between PTSD and alcohol use. Although related, PTSD alcohol expectancies and drinking motives seem to function differently in the relationship between PTSD and alcohol misuse.

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<http://www.sciencedirect.com/science/article/pii/S0005789416300752>

### **Battling on the Home Front: Posttraumatic Stress Disorder and Conflict Behavior among Military Couples.**

Lynne M. Knobloch-Fedders, Catherine Caska-Wallace, Timothy W. Smith, Keith Renshaw

Behavior Therapy

Available online 31 August 2016

<http://dx.doi.org/10.1016/j.beth.2016.08.014>

This study evaluated interpersonal behavior differences among male military service members with and without PTSD and their female partners. Couples (N = 64) completed a 17-minute videotaped conflict discussion, and their interaction behavior was coded using the circumplex-based Structural Analysis of Social Behavior model (SASB; Benjamin, 1979; 1987; 2000). Within couples, the behavior of partners was very similar. Compared to military couples without PTSD, couples with PTSD displayed more interpersonal hostility and control. Couples with PTSD also exhibited more sulking, blaming, and controlling behavior, and less affirming and connecting behavior, than couples without PTSD. Results advance our understanding of the relational impacts of PTSD on military service members and their partners, and underscore the value of couple-based interventions for PTSD in the context of relationship distress.

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<http://escholarship.org/uc/item/13v9c7pg>

### **United States Military Tobacco Policy Research: A White Paper**

Smith, Elizabeth A.; Poston, Walker S.; Jahnke, Sara A.; Jitnarin, Nattinee; Haddock, Christopher K.; & Malone, Ruth E.

UC San Francisco: Center for Tobacco Control Research and Education, 2016

#### **KEY FINDINGS**

--The military culture has encouraged tobacco use through traditions including “smoke breaks” and sales of tobacco products in military stores.

- Tobacco industry interference and influence on Congress have repeatedly resulted in a pattern of weakening military efforts to address tobacco use.
- Barriers to more effective tobacco control include continued use by influential senior enlisted personnel, availability of low-cost tobacco, the erroneous belief that military personnel need to use tobacco, and lack of top-level leadership.

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<http://online.liebertpub.com/doi/abs/10.1089/neu.2016.4444>

### **Telephone Problem Solving for Service Members with Mild Traumatic Brain Injury: A Randomized Clinical Trial.**

Dr. Kathleen Bell, Dr. Jesse R Fann, Dr. Jo Ann Brockway, Dr. Wesley R Cole, Dr. Nigel E Bush, Dr. Sureyya Dikmen, Dr. Tessa Hart, Dr. Ariel J Lang, Prof. Gerald Grant, Dr. Gregory A Gahm, Dr. Mark A Reger, Mr. Jef St. De Lore, Mrs. Joanie Machamer, Ms. Karin Ernstrom, Dr. Rema Raman, Dr. Sonia Jain, Dr. Murray B. Stein, and Dr. Nancy Temkin

Journal of Neurotrauma

Online Ahead of Editing: August 31, 2016

doi:10.1089/neu.2016.4444

Mild traumatic brain injury (mTBI) is a common injury for service members in recent military conflicts. There is insufficient evidence of how best to treat the consequences of mTBI. In a randomized clinical trial, we evaluated the efficacy of telephone-delivered problem-solving treatment (PST) on psychological and physical symptoms in 356 post-deployment active duty service members from Joint Base Lewis McChord, Washington, and Fort Bragg, North Carolina. Members with medically confirmed mTBI sustained during deployment to Iraq and Afghanistan within the previous 24 months received PST or education-only (EO) interventions. The PST group received up to 12 biweekly telephone calls from a counselor for subject-selected problems. Both groups received 12 educational brochures describing common mTBI and post-deployment problems, with follow-up for all at 6 months (end of PST), and at 12 months.

At 6 months, the PST group significantly improved on a measure of psychological distress (Brief Symptom Inventory, BSI-18) compared to the EO group ( $p=0.005$ ) but not on post-concussion symptoms (Rivermead Post-Concussion Symptoms Questionnaire, RPQ;  $p=0.19$ ), the two primary endpoints. However, these effects did not persist at 12 month follow-up (BSI,  $p=0.54$ ; RPQ,  $p=0.45$ ). The PST group also had significant short-

term improvement on secondary endpoints including sleep ( $p=0.01$ ), depression ( $p=0.03$ ), post-traumatic stress disorder ( $p=0.04$ ), and physical functioning ( $p=0.03$ ). Participants preferred PST over EO ( $p<0.001$ ).

Telephone-delivered PST appears to be a well-accepted treatment that offers promise for reducing psychological distress after combat-related mTBI, and could be a useful adjunct treatment after mTBI. Further studies are required to determine how to sustain its effects.

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<http://www.sciencedirect.com/science/article/pii/S0306460316303203>

### **Associations between PTSD and intimate partner and non-partner aggression among substance using veterans in specialty mental health.**

Katherine R. Buchholz, Kipling M. Bohnert, Rebecca K. Sripada, Sheila A.M. Rauch, Quyen M. Epstein-Ngo, Stephen T. Chermack

Addictive Behaviors

Available online 31 August 2016

<http://dx.doi.org/10.1016/j.addbeh.2016.08.039>

#### Background

Risk factors of violence perpetration in veterans include substance use and posttraumatic stress disorder (PTSD); however, it is unknown whether these factors are associated with greater risk for partner or non-partner violence. This study investigated the associations between probable PTSD, heavy drinking, marijuana use, cocaine use, and partner and non-partner violence perpetration.

#### Methods

Self-report questionnaires assessing past-year partner and non-partner aggression (CTS2) as well as past-month substance use (SAOM), probable PTSD (PCLsingle bondC), and probable depression (PHQ-9) were administered to 810 substance using veterans entering VA mental health treatment.

#### Results

In bivariate analyses, probable PTSD in substance using veterans was associated with violence perpetration (partner physical,  $\chi^2 = 11.46$ ,  $p = 0.001$ ,  $\phi = 0.12$ ; non-partner physical,  $\chi^2 = 50.64$ ,  $p < 0.001$ ,  $\phi = 0.25$ ; partner injury,  $\chi^2 = 6.41$ ,  $p = 0.011$ ,  $\phi = 0.09$ ;

non-partner injury,  $\chi^2 = 42.71$ ,  $p < 0.001$ ,  $\phi = 0.23$ ). In multiple logistic regression analyses that adjusted for sociodemographic characteristics, probable PTSD was independently associated with non-partner physical (odds ratio [OR], 2.82; 95% confidence interval [CI], 1.97–4.05) and injury aggression (OR, 3.96; CI, 2.56–6.13). Cocaine and heavy drinking were independently associated with non-partner physical and injury aggression and non-partner injury aggression respectively.

### Conclusions

The results provide evidence that probable PTSD, heavy drinking, and cocaine use are associated with increased risk of non-partner violence perpetration in substance using veterans. These results underscore the importance of screening for PTSD symptoms and violence perpetration towards non-partners in substance using veterans presenting for treatment.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2538519>

### **Comparative Effectiveness of Cognitive Therapy and Dynamic Psychotherapy for Major Depressive Disorder in a Community Mental Health Setting: A Randomized Clinical Noninferiority Trial.**

Mary Beth Connolly Gibbons, PhD; Robert Gallop, PhD; Donald Thompson, PhD; Debra Luther, PhD; Kathryn Crits-Christoph, PhD; Julie Jacobs, PhD; Seohyun Yin, BA; Paul Crits-Christoph, PhD

JAMA Psychiatry  
2016;73(9):904-911  
doi:10.1001/jamapsychiatry.2016.1720

### Importance

Dynamic psychotherapy (DT) is widely practiced in the community, but few trials have established its effectiveness for specific mental health disorders relative to control conditions or other evidence-based psychotherapies.

### Objective

To determine whether DT is not inferior to cognitive therapy (CT) in the treatment of major depressive disorder (MDD) in a community mental health setting.

## Design, Setting, and Participants

From October 28, 2010, to July 2, 2014, outpatients with MDD were randomized to treatment delivered by trained therapists. Twenty therapists employed at a community mental health center in Pennsylvania were trained by experts in CT or DT. A total of 237 adult outpatients with MDD seeking services at this site were randomized to 16 sessions of DT or CT delivered across 5 months. Final assessment was completed on December 9, 2014, and data were analyzed from December 10, 2014, to January 14, 2016.

## Interventions

Short-term DT or CT.

## Main Outcomes and Measures

Expert blind evaluations with the 17-item Hamilton Rating Scale for Depression.

## Results

Among the 237 patients (59 men [24.9%]; 178 women [75.1%]; mean [SD] age, 36.2 [12.1] years) treated by 20 therapists (19 women and 1 man; mean [SD] age, 40.0 [14.6] years), 118 were randomized to DT and 119 to CT. A mean (SD) difference between treatments was found in the change on the Hamilton Rating Scale for Depression of 0.86 (7.73) scale points (95% CI, -0.70 to 2.42; Cohen  $d$ , 0.11), indicating that DT was statistically not inferior to CT. A statistically significant main effect was found for time ( $F_{1,198} = 75.92$ ;  $P = .001$ ). No statistically significant differences were found between treatments on patient ratings of treatment credibility. Dynamic psychotherapy and CT were discriminated from each other on competence in supportive techniques ( $t_{120} = 2.48$ ;  $P = .02$ ), competence in expressive techniques ( $t_{120} = 4.78$ ;  $P = .001$ ), adherence to CT techniques ( $t_{115} = -7.07$ ;  $P = .001$ ), and competence in CT ( $t_{115} = -7.07$ ;  $P = .001$ ).

## Conclusions and Relevance

This study suggests that DT is not inferior to CT on change in depression for the treatment of MDD in a community mental health setting. The 95% CI suggests that the effects of DT are equivalent to those of CT.

## Trial Registration

clinicaltrials.gov Identifier: NCT01207271

See also: [Bona Fide Psychotherapy Models Are Equally Effective for Major Depressive Disorder: Future Research Directions](#) (editorial)

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<http://www.ncbi.nlm.nih.gov/pubmed/26689630>

Soc Sci Med. 2016 Jan;149:9-16. doi: 10.1016/j.socscimed.2015.11.039. Epub 2015 Dec 2.

**"Heroes' invisible wounds of war:" constructions of posttraumatic stress disorder in the text of US federal legislation.**

Purtle J

Public policies contribute to the social construction of mental health problems. In this study, I use social constructivist theories of policy design and the methodology of ethnographic content analysis to qualitatively explore how posttraumatic stress disorder (PTSD) has been constructed as a problem in US federal legislation. I analyzed the text of 166 bills introduced between 1989 and 2009 and found that PTSD has been constructed as a problem unique to combat exposures and military populations. These constructions were produced through combat-related language and imagery (e.g., wounds, war, heroism), narratives describing PTSD as a military-specific phenomenon, and reinforced by the absence of PTSD in trauma-focused legislation targeting civilians. These constructions do not reflect the epidemiology of PTSD-the vast majority of people who develop the disorder have not experienced combat and many non-combat traumas (e.g., sexual assault) carry higher PTSD risk-and might constrain public and political discourse about the disorder and reify sociocultural barriers to the access of mental health services.

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<http://www.ncbi.nlm.nih.gov/pubmed/27501643>

Soc Work. 2016 Jul;61(3):257-65.

**Toward Complete Inclusion: Lesbian, Gay, Bisexual, and Transgender Military Service Members after Repeal of Don't Ask, Don't Tell.**

Aford B, Lee SJ.

The 2010 repeal of Don't Ask, Don't Tell (DADT) is one example of how U.S. public policy has shifted toward greater inclusion of lesbian, gay, and bisexual (LGB) individuals. The repeal of DADT reversed the practice of discharging LGB service members on the basis of sexual identity. LGB service members may now serve their country without fear of direct repercussions stemming from sexual identity. Though it is a statutory step toward parity, DADT repeal does not address a number of cultural and institutional inequities that continue to hinder full inclusion of sexual minority service members. Notably, as discussed in this article, DADT largely ignores issues facing the transgender population. This study examines remaining inequities and their ramifications for lesbian, gay, bisexual, and transgender service members and their families. The article concludes with practice and policy recommendations for culturally competent social work practice with military service members across the sexual identity spectrum.

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### **Links of Interest**

Honing our efforts to reduce suicide – a public health scourge

<http://www.health.mil/News/Articles/2016/09/01/Honing-our-efforts-to-reduce-suicide-a-public-health-scourge>

After A Vet's Suicide, Getting VA Benefits Can Compound A Family's Grief

<http://www.npr.org/2016/08/31/492076788/after-a-vets-suicide-getting-va-benefits-can-compound-a-familys-grief>

Survival rates improving for Soldiers wounded in combat, says Army surgeon general

<http://health.mil/News/Articles/2016/08/26/Survival-rates-improving-for-Soldiers-wounded-in-combat-says-Army-surgeon-general>

VA program to provide service dogs for some veterans with mental health conditions

<http://www.militarytimes.com/articles/va-pilot-to-cover-service-dogs-for-mental-health-conditions>

When Should Vets Use Mobile Apps for PTSD Treatment? VA Wants to Know

<http://www.nextgov.com/mobile/2016/08/when-should-vets-use-mobile-apps-ptsd-treatment-va-wants-know/130978/>

A Suicidologist's New Challenge: The George Washington Bridge

<http://www.nytimes.com/2016/08/21/nyregion/a-suicidologists-new-challenge-the-george-washington-bridge.html>

Top Army Doctor Leery of Treating PTSD with Marijuana

<http://time.com/4457392/marijuana-ptsd-veterans-military/>

Female-specific CBT for Women Diagnosed With Alcohol Use Disorder

<http://www.psychiatryadvisor.com/addiction/targeted-treatment-for-women-with-alcohol-dependence/article/520250/>

3 Reasons Military Veterans Make Top-notch Employees

<http://somd.com/news/headlines/2016/21219.php>

Counting Sheep? 10 Tips to Help Foster Healthy Sleep Habits

[http://www.dcoe.mil/blog/16-08-10/Counting\\_Sheep\\_10\\_Tips\\_to\\_Help\\_Foster\\_Healthy\\_Sleep\\_Habits.aspx](http://www.dcoe.mil/blog/16-08-10/Counting_Sheep_10_Tips_to_Help_Foster_Healthy_Sleep_Habits.aspx)

Increasing number of US adults using marijuana as fewer people perceive the drug as harmful

<https://www.sciencedaily.com/releases/2016/08/160831223748.htm>

Is sufficient sleep the key to successful antidepressant response?

<https://www.sciencedaily.com/releases/2016/09/160907125337.htm>

PTSD increases risk for metabolic syndrome, reduced cortical thickness

<https://www.sciencedaily.com/releases/2016/08/160831085322.htm>

Adapting to stress: Understanding the neurobiology of resilience

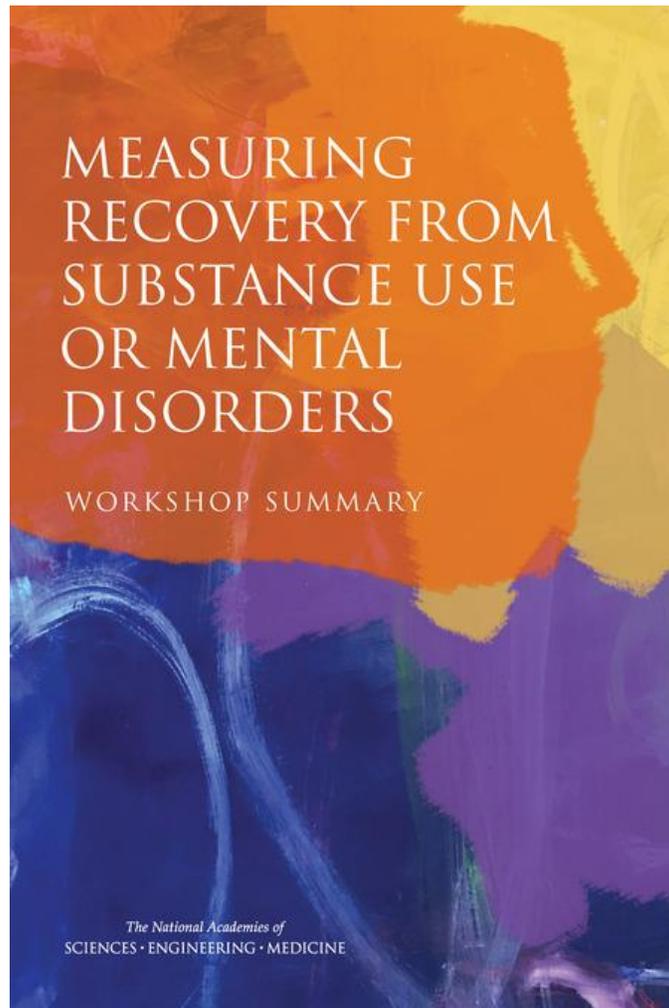
<https://www.sciencedaily.com/releases/2016/09/160902142232.htm>

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**Resource of the Week: [Measuring Recovery from Substance Use or Mental Disorders: Workshop Summary](#)**

In February 2016, the National Academies of Sciences, Engineering, and Medicine held a workshop to explore options for expanding the Substance Abuse and Mental Health Services Administration's (SAMHSA) behavioral health data

collections to include measures of recovery from substance use and mental disorder. Participants discussed options for collecting data and producing estimates of recovery from substance use and mental disorders, including available measures and associated possible data collection mechanisms. This publication summarizes the presentations and discussions from the workshop.



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