CDP Research Update -- March 23, 2017

What's Here:

- Clinician's Trauma Update - February 2017
- PTSD Research Quarterly - Posttraumatic Stress Disorder and Cardiovascular Disease
- Suicidal Behavior and Problems with Emotion Regulation.
- Emotion Regulation Protects against Recurrence of Depressive Symptoms following inpatient care for Major Depressive Disorder.
- Accelerated Resolution Therapy (ART): a Review and Research to Date.
- A Social Exclusion Manipulation Interacts with Acquired Capability for Suicide to Predict Self-Aggressive Behaviors.
- Gambling in a National U.S. Veteran Population: Prevalence, Socio-demographics, and Psychiatric Comorbidities.
- Misuse of Prescribed Pain Medication in a Military Population-A Self-Reported Survey to Assess a Correlation With Age, Deployment, Combat Illnesses, or Injury?
- The Impact of Cannabis Use Disorder on Suicidal and Nonsuicidal Self-Injury in Iraq/Afghanistan-Era Veterans with and without Mental Health Disorders.
- Association between light at night, melatonin secretion, sleep deprivation, and the internal clock: Health impacts and mechanisms of circadian disruption.
- Examining the Effects of a Novel Training Program and Use of Psychiatric Service Dogs for Military-Related PTSD and Associated Symptoms.
- Mental disorder prevalence among U.S. Department of Veterans Affairs outpatients with spinal cord injuries.
- Epidemiology and prognosis of mild traumatic brain injury in returning soldiers.

- Self-Reported Sleep During U.S. Navy Operations and the Impact of Deployment-Related Factors.
- Screening for Anger and Sleep Difficulties.
- Risk Factors for Incident Postdeployment Mental Health Conditions Among U.S. Air Force Medical Service Personnel.
- Bereaved Military Dependent Spouses and Children: Those Left Behind in a Decade of War (2001-2011).
- Testing a Military Family Stress Model.
- Resilience and trauma: Expanding definitions, uses, and contexts.
- Self-Reported Lifetime Depression and Current Mental Distress Among Veterans Across Service Eras.
- Health-Related Coping Behaviors and Mental Health in Military Personnel.
- Links of Interest
- Resource of the Week: The Role of Special and Incentive Pays in Retaining Military Mental Health Care Providers (RAND Corporation)

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http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v11n1.pdf

Clinician's Trauma Update - February 2017
National Center for PTSD

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

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http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V28N1.pdf

PTSD Research Quarterly - Posttraumatic Stress Disorder and Cardiovascular Disease

National Center for PTSD
Vol. 28(1), 2017

Clinicians, researchers, and patients have long recognized the link between psychological stress and physical health. In their classic article on the physiological impact of stress, McEwen and Stellar (1993) used PTSD as an example to describe how psychological trauma and subsequent, repeated reminders of traumatic events trigger a cascade of neuronal, hormonal, and immunologic effects that damage the body over time. Though studies have found patients with psychological trauma and PTSD are at greater risk of a variety of chronic physical ailments, associations with cardiovascular disease (CVD) are particularly concerning. Despite advances in prevention and treatment, CVD remains the leading cause of death worldwide and accounts for over $316 billion dollars annually in healthcare costs and lost productivity in the United States (Mozaffarian et al., 2016).

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12335/full

Suicidal Behavior and Problems with Emotion Regulation.

Neacsiu, A. D., Fang, C. M., Rodriguez, M. and Rosenthal, M. Z.

Suicide and Life-Threatening Behavior
First published: 6 March 2017
DOI: 10.1111/sltb.12335

We examined in two independent samples whether: (1) difficulties with emotion regulation predict suicide ideation and (2) depressed adults with a history of attempting suicide report and exhibit more emotion dysregulation compared to healthy and depressed controls. Difficulties with emotional clarity and relationship status were significant predictors of suicide ideation (Study 1). In Study 2, when compared to controls, depressed attempters reported significantly more difficulties with emotional clarity and emotional impulsivity. Attempters had significantly more difficulty than controls returning to heart rate baseline following a stressful task. Problems with emotions are therefore differentially connected to suicidal behaviors.

Emotion Regulation Protects against Recurrence of Depressive Symptoms following inpatient care for Major Depressive Disorder.

Lisa Hopfinger, Matthias Berking, Claudi L.H. Bockting, David D. Ebert

Relapse following response in psychotherapy for Major Depressive Disorder (MDD) is a major concern. Emotion regulation (ER) has been discussed as a putative emerging and maintaining factor for depression. The purpose of the present study was to examine whether ER protects against recurrence of depression over and above residual symptoms of depression following inpatient care for MDD. ER skills (ERSQ-ES) and depression (HEALTH-49) were assessed in 193 patients with MDD (age, M = 47.4, SD = 9.6, 75.1% female, 100% Caucasian) at treatment discontinuation, 3- and 12-month after treatment. Multiple hierarchical regressions were used to examine general and specific ER as predictors of depressive symptoms at follow ups. Higher general ER predicted lower depression over and beyond residual symptoms of depression at 3-month among treatment responders but not among treatment non-responders. With regard to specific ER skills, readiness to confront and acceptance of undesired emotions predicted lower depressive symptoms beyond residual symptoms of depression twelve months, respectively three- and twelve months after treatment. Findings of the present study indicate that targeting general ER might be more important for remitted and less important for non-remitted patients. Enhancing ER should hence be realized in a sequential treatment design, in which a continuation phase treatment with a specific focus on ER directly follows, once patients sufficiently responded to treatment. Acceptance of undesired emotion and readiness to confront situations that cue these emotions appear to be particularly important for protecting against recurrence of depression. Future research should clarify whether findings can be generalized to outpatient care.

Accelerated Resolution Therapy (ART): a Review and Research to Date.

Wendi Waits, Megan Marumoto, Jennifer Weaver

Purpose of Review
To describe and summarize published research on accelerated resolution therapy (ART), a promising and relatively new psychotherapy with the potential to offer rapid and effective resolution of a wide range of psychiatric symptoms. Unlike most evidence-based psychotherapies, ART is a predominately imaginative therapy that relies upon the rescripting of distressing events and metaphors as one of its key therapeutic elements.

Recent Findings
The number of studies conducted on ART is limited, primarily consisting of one randomized, controlled trial (RCT) with 57 subjects and two large cohort studies involving 80 and 117 subjects, respectively. However, a growing body of research in the neuroscience field involving the initial creation (consolidation), activation, and reconsolidation of memories may also be relevant and is summarized herein.

Summary
ART appears to be an effective, efficient, and versatile form of psychotherapy. Future studies, particularly high-quality RCTs, are needed to more fully understand the potential reach of this promising therapeutic modality.

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http://www.tandfonline.com/doi/abs/10.1080/13811118.2017.1304309

A Social Exclusion Manipulation Interacts with Acquired Capability for Suicide to Predict Self-Aggressive Behaviors.

Jennifer L. Hames, Megan L. Rogers, Caroline Silva, Jessica D. Ribeiro, Nadia E. Teale, and Thomas E. Joiner

Objectives:
The interpersonal theory of suicide posits that individuals who simultaneously experience high levels of thwarted belongingness, perceived burdensomeness, and acquired capability for suicide are at high risk for a lethal or near-lethal suicide attempt. Although supported by self-report studies, no study has examined facets of the theory experimentally. The present study aimed to examine the belongingness and capability components of the theory by testing whether experimentally manipulated social exclusion interacts with self-reported acquired capability to predict higher self-administered shock levels on a self-aggression paradigm.

Methods:
253 students completed self-report measures and were then randomly assigned to a social exclusion manipulation condition (future alone, future belonging, no feedback). Participants then participated in the self-aggression paradigm.

Results:
The positive association between acquired capability and self-aggression was strongest among participants in the future alone social exclusion condition. In those assigned to the future belonging or no feedback conditions, the association between acquired capability and self-aggression was non-significant. Conclusions: These findings provide modest experimental support for the interpersonal theory of suicide and highlight a potential mechanism through which social exclusion may impact suicide risk. Limitations and future research directions are discussed.

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https://link.springer.com/article/10.1007/s10899-017-9678-2

Gambling in a National U.S. Veteran Population: Prevalence, Socio-demographics, and Psychiatric Comorbidities.

Stefanovics, E.A., Potenza, M.N. & Pietrzak, R.H.

This study aimed to examine associations between gambling level and clinically relevant measures, including psychiatric disorders and suicidality, in a nationally representative sample of U.S. veterans. Data on 3157 U.S. veterans were analyzed

from the National Health and Resilience in Veterans Study. Chi square tests and analyses of variance were used to assess associations between gambling level, and demographic, military, and personality characteristics. Multinomial logistic regressions using stepwise selection were used to identify independent correlates of recreational gambling and at-risk/problem gambling (ARPG). A significant proportion of U.S. veterans engage in gambling activities, with 35.1% gambling recreationally and 2.2% screening positive for ARPG. ARPG was associated with greater prevalence of substance use, anxiety, and depressive disorders, as well as with a history of physical trauma or sexual trauma, having sought mental health treatment (particularly from the Veterans Administration), and minority group status. A similar pattern was found associated with recreational gambling, although the magnitudes of association were lower relative to ARPG. Younger age, self-identifying as black, being retired, and trauma burden were associated with increased odds of ARPG, whereas older age, being single, non-white Hispanic, being retired or not having a job, screening positive for alcohol- and drug-use disorders, and trauma burden were associated with increased odds of recreational gambling. More than a third of U.S. veterans gamble recreationally, with a significant minority (2.2%) screening positive for ARPG. Both recreational and ARPG were associated with elevated trauma burden and psychiatric comorbidities. These findings underscore the importance of routine screening and monitoring of gambling severity, and interventions for ARPG in this population.

Misuse of Prescribed Pain Medication in a Military Population-A Self-Reported Survey to Assess a Correlation With Age, Deployment, Combat Illnesses, or Injury?

Ramirez S, Bebarta VS, Varney SM, Ganem V, Zarzabal LA, Potter JS.

Opioid misuse is a growing epidemic among the civilian and military communities. Five hundred prospective, anonymous surveys were collected in the emergency department waiting room of a military tertiary care hospital over 3 weeks. Demographics, medical and military characteristics were investigated for association with opioid use. Univariate logistic models were used to characterize the probability of misuse in relation to the demographic, medical, and military-specific variables. Traumatic brain injury (TBI) and posttraumatic stress disorder were investigated within different age cohorts with adjustment for deployment. The opioid misuse rate disclosed by the subject was 31%.

Subjects with TBI were less likely to misuse opioids. We found a trend among younger cohorts to have a higher likelihood for misusing opioids when diagnosed with TBI or posttraumatic stress disorder with history of deployment in the past 5 years. The most common form of misuse was using a previously prescribed medication for a new pain. Traumatic brain injury and/or enrollment in post-deployment recovery programs maybe protective against opioid misuse. Chronic opioid use among young soldiers maybe viewed as a weakness that could influence opioid misuse. Younger cohorts of active duty service members could be at higher risk for misuse. Efforts to enhance close monitoring of misuse should address these at-risk populations.

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https://www.ncbi.nlm.nih.gov/pubmed/28295524

The Impact of Cannabis Use Disorder on Suicidal and Nonsuicidal Self-Injury in Iraq/Afghanistan-Era Veterans with and without Mental Health Disorders.

Kimbrel NA, Meyer EC, DeBeer BB, Gulliver SB, Morissette SB

The objective of this study was to assess the association between cannabis use disorder (CUD) and self-injury among veterans. As expected, after adjusting for sex, age, sexual orientation, combat exposure, traumatic life events, traumatic brain injury, posttraumatic stress disorder, depression, alcohol use disorder, and noncannabis drug use disorder, CUD was significantly associated with both suicidal (OR = 3.10, p = .045) and nonsuicidal (OR = 5.12, p = .009) self-injury. CUD was the only variable significantly associated with self-injury in all three models examined. These findings are consistent with prior research among civilians and suggest that CUD may also increase veterans' risk for self-injurious behavior. © 2017 The American Association of Suicidology.

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https://www.ncbi.nlm.nih.gov/pubmed/28214594

Association between light at night, melatonin secretion, sleep deprivation, and the internal clock: Health impacts and mechanisms of circadian disruption.

Touitou Y, Reinberg A, Touitou D

Exposure to Artificial Light At Night (ALAN) results in a disruption of the circadian system, which is deleterious to health. In industrialized countries, 75% of the total workforce is estimated to have been involved in shift work and night work. Epidemiologic studies, mainly of nurses, have revealed an association between sustained night work and a 50-100% higher incidence of breast cancer. The potential and multifactorial mechanisms of the effects include the suppression of melatonin secretion by ALAN, sleep deprivation, and circadian disruption. Shift and/or night work generally decreases the time spent sleeping, and it disrupts the circadian time structure. In the long run, this desynchronization is detrimental to health, as underscored by a large number of epidemiological studies that have uncovered elevated rates of several diseases, including cancer, diabetes, cardiovascular risks, obesity, mood disorders and age-related macular degeneration. It amounts to a public health issue in the light of the very substantial number of individuals involved. The IARC has classified shift work in group 2A of "probable carcinogens to humans" since "they involve a circadian disorganization". Countermeasures to the effects of ALAN, such as melatonin, bright light, or psychotropic drugs, have been proposed as a means to combat circadian clock disruption and improve adaptation to shift and night work. We review the evidence for the ALAN impacts on health. Furthermore, we highlight the importance of an in-depth mechanistic understanding to combat the detrimental properties of exposure to ALAN and develop strategies of prevention.

Examining the Effects of a Novel Training Program and Use of Psychiatric Service Dogs for Military-Related PTSD and Associated Symptoms.

Kloep ML, Hunter RH, Kertz SJ

This study explored an intensive 3-week training program and use of psychiatric service dogs for military-related posttraumatic stress disorder (PTSD) and associated symptoms. The sample included 2 separate cohorts of military veterans (n = 7 and n = 5) with prior diagnoses of PTSD. Participants completed self-report measures assessing

PTSD, depression, perception of social support, anger, and overall quality of life 1 month prior to the training (baseline), at arrival to the training site, and 6-month follow-up. Results indicated that, for this sample, there was a statistically significant decrease in PTSD and depression symptoms from pre- to posttreatment, as well as 6-month follow-up. For most participants decreases were both clinically significant and reliable changes. Further, participants reported significant reductions in anger and improvement in perceived social support and quality of life. Limitations of the study include a lack of control group, a limitation of most naturalistic studies, as well as small sample size. Despite this, the findings indicate that utilizing psychiatric service dogs, coupled with an intensive trauma resilience training program for veterans with ongoing symptoms, is feasible as a complementary treatment for PTSD that could yield beneficial results in terms of symptom amelioration and improvement to overall quality of life. (PsycINFO Database Record

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http://www.tandfonline.com/doi/abs/10.1080/10790268.2017.1293868

Mental disorder prevalence among U.S. Department of Veterans Affairs outpatients with spinal cord injuries.

Scott D. McDonald, Melody N. Mickens, Lisa D. Goldberg-Looney, Brian J. Mutchler, Michael S. Ellwood, and Teodoro A. Castillo

Objectives:
Depression and other mental disorders are more prevalent among individuals living with spinal cord injury (SCI) than in the community at large, and have a strong association with quality of life. Yet little is known about the prevalence and predictors of mental disorders among U.S. military Veterans living with SCI. The primary aim of this study was to present an estimate of mental disorder point prevalence in this population. The secondary aim was to examine the relationship of mental disorders to demographics, injury characteristics, and other clinically relevant features such as impairment from mental health problems and life satisfaction.

Design:
Cross-sectional.

Setting:
A SCI & Disorders Center at a U.S. Veterans Affairs Medical Center.

Participants/Methods:
Administrative and medical records of 280 Veterans who attended annual comprehensive SCI evaluations were evaluated. Demographics, injury characteristics, self-reported mental and emotional functioning (i.e. SF-8 Health Survey), and clinician-determined mental disorder diagnoses were attained.

Results:
Overall, 40% of patients received at least one mental disorder diagnosis, most commonly depressive disorders (19%), posttraumatic stress disorder (12%), and substance or alcohol use disorders (11%). Several patient characteristics predicted mental disorders, including age, racial minority identity, non-traumatic SCI etiology, and incomplete (i.e. AIS D) vs. complete injury. Mental disorders were associated with greater impairment from health and mental health-related problems and less satisfaction with life.

Conclusions:
Mental disorders are common among outpatients receiving VA specialty care for SCI. These findings highlight the importance of having adequate and effective available mental health services available for Veterans with SCI.

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http://www.neurology.org/content/early/2017/03/17/WNL.0000000000003839.abstract

Epidemiology and prognosis of mild traumatic brain injury in returning soldiers.

Karen Schwab, PhD, Heidi P. Terrio, MD, Lisa A. Brenner, PhD, Renee M. Pazdan, MD, Henry P. McMillan, PT, Margaret MacDonald, MD, Sidney R. Hinds II, MD and Ann I. Scher, PhD

Objective:

Mild traumatic brain injury (mTBI; concussion) is common in returning service members yet limited definitive evidence exists on its prognosis.

Methods:

Almost 25,000 non–medically evacuated soldiers returning from Afghanistan or Iraq to 2 military bases between 2009 and 2014 were screened for mTBI. We invited a random sample to participate in the present study, oversampling those screening positive, resulting in 557 mTBI cases and 1,010 controls, of whom 366 cases and 599 controls completed 3-month follow-up evaluations. The criterion measure of screened mTBI was the Ohio State University Traumatic Brain Injury Identification Method. Postconcussive symptoms (PCS) were measured at follow-up with the Neurobehavioral Symptom Inventory. Symptoms reported at a severe or very severe level were considered clinically relevant.

Results:

About half (47%) of soldiers who had sustained an mTBI during this latest deployment reported PCS at 3-month follow-up vs 25% of controls: adjusted odds ratio 2.4 (1.8–3.2). The most commonly reported symptoms (cases vs controls) were sleep problems (30% vs 14%), forgetfulness (21% vs 9%), irritability (17% vs 8%), and headaches (15% vs 5%). mTBI cases were about twice as likely as controls to report receiving rehabilitative services and fair or poor health. Other predictors of PCS included posttraumatic stress, combat exposure, and noncephalic pain. A majority of both cases and controls reported traumatic brain injuries predating this latest deployment.

Conclusions:

In this nonclinical population of recently deployed soldiers, a substantial proportion of those who had sustained an mTBI were symptomatic 3 months postdeployment. Future studies need to include longer follow-up to measure symptom resolution.

Clinicaltrials.gov identifier: NCT01847040.

Self-Reported Sleep During U.S. Navy Operations and the Impact of Deployment-Related Factors.

Harrison E, Glickman GL, Beckerley S1, Taylor MK

Abstract
Sleep disruption is a growing concern among military personnel. Very little is known, however, regarding sleep and associated factors in military members serving in combat environments. We sought to quantify the prevalence of sleep disruption among military personnel serving in a combat zone during Operation Enduring Freedom, utilizing a cross-sectional survey of active duty and reserve U.S. Navy personnel in the Afghanistan combat theater (N = 6,118). Survey sleep measures included total hours of sleep per day, total hours of sleep needed to feel well rested, difficulty falling asleep, and difficulty staying asleep. Other reported outcomes included accidents related to the mission. Participants reported an average of 5.9 hours of sleep per day despite needing an average of 6.8 hours to feel well rested. Fifty-seven percent reported insufficient sleep, and this interacted with mission type. Sleep disruption was associated with number of prior deployments, as well as total number of months in a combat zone. Further, those who reported less sleep were more likely to report causing an accident or error that affected the mission. This article documents basic sleep metrics and deployment-related correlates of sleep disruption among military members in a combat zone. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

Screening for Anger and Sleep Difficulties.

Steele NM, Fogarty GJ

INTRODUCTION:
Mental health screens are designed to detect individuals at risk of psychological disorders. In the military setting of this study, these disorders were post-traumatic stress disorder (PTSD) and alcohol use. This study extends the literature on deployment-related mental health screening by including measures of sleep difficulties and anger as predictors of postdeployment PTSD and alcohol abuse. Evidence that measures of anger and sleep difficulties contribute incremental validity to the prediction of postdeployment mental health problems, including substance abuse, would be helpful in designing interventions to assist the rehabilitation of returning personnel.

MATERIALS AND METHODS:
A test battery containing the PTSD Checklist-Civilian (PCL-C) to screen for PTSD, the Kessler 10 to screen for psychological distress, a Sleep Difficulties scale, an exposure to trauma scale, and an anger scale was administered to 212 personnel nearing completion of a deployment to the Middle East. A second battery containing the PCL-C, the Kessler 10, and a measure of alcohol consumption (Alcohol Use Disorders Identification Test [AUDIT]) was administered to the same personnel 3 to 6 months after return to Australia. Hierarchical regression analyses assessed the predictive validity of measures of psychological distress (anxiety and depression), PTSD symptomatology, sleep disturbance, and anger in relation to postdeployment measures of PTSD symptomatology and alcohol use.

RESULTS:
Time 1 measures predicted 24.4% of the variance in postdeployment PCL-C scores and 13.1% of the variance in AUDIT scores, with the Sleep Difficulties scale contributing to the prediction of the PCL-C score and the anger scale helping to predict AUDIT scores.

CONCLUSION:
On the basis of these findings, we recommend the inclusion of improved measures of both anger and sleep difficulties in end-of-deployment mental health screens. A less behaviorally specific and more wide-ranging anger scale is recommended for future studies that aim to evaluate the role of anger in screening batteries. Our findings suggest that the Sleep Difficulties scale used in this study would be a worthwhile addition to mental health screening because it is moderately correlated with both Time 1 and Time 2 measures of PTSD symptomatology and psychological distress. Furthermore, there is minimal stigma associated with the experience of sleep difficulties.

Risk Factors for Incident Postdeployment Mental Health Conditions Among U.S. Air Force Medical Service Personnel.

Maupin GM, Tvaryanas AP, White ED, Lysfjord HJ

The prevalence of postdeployment mental health (PDMH) conditions in military health care personnel appears to be on par with that of other military personnel. However, there is no comprehensive analysis of incident PDMH conditions within the overall population of U.S. Air Force Medical Service personnel. This study explored the epidemiology of incident PDMH conditions among Air Force Medical Service personnel returning from deployment. A cohort survival analysis was conducted of 24,409 subjects without preexisting mental health conditions and at least one deployment during 2003-2013. Electronic health record data were used to ascertain the diagnosis of a PDMH condition. The primary outcome measure was an incident PDMH condition defined as a mental health diagnosis on at least two separate clinical encounters. The incidence of PDMH conditions was 59.74 per 1,000 person-years. Adjustment, anxiety, mood, sleep, and post-traumatic stress disorders accounted for 78% diagnoses. Protective factors included officer, surgeon, specific enlisted career fields, Air National Guard or Air Force Reserve, and multiple deployments. Risk factors included nurse, other specific enlisted career fields, female, and unmarried with dependents. Most subjects (73%) were diagnosed within the standard 30-month surveillance time period; median time to diagnosis was 13 months. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

Bereaved Military Dependent Spouses and Children: Those Left Behind in a Decade of War (2001-2011).

Cozza SJ, Fisher JE, Zhou J, Harrington-LaMorie J, La Flair L, Fullerton CS, Ursano RJ

BACKGROUND:
U.S. military service members die from a variety of causes (i.e., accidents, combat, illnesses, homicide, suicide, and terrorism) while on duty and in greater numbers during times of war, leaving behind bereaved dependent family members. Identifying characteristics of these dependent families improves our understanding of their unique needs, helps educate service providers who offer assistance to these surviving family members, and better informs policy addressing their health and well-being. This study describes deceased U.S. military service members (DSMs) who died on active duty between September 11, 2001 and September 11, 2011 and their surviving dependent spouses and children.

METHODS:
Characteristics of DSMs (service branch, rank, and cause of death) and characteristics of spouse-with-children and spouse-only families (ages of dependents, time since loss, and distance from a military installation) were examined.

RESULTS:
15,938 DSMs died from a variety of causes (e.g., accidents, combat, and illnesses). 55% of DSMs had dependent spouses and 56% of those spouses had children. Most surviving dependent spouses and children were young (mean ages = 32.8, 10.3 years; SD = 9.3, 7.3 years, respectively) at the time of DSM death. Many of these young dependents were related to a DSM who experienced a sudden and violent death. 60% of spouse-with-children families and 58% of spouse-only families lived farther than 60 miles from a military installation. Time since loss (range = 1.3-11.3 years) did not predict distance to installation.

CONCLUSIONS:
Findings characterize surviving spouses and their children, suggest potential risk for problematic grief outcomes, and underscore the importance of educating service providers about how to support military survivor family health and resilience. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

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http://onlinelibrary.wiley.com/doi/10.1111/famp.12282/full

Testing a Military Family Stress Model.

Gewirtz, A. H., DeGarmo, D. S. and Zamir, O.

The current study examines a military family stress model, evaluating associations between deployment-related stressors (i.e., deployment length/number, posttraumatic stress disorder [PTSD] symptoms) and parent, child, parenting, and dyadic adjustment among families in which a parent had previously deployed to Iraq or Afghanistan in the recent conflicts. Married families (N = 293) with at least one child between the ages of 4 and 12 were recruited from a Midwestern state. Service members were from the

Reserve Component (National Guard or Reserves); fathers (N = 253) and/or mothers had deployed (N = 45) to the recent conflicts in the Middle East. Multiple-method (observations of parenting and couple interactions; questionnaires) and multiple informant measures were gathered online and in the homes of participants, from parents, children, and teachers. Findings demonstrated associations between mothers' and fathers' PTSD symptoms and a latent variable of child adjustment comprising teacher, parent, and child report. Mothers' but not fathers' PTSD symptoms were also associated with dyadic adjustment and parenting practices; parenting practices were in turn associated with child adjustment. The results are discussed in terms of their implications for military family stress research and interventions to support and strengthen parents and families after deployment.

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http://psycnet.apa.org/journals/trm/23/1/1/

Resilience and trauma: Expanding definitions, uses, and contexts.

McCleary, Jennifer; Figley, Charles

Resilience concepts have gained widespread use in scholarship and practice, yet definitions, measures, and uses of resilience remain complex and multifaceted. Resilience has been described as both an outcome and a process and has been used to refer to both individuals and communities. Scholars have also critiqued resilience theories and practice models as being difficult to define, too heavily focused on individual psychometric properties, and obscuring structural causes of adversity. While there are significant and powerful benefits to a more strengths-based approach to trauma and recovery, vague and contradictory definitions and critical questioning of the social justice consequences of a reliance on resilience indicate a need for continued interrogation of the concept of resilience in trauma scholarship. A host of disciplines from social work to psychology to family social science incorporate resilience concepts into their knowledge bases and are all well positioned to engage in a critical conversation about the definition, utility, and future of the concept. This special issue is a collection of 14 articles that contribute to the discourse of trauma through the resilience lens. Most of the articles in this special issue report on original research that examines issues relevant to trauma psychology and trauma practice. The others add to

the discourse on the mechanisms that account for how and why we are resilient following traumatic events and how best to prepare for and thrive after the next traumatic event. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Self-Reported Lifetime Depression and Current Mental Distress Among Veterans Across Service Eras.

Boakye EA, Buchanan P, Wang J, Stringer L, Geneus C, Scherrer JF

INTRODUCTION:
Limited research exists comparing the prevalence of lifetime depression and current mental distress between veterans and nonveterans by military service era. We compared the prevalence of self-reported lifetime depression and current mental distress between veterans and nonveterans of the World War II, Korea, Vietnam, and Gulf War eras.

METHODS:
Data from the 2012 Behavior Risk Factor Surveillance System were analyzed for 243,561 survey participants aged 18 years and older. Separate multivariable logistic regression models were computed for each service era to estimate the association between veteran status and lifetime depression and current mental distress.

RESULTS:
Lifetime depression was lower among veterans vs. nonveterans who served in the military during World War II era (adjusted odds ratio [aOR] = 0.54; 95% confidence interval [CI] = 0.43-0.66) and the Korean War era (aOR = 0.50; 95% CI = 0.42-0.59) but higher among veterans vs. nonveterans of the Vietnam War era (aOR = 1.39; 95% CI = 1.43-1.73). Similarly, current mental distress was lower among veterans vs. nonveterans of the World War II era (aOR = 0.56; 95% CI = 0.44-0.71) and the Korean War era (aOR = 0.47; 95% CI = 0.37-0.60) but higher among veterans vs. nonveterans of the Vietnam War era (aOR = 1.14; 95% CI = 1.02-1.28).

CONCLUSION:
Both lifetime depression rates and current mental distress differed among veterans

compared to nonveterans within each service era. Understanding the burden of depressive disorder among veterans of all eras may facilitate efficient and effective treatment and allocation of mental health care resources. Reprint & Copyright © of 2017 Association Military Surgeons of the U.S.

Health-Related Coping Behaviors and Mental Health in Military Personnel.

Morgan JK, Hourani L, Tueller S

BACKGROUND:
Our previous research has highlighted the important link between coping behaviors and mental health symptoms in military personnel. This study seeks to extend these findings by examining each coping behavior and mental health issue individually. This study has four specific aims: (1) test cross-sectional relationships between coping and mental health at baseline and follow-up, (2) examine stability of each variable over time, (3) determine the predictive nature of baseline mental health and coping on subsequent mental health and coping, (4) assess the magnitude of each effect to evaluate the differential predictive value of coping behaviors and mental health symptoms.

METHODS:
A convenience sample of U.S. Army platoons of the 82nd Airborne was surveyed. We used a two-wave, cross-lagged autoregression design with structural equation modeling to disentangle elements of temporality and to examine the predictive value of mental health status vis-à-vis coping behaviors and vice versa. Separate analyses were performed with each coping strategy and each set of mental health symptoms. This design allowed for the analysis of two synchronous associations (i.e., cross-sectional correlations between the coping strategy and mental health symptoms at each time point), two autoregressive effects (i.e., baseline mental health predicting mental health at follow-up and baseline coping predicting coping at follow-up), and two cross-lagged effects (i.e., baseline coping strategy predicting mental health at follow-up and baseline mental health predicting follow-up coping).

RESULTS:
Results of descriptive statistics revealed that the most frequently reported coping

behavior was thinking of a plan to solve the problem, followed by talking to a friend, engaging in a hobby, and exercising or playing sports. The least often endorsed coping behaviors were smoking marijuana or using illicit drugs and thinking about hurting or killing oneself, followed by having a drink or lighting up a cigarette. We verified many cross-sectional relationships between coping behaviors and mental health symptoms. Specifically, talking to a friend, exercising or playing sports, engaging in a hobby, and thinking of a plan were associated with fewer anxiety, perceived stress, and depression symptoms, whereas smoking a cigarette, having a drink, and thinking about hurting or killing oneself were associated with more anxiety, perceived stress, and depressive symptoms. Marijuana and illicit drug use was also associated with higher depressive symptoms. Saying a prayer was not significantly related to mental health. Only four cross-lagged effects were significant. Those who reported more depressive symptoms at Time 1 reported talking to friends and family less and exercising or playing sports less as coping behaviors at Time 2. Baseline perceived stress predicted less likelihood of engaging in a hobby at follow-up, whereas exercising or playing sports as a coping behavior at baseline predicted lower perceived stress at follow-up.

DISCUSSION:
This study expands the evidence for the associations between coping behaviors and psychological health or distress to specific mental health symptoms, particularly in military service members, and provides comparisons of magnitude of each association. Clinically, this knowledge is critical to more efficiently target behaviors with the greatest associations to mental health in military personnel. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

Links of Interest

Female Marine Joining Infantry Through Process Previously Closed to Women
http://www.voanews.com/a/female-marines-infantry-process-once-closed-women/3769248.html

American College of Physicians Guideline: Opioids Should Be Last Resort for Low Back Pain
http://journals.lww.com/neurotodayonline/Fulltext/2017/03160/American_College_of_Physicians_Guideline__Opioids.7.aspx

This Army chaplain stopped a machete-wielding soldier during a hostage situation
https://www.armytimes.com/articles/this-army-chaplain-stopped-a-machete-wielding-soldier-during-a-hostage-situation

Don't get left behind: Sailors without college degrees may struggle to stay competitive
https://www.navytimes.com/articles/enlisted-degree-cover

Corps' new mandatory social media pledge will make UCMJ prosecutions easier
https://www.marinecorpstimes.com/articles/marines-pledge-photo-scandal

Report: More than one-fourth of veterans' suicide hotline calls to go to backup lines
http://www.militarytimes.com/articles/unanswered-calls-veterans-crisis-line-report-2017

Anxiety Therapy Better for Depression Than CBT?
http://www.medscape.com/viewarticle/877486

Best for Refs: New nonprofit helps veterans become sports officials
http://www.militarytimes.com/articles/best-for-refs-new-nonprofit-helps-veterans-become-sports-officials

The Dark Side of Gender Segregation in the Military
https://warontherocks.com/2017/03/the-dark-side-of-gender-segregation-in-the-military/

DoD Releases Report on Sexual Harassment and Violence at Military Service Academies
https://www.defense.gov/News/News-Releases/News-Release-View/Article/1114265/dod-releases-report-on-sexual-harassment-and-violence-at-military-service-acade

U.S. Suicide Rates Rising Faster Outside Cities
https://medlineplus.gov/news/fullstory_164134.html

Drug and alcohol problems linked to increased veteran suicide risk, especially in women
https://www.sciencedaily.com/releases/2017/03/170316092949.htm

Few Military Doctors Well-Trained in Transgender Care: Study
https://medlineplus.gov/news/fullstory_164063.html

Anxiety is a stronger harbinger of alcohol problems than stress
https://www.sciencedaily.com/releases/2017/03/170310092337.htm

Aligning depression treatment to patient need leads to efficient care
https://www.sciencedaily.com/releases/2017/03/170320120346.htm

Tackling depression by changing the way you think
https://www.sciencedaily.com/releases/2017/03/170313102414.htm

Better sleep feels like winning the lottery
https://www.sciencedaily.com/releases/2017/03/170316112136.htm

Challenges veterans face when transitioning from the battlefield to the classroom
https://www.sciencedaily.com/releases/2017/03/170316141130.htm

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Resource of the Week: The Role of Special and Incentive Pays in Retaining Military Mental Health Care Providers (RAND Corporation)

After more than a decade of war, the military services have many returning personnel with mental health needs, and thus the United States needs to ensure that it has the capacity to address their needs. Officer special and incentive (S&I) pays are used to create incentives for officer retention to meet manning requirements. However, no capability exists to assess how alternative S&I pay adjustments affect the retention of mental health care officers, and, as a result, policymakers lack an analytical and empirical basis for determining the effect of such adjustments on retention.

The authors of this report adapt RAND's dynamic retention model (DRM) to handle multiyear special pay and develop estimates of expected military and civilian pay over a career, which are needed inputs to the model. Using longitudinal data on officer retention for entry cohorts from 1990 to 2000 followed to 2010, the authors obtain DRM parameter estimates for psychiatrists, psychologists, nurses, occupational therapists, physician assistants, and social workers. Nearly all estimates are statistically significant, and the estimated models fit the data well. To demonstrate the needed capability, the authors use the estimated models to simulate the retention effects of alternative S&I pays.
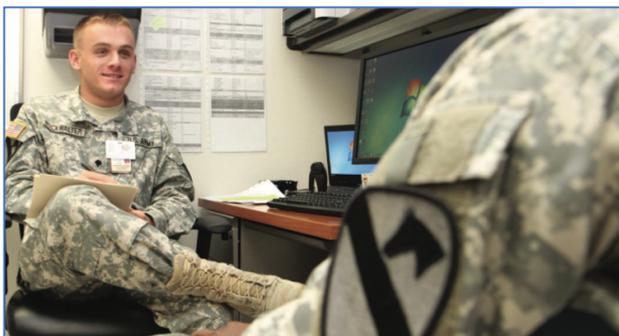
The Role of Special and
Incentive Pays in Retaining
Military Mental Health
Care Providers

James Hosek, Shanthi Nataraj, Michael G. Mattock, Beth J. Asch

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