

CDP



Research Update -- October 26, 2017

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- Focus: The Journal of Lifelong Learning in Psychology -- Treating the Invisible Wounds of War: Focus on PTSD and TBI (special issue)
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- Factors Influencing Suicide Risk Assessment and Management in VA Primary Care Clinics: A Qualitative Study of Provider Perspectives.
- Predictors of Suicide Risk in Iraq and Afghanistan Veterans.
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<https://www.ptsd.va.gov/professional/newsletters/research-quarterly/V28N4.pdf>

PTSD and Death from Suicide

Jaimie L. Gradus, DSc, MPH

PTSD Research Quarterly
VOLUME 28/NO. 4, OCTOBER 2017

This issue of the PTSD Research Quarterly provides a very thoughtful and comprehensive guide to the current literature on the association between PTSD and death by suicide.

<http://focus.psychiatryonline.org/toc/foc/15/4>

Focus: The Journal of Lifelong Learning in Psychology Special Issue

Treating the Invisible Wounds of War: Focus on PTSD and TBI

Volume 15, Issue 4, Fall 2017

Care of Veterans Through the Warrior Care Network

Mark H. Pollack, M.D., Naomi M. Simon, M.D., M.Sc., Barbara O. Rothbaum, Ph.D., A.B.P.P.

15(4), pp. 377

<https://doi.org/10.1176/appi.focus.20170037>

Intensive Treatment Models to Address Posttraumatic Stress Among Post-9/11 Warriors: The Warrior Care Network

Margaret M. Harvey, Psy.D., Sheila A.M. Rauch, Ph.D., A.B.P.P., Alyson K. Zalta, Ph.D., Jo Sornborger, Psy.D., Mark H. Pollack, M.D., Barbara O. Rothbaum, Ph.D., A.B.P.P., Lauren M. Laifer, B.A., Naomi M. Simon, M.D., M.Sc.

15(4), pp. 378–383

<https://doi.org/10.1176/appi.focus.20170022>

Psychiatric Comorbidity and Psychosocial Problems Among Treatment-Seeking Veterans With a History of Mild Traumatic Brain Injury

Magdalena Wojtowicz, Ph.D., Noah D. Silverberg, Ph.D., Eric Bui, M.D., Ph.D., Ross Zafonte, D.O., Naomi Simon, M.D., M.Sc., Grant L. Iverson, Ph.D.

15(4), pp. 384–389

<https://doi.org/10.1176/appi.focus.20170028>

Integrative Therapy Approaches for Posttraumatic Stress Disorder: A Special Focus on Treating Veterans

Jo Sornborger, Psy.D., Alice Fann, M.D., Ph.D., J. Greg Serpa, Ph.D., Jennifer Ventrelle, M.S. R.D.N., Melissa Ming Foynes, Ph.D., Megan Carleton, A.T.R., L.M.H.C., Andrew M. Sherrill, Ph.D., Lan K. Kao, M.A.T.C.M., Rafaella Jakubovic, B.S., Eric Bui, M.D., Patricia Normand, M.D., Louisa G. Sylvia, Ph.D.

15(4), pp. 390–398

<https://doi.org/10.1176/appi.focus.20170026>

Understanding the Impact and Treatment of Moral Injury Among Military Service Members

Philip Held, Ph.D., Brian J. Klassen, Ph.D., Alyson K. Zalta, Ph.D., Mark H. Pollack, M.D.

15(4), pp. 399–405

<https://doi.org/10.1176/appi.focus.20170023>

Expanding the Reach of Effective PTSD Treatment Into Primary Care: Prolonged Exposure for Primary Care

Sheila A. M. Rauch, Ph.D., A.B.P.P., Jeffrey Cigrang, Ph.D., A.B.P.P., David Austern, Psy.D., Ashley Evans, B.S. For the STRONG STAR Consortium

15(4), pp. 406–410

<https://doi.org/10.1176/appi.focus.20170021>

An Overview of Sexual Trauma in the U.S. Military

Ashton M. Lofgreen, Ph.D., Kathryn K. Carroll, L.C.S.W., Sheila A. Dugan, M.D., Niranjana S. Karnik, M.D., Ph.D.

15(4), pp. 411–419

<https://doi.org/10.1176/appi.focus.20170024>

Posttraumatic Stress Disorder and Military-Connected Families: The Relevance of a Family-Centered Approach

Patricia Lester, M.D., Paula Rauch, M.D., Laura Loucks, Ph.D., Jo Sornborger, Psy.D., Bonnie Ohye, Ph.D., Niranjana S. Karnik, M.D., Ph.D.

15(4), pp. 420–428

<https://doi.org/10.1176/appi.focus.20170027>

ASK THE EXPERT

Treating a Veteran Who Has PTSD

Mary C. Vance, M.D.

15(4), pp. 429–431

<https://doi.org/10.1176/appi.focus.20170036>

COMMUNICATION COMMENTARY

Optimizing Empathy: Physician Self-Care as a Crucial Component of Trauma-Informed Treatment

Dorothy E. Stubbe, M.D.

15(4), pp. 432–434

<https://doi.org/10.1176/appi.focus.20170033>

ETHICS COMMENTARY

Ethical Considerations in the Treatment of PTSD in Military Populations

Suzanne Yang, M.D., Brett Schneider, M.D., Gary H. Wynn, M.D., Edmund Howe III, M.D., J.D.

15(4), pp. 435–440

<https://doi.org/10.1176/appi.focus.20170035>

SAFETY COMMENTARY

Ensuring a Safe, Trauma-Informed System of Care

Sunil Khushalani, M.D., and Victor Welzant, Psy.D.

15(4), pp. 441–444

<https://doi.org/10.1176/appi.focus.20170034>

APPLIED ARMAMENTARIUM

Surveying Psychiatrists' Psychopharmacology Practices Across Common Clinical Scenarios

Boadie W. Dunlop, M.D., M.S., and Jeffrey J. Rakofsky, M.D.

15(4), pp. 445–449

<https://doi.org/10.1176/appi.focus.20170029>

BIBLIOGRAPHY

Bibliography: Treating the Invisible Wounds of War: Focus on PTSD and TBI

15(4), pp. 450–451

<https://doi.org/10.1176/appi.focus.150401>

ABSTRACTS

Abstracts: Treating the Invisible Wounds of War: Focus on PTSD and TBI

15(4), pp. 452–453

<https://doi.org/10.1176/appi.focus.150402>

INFLUENTIAL PUBLICATIONS

Pharmacologic Management of Comorbid Post-Traumatic Stress Disorder and Addictions

Daryl Shorter, MD., John Hsieh, MD., Thomas R. Kosten, MD.

15(4), pp. 454–461

<https://doi.org/10.1176/appi.focus.150405>

Primum Non Nocere (First Do No Harm): Symptom Worsening and Improvement in Female Assault Victims After Prolonged Exposure for PTSD

Nuwan Jayawickreme, Ph.D., Shawn P. Cahill, Ph.D., **David S. Riggs, Ph.D.**, Sheila A. M. Rauch, Ph.D., Patricia A. Resick, Ph.D., Barbara O. Rothbaum, Ph.D., and Edna B. Foa, Ph.D.

15(4), pp. 462–468

<https://doi.org/10.1176/appi.focus.150404>

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1379450>

Caring for Children and Meeting Mission Needs: Experiences of Parents in Dual-Military Families.

Ann Hergatt Huffman, Nora Dunbar, Victoria VanPuyvelde, Zachary P. Klinefelter & Kathrine S. Sullivan

Military Behavioral Health

Accepted author version posted online: 19 Sep 2017

<http://dx.doi.org/10.1080/21635781.2017.1379450>

The military has implemented policies and programs to support military members in dealing with child care issues. The current study examines dual-military parents' attitudes toward child care issues in the military. Using qualitative data from 17 focus groups conducted at 6 military installations, the authors review dual-military parents' perceptions of the Family Care Plan and on-post child care services. The results suggest 3 key issues related to the Family Care Plan (organization-related stressors, care-related stressors, and noncompliance stressors) and two key issues related to on-post child care (structural obstacles to using on-post child care, and dual-military personnel strategies).

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1379452>

Factors Influencing Suicide Risk Assessment and Management in VA Primary Care Clinics: A Qualitative Study of Provider Perspectives.

Megan L. Petrik, Benjamin F. Miller & Bridget B. Matarazzo

Military Behavioral Health

Accepted author version posted online: 15 Sep 2017

<http://dx.doi.org/10.1080/21635781.2017.1379452>

This study obtained the perspectives of 11 providers employed in Veteran Affairs (VA) primary care clinics across 4 states regarding the factors that influence the assessment and management of suicide risk. Qualitative data was analyzed using a hybrid inductive-deductive thematic analysis approach. Themes highlighted the impact of a trusting patient-provider relationship, multidisciplinary team-based care, education

about suicide prevention from integrated behavioral health providers, reliable access to mental health care, and VA system-wide suicide prevention efforts in supporting generalists' ability to effectively assess and manage veterans' suicide. Recommendations for enhancing evidence-based care for suicide risk in primary care are discussed.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1379453>

Predictors of Suicide Risk in Iraq and Afghanistan Veterans.

Neal Doran, Kristin Brikmanis, James Pittman, Elizabeth Floto & Niloofar Afari

Military Behavioral Health

Accepted author version posted online: 14 Sep 2017

<http://dx.doi.org/10.1080/21635781.2017.1379453>

The rate of suicide among veterans has grown substantially. One potential explanation is increased psychiatric risk in recent veterans. This retrospective chart review study tested associations between psychiatric symptoms and suicide risk in recent veterans enrolling in VA healthcare among participants (n = 366) from the VA eScreening study who had a suicide risk assessment within 6 months. Depression, anger/aggression, and lower resilience predicted suicide risk status (all ps < .05), but posttraumatic stress symptoms did not. Findings reinforce the importance of mental health screening among veterans seeking healthcare.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1379451>

Clinical Supervision and Management of U.S. Army Behavioral Health Technicians.

Tim Hoyt

Military Behavioral Health

Accepted author version posted online: 13 Sep 2017

<http://dx.doi.org/10.1080/21635781.2017.1379451>

For the past century, enlisted behavioral health technicians have played a significant paraprofessional role throughout the world in the provision of behavioral healthcare for the U.S. Army. This article reviews the background, training, and daily duty requirements of enlisted behavioral health technicians. Lessons learned for the training and supervision of enlisted behavioral health technicians are discussed, including active career engagement, using technicians with younger service members, and leveraging technicians who are licensed in other professional disciplines.

<http://online.liebertpub.com/doi/abs/10.1089/acm.2017.0236>

Complementary and Alternative Medicine Services in the Military Health System.

Herman Patricia M., Sorbero Melony E., and Sims-Columbia Ann C.

The Journal of Alternative and Complementary Medicine

October 2017, ahead of print

<https://doi.org/10.1089/acm.2017.0236>

Objectives:

Surveys of military personnel indicate substantial use of complementary and alternative medicine (CAM) that possibly exceeds use in the general U.S. population. Although military treatment facilities (MTFs) are known to offer CAM, surveys do not indicate where service members receive this care. This study offers a comprehensive system-wide accounting of the types of CAM offered across the military health system (MHS), the conditions for which it is used, and its level of use. These data will help MHS policymakers better support their population's healthcare needs.

Design:

A census survey of MTFs across the MHS on all CAM use, supplemented where possible by MHS utilization data.

Outcome measures:

Types of CAM offered by each MTF, reasons given for offering CAM, health conditions for which CAM is used, and number of patient visits for each CAM type.

Results:

Of the 142 MTFs in the MHS, 133 (94%) responded. Of these, 110 (83%) offer at least one type of CAM and 5 more plan to offer CAM services in the future. Larger MTFs

(those reporting $\geq 25,000$ beneficiaries enrolled) are both more likely to offer CAM services ($p < 0.001$) and a larger number (>10) of different types of CAM ($p = 0.010$) than smaller MTFs. Three-fourths of MTFs offering CAM provide stress management/relaxation therapy, two-thirds provide acupuncture, and at least half provide progressive muscle relaxation, guided imagery, chiropractic, and mindfulness meditation. MTFs most commonly report CAM use for pain and mental health conditions. Acupuncture and chiropractic are most commonly used for pain, and stress management/relaxation therapy and mind-body medicine combinations are most often used for mental health-related conditions. We estimate 76,000 CAM patient encounters per month across the MHS.

Conclusions:

The availability of CAM services in the MHS is widespread and is being used to address a range of challenging pain and mental health conditions.

<https://link.springer.com/article/10.1007/s10608-017-9873-6>

Therapist Behaviors as Predictors of Immediate Homework Engagement in Cognitive Therapy for Depression.

Cognitive Therapy and Research

First Online: 16 October 2017

DOI <https://doi.org/10.1007/s10608-017-9873-6>

Homework assignments are an integral part of cognitive therapy (CT) for depression, though facilitating homework engagement in patients with depression can be a challenge. We sought to examine three classes of therapist behaviors as predictors of homework engagement in early sessions of CT: therapist behaviors related to the review of homework, the assignment of homework, and efforts to help patients overcome obstacles to completing homework. In a sample of 66 depressed outpatients participating in CT, therapist behaviors involved in assigning homework predicted both CT-specific homework engagement and more general homework engagement. Therapist behaviors involved in homework review were not predictive of homework engagement. Our findings are consistent with the possibility that therapists' emphasis of key elements of the homework assignment process enhances patients' engagement in homework in early sessions of CT.

<https://www.ijme.net/archive/8/competency-of-professionalism.pdf>

Defining the competency of professionalism at two military medical centers.

Mary J. Edwards, Chris Foster, Clifton Yu, Gary Crouch, Virginia Randall

International Journal of Medical Education

2017;8:351-352

DOI: 10.5116/ijme.59c6.2634

The subject of professionalism has received much attention in recent literature, and in the United States is listed in both the Liaison Committee on Medical Education (LCME) standards and the Accreditation Council on Graduate Medical Education (ACGME) clinical competencies as an essential component of pre-and postgraduate medical education. While definitions and assessment methods for professionalism abound, what is lacking is an understanding of how learners understand and define professionalism. Adult learning theory posits that adults learn best when the material being taught relates to their learning situation and helps them approach problems they are encountering in real life. Through better appreciation of the learner's perspective and understanding of professionalism, educators can develop more efficient and targeted curricula. We surveyed resident physicians at two large military training centers to understand their perspective on professionalism.

<https://www.ncbi.nlm.nih.gov/pubmed/29039285>

Psychol Med. 2017 Oct 17:1-12. doi: 10.1017/S0033291717003105. [Epub ahead of print]

Prospective risk factors for post-deployment heavy drinking and alcohol or substance use disorder among US Army soldiers.

Campbell-Sills L, Ursano RJ, Kessler RC, Sun X, Heeringa SG, Nock MK, Sampson NA, Jain S, Stein MB

BACKGROUND:

Investigations of drinking behavior across military deployment cycles are scarce, and few prospective studies have examined risk factors for post-deployment alcohol misuse.

METHODS:

Prevalence of alcohol misuse was estimated among 4645 US Army soldiers who participated in a longitudinal survey. Assessment occurred 1-2 months before soldiers deployed to Afghanistan in 2012 (T0), upon their return to the USA (T1), 3 months later (T2), and 9 months later (T3). Weights-adjusted logistic regression was used to evaluate associations of hypothesized risk factors with post-deployment incidence and persistence of heavy drinking (HD) (consuming 5 + alcoholic drinks at least 1-2×/week) and alcohol or substance use disorder (AUD/SUD).

RESULTS:

Prevalence of past-month HD at T0, T2, and T3 was 23.3% (s.e. = 0.7%), 26.1% (s.e. = 0.8%), and 22.3% (s.e. = 0.7%); corresponding estimates for any binge drinking (BD) were 52.5% (s.e. = 1.0%), 52.5% (s.e. = 1.0%), and 41.3% (s.e. = 0.9%). Greater personal life stress during deployment (e.g., relationship, family, or financial problems) - but not combat stress - was associated with new onset of HD at T2 [per standard score increase: adjusted odds ratio (AOR) = 1.20, 95% CI 1.06-1.35, $p = 0.003$]; incidence of AUD/SUD at T2 (AOR = 1.54, 95% CI 1.25-1.89, $p < 0.0005$); and persistence of AUD/SUD at T2 and T3 (AOR = 1.30, 95% CI 1.08-1.56, $p = 0.005$). Any BD pre-deployment was associated with post-deployment onset of HD (AOR = 3.21, 95% CI 2.57-4.02, $p < 0.0005$) and AUD/SUD (AOR = 1.85, 95% CI 1.27-2.70, $p = 0.001$).

CONCLUSIONS:

Alcohol misuse is common during the months preceding and following deployment. Timely intervention aimed at alleviating/managing personal stressors or curbing risky drinking might reduce risk of alcohol-related problems post-deployment.

<https://www.ncbi.nlm.nih.gov/pubmed/28886114>

PLoS One. 2017 Sep 8;12(9):e0184265. doi: 10.1371/journal.pone.0184265.
eCollection 2017

Delivery of mental health treatment to combat veterans with psychiatric diagnoses and TBI histories.

Miles SR, Harik JM, Hundt NE, Mignogna J, Pastorek NJ, Thompson KE, Freshour JS, Yu HJ, Cully JA

Traumatic brain injury (TBI) and mental health (MH) disorders are prevalent in combat veterans returning from Afghanistan and/or Iraq (hereafter referred to as returning veterans). Accurate estimates of service utilization for veterans with and without TBI exposure (referred to as TBI history) are imperative in order to provide high quality healthcare to returning veterans. We examined associations between TBI history and MH service utilization in a subsample of returning veterans who were newly diagnosed with posttraumatic stress disorder (PTSD), depression, and/or anxiety in the 2010 fiscal year (N = 55,458). Data were extracted from the Veterans Health Administration (VHA) National Patient Care Database. Veterans with MH diagnoses and TBI histories attended significantly more psychotherapy visits, (M = 8.32 visits, SD = 17.15) and were more likely to attend at least 8 psychotherapy visits, (15.7%) than veterans with MH diagnoses but no TBI history (M = 6.48 visits, SD = 12.12; 10.1% attended at least 8 sessions). PTSD and TBI history, but not depression or anxiety, were associated with a greater number of psychotherapy visits when controlling for demographic and clinical variables. PTSD, anxiety, depression, and TBI history were associated with number of psychotropic medication-management visits. TBI history was related to greater MH service utilization, independent of MH diagnoses. Future research should examine what MH services are being utilized and if these services are helping veterans recover from their disorders.

<https://muse.jhu.edu/article/673461/summary>

Military-Connected Student Academic Success at 4-Year Institutions: A Multi-Institution Study.

Denise N. Williams-Klotz, Ann M. Gansemer-Topf

Williams-Klotz, D. N. & Gansemer-Topf, A. M.

Journal of College Student Development
vol. 58 no. 7, 2017, pp. 967-982
Project MUSE, doi:10.1353/csd.2017.0078

We examined how the experiences—academic, financial, social, and personal—and relationship factors of military-connected students attending a 4-year institution are associated with their academic success. This multi-institution study highlights the demographic characteristics, experiences, and campus relationships that are associated with military-connected students' GPA.

[http://www.drugandalcoholdependence.com/article/S0376-8716\(17\)30521-5/fulltext](http://www.drugandalcoholdependence.com/article/S0376-8716(17)30521-5/fulltext)

Insomnia treatment in the context of alcohol use disorder: A systematic review and meta-analysis.

Mary Beth Miller, Marissa L. Donahue, Kate B. Carey, Lori A.J. Scott-Sheldon

Drug and Alcohol Dependence

Published online: October 20, 2017

DOI: <http://dx.doi.org/10.1016/j.drugalcdep.2017.09.029>

Purpose

To determine the efficacy of behavioral and pharmacological interventions for insomnia among individuals with alcohol use disorder (AUD).

Procedures

Comprehensive literature searches of psychological, medical, and educational databases were conducted through October 2016. Eligible studies evaluated the efficacy of an insomnia intervention, included a comparison condition, sampled individuals with AUD and either insomnia disorder or complaints of insomnia, assessed sleep-related outcomes, and provided relevant statistics to calculate between-group effect sizes. Effect sizes were estimated for sleep quality, days of alcohol abstinence, and symptoms of depression. Type of intervention (behavioral versus pharmacological) was tested as a moderator of intervention efficacy.

Main Findings

Nine studies met eligibility criteria and were included in the final review and meta-analysis. Random-effects models indicated that intervention participants reported greater improvements in sleep quality ($d+ = 0.62$, 95%CI = 0.28, 0.97) and symptoms of depression ($d+ = 0.52$, 95%CI = 0.06, 0.98) than control participants. Participants reported significantly greater improvements in sleep quality in response to behavioral ($d+ = 1.20$, 95%CI = 0.70, 1.70) as opposed to pharmacological ($d+ = 0.43$, 95%CI = 0.19, 0.67) interventions. Behavioral ($d+ = 0.74$, 95%CI = 0.31, 1.18) and pharmacological ($d+ = 0.08$, 95%CI = -0.64, 0.78) interventions did not have significantly different effects on depressive symptoms. Neither behavioral nor pharmacological interventions improved rates of alcohol abstinence.

Conclusions

Insomnia interventions improve sleep quality and reduce symptoms of depression among individuals with comorbid AUD. Given the methodological weaknesses of studies reviewed, additional research is needed to determine the efficacy of insomnia treatment in improving rates of alcohol relapse within this population.

<http://journals.sagepub.com/doi/abs/10.1177/0141076817731904>

Cognitive behavioural therapy halves the risk of repeated suicide attempts: systematic review.

Peter C Gøtzsche, Pernille K Gøtzsche

Journal of the Royal Society of Medicine
First Published October 18, 2017
<https://doi.org/10.1177/0141076817731904>

Objective

To study whether cognitive behavioural therapy decreases suicide attempts in people with previous suicide attempts.

Design

Systematic review and meta-analysis.

Setting

Randomised trials that compare cognitive behavioural therapy with treatment as usual.

Participants

Patients who had engaged in any type of suicide attempt in the six months prior to trial entry resulting in presentation to clinical services.

Main outcome measure

Suicide attempt.

Results

We included ten trials, eight from Cochrane reviews and two from our updated searches (1241 patients, 219 of whom had at least one new suicide attempt). Cognitive behavioural therapy compared to treatment as usual reduced the risk of a new suicide

attempt; risk ratio 0.47; 95% confidence interval 0.30–0.73; $p = 0.0009$; $I^2 = 57\%$. Only seven suicides were reported (3 versus 4). One trial had an unusually large effect; if this trial is excluded, the risk ratio becomes 0.61 (0.46–0.80) and the heterogeneity in the results disappears ($I^2 = 0\%$).

Conclusions

Cognitive behavioural therapy reduces not only repeated self-harm but also repeated suicide attempts. It should be the preferred treatment for all patients with depression.

Links of Interest

Leading experts on combat PTSD gather in San Antonio to discuss treatment
<http://www.kens5.com/news/local/military/leading-experts-on-combat-ptsd-gather-in-san-antonio-to-discuss-treatment-1/484294954>

Cognitive Behavioral Therapy Expert Aaron Beck Going Strong at 96
<http://jewishexponent.com/2017/10/18/cognitive-behavioral-therapy-expert-aaron-beck-going-strong-96/>

The Secrets of Sleep
<https://www.newyorker.com/magazine/2017/10/23/the-secrets-of-sleep>

Online CBT for Insomnia Also Cuts Paranoia, Hallucinations
<https://www.medscape.com/viewarticle/887452>

One in four troops sees white nationalism in the ranks
<https://www.militarytimes.com/news/pentagon-congress/2017/10/23/military-times-poll-one-in-four-troops-sees-white-nationalism-in-the-ranks/>

Maryland becomes a battleground in transgender military ban fight
<https://www.militarytimes.com/news/pentagon-congress/2017/10/24/maryland-a-battleground-in-transgender-military-ban-fight/>

It's Time To Address The Staggering Rate Of Suicide Among Servicewomen And Female Vets
<http://taskandpurpose.com/time-address-staggering-rate-suicide-among-servicewomen-female-vets/>

John Kelly said ‘women were sacred.’ That attitude perpetuates the military’s culture of misogyny

<https://www.washingtonpost.com/news/checkpoint/wp/2017/10/24/john-kelly-said-women-were-sacred-that-attitude-perpetuates-the-militarys-culture-of-misogyny/>

Experts Look at How Sexual Assault Impacts Male Service Members

<https://www.dcoe.mil/news/17-10-25/experts-look-how-sexual-assault-impacts-male-service-members>

Resource of the Week: [Improving Child Abuse Reporting and Treatment for Military Families](#) (Children’s Hospital of Philadelphia - Policy Lab)

As recently as 2014, the U.S. military reported rates of child abuse and neglect that were 45 percent lower than those of the general civilian population. However, recent PolicyLab research suggests that the U.S. Army may be unaware of a large proportion of child maltreatment cases among its families because of a breakdown in communication between health care providers, state-based civilian Child Protective Services (CPS), and the military’s welfare agency, the Family Advocacy Program (FAP).

Although military families have stable employment and access to family support programs, they also face unique challenges and stressors related to deployment and frequent relocations that may increase the risk of child abuse and neglect. Recognizing these unique needs, the U.S. Department of Defense created FAP as a separate military welfare agency dedicated to preventing, investigating and treating child maltreatment among military families. FAP not only provides tailored treatment and prevention services, but can also overcome the logistical hurdles that a state CPS agency could face in working with military families who frequently move across state lines or even internationally.

Reports that never reach FAP could leave vulnerable children and families without the help they need to remain safe and healthy. Unfortunately, PolicyLab research reveals that’s what may be happening. In this brief, we explain the potential reasons for incomplete reporting to FAP, as well as provide recommendations to improve reporting practices.

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