

CDP



Research Update -- January 11, 2018

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https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v11n6.pdf

Clinician's Trauma Update Online (CTU-Online)

National Center for PTSD (VA)

December 2017 Issue: Vol. 11(6)

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.

<http://onlinelibrary.wiley.com/doi/10.1002/imhj.21690/full>

Strong military families intervention enhances parenting reflectivity and representations in families with young children.

M.M. Julian, M. Muzik, M. Kees, M. Valenstein, K. L. Rosenblum

Infant Mental Health Journal

First published: 29 December 2017

DOI: 10.1002/imhj.21690

Military families face many challenges due to deployment and parental separation, and this can be especially difficult for families with young children. The Strong Military Families (SMF) intervention is for military families with young children, and consists of two versions: the Multifamily Group, and a Home-based psychoeducational written materials program. The Multifamily Group was designed to enhance positive parenting through both educational components and in vivo feedback and support during separations and reunions between parents and children (n = 78 parents). In the present study, we examine parenting reflectivity and mental representations in mothers versus fathers in military families, service members versus civilian spouses/parenting partners, and before versus after participation in the SMF Multifamily Group and Home-based interventions. Parenting reflectivity and mental representations were coded from the Working Model of the Child Interview (WMCI; C.H. Zeanah & D. Benoit, 1995). Results suggest that neither parenting reflectivity nor WMCI typology differs between mothers and fathers in military families, or between service members and civilian parenting partners. Furthermore, there was substantial stability in parenting reflectivity and WMCI typology from baseline to posttest, but participation in the Multifamily Group, relative to Home-based, was associated with improvements in both parenting reflectivity and WMCI ratings from baseline to postintervention.

<http://onlinelibrary.wiley.com/doi/10.1111/jomf.12457/full>

Changes in Parenting and Youth Adjustment Across the Military Deployment Cycle.

Allison E. Flittner O'Grady, Shawn D. Whiteman, Jean-François Cardin, Shelley M. MacDermid Wadsworth

Journal of Marriage and Family

First published: 28 December 2017

DOI: 10.1111/jomf.12457

This study examined how changes in at-home parents' mental health and parenting practices related to changes in their children's adjustment throughout the course of a service members' military deployment. Participants included at-home parents from 114 National Guard families who were interviewed at four different occasions across the deployment cycle. The results revealed changes across the deployment cycle among the following three indicators: parental warmth, depressive symptoms, and children's externalizing behaviors. Changes in parental warmth were associated with changes in children's adjustment. Overall, these findings indicate that during parental separation, at-home parents' responses to children have important implications for children's adjustment.

<https://academic.oup.com/sleep/article/40/12/zsx163/4321734>

Circadian Phase and Phase Angle Disorders in Primary Insomnia.

Erin E Flynn-Evans, Julia A Shekleton, Belinda Miller, Lawrence J Epstein, Douglas Kirsch, Lauren A Brogna, Liza M Burke, Erin Bremer, Jade M Murray, Philip Gehrman, Shantha M W Rajaratnam, Steven W Lockley

Sleep

Volume 40, Issue 12, 1 December 2017

<https://doi.org/10.1093/sleep/zsx163>

Objectives

We aimed to identify the prevalence of circadian phase and phase angle abnormalities in patients with insomnia.

Methods

We conducted a cross-sectional, multicenter study at three sleep laboratories in the United States and Australia. Patients with insomnia and healthy control participants

completed a sleep log for 7 days. Circadian phase was assessed from salivary dim light melatonin onset (DLMO) time during a 12-hour laboratory visit.

Results

Seventy-nine patients meeting the Research Diagnostic Criteria for Primary, Psychophysiological, Paradoxical, and/or Idiopathic Childhood Insomnia (46 females, 35.5 ± 12.3 years [$M \pm SD$]) and 21 controls (14 females, 34.4 ± 11.8 years). As compared to controls, patients with insomnia tried to initiate sleep on average at the same clock time ($24:17 \pm 1:17$ hours vs. $24:13 \pm 1:30$ hours, respectively; $p = .84$) but had a later average DLMO times ($20:56 \pm 1:55$ hours, $18:17\text{--}01:21$ vs. $22:02 \pm 2:02$ hours, $17:11\text{--}04:52$, respectively; $p = .04$). Consequently, patients with insomnia slept at an earlier circadian phase than controls (phase angle, bedtime-DLMO $2:13$ hours ($\pm 1:43$) vs. $3:10$ hours ($\pm 1:08$), respectively; $p = .008$), of whom 10% tried to sleep at or before DLMO (compared to 0 controls), and 22% tried to sleep before or within 1 hour after DLMO (compared to 6% of controls).

Conclusions

A substantial proportion (10%–22%) of patients with insomnia initiate sleep at too early a circadian phase, implicating a circadian etiology for their insomnia. Outpatient circadian phase assessments should be considered to improve differential diagnoses in insomnia and to inform the development of appropriately timed circadian-based treatments.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2170/full>

Development and evaluation of the Expressions of Moral Injury Scale—Military Version.

Currier JM, Farnsworth JK, Drescher KD, McDermott RC, Sims BM, Albright DL

Clinical Psychology & Psychotherapy

First published: 28 December 2017

DOI: 10.1002/cpp.2170

There is consensus that military personnel can encounter a far more diverse set of challenges than researchers and clinicians have historically appreciated. Moral injury (MI) represents an emerging construct to capture behavioural, social, and spiritual

suffering that may transcend and overlap with mental health diagnoses (e.g., post-traumatic stress disorder and major depressive disorder). The Expressions of Moral Injury Scale—Military Version (EMIS-M) was developed to provide a reliable and valid means for assessing the warning signs of a MI in military populations. Drawing on independent samples of veterans who had served in a war-zone environment, factor analytic results revealed 2 distinct factors related to MI expressions directed at both self (9 items) and others (8 items). These subscales generated excellent internal consistency and temporal stability over a 6-month period. When compared to measures of post-traumatic stress disorder, major depressive disorder, and other theoretically relevant constructs (e.g., forgiveness, social support, moral emotions, and combat exposure), EMIS-M scores demonstrated strong convergent, divergent, and incremental validity. In addition, although structural equation modelling findings supported a possible general MI factor in Study 2, the patterns of associations for self- and other-directed expressions yielded evidence for differential validity with varying forms of forgiveness and combat exposure. As such, the EMIS-M provides a face valid, psychometrically validated tool for assessing expressions of apparent MI subtypes in research and clinical settings. Looking ahead, the EMIS-M will hopefully advance the scientific understanding of MI while supporting innovation for clinicians to tailor evidence-based treatments and/or develop novel approaches for addressing MI in their work.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx065/4781645>

Depression in Female Veterans Returning from Deployment: The Role of Social Factors.

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Military Medicine

Published: 29 December 2017

<https://doi.org/10.1093/milmed/usx065>

Objective:

Women are serving in the armed forces and deployed to areas of conflict in increasing numbers. Problems such as depressive symptoms and risks related to combat exposure can have negative effects on adjustment following service; understanding the relationship between these problems may contribute to strategies providers can use to facilitate healthy adjustment after deployment. The purpose of this study is to examine

social factors as they relate to mental health adjustment, namely depressive symptoms among female veterans who served in Iraq and Afghanistan as part of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OND). We hypothesized that combat exposure would predict higher levels of depressive symptoms and that social support would moderate the relationship between combat exposure and depression.

Methods:

In a cross-sectional design, 128 female Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans completed an online survey about combat experience, social support, depression, demographic characteristics, and behavioral health symptom history. We conducted multiple regression analyses to examine linear and moderating relationships. Results: There was no significant relationship between combat exposure and depression; social support did not significantly moderate the relationship between combat exposure and depression. However, higher levels of social support and financial comfort were significantly related to lower levels of depression.

Conclusion:

This study highlights the role of social factors, specifically social support and perceived financial status, as potential barriers to healthy emotional readjustment following deployment. These findings suggest that it may be beneficial for mental health providers to screen female veterans and refer them to appropriate services to reduce financial stressors and strengthen their use of social support. More research should continue to examine more fully the impact of combat exposure on female service members' mental health and work to isolate the factors most strongly related to depression.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx050/4780210>

A Comparison of Veterans with Post-traumatic Stress Disorder, with Mild Traumatic Brain Injury and with Both Disorders: Understanding Multimorbidity.

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Military Medicine

Published: 27 December 2017

<https://doi.org/10.1093/milmed/usx050>

Introduction:

Mild traumatic brain injury (mTBI) and post-traumatic stress disorder (PTSD) are common military service-related conditions diagnosed both singly and together in veterans returning from recent military conflicts overseas. The impact of these disorders in real-world Veterans Health Administration practice has not been studied extensively, and few studies have examined the association of these disorders both by themselves and together with sociodemographic characteristics, psychiatric and medical comorbidities, health service utilization, and psychotropic medication fills. This study aims to add to the broader study of multimorbidity and the impact it has on patient care.

Materials and Methods:

This study used a national Veterans Health Administration sample (N = 164,884) to compare characteristics of veterans diagnosed with mTBI, PTSD, and with both disorders. Relative rates of diagnosis with psychiatric and medical disorders, utilization of medical and psychiatric services, and prescription rates of psychotropic medication fills were examined to determine the impact that the disorders had on these rates, both in isolation and together.

Results:

With few exceptions, diagnosis with PTSD, both alone and in the presence of mTBI, was associated with greater risk of comorbid psychiatric diagnosis, higher service utilization, and greater psychotropic medication fills. Notable correlates specific to mTBI included headache, seizure disorder, paraplegia, and cerebrovascular accident.

Conclusion:

PTSD thus plays the dominant role in the development of psychiatric difficulties and service use independently of mTBI. The recognition of the central importance of psychiatric difficulties in the functional outcomes of individuals who have experienced an mTBI suggests a need to assure access of veterans to psychiatric treatment services.

<https://guilfordjournals.com/doi/abs/10.1521/jscp.2017.36.10.799>

Gender and the Interpersonal-Psychological Theory of Suicide: A Three-Way Interaction Between Perceived Burdensomeness, Thwarted Belongingness, and Gender.

Ryan M. Hill, Claire Hatkevich, Jeremy W. Pettit, and Carla Sharp

Journal of Social and Clinical Psychology
Vol. 36, No. 10, pp. 799-813
<https://doi.org/10.1521/jscp.2017.36.10.799>

Few studies have examined the role of gender in the interpersonal-psychological theory of suicide. Aims: The present study evaluated whether the three-way interaction between perceived burdensomeness, thwarted belongingness, and gender was significantly associated with suicidal ideation in an ethno-racially diverse adolescent inpatient sample. Method: Data were drawn from a cross-sectional sample of 311 inpatients (63.3% girls) ages 12 to 17 years ($M = 14.74$, $SD = 1.49$). Findings indicated that the three-way interaction was significant: Among girls, thwarted belongingness was associated with suicidal ideation only at low levels of perceived burdensomeness. Among boys, thwarted belongingness was associated with suicidal ideation only at high levels of perceived burdensomeness. Data were cross-sectional, precluding causal conclusions, and the use of a clinical sample may not generalize to nonclinical populations. Findings have implications for the development of efficacious suicide prevention initiatives for adolescent boys and girls and stress the importance of interventions targeting perceived burdensomeness.

<http://linkinghub.elsevier.com/retrieve/pii/S0165032717320876?via=sd>

Evaluating the stability of DSM-5 PTSD symptom network structure in a national sample of U.S. military veterans.

Sophia H.H. von Stockert, Eiko I. Fried, Cherie Armour, Robert H. Pietrza

Journal of Affective Disorders
Published online: December 27, 2017
DOI: <http://dx.doi.org/10.1016/j.jad.2017.12.043>

Background

Previous studies have used network models to investigate how PTSD symptoms associate with each other. However, analyses examining the degree to which these networks are stable over time, which are critical to identifying symptoms that may contribute to the chronicity of this disorder, are scarce. In the current study, we evaluated the temporal stability of DSM-5 PTSD symptom networks over a three-year period in a nationally representative sample of trauma-exposed U.S. military veterans.

Methods

Data were analyzed from 611 trauma-exposed U.S. military veterans who participated in the National Health and Resilience in Veterans Study (NHRVS). We estimated regularized partial correlation networks of DSM-5 PTSD symptoms at baseline (Time 1) and at three-year follow-up (Time 2), and examined their temporal stability.

Results

Evaluation of the network structure of PTSD symptoms at Time 1 and Time 2 using a formal network comparison indicated that the Time 1 network did not differ significantly from the Time 2 network with regard to network structure ($p = 0.12$) or global strength (sum of all absolute associations, i.e. connectivity; $p = 0.25$). Centrality estimates of both networks ($r = 0.86$) and adjacency matrices ($r = 0.69$) were highly correlated. In both networks, avoidance, intrusive, and negative cognition and mood symptoms were among the more central nodes.

Limitations

This study is limited by the use of a self-report instrument to assess PTSD symptoms and recruitment of a relatively homogeneous sample of predominantly older, Caucasian veterans.

Conclusion

Results of this study demonstrate the three-year stability of DSM-5 PTSD symptom network structure in a nationally representative sample of trauma-exposed U.S. military veterans. They further suggest that trauma-related avoidance, intrusive, and dysphoric symptoms may contribute to the chronicity of PTSD symptoms in this population.

[http://www.jad-journal.com/article/S0165-0327\(17\)31948-1/fulltext](http://www.jad-journal.com/article/S0165-0327(17)31948-1/fulltext)

The mediation effect of PTSD, perceived job stress and resilience on the relationship between trauma exposure and the development of depression and alcohol use problems in 7151 Korean firefighters: A cross-sectional study.

Johanna Inhyang Kim, Heyeon Park, Jeong-Hyun Kim

Journal of Affective Disorders

Published online: December 28, 2017

DOI: <http://dx.doi.org/10.1016/j.jad.2017.12.055>

Background

Firefighters constitute a high-risk group for depression and alcohol use disorders (AUDs) due to frequent exposure to trauma. Perceived job stress and resilience are powerful factors affecting the occurrence of depression and AUDs; however, research on this subject is scarce.

Methods

We investigated the relationship of perceived job stress and resilience with depression or AUDs in firefighters. A total of 7151 Korean firefighters were included for analysis. Participants completed self-report scales, including a self-reported number of exposure to incident stressors, the Korean Occupational Stress Scale – Short Form, the Post-traumatic Stress Disorder (PTSD) Symptoms Checklist – Civilian version, the Patient Health Questionnaire 9, the Brief Resilience Scale, and the Alcohol Use Disorders Identification Test. Hierarchical multivariable linear regression analyses were performed to identify the relationship of perceived job stress and resilience with depression or AUDs. Path analyses were applied to investigate the mediation effects of PTSD, perceived job stress and resilience between trauma exposure and depression or AUDs.

Results

There were significant associations of perceived job stress and resilience with depression and AUDs, respectively, even after adjusting for demographic factors, number of traumatic events, and PTSD symptoms. The relationship between trauma exposure and depression/AUDs was mediated by PTSD symptoms, which had both direct and indirect effects on depression and AUDs; indirect effect was mediated by job stress and resilience.

Conclusions

The findings in this study demonstrated that PTSD, perceived job stress and resilience can mediate the development of depression or AUDs following trauma exposure in firefighters. Efforts to prevent PTSD, reduce job stress and increase individual resilience could help prevent depression and AUDs.

Limitations

The cross-sectional study design and self-report nature of the assessment tools limit the current findings.

<https://link.springer.com/article/10.1007/s00127-017-1477-7>

What drives the relationship between combat and alcohol problems in soldiers? The roles of perception and marriage.

Vest, B.M., Homish, D.L., Hoopsick, R.A., Homish, G.G.

Social Psychiatry and Psychiatric Epidemiology

First Online: 27 December 2017

DOI <https://doi.org/10.1007/s00127-017-1477-7>

Background

While the relationship between combat exposure and alcohol problems is well-established, the role of perceptions of trauma is less understood. The goal of this study was to explore associations between National Guard (NG) and reserve soldiers' perceptions of combat experiences as traumatic and alcohol problems, and to examine marital satisfaction as a possible protective factor.

Methods

The Operation: SAFETY study recruited US Army Reserve and NG soldiers and their partners to complete a questionnaire covering many physical and mental health, military service, and substance use topics. Negative binomial regression models examined the impact of perceived trauma of combat experiences on alcohol problems (N = 198). The potential role of marital satisfaction as a resiliency factor was also examined.

Results

The perception of combat experiences as traumatic was associated with increased risk of alcohol problems (risk ratio [RR] = 1.06, 95% confidence interval [CI] 1.01, 1.12; $p = 0.024$). Combat exposure itself showed no relationship. Marital satisfaction had a significant interaction with perceived combat trauma on alcohol problems (RR = 0.90, 95% CI 0.81, 0.99, $p = 0.046$), such that soldiers who perceived combat exposure as moderately-highly traumatic were less likely to have alcohol problems when they rated their marital satisfaction highly.

Conclusions

Our results demonstrate that the perception of combat experiences as traumatic may be a greater contributor to adverse outcomes, such as alcohol problems, than mere combat exposure. They also demonstrate the importance of marital satisfaction as a resiliency factor, particularly at the highest levels of trauma.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12425/full>

Detecting Potential Underreporting of Suicide Ideation Among U.S. Military Personnel.

Anestis, M. D., Mohn, R. S., Dorminey, J. W. and Green, B. A.

Suicide and Life-Threatening Behavior

First published: 27 December 2017

DOI: 10.1111/sltb.12425

Using a military sample comprised largely of National Guard personnel, zero-inflation negative binomial regression was applied to estimate the effects of indirect, nonface valid indicators of suicide ideation [Thwarted Belongingness (TB), Perceived Burdensomeness (PB), and Hopelessness], in predicting suicide ideation. Data from a sample of 497 military personnel (82.1% male; $M = 27.24$; range = 18–59) were analyzed. TB and the interaction of TB with Hopelessness were significant predictors in the logistic regression, and in the negative binomial regression, the main effects of TB and hopelessness, and the interactions of TB with hopelessness and PB with hopelessness were significant. The findings further indicated that approximately 10% of those not reporting ideation would be predicted to be ideators. Clinically, these results indicate that, in samples reluctant to report ideation, the assessment of suicide risk may improve through the use of relevant measures that do not explicitly reference suicide thoughts.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx032/4780203>

Relationship Between Spiritual Well-being and Post-traumatic Stress Disorder Symptoms in United States Air Force Remotely Piloted Aircraft and Intelligence Personnel.

Joe D Wood Catherine M Ware Terry Correll John E Heaton Teg McBride Jared T Haynes

Background:

Remotely piloted aircraft (RPA) are in frequent use by the U.S. Air Force to engage in combat operations from remote locations. RPA operations involve remote killing, which can lead to significant emotional responses. This study addresses a gap in research by examining the association of existential and spiritual health with post-traumatic stress disorder (PTSD) symptoms in RPA and intelligence personnel.

Methods:

Three hundred and five U.S. Air Force RPA and intelligence personnel completed the Spiritual Well-Being Scale (SWBS) and PTSD Checklist-Military Version. Correlational analyses were used to examine the association between SWBS score and PTSD symptoms.

Findings:

There was a negative correlation between the SWBS and PTSD Checklist-Military Version scores (Pearson correlation coefficient = -0.49 , $p < 0.0001$). Higher spiritual and existential well-being were associated with lower PTSD symptoms. Further, spiritual and existential scores in this sample were comparable with a number of SWBS norms, suggesting that levels of existential distress may not be high among remote warfare operators.

Discussion:

In this sample of U.S. Air Force personnel involved in remote warfare, higher spiritual and existential well-being were associated with less endorsement of mental health symptoms on a PTSD symptom measure. Additionally, levels of spiritual and existential well-being in this sample were comparable with norms used in a number of samples within the general population. Although there are ongoing concerns regarding the psychological impact remote warfare has on RPA operators, the bulk of current research has indicated that operational stressors such as workload, rotating shifts, organizational and leadership concerns, and balancing work and domestic tasks rather than the job duties themselves (i.e., involvement in killing) likely contribute more to reported emotional distress levels.

<http://www.tandfonline.com/doi/full/10.1080/02699931.2016.1266306>

Differentiating anxiety and depression: the State-Trait Anxiety-Depression Inventory.

Karl-Heinz Renner, Michael Hock, Ralf Bergner-Köther & Lothar Laux

Cognition and Emotion

Published online: 08 Dec 2016

<https://doi.org/10.1080/02699931.2016.1266306>

The differentiation of trait anxiety and depression in nonclinical and clinical populations is addressed. Following the tripartite model, it is assumed that anxiety and depression share a large portion of negative affectivity (NA), but differ with respect to bodily hyperarousal (specific to anxiety) and anhedonia (lack of positive affect; specific to depression). In contrast to the tripartite model, NA is subdivided into worry (characteristic for anxiety) and dysthymia (characteristic for depression), which leads to a four-variable model of anxiety and depression encompassing emotionality, worry, dysthymia, and anhedonia. Item-level confirmatory factor analyses and latent class cluster analysis based on a large nation-wide representative German sample (N = 3150) substantiate the construct validity of the model. Further evidence concerning convergent and discriminant validity with respect to related constructs is obtained in two smaller nonclinical and clinical samples. Factors influencing the association between components of anxiety and depression are discussed.

<https://www.ncbi.nlm.nih.gov/pubmed/28545424>

BMC Psychiatry. 2017 May 25;17(1):194. doi: 10.1186/s12888-017-1350-y

Suicide attempts in U.S. Army combat arms, special forces and combat medics.

Ursano RJ, Kessler RC, Naifeh JA, Mash HH, Fullerton CS, Ng THH, Aliaga PA, Wynn GH, Dinh HM, McCarroll JE, Sampson NA, Kao TC, Schoenbaum M, Heeringa SG, Stein MB; Army STARRS collaborators

BACKGROUND:

The U.S. Army suicide attempt rate increased sharply during the wars in Iraq and

Afghanistan. Risk may vary according to occupation, which significantly influences the stressors that soldiers experience.

METHODS:

Using administrative data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS), we identified person-month records for all active duty Regular Army enlisted soldiers who had a medically documented suicide attempt from 2004 through 2009 ($n = 9650$) and an equal-probability sample of control person-months ($n = 153,528$). Logistic regression analyses examined the association of combat occupation (combat arms [CA], special forces [SF], combat medic [CM]) with suicide attempt, adjusting for socio-demographics, service-related characteristics, and prior mental health diagnosis.

RESULTS:

In adjusted models, the odds of attempting suicide were higher in CA (OR = 1.2 [95% CI: 1.1-1.2]) and CM (OR = 1.4 [95% CI: 1.3-1.5]), but lower in SF (OR = 0.3 [95% CI: 0.2-0.5]) compared to all other occupations. CA and CM had higher odds of suicide attempt than other occupations if never deployed (ORs = 1.1-1.5) or previously deployed (ORs = 1.2-1.3), but not when currently deployed. Occupation was associated with suicide attempt in the first ten years of service, but not beyond. In the first year of service, primarily a time of training, CM had higher odds of suicide attempt than both CA (OR = 1.4 [95% CI: 1.2-1.6]) and other occupations (OR = 1.5 [95% CI: 1.3-1.7]). Discrete-time hazard functions revealed that these occupations had distinct patterns of monthly risk during the first year of service.

CONCLUSIONS:

Military occupation can inform the understanding suicide attempt risk among soldiers.

<https://www.ncbi.nlm.nih.gov/pubmed/29310003>

Addict Behav. 2018 Jan 2;80:22-27. doi: 10.1016/j.addbeh.2018.01.002. [Epub ahead of print]

Resilience as a moderating factor between stress and alcohol-related consequences in the Army National Guard.

Morgan JK, Brown J, Bray RM

Due to the current prolonged conflicts in Iraq and Afghanistan, members of the United States National Guard and Reserve have shifted from a historically support-based role to an integral segment of combat efforts. Clinical and epidemiological research studies conducted on both civilian and military populations have documented high rates of comorbidity of stress disorders and substance use disorders. It is widely understood that excessive alcohol use is an issue among military personnel. The aim of this paper is to describe risk factors for alcohol-related serious consequences in a study of Army National Guard service members, as well as the role of resilience in protecting against these risks. Members of the National Guard (N=320) participated in the survey. We conducted a multiple regression to predict alcohol-related serious consequences and a simple moderation analysis was performed. After controlling for race, education, and deployment history, several variables emerged as significant predictors of alcohol-related consequences. Higher stressors, lower resilience, younger age, being unmarried and not living as married, being male, and identifying as non-Hispanic were associated with higher levels of serious alcohol-related consequences. Results revealed that resilience significantly moderated the relationship between stress and alcohol-related consequences. This study furthers our understanding of the alcohol-stress relationship by contextualizing it in terms of behaviors related to alcohol, as opposed to measuring consumption only. Most importantly, our work extends prior research in its examination of resilience as a moderator of the relationship between stress and serious alcohol-related consequences.

<https://www.ncbi.nlm.nih.gov/pubmed/29295023>

J Interpers Violence. 2017 Dec 1:886260517746182. doi: 10.1177/0886260517746182. [Epub ahead of print]

Gender-Specific Risk Factors for Psychopathology and Reduced Functioning in a Post-9/11 Veteran Sample.

Scoglio AAJ, Shirk SD, Hoff RA, Potenza MN, Mazure CM, Park CL, McKee SA, Porter EA, Kraus SW

U.S. combat veterans frequently encounter challenges after returning from deployment, and these challenges may lead to difficulties in psychological and social functioning. Currently, research is limited on gender-related differences within this population, despite female veterans comprising a growing portion of the U.S. military with roles and exposures similar to their male counterparts. Using secondary analysis, we examined

283 returning combat veterans (female = 29.4%) for differences in psychopathology and trauma history. Female veterans were more likely to report a history of sexual trauma than their male counterparts, whereas male veterans were more likely to report greater frequency of gambling in the past year, impulsivity, and hypersexuality. No gender-related differences were identified for depression, anxiety, insomnia, or substance-use disorders, although both men and women veterans had higher rates than those found in the general population. While both male and female combat veterans report various mental health problems as they transition back into civilian life, gender-related differences relating to sexual trauma, hypersexuality, and impulsivity warrant additional investigations with respect to the potential impact they may have on veteran reintegration and treatment.

<https://www.ncbi.nlm.nih.gov/pubmed/29036483>

Am J Epidemiol. 2017 Dec 15;186(12):1310-1318. doi: 10.1093/aje/kwx318

A Decade of War: Prospective Trajectories of Posttraumatic Stress Disorder Symptoms Among Deployed US Military Personnel and the Influence of Combat Exposure.

Donoho CJ, Bonanno GA, Porter B, Kearney L, Powell TM

Posttraumatic stress disorder (PTSD) is a common psychiatric disorder among service members and veterans. The clinical course of PTSD varies between individuals, and patterns of symptom development have yet to be clearly delineated. Previous studies have been limited by convenience sampling, short follow-up periods, and the inability to account for combat-related trauma. To determine the trajectories of PTSD symptoms among deployed military personnel with and without combat exposure, we used data from a population-based representative sample of 8,178 US service members who participated in the Millennium Cohort Study from 2001 to 2011. Using latent growth mixture modeling, trajectories of PTSD symptoms were determined in the total sample, as well as in individuals with and without combat exposure, respectively. Overall, 4 trajectories of PTSD were characterized: resilient, pre-existing, new-onset, and moderate stable. Across all trajectories, combat-deployed service members diverged from non-combat-deployed service members, even after a single deployment. The former also generally had higher PTSD symptoms. Based on the models, nearly 90% of those without combat exposure remained resilient over the 10-year period, compared with 80% of those with combat exposure. Findings demonstrate that although the

clinical course of PTSD symptoms shows heterogeneous patterns of development, combat exposure is uniformly associated with poor mental health.

<https://www.sciencedirect.com/science/article/pii/S0145213417304751>

Child maltreatment re-offending in families served by the United States Air Force Family Advocacy Program.

Randy J. McCarthy, Joel S. Milner, Sarah L. Coley, LaJuana Ormsby, Mark Oliver

Child Abuse & Neglect

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<https://doi.org/10.1016/j.chiabu.2017.12.018>

The current study examined child maltreatment re-offending in United States Air Force (USAF) families. In a clinical database containing 24,999 child maltreatment incidents perpetrated by 15,042 offenders between the years 1997 and 2013, 13% of offenders maltreated a child on more than one date (i.e., they re-offended). We explored several offender demographic characteristics associated with who re-offended and found that civilians re-offended at a similar rate as active duty members, males re-offended at a similar rate as females, and younger offenders were more likely to re-offend than older offenders. We also explored incident characteristics associated with who re-offended: Re-offending was more likely if the initial maltreatment was neglect or emotional abuse and re-offenders were likely to perpetrate subsequent maltreatment that was the same type and severity as their initial incident. The current data indicate that young offenders and offenders of neglect and emotional maltreatment are the greatest risk of re-offending. These offender and incident characteristics could be used by the USAF to guide their efforts to reduce re-offending.

<http://journals.sagepub.com/doi/abs/10.1177/0706743717752878>

Risk Factors, Clinical Presentations, and Functional Impairments for Generalized Anxiety Disorder in Military Personnel and the General Population in Canada.

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Objective:

This study sought to examine differences in sociodemographic risk factors, comorbid mental conditions, clinical presentations, and functional impairments associated with past-year generalized anxiety disorder (GAD) between Canadian Armed Forces (CAF) Regular Force personnel and the Canadian general population (CGP).

Method:

Data were from 2 nationally representative surveys collected by Statistics Canada: 1) the Canadian Community Health Survey on Mental Health, collected in 2012 (N = 25,113; response rate = 68.9%); and 2) the Canadian Forces Mental Health Survey, collected in 2013 (N = 8,161; response rate = 79.8%).

Results:

The prevalence of lifetime and past-year GAD was significantly higher in the CAF (12.1% and 4.7%) than in the CGP (9.5% and 3.0%). Comorbid mental disorders were strongly associated with GAD in both populations. Although the content area of worry and the GAD symptoms endorsed were similar, CAF personnel were significantly more likely to endorse specific types of worries (i.e., success at school/work, social life, mental health, being away from home or loved ones, and war or revolution) and specific symptoms of GAD (i.e., restless, keyed up, or on edge and more irritable than usual) than civilians, after adjusting for sociodemographic covariates and comorbid mental disorders. CAF personnel with past-year GAD reported significantly higher functional impairment at home than civilians with past-year GAD.

Conclusion:

GAD is a substantial public health concern associated with significant impairment and disability in both military and civilian populations. GAD in military and civilian populations shows similarities and differences: Key similarities include its extensive comorbidity and significant functional impairment, whereas key differences include the focus of worries and symptom profile.

Links of Interest

I Was A Skeptic Of Mindfulness Until I Tried To Make My Case

<https://fivethirtyeight.com/features/i-was-a-meditation-skeptic-until-i-tried-to-make-my-case/>

Engaging LGBTQ student vets on your campus

<https://www.airforcetimes.com/education-transition/education/2018/01/06/engaging-lgbtq-student-vets-on-your-campus/>

VA says Justice Department crackdown on marijuana won't hit veterans

<https://www.militarytimes.com/veterans/2018/01/05/va-says-justice-department-crackdown-on-marijuana-wont-hit-veterans/>

Veterans' Group Calls on Troops to Own the 'Me Too' Movement

<https://www.military.com/daily-news/2018/01/07/veterans-group-calls-troops-own-me-too-movement.html>

Is Alcohol A Problem? Online Tool Helps Assess Risk And Find Help

<https://www.npr.org/sections/health-shots/2018/01/08/575932508/is-alcohol-a-problem-this-tool-helps-assess-risk-and-find-help>

Military Providers: Use a New Year's Resolution Checklist to Help Your Patients Ensure Long-term Success!

<http://pdhealth.mil/news/blog/military-providers-use-new-years-resolution-checklist-help-your-patients-ensure-long-term-success>

Army veteran killed self with gun previously seized, sold by police

<https://www.armytimes.com/news/2018/01/08/army-veteran-killed-self-with-gun-previously-seized-sold-by-police/>

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