

CDP



Research Update -- February 15, 2018

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<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2666764>

Assessing Changes in Alcohol Use and Alcohol Use Disorder Prevalence in the United States: Evidence From National Surveys From 2002 Through 2014.

Hui G. Cheng, PhD; Hamza Kaakarli; Joshua Breslau, PhD; et al.

JAMA Psychiatry
2018;75(2):211–213
doi:10.1001/jamapsychiatry.2017.4008

Grant et al¹ have previously reported what they call “substantial increases” in 12-month prevalence estimates of alcohol use and alcohol use disorders, as defined by the DSM-IV based on a comparison of 2 surveys of the US adult population conducted about 10 years apart. They found that the prevalence of alcohol use increased from 65.4% to 72.7% of the surveyed population between the periods 2001-2002 and 2012-2013; the prevalence of alcohol use disorders increased from 8.5% to 12.7% of the surveyed population in the same time frame. We evaluated evidence of this trend in a concurrent series of 13 independently conducted, annual probability surveys of the US population from 2002 through 2014 on these same points and examined if and when any substantial increase in alcohol use and alcohol use disorder prevalence estimates occurred.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2670374>

The Origin of Spousal Resemblance for Alcohol Use Disorder.

Kendler KS, Lönn SL, Salvatore J, Sundquist J, Sundquist K.

JAMA Psychiatry
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Key Points

- **Question** What causes spouses to resemble one another in their risk for alcohol use disorder?
- **Findings** In this population-based registry study, the increase in risk for a first onset of alcohol use disorder in a married individual after the onset of alcohol use disorder onset in his or her spouse was large and rapid. When an individual was married in either order to serial partners with vs without alcohol use disorder, the risk for alcohol use disorder was substantially increased when the partner had an alcohol use disorder registration and decreased when the partner did not have an alcohol use disorder registration.

- Meaning A married individual's risk for alcohol use disorder is likely directly and causally affected by the presence of alcohol use disorder in his or her spouse.

Abstract

Importance

Although spouses strongly resemble one another in their risk for alcohol use disorder (AUD), the causes of this association remain unclear.

Objectives

To examine longitudinally, in first marriages, the association of a first registration for AUD in one spouse with risk of registration in his or her partner and to explore changes in the risk for AUD registration in individuals with multiple marriages as they transition from a spouse with AUD to one without or vice versa.

Design, Setting, and Participants

Population-wide Swedish registries were used to identify individuals born in Sweden between 1960 and 1990 who were married before the end of study follow-up on December 31, 2013. The study included 8562 marital pairs with no history of AUD registration prior to their first marriage and an AUD registration in 1 spouse during marriage and 4891 individuals with multiple marriages whose first spouse had no AUD registration and second spouse did or vice versa. Final statistical analyses were conducted from August 15 to September 1, 2017.

Exposures

A spousal onset or history of AUD registration.

Main Outcomes and Measures

Alcohol use disorder registration in national medical, criminal, or pharmacy registries.

Results

Among the 8562 marital pairs (5883 female probands and 2679 male probands; mean [SD] age at marriage, 29.2 [5.7] years) in first marriages, the hazard ratio of AUD registration in wives immediately after the first AUD registration in their husbands was 13.82, which decreased 2 years later to 3.75. The hazard ratio of AUD registration in husbands after the first AUD registration in their wives was 9.21, which decreased 2 years later to 3.09. Among the 4891 individuals with multiple marriages (1439 women and 3452 men; mean [SD] age at first marriage, 25.5 [4.2] years), when individuals transitioned from a first marriage to a spouse with AUD to a second marriage to a

spouse without AUD, the hazard ratio for AUD registration was 0.50 (95% CI, 0.42-0.59) in women and 0.51 (95% CI, 0.44-0.59) in men. After a first marriage to a spouse without AUD, the hazard ratio for AUD with a second marriage to a spouse with AUD was 7.02 (95% CI, 5.34-9.23) in women and 9.06 (95% CI, 7.55-10.86) in men. These patterns were modestly attenuated when moving from second to third marriages. Controlling for AUD registration prior to first marriage or between first and second marriages produced minimal changes in risk.

Conclusions and Relevance

The increase in risk for AUD registration in a married individual following a first AUD registration in the spouse is large and rapid. When an individual with serial spouses is married, in either order, to partners with vs without an AUD registration, the risk for AUD registration is substantially increased when the partner has an AUD registration and decreased when the partner does not have an AUD registration. These results suggest that a married individual's risk for AUD is directly and causally affected by the presence of AUD in his or her spouse.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx051/4838357>

Military Personnel Who Seek Health and Mental Health Services Outside the Military.

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Military Medicine

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Background

Although research conducted within the military has assessed the health and mental health problems of military personnel, little information exists about personnel who seek care outside the military. The purpose of this study is to clarify the personal characteristics, mental health diagnoses, and experiences of active duty U.S. military personnel who sought civilian sector services due to unmet needs for care.

Materials and Methods

This prospective, multi-method study included 233 clients, based in the United States,

Afghanistan, South Korea, and Germany, who obtained care between 2013 and 2016 from a nationwide network of volunteer civilian practitioners. A hotline organized by faith-based and peace organizations received calls from clients and referred them to the network when the clients described unmet needs for physical or mental health services. Intake and follow-up interviews at 2 wk and 2 mo after intake captured demographic characteristics, mental health diagnoses, and reasons for seeking civilian rather than military care. Non-parametric bootstrap regression analyses identified predictors of psychiatric disorders, suicidality, and absence without leave (AWOL). Qualitative analyses of clients' narratives clarified their experiences and reasons for seeking care. The research protocol has been reviewed and approved annually by the Institutional Review Board at the University of New Mexico.

Results

Depression (72%), post-traumatic stress disorder (62%), alcohol use disorder (27%), and panic disorder (25%) were the most common diagnoses. Forty-eight percent of clients reported suicidal ideation. Twenty percent were absence without leave. Combat trauma predicted post-traumatic stress disorder (odds ratio [OR] = 8.84, 95% confidence interval [CI] 1.66, 47.12, $p = 0.01$) and absence without leave (OR = 3.85, 95% CI 1.14, 12.94, $p = 0.03$). Non-combat trauma predicted panic disorder (OR = 3.64, 95% CI 1.29, 10.23, $p = 0.01$). Geographical region was associated with generalized anxiety disorder (OR 0.70, 95% CI 0.49, 0.99, $p = 0.05$). Significant predictors were not found for major depression, alcohol use disorder, or suicidal ideation. Clients' narrative themes included fear of reprisal for seeking services, mistrust of command, insufficient and unresponsive services, cost as a barrier to care, deception in recruitment, voluntary enlistment remorse, guilt about actual or potential killing of combatants or non-combatant civilians, preexisting mental health disorders, family and household challenges that contributed to distress, and military sexual trauma.

Conclusions

Our work clarified substantial unmet needs for services among active duty military personnel, the limitations of programs based in the military sector, and the potential value of civilian sector services that are not linked to military goals. We and our institutional review board opted against using a control group that would create ethical problems stemming from the denial of needed services. For future research, an evaluative strategy that can assess the impact of civilian services and that reconciles ethical concerns with study design remains a challenge. Due to inherent contradictions in the roles of military professionals, especially the double agency that makes professionals responsible to both clients and the military command, the policy alternative of providing services for military personnel in the civilian sector warrants

serious consideration, as do preventive strategies such as non-military alternatives to conflict resolution.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12439/full>

The Suicidal Narrative and Its Relationship to the Suicide Crisis Syndrome and Recent Suicidal Behavior.

Cohen, L. J., Gorman, B., Briggs, J., Jeon, M. E., Ginsburg, T. and Galynker, I.

Suicide and Life-Threatening Behavior

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In this study, we introduce the construct of the suicidal narrative, a hypothetical personal narrative linked to imminent suicide, and explore its relationship to near-term suicidal risk and the suicide crisis syndrome (SCS). Psychiatric outpatients (N = 289) were administered the Columbia Suicide-Severity Rating Scale (C-SSRS), Suicide Crisis Inventory (SCI), and Suicide Narrative Inventory (SNI), a novel instrument combining the documented risk factors of Thwarted Belongingness, Perceived Burdensomeness, Humiliation, Social Defeat, Goal Disengagement, and Goal Reengagement. Dimensional measures of past month, lifetime, and past suicidal phenomena, incorporating ideation and behavior, were calculated from the C-SSRS. Structural equation modeling was used to explore the interaction among variables. Factor analysis of the SNI yielded two orthogonal factors, termed Interpersonal and Goal Orientation. The former factor was comprised of Perceived Burdensomeness, Social Defeat, Humiliation, and Thwarted Belongingness, the latter of Goal Disengagement and Goal Reengagement. The Interpersonal factor correlated with both SCS severity and suicidal phenomena in each time frame and the Goal Orientation factor with no other variable. As hypothesized, the proposed model was significant for the past month only. Our findings support the construct of the suicidal narrative and its function as a near-term suicidal risk factor.

<http://psycnet.apa.org/record/2018-02036-001>

Understanding Suicidal Self-Directed Violence Among Men Exposed to Military Sexual Trauma: An Ecological Framework.

Monteith, L. L., Brownstone, L. M., Gerber, H. R., Soberay, K. A., & Bahraini, N. H.

Psychology of Men & Masculinity

2018

<http://dx.doi.org/10.1037/men0000141>

Men who experience military sexual trauma (MST) are at increased risk for dying by suicide, yet efforts to explain this have been limited. The present study aimed to describe men's perceptions of the impact of MST on their lives, in relation to their subsequent experiences with suicidal ideation and attempt. Semistructured interviews were conducted with 18 male veterans who experienced MST. Interview transcripts were analyzed through thematic analysis, using an abductive approach that included an ecological framework to organize results. Themes were examined in relation to post-MST suicidal ideation, suicide attempt, or neither, using a modified version of the Self-Injurious Thoughts and Behaviors Interview. Themes were noted at each ecological level. Individual-level themes included emotions (powerlessness and guardedness), coping (isolation, risky behaviors, substance use, and secrecy), and beliefs (masculinity and self-blame). Themes relating to post-MST suicidality at the other levels included actual sexual assault (MST characteristics); negative or supportive reactions from others (microsystem); institutional and cultural influences (meso-/exosystem); perceptions of victim blaming, sexualized environments, and policy (macrosystem); and childhood abuse, combat-related experiences, and homelessness (chronosystem). Our findings suggest a complex, multifaceted etiology of men's suicidal ideation and suicide attempts following MST. Ecological perspectives that consider processes at interpersonal, institutional, and cultural levels may be particularly informative for enhancing suicide prevention efforts for men who have experienced MST. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S135382921730624X>

Negotiating home base: Narratives of psychological well-being among female military members.

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Health & Place

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Highlights

- A sense of place was important to the psychological well-being of the women in this study.
- Several narratives depicted the military as a primary space of belonging.
- The narratives demonstrated a process of negotiating between the military and civilian spaces.
- The women engaged in a process of trying to construct spaces that were like 'home'.

Abstract

The current study aimed to understand how active duty service women with low levels of current psychological distress make sense of their military experiences in ways that might contribute to psychological well-being. Semi-structured interviews were conducted with active duty female members in the Canadian Forces and transcripts were analyzed using narrative analysis. A sense of belonging was found to be of utmost salience to the women, with several participants negotiating and constructing places that felt like home to them, and with different degrees of attachment to the military versus civilian world. The findings of this work are discussed within the context of focusing prevention and intervention efforts on increasing belongingness and a sense of home for female service members.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx101/4840553>

Purchased Behavioral Health Care Received by Military Health System Beneficiaries in Civilian Medical Facilities, 2000–2014.

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Introduction

Behavioral health conditions are a significant concern for the U.S. military and the Military Health System (MHS) because of decreased military readiness and increased health care utilization. Although MHS beneficiaries receive direct care in military treatment facilities, a disproportionate majority of behavioral health treatment is purchased care received in civilian facilities. Yet, limited evidence exists about purchased behavioral health care received by MHS beneficiaries. This longitudinal study (1) estimated the prevalence of purchased behavioral health care and (2) identified patient and visit characteristics predicting receipt of purchased behavioral health care in acute care facilities from 2000 to 2014.

Materials and Methods

Medical claims with Major Diagnostic Code 19 (mental disorders/diseases) or 20 (alcohol/drug disorders) as primary diagnoses and TRICARE as the primary/secondary payer were analyzed for MHS beneficiaries ($n = 17,943$) receiving behavioral health care in civilian acute care facilities from January 1, 2000, to December 31, 2014. The primary dependent variable, receipt of purchased behavioral health care, was modeled for select mental health and substance use disorders from 2000 to 2014 using generalized estimating equations. Patient characteristics included time, age, sex, and race/ethnicity. Visit types included inpatient hospitalization and emergency department (ED). Time was measured in days and visits were assumed to be correlated over time. Behavioral health care was described by both frequency of patients and visit type. The University of South Carolina Institutional Review Board approved this study.

Results

From 2000 to 2014, purchased care visits increased significantly for post-traumatic stress disorder, adjustment, anxiety, mood, bipolar, tobacco use, opioid/combination opioid dependence, nondependent cocaine abuse, psychosocial problems, and suicidal ideation among MHS beneficiaries. The majority of care was received for mental health disorders (78.8%) and care was most often received in EDs (56%). Most commonly treated diagnoses included mood, tobacco use, and alcohol use disorders. ED visits were associated with being treated for anxiety (excluding post-traumatic stress disorder; Adjusted odds ratio [AOR]: 9.14 [95% confidence interval (CI): 8.26, 10.12]), alcohol use disorders (AOR = 1.67 [95% CI: 1.53, 1.83]), tobacco use (AOR = 1.16 [95% CI: 1.06, 1.26]), nondependent cocaine abuse (AOR = 5.47 [95% CI: 3.28, 9.12]), nondependent mixed/unspecified drug abuse (AOR = 7.30 [95% CI: 5.11, 10.44]), and psychosis (AOR

= 1.38 [95% CI: 1.20, 1.58]). Compared with adults age 60 yr and older, adolescents (ages 12–17 yr), and adults under age 60 yr were more likely to be treated for suicidal ideation, adjustment, mood, bipolar, post-traumatic stress disorder, nondependent cocaine, and mixed/unspecified drug abuse. Adults under age 60 yr also had increased odds of being treated for tobacco use disorders, alcohol use disorders, and opioid/combination opioid dependence compared with adults age 60 yr and older.

Conclusions

Over the past 15 yr, purchased behavioral health care received by MHS beneficiaries in acute care facilities increased significantly. MHS beneficiaries received the majority of purchased behavioral health care for mental health disorders and were treated most often in the ED. Receiving behavioral health care in civilian EDs raises questions about access to outpatient behavioral health care and patient-centered care coordination between civilian and military facilities. Given the influx of new Veterans Health Administration users from the MHS, findings have implications for military, veteran, and civilian facilities providing behavioral health care to military and veteran populations.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx121/4841676>

U.S. Marines' Perceptions of Environmental Factors Associated With Alcohol Binge Drinking.

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Military Medicine

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Introduction

Alcohol misuse, in particular binge drinking, is a serious concern among military personnel because it is strongly associated with adverse consequences and has a deleterious effect on readiness. Although most alcohol misuse studies have focused on individual risk factors, studies are increasingly examining environmental influences and strategies for reducing alcohol risks. The purpose of this study is to address gaps in what is known about how service members' perceptions of environmental factors are related to binge drinking in the U.S. Marine Corps.

Materials and Methods

The relationship between Marines' self-reports of environmental factors and alcohol binge drinking was assessed in this correlational study using data from three large Marine Corps installations drawn from the Department of Defense 2011 Health Related Behaviors Survey of Active Duty Military Personnel (N = 2,933). We proposed several directional hypotheses based on existing civilian and military studies of alcohol use and misuse, as well as health behavior theory.

Results

Agreement with the statements that alcoholic beverages cost too much, that drinking might negatively affect one's military career, and that one's immediate supervisor and installation discourage alcohol use were independently associated with decreased odds of binge drinking (i.e., protective factors). Perceptions that alcoholic beverages are difficult to get was particularly protective; the odds of having binged were lower for participants who endorsed this belief than for those who did not. Perceptions that drinking is part of being in one's unit was a risk factor for binge drinking (odds ratio = 1.29).

Conclusion

Even after accounting for strong sociodemographic correlates, binge drinking was independently associated with a number of environmentally oriented perceptions. Beliefs that alcohol is affordable and easy to access were the strongest environmental correlates of increased risk of binge drinking. Addressing the threat alcohol misuse poses to both Marines and mission readiness will likely require multiple strategies, including both policy and environmental changes.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx082/4840543>

Substance Use and Psychological Distress Before and After the Military to Civilian Transition.

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Background

Those currently serving in the military constitute a vulnerable population given their high-risk status for substance use, and population data suggest that veterans continue to engage in significant substance use long after their military service ends. Recent research suggests that the separation transition from active duty to civilian life may be critical in terms of the future functioning of the veteran.

Methods

We sought to explore substance use prevalence, as well as potential emotional distress among veterans by retrospectively assessing substance use during active duty and following separation to examine possible changes in use over this period. This study assessed substance use and emotional distress in veterans (N = 80; 90% male) across the military to civilian transition.

Findings

Repeated measures tests indicated that endorsement of alcohol use, cigarette use, and prescription drug misuse was similar during active duty and post-separation, and marijuana and hard drug use endorsement increased significantly in the 6-mo period post-separation. Further, comorbid use of different substances was common. Active duty levels of anxiety/depression and aggressive feelings were maintained from active duty to post-separation, and feeling alone and military-based trauma symptoms increased significantly. Finally, participants indicated that only a minority of the veterans they knew were doing emotionally well or did not have alcohol/substance use issues.

Discussion

These findings indicate a clear need for substance use and psychological intervention availability before and after transition to enable veterans to transition to civilian life effectively. Based on the many issues at work during the transition process, programs may do well to focus more specifically on identification of problems and raising awareness, rather than awaiting more severe issues in the future. Validation of the difficulties of the separation transition, veterans' feelings of isolation, and the importance of veteran community support may help newly transitioning veterans find advocates who may help them navigate existing assistance programs.

Afghanistan and Iraq War Veterans: Mental Health Diagnoses are Associated with Respiratory Disease Diagnoses.

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Military Medicine

Published: 06 February 2018

<https://doi.org/10.1093/milmed/usx108>

Introduction

Many veterans of the wars in Afghanistan and Iraq have concomitant respiratory conditions and mental health conditions. We wanted to evaluate the association of mental health diagnoses with respiratory disease diagnoses among post-deployment veterans.

Methods

We conducted a retrospective cohort study of all Afghanistan and Iraq War veterans who were discharged from the military or otherwise became eligible to receive Veterans Health Administration services. The primary exposure was receipt of a mental health diagnosis and the primary outcome was receipt of a respiratory diagnosis as recorded in the electronic health record. We used multivariable adjusted logistic regression to measure the associations of mental health diagnoses with respiratory diagnoses and conducted several analyses exploring the timing of the diagnoses.

Results

Among 182,338 post-deployment veterans, 14% were diagnosed with a respiratory condition, 77% of whom had a concomitant mental health diagnosis. The incidence rates were 5,363/100,000 person-years (p-y), 587/100,000 p-y, 1,450/100,000 p-y, and 233/100,000 p-y for any respiratory disease diagnosis, bronchitis, asthma, and chronic obstructive lung disease diagnoses, respectively, after the date of first Veterans Health Administration utilization. Any mental health diagnosis was associated with increased odds for any respiratory diagnosis (adjusted odds ratio 1.41, 95% confidence interval 1.37–1.46). The association of mental health diagnoses and subsequent respiratory disease diagnoses was stronger and more consistent than the converse.

Conclusion

Many Afghanistan and Iraq War veterans are diagnosed with both respiratory and

mental illnesses. Comprehensive plans that include care coordination with mental health professionals and treatments for mental illnesses may be important for many veterans with respiratory diseases.

<https://www.sciencedirect.com/science/article/pii/S0010440X18300245>

The Relationship Between Distress Tolerance Regulation, Counterfactual Rumination, and PTSD Symptom Clusters.

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Comprehensive Psychiatry

Available online 6 February 2018

<https://doi.org/10.1016/j.comppsy.2018.01.012>

Highlights

- We examined counterfactual (CFT) rumination, distress tolerance (DT) regulation, and PTSD.
- DT's regulation was negatively associated with DSM-5 PTSD symptom clusters.
- CFT rumination mediated between DT's regulation and PTSD's intrusion symptoms.
- CFT rumination mediated between DT's regulation and PTSD's avoidance symptoms.
- Researching underlying mechanisms can lead to more precise clinical interventions.

Abstract

Background

Distress tolerance (DT) and rumination both influence the development and maintenance of posttraumatic stress disorder (PTSD). However, few studies have investigated these constructs simultaneously. We investigated whether the regulation dimension of DT was associated with PTSD symptom clusters (intrusions, avoidance, negative alternations in cognitions and mood, alterations in arousal and reactivity), and whether counterfactual rumination (CFT) mediated these relationships.

Methods

This cross-sectional study sampled trauma-exposed adults (N = 119) seeking mental health services at a community mental health center. Participants completed self-report

measures of DT, rumination, and PTSD. Mediation analyses were conducted using the SPSS PROCESS Macro.

Results

Lower scores on the DT regulation dimension were associated with increased PTSD symptom severity for all four symptom clusters, controlling for depression and number of traumas. CFT significantly mediated this relationship between DT's regulation and PTSD's intrusions and avoidance symptoms.

Limitations

Limitations included use of self-report data and the cross-sectional nature of this data.

Conclusions

Clinically, this study highlights that difficulties with regulating negative emotions can result in the use of maladaptive cognitive strategies, such as CFT. This, in turn, may exacerbate PTSD symptom severity, particularly intrusions and avoidance. This study highlights the importance of understanding specific dimensions of DT, rumination, and PTSD symptom clusters to develop precise and efficient psychological interventions.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1613-2>

The power of support from companion animals for people living with mental health problems: a systematic review and narrative synthesis of the evidence.

Helen Louise Brooks, Kelly Rushton, Karina Lovell, Penny Bee, Lauren Walker, Laura Grant and Anne Rogers

BMC Psychiatry

Published: 5 February 2018

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Background

There is increasing recognition of the therapeutic function pets can play in relation to mental health. However, there has been no systematic review of the evidence related to the comprehensive role of companion animals and how pets might contribute to the work associated with managing a long-term mental health condition. The aim of this study was to explore the extent, nature and quality of the evidence implicating the role and utility of pet ownership for people living with a mental health condition.

Methods

A systematic search for studies exploring the role of companion animals in the management of mental health conditions was undertaken by searching 9 databases and undertaking a scoping review of grey literature from the earliest record until March 2017. To be eligible for inclusion, studies had to be published in English and report on primary data related to the relationship between domestic animal ownership and the management of diagnosable mental health conditions. Synthesis of qualitative and quantitative data was undertaken in parallel using a narrative synthesis informed by an illness work theoretical framework.

Results

A total of 17 studies were included in the review. Quantitative evidence relating to the benefits of pet ownership was mixed with included studies demonstrating positive, negative and neutral impacts of pet ownership. Qualitative studies illuminated the intensiveness of connectivity people with companion animals reported, and the multi-faceted ways in which pets contributed to the work associated with managing a mental health condition, particularly in times of crisis. The negative aspects of pet ownership were also highlighted, including the practical and emotional burden of pet ownership and the psychological impact that losing a pet has.

Conclusion

This review suggests that pets provide benefits to those with mental health conditions. Further research is required to test the nature and extent of this relationship, incorporating outcomes that cover the range of roles and types of support pets confer in relation to mental health and the means by which these can be incorporated into the mainstay of support for people experiencing a mental health problem.

<http://onlinelibrary.wiley.com/doi/10.1002/ajcp.12222/full>

The Importance of Parents' Community Connections for Adolescent Well-being: An Examination of Military Families.

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American Journal of Community Psychology

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DOI: 10.1002/ajcp.12222

Drawing from the Social Organization Theory of Action and Change (SOAC), this analysis of 223 military families, including active duty (AD) military and civilian partners, examines how parents' sense of community and community engagement (two elements of community connections) are associated with their own resilient coping, and ultimately with important outcomes capturing their adolescent offspring's individual well-being (depression, anxiety, and self-efficacy) and family well-being (family functioning and parenting quality). The roles of child gender and military context were also examined. Parents with stronger community connections, including greater sense of community and community engagement, reported more resilient coping when faced with adversity. The resilient coping of mothers, in turn, was particularly significant for more positive youth outcomes, when compared to that of fathers. While gender and military context were associated with individual and family well-being, analyses of model invariance indicated that the model fit similarly for male and female adolescents and those experiencing high and low levels of military transitions. Indirect effects were also examined. These findings illuminate malleable dimensions of both community life and family life, primarily showing that community contexts matter for multiple family members.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx094/4838972>

Mental Health Across the Reproductive Cycle in Women Veterans.

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Military Medicine

Published: 05 February 2018

<https://doi.org/10.1093/milmed/usx094>

Introduction

Premenstrual, perinatal, and/or perimenopausal psychiatric problems require specific screening, assessment, and treatment strategies. The scope of these reproductive-linked psychiatric symptoms among women veterans is unknown. Due to high rates of sexual trauma among women veterans, it is also important to ascertain relationships between sexual trauma experiences and reproductive cycle mood problems. This pilot study investigates the prevalence of self-reported premenstrual, perinatal, and perimenopausal emotional problems and whether these correlate with pre-military sexual abuse, military sexual harassment, and/or military sexual assault, among

veterans receiving psychiatric evaluations within a Veterans Administration Women's Health Clinic.

Materials and Methods

Participants included all women veterans (N = 186) who received psychiatric evaluations within a Veterans Administration Women's Health Clinic over a 13-month period. Evaluations included a clinical questionnaire, a psychiatric interview, and medical record review. De-identified data were extracted from a clinical data repository for this descriptive study.

Results

High proportions of study participants reported emotional problems premenstrually (43.3%), during pregnancy (35.1%), postpartum (30.4%), or during perimenopause (31.2%). Unintended pregnancy (73.3% of pregnancies) and pregnancy loss (56.6% of women who had been pregnant) were prominent perinatal stressors. Military sexual harassment was significantly associated with emotional problems during pregnancy and postpartum.

Conclusion

These pilot data suggest the need for further study of the reproductive mental health needs of women veterans and their relationship with sexual trauma. The findings underscore the need for Veterans Administration facilities and other providers of veterans' health care to be prepared to detect, diagnose, and treat premenstrual, perinatal, and perimenopausal mental health problems.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx110/4840557>

Characteristics and Health Needs of Veterans with Other-than-Honorable Discharges: Expanding Eligibility in the Veterans Health Administration.

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Military Medicine

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Background

There has been nearly no research on the health of veterans with Other-than-Honorable

(OTH) discharges because they have traditionally not been eligible for health care through the Department of Veterans Affairs (VA). However, the Secretary of the VA has recently expanded eligibility provisions to provide access to some VA health care services to veterans with OTH discharges to help address any urgent mental health care needs. It is unknown if veterans with OTH discharges have worse mental health and potentially greater mental health care needs than other veterans.

Methods

Using data from the 2001 National Survey of Veterans, this study examined the characteristics and health status of veterans with OTH discharges compared with veterans with honorable or general discharges. Physical and mental health was assessed with the 12-item Short Form health survey.

Findings

Bivariate comparisons revealed that veterans with OTH discharges were younger, reported lower income, were more likely to lack health insurance, and reported more mental health problems than other veterans. After controlling for other factors, veterans with OTH discharges were still younger and reported more mental health problems than other veterans. Post hoc analyses revealed veterans with OTH discharges were significantly more likely to report having accomplished less because of emotional problems, performed activities less carefully because of emotional problems, felt less calm and peaceful, and felt more downhearted and blue in the previous 4 wk than other veterans.

Discussion

These findings suggest that veterans with OTH discharges have substantial mental health care needs and may benefit from the VA's recent provision granting them increased access to VA care but some may need more comprehensive mental health care services.

<http://www.tandfonline.com/doi/full/10.1037/mil0000169>

Improving Mental Health Treatment Utilization in Military Veterans: Examining the Effects of Perceived Need for Care and Social Support.

Robert Graziano & Eric B. Elbogen

Many veterans with mental health problems do not adequately utilize needed care. Research has focused on identifying barriers to mental health care in veterans. The current study adds to existing literature by examining whether perceived need for treatment and social support affect treatment utilization in a national longitudinal survey of Iraq and Afghanistan veterans (n = 1,090). The Health Beliefs Model (HBM) postulates that a key reason why patients fail to obtain needed care is their belief "it's up to me to handle my own problems." This view was endorsed by 42% in the current national sample of veterans and was found in multivariate analysis to predict less treatment seeking in the next year. Mediation analysis revealed that veterans with higher ratings of social support were less likely to believe they needed to solve mental health problems on their own, indirectly equating to higher odds of treatment use. Simultaneously, findings indicated that posttraumatic stress disorder (PTSD) had a direct effect on more mental health visits but was also associated with higher endorsement that one needed to handle one's own problems and thus had an indirect effect of reducing mental health visits. Both social support and PTSD affected veterans' perceptions of needing to solve one's own problems, significantly predicted follow-up with mental health care. As a result, the findings indicate that clinicians' should explore veterans' belief systems about perceived treatment need as well as investigate the role of social support to improve mental health treatment utilization.

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Psychological Model of Military Aggressive Behavior: Findings From Population-Based Surveys.

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The U.S. military has expressed concern about the influence of deployment and combat exposure on the criminal behavior of personnel returning from Iraq and Afghanistan. This study examines the role of behavioral health risk and protective factors associated with combat exposure and criminal and aggressive behavior in active duty Army and

Naval personnel. Data from this cross-sectional study are based on two large anonymous, population-based health-related behavior surveys. Findings show that the proportion of all active duty Army and Naval service personnel who reported encounters with law enforcement or committed one or more aggressive acts in the past year increased from 19.41% in 2005 to 22.58% in 2008. Substance use, especially illicit drug use, and mental health problems were significant correlates of criminal and aggressive behavior, as were younger age, male sex, high impulsivity, and work/family stress. Path modeling suggested that several variables, notably combat exposure and history of childhood abuse, appeared to manifest their influence on criminal or aggressive behavior through increases in substance use and mental health problems. The potential mediating influence of substance use and mental health on combat and other trauma experiences has significant implications for preventing criminal and aggressive behavior among U.S. active duty military personnel.

This large epidemiologic study provides prevalence estimates and risk factors for aggressive behaviors and encounters with law enforcement among Army and Naval service active duty personnel. Findings show that criminal/aggressive behaviors are associated with illicit drug use and impulsivity and suggest that combat exposure is associated with criminal/aggression behavior through its effect on mental health and substance abuse problems.

<http://www.tandfonline.com/doi/full/10.1037/mil0000177>

Work Stressors, Depressive Symptoms, and Hazardous Drinking Among Navy Members Across Deployment.

Michelle L. Kelley, Adrian J. Bravo & Brittany F. Hollis

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Few studies have attempted to examine how changes in work stressors from predeployment to postdeployment and reintegration may be associated with changes in mental health symptoms and hazardous drinking. The present study examined associations between work stressors, depressive symptoms, and hazardous drinking, and whether depressive symptoms mediated the association between work stressors and hazardous alcohol use or vice versa across deployment (predeployment, postdeployment, and 6-month reintegration). Participants were 101 U.S. Navy members

(72 men; mean age = 28.34 years; SD = 5.99 years) assigned to an Arleigh Burke-class destroyer that experienced an 8-month deployment after recent wars in the Middle East. They completed measures that assessed work stressors, depressive symptoms, and alcohol use at each time point (i.e., predeployment, postdeployment, and 6-month reintegration). Using a parallel process latent growth modeling approach, we found a significant indirect effect at postdeployment such that an increase in work stressors contributed to increases in hazardous drinking via increases in depressive symptoms. Specifically, increases in work stressors significantly predicted increases in depressive symptoms, which in turn significantly predicted increases in hazardous drinking from pre- to postdeployment. Our findings garner support for affect regulation models and indicate that work stressors and changes in work stressors and depressive symptoms may be key to hazardous alcohol use among U.S. Navy members experiencing high pace of deployment. Taken together, our results help identify targets for alcohol prevention efforts among current military members.

<http://www.tandfonline.com/doi/full/10.1037/mil0000182>

Posttraumatic Stress, Posttraumatic Growth, and Satisfaction With Life in Military Veterans.

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Objective:

Military veterans are more likely than civilians to experience trauma and posttraumatic stress disorder (PTSD). Research suggests, however, that some people who experience trauma, including veterans, report posttraumatic growth (PTG), or positive personal changes following adversity. In this study, we tested a comprehensive model of PTG, PTSD, and satisfaction with life in a veteran population, exploring the roles of challenges to core beliefs, types of rumination, sex, and time since event.

Method:

Data were collected via Amazon's Mechanical Turk, an online crowdsourcing website, from veterans (N = 197) who had experienced a stressful event within the last 3 years

(M = 16.66 months, SD = 12.27 months). Structural equation modeling was used to test an integrated conceptual model of PTG, PTSD, and satisfaction with life.

Results:

Results showed that challenge to core beliefs was directly associated with both deliberate and intrusive rumination. Deliberate rumination was positively related to PTG; intrusive rumination was positively related to symptoms of PTSD. PTG and PTSD, in turn, mediated the relationship between rumination styles and satisfaction with life; PTG was related to higher satisfaction with life; and PTSD was negatively related to satisfaction with life. Results failed to show differences on any model variables as a function of time since event or sex.

Conclusion:

Results indicate that the intentional facilitation of PTG may be a complementary and alternative option to the reduction of PTSD symptoms for improving satisfaction with life. Findings suggest that efforts to facilitate PTG should be focused on strategies for promoting deliberate rumination.

We found strong support in our study for a comprehensive model of posttraumatic growth, or perceived positive psychological changes following adversity, in a sample of military veterans. Results highlight the importance of purposefully thinking about the adverse experience to make meaning from it and grow. The intentional facilitation of posttraumatic growth may offer a complementary and alternative option to treating posttraumatic stress symptoms to increase overall well-being.

<http://www.tandfonline.com/doi/full/10.1037/mil0000170>

Associations Between Time Since Event and Posttraumatic Growth Among Military Veterans.

Jessica Kelley Morgan & Sarah L. Desmarais

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Despite efforts to understand the antecedents, correlates, and consequences of posttraumatic growth (PTG), the role of time since a traumatic event (time since event) vis-à-vis PTG is not well understood. Part of a larger project exploring experiences

following emotionally distressing events among military veterans (N = 197) using Amazon's Mechanical Turk (Mturk), in the current study, we sought to clarify associations between the time since event and PTG. We used cluster-analytic techniques and analyses of variance to (a) determine the number of clusters, and (b) assess differences in core constructs of PTG and participant characteristics across clusters. Results revealed 4 significantly different groups (i.e., clusters) characterized by differential associations between PTG and time since event. These groups also differed significantly in challenge to core beliefs, level of PTSD symptoms, intrusive and deliberate rumination, and age. The immediate moderate-growth group (Cluster 1) experienced moderate levels of PTG over shorter periods of time, severe PTSD symptoms, and was significantly younger. The low-growth group (Cluster 2) was characterized by minimal PTG, regardless of time, the least challenge to core beliefs, and low amounts of intrusive and deliberate rumination. The long-term small-growth group (Cluster 3) was primarily characterized by small amounts of PTG over longer periods of time. The high-growth group (Cluster 4) was characterized by high PTG, regardless of time, greater challenge to core beliefs, the highest amount of deliberate rumination, and the highest number of PTSD symptoms. Findings underscore heterogeneity within military veterans' experiences of PTG over time.

This study suggests that there are distinct subgroups of military veterans who have experienced adversity defined by differing levels of posttraumatic growth and time since traumatic event. Posttraumatic growth should be assessed at multiple time points in research and practice, as it may require some time to pass for individuals to report growth.

<http://www.tandfonline.com/doi/full/10.1037/mil0000173>

Addressing Anger, Stress, and Alcohol-Related Difficulties in the Military: An ACT Intervention.

Shane T. Harvey, Annette Henricksen, David Bimler & Doug Dickson

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The use of alcohol to manage emotion is a common technique seen in military service personnel, the implication of which is evident in the relationship between alcohol misuse and mood disorders. However, investigations into transdiagnostic treatments aimed at

addressing the common underlying processes to these problems in military personnel are lacking. The present study aimed to investigate the efficacy of a real-world Acceptance and Commitment Therapy (ACT)-based intervention undergone by 262 military personnel. A quasi-experimental prepost design was employed (interim 1 month postintervention) with a waitlist control group utilized to compare differences over time between those who promptly completed the week-long intervention course and the delayed waitlist participants. In line with predictions, the intervention group showed greater improvement (cf. preintervention waitlist group) in emotion management, and greater reductions in levels of alcohol consumption, aggression, anxiety, stress, and perceptions of others being responsible for their circumstances. No significant differences were found in the comparison of both groups' 1-month postintervention results (i.e., both groups evidenced similar improvements); suggesting having to wait to start the course had little effect on its impact. The results suggest the course holds promise for helping military service personnel improve a range of psychosocial outcomes. Further testing with a more rigorous methodology is recommended, as is using a more proactive approach in the promotion and implementation of future courses.

This real-world study suggests that acceptance and commitment therapy (ACT) in a group format is an effective approach for enabling military service personnel to better manage their anger/aggression, stress/anxiety, and alcohol related difficulties. The ACT course content resonated with soldiers and outcomes were comparable to individual treatment in clinical settings, making it cost-effective, relevant, and transferable to military contexts.

Links of Interest

Mind-body therapy effective for military veterans with PTSD

<http://www.hawaii.edu/news/2018/02/08/ptsd-mind-body-therapy/>

The User Experience: A Key Step in Realizing the Role of Mental Health Apps

<http://www.psychiatrytimes.com/telepsychiatry/user-experience-key-step-realizing-role-mental-health-apps>

New Pentagon rule bans 'offensive jokes' and harassing behavior

<https://www.militarytimes.com/news/your-military/2018/02/08/new-pentagon-rule-bans-offensive-jokes-and-harassing-behavior/>

Air Force Academy out of compliance on sexual assault, Pentagon says
<http://gazette.com/pentagon-air-force-academy-out-of-compliance-on-sexual-assault/article/1620560>

New documentary 'Trauma' depicts experiences of Afghan war medics
<https://www.militarytimes.com/off-duty/movies-video-games/2018/02/08/new-documentary-trauma-depicts-experiences-of-afghan-war-medics/>

The Wild West of PTSD Treatment: Looking Beyond Evidence-based Therapy
<https://www.pdhealth.mil/news/blog/wild-west-ptsd-treatment-looking-beyond-evidence-based-therapy>

Brain Scans Could Change How We Diagnose Depression
<https://www.healthline.com/health-news/brain-scans-could-change-how-depression-diagnosed>

Controversies mount as VA officials work to stay focused on health care reforms
<https://www.militarytimes.com/veterans/2018/02/13/controversies-mount-as-va-officials-work-to-stay-focused-on-health-care-reforms/>

VA employees wanted a gender-neutral mission statement. The agency refused.
<https://www.washingtonpost.com/news/checkpoint/wp/2018/02/14/va-employees-wanted-a-gender-neutral-mission-statement-the-agency-refused/>

Love makes the world go 'round, but more needed for a happy union
<https://health.mil/News/Articles/2018/02/14/Love-makes-the-world-go-round-but-more-needed-for-a-happy-union>

Army vet joins pot-users in lawsuit to declare marijuana safe under US law
<https://www.militarytimes.com/veterans/2018/02/14/army-vet-joins-pot-users-in-lawsuit-to-declare-marijuana-safe-under-us-law/>

Resource of the Week: [Screening, Assessment, and Intervention Model for Intimate Partner Violence Perpetration and Co-Occurring Combat-Related Conditions](#)

From the [Battered Women's Justice Project](#):

The United States was at war in Iraq and Afghanistan for over a decade. Over 2.7 million people served in one or both of these war zones, including an unprecedented number of National Guard and Reserve personnel. Many experienced multiple deployments, extended tours, and decreased breaks from combat. The veterans of these deployments return to their spouses, children, families, and communities with visible and invisible injuries, such as combat-related post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). A small but growing number are becoming involved with the criminal justice system for a range of crimes, including intimate partner violence (IPV).

In communities across the country, medical facilities, social services, criminal justice systems, and courts are grappling with how to effectively serve this population of returning service members and their families. The variety of intervention points by which IPV victims and offenders engage with these agencies requires a broad and coordinated approach to screening, assessment, and intervention that results in early identification of co-occurring conditions related to combat experience, so that subsequent interventions are appropriate, just, and effective.

Combat experience certainly represents a source of significant traumatic stress and injury for individuals. However, it's important to note that the general population of IPV perpetrators who have never been in the military often have significant trauma histories and also exhibit co-occurring conditions such as PTSD, TBI, substance abuse, depression, and other mental health conditions. Comparing the general population of IPV perpetrators without a military background and military veterans, the rate of IPV perpetration is higher among military veterans, but the dynamics and risk factors are more similar than different (Taft, Watkins, Stafford, Street, & Monson, 2011).

This guide presents a model for understanding IPV and its relationship to co-occurring combat-related conditions and recommends a community-wide approach to screening, assessment, and intervention for IPV perpetration and co-occurring conditions. Implementation of these recommendations will allow communities to intervene more effectively in these cases to prevent further violence in military and veteran families.



**Screening, Assessment, and Intervention Model
for Intimate Partner Violence Perpetration and
Co-Occurring Combat-Related Conditions**

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