



CDP Research Update -- October 31, 2013

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- Social Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being (RAND)

- Suicidal ideation in Veterans misusing alcohol: Relationships with insomnia symptoms and sleep duration.
- Links of Interest
- Resource of the Week: Deployment and Military Medical Home Resources (American Academy of Pediatrics)

<http://www.sciencedirect.com/science/article/pii/S0010440X13003076>

Suicide attempts before joining the military increase risk for suicide attempts and severity of suicidal ideation among military personnel and veterans.

Bryan Craig J., Bryan AnnaBelle O., Ray-Sannerud Bobbie N., Etienne Neysa, Morrow Chad E.

Comprehensive Psychiatry

Available online 22 October 2013

Objective

Past self-injurious thoughts and behaviors (SITB) are robust predictors of future suicide risk, but no studies have explored the prevalence of SITB occurring prior to military service among military personnel and veterans, or the association of premilitary SITB with suicidal ideation and suicide attempts during or after military service. The current study explores these issues in two separate samples.

Method

Self-report data were collected from 374 college student veterans via anonymous only survey (Study 1) and from 151 military personnel receiving outpatient mental health treatment.

Results

Across both studies, premilitary suicide attempts were among the most prominent predictor of subsequent suicide attempts that occurred after joining the military, even when controlling for demographics and more recent emotional distress. Among military personnel who made a suicide attempt during or after military service, approximately 50% across both samples experienced suicidal ideation and up to 25% made a suicide attempt prior to joining the military. Military personnel and veterans who made suicide attempts prior to joining the military were over six times more likely to make a later suicide attempt after joining the military. In Study 2, significantly more severe current suicidal ideation was reported by participants with histories of premilitary suicide risk, even when controlling for SITB occurring while in the military.

Conclusions

Military personnel and veterans who experienced SITB, especially suicide attempts, prior to joining the military are more likely to attempt suicide while in the military and/or as a veteran, and experience more severe suicidal crises.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301474>

Relationship Among Adverse Childhood Experiences, History of Active Military Service, and Adult Outcomes: Homelessness, Mental Health, and Physical Health.

Ann Elizabeth Montgomery, J. J. Cutuli, Michelle Evans-Chase, Dan Treglia, and Dennis P. Culhane.

Source: American Journal of Public Health

Published online ahead of print October 22, 2013: e1–e7.

Objectives.

We determined whether a report of adverse childhood experiences predicts adult outcomes related to homelessness, mental health, and physical health and whether participation in active military service influences the relationship between childhood and adult adversity.

Methods.

Using data from the 2010 Washington State Behavioral Risk Factor Surveillance System, we tested by means of logistic regression the relationship between adverse childhood experiences and 3 adult outcomes—homelessness, mental health, and physical health—as well as differences among those with a history of active military service.

Results.

Adverse childhood experiences separately predicted increased odds of experiencing homelessness as an adult and mental health and physical health problems. Childhood adversity increased the likelihood of adult homelessness and poor physical health among individuals with no history of active military service and the likelihood of mental health problems among individuals with a history of active military service.

Conclusions.

The relationship between childhood adversity and adult adversity changes in degree when history of active military service is controlled, which has implications for Armed Forces recruitment strategies and postmilitary service risk assessment.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301322>

Latent Homeless Risk Profiles of a National Sample of Homeless Veterans and their Relation to Program Referral and Admission Patterns.

Jack Tsai, PhD, Wesley J. Kaspro, PhD, MPH, and Robert A. Rosenheck, MD

American Journal of Public Health

Published online ahead of print October 22, 2013: e1–e9.

Objectives.

We identified risk and need profiles of homeless veterans and examined the relation between profiles and referrals and admissions to Department of Veterans Affairs (VA) homeless service programs.

Methods.

We examined data from the VA's new Homeless Operations Management and Evaluation System on 120 852 veterans from 142 sites nationally in 2011 and 2012 using latent class analyses based on 9 homeless risk factors. The final 4-class solution compared both referral and admission to VA homeless services.

Results.

We identified 4 latent classes: relatively few problems, dual diagnosis, poverty–substance abuse–incarceration, and disabling medical problems. Homeless veterans in the first group were more likely to be admitted to the VA's permanent supportive housing program, whereas those in the second group were more likely to be admitted to more restrictive VA residential treatment. Homeless veterans in the third group were more likely to be admitted to the VA's prisoner re-entry program, and those in the fourth group were more likely to be directed to VA medical services.

Conclusions.

The heterogeneous risk and need profiles of homeless veterans supported the diversity of VA homeless services and encouraged the development of specialized services to meet their diverse needs.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22207/abstract>

Predictors of completion of exposure therapy in OEF/OIF veterans with posttraumatic stress disorder.

Gros, D. F., Price, M., Yuen, E. K. and Acierno, R.

Depression and Anxiety

Article first published online: 21 OCT 2013

Background

Despite large-scale dissemination and implementation efforts of evidence-based psychotherapy to veterans from Operation Enduring/Iraqi Freedom (OEF/OIF), little is known regarding the factors that contribute to the successful completion of these treatments in this high-risk population. The present study investigated predictors of treatment completion during a standardized exposure-based psychotherapy for PTSD.

Methods

Ninety-two OEF/OIF combat veterans enrolled in a randomized controlled trial for an eight session exposure-based psychotherapy for PTSD. All participants completed structured clinical interviews and several background and symptom questionnaires. Of the initial 92 participants, 28% of the sample (n = 26) discontinued treatment prior to completion of the trial.

Results

Predictors of discontinuation of treatment were assessed with a hierarchical logistic regression. Disability status was positively associated with treatment discontinuation, and postdeployment social support was negatively associated with discontinuation. In contrast to previous findings, other factors, such as age and PTSD symptomatology, were not identified as significant predictors.

Conclusions

The present study suggested that disability status at the start of treatment increases the risk for treatment discontinuation whereas increased social support buffers against discontinuation. Together, these findings highlight the importance of increased assessment and early intervention when these factors are present to potentially reduce treatment discontinuation and improve treatment outcomes in OEF/OIF veterans with PTSD.

<http://www.sciencedirect.com/science/article/pii/S0028393213003527>

Increased response variability as a marker of executive dysfunction in veterans with post-traumatic stress disorder.

Diane Swick, Nikki Honzel, Jary Larsen, Victoria Ashley

Neuropsychologia, Available online 21 October 2013

The stability of cognitive control processes over time can be indexed by trial-to-trial variability in reaction time (RT). Greater RT variability has been interpreted as an indicator of executive dysfunction, inhibitory inefficiency, and excessive mental noise. Previous studies have demonstrated that combat veterans with post-traumatic stress disorder (PTSD) show substantial impairments in inhibitory control, but no studies have examined response variability in this population. In the current experiment, RT variability in the Go/NoGo response inhibition task was assessed for 45 veterans with PTSD and 34 control veterans using the intra-individual coefficient of variation (ICV) and ex-Gaussian analysis of RT distributions. Despite having mean RTs that were indistinguishable from controls, the PTSD patients had significantly greater RT variability as measured by ICV. More variable RTs were in turn associated with a greater number of false alarm errors in the patients, suggesting that less consistent performers were less successful at inhibiting inappropriate responses. RT variability was also highly correlated with self-reported symptoms of PTSD, depression, and attentional impulsiveness. Furthermore, response variability predicted diagnosis even when controlling for PTSD symptom severity. In turn, PTSD severity was correlated with self-rated attentional impulsiveness. Deficits in the top-down cognitive control

processes that cause greater response variability might contribute to the maintenance of PTSD symptomology. Thus, the distractibility issues that cause more variable reaction times might also result in greater distress related to the trauma.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301277>

Housing Instability and Mental Distress among US Veterans.

Robert M. Bossarte, PhD, John R. Blosnich, PhD, MPH, Rebecca I. Piegari, MS, Lindsay L. Hill, BA, and Vincent Kane, MSS

American Journal of Public Health

Published online ahead of print October 22, 2013: e1–e3.

Evidence has suggested increased risk for homelessness and suicide among US veterans, but little is known about the associations between housing instability and psychological distress (including suicidal ideation). We examined frequent mental distress (FMD) and suicidal ideation among a probability-based sample of 1767 Nebraska veterans who participated in the 2010 Behavioral Risk Factor Surveillance Survey who had and had not experienced housing instability in the past 12 months. Veterans experiencing housing instability had increased odds of FMD and suicidal ideation.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301335>

Homelessness and Money Mismanagement in Iraq and Afghanistan Veterans.

Eric B. Elbogen, PhD, Connor P. Sullivan, BA, James Wolfe, MS, Henry Ryan Wagner, PhD, and Jean C. Beckham, PhD

American Journal of Public Health

Published online ahead of print October 22, 2013: e1–e7.

Objectives.

We examined the empirical link between money mismanagement and subsequent homelessness among veterans.

Methods.

We used a random sample of Iraq and Afghanistan War era veterans from the National Post-Deployment Adjustment Survey in 2009–2011.

Results.

Veterans were randomly selected from a roster of all U.S. military service members in Operation Iraqi Freedom or Operation Enduring Freedom who were separated from active duty or in the Reserves/National Guard. Veterans (n = 1090) from 50 states and all military branches completed 2 waves of data collection 1 year apart (79% retention rate). Thirty percent reported money mismanagement (e.g., bouncing or forging a check, going over one's credit limit, falling victim to a money scam in the past year). Multivariate analysis revealed money mismanagement (odds ratio [OR] = 4.09, 95% CI = 1.87, 8.94) was associated with homelessness in the next year, as were arrest history (OR = 2.65, 95% CI = 1.33, 5.29), mental health diagnosis (OR = 2.59, 95% CI = 1.26, 5.33), and income (OR = 0.30, 95% CI = 0.13, 0.71).

Conclusions.

Money mismanagement, reported by a substantial number of veterans, was related to a higher rate of subsequent homelessness. The findings have implications for policymakers and clinicians, suggesting that financial education programs offered by the US Departments of Defense and Veterans Affairs may be targeted to effectively address veteran homelessness.

<http://www.sciencedirect.com/science/article/pii/S0163834313003058>

Diagnostic Specificity and Mental Health Service Utilization Among Veterans with Newly Diagnosed Anxiety Disorders.

Terri L. Barrera, Juliette M. Mott, Natalie E. Hundt, Joseph Mignogna, Hong-Jen Yu, Melinda A. Stanley, Jeffrey A. Cully

General Hospital Psychiatry, Available online 22 October 2013

Objective

This study examined rates of specific anxiety diagnoses (posttraumatic stress disorder, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, social anxiety disorder, and specific phobia) and anxiety disorder not otherwise specified (anxiety NOS) in a national sample of Veterans and assessed their mental health service utilization.

Method

This study used administrative data extracted from Veteran Health Administration outpatient records to identify patients with a new anxiety diagnosis in fiscal year 2010 (N = 292,244). Logistic regression analyses examined associations among diagnostic specificity, diagnostic location, and mental health service utilization.

Results

Anxiety NOS was diagnosed in 38% of the sample. Patients in specialty mental health were less likely to receive an anxiety NOS diagnosis than patients in primary care (odds ratio [OR] = 0.36). Patients with a specific anxiety diagnosis were more likely to receive mental health services than those with anxiety

NOS (OR = 1.65), as were patients diagnosed in specialty mental health compared with those diagnosed in primary care (OR = 16.29).

Conclusion

Veterans diagnosed with anxiety NOS are less likely to access mental health services than those with a specific anxiety diagnosis, suggesting the need for enhanced diagnostic and referral practices, particularly in primary care settings.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21840/abstract>

Finalizing PTSD in DSM-5: Getting Here From There and Where to Go Next.

Friedman, M. J.

Journal of Traumatic Stress

Volume 26, Issue 5, pages 548–556, October 2013

The process that resulted in the diagnostic criteria for posttraumatic stress disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association;) was empirically based and rigorous. There was a high threshold for any changes in any DSM-IV diagnostic criterion. The process is described in this article. The rationale is presented that led to the creation of the new chapter, “Trauma- and Stressor-Related Disorders,” within the DSM-5 metastructure. Specific issues discussed about the DSM-5 PTSD criteria themselves include a broad versus narrow PTSD construct, the decisions regarding Criterion A, the evidence supporting other PTSD symptom clusters and specifiers, the addition of the dissociative and preschool subtypes, research on the new criteria from both Internet surveys and the DSM-5 field trials, the addition of PTSD subtypes, the noninclusion of complex PTSD, and comparisons between DSM-5 versus the World Health Association's forthcoming International Classification of Diseases (ICD-11) criteria for PTSD. The PTSD construct continues to evolve. In DSM-5, it has moved beyond a narrow fear-based anxiety disorder to include dysphoric/anhedonic and externalizing PTSD phenotypes. The dissociative subtype may open the way to a fresh approach to complex PTSD. The preschool subtype incorporates important developmental factors affecting the expression of PTSD in young children. Finally, the very different approaches taken by DSM-5 and ICD-11 should have a profound effect on future research and practice.

<http://www.sciencedirect.com/science/article/pii/S0165178113006586>

Clinical specificity of acute versus chronic self-injury: Measurement and evaluation of Repetitive Non Suicidal Self-Injury.

Maura Manca, Fabio Presaghi, Rita Cerutti

Psychiatry Research

Available online 22 October 2013

Overall, previous studies on the prevalence of non-suicidal self-injury (NSSI) behaviors in the general population have stressed the importance of differentiating between occasional and repetitive NSSI, examining different severity levels (e.g., frequency and variety of methods), as well as investigating the diverse psychopathological correlates of NSSI. However, existing NSSI measures have not been explicitly developed by to comply with the NSSI diagnostic criteria proposed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The purpose of this study is to develop a measure of repetitive NSSI by considering its essential features, as described in the proposed DSM-5 as well as in other clinically relevant aspects emerging from case reports.

Two independent samples of participants (N1=383 young adults and 251 adolescents; N2=953 adolescents) belonging to the general population were involved in the present study. The questionnaire showed satisfactory fit statistics and reliably discriminated between occasional and repetitive self-injurers (Area Under Curve, AUC=.755). The pattern of correlations with psychopathological measures confirmed a more clinically-compromised profile for repetitive rather than occasional self-injurers.

<http://www.ncbi.nlm.nih.gov/pubmed/24162758>

J Interpers Violence. 2013 Oct 24. [Epub ahead of print]

Residential PTSD Treatment for Female Veterans With Military Sexual Trauma: Does a History of Childhood Sexual Abuse Influence Outcome?

Walter KH, Buckley A, Simpson JM, Chard KM.

This study examined whether a history of childhood sexual abuse (CSA) influenced treatment outcome among female veterans with an index trauma of military sexual trauma (MST) receiving residential treatment for posttraumatic stress disorder (PTSD). One hundred and ten female veterans, 61 with a history of CSA and 49 without, were compared on pre-treatment demographic and symptom measures, as well as treatment outcome, which were assessed with the Clinician-Administered PTSD Scale (CAPS), PTSD Checklist-Stressor Specific Version (PCL-S), and Depression Inventory-Second edition (BDI-II). Veterans received cognitive processing therapy (CPT) as the primary trauma-focused treatment. Study findings showed that these two groups did not significantly differ on pre-treatment variables or treatment outcome. Results suggest that CPT delivered in a residential treatment program was effective for female veterans with PTSD related to MST, with and without a history of CSA.

<http://www.ncbi.nlm.nih.gov/pubmed/24158464>

J Behav Health Serv Res. 2013 Oct 25. [Epub ahead of print]

Clinician Documentation on Receipt of Trauma-Focused Evidence-Based Psychotherapies in a VA PTSD Clinic.

Lu MW, Plagge JM, Marsiglio MC, Dobscha SK.

Source: Mental Health & Clinical Neurosciences Division, Portland VA Medical Center, PO Box 1034, Mail code: P3MHDC, 3710 SW US Veterans Hospital Road, Portland, OR, 97239, USA, Mary.Lu@va.gov.

The U.S. Department of Veterans Affairs (VA) is implementing two trauma-focused, evidence-based psychotherapies (TF-EBPs) for posttraumatic stress disorder (PTSD): cognitive processing therapy and prolonged exposure therapy (PE). Veterans with PTSD often do not receive these treatments, and little is known about the reasons veterans may not receive TF-EBPs. The aim of this qualitative study was to summarize clinician-reported reasons in medical records for nonreceipt of TF-EBPs. All veterans (N = 63) identified through PTSD screening who were newly engaged in mental health care and received individual evaluations in a PTSD specialty clinic in fiscal year 2008 were included in the sample. Content analysis of electronic medical records revealed multiple potential reasons for nonreceipt of TF-EBPs including referral to other PTSD treatments, other clinical priorities, poor engagement in care, practical barriers, negative beliefs, and receipt of care in other settings. Eight veterans (13 %) initiated TF-EBPs. Further interventions to promote engagement in PTSD treatment are warranted.

<http://www.karger.com/Article/Abstract/354910>

Posttraumatic Stress Disorder and Cardiometabolic Disease.

Levine A.B. · Levine L.M. · Levine T.B.

Cardiology 2014;127:1-19

The need for addressing posttraumatic stress disorder (PTSD) among combat veterans returning from Afghanistan and Iraq is a growing public health concern. Current PTSD management addresses psychiatric parameters of this condition. However, PTSD is not simply a psychiatric disorder. Traumatic stress increases the risk for inflammation-related somatic diseases and early mortality. The metabolic syndrome reflects the increased health risk associated with combat stress and PTSD. Obesity, dyslipidemia, hypertension, diabetes mellitus, and cardiovascular disease are prevalent among PTSD patients. However, there has been little appreciation for the need to address these somatic PTSD comorbidities. Medical professionals treating this vulnerable population should screen patients for cardiometabolic risk factors and avail themselves of existing preventive diet, exercise, and pharmacologic modalities that will reduce such risk factors and improve overall long-term health outcomes and quality of life. There is the promise that cardiometabolic preventive therapy

complementing psychiatric intervention may, in turn, help improve the posttraumatic stress system dysregulation and favorably impact psychiatric and neurologic function. © 2013 S. Karger AG, Basel

http://sophia.stkate.edu/msw_papers/249/

Veterans' Experiences with Combat-Related PTSD Treatment

Heidi A. Priestley

Clinical Research Paper, Master of Social Work (M.S.W.)

2013, St. Catherine University

The purpose of this study was to explore from Veterans' perspectives, their experiences with combat-related post traumatic stress disorder (PTSD) treatment and to report their advice to social workers involved in treating Veterans. This subject has particular importance given the increasing number of Veterans who have returned and are currently returning from deployments in Iraq and Afghanistan with this diagnosis. Interviews were conducted with four subjects, all of whom had been deployed to a combat zone, were diagnosed with combat-related PTSD, and completed outpatient treatment prior to July 1, 2012. The interviewees discussed their experiences with PTSD treatment and offered advice to social workers who treat Veterans with combat-related PTSD. Two Veterans experienced more re-experiencing symptoms, such as dreams, after treatment. Avoidance symptoms among the Veterans in this study included avoiding treatment, avoiding people, and avoiding military duty. The findings confirmed that arousal symptoms, specifically irritability, are often triggered by common daily events, such as a camera flash, a tractor backfiring, or a neighbor's knock on the front door. All participating Veterans reported that their treatment was positively affected by family or friend-based support systems. The implications for social workers include providing liaison-type services between doctors and Veterans and engaging and supporting family members in the treatment and recovery process. Additionally, the Veterans in this study implied an importance to the social worker having shared experiences with the Veteran.

<http://www.tandfonline.com/doi/abs/10.1080/08893675.2013.849044>

Self-expressive writing as a therapeutic intervention for veterans and family members.

Rebecca Lynn Nevinski

Journal of Poetry Therapy

Published online: 23 Oct 2013

This qualitative case study reflects the voices and experiences of five veterans who engaged in a self-expressive writing session over a period of eight weeks. The purpose was to explore whether or not self-expressive writing could be used as a therapeutic intervention. Findings indicated that the intervention helped participants express emotions, increase their awareness of personal issues, helped separate problems from self, and foster a sense of empowerment. This study reveals the potential usefulness of physically expressing problems and interacting with them deliberately over time. Such

interventions may be useful components of therapy and help those populations who have limited access to therapy services or who are reluctant to be present for therapy.

<http://www.tandfonline.com/doi/abs/10.1080/13854046.2013.851740>

Victoria Symptom Validity Test: Cutoff Scores for Psychometrically Defined Malingering Groups in a Military Sample.

Alvin Jones

The Clinical Neuropsychologist

Published online: 25 Oct 2013

The Victoria Symptom Validity Test (VSVT) is one of the least widely used tests to assess performance validity on tests of neurocognitive functioning, but a meta-analysis has suggested that it is one of the more effective validity tests. The current research examined cutoffs for several different scores derived from the VSVT in an active duty military sample composed primarily of mild TBI patients. The results are consistent with previous research and provide additional evidence that much higher cutoffs scores than originally recommended for the VSVT by the developers based on binomial probability theory can produce excellent classification and diagnostic statistics when a psychometrically defined non-malingering group is compared with two psychometrically defined malingering groups (Probable and Probable to Definite). The utility of the difference score between the Easy and Hard Items is supported by this research. The results also indicate that reaction times have some utility, but they are constrained by a lack of sensitivity.

<http://www.sciencedirect.com/science/article/pii/S016517811300663X>

DSM-5 PTSD's symptom dimensions and relations with major depression's symptom dimensions in a primary care sample.

Ateka A. Contractor, Tory A. Durham, Julie A. Brennan, Cherie Armour, Hanna R. Wutrick, B. Christopher Frueh, Jon D. Elhai

Psychiatry Research, Available online 23 October 2013

Existing literature indicates significant comorbidity between posttraumatic stress disorder (PTSD) and major depression. We examined whether PTSD's dysphoria and mood/cognitions factors, conceptualized by the empirically supported four-factor DSM-5 PTSD models, account for PTSD's inherent relationship with depression. We hypothesized that depression's somatic and non-somatic factors would be more related to PTSD's dysphoria and mood/cognitions factors than other PTSD model factors. Further, we hypothesized that PTSD's arousal would significantly mediate relations between PTSD's dysphoria and somatic/non-somatic depression. Using 181 trauma-exposed primary care

patients, confirmatory factor analyses (CFA) indicated a well-fitting DSM-5 PTSD dysphoria model, DSM-5 numbing model and two-factor depression model. Both somatic and non-somatic depression factors were more related to PTSD's dysphoria and mood/cognitions factors than to re-experiencing and avoidance factors; non-somatic depression was more related to PTSD's dysphoria than PTSD's arousal factor. PTSD's arousal did not mediate the relationship between PTSD's dysphoria and somatic/non-somatic depression. Implications are discussed.

<http://informahealthcare.com/doi/abs/10.3109/15360288.2013.846953>

Effects of a Pain Education Program for Veterans with Chronic, Noncancer Pain: A Pilot Study.

David Cosio and Erica H. Lin

Journal of Pain and Palliative Care Pharmacotherapy

Posted online on October 22, 2013

This pilot study examines the effects of a "Pain Education School" developed and implemented in a American Department of Veterans Affairs (VA) Medical Center using the National Center for Health Promotion and Disease Prevention's step-by-step guidelines in veterans with chronic or persistent, noncancer pain. This study used a quasi-experimental, one-group, pre-/posttest design. A sample of 88 veterans aged 39 to 84 years old who elected to participate in the 12-week pain education program was evaluated. Paired-samples t-tests were conducted using an efficacy subset analysis strategy. Veterans who elected to complete the program reported a statistically significant difference in their pre- and posttest measures of pain intensity ($p = .028$), stages of readiness to adopt a self-management approach ($p = .002$), experience of pain ($p = .000$), and depressive symptoms ($p = .000$). However, there was not a statistically significant difference found in pain knowledge ($p = .790$). The current findings provide preliminary evidence that the program may be efficacious, but a randomized controlled trial is warranted to confirm these effects. This manuscript encourages other VAs to transfer this low-intensity approach as a means of creating awareness, and may be utilized as a benchmark of pain education programming.

<http://link.springer.com/article/10.1007/s10055-013-0237-6>

Toward a validation of cyber-interventions for stress disorders based on stress inoculation training: a systematic review.

Silvia Serino, Stefano Triberti, Daniela Villani, Pietro Cipresso, Andrea Gaggioli, Giuseppe Riva

Virtual Reality

October 2013

New advanced technologies have recently emerged as a potentially effective way for delivering stress management techniques. Specifically, the stress inoculation training (SIT) represents a validated approach to manage stress in several settings, and research is growing related to this clinical protocol combined with advanced technologies. This review aims to outline the state of the art of cyber-interventions based on SIT methodology (cyber-SIT). In the current review, we deeply analyzed and discussed three aspects of the selected studies: (1) the type of technological devices used for delivering cyber-SIT; (2) the sampling strategies; (3) and the stress-related measures for assessing the effectiveness of cyber-SIT. The results of this systematic review suggest the potential efficacy of cyber-SIT for managing psychological stress in several settings. Considering cyber-SIT for psychological stress, controlled trials testing a greater number of participants are needed. Other future challenges include adopting better inclusion/exclusion criteria, standardized outcome measures, and different conditions for comparing the effect and/or the integration of different technological devices. In conclusion, as the cyber-SIT may play an important role in the future clinical psychology, it is crucial to enhance the validation of this approach from a methodological point of view.

<https://www.mja.com.au/journal/2013/199/8/insomnia-prevalence-consequences-and-effective-treatment>

Insomnia: prevalence, consequences and effective treatment.

David Cunnington, Moira F Junge and Antonio T Fernando

The Medical Journal of Australia

2013; 199 (8): 36-40

Summary

- Insomnia is common and can have serious consequences, such as increased risk of depression and hypertension.
- Acute and chronic insomnia require different management approaches.
- Chronic insomnia is unlikely to spontaneously remit, and over time will be characterised by cycles of relapse and remission or persistent symptoms.
- Chronic insomnia is best managed using non-drug strategies such as cognitive behaviour therapy.
- For patients with ongoing symptoms, there may be a role for adjunctive use of medications such as hypnotics.

http://www.doctorsonly.co.il/wp-content/uploads/2013/10/04_Elaboration-on-Posttraumatic.pdf

Elaboration on posttraumatic stress disorder diagnostic criteria: A factor analytic study of PTSD exposure to war or terror.

Bensimon, M., Levine, S. Z., Zerach, G., Stein, E., & Solomon, Z.

Israel Journal of Psychiatry and Related Sciences

Vol. 50 - No 2 (2013)

Background:

In societies facing prolonged exposure to war and terror, empirical research provides mixed support for the posttraumatic stress disorder (PTSD) symptom clusters groupings identified by the Diagnostic and Statistical Manual (DSM-IV-TR) as re-experiencing the event, avoidance and emotional numbing, and hyperarousal.

Method:

This study examines the validity of the PTSD symptom clusters in elements of Israeli society exposed to man-made trauma. Survivors (N=2,198) of seven different war and terror-related traumas were assessed using a DSM-IV-TR based PTSD inventory. Four confirmatory factor analytic models were compared.

Results/Conclusions:

The most acceptable model was a correlated model consisting of four factors of re-experiencing, avoidance, emotional numbing, and hyperarousal. DSM-IV-TR avoidance empirically split into active avoidance and emotional numbing. These results corroborate knowledge and suggest that in Israel, where stressors are ongoing, the PTSD symptom clusters may be reformulated in DSM-5 to consist of re-experiencing, active avoidance, emotional numbing and hyperarousal

<http://www.ncbi.nlm.nih.gov/pubmed/24158464>

J Behav Health Serv Res. 2013 Oct 25. [Epub ahead of print]

Clinician Documentation on Receipt of Trauma-Focused Evidence-Based Psychotherapies in a VA PTSD Clinic.

Lu MW, Plagge JM, Marsiglio MC, Dobscha SK.

Source

Mental Health & Clinical Neurosciences Division, Portland VA Medical Center, PO Box 1034, Mail code: P3MHDC, 3710 SW US Veterans Hospital Road, Portland, OR, 97239, USA, Mary.Lu@va.gov.

The U.S. Department of Veterans Affairs (VA) is implementing two trauma-focused, evidence-based psychotherapies (TF-EBPs) for posttraumatic stress disorder (PTSD): cognitive processing therapy and

prolonged exposure therapy (PE). Veterans with PTSD often do not receive these treatments, and little is known about the reasons veterans may not receive TF-EBPs. The aim of this qualitative study was to summarize clinician-reported reasons in medical records for nonreceipt of TF-EBPs. All veterans (N = 63) identified through PTSD screening who were newly engaged in mental health care and received individual evaluations in a PTSD specialty clinic in fiscal year 2008 were included in the sample. Content analysis of electronic medical records revealed multiple potential reasons for nonreceipt of TF-EBPs including referral to other PTSD treatments, other clinical priorities, poor engagement in care, practical barriers, negative beliefs, and receipt of care in other settings. Eight veterans (13 %) initiated TF-EBPs. Further interventions to promote engagement in PTSD treatment are warranted.

<http://www.emeraldinsight.com/journals.htm?articleid=17099644>

Test-retest reliability of PsyCheck: A mental health-screening tool for substance use treatment clients.

Linda Jenner, Jacqui Cameron, Nicole K Lee, Suzanne Nielsen

Advances in Dual Diagnosis

2013, Vol. 6 Iss: 4

Purpose

The purpose of this study was to examine test-retest reliability of the PsyCheck screening tool.

Design/methodology/approach

Fifty drug users in their first three months of treatment were given the SRQ (PsyCheck version) at two time points between 5 and 9 days apart to examine reliability of the screen over time.

Findings

Results suggest that the SRQ (PsyCheck version) has good test-retest reliability. ICC = 0.841 (Sig. = 0.000) showed strong agreement between time 1 and time 2.

Practical implications

The study confirms that the SRQ (PsyCheck) is a stable and reliable instrument for use within drug treatment settings. The implications of the use of screening tools not validated within alcohol and drug treatment setting are discussed.

Originality/value

Mental health problems, particularly anxiety and mood disorders, are common among clients of alcohol and drug treatment services and alcohol and drug workers often undertake symptom management of high prevalence disorders. The originality of this study is that the PsyCheck screening tool was designed for use by non-mental health specialists to detect common mental health problems.

<http://www.ncbi.nlm.nih.gov/pubmed/24165904>

Cogn Affect Behav Neurosci. 2013 Oct 29. [Epub ahead of print]

Posttraumatic stress disorder is associated with limited executive resources in a working memory task.

Honzel N, Justus T, Swick D.

Source: Medical Research Service, VA Northern California Health Care System, 150 Muir Road, Ste. 151-I, Martinez, CA, USA, nhonzel@gmail.com.

Patients with posttraumatic stress disorder (PTSD) can show declines in working memory. A dual-task design was used to determine whether these impairments are linked to executive control limitations. Participants performed a Sternberg memory task with either one or four letters. In the dual-task condition, the maintenance period was filled with an arrow flanker task. PTSD patients were less accurate on the working memory task than were controls, especially in the dual-task condition. In the single-task condition, both groups showed similar patterns of brain potentials from 300 to 500 ms when discriminating old and new probes. However, when taxed with an additional task, the event-related potentials (ERPs) of the PTSD group no longer differentiated old and new probes. In contrast, interference resolution processes in both the single- and dual-task conditions of the flanker task were intact. The lack of differentiation in the ERPs reflects impaired working memory performance under more difficult, dual-task conditions. Exacerbated difficulty in performing a working memory task with concurrent task demands suggests a specific limitation in executive control resources in PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24156505>

Psychother Res. 2013 Oct 24. [Epub ahead of print]

Personality disorder and early therapeutic alliance in two time-limited therapies.

Tufekcioglu S, Muran JC, Safran JD, Winston A.

Source: Derner Institute of Advanced Psychological Studies , Adelphi University , Garden City , NY , USA.

Abstract This study examined the relationship of pre-treatment personality disorder diagnosis to the quality of early therapeutic alliance in 145 patients randomly assigned to either cognitive behavioral therapy or brief relational therapy. The pre-treatment diagnosis was established by DSM-IV (SCID) and Wisconsin Personality Inventory. Quality of the alliance was assessed by patient and therapist reports using the 12-item Working Alliance Inventory, Session Evaluation Questionnaire, and direct questions of ruptures. Results indicated that pre-treatment personality disorder as determined by SCID predicted no variables of early psychotherapy process. Factor scores yielded from a PCA of the WISPI indicated that high impulsivity, dysregulation, and lability were associated with lower patient and therapist ratings of session depth of exploration and higher patient ratings of rupture intensity.

<http://www.ncbi.nlm.nih.gov/pubmed/24159338>

Evid Based Complement Alternat Med. 2013;2013:163850. doi: 10.1155/2013/163850. Epub 2013 Sep 18.

Efficacy of acupuncture for primary insomnia: a randomized controlled clinical trial.

Guo J, Wang LP, Liu CZ, Zhang J, Wang GL, Yi JH, Cheng JL.

Source: Acupuncture and Moxibustion Department, Beijing Hospital of Traditional Chinese Medicine Affiliated to Capital Medical University, 23 Meishuguanhou Street, Beijing 100010, China.

Objectives.

To investigate the six-week influence of acupuncture on sleep quality and daytime functioning in primary insomnia.

Methods.

The study was a double-dummy, single-blinded, randomized, placebo-controlled clinical trial. A total of 180 patients with primary insomnia were randomly assigned to 3 groups: verum group underwent verum acupuncture plus placebo; estazolam group underwent estazolam plus sham acupuncture; sham group underwent sham acupuncture plus placebo. The outcome was measured by Pittsburgh Sleep Quality Index (PSQI), Epworth Sleepiness Scale (ESS), and the 36-item short-form health survey (SF-36).

Results.

The three groups showed significant improvement compared with the pretreatment baseline. Compared with the other two groups, the verum group reported improved sleep quality (SQ) and vitality (VT), decreased daytime dysfunction (DD) and sleepiness (ESS score). The differences were kept from the treatment period to the end of the trial.

Discussion.

Verum acupuncture appeared to be more effective in increasing sleep quality and daytime functioning than sham acupuncture and estazolam.

Trial Registration.

The trial is registered with ClinicalTrials.gov ISRCTN12585433.

<http://www.ncbi.nlm.nih.gov/pubmed/24156294>

Behav Sleep Med. 2013 Oct 24. [Epub ahead of print]

The Association Between Use of Electronic Media in Bed Before Going to Sleep and Insomnia Symptoms, Daytime Sleepiness, Morningness, and Chronotype.

Fossum IN, Nordnes LT, Storemark SS, Bjorvatn B, Pallesen S.

Source: Department of Psychosocial Science , University of Bergen , Bergen , Norway.

This study investigated whether the use of a television, computer, gaming console, tablet, mobile phone, or audio player in bed before going to sleep was associated with insomnia, daytime sleepiness, morningness, or chronotype. 532 students aged 18-39 were recruited from lectures or via e-mail. Respondents reported the frequency and average duration of their in-bed media use, as well as insomnia symptoms, daytime sleepiness, morningness-eveningness preference and bedtime/rise time on days off. Mean time of media use per night was 46.6 minutes. The results showed that computer usage for playing/surfing/reading was positively associated with insomnia, and negatively associated with morningness. Mobile phone usage for playing/surfing/texting was positively associated with insomnia and chronotype, and negatively associated with morningness. None of the other media devices were related to either of these variables, and no type of media use was related to daytime sleepiness.

<https://krex.k-state.edu/dspace/handle/2097/16692>

Three essays on the financial behaviors of soldiers before and after deployment

Bell, Mary

PhD Dissertation

2013, Kansas State University

The current three essay dissertation researched the financial behaviors of military service members before and after deployment using primary data collected at a Midwestern U.S. Army installation. The introduction (Chapter 1) reviewed the two financial surveys administered to Soldiers before (N = 701) and after (N = 670) they left for a yearlong deployment to a war zone. The first essay (Chapter 2) explored the financial behaviors, financial knowledge, and financial anxiety as they relate to rank and deployment. The results suggested that financial behaviors after deployment (Time 2) were significantly better than financial behaviors before deployment (Time 1). Rank had a positive effect on increased subjective financial knowledge where all ranks above privates (E1 to E2) had greater financial knowledge. Privates first class, specialists, and corporals (E3 to E4) had significantly lower financial knowledge than their direct supervisors, sergeants and staff sergeants (E5 to E6). Finally, Soldiers reported more financial anxiety before deployment (Time 1) than after deployment (Time 2). Using the framework of social learning theory, the second essay (Chapter 3) expanded the research of military financial behaviors before deployment to more fully understand stress and other factors that influence financial behavior outcomes. Results suggested that past behaviors and some personal factors played a significant role in Soldiers' financial behaviors. Higher levels of subjective financial knowledge, more internal locus of control, and lower levels of financial anxiety all had a positive effect on financial behavior outcomes. The past behaviors variable had the most explanatory value in Soldiers' financial behaviors before deployment. Soldiers with any amount of credit card debt had worse financial

behaviors compared to Soldiers with no credit card debt, while Soldiers with greater amounts of emergency financial savings were more likely to have better financial behaviors than those who did not have any emergency financial savings. The final essay (Chapter 4) studied the factors that influenced financial behavior outcomes of both Soldiers and college students. This essay used primary data from a college student sample to compare to the before deployment (Time 1) survey data of Soldiers. Findings reported that past behaviors and some personal factors played a significant role in the financial behavior outcomes. Soldiers and college students with higher levels of subjective financial knowledge, more internal locus of control, and lower financial anxiety reported positive financial behaviors. The most explanatory concept was that of past behaviors, which revealed that participants with no credit card debt had better financial behaviors compared to respondents who had any level of credit card debt. The conclusion (Chapter 5) highlights the findings of all three essays, which contribute both to the financial behavior literature. These papers also contribute to the research on the personal financial matters of service members. The research has direct implications for policy makers, military leaders, service providers, and financial planners and counselors.

<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=38535>

Suicide Prevention in Mental Health Services—A Qualitative Study of a Web Based Program for Mental Health Care Staff.

Sigrid Stjernswärd, Lars Hansson

Open Journal of Medical Psychology, Vol. 2 No. 4, 2013, pp. 175-182.

Background:

Further strategies are needed to deal with the high losses to suicide. New modalities should be explored within the context of suicide prevention.

Aim:

The aim of the study was to evaluate participants' experiences of a web based program for mental health care staff, including its potential clinical relevance.

Methods:

Nineteen participants participated in five focus groups. Data was analyzed using content analysis.

Results:

The analysis showed participants' experiences of the program's contents and format ("Web Based Modules", "Discussion Groups") and practical value ("Clinical Relevance and Use", "Effects on Communication and Climate").

Conclusions:

The program partly increased awareness about risk factors and the importance of inquiring about

suicide ideation/plans and documenting suicide assessments. Experiences of the clinical value were varying and may be increased through potential enhancements.

<http://www.sciencedirect.com/science/article/pii/S0165032713007659>

Effectiveness of Internet-based cognitive behaviour therapy for depression in routine psychiatric care.

Erik Hedman, Brjánn Ljótsson, Viktor Kaldo, Hugo Hesser, Samir El Alaoui, Martin Kraepelien, Evelyn Andersson, Christian Rück, Cecilia Svanborg, Gerhard Andersson, Nils Lindefors

Journal of Affective Disorders, Available online 26 October 2013

Background

Efficacy of guided Internet-based cognitive behaviour therapy (ICBT) for depression has been demonstrated in several randomised controlled trials. Knowledge on the effectiveness of the treatment, i.e. how it works when delivered within routine care, is however scarce. The aim of this study was to investigate the effectiveness of ICBT for depression.

Methods

We conducted a cohort study investigating all patients (N=1203) who had received guided ICBT for depression between 2007 and 2013 in a routine care setting at an outpatient psychiatric clinic providing Internet-based treatment. The primary outcome measure was the Montgomery Åsberg Depression Rating Scale-Self rated (MADRS-S).

Results

Patients made large improvements from pre-treatment assessments to post-treatment on the primary outcome (effect size d on the MADRS-S=1.27, 99% CI, 1.14–1.39). Participants were significantly improved in terms of suicidal ideation and sleep difficulties. Improvements were sustained at 6-month follow-up.

Limitations

Attrition was rather large at 6-month follow-up. However, additional data was collected through telephone interviews with dropouts and advanced statistical models indicated that missing data did not bias the findings.

Conclusions

ICBT for depression can be highly effective when delivered within the context of routine psychiatric care. This study suggests that the effect sizes are at least as high when the treatment is delivered in routine psychiatric care by qualified staff as when delivered in a controlled trial setting.

<http://www.sciencedirect.com/science/article/pii/S0376871613004183>

Association between depression and non-fatal overdoses among drug users: A systematic review and meta-analysis.

Francesco Bartoli, Giuseppe Carrà, Giulia Brambilla, Daniele Carretta, Cristina Crocamo, Julia Neufeind, Alex Baldacchino, Gerry Humphris, Massimo Clerici

Drug and Alcohol Dependence, Available online 24 October 2013

Background

Assessing factors associated with non-fatal overdose is important as these could be useful to identify individuals with substance use disorders at high risk of adverse outcomes and consequences. Depression may play an important role in terms of overdose risk. We aimed to test if drug users suffering from a depressive disorder might have significantly higher risk of non-fatal overdose as compared with drug users without depression.

Methods

We conducted a systematic review and meta-analysis. PubMed, Embase and Web of Knowledge were searched. The pooled analyses were based on prevalence rates, risk difference (RD) and odds ratio (OR), reporting 95% confidence intervals (CIs). The combined estimates were obtained weighting each study according to random effects model for meta-analysis.

Results

Seven articles, involving 12,019 individuals, and run in the US, Canada, Sweden, Norway, and Australia, were included. Pooled analyses comparing depressed with not depressed individuals highlighted a RD (95% CIs) for non-fatal overdose of 7.3% (4.8–9.7%) and an OR (95% CIs) of 1.45 (1.17–1.79). The subgroups analyses based on specific characteristics of included studies confirmed the association between depression and overdose.

Conclusions

Depressive disorders seem to be important factors associated to the risk of non-fatal overdose. Longitudinal studies might appropriately clarify causal inference issues. Future research should address the role of depressive disorders as predictors of subsequent non-fatal overdoses.

http://www.rand.org/pubs/research_reports/RR108.html

Social Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being

Juliana McGene

RAND Corporation, 2013

This report is one of a series of reports designed to support Air Force leadership in promoting resilience among Airmen, its civilian employees, and Air Force family members. One key component to resilience is social fitness, or the combined resources a person gets from his or her social world. This concept encompasses the availability and maintenance of social relationships, and the ability to utilize those ties to manage stressors and successfully perform tasks. Social fitness resources are the aspects of those relationships that strengthen a person's ability to withstand and rebound from challenges and even grow from them. U.S. Airmen and their families face several unique challenges that can strain the strength and accessibility of these resources, particularly geographic movement. This report identifies several scales and indexes used in social science research to measure three primary social fitness resources, emotional support, instrumental support, and informational support, and proposes that interventions aimed at increasing the quantity and quality of social support should focus on (1) sociodemographic characteristics and dispositional traits; (2) dynamics that strengthen social groups, support networks, and teams; (3) practices that improve social skills and promote more frequent and constructive interactions; and (4) activities that reduce conflict and group division. Particular attention is given to interventions that utilize cyber or virtual communities as an effective means of increasing social connectedness and social support among U.S. Airmen and their families.

<http://www.ncbi.nlm.nih.gov/pubmed/24169371>

Addict Behav. 2013 Oct 12. pii: S0306-4603(13)00291-8. doi: 10.1016/j.addbeh.2013.09.022. [Epub ahead of print]

Suicidal ideation in Veterans misusing alcohol: Relationships with insomnia symptoms and sleep duration.

Chakravorty S, Grandner MA, Mavandadi S, Perlis ML, Sturgis EB, Oslin DW.

Source: MIRECC VISN-4, Philadelphia Veterans Affairs Medical Center, United States; Perelman School of Medicine, University Of Pennsylvania, United States. Electronic address: Subhajit.Chakravorty@uphs.upenn.edu.

OBJECTIVE:

The aim of this investigation was to assess the relationships between suicidal ideation and insomnia symptoms in Veterans misusing alcohol.

METHOD:

Data were extracted in this retrospective chart review of Veterans referred from primary care for a behavioral health evaluation (N=161) based on evidence of heavy drinking, drug use or another behavioral problem. Suicidal ideation (SI) was assessed using the Paykel questionnaire. Insomnia symptoms were assessed with standard diary questions in an interview format and pertained to sleep latency (SL), wake after sleep onset time (WASO), sleep quality (SQ), and habitual sleep duration (HSD).

The relations between suicidal ideation and insomnia symptoms were assessed using ordinal regression analyses adjusted for socio-demographic, psychiatric and addiction-related variables.

RESULTS:

Suicidal ideation was reported in 62 (39%) of the Veterans interviewed. In a multivariable model, only inadequate SQ was associated with suicidal ideation. Short sleepers were more likely to endorse suicidal ideation and have attempted suicide in the past year. In addition, older age, inadequate financial status, and the presence of a psychiatric disorder were also significantly associated with suicidal ideation in most of the adjusted models.

CONCLUSION:

Given their association with suicidal ideation, insomnia symptoms in Veterans misusing alcohol should prompt an assessment of underlying psychiatric and social factors.

Published by Elsevier Ltd.

Links of Interest

Keeping Emotions in Check May Not Always Benefit Psychological Health

<http://www.sciencedaily.com/releases/2013/10/131028090827.htm>

Take a Stand Against Domestic Violence

http://www.health.mil/blog/13-10-28/Take_a_Stand_Against_Domestic_Violence.aspx

GVSU study on gender: Who counts as a man and who counts as a woman

http://www.eurekalert.org/pub_releases/2013-10/gvsu-gso102813.php

A potential new class of fast-acting antidepressant

http://www.eurekalert.org/pub_releases/2013-10/uocm-apn102313.php

Nocturnal Sleep Disturbances: Risk Factors for Suicide

http://www.suicidology.org/c/document_library/get_file?folderId=262&name=DLFE-834.pdf

Scams Targeting Service Members or Veterans

<http://www.stopfraud.gov/service-members.html>

Army Program Helps New Mothers Get in Shape Physically, Mentally

http://www.health.mil/News_And_Multimedia/News/detail/13-10-29/Army_Program_Helps_New_Mothers_Get_in_Shape_Physically_Mentally.aspx

Surviving -- Then Thriving

<http://www.sciencedaily.com/releases/2013/10/131029111316.htm>

How A Wandering Brain Can Help People Cope With Pain

<http://wmot.org/post/how-wandering-brain-can-help-people-cope-pain>

Migraines Tied to Raised Risk of Depression, Suicidal Thoughts

http://www.nlm.nih.gov/medlineplus/news/fullstory_141919.html

VIP treatment for jet lag

http://www.eurekalert.org/pub_releases/2013-10/wuis-vtf102313.php

Should Mental Health Be a Primary-Care Doctor's Job?

<http://www.newyorker.com/online/blogs/elements/2013/10/should-mental-health-be-a-primary-care-doctors-job.html>

Iraq vet: Losing home 'worse than getting blown up'

<http://www.kansas.com/2013/10/26/3080314/iraq-vet-losing-home-worse-than.html>

Sergeant's new mission: Help wean injured veterans off painkillers

http://articles.orlandosentinel.com/2013-10-23/news/os-justin-minyard-soldier-pain-20131023_1_pain-pills-back-pain-new-mission

Peer Support Programs Offer a Golden Opportunity for Funders to Affect Delivery of Behavioral Health Services

<http://healthaffairs.org/blog/2013/10/30/peer-support-programs-offer-a-golden-opportunity-for-funders-to-affect-delivery-of-behavioral-health-services/>

Support young vets by assuring them it's OK to seek mental help

<http://www.dallasnews.com/opinion/latest-columns/20131028-support-young-vets-by-assuring-them-its-ok-to-seek-mental-help.ece>

Vets Struggle After Returning From Afghanistan

<http://www.military.com/daily-news/2013/10/29/vets-struggle-after-returning-from-afghanistan.html>

Resource of the Week: [Deployment and Military Medical Home Resources](#) (American Academy of Pediatrics)

Families in the uniformed services often face challenges with regards to deployment situations. This page provides pediatricians, both military and civilian, and other care providers with tools to address these needs.



- AAP Policy
- Federal Advocacy
- State Advocacy
- Community Advocacy
- AAP Health Initiatives
 - Clinical Resources
 - Community Programs
 - Prevention
 - Quality Improvement
 - Media
 - School and Child Care
 - Special Populations

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Deployment and Military Medical Home Resources

Military Pediatricians and Youth Serving Professionals working to attain optimal physical, mental and social health and well-being for all military dependent infants, children, adolescents and young adults.

Families in the uniformed services often face challenges with regards to deployment situations. This page provides pediatricians, both military and civilian, and other care providers with tools to address these needs.

What Can Pediatricians Do to Support Children of Military Families?

- Understand the Military

 - Health and Mental Health Needs of Children in US Military Families (Clinical Report: 2013)
 - The Effect of Deployment on Children (PREP Audio)
 - Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints (Article: 2010)
 - Effects of Parental Military Deployment on Pediatric Outpatient and Well-Child Visit Rates (Article: 2010)
 - Children on the Homefront: The Experience of Children from Military Families (Article: 2010)

Related Information



Nearly 20% of Suicidal Youths Have Guns in Their Home

Nearly one in five children and teens found to be at risk for suicide report that there are guns in their homes.



Mapping Health Care Delivery for America's Children: Pennsylvania

The AAP's Mapping Health Care Delivery for America's Children project is a web-based database that includes the demographics, socioeconomic status, and geographic distribution of US children and pediatricians.



Mapping Healthcare Delivery for America's Children: Idaho

The AAP's Mapping Health Care Delivery for America's Children project is a web-based database that includes the demographics, socioeconomic status, and geographic distribution of US children and pediatricians.



Preventive Healthcare and Psychosocial Needs of Infants and Toddlers in Lower-Income Families

Pediatricians provide the preventive care for an estimated 80% of infants and toddlers in the US, many of whom live in lower-income families.



AAP Statement on President Obama's Gun Violence Prevention Recommendations

The AAP responds to President Obama's plan to reduce gun violence and address mental health access.

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