



CDP Research Update -- July 24, 2014

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<http://annals.org/article.aspx?articleid=1887025>

Social Integration and Suicide Mortality Among Men: 24-Year Cohort Study of U.S. Health Professionals.

Alexander C. Tsai, MD, PhD; Michel Lucas, PhD, RD; Ayesha Sania, PhD; Daniel Kim, MD, DrPH; and Ichiro Kawachi, MD, PhD

Annals of Internal Medicine

15 July 2014

Background:

Suicide is a major public health problem. Current thinking about suicide emphasizes the study of psychiatric, psychological, or biological determinants. Previous work in this area has largely relied on surrogate outcomes or samples enriched for psychiatric morbidity.

Objective:

To evaluate the relationship between social integration and suicide mortality.

Design:

Prospective cohort study initiated in 1988.

Setting:

United States.

Participants:

34 901 men aged 40 to 75 years.

Measurements:

Social integration was measured with a 7-item index that included marital status, social network size, frequency of contact, religious participation, and participation in other social groups. Vital status of study participants was ascertained through 1 February 2012. The primary outcome of interest was suicide mortality, defined as deaths classified with codes E950 to E959 from the International Classification of Diseases, Ninth Revision.

Results:

Over 708 945 person-years of follow-up, there were 147 suicides. The incidence of suicide decreased with increasing social integration. In a multivariable Cox proportional hazards regression model, the relative hazard of suicide was lowest among participants in the highest (adjusted hazard ratio [AHR], 0.41 [95% CI, 0.24 to 0.69]) and second-highest (AHR, 0.52 [CI, 0.30 to 0.91]) categories of social integration. Three components (marital status, social network size, and religious service attendance) showed the strongest protective associations. Social integration was also inversely associated with all-cause and cardiovascular-related mortality, but accounting for competing causes of death did not substantively alter the findings.

Limitations:

The study lacked information on participants' mental well-being. Some suicides could have been misclassified as accidental deaths.

Conclusion:

Men who were socially well-integrated had a more than 2-fold reduced risk for suicide over 24 years of follow-up.

Related editorial: [Approaching Suicide as a Public Health Issue](#)

<http://psycnet.apa.org/psycinfo/2014-22378-001/>

Associations Between PTSD and Healthcare Utilization Among OEF/OIF Veterans With Hazardous Alcohol Use.

Kaier, Emily; Possemato, Kyle; Lantinga, Larry J.; Maisto, Stephen A.; Ouimette, Paige

Traumatology: An International Journal, Jun 2 , 2014

Associations between posttraumatic stress disorder (PTSD) and increased health care utilization have been established with electronic medical record data collection, which can be limited because patient specific information (e.g., occupational functioning) is typically not available. Semistructured interviews were conducted with 124 veterans to obtain measures of PTSD severity, hazardous alcohol use, and health care utilization. After controlling for relevant sociodemographic, military, and psychiatric comorbidities results revealed that (a) re-experiencing symptoms were associated with mental health visits and psychiatric medication use, (b) subjective distress was associated with primary care visits, and (c) avoidance symptoms, and occupational and social impairment were associated with pain medication use. The results provide information to clinicians on what mental health symptoms and functional impairments may be driving health care utilization among OEF/OIF veterans. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s11920-014-0467-7>

Advances and Controversies in Military Posttraumatic Stress Disorder Screening.

Daniel J. Lee, Christopher H. Warner, Charles W. Hoge

Current Psychiatry Reports

July 2014, 16:467

As the longest war in American history draws to a close, an unprecedented number of service members and veterans are seeking care for health challenges related to transitioning home and

to civilian life. Congressionally mandated screening for mental health concerns in the Department of Defense (DoD), as well as screening efforts Veterans Affairs (VA) facilities, has been established with the goal of decreasing stigma and ensuring service members and veterans with depression and posttraumatic stress disorder (PTSD) receive needed treatment. Both the DoD and VA have also developed integrated behavioral health in primary-care based initiatives, which emphasize PTSD screening, treatment, and care coordination. This article discusses the rationale for population-level deployment-related mental health screening, recent changes to screening frequency, commonly used screening instruments such as the primary care PTSD screen (PC-PTSD), PTSD checklist (PCL), and Davidson Trauma Scale (DTS); as well as the strengths/limitations of each, and recommended cut-off scores based on expected PTSD prevalence.

<http://psycnet.apa.org/journals/cou/61/3/392/>

Trauma, posttraumatic stress disorder, and depression among sexual minority and heterosexual women veterans.

Lehavot, Keren; Simpson, Tracy L.

Journal of Counseling Psychology, Vol 61(3), Jul 2014, 392-403

This study examined the impact of various traumas across the life span on screening positive for current posttraumatic stress disorder (PTSD) and depression among heterosexual and sexual minority women veterans. Women veterans were recruited over the Internet (N = 706, 37% lesbian or bisexual) to participate in an anonymous, online survey. We assessed childhood trauma; adult sexual assault and adult physical victimization before, during, and after the military; combat exposure; perceived sexist discrimination during military service; sexual minority military stressors; past-year sexist events; and whether participants screened positive for PTSD or depression. Binary logistic regressions were used to generate odds ratios and 95% confidence intervals for PTSD and depression, stratified by sexual orientation and controlling for demographic characteristics. Lesbian and bisexual women reported higher rates of trauma across the life span, although in some instances (e.g., sexual assault during and after military service, combat exposure), they did not differ from their heterosexual counterparts. Childhood trauma and traumas that occurred during military service added the most variance to both PTSD and depression models. Sexual assault during military service appeared to be especially harmful with respect to screening positive for PTSD for both sexual orientation groups. Results revealed a number of other predictors of mental health status for women veterans, some of which differed by sexual orientation. Findings indicate a significant burden of interpersonal trauma for both heterosexual and lesbian/bisexual women veterans and provide information on the distinct association of various traumas with current PTSD and depression by sexual orientation. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2014-28821-001/>

Deployment Stressors and Physical Health Among OEF/OIF Veterans: The Role of PTSD.

Nillni, Yael I.; Gradus, Jaimie L.; Gutner, Cassidy A.; Luciano, Matthew T.; Shipherd, Jillian C.; Street, Amy E.

Health Psychology, Jul 14 , 2014

Objective:

There is a large body of literature documenting the relationship between traumatic stress and deleterious physical health outcomes. Although posttraumatic stress disorder (PTSD) symptoms have been proposed to explain this relationship, previous research has produced inconsistent results when moderating variables such as gender or type of traumatic stressor are considered. Within a large sample of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans, the current study examined if deployment stressors (i.e., combat stress, harassment stress) contributed unique variance to the prediction of physical health symptoms (i.e., pain, nonpain) beyond the effects of PTSD symptoms.

Methods:

A total of 2,332 OEF/OIF Veterans, with equal representation of women and men, completed a series of self-report measures assessing deployment stressors, PTSD symptoms, and physical health symptoms.

Results:

Results revealed that harassment, but not combat stress, added unique variance in the prediction of pain and nonpain symptoms after accounting for PTSD symptoms.

Conclusions:

This study extends the existing literature by demonstrating the unique influence of harassment stress on physical health outcomes. Specifically, the relationship between combat stress and physical health symptoms appears to be explained mainly by an individual's experience of PTSD symptoms, whereas the relationship between harassment stress and physical health symptoms is not fully explained by PTSD symptoms, suggesting that other variables may be involved in the pathway from harassment stress to physical health symptoms. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2014-18269-001/>

Friends under fire: Cross-cultural relationships and trauma exposure among police officers.

Andersen, Judith P.; Papazoglou, Konstantinos

Traumatology: An International Journal, May 12 , 2014

Evidence from the field of intergroup relations shows that interactions with a member of a different cultural group is often defined by threat and anxiety (termed “cross-group threat”). Police officers often work in partnerships and frequently face traumatic incidents in the line of duty. This study explores the unexamined issue of cross-group threat among police officers, and how cross-group threat may contribute to the experience of and recovery from trauma exposure in the line of duty. Specifically, cross-group threat and anxiety may exacerbate threat during actual critical incidents, situations that are defined by life threat and anxiety. Cross-group threat may influence the way in which officers behave in the aftermath of trauma exposure and recover from that exposure. We discuss factors that contribute to the possible existence and maintenance of cross-group threat among officers, namely components of “police culture.” We conclude by providing a description of exercise developed by researchers in the field of intergroup relations shown to ameliorate cross-group threat among civilians (Page-Gould, Mendoza-Denton, & Tropp, 2008). We provide recommendations about how this exercise may be applied within the context of police training and suggest considerations for researchers to incorporate when conducting research in this area. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://psycnet.apa.org/journals/tra/6/4/390/>

Burnout and coping: Veterans Health Administration posttraumatic stress disorder mental health providers.

McGeary, Cindy A.; Garcia, Hector A.; McGeary, Donald D.; Finley, Erin P.; Peterson, Alan L.

Psychological Trauma: Theory, Research, Practice, and Policy, Vol 6(4), Jul 2014, 390-397

Mental health providers employed specifically by the Veterans Health Administration to treat posttraumatic stress disorder (PTSD) may be at increased risk for burnout due to both organizational and patient care stressors. Usage of caffeine, alcohol, and tobacco products may increase as a means to cope with burnout and stress. This cross-sectional study measured concurrent changes in burnout levels and caffeine, alcohol, and tobacco use as a means to cope with work stressors among a population of Veterans Health Administration mental health

providers working within a PTSD specialty clinic. This study consisted of 138 participants, and the sample was mostly female (67%), Caucasian (non-Hispanic; 81%), and married (70%), with a mean age of 44.3 years (SD = 11.2). Participants completed an electronic survey that assessed demographics, absenteeism, and coping behaviors, as well as burnout as measured through the Maslach Burnout Inventory-General Survey (Maslach, Jackson, & Leiter, 1996). The study results revealed a minor predictive relationship between some dimensions of burnout and the use of some negative health behaviors (drinking and caffeine use) to cope with work stress. Burnout scores (i.e., exhaustion) significantly predicted concurrent missed time from work for both physical and emotional health reasons (sick days/mental health days), but tobacco and caffeine use contributed little, and alcohol was not related to burnout at all. In the future, it would be useful to obtain information regarding in-depth health behaviors that include baseline data as well as prospective systematic fluctuations in these behaviors due to work stressors. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://afs.sagepub.com/content/early/2014/07/02/0095327X14536709.abstract>

“I Don’t Think I Would Have Recovered” -- A Personal and Sociocultural Study of Resilience among US Marines

William M. Marcellino, Frank Tortorello Jr

Armed Forces & Society July 6, 2014

Ethnographic research among US Marines shows resilience is in their practices, not biology. Empirical evidence supports our claim that a personal-social understanding of resilience has superior explanatory power and plausibility over mechanistic and reductive frameworks that treat resilience as automated functions of human biopsychological systems. Marines dynamically pursue their values in context, and this resilience can only be defined in local, variable context, not globally and generally. USMC resilience training should focus on skills and concepts needed to resolve challenges to values in the lives of Marines. Technical-medical interventions should be reserved for clinical populations.

<http://csus-dspace.calstate.edu/handle/10211.3/122209>

Enhancing veteran academic success: voices of CSUS student veterans on their community college experience and transition to university

Collette, Rebecca A.; Davila-Carranza, Nestor S.

Project (M.S.W., Social Work)--California State University, Sacramento, 2014

The survey used in this study was designed to better understand challenges student veterans face when transferring from community college to CSUS. Researchers focus specifically on three factors: administrative processes, behavioral health access, and student veteran organizations. Participants were student veterans enrolled at California State University, Sacramento (CSUS), and were primarily undergraduates aged 25-34 who had transferred from community college to CSUS. Among participants, 63% were male and 59% had deployed to a combat zone. Study results from 70 veteran student surveys identified key challenges affecting student veterans in the following areas: transferring credits, faculty and peer interaction, orientation, accessing financial aid and G.I. Bill benefits, and class registration. Researchers found the most useful services identified by participants at both community college and CSUS were priority registration, full-time veteran representative on campus, and access to counseling services. Findings indicated a positive correlation between student veterans' satisfaction levels during community college and ratings of helpfulness of community college veteran representatives, suggesting that these representatives play an important role in the academic experience of the veteran. Researchers found that participants valued many skills developed during military service, such as flexibility, reacting productively under stress, and working well with others. Further, results indicated that student veteran dropouts could be largely attributed to mental health challenges such as poor coping skills, mental health reasons, alcohol and drug use, and cultural adaptation problems. Researchers make recommendations that challenge community colleges and universities to be "veteran-friendly" campuses.

<http://link.springer.com/article/10.1007/s11920-014-0467-7>

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As the longest war in American history draws to a close, an unprecedented number of service members and veterans are seeking care for health challenges related to transitioning home and to civilian life. Congressionally mandated screening for mental health concerns in the Department of Defense (DoD), as well as screening efforts Veterans Affairs (VA) facilities, has been established with the goal of decreasing stigma and ensuring service members and veterans with depression and posttraumatic stress disorder (PTSD) receive needed treatment. Both the DoD and VA have also developed integrated behavioral health in primary-care based initiatives, which emphasize PTSD screening, treatment, and care coordination. This article discusses the rationale for population-level deployment-related mental health screening, recent changes to screening frequency, commonly used screening instruments such as the primary

care PTSD screen (PC-PTSD), PTSD checklist (PCL), and Davidson Trauma Scale (DTS); as well as the strengths/limitations of each, and recommended cut-off scores based on expected PTSD prevalence.

http://journals.lww.com/co-psychiatry/Abstract/publishahead/When_time_stands_still_an_integrative_review_on.99552.aspx

When time stands still: an integrative review on the role of chronodisruption in posttraumatic stress disorder.

Agorastos, Agorastos; Kellner, Michael; Baker, Dewleen G.; Otte, Christian

Current Opinion in Psychiatry:

Post Author Corrections: July 14, 2014

Purpose of review:

The human circadian system creates and maintains cellular and systemic rhythmicity essential to homeostasis. Loss of circadian rhythmicity fundamentally affects the neuroendocrine, immune and autonomic system, similar to chronic stress and, thus, may play a central role in the development of stress-related disorders. This article focuses on the role of circadian misalignment in the pathophysiology of posttraumatic stress disorder (PTSD).

Recent findings:

Sleep disruption is a core feature of PTSD supporting the important supraordinate pathophysiological role of circadian system in PTSD. Furthermore, direct and indirect human and animal PTSD research suggests circadian system linked neuroendocrine, immune, metabolic and autonomic dysregulation with blunted diurnal rhythms, specific sleep pattern pathologies and cognitive deficits, as well as endocannabinoid and neuropeptide Y system alterations and altered circadian gene expression, linking circadian misalignment to PTSD pathophysiology.

Summary:

PTSD development is associated with chronodisruption findings. Evaluation and treatment of sleep and circadian disruption should be the first steps in PTSD management. State-of-the-art methods of circadian rhythm assessment should be applied to bridge the gap between clinical significance and limited understanding of the relationship between traumatic stress, sleep and circadian system. (C) 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins

<http://www.tandfonline.com/doi/abs/10.1080/02791072.2014.920118>

Marijuana, Expectancies, and Post-Traumatic Stress Symptoms: A Preliminary Investigation.

Mitch Earleywine, Jamie R. Bolles

Journal of Psychoactive Drugs

Vol. 46, Iss. 3, 2014

Previous work suggests that people might turn to marijuana to alleviate the symptoms of post-traumatic stress disorder (PTSD) and associated distress. Expectancy theories emphasize that the use of drugs correlates with their anticipated effects. The current study examined multivariate links among marijuana use, PTSD symptoms, and expectancies for marijuana-induced changes in those symptoms. Over 650 combat-exposed, male veterans who used marijuana at least once per week completed measures of PTSD symptoms, marijuana expectancies, and marijuana use in an Internet survey. Participants generally expected marijuana to relieve PTSD symptoms, especially those related to intrusions and arousal. Symptoms, expectancies for relief of symptoms, and marijuana consumption correlated significantly. Regressions revealed significant indirect effects of symptoms on use via expectancies, but no significant interactions of expectancies and symptoms. Combat-exposed veterans who use marijuana appear to use more as the magnitude of PTSD symptoms and their expectations of marijuana-induced relief of those symptoms increase. These results emphasize the importance of PTSD treatments in an effort to keep potential negative effects of marijuana to a minimum. They also underscore the import of expectancies in predicting marijuana use.

http://journals.lww.com/practicalpsychiatry/Abstract/2014/07000/Prazosin_in_the_Treatment_of_PTSD.2.aspx

Prazosin in the Treatment of PTSD.

GREEN, BEN FRCPsych, MB, ChB

Journal of Psychiatric Practice: July 2014 - Volume 20 - Issue 4 - p 253-259

Posttraumatic stress disorder (PTSD) often follows a chronic course, and the disorder is resistant to treatment with antidepressants and cognitive-behavioral therapy in a proportion of patients. Prazosin, an α_1 -adrenoceptor blocker, has shown some promise in treating chronic PTSD. A review of this literature was conducted via a search of MEDLINE and SUMMON, using keywords such as PTSD, prazosin, treatment, and resistance. At least 10 clinical studies of prazosin in the treatment of PTSD, including open-label and randomized controlled trials, have

been published. All of these studies support the efficacy of prazosin either for treating nightmares and improving sleep or for reducing the severity of PTSD. Treatment of PTSD with prazosin is usually initiated at a dose of 1 mg, with monitoring for hypotension after the first dose. The dose is then gradually increased to maintenance levels of 2–6 mg at night. Studies of military patients with PTSD have used higher doses (e.g., 10–16 mg at night). Prazosin has also been studied in younger and older adults with PTSD and in patients with alcohol problems, in whom it was found to reduce cravings and stress responses. Prazosin offers some hope for treating resistant cases of PTSD in which recurrent nightmares are problematic, with a relatively rapid response within weeks. It is suggested that large-scale civilian trials of prazosin be done, as well as studies concerning the use of prazosin in acute PTSD and as a potential preventive agent. (Journal of Psychiatric Practice 2014;20:253–259)

<http://onlinelibrary.wiley.com/doi/10.1111/jsm.12643/abstract>

Sexual Functioning in Military Personnel: Preliminary Estimates and Predictors.

Wilcox, S. L., Redmond, S. and Hassan, A. M.

The Journal of Sexual Medicine

Article first published online: 17 JUL 2014

Introduction

Although the military is a young and vigorous force, service members and veterans may experience sexual functioning problems (SFPs) as a result of military service. Sexual functioning can be impaired by physical, psychological, and social factors and can impact quality of life (QOL) and happiness.

Aims

This study aims to estimate rates and correlates of SFPs in male military personnel across demographic and psychosocial characteristics, to examine the QOL concomitants, and to evaluate barriers for treatment seeking.

Methods

This exploratory cross-sectional study was conducted using data from a larger nationwide study conducted between October 2013 and November 2013. This sample consists of 367 male active duty service members and recent veterans (military personnel) age 40 or younger.

Main Outcome Measures

Erectile dysfunction (ED) was determined using the five-item International Index of Erectile Function, sexual dysfunction (SD) was determined using the Arizona Sexual Experiences Scale, Male, and QOL was determined using the World Health Organization Quality of Life, Brief.

Results

SFPs were associated with various demographic, physical, and psychosocial risk factors. The rates of SD and ED were 8.45% and 33.24%, respectively, for male military personnel aged 21–40. Those who were 36–40, nonmarried, nonwhite, and of lower educational attainment reported the highest rates of SFPs. Male military personnel with poor physical and psychosocial health presented the greatest risk for ED and SD. SFPs were associated with reduced QOL and lower happiness, and barriers for treatment were generally related to social barriers.

Conclusions

SFPs in young male military personnel are an important public health concern that can severely impact QOL and happiness. Wilcox SL, Redmond S, and Hassan AM. Sexual functioning in military personnel: Preliminary estimates and predictors.

<http://tpcjournal.nbcc.org/wp-content/uploads/2014/07/Pages-202-215-King.pdf>

Clinical Application of the DSM-5 in Private Counseling Practice

Jason H. King

The Professional Counselor

Volume 4, Issue 3, Pages 202–215

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013) continues its 60-year legacy as a standard reference for clinical practice in the mental health field. Six mental health disorders are reviewed with a focus on changes between the DSM-IV-TR and the DSM-5 that represent the new landscape for each of these disorders, respectively. Following the summary of changes, a clinical scenario is presented so that counselors can capture the vision of using the DSM-5 in their counseling practice. Clinical formulation (sample diagnosis) using the DSM-5 is also presented for each disorder classification.

http://www.naadac.org/assets/1959/aar_summer2014_ce_article.pdf

Promising Integrated Treatment Model to Help Veterans with Co-Occurring PTSD and Substance Use Disorders.

Robb Hicks, MD

Advances in Addiction & Recovery

SUMMER 2014

Since the terrorist attacks of September 11, 2001, an estimated 2.5 million United States servicemembers have been deployed to support operations in Afghanistan and Iraq. Many of these brave men and women have endured multiple tours of duty with extended periods of exposure to combat-related stress and other traumatic events. While the majority of servicemembers are able to successfully readjust to civilian life, one in five (18.5%) troops returning from Operations Enduring Freedom and Iraqi Freedom are diagnosed with post-traumatic stress disorder (PTSD), also known as Post-Traumatic Stress (PTS), Combat Stress or Combat Operational Stress (Tanielian & Jaycox, 2008).

The National Institute of Mental Health (NIMH) defines PTSD as “the body’s normal reaction to direct or indirect exposure to a terrifying event or ordeal, in which grave physical harm occurred, or was threatened, to oneself or a loved one.” Different from physical wounds, PTSD remains invisible to other servicemembers, their relatives and society at large; yet, it has debilitating effects. Some of the symptoms, which may not appear until months after the exposure to stress, include difficulty concentrating, trouble sleeping, constantly feeling on alert, feeling numb, feeling irritable and avoiding people and places that are stressful (NIMH, n.d.).

Along with traumatic brain injuries, PTSD is oftentimes considered a “signature wound” of war that will last a lifetime. The Department of Veteran Affairs estimates one in three veterans seeking treatment for substance use disorder (SUD) also has PTSD (National Center for PTSD, n.d.). Therefore, successful treatment of PTSD/SUD is likely to have a significant public health effect on society (Ouimete, Read, Wade, & Tirone, 2010).

<http://ntr.oxfordjournals.org/content/early/2014/07/13/ntr.ntu106.short>

Probing the Smoking–Suicide Association: Do Smoking Policy Interventions Affect Suicide Risk?

Richard A. Grucza, Andrew D. Plunk, Melissa J. Krauss, Patricia A. Cavazos-Rehg, Joseph Deak, Kacie Gebhardt, Frank J. Chaloupka, and Laura J. Bierut

First published online: July 16, 2014

Introduction:

Smokers exhibit elevated risk for suicide, but it is unknown whether smoking interventions reduce suicide risk. We examined whether state-level policy interventions—increases in cigarette excise taxes and strengthening of smoke-free air laws—corresponded to reduction in suicide risk during the 1990s and early 2000s. We also examined whether the magnitude of such reductions correlated with individuals' predicted probability of smoking, as would be expected if the associations stemmed from changes in smoking behavior.

Methods:

We paired individual-level data on suicide deaths from the U.S. Multiple Cause of Death files, years 1990–2004, with living population data from the same period. These were linked with state data on cigarette excise taxes and smoke-free air policies. Utilizing a quasiexperimental analytical approach, we estimated the association between changes in policy and suicide risk. To examine whether associations correlated with individuals' probability of smoking, we used external survey data to derive a predicted probability of smoking function from demographic variables, which was then used to stratify the population by predicted smoking prevalence.

Results:

Cigarette excise taxes, smoke-free air policies, and an index combining the two policies all exhibited protective associations with suicide. The associations were strongest in segments of the population where predicted smoking prevalence was the highest and weaker in segments of the population where predicted smoking prevalence was the lowest, suggesting that the protective associations were related to changes in smoking behavior.

Conclusion:

These results provide support for the proposition that population interventions for smoking could reduce risk for suicide.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1888683>

Association of Symptoms Following Mild Traumatic Brain Injury With Posttraumatic Stress Disorder vs Postconcussion Syndrome.

Lagarde E, Salmi L, Holm LW, et al.

JAMA Psychiatry. Published online July 16, 2014

Importance

A proportion of patients experience long-lasting symptoms following mild traumatic brain injury (MTBI). The postconcussion syndrome (PCS), included in the DSM-IV, has been proposed to describe this condition. Because these symptoms are subjective and common to other conditions, there is controversy whether PCS deserves to be identified as a diagnostic syndrome.

Objective

To assess whether persistent symptoms 3 months following head injury are specific to MTBI or whether they are better described as part of posttraumatic stress disorder (PTSD).

Design,

Setting, and Participants We conducted a prospective cohort study of injured patients recruited at the adult emergency department of the University Hospital of Bordeaux from December 4, 2007, to February 25, 2009.

Main Outcomes and Measures

At 3-month follow-up, we compared the prevalence and risk factors for PCS and PTSD. Multiple correspondence analyses were used to assess clustering of symptoms and their associations with the type of injury.

Results

We included 534 patients with head injury and 827 control patients with other nonhead injuries. Three months following the trauma, 21.2% of head-injured and 16.3% of nonhead-injured patients fulfilled the DSM-IV diagnosis of PCS; 8.8% of head-injured patients fulfilled the diagnostic criteria for PTSD compared with 2.2% of control patients. In multivariate analysis, MTBI was a predictor of PTSD (odds ratio, 4.47; 95% CI, 2.38-8.40) but not of PCS (odds ratio, 1.13; 95% CI, 0.82-1.55). Correspondence analysis suggested that symptoms considered part of PCS behave similarly to PTSD symptoms in the hyperarousal dimension. None of these 22 symptoms showed any pattern of clustering, and no clear proximity with head or nonhead injury status could be found.

Conclusions and Relevance

Persistent subjective symptoms frequently reported 3 months after MTBI are not specific enough to be identified as a unique PCS and should be considered part of the hyperarousal dimension of PTSD.

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.12130/abstract>

Post-Traumatic Stress Disorder: Ethical and Legal Relevance to the Criminal Justice System.

Soltis, K., Acierno, R., Gros, D. F., Yoder, M. and Tuerk, P. W.

The Journal of Law, Medicine & Ethics

Special Issue: SYMPOSIUM: Brain Science in the 21st Century: Clinical Controversies and Ethical Implications

Volume 42, Issue 2, pages 147–154, Summer 2014

Post-Traumatic Stress Disorder is a major public health concern in both civilian and military populations, across race, age, gender, and socio-economic status. While PTSD has been around for centuries by some name or another, its definition and description also continue to evolve. Within the last few years, the American Psychological Association has published the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, which includes some major changes in the diagnostic criteria for PTSD. Recent data on epidemiology, etiological theories, and empirically supported methods of treatment, as well as implications for legal processes and criminal justice system personnel, are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.12132/abstract>

PTSD in Active Combat Soldiers: To Treat or Not to Treat.

Wangelin, B. C. and Tuerk, P. W.

The Journal of Law, Medicine & Ethics

Special Issue: SYMPOSIUM: Brain Science in the 21st Century: Clinical Controversies and Ethical Implications

Volume 42, Issue 2, pages 161–170, Summer 2014

In this paper, we consider ethical issues related to the treatment of posttraumatic stress disorder (PTSD) in combat zones, via exposure therapy. Exposure-oriented interventions are the most well-researched behavioral treatments for PTSD, and rigorous studies across contexts, populations, and research groups provide robust evidence that exposure therapy for PTSD is effective and can be widely disseminated. Clinical procedures for Prolonged Exposure therapy, a manualized exposure-oriented protocol for PTSD, are reviewed, and we illustrate the potential benefits, as well as the potential difficulties, associated with providing this treatment in combat zones.

Several ethical considerations are identified: (1) Assuming successful treatment, is it ethical to send individuals with a known risk of developing PTSD back into combat? (2) If treatment is

unsuccessful in theater (perhaps due to the confounding factor of ongoing danger), could that impact treatment effectiveness for soldiers who attempt therapy again post-deployment? (3) If the military finds combat-zone treatment effective and useful in maintaining an efficient work force, will treatment become mandatory for those diagnosed with PTSD? (4) What unintended consequences might be associated with large-scale dissemination of exposure therapy in or near combat, outside of mental health care infrastructures? (5) How would genetic variations known to be associated with PTSD risk influence decisions regarding who receives treatment or returns to combat? We conclude with a review of the personal and societal costs associated with not providing evidence-based PTSD treatments wherever possible.

<http://link.springer.com/article/10.2478/s13382-014-0287-3>

Temperamental correlates of trauma symptoms in firemen, policemen and soldiers.

Włodzimierz Oniszczenko

International Journal of Occupational Medicine and Environmental Health

July 2014

Objectives

The main goal of the research was to assess temperamental determinants of trauma symptoms in firemen, policemen and soldiers. The temperament traits which were considered were those postulated by the Regulative Theory of Temperament (briskness, perseveration, sensory sensitivity, emotional reactivity, endurance and activity).

Material and Methods

A cross-sectional study was run on non-clinical samples. The participants were 417 men, White-Caucasian only: 284 firemen (aged 21–55), 58 policemen (aged 22–45), and 75 soldiers (aged 21–42). Temperament was assessed using the Formal Characteristics of Behavior — Temperament Inventory. Intensity of trauma symptoms was assessed with the PTSD-Factorial Version Inventory, a quantitative measure of trauma-related symptoms. The respondents were examined in their place of work. The study included only men reporting at least 1 traumatic event during the year before the trauma diagnosis.

Results

Emotional reactivity had a significant positive effect on the intensity of trauma symptoms only in the group of firemen. Emotional reactivity accounted for 16% of the variance of trauma intensity symptoms in this occupational group. Negative significant effect on trauma symptoms was found for briskness only in the soldiers group (briskness explained 20% trauma intensity variance in this group).

Conclusions

Emotional reactivity was conducive to the increased trauma symptoms intensity in firemen, whereas briskness tended to reduce symptoms intensity only in the group of soldiers.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2014.3455>

A Multisite Study of the Relationships between Blast Exposures and Symptom Reporting in a Post-Deployment Active Duty Military Population with Mild Traumatic Brain Injury.

Dr. Matthew Wade Reid, Ms. Kelly J. Miller, Dr. Rael Lange, Dr. Douglas Cooper, Dr. David F. Tate, Dr. Jason Bailie, Tracey A Brickell, Dr. Louis M. French, Dr. Sarah Asmussen, and Dr. Jan Kennedy

Journal of Neurotrauma

Online Ahead of Editing: July 18, 2014

Explosive devices have been the most frequent cause of traumatic brain injury (TBI) among deployed contemporary U.S. service members. The purpose of this study was to examine the influence of prior cumulative blast exposures (that did or did not result in TBI) on later postconcussion and posttraumatic symptom reporting after sustaining a mild TBI (MTBI). Participants were 573 service members who sustained MTBI divided into four groups by number of blast exposures (1, 2, 3 and 4-10) and a non-blast control group. Postconcussion symptoms were measured using the Neurobehavioral Symptom Inventory (NSI) and PTSD symptoms using the Posttraumatic Checklist-Civilian version (PCL-C). Results show groups significantly differed on total NSI scores ($p < .001$), where symptom endorsement increased as number of reported blast exposures increased. Total NSI scores were significantly higher for the 3- and 4-10 blast groups compared to the 1- and 2-blast groups with effect sizes ranging from small to moderate ($d = .31$ to $.63$). After controlling for PTSD symptoms using the PCL-C total score, NSI total score differences remained between the 4-10-Blast group and the 1- and 2-Blast groups, but were less pronounced ($d = .35$ and $d = .24$, respectively). Analyses of NSI subscale scores using PCL-C scores as a covariate revealed significant between-blast group differences on cognitive, sensory and somatic, but not affective symptoms. Regression analyses revealed that cumulative blast exposures accounted for a small but significant amount of the variance in total NSI scores (4.8%; $p = .009$) and total PCL-C scores (2.3%; $p < .001$). In conclusion, among service members exposed to blast, postconcussion symptom reporting increased as a function of cumulative blast exposures. Future research will need to determine the relationship between cumulative blast exposures, symptom reporting and neuropathological changes.

<http://www.sciencedirect.com/science/article/pii/S1526590014008153>

Longitudinal Interactions Of Pain Symptoms And Posttraumatic Stress Disorder In U.S. Military Service Members Following Blast Exposure.

Kelcey J. Stratton, Shaunna L. Clark, Sage E. Hawn, Ananda B. Amstadter, David X. Cifu, William C. Walker

The Journal of Pain

Available online 16 July 2014

Military personnel returning from conflicts in Iraq and Afghanistan often endorse pain and posttraumatic stress disorder (PTSD) symptoms, either separately or concurrently. Associations between pain and PTSD may be further complicated by blast exposure from explosive munitions. Although many studies have reported on the prevalence and disability associated with polytraumatic injuries following combat, less is known about symptom maintenance over time. Accordingly, this study examined longitudinal interactive models of co-occurring pain and PTSD symptoms in a sample of 209 military personnel (Mage = 27.4 years, SD = 7.6) who experienced combat-related blast exposure. Autoregressive cross-lagged analysis examined longitudinal associations between self-reported pain and PTSD symptoms over a one-year period. The best-fitting model indicated that pain and PTSD were significantly associated with one another across all assessment periods, $\chi^2(3) = 3.66$, $p = .30$; TLI = .98; CFI = .99; RMSEA = .03, and PTSD had a particularly strong influence on subsequent pain symptoms. The relationship between pain and PTSD is related to older age, race, and traumatic brain injury characteristics. Results further the understanding of complex injuries among military personnel and highlight the need for comprehensive assessment and rehabilitation efforts addressing the interdependence of pain and co-occurring mental health conditions.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.301971>

Trends in Mental Health Services Utilization and Stigma in US Soldiers From 2002 to 2011.

Phillip J. Quartana, PhD, Joshua E. Wilk, PhD, Jeffrey L. Thomas, PhD, Robert M. Bray, PhD, Kristine L. Rae Olmsted, PhD, Janice M. Brown, PhD, Jason Williams, PhD, Paul Y. Kim, MA, Kristina Clarke-Walper, MA, and Charles W. Hoge, MD

American Journal of Public Health

2014 Jul 17

Objectives.

We characterized trends in mental health services utilization and stigma over the course of the Afghanistan and Iraq wars among active-component US soldiers.

Methods.

We evaluated trends in mental health services utilization and stigma using US Army data from the Health-Related Behavior (HRB) surveys from 2002, 2005, and 2008 (n = 12 835) and the Land Combat Study (LCS) surveys administered to soldiers annually from 2003 to 2009 and again in 2011 (n = 22 627).

Results.

HRB and LCS data suggested increased mental health services utilization and decreased stigma in US soldiers between 2002 and 2011. These trends were evident in soldiers with and without posttraumatic stress disorder (PTSD), major depressive disorder (MDD), or PTSD and MDD. Despite the improving trends, more than half of soldiers with mental health problems did not report seeking care.

Conclusions.

Mental health services utilization increased and stigma decreased over the course of the wars in Iraq and Afghanistan. Although promising, these findings indicate that a significant proportion of US soldiers meeting criteria for PTSD or MDD do not utilize mental health services, and stigma remains a pervasive problem requiring further attention. (Am J Public Health. Published online ahead of print July 17, 2014: e1–e9. doi:10.2105/AJPH.2014.301971)

<http://www.sciencedirect.com/science/article/pii/S0376871614009764>

Potentially modifiable deployment characteristics and new-onset alcohol abuse or dependence in the US National Guard.

Mark G. Orr, Marta R. Prescott, Gregory H. Cohen, Joseph R. Calabrese, Marijo B. Tamburrino, Israel Liberzon, Sandro Galea

Drug and Alcohol Dependence

Available online 16 July 2014

Background

There is a limited amount of data examining the relation between the onset of alcohol abuse/dependence and the experiences of soldiers prior to (pre), during (peri) and after (post) military deployment. Some deployment characteristics, e.g., military unit cohesion, are potentially modifiable in the context of reducing alcohol abuse/dependence peri-/post deployment. We investigated the associations between potentially modifiable deployment

characteristics and peri-/post (incident) alcohol abuse/dependence among deployed Ohio Army National Guard (OHARNG) soldiers.

Methods

Using a sample of OHARNG (June, 2008 to February, 2009), eligible participants were ever been deployed and did not report alcohol abuse/dependence prior to deployment (final sample size = 963). Interviews assessed soldiers' alcohol abuse/dependence, depression, PTSD, deployment related factors (e.g., exposure to warzone stressors) and three deployment characteristics (pre-deployment preparedness, unit support during deployment, and post-deployment social support). Associations between the three deployment characteristics and incident alcohol abuse/dependence (defined as abuse or dependence at any point during or after deployment) were estimated using logistic regression.

Results

Only pre-deployment preparedness was associated with incident alcohol abuse/dependence (a non-linear inverted-u shaped relation) when controlling for demographics, deployment related factors (e.g., exposure to warzone stressors), and the presence of psychopathology that exhibited peri-/post-deployment. We present these results graphically, plotting incident alcohol abuse/dependence over the levels of pre-deployment preparedness.

Conclusions

The association between pre-deployment preparedness and alcohol abuse/dependence may be characterized as an inverted-U shaped function. Suggestions for how and whether to modify pre-deployment preparedness in an effort to reduce peri-/post-deployment alcohol abuse or dependence should await further research.

<http://www.ncbi.nlm.nih.gov/pubmed/25040302>

J Sleep Res. 2014 Jul 7. doi: 10.1111/jsr.12172. [Epub ahead of print]

The role of vulnerability in stress-related insomnia, social support and coping styles on incidence and persistence of insomnia.

Jarrin DC, Chen IY, Ivers H, Morin CM

Individuals who are more prone to experience situational insomnia under stressful conditions may also be at greater risk to develop subsequent insomnia. While cross-sectional data exist on the link between sleep reactivity (heightened vulnerability to stress-related insomnia) and insomnia, limited data exist on its predictive value. The aim of the study was to evaluate prospectively whether sleep reactivity was associated with increased risk of incident and persistent insomnia in a population-based sample of good sleepers. Social support and coping styles were also investigated as potential moderators. Participants were 1449 adults (Mage =

47.4 years, standard deviation = 15.1; 41.2% male) without insomnia at baseline and evaluated four times over 3 years. Sleep reactivity was measured using the Ford Insomnia Response to Stress Test (FIRST). Additional measures included depressive symptoms, the frequency and perceived impact of stressful life events, social support and coping styles. After controlling for prior sleep history, depressive symptoms, arousal predisposition, stressful life events and perceived impact, individuals with higher sleep reactivity had an odds ratio (OR) of 1.56 [95% confidence interval (CI): 1.13-2.16], 1.41 (95% CI: 0.87-2.30) and 2.02 (95% CI: 1.30-3.15) of developing insomnia symptoms, syndrome and persistent insomnia, respectively. Social support and coping styles did not moderate these associations. Results suggest that heightened vulnerability to insomnia is associated with an increased risk of developing new-onset subsyndromal and persistent insomnia in good sleepers. Knowledge of premorbid differences is important to identify at-risk individuals, as this may help to develop more targeted prevention and intervention strategies for insomnia. © 2014 European Sleep Research Society.

<http://www.ncbi.nlm.nih.gov/pubmed/25046347>

J Fam Psychol. 2014 Jul 21. [Epub ahead of print]

Meaningfulness of Service and Marital Satisfaction in Army Couples.

Bergmann JS, Renshaw KD, Allen ES, Markman HJ, Stanley SM

The vast numbers of military service members who have been deployed since 2001 highlights the need to better understand relationships of military couples. A unique consideration in military couples is the concept of meaningfulness of service, or the value service members and their partners place on military service in spite of the sacrifices it requires. In a sample of 606 Army couples, the authors used path analysis to examine how male service members' and female spouses' perceived meaningfulness of service added to the prediction of marital satisfaction in both members of the couple, when accounting for service members' PTSD symptoms. Spouses' perceived meaningfulness of service was linked with higher marital satisfaction in spouses, regardless of service member's perceived meaningfulness of service. Service members' perceived meaningfulness of service was also associated with increased marital satisfaction in service members, but only when their spouses also perceived higher meaningfulness. There were no significant interactions between service members' PTSD and either partner's perceived meaningfulness. Implications for enhanced attention to spousal perceptions of meaningfulness of service are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25045416>

Psychol Trauma. 2014 Jan;6(1):56-64.

Changes in Anger in Relationship to Responsivity to PTSD Treatment.

Galovski TE, Elwood LS, Blain LM, Resick PA

This study examined the clinical course of different dimensions of anger and their relationship to change in posttraumatic stress disorder (PTSD) in a sample of 139 female survivors of interpersonal violence suffering from PTSD. Specifically, this study evaluated differences in the rates of change in anger dimensions by responsivity to treatment status (responders, non-responders, and drop-outs). Responders and non-responders did not differ in rate of change on state anger and anger directed inward, suggesting that treatment led to improvements in these dimensions of anger regardless of final PTSD diagnosis. Responders did evidence statistically significantly more change in trait anger and control over one's anger than did the non-responders, suggesting that changes in these dimensions of anger may be related to recovery from PTSD. Individuals who terminated therapy prematurely did not experience the same gains in state anger, trait anger, or anger-in as those who completed treatment. Differences in rates of change (linear versus quadratic growth patterns), particularly with respect to continued improvement in anger following treatment completion are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25040379>

J Law Med Ethics. 2014 Jun;42(2):155-60. doi: 10.1111/jlme.12131.

The Role of PTSD in Adjudicating Violent Crimes.

Hamner MB

PTSD was formalized as a diagnosis by the American Psychiatric Association in 1980 with the publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM), 3rd edition. Since that time, the diagnosis has been widely utilized in the courts including the use in criminal proceedings. PTSD may play a role in the assessment of violent crimes both as a possible contributing factor in the perpetrators as well as a consequence in the victims. There are a number of ethical and clinical considerations in the use of this diagnosis. Importantly, the diagnostic criteria have changed to a degree with subsequent editions of the DSM. This may have an impact on the interpretation of past legal judgments. Moreover, extensive psychiatric comorbidity may complicate the clinical picture, e.g., mood disorders, substance use disorders, or psychosis. The diagnosis of PTSD is still based on clinical, largely subjective criteria, e.g., biological markers are not yet utilized. As such, there may not be consistent agreement about

the diagnosis among experts. This paper summarizes some of these relevant issues in adjudicating violent crimes. © 2014 American Society of Law, Medicine & Ethics, Inc.

Links of Interest

DoD still hasn't released final 2013 suicide numbers

<http://www.militarytimes.com/article/20140718/NEWS05/307180050/DoD-still-hasn-t-released-final-2013-suicide-numbers>

This Procedure May Improve Your Brain — and Uncover the Real You

<http://op-talk.blogs.nytimes.com/2014/07/17/this-procedure-may-improve-your-brain-and-uncover-the-real-you/>

Pain and Opioid Use in U.S. Soldiers: The Imperative for Researching Effective Pain Management Options in the Military

<http://nccam.nih.gov/research/blog/opioid-military>

For disabled Spring Hill vet, cosplay is a lifesaver

<http://www.tampabay.com/news/humaninterest/for-disabled-spring-hill-vet-cosplay-is-a-lifesaver/2188845>

On Campus, Young Veterans Are Learning How to Be Millennials

<http://www.theatlantic.com/education/print/2014/07/on-campus-young-veterans-are-learning-how-to-be-millennials/374643/>

Military Rape Culture Claims Won't Advance

<http://www.courthousenews.com/2014/07/22/69688.htm>

A Sleep Apnea Test Without a Night in the Hospital

<http://well.blogs.nytimes.com/2014/07/21/a-test-you-want-to-sleep-through/>

Increased SHARP training furthers efforts to combat sexual abuse

http://www.army.mil/article/130255/Increased_SHARP_training_furthers_efforts_to_combat_sexual_abuse/

Experts urge new discipline combining benefits of neuroscience, psychology treatments

<http://www.sciencedaily.com/releases/2014/07/140718135034.htm>

Experts: Use behavioral therapy before meds for sleep issues

<http://www.marinecorpstimes.com/article/20140717/NEWS/307170052/Experts-Use-behavioral-therapy-before-meds-TBI>

Resource of the Week - [Family Court Review: Special Issue: Military Families and the Family Court](#) (July 2014 Volume 52, Issue 3)

Family Court Review is the official journal of the Association of Family and Conciliation Courts, “an international association of attorneys, judges, counselors, evaluators, mediators, and other professionals concerned with the constructive resolution of family conflict and the strengthening of families.” This month’s issue is devoted to the special needs and concerns of military families.

Special Issue Articles

- **Advocating for America's Military Children: Considering the Impact of Parental Combat Deployment to Iraq and Afghanistan** (pages 343–354) Keith Lemmon and Elisabeth Stafford
- **Military Custody and Visitation: Problems and Solutions in the Twenty-First Century** (pages 355–370) Mark E. Sullivan
- **Family Court and a Review of Family Services in the Department of Veterans Affairs** (pages 371–380) Steven L. Sayers, Shirley M. Glynn and Susan McCutcheon
- **The Dynamics of Military Deployment in the Family System: What Makes a Parent Fit for Duty?** (pages 381–399) Shelley A. Riggs and Angela Cusimano
- **Intimate Partner Violence, Military Personnel, Veterans, and Their Families** (pages 400–416) Glenna Tinney and April A. Gerlock
- **What can Family Courts Learn from Veterans Treatment Courts?** (pages 417–424) Sean Clark, James McGuire and Jessica Blue-Howells
- **Enduring Hope and Support: Helping Family Court Professionals Incorporate Programs to Build Resilient Families** (pages 425–439) Annette N. Farmer, Anne M. Jackson and Sandra L. Franklin
- **Special Considerations in Conducting Psychological Custody Evaluations with Military Families** (pages 440–457) Robert A. Simon
- **Educating Family Court Judges on the Front Lines of Combat Readjustment: Toward the Formulation and Delivery of a Core Curriculum on Military Family Issues** (pages 458–510) Evan R. Seamone
- **Mission Critical: A Call to Action for Juvenile and Family Courts, the U.S. Armed Forces, and Veterans Affairs** (pages 511–528) Hon. Janice M. Rosa

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Editorial Notes

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- July 2014 (pages 331–333)**
Andrew Schepard and Robert E. Emery
Article first published online: 21 JUL 2014 | DOI: 10.1111/fcre.12094
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- Guest Editors' Introduction (pages 334–342)**
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- Advocating for America's Military Children: Considering the Impact of Parental Combat Deployment to Iraq and Afghanistan (pages 343–354)**
Keith Lemmon and Elisabeth Stafford
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