



## CDP Research Update -- December 18, 2014

### What's Here:

- Behavioral health adjustment in reserve component soldiers during a noncombat deployment to Africa.
- Examining spouse/partner presence as a moderator in the relationship between mental health symptoms and alcohol use in OEF/OIF veterans.
- Assessment of occupational burnout in United States Air Force Predator/Reaper “drone” operators.
- The Role of Perceived Partner Alliance on the Efficacy of CBT-I: Preliminary Findings from the Partner Alliance in Insomnia Research Study (PAIRS).
- Resilience Building Among Adolescents From National Guard Families: Applying a Developmental Contextual Model.
- Pretraumatic Stress Reactions in Soldiers Deployed to Afghanistan.
- Predictors of changes in daily alcohol consumption in the aftermath of military deployment.
- Acquired Equivalence in U.S. Veterans With Symptoms of Posttraumatic Stress: Reexperiencing Symptoms Are Associated With Greater Generalization.
- Understanding Military Culture: A Guide for Professional School Counselors.
- Depression, not PTSD, is associated with attentional biases for emotional visual cues in early traumatized individuals with PTSD.
- Explaining Alcohol Use and Suicide Risk: A Moderated Mediation Model Involving Insomnia Symptoms and Gender.
- Positive Psychological Factors are Associated with Lower PTSD Symptoms among Police Officers: Post Hurricane Katrina.
- Assessing Treatment-Resistant Posttraumatic Stress Disorder: The Emory Treatment Resistance Interview for PTSD (E-TRIP).
- A Longitudinal Pilot Study of Resilience in Canadian Military Personnel.
- Military Leader Perceptions on Sexual Assaults against Female Service Members

- Military and Veteran Families and Children: Policies and Programs for Health Maintenance and Positive Development
- Sleep disturbances and suicidal ideation in a sample of treatment-seeking Canadian Forces members and veterans.
- Application of Cognitive Behavioral Therapies for Comorbid Insomnia and Depression
- Functional significance of a novel 7-factor model of DSM-5 PTSD symptoms: Results from the National Health and Resilience in Veterans Study.
- Exploring the Relationship between Worry and Impulsivity in Military Recruits: The Role of Mindfulness and Self-compassion as Potential Mediators.
- Pre-Deployment Stress, Mental Health, and Help-Seeking Behaviors Among Marines (RAND)
- Sexual Assault and Sexual Harassment in the U.S. Military -- Volume 1. Design of the 2014 RAND Military Workplace Study
- Psychotherapy Utilization Among Rural and Urban Veterans From 2007 to 2010.
- Identifying unique and shared risk factors for physical intimate partner violence and clinically-significant physical intimate partner violence.
- Depression and PTSD Co-Morbidity: What are We Missing?
- Associations between lifetime PTSD symptoms and current substance use disorders using a five-factor model of PTSD.
- Alcohol exposure after mild focal traumatic brain injury impairs neurological recovery and exacerbates localized neuroinflammation.
- Association between asthma and serious psychological distress among male veterans compared to civilian counterparts.
- Predictors in Internet-delivered Cognitive Behavior Therapy and Behavioral Stress Management for Severe Health Anxiety.
- Gender differences in suicide and suicide attempts among US Army soldiers.
- Mental Disorders as Causal Systems: A Network Approach to Posttraumatic Stress Disorder.
- Development of the Combat Distress Scale of the Combat Experiences Questionnaire (CEQ).
- Treatment for Trauma Affected African American Veterans.
- Gender Roles in a Masculine Occupation: Military Men and Women's Differential Negotiation of the Work-Family Interface.
- Military Service Members' and Veterans' Preferred Approach to Mental Health Services

- Acute vs. Chronic Stressors, Multiple Suicide Attempts, and Persistent Suicide Ideation in US Soldiers.
- Anger in the UK Armed Forces: Strong Association With Mental Health, Childhood Antisocial Behavior, and Combat Role.
- Alterations in circadian/seasonal rhythms and vegetative functions are related to suicidality in DSM-5 PTSD.
- The Crime Behind the Bedroom Door: Unequal Governmental Regulation of Civilian and Military Spouses.
- Links of Interest
- Resource of the Week: Forecast Advisor

-----

<http://psycnet.apa.org/journals/mil/26/5-6/409>

**Behavioral health adjustment in reserve component soldiers during a noncombat deployment to Africa.**

Sipos, Maurice L.; Wood, Michael D.; Riviere, Lyndon A.; Adler, Amy B.

Military Psychology

Vol 26(5-6), Sep-Nov 2014, 409-421

<http://dx.doi.org/10.1037/mil0000058>

This study benchmarked rates of mental health problems, adjustment difficulties, and perceptions of unit climate among 505 U.S. soldiers (primarily National Guard) deployed to the Horn of Africa in 2012. In addition, the study examined whether differences across these outcomes exist between combat veterans (n = 239) and noncombat veterans (n = 242). Rates of mental health problems among soldiers on this noncombat deployment were lower than rates typically found among soldiers on combat deployments. Furthermore, soldiers without previous combat experience had lower rates of mental health problems and aggression than combat veterans. Similar differences were evident when adjustment difficulties and unit climate variables were compared. Although combat veterans could be valuable in training new soldiers, the results of this study indicate that combat veterans may need more targeted resources to facilitate their adjustment if they are to be optimally utilized. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

-----

<http://psycnet.apa.org/journals/mil/26/5-6/366>

**Examining spouse/partner presence as a moderator in the relationship between mental health symptoms and alcohol use in OEF/OIF veterans.**

Klanecky, Alicia K.; Cadigan, Jennifer M.; Martens, Matthew P.; Rogers, Randall E.

Military Psychology

Vol 26(5-6), Sep-Nov 2014, 366-375

<http://dx.doi.org/10.1037/mil0000048>

Veterans from the conflicts in Afghanistan (Operation Enduring Freedom; OEF) and Iraq (Operation Iraqi Freedom; OIF) have reported elevated rates of alcohol consumption, and greater depression and posttraumatic stress disorder (PTSD) symptoms are associated with increased alcohol use. Presence of a spouse/partner, which has been associated with reduced drinking, may buffer the relationship between mental health symptoms and alcohol consumption. To examine this hypothesis, the current study utilized baseline survey data from OEF/OIF veterans (N = 325) enrolled in a brief alcohol intervention. Spouse/partner presence moderated the relationship between depression symptoms and alcohol consumption such that depression was positively associated with drinking for veterans without a spouse/partner. Exploratory analyses indicated that the relationship between depression and alcohol use may be particularly salient for veterans without a spouse/partner and a lower number of deployments. Spouse/partner presence did not moderate the relationship between PTSD symptoms and alcohol consumption

-----

<http://psycnet.apa.org/journals/mil/26/5-6/376>

**Assessment of occupational burnout in United States Air Force Predator/Reaper “drone” operators.**

Chappelle, Wayne; McDonald, Kent; Prince, Lillian; Goodman, Tanya; Ray-Sannerud, Bobbie N.; Thompson, William

Military Psychology

Vol 26(5-6), Sep-Nov 2014, 376-385

<http://dx.doi.org/10.1037/mil0000046>

This study investigates the self-reported levels of occupational burnout among 1,094 U.S. Air Force drone operators stationed within the borders of the United States who are supporting a wide range of around-the-clock military surveillance and weapons strike missions across the globe. Data were gathered from a Web-based survey of demographic items and the Maslach Burnout Inventory assessing the facets of occupational burnout (exhaustion, cynicism, and professional efficacy). The overall survey response rate was 49%. Approximately 20% reported

high levels of exhaustion, and 11% reported high levels of cynicism, but only 3% reported low levels of professional efficacy. Predictors of exhaustion, as well as between group differences, were identified along with recommendations for performance improvement and mitigating risks to safety. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

-----

<http://www.tandfonline.com/doi/abs/10.1080/15402002.2013.838768?journalCode=hbsm20>

**The Role of Perceived Partner Alliance on the Efficacy of CBT-I: Preliminary Findings from the Partner Alliance in Insomnia Research Study (PAIRS).**

Jason G. Ellis , Vincent Deary , Wendy M. Troxel

Behavioral Sleep Medicine  
Vol. 13, Iss. 1, 2015

Despite cognitive behavioral therapy for insomnia (CBT-I) being effective, barriers to adherence have been documented. Perceived partner alliance has been shown to influence adherence and treatment outcome across a range of other health conditions. The present study examined patients' perceptions regarding the role of their partner in CBT-I and the impact of perceived partner alliance on treatment outcome. Twenty-one patients were interviewed, following CBT-I, to examine the areas where partners were thought to influence the process of CBT-I. The majority of statements made during interviews explicitly mentioned a partner's influence (65%). Additionally, the production of more positive partner statements was associated with better treatment outcome (using the Insomnia Severity Index). The integration of perceived partner alliance into CBT-I is discussed.

-----

<http://jar.sagepub.com/content/early/2014/11/27/0743558414558592.abstract>

**Resilience Building Among Adolescents From National Guard Families: Applying a Developmental Contextual Model.**

Joyce Baptist, Patricia Barros, Bryan Cafferky, and Elaine Johannes

Journal of Adolescent Research  
Published online before print November 28, 2014  
doi: 10.1177/0743558414558592

A better understanding of resilience building in military-connected children is needed to serve the needs of military families and sustain the security of the United States. This study explored the development of resilience in 30 adolescents from National Guard families that had been

deployed. Using thematic analysis, we found that military-connected adolescents are affected by events in settings far beyond their control—political and civil upheavals in foreign lands, military cultural values, societal perception of the military and of wars, and communities' responses to military families. When comfort was not offered by familiar social and school networks, these adolescents had only their families to which they could turn. The extent to which adolescents can depend on parents for comfort was influenced by the quality of the parental relationship. Even when parents were available, adolescents were inclined to uphold the military value of personal courage and withdraw to self-soothe.

-----

<http://cpx.sagepub.com/content/early/2014/11/22/2167702614551766.abstract>

Dorthe Berntsen and David C. Rubin

### **Pretraumatic Stress Reactions in Soldiers Deployed to Afghanistan.**

Clinical Psychological Science

first published on November 26, 2014

doi:10.1177/2167702614551766

Posttraumatic stress disorder is a diagnosis related to the past. Pretraumatic stress reactions, as measured by intrusive involuntary images of possible future stressful events and their associated avoidance and increased arousal, have been overlooked in the PTSD literature. Here we introduce a scale that measures pretraumatic stress reactions providing a clear future-oriented parallel to the posttraumatic stress reactions described in the diagnostic criteria for PTSD. We apply this Pretraumatic Stress Reactions Checklist (PreCL) to Danish soldiers before, during, and after deployment to Afghanistan. The PreCL has good internal consistency and is highly correlated with a standard measure of PTSD symptoms. The PreCL as answered before the soldiers' deployment significantly predicted level of PTSD symptoms during and after their deployment, while controlling for baseline PTSD symptoms and combat exposure measured during and after deployment. The findings have implications for the conceptualization of PTSD, screening, and treatment.

-----

<http://www.sciencedirect.com/science/article/pii/S0376871614019322>

### **Predictors of changes in daily alcohol consumption in the aftermath of military deployment.**

S. Trautmann, S. Schönfeld, S. Behrendt, A. Heinrich, M. Höfler, S. Siegel, P. Zimmermann, H.-U. Wittchen

## Background

Several studies have documented factors related to increase in alcohol consumption in the context of stressful experiences. However, little is known about predictors of different courses of alcohol use in this context. This study aims to investigate diverse predictors and correlates of increase and decrease of average daily alcohol consumption (aDAC) in the aftermath of military deployment taking into account a variety of potentially relevant factors.

## Methods

N = 358 soldiers were examined before (T1) and 12 months after return from deployment (T2) using standardized interviews. Change in aDAC was categorized into decreased (n = 72), stable (n = 215) and increased (n = 71) aDAC.

## Results

Overall, aDAC did not change significantly between T1 and T2 (median change = 0.0 g, inter quartile range = 11.3 g). Compared to stable aDAC, increase was characterized by a lower proportion of high-educated individuals (OR: 0.3 (0.1–0.7), p = 0.008), lower rank (marginally significant: OR: 2.0 (1.0–4.1), p = 0.050), and less acceptance (trend: MR: 0.97 (0.93–1.00), p = 0.053). Correlates of increased aDAC were less social support (MR: 0.84 (0.71–0.99), p = 0.043), more sleeping problems (MR: 1.15 (1.00–1.31), p = 0.045) and more negative post-event cognitions following deployment (MR: 2.32 (1.28–4.21), p = 0.006). Decrease in aDAC was predicted by lower PTSD symptom severity before deployment (MR: 0.34 (0.16–0.72), p = 0.005) and less childhood emotional neglect (marginally significant: MR: 0.78 (0.60–1.00), p = 0.050).

## Conclusions

Increase and decrease in alcohol use after stressful experiences might have differential risk factors and correlates. Findings might stimulate future research that could result in improved measures to prevent increases as well as in interventions that could foster decreases in alcohol consumption in the context of stressful experiences.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21974/abstract>

## **Acquired Equivalence in U.S. Veterans With Symptoms of Posttraumatic Stress: Reexperiencing Symptoms Are Associated With Greater Generalization.**

Kostek, J. A., Beck, K. D., Gilbertson, M. W., Orr, S. P., Pang, K. C. H., Servatius, R. J. and Myers, C. E.

The severity and number of reexperiencing symptoms (e.g., flashbacks) show considerable variability across individuals with posttraumatic stress disorder (PTSD). One interpretation of reexperiencing symptoms invokes generalization: Specifically, the traumatic memory may be stored in such a way that neutral stimuli that only vaguely resemble some feature of the traumatic event are sufficient to trigger the memory. If this is the case, then individuals with higher levels of reexperiencing symptoms might show greater generalization, even in contexts unrelated to trauma. In the current study, an acquired equivalence test was used to assess associative learning and generalization in 114 U.S. veterans who were also given a test of declarative memory. PTSD symptoms were rated by the veteran. After adjusting for demographic variables, psychoactive medication use, and initial learning, regression analyses showed that the number of PTSD reexperiencing symptoms significantly improved the model for generalization ( $\beta = -.23$ ,  $R^2 = .34$ ) but not associative learning or declarative memory. The results support the idea that generalization is linked to reexperiencing symptoms, is not limited to learning about traumatic events, and can emerge even in a relatively innocuous computer-based learning task.

-----

<http://tpcjournal.nbcc.org/wp-content/uploads/2014/12/TPC-Volume-4-Issue-5-Complete-Issue.pdf#page=93>

### **Understanding Military Culture: A Guide for Professional School Counselors.**

Rebekah F. Cole

The Professional Counselor

Volume 4, Issue 5, Pages 497–504

doi:10.15241/rfc.4.5.497

School counselors must be knowledgeable about military culture in order to help military students and their families in a culturally competent manner. This article explores the nature of this unique culture, which is often unfamiliar to educators, including its language, hierarchy, sense of rules and regulations, self-expectations and self-sacrifice. Specific suggestions, such as professional development, self-examination and cultural immersion experiences, are provided so that professional school counselors can increase their multicultural competence when working with this population. Finally, a case study illustrates the challenges associated with this culture and implications for school counselors in regard to increasing cultural competence when working with military families are discussed.

-----



<http://journal.frontiersin.org/Journal/10.3389/fpsyg.2014.01474/abstract>

**Depression, not PTSD, is associated with attentional biases for emotional visual cues in early traumatized individuals with PTSD.**

Wittekind CE, Muhtz C, Jelinek L and Moritz S

Frontiers in Psychology

doi: 10.3389/fpsyg.2014.01474

Using variants of the emotional Stroop task (EST), a large number of studies demonstrated attentional biases in individuals with PTSD across different types of trauma. However, the specificity and robustness of the emotional Stroop effect in PTSD were questioned recently. In particular, the paradigm cannot disentangle underlying cognitive mechanisms. Transgenerational studies provide evidence that consequences of trauma are not limited to the traumatized people, but extend to close relatives, especially the children. To further investigate attentional biases in PTSD and to shed light on the underlying cognitive mechanism(s), a spatial-cueing paradigm with pictures of different emotional valence (neutral, anxiety, depression, trauma) was administered to individuals displaced as children during World War II with ( $n = 22$ ) and without PTSD ( $n = 26$ ) as well as to nontraumatized controls ( $n = 22$ ). To assess whether parental PTSD is associated with biased information processing in children, each one adult offspring was also included in the study. PTSD was not associated with attentional biases for trauma-related stimuli. There was no evidence for a transgenerational transmission of biased information processing. However, when samples were regrouped based on current depression, a reduced inhibition of return (IOR) effect emerged for depression-related cues. IOR refers to the phenomenon that with longer intervals between cue and target the validity effect is reversed: uncued locations are associated with shorter and cued locations with longer RTs. The results diverge from EST studies and demonstrate that findings on attentional biases yield equivocal results across different paradigms. Attentional biases for trauma-related material may only appear for verbal but not for visual stimuli in an elderly population with childhood trauma with PTSD. Future studies should more closely investigate whether findings from younger trauma populations also manifest in older trauma survivors.

-----

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=29795>

**Explaining Alcohol Use and Suicide Risk: A Moderated Mediation Model Involving Insomnia Symptoms and Gender.**

Nadorff MR, Salem T, Winer ES, Lamis DA, Nazem S, Berman ME

Study Objectives

The purpose of the study was to examine whether insomnia symptoms and nightmares mediated the relation between alcohol use and suicide risk. Further, we examined whether this mediation was moderated by gender.

#### Design

The study consisted of questionnaires administered online examining insomnia symptoms, nightmares, alcohol use, and suicide risk.

#### Setting

University.

#### Patients or Participants

375 undergraduate students at a large, public university in the southeastern United States.

#### Interventions

N/A.

#### Measurements and Results

Results indicated that insomnia symptoms significantly mediated the relation between alcohol use and suicide risk; however, this mediation was moderated by gender. For women, there was both a direct effect of alcohol use on suicide risk as well as an indirect effect of alcohol use through insomnia symptoms increasing suicide risk. For men, there was no direct effect of alcohol use on suicide risk, but there was a significant indirect effect of alcohol use increasing suicide risk through insomnia symptoms. Nightmares were not related to alcohol use, and the association between nightmares and suicide risk was found to be independent of alcohol use.

#### Conclusions

Insomnia symptoms are an important factor in explaining the mechanism by which alcohol use increases suicide risk.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/smi.2615/abstract>

### **Positive Psychological Factors are Associated with Lower PTSD Symptoms among Police Officers: Post Hurricane Katrina.**

McCanlies E. C., Mnatsakanova A., Andrew M. E., Burchfiel C. M., and Violanti J.

#### Stress and Health

Special Issue: Psychological Resilience of Workers in High-Risk Occupations

Volume 30, Issue 5, pages 405–415, December 2014

Following Hurricane Katrina, police officers in the New Orleans geographic area faced a number

of challenges. This cross-sectional study examined the association between resilience, satisfaction with life, gratitude, posttraumatic growth, and symptoms of posttraumatic stress disorder in 84 male and 30 female police officers from Louisiana. Protective factors were measured using the Connor–Davidson Resilience scale, Satisfaction with Life Scale, the Gratitude Questionnaire, and the Posttraumatic Growth inventory. Symptoms of posttraumatic stress disorder were measured using the Posttraumatic Stress Disorder Checklist—Civilian (PCL-C). Potential associations were measured using linear regression and analysis of variance. Models were adjusted for age, sex, race, education, and alcohol. Mean PCL-C symptoms were  $29.5 \pm 14.5$  for females and  $27.8 \pm 12.1$  for males. Adjusted mean levels of PCL-C symptoms significantly decreased as quartiles of resilience ( $p < .001$ ), satisfaction with life ( $p < .001$ ), and gratitude ( $p < .001$ ) increased. In contrast, PCL-C symptoms were not associated with posttraumatic growth in this sample. These results indicate that positive factors such as resilience, satisfaction with life, and gratitude may help mitigate symptoms of posttraumatic stress disorder. To further explore these relationships, longitudinal follow-up in a larger population would be of interest. Copyright © 2014 John Wiley & Sons, Ltd.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/25494488>

Behav Sci (Basel). 2014 Dec 8;4(4):511-527.

### **Assessing Treatment-Resistant Posttraumatic Stress Disorder: The Emory Treatment Resistance Interview for PTSD (E-TRIP).**

Dunlop BW, Kaye JL, Youngner C, Rothbaum B

Patients with posttraumatic stress disorder (PTSD) who fail to respond to established treatments are at risk for chronic disability and distress. Although treatment-resistant PTSD (TR-PTSD) is a common clinical problem, there is currently no standard method for evaluating previous treatment outcomes. Development of a tool that could quantify the degree of resistance to previously provided treatments would inform research in patients with PTSD. We conducted a systematic review of PTSD treatment trials to identify medication and psychotherapy interventions proven to be efficacious for PTSD. We then developed a semi-structured clinician interview called the Emory Treatment Resistance Interview for PTSD (E-TRIP). The E-TRIP includes clinician-administered questions to assess the adequacy and benefit derived from past treatment trials. For each adequately delivered treatment to which the patient failed to respond, a score is assigned depending on the strength of evidence supporting the treatment's efficacy. The E-TRIP provides a comprehensive assessment of prior PTSD treatments that should prove valuable for researchers studying TR-PTSD and evaluating the efficacy of new treatments for patients with PTSD. The E-TRIP is not intended to guide treatment; rather, the tool quantifies the level of treatment resistance in patients with PTSD in order to standardize TR-PTSD in the research domain.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/smi.2614/abstract>

### **A Longitudinal Pilot Study of Resilience in Canadian Military Personnel.**

Sudom K. A., Lee J. E. C., and Zamorski M. A.

Stress and Health

Special Issue: Psychological Resilience of Workers in High-Risk Occupations

Volume 30, Issue 5, pages 377–385, December 2014

Research on psychological resilience is important for occupations involving routine exposure to trauma or critical events. Such research can allow for the identification of factors to target in training, education and intervention programs, as well as groups that may be at higher risk for mental health problems. Although efforts have been made to determine the individual characteristics that contribute to positive outcomes under stress, little is known about whether such characteristics are stable over time or how stressful events can impact psychological resilience in high-risk occupations such as military service. Following a review of the evidence on variations in resilience over time, results of a pilot study of Canadian Armed Forces personnel are presented in which differences in resilience characteristics were examined from military recruitment to several years after enrolment. While there was little change in resilience characteristics over time on average, there was considerable individual variation, with some individuals showing marked improvement and others showing marked deterioration in resilience characteristics. At both time points, individuals who had been deployed showed greater resilience characteristics than those who had never been deployed. Implications for the promotion of psychological resilience in military populations and personnel employed in other high-risk occupations are discussed. Copyright © 2014 John Wiley & Sons, Ltd.

-----

<https://dspace.creighton.edu/xmlui/handle/10504/64752>

### **Military Leader Perceptions on Sexual Assaults against Female Service Members**

Burns, Wallace A Jr

URI: <http://hdl.handle.net/10504/64752>

Date: 2014-11-13. Degree: EdD (Doctor of Education),

Creighton University

Copyright: Thesis/Dissertation © Wallace A Burns Jr, 2014

The Department of Defense (DOD) Fiscal Year 2013 Annual Report on Sexual Assaults in the Military indicated sexual assaults on female service members have increased threefold since

2004 and spiked by 50% during the 2012–2013 reporting period. Not surprisingly, reducing military sexual assaults has become a major priority for the uniformed armed services. This study investigated military leader perceptions of the problem to understand better their leadership viewpoints and how these perceptions might be synthesized into a framework or plan of action for the military services to use to reduce sexual assaults on the military's most vulnerable group (female service members under the age of 25). The study identified several high-impact root causes and causal factors associated with military sexual assaults against female service members. Root causes identified included insufficient protections and safeguards, sexual assault prevention and response training that does not sufficiently address perpetrator risk factors or alcohol-related factors, and insufficient focus on identification of prior perpetrators or males with high perpetrator risk factors. Causal factors identified included insufficient leadership/command climate/accountability, insufficient training specificity and emphasis, issues related to movement/red zone/male "center of the universe" behavior, a culture of alcohol misuse, and issues associated with lack of battle buddy/victim protections. The study concluded the military has not provided adequate victim protections or attempted to isolate service members with high perpetrator risk factors. The study also found that the military is promulgating doctrine that does not focus on the root causes and high-impact causal factors identified by this study.

-----

[http://buildingcapacity.usc.edu/research/SRCDspr283MilitaryVeteranFamiliesChildren\\_final.pdf](http://buildingcapacity.usc.edu/research/SRCDspr283MilitaryVeteranFamiliesChildren_final.pdf)

## **Military and Veteran Families and Children: Policies and Programs for Health Maintenance and Positive Development**

Col (Ret) Stephen J. Cozza\*  
Uniformed Services University of the Health Sciences

Richard M. Lerner  
Tufts University

Ron Haskins  
The Brookings Institution

Social Policy Report  
sharing child and youth development knowledge  
volume 28, number 3  
2014

This Social Policy Report summarizes what is currently known about our nation's military children and families and presents ideas and proposals pertinent to the formulation of new programs and the policies that would create and sustain these initiatives. We emphasize the need for future rigorous developmental research about military children and families that could

more definitively inform future programs and policies. These policies and programs should build on the resilience of military children and families in order to best maintain and enhance their health and positive development. The goal of our recommendations is to have better policy and program preparedness so that the next time the U.S. is engaged in a conflict, we can more quickly and efficiently provide the specific support and treatment that military families and children need and merit.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/24755040>

Psychiatry Res. 2014 Aug 15;218(1-2):118-23. doi: 10.1016/j.psychres.2014.04.008. Epub 2014 Apr 13.

### **Sleep disturbances and suicidal ideation in a sample of treatment-seeking Canadian Forces members and veterans.**

Don Richardson J, Cyr KS, Nelson C, Elhai JD, Sareen J

This study examines the association between suicidal ideation and sleep disturbances in a sample of treatment-seeking Canadian Forces members and veterans, after controlling for probable posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalised anxiety disorder (GAD), and alcohol use disorder (AUD). Subjects included members and veterans of Canadian Forces seeking treatment at a hospital-based Operational Stress Injury Clinic (n=404). Sleep disturbances and nightmares were measured using individual items on the PTSD Checklist - Military Version (PCL - M), while the suicidality item of the Patient Health Questionnaire (PHQ-9) was used as a stand-alone item to assess presence or absence of suicidal ideation. Regression analyses were used to determine the respective impact of (1) insomnia and (2) nightmares on suicidal ideation, while controlling for presence of probable PTSD, MDD, GAD, and AUD. We found that 86.9% of patients reported having problems falling or staying asleep and 67.9% of patients reported being bothered by nightmares related to military-specific traumatic events. Neither sleep disturbances nor nightmares significantly predicted suicidal ideation; instead, probable MDD emerged as the most significant predictor. The clinical implications of these findings and their potential impact on treatment guidelines are discussed. Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

-----

<http://www.sciencedirect.com/science/article/pii/S1556407X14001234>

### **Application of Cognitive Behavioral Therapies for Comorbid Insomnia and Depression.**

Patricia Haynes, PhD

## KEY POINTS

- Insomnia and depression are highly comorbid clinical states.
- Key elements of CBT-I include stimulus control therapy, sleep restriction therapy, and cognitive restructuring. CBT-I is highly effective for insomnia and also reduces depression symptoms and depression relapse. Depressed individuals may be more likely to terminate from CBT-I prematurely and may also have some difficulties remaining adherent to the therapy. Those individuals who do complete treatment seem to have a treatment response comparable to nondepressed individuals.
- Key elements of CBT-D include behavioral activation and cognitive restructuring. CBT-D is highly effective for depression and also reduces insomnia symptoms. One study found that residual insomnia after CBT-D does not predict relapse/recurrence above and beyond the impact of residual anxiety symptoms. Studies are necessary to examine whether insomnia moderates CBT-D treatment adherence or response.
- It is recommended that CBT-I therapists incorporate elements of CBT-D into the therapy with depressed patients to address adherence problems caused by motivational deficits, avoidance, and depressogenic automatic thoughts. Cognitive behavioral social rhythm therapy has incorporated principles of both CBT-I and CBT-D.

-----

[http://www.jad-journal.com/article/S0165-0327\(14\)00793-9/abstract](http://www.jad-journal.com/article/S0165-0327(14)00793-9/abstract)

### **Functional significance of a novel 7-factor model of DSM-5 PTSD symptoms: Results from the National Health and Resilience in Veterans Study.**

Robert H. Pietrzak, Jack Tsai, Cherie Armour, Natalie Mota, Ilan Harpaz-Rotem, Steven M. Southwick

Journal of Affective Disorders  
DOI: <http://dx.doi.org/10.1016/j.jad.2014.12.007>  
Publication stage: In Press Accepted Manuscript

#### Background

While posttraumatic stress disorder (PTSD) symptoms in the recently published Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) are clustered into four factors, emerging factor analytic studies suggest that this disorder is best characterized by seven symptom clusters, including re-experiencing, avoidance, negative affect, anhedonia, externalizing behaviors, and anxious and dysphoric arousal symptoms. To date, however, data are lacking regarding the relation between this novel model of DSM-5 PTSD symptoms and

measures of clinical significance in this population (e.g., functioning).

#### Methods

Using data from the National Health and Resilience in Veterans Study (NHRVS), a contemporary, nationally representative sample of 1,484 U.S. veterans, we evaluated clinical and functional correlates of a novel 7-factor model of DSM-5 PTSD symptoms.

#### Results

Differential patterns of associations were observed between DSM-5 PTSD symptom clusters, and psychiatric comorbidities, suicidal ideation, hostility, and functioning and quality of life. Anhedonia symptoms, in particular, were strongly related to current depression, as well as reduced mental functioning and quality of life. Externalizing behaviors were most strongly related to hostility, supporting the convergent validity of this construct. Limitations Cross-sectional design and employment of self-report measures.

#### Conclusions

These results suggest that a more refined 7-factor model of DSM-5 PTSD symptoms may provide greater specificity in understanding associations with comorbid psychopathology, suicidal ideation, and functioning and quality of life in U.S. veterans. They further suggest that prevention and treatment efforts that target distinct aspects of the PTSD phenotype may be more effective in mitigating key clinical and functional outcomes in this population.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/smi.2617/abstract>

### **Exploring the Relationship between Worry and Impulsivity in Military Recruits: The Role of Mindfulness and Self-compassion as Potential Mediators.**

Michail Mantzios

#### Stress and Health

Special Issue: Psychological Resilience of Workers in High-Risk Occupations

Volume 30, Issue 5, pages 397–404, December 2014

When military recruits cannot tolerate the stressful environment in the military, they typically become more impulsive. Impulsivity serves to avoid the stress, or, in other words, to release the pressure and cope. Becoming more impulsive, however, is related to damaging behaviours and unsuccessful coping. This research explored the relationship between worry and impulsivity in armed forces, and the possibility of mindfulness and self-compassion mediating this relationship. Participants (n = 166), who were in the second week of their basic military training, completed questionnaires in mindfulness, self-compassion, worry and impulsivity. Results indicated that worry related positively to impulsivity. Further, the negative relationship of worry with mindfulness and self-compassion mediated the relationship between worry and impulsivity.



Findings support the notion that lacking mindfulness and self-compassion, in excessive worriers, may lead to impulsivity. This research concluded that mindfulness and self-compassion may assist military personnel who are exposed to highly stressful environments. Alternative explanations and future directions are discussed. Copyright © 2014 John Wiley & Sons, Ltd.

-----

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0114755>

Spouses of Military Members' Experiences and Insights: Qualitative Analysis of Responses to an Open-Ended Question in a Survey of Health and Wellbeing.

Runge CE, Waller M, MacKenzie A, McGuire ACL

PLoS ONE 9(12): e114755.

doi:10.1371/journal.pone.0114755

#### Introduction

There are few studies on the experiences of spouses of military members, with most focused on adverse impacts of deployment. Responses to an open-ended question in a survey of spouses' health and wellbeing enabled access to perceptions and insights on a broad range of topics. The objective of this investigation was to examine how respondents used the open-ended question and what they discussed, in aim of informing support service agencies and spouses of military members.

#### Methods

Thematic analysis was conducted on responses to the open-ended question. Descriptive analysis was performed on the demographics, military member characteristics and self-reported health of respondents and non-respondents to the open-ended question.

#### Findings

Over a quarter (28.5%) of the 1,332 survey participants answered the open-ended question, with respondents having a significantly higher level of education than non-respondents. Respondents expressed negative and positive experiences and insights on military life, provided personal information, commented on the survey, and qualified their responses to closed-ended questions. Topics included 'inadequate support', 'deployment impacts', 'suggestions for supporting agencies', 'appraisal of experiences' and 'coping strategies'.

#### Conclusions

This investigation uncovered issues of importance to spouses of military members that were not included or identified in a quantitative study. The findings provide a platform from which to explore these issues further, particularly the impact of military life on the non-serving spouse's career. The findings also provide support agencies with evidence to strengthen their services

and they give spouses an opportunity to reflect on their own and others' feelings and evaluations of military life.

-----

[http://www.rand.org/pubs/research\\_reports/RR218.html](http://www.rand.org/pubs/research_reports/RR218.html)

### **Pre-Deployment Stress, Mental Health, and Help-Seeking Behaviors Among Marines**

Carrie M. Farmer, Christine Anne Vaughan, Jeffrey Garnett, Robin M. Weinick

RAND Corporation, 2014

The Marine Corps Operational Stress Control and Readiness (OSCAR) program is designed to provide mental health support to marines by embedding mental health personnel within Marine Corps units and increasing the capability of officers and senior noncommissioned officers to improve the early recognition and intervention of marines exhibiting signs of stress. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury have asked RAND to evaluate the OSCAR program. As part of this evaluation, RAND conducted a large survey of marines who were preparing for a deployment to Iraq or Afghanistan in 2010 or 2011. This report describes the methods and findings from this survey. The results are among the first to shed light on the pre-deployment mental health status of marines, as well as the social resources they draw on when coping with stress and their attitudes about seeking help for stress-related problems. The 2,620 marines in the survey sample had high rates of positive screens for current major depressive disorder (12.5 percent) and high-risk drinking (25.7 percent) and reported having experienced more potentially traumatic events over their lifetime than adult males in the general population. Marines in the sample also reported relying on peers for support with stress and perceiving moderate levels of support from the Marine Corps for addressing stress problems.

-----

[http://www.rand.org/pubs/research\\_reports/RR870z1.html](http://www.rand.org/pubs/research_reports/RR870z1.html)

### **Sexual Assault and Sexual Harassment in the U.S. Military Volume 1. Design of the 2014 RAND Military Workplace Study**

Edited by Andrew R. Morral, Kristie L. Gore, Terry L. Schell

Contributors: Barbara Bicksler, Coreen Farris, Bonnie Ghosh-Dastidar, Lisa H. Jaycox, Dean Kilpatrick, Stephan Kistler, Amy Street, Terri Tanielian, Kayla M. Williams

RAND Corporation, 2014

In early 2014, the Department of Defense Sexual Assault Prevention and Response Office

asked the RAND National Defense Research Institute to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military — an assessment last conducted in 2012 by the department itself with its Workplace and Gender Relations Survey of Active Duty Personnel. This volume documents the methodology used in the resulting RAND Military Workplace Study, which invited close to 560,000 service members to participate in a survey fielded in August and September of 2014. It describes the survey methods, how the new questionnaire was designed, and how sampling, recruitment, and analytic weighting were pursued. It also includes the entire survey instrument.

See also:

[Sexual Assault and Sexual Harassment in the U.S. Military A Review of Top-Line Findings from the 2014 RAND Military Workplace Study](#)

-----

<http://onlinelibrary.wiley.com/doi/10.1111/jrh.12099/abstract>

### **Psychotherapy Utilization Among Rural and Urban Veterans From 2007 to 2010.**

Mott, J. M., Grubbs, K. M., Sansgiry, S., Fortney, J. C. and Cully, J. A

The Journal of Rural Health

Article first published online: 3 DEC 2014

DOI: 10.1111/jrh.12099

#### **Purpose**

This study evaluated change in rural and urban veterans' psychotherapy use during a period of widespread effort within the Veterans Health Administration (VHA) to engage rural veterans in mental health care.

#### **Methods**

National VHA administrative databases were queried for patients receiving a new diagnosis of depression, anxiety, or posttraumatic stress disorder in fiscal years (FY) 2007 and 2010. Using the US Department of Agriculture Rural-Urban Continuum Codes, we identified urban (FY 2007: n = 192,347; FY 2010: n = 231,471) and rural (FY 2007: n = 72,923; FY 2010: n = 81,905) veterans. Veterans' psychotherapy use during the 12 months following diagnosis was assessed.

#### **Findings**

From FY 2007 to 2010, the proportion of veterans receiving any psychotherapy increased from 17% to 22% for rural veterans and 24% to 28% for urban veterans. Rural veterans were less likely to receive psychotherapy across both fiscal years; however, the magnitude of this disparity decreased significantly from 2007 (odds ratio [OR] = 1.51) to 2010 (OR = 1.41). Similarly, although urban veterans received more psychotherapy sessions, urban-rural disparities in the receipt of 8 or more psychotherapy sessions decreased over the study period (2007: OR = 2.32;

2010: OR = 1.69).

### Conclusions

Rural and urban veterans are increasingly making use of psychotherapy, and rural-urban gaps in psychotherapy use are shrinking. These improvements suggest that recent VHA efforts to engage rural veterans in care have been successful at reducing differences between rural and urban veterans with respect to access and engagement in psychotherapy.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/AB.21565/abstract>

### **Identifying unique and shared risk factors for physical intimate partner violence and clinically-significant physical intimate partner violence.**

Slep, A. M. S., Foran, H. M., Heyman, R. E., Snarr, J. D. and USAF Family Advocacy Research Program

Aggressive Behavior

Article first published online: 4 DEC 2014

DOI: 10.1002/AB.21565

Intimate partner violence (IPV) is a significant public health concern. To date, risk factor research has not differentiated physical violence that leads to injury and/or fear (i.e., clinically significant IPV; CS-IPV) from general physical IPV. Isolating risk relations is necessary to best inform prevention and treatment efforts. The current study used an ecological framework and evaluated relations of likely risk factors within individual, family, workplace, and community levels with both CS-IPV and general IPV to determine whether they were related to one type of IPV, both, or neither for both men and women. Probable risk and promotive factors from multiple ecological levels of influence were selected from the literature and assessed, along with CS-IPV and general IPV, via an anonymous, web-based survey. The sample comprised US Air Force (AF) active duty members and civilian spouses (total N = 36,861 men; 24,331 women) from 82 sites worldwide. Relationship satisfaction, age, and alcohol problems were identified as unique risk factors (in the context of the 23 other risk factors examined) across IPV and CS-IPV for men and women. Other unique risk factors were identified that differed in prediction of IPV and CS-IPV. The results suggest a variety of both established and novel potential foci for indirectly targeting partner aggression and clinically-significant IPV by improving people's risk profiles at the individual, family, workplace, and community levels. *Aggr. Behav.* 9999:XX–XX, 2014. © 2014 Wiley Periodicals, Inc.

-----

<http://omicsgroup.org/journals/depression-and-ptsd-comorbidity-what-are-we-missing-10.41722167-1044.1000164.php?aid=32994>

## **Depression and PTSD Co-Morbidity: What are We Missing?**

Liat Itzhaky, Yafit Lavin, Henry Fingerhut, and Zahava Solomon

Journal of Depression and Anxiety  
3:164. doi: 10.4172/2167-1044.1000164

### Background:

Posttraumatic stress disorder (PTSD) and depression comorbidity is highly common. Many hypotheses concerning this relation have been raised but the pertinent issues, including the wide clinical picture of this comorbidity, are still not clear. The current study aims to bridge these gaps.

### Method:

We assessed PTSD, depression and comorbid indicators including dissociation, somatization, self-destructive behavior and suicidality among Israeli Yom Kippur war veterans at three time points (N = 349, 287, 301).

### Results:

Dissociation, somatization, self-destructive behavior and suicidality were predicted separately by group (PTSD, depression and comorbidity) and time of measurement using ANOVA and Chi squared analyses. The 'comorbidity' group expressed significantly higher dissociation, somatization, self-destructive behavior and suicidality, revealing high vulnerability of this group. Somatization presented a curvilinear-like development, increasing between T1 and T2 and slightly declining at T3, especially among the 'comorbidity' group. Suicidality showed a constant increase along the three measurements, especially among the comorbidity group.

### Conclusions:

A PTSD/depression comorbidity is both highly prevalent and long lasting and is often expressed concurrently with other related symptomatology, which causes further suffering and makes it more complicated for treatment. Implications for policy makers are briefly discussed.

-----

<http://www.sciencedirect.com/science/article/pii/S0887618514001753>

## **Associations between lifetime PTSD symptoms and current substance use disorders using a five-factor model of PTSD.**

S. Trautmann, S. Schönfeld, S. Behrendt, J. Schäfer, M. Höfler, P. Zimmermann, H.-U. Wittchen

Journal of Anxiety Disorders  
Available online 5 December 2014

doi:10.1016/j.janxdis.2014.11.009

This paper aimed to extend the existing knowledge on the association between PTSD symptoms, alcohol use disorders (AUD) and nicotine dependence (ND) by distinguishing between anxious and dysphoric arousal PTSD symptoms and by considering the putative contribution of additional comorbidity. Data stem from a cross-sectional study in a stratified, representative sample of 1483 recently deployed soldiers using standardized diagnostic interviews. All lifetime PTSD symptom clusters (occurrence of any symptom and number of symptoms) were associated with current AUD and ND in crude models except that anxious arousal was not related to AUD. Associations were reduced in magnitude when controlling for comorbidity. Current ND was related to the occurrence of any emotional numbing and to the number of re-experiencing symptoms above the contribution of other symptom clusters and comorbidity. In conclusion, associations between PTSD symptoms, AUD and ND may be partially attributable to additional comorbidity. Findings also yield further evidence for a role of emotional numbing and re-experiencing symptoms in the comorbidity between PTSD and ND and for a distinction between dysphoric and anxious arousal PTSD symptoms.

-----

<http://www.sciencedirect.com/science/article/pii/S0889159114005212>

### **Alcohol exposure after mild focal traumatic brain injury impairs neurological recovery and exacerbates localized neuroinflammation.**

Sophie X. Teng, Paige S. Katz, John K. Maxi, Jacques P. Mayeux, Nicholas W. Gilpin, Patricia E. Molina

Brain, Behavior, and Immunity  
Available online 6 December 2014  
doi:10.1016/j.bbi.2014.11.006

Traumatic brain injury (TBI) represents a leading cause of morbidity and mortality among young individuals. Alcohol abuse is a risk factor associated with increased TBI incidence. In addition, up to 26% of TBI patients engage in alcohol consumption after TBI. Limited preclinical studies have examined the impact of post-injury alcohol exposure on TBI recovery. The aim of this study was to determine the isolated and combined effects of TBI and alcohol on cognitive, behavioral, and physical recovery, as well as on associated neuroinflammatory changes. Male Sprague–Dawley rats (~300 g) were subjected to a mild focal TBI by lateral fluid percussion (~30 PSI, ~25 ms) under isoflurane anesthesia. On day 4 after TBI, animals were exposed to either sub-chronic intermittent alcohol vapor (95% ethanol 14 h on/10 h off; BAL ~ 200 mg/dL) or room air for 10 days. TBI induced neurological dysfunction reflected by an increased neurological severity score (NSS) showed progressive improvement in injured animals exposed to room air (TBI/air). In contrast, TBI animals exposed to alcohol vapor (TBI/alcohol) showed impaired NSS recovery throughout the 10-day period of alcohol exposure. Open-field

exploration test revealed an increased anxiety-like behavior in TBI/alcohol group compared to TBI/air group. Additionally, alcohol-exposed animals showed decreased locomotion and impaired novel object recognition. Immunofluorescence showed enhanced reactive astrocytes, microglial activation, and HMGB1 expression localized to the injured cortex of TBI/alcohol as compared to TBI/air animals. The expression of neuroinflammatory markers showed significant positive correlation with NSS. These findings indicated a close relationship between accentuated neuroinflammation and impaired neurological recovery from post-TBI alcohol exposure. The clinical implications of long-term consequences in TBI patients exposed to alcohol during recovery warrant further investigation.

-----

<http://www.sciencedirect.com/science/article/pii/S0091743514004721>

### **Association between asthma and serious psychological distress among male veterans compared to civilian counterparts.**

Benjamin J. Becerra, Monideepa B. Becerra

Preventive Medicine

Volume 71, February 2015, Pages 8–11

doi:10.1016/j.yjpm.2014.11.029

#### Objective

Identify the association between current asthma status and serious psychological distress among males who served in the U.S. Armed Forces as compared to civilians.

#### Methods

A secondary analysis was performed utilizing the 2009 and 2011 California Health Interview Survey, including 9993 veteran males and 26,999 civilian males. All analyses used replicate weights to account for complex survey design. Descriptive statistics and chi-square analyses were generated to describe the population. Multivariable logistic regression analyses were utilized to model the effect of asthma and other covariates on past year and past month serious psychological distress, stratified by veteran status.

#### Results

After model adjustment, current asthma status was significantly associated with past month and year serious psychological distress among veterans only. In addition, while race/ethnicity and risk behaviors of smoking and/or binge drinking were significantly associated with distress among civilians, no such association was noted among veterans.

#### Conclusion

To the authors' knowledge, this was the first study to demonstrate that the relationship between asthma and serious psychological distress varies by veteran status. Several unique correlates

among veterans were also noted. Future preventive strategies for mental health disorders should incorporate these reported differences, including that of asthma co-morbidity among veterans.

-----

<http://www.sciencedirect.com/science/article/pii/S0005796714001922>

### **Predictors in Internet-delivered Cognitive Behavior Therapy and Behavioral Stress Management for Severe Health Anxiety.**

Erik Hedman, Erik Andersson, Mats Lekander, Brjánn Ljótsson

Behaviour Research and Therapy  
Available online 6 December 2014  
doi:10.1016/j.brat.2014.11.009

Severe health anxiety can be effectively treated with exposure-based Internet-delivered cognitive behavior therapy (ICBT), but information about which factors that predict outcome is scarce. Using data from a recently conducted RCT comparing ICBT (n=79) with Internet-delivered behavioral stress management (IBSM) (n=79) the presented study investigated predictors of treatment outcome. Analyses were conducted using a two-step linear regression approach and the dependent variable was operationalized both as end state health anxiety at post-treatment as well as baseline-to post-treatment improvement. A hypothesis driven approach was used where predictors expected to influence outcome were based on a previous predictor study by our research group. As hypothesized, the results showed that baseline health anxiety and treatment adherence predicted both end state health anxiety and improvement. In addition, anxiety sensitivity, treatment credibility, and working alliance were significant predictors of health anxiety improvement. Demographic variables, i.e. age, gender, marital status, computer skills, educational level, and having children, had no significant predictive value. We conclude that it is possible to predict a substantial proportion of the outcome variance in ICBT and IBSM for severe health anxiety. The findings of the present study can be of high clinical value as they provide information about factors of importance for outcome in the treatment of severe health anxiety.

-----

<http://www.sciencedirect.com/science/article/pii/S0165178114009421>

### **Gender differences in suicide and suicide attempts among US Army soldiers.**

Shira Maguen, Nancy A. Skopp, Ying Zhang, Derek J. Smolenski

Psychiatry Research



Available online 5 December 2014  
doi:10.1016/j.psychres.2014.11.050

In order to best tailor suicide prevention initiatives and programs, it is critical to gain an understanding of how service members' suicide risk factors may differ by gender. We aimed to better understand gender differences in suicide and suicide attempts among soldiers, including demographic, military, mental health, and other risk factors. We also examined risk factors uniquely associated with suicide and suicide attempts. We conducted a retrospective study of 1857 US Army soldiers who died by suicide or attempted suicide between 2008 and 2010 and had a Department of Defense Suicide Event Report. Female and male soldiers had more similarities than differences when examining risk factors associated with suicide. The only gender difference approaching significance was workplace difficulties, which was more strongly associated with suicide for female soldiers, compared to their male counterparts. Among suicide decedents, the most common risk factor was having a failed intimate relationship in the 90 days prior to suicide. Among those who attempted suicide, the most common risk factor was a major psychiatric diagnosis. Better understanding both gender differences and risk factors uniquely associated with suicide has critical prevention and public health implications as we work to better understand preventable mortality in our youngest generation of service members.

-----

<http://cpx.sagepub.com/content/early/2014/11/28/2167702614553230.abstract>

### **Mental Disorders as Causal Systems: A Network Approach to Posttraumatic Stress Disorder.**

Clinical Psychological Science  
December 5, 2014  
2167702614553230

Debates about posttraumatic stress disorder (PTSD) often turn on whether it is a timeless, cross-culturally valid natural phenomenon or a socially constructed idiom of distress. Most clinicians seem to favor the first view, differing only in whether they conceptualize PTSD as a discrete category or the upper end of a dimension of stress responsiveness. Yet both categorical and dimensional construals presuppose that PTSD symptoms are fallible indicators reflective of an underlying, latent variable. This presupposition has governed psychopathology research for decades, but it rests on problematic psychometric premises. In this article, we review an alternative, network perspective for conceptualizing mental disorders as causal systems of interacting symptoms, and we illustrate this perspective via analyses of PTSD symptoms reported by survivors of the Wenchuan earthquake in China. Finally, we foreshadow emerging computational methods that may disclose the causal structure of mental disorders.

-----

<http://www.sciencedirect.com/science/article/pii/S0165032714007782>

## **Development of the Combat Distress Scale of the Combat Experiences Questionnaire (CEQ).**

Teresa Carvalho, Marina Cunha, José Pinto-Gouveia, Carolina da Motta

Journal of Affective Disorders  
Available online 8 December 2014  
doi:10.1016/j.jad.2014.11.054

### **Background**

Military combat exposure can be perceived as a great threat to the integrity of soldiers. However, no available assessment tools evaluate the degree of emotional distress that results from the exposure to various combat scenarios. This paper presents the second independent section of the Combat Exposure Questionnaire, the Combat Distress Scale (CEQ–B). This questionnaire assesses Veterans' subjective emotional distress that is due to objective and typical military combat scenarios during war.

### **Methods**

A sample of 708 Portuguese Overseas War Veterans participated. The scale structure of the CEQ-B was analyzed with a Rasch Model, and the internal consistency and convergent validity of the scale were studied. The temporal reliability was calculated in a subgroup of 112 participants. Two samples of war Veterans with and without war-related Post-Traumatic Stress Disorder (N=40 and N=47, respectively) were used to explore the scale's discriminant validity.

### **Results**

Overall, the CEQ–B showed an acceptable fit to the data, excellent internal consistency, high temporal stability, adequate convergent validity and suitable discriminant validity.

### **Limitations**

This study used a population of male war Veterans that did not equally represent genders or the full adult age span, which may hinder the generalization of the results.

### **Conclusion**

The findings indicated that the CEQ–B is valid, reliable and supported by convergent and discriminant data. This lends confidence in the use of the measure as an assessment of the subjective emotional distress resulting from exposure to military combat scenarios in clinical and research settings.

-----

<http://omicsgroup.org/journals/treatment-for-trauma-affected-african-american-veterans-2167-1222.1000206.pdf>

## **Treatment for Trauma Affected African American Veterans.**

Oliver J. Johnson

Journal of Trauma & Treatment 2014, 3.4

<http://dx.doi.org/10.4172/2167-1222.1000206>

African Americans have participated in every war fought by or with the United States and have suffered both during the war and when they return home [1]. Currently, African Americans make up 17% of the total U.S. military fighting force while comprising only 13.60% of the total U.S. population [2]. The stressors that African American military servicemen experience are both multi-layered and interconnected. Like many veterans, African Americans return to American soil often feeling isolated, unsupported and alone. However, for Black soldiers and veterans, the compounded stress of experiencing mental health challenges associated with the horrors of combat, facing institutional racism, and having to struggle to acquire necessary resources and supports upon returning home can be far too much to endure. It is important for clinicians to understand the unique cultural experiences of African American veterans in order for culturally competent treatment to be provided. In this article, we contend that identifying culturally salient components of complex psychological trauma in African American veterans and active duty soldiers contributes to substantial differences in clinical conceptualizations, assessment, and clinical treatment interventions for this population. Additionally, we posit that understanding culturally specific reactions to trauma exposure, namely, the compounded nature of combat-related PTSD and cultural trauma (i.e., 'Post Trauma Slavery Syndrome' or the 'African American Psychic Trauma'), may provide important insights into specific vulnerabilities and expressions of illness that could inform treatment planning and delivery.

-----

[http://link.springer.com/chapter/10.1007/978-3-319-08891-4\\_14](http://link.springer.com/chapter/10.1007/978-3-319-08891-4_14)

## **Gender Roles in a Masculine Occupation: Military Men and Women's Differential Negotiation of the Work-Family Interface.**

Ann H. Huffman Ph.D., Satoris S. Culbertson Ph.D., Joseph Barbour B.S.

Gender and the Work-Family Experience  
2015, pp 271-289

Gender plays a key role in the attitudes and behaviors exhibited by individuals in both their work and family domains. Just as individuals can lie anywhere on a continuum from masculine to feminine, occupations can be similarly gender-typed. We argue that norms related to masculinity (vs. femininity) can influence one's selfselection into an occupation and one's work attitudes and behaviors once associated with an occupation. Since men and women associated

with masculine occupations have unique work and family expectations, they also experience and negotiate the work-family interface differently than do individuals in more gender-neutral organizations. In this chapter, we use the military as an example of a gendered occupation – a masculine one to be specific. We introduce the Masculine Occupations' Gender Role Model to provide a theoretical framework of how the gender of employees in a gendered occupation can influence attitudes and behavior in both the work and family domains.

-----

<http://scholarscompass.vcu.edu/etd/3608/>

### **Military Service Members' and Veterans' Preferred Approach to Mental Health Services**

Goldberg Looney, Lisa

VCU Theses and Dissertations. Paper 3608, 2014

Mental health services are greatly underutilized by military service members and veterans. Among the reasons for this underutilization is that the services offered may not be a good fit for the specific problems facing service members/veterans and/or their families. The current study presented service members with descriptions of several approaches to treatment and asked them to indicate the likelihood of using each. Service members indicated the highest likelihood for using self-directed services, followed by individual treatment with a professional. They reported being least likely to use group approaches. These results may inform decisions about the implementation and dissemination of information about existing and new services.

-----

[http://journals.lww.com/jonmd/Abstract/publishahead/Acute\\_vs\\_Chronic\\_Stressors,\\_Multiple\\_Suicide.99837.aspx](http://journals.lww.com/jonmd/Abstract/publishahead/Acute_vs_Chronic_Stressors,_Multiple_Suicide.99837.aspx)

### **Acute vs. Chronic Stressors, Multiple Suicide Attempts, and Persistent Suicide Ideation in US Soldiers.**

Bryan, Craig J. PsyD, ABPP; Clemans, Tracy A. PhD; Leeson, Bruce PhD; Rudd, Michael David PhD, ABPP

Journal of Nervous & Mental Disease:  
Post Author Corrections: December 11, 2014  
doi: 10.1097/NMD.0000000000000236

This study examined recent-onset (i.e., acute) and persistent (i.e., chronic) life stressors among 54 acutely suicidal US Army Soldiers and examined their relationship to persistence of suicidal crises over time. Soldiers with a history of multiple suicide attempts reported the most severe

suicide ideation ( $F(2,51) = 4.18, p = 0.021$ ) and the greatest number of chronic stressors ( $F(2,51) = 5.11, p = 0.009$ ). Chronic but not acute stressors were correlated with severity of suicide ideation ( $r = 0.24, p = 0.026$ ). Participants reporting low-to-average levels of chronic stress resolved suicide ideation during the 6-month follow-up, but participants reporting high levels of chronic stress did not ( $\text{Wald } [\chi^2(1) = 4.57, p = 0.032$ ). Soldiers who are multiple attempters report a greater number of chronic stressors. Chronic, but not acute-onset, stressors are associated with more severe and longer-lasting suicidal crises.

-----

[http://journals.lww.com/jonmd/Abstract/publishahead/Anger\\_in\\_the\\_UK\\_Armed\\_Forces\\_Strong\\_Association.99835.aspx](http://journals.lww.com/jonmd/Abstract/publishahead/Anger_in_the_UK_Armed_Forces_Strong_Association.99835.aspx)

### **Anger in the UK Armed Forces: Strong Association With Mental Health, Childhood Antisocial Behavior, and Combat Role.**

Rona, Roberto J. FFPH; Jones, Margaret BA; Hull, Lisa MSc; MacManus, Deirdre MRCPsych; Fear, Nicola T. DPhil (Oxon); Wessely, Simon FMedSci

Journal of Nervous & Mental Disease:  
Post Author Corrections: December 11, 2014  
doi: 10.1097/NMD.0000000000000228  
Original Article: PDF Only

We assessed the strength of the association of several mental health problems, childhood difficulties, and combat role with anger, as well as the contribution of these factors to explain anger assessed by population attributable fraction (PAF). A total of 9885 UK service personnel, some of them deployed to Iraq and Afghanistan, participated in the study. There was a strong or intermediate association between cases and subthreshold cases of symptoms of posttraumatic stress disorder, psychological distress, multiple physical symptoms and alcohol misuse, having a combat role, childhood adversity, and childhood antisocial behavior with anger. The PAF for any mental health problem and combat role and childhood difficulties was 0.64 (95% confidence interval [CI], 0.56-0.70) and increased to 0.77 (95% CI, 0.69-0.83) if subthreshold cases were included. Anger is a frequent component of mental disorders; health care professionals need to be aware of the interference of anger in the management of mental illness and that anger infrequently presents as an isolated phenomenon.

-----

<http://www.biomedcentral.com/1471-244X/14/352/abstract>

### **Alterations in circadian/seasonal rhythms and vegetative functions are related to suicidality in DSM-5 PTSD.**

Liliana Dell'Osso, Gabriele Massimetti, Ciro Conversano, Carlo Antonio Bertelloni, Mauro Giovanni Carta, Valdo Ricca and Claudia Carmassi

BMC Psychiatry 2014, 14:352  
doi:10.1186/s12888-014-0352-2  
Published: 12 December 2014

#### Background

Alterations in rhythmicity and vegetative functions have been reported as correlates of suicidality, particularly in patients with mood disorders. No investigation has addressed their impact on patients with post-traumatic stress disorder (PTSD). Aim of the present study was to fulfill this gap.

#### Methods

Sixty-five out- and inpatients with DSM-5 PTSD were assessed by using the Mood Spectrum-Self Report-Lifetime Version (MOODS-SR), a questionnaire for lifetime mood spectrum symptomatology including alterations in circadian/seasonal rhythms and vegetative functions. Six items of the MOODS-SR were combined and dichotomized to assess suicidal ideation and/or attempts.

#### Results

Significant and positive associations were found between symptoms of lifetime dysregulations in rhythmicity and vegetative functions and suicidal ideation and/or attempts. All MOODS-SR sub-domains (rhythmicity, sleep, appetite/weight, sexual function, physical symptoms) were associated with an increased likelihood of suicidal ideation, but only changes in appetite/weight were associated with greater odd ratios of suicide attempts (OR=?2.099 95% CI 1.148-3.841).

#### Conclusions

Our results suggest that lifetime dysregulations in rhythmicity and vegetative functions may represent correlates of suicidality in patients with DSM-5 PTSD.

-----

<https://litigation-essentials.lexisnexis.com/webcd/app?action=DocumentDisplay&crawlid=1&doctype=cite&docid=26+Hastings+Women%27s+L.J.+95&srctype=smi&srcid=3B15&key=955a6f00251831eeb70a6f47f571217e>

#### **The Crime Behind the Bedroom Door: Unequal Governmental Regulation of Civilian and Military Spouses.**

Hastings Women's Law Journal  
26 Hastings Women's L.J. 95  
Winter, 2015

Unbeknownst to soldiers, when they sign on the dotted line, pledging to defend the freedom America stands for, they also sign away their freedom to make decisions regarding their private sex life. 1 The Uniform Code of Military Justice (UCMJ) mandates that a soldier be subject to prosecution for having sexual intercourse with someone who is not his or her spouse. Although a majority of states have done away with the historical norm of criminalizing adultery, choosing instead to simply use evidence of adultery to support divorce petitions, the military continues to vigorously prosecute adulterous acts. 2 In this regard, the military sees itself as a separate entity from the government, capable of ignoring a soldier's fundamental right to procedural due process protection. 3 However, as a separate entity, the military should provide greater protection rather than further deprivation. While the military may have justification to limit the fundamental rights of soldiers in some instances, such as freedom of speech, because of military necessity, the criminalization of adultery represents too great an allocation of power when balancing a governmental interest and the individual protections guaranteed by the Constitution. 4 Military necessity does not justify the criminalization of adultery, nor does the preservation of marriage or upholding societal views of morality provide adequate justification for the deprivation of liberty that prosecution under the UCMJ entails. 5 Currently, the expansive language of the UCMJ gives commanders broad discretion to choose which instances of adultery warrant prosecution ...

-----

### **Links of Interest**

Dishonorable Discharges Will Now be Reviewed by Mental Health Specialists

<http://www.allgov.com/news/controversies/dishonorable-discharges-will-now-be-reviewed-by-mental-health-specialists-141216?news=855112>

Male military sex assault victims slow to complain

<http://bigstory.ap.org/article/f8e9e8de30564e13b734ea21b846bee5/military-seeks-help-male-sex-assault-victims>

Circles of protection

Psychologists are playing a key role in community-based teams that train police officers to deal more safely and effectively with calls involving mental illness and behavioral crises.

<http://www.apa.org/monitor/2014/11/protection.aspx>

VA's PTSD Center Uses New, Approachable Style of Videos

<http://www.vnews.com/home/14727036-95/vas-ptsd-center-uses-new-approachable-style-of-videos>

Veterans Health Administration Overwhelmed by Caregiver Applications

<http://freebeacon.com/issues/veterans-health-administration-overwhelmed-by-caregiver-applications/>

-----

## Resource of the Week: [ForecastAdvisor](#)

Everyone is always interested in the weather. That is why there are so many weather-related apps and websites. But how good are they, really?

ForecastAdvisor will also show you the accuracy of the major weather forecasters, including Accuweather, The Weather Channel, WeatherBug, Weather Underground, CustomWeather, Foreca, and the National Weather Service. We also provide links to your city's weather forecast at all the other weather forecasters, so you can compare for yourself.

A [Resources](#) page provides links to weather forecast accuracy articles, recommended weather forecast sites and more.

**ForecastAdvisor**

search browse faq blog contact resources change forecast

**5-day weather forecast for Bethesda, Maryland**

Today	Tomorrow	Friday	Saturday	Sunday
52° 40° Mostly Sunny	46° 34° Partly Sunny	45° 31° Partly Sunny	40° 30° Rain Showers Likely	42° 34° Slight Chance Rain Showers

Click on a forecast to see the forecast trend for that day

### Weather changeability for Washington, District of Columbia

Temperature	Last Month	Last Year
Average change in high temperature day-to-day	6.0°	5.7°
Average change in low temperature day-to-day	6.0°	6.2°

Precipitation	Last Month	Last Year
Chance of dry day after a precip day	67%	62%
Chance of precip day after a dry day	38%	29%

[Further changeability analysis >](#)

### Weather forecast accuracy for Washington, District of Columbia

Last Month	
<b>Foreca</b>	<b>81.67%</b>
<b>AccuWeather</b>	<b>81.11%</b>
<b>MeteoGroup</b>	<b>75.28%</b>
<b>The Weather Channel</b>	<b>73.33%</b>
Weather Underground	73.06%
CustomWeather	70.28%
National Weather Service	70.28%
WeatherBug	64.72%
Dark Sky (forecast.io)	64.72%
Persistence	37.50%

Last Year	
<b>The Weather Channel</b>	<b>80.05%</b>
<b>MeteoGroup</b>	<b>77.36%</b>
<b>AccuWeather</b>	<b>74.61%</b>
Weather Underground	74.37%
CustomWeather	72.62%
National Weather Service	72.49%
Foreca	69.15%
WeatherBug	68.94%
Persistence	43.92%

-----



Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
301-816-4749