



**CDP Research Update -- June 18, 2015**

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<http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400031>

**Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000–2010.**

Claire A. Hoffmire, , Ph.D. Janet E. Kemp, , R.N., Ph.D. Robert M. Bossarte, , Ph.D.

Psychiatric Services

<http://dx.doi.org/10.1176/appi.ps.201400031>

#### Objective:

Veterans are believed to be at high risk of suicide. However, research comparing suicide rates between veterans and nonveterans is limited, and even less is known regarding differences by history of Veterans Health Administration (VHA) service use. This study directly compared veteran and nonveteran suicide risk while for the first time differentiating veterans by VHA service use.

#### Methods:

The cross-sectional study analyzed data from 173,969 adult suicide decedents from 23 states (2000–2010) included in the U.S. Department of Veterans Affairs suicide data archive. Annual standardized mortality ratios (SMRs) were computed for veterans compared with nonveterans and for veterans who used VHA services compared with veterans who did not, overall and separately for males and females.

#### Results:

After the analysis controlled for age and gender differences, the number of observed veteran suicides was approximately 20% higher than expected in 2000 (SMR=1.19, 95% confidence interval [CI]=1.10–1.28), and this increased to 60% higher by 2010 (SMR=1.63, CI=1.58–1.68). The elevated risk for female veterans (2010 SMR=5.89) was higher than that observed for male veterans (2010 SMR=1.54). Trends for non-VHA-utilizing veterans mirrored those of the veteran population as a whole, and the SMR for VHA-utilizing veterans declined. Since 2003, the number of suicides among VHA-utilizing veterans was less than expected when compared directly with the suicide rate among non-VHA-utilizing veterans.

#### Conclusions:

Veterans are members of the community and, as such, are an important part of observed increases in U.S. suicide rates. Not all veterans are at equal or increasing risk of suicide, however. VHA-utilizing veterans appear to have declining absolute and relative suicide rates.

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<http://www.sciencedirect.com/science/article/pii/S1389945715006966>

#### **Emotional memory processing is influenced by sleep quality.**

Daniela Tempesta, Luigi De Gennaro, Vincenzo Natale, Michele Ferrara

Sleep Medicine

Volume 16, Issue 7, July 2015, Pages 862–870

doi:10.1016/j.sleep.2015.01.024

#### Objective

The recall of emotional memory is enhanced after sleep and is hindered by sleep deprivation. We used an emotional memory task to assess whether poor sleep quality, as well as sleep

deprivation, may influence the accuracy of memory recognition, but also the affective tone associated with the memory.

#### Methods

Seventy-five subjects, divided into poor sleeper (PS), good sleeper (GS), and sleep deprivation (SD) groups, completed two recall (R) sessions: R1, 1 h after the encoding phase; and R2, after one night of sleep for PS and GS groups and after one night of sleep deprivation for the SD group. During the encoding phase, the participants rated valence and arousal of 90 pictures. During R1 and R2, the participants first made a yes/no memory judgment of the 45 target pictures intermingled with 30 non-target pictures, then rated valence and arousal of each picture.

#### Results

Recognition accuracy was higher for the PS and GS groups compared to the SD group for all pictures. Emotional valence of the remembered pictures was more negative after sleep deprivation and poor quality sleep, while it was preserved after a good sleep.

#### Conclusions

These results provide the first evidence that poor sleep quality negatively affects emotional valence of memories, within the context of preserved emotional memory consolidation. It is suggested that low sleep quality and lack of sleep may impose a more negative affective tone to memories. The reported effects are not to be ascribed to depressive mood, but to a specific influence of poor sleep quality.

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<http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400300>

### **Characteristics and Use of Services Among Literally Homeless and Unstably Housed U.S. Veterans With Custody of Minor Children.**

Jack Tsai,, , Ph.D.Robert A. Rosenheck,, , M.D.Wesley J. Kaspro,, , Ph.D., M.P.H.Vincent Kane,, , M.S.W.

Psychiatric Services

<http://dx.doi.org/10.1176/appi.ps.201400300>

#### Objective:

The study examined the number of homeless veterans with minor children in their custody (“children in custody”), compared sociodemographic and clinical characteristics among homeless veterans with and without children in custody, and observed differences in referral and admission patterns among veterans with and without children in custody for a variety of U.S. Department of Veterans Affairs (VA) programs for homeless veterans.

#### Methods:

Data were obtained from the VA Homeless Operations Management and Evaluation System for 89,142 literally homeless and unstably housed veterans. Sociodemographic, housing, health, and psychosocial characteristics of veterans were analyzed.

#### Results:

Among literally homeless veterans, 9% of men and 30% of women had children in custody; among unstably housed veterans, 18% of men and 45% of women had children in custody. Both male and female veterans with children in custody were younger and less likely to have chronic general medical conditions and psychiatric disorders compared with other veterans, but, notably, 11% of homeless veterans with children in custody had psychotic disorders. Veterans with children in custody were more likely than other veterans to be referred and admitted to the VA's permanent supported housing program, and women were more likely than men to be admitted to the program.

#### Conclusions:

A substantial proportion of homeless veterans served by the VA have severe mental illness and children in custody, which raises concerns about the parenting environment for their children. Particular focus should be directed at VA's supported-housing program, and the practical and ethical implications of serving homeless parents and their children need to be considered.

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<http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400286>

### **Health Care Utilization Patterns Among High-Cost VA Patients With Mental Health Conditions.**

Grace Hunter, , M.Sc. Jean Yoon, , Ph.D. Daniel M. Blonigen, , Ph.D. Steven M. Asch, , M.D., M.P.H. Donna M. Zulman, , M.D., M.S.

Psychiatric Services

<http://dx.doi.org/10.1176/appi.ps.201400286>

#### Objective:

To inform development of intensive management programs for high-cost patients, this study investigated the relationship between psychiatric diagnoses and patterns of health care utilization among high-cost patients in the Department of Veterans Affairs (VA) health care system.

#### Methods:

The costliest 5% of patients who received care in the VA in fiscal year 2010 were assigned to five mutually exclusive hierarchical groups on the basis of diagnosis codes: no mental health condition, serious mental illness, substance use disorder, posttraumatic stress disorder (PTSD),

and depression. Multivariable linear regression was used to examine associations between diagnostic groups and use of mental health and non-mental health care and costs of care, with adjustment for sociodemographic characteristics. The proportion of costs generated by mental health care was estimated for each group.

**Results:**

Among 261,515 high-cost VA patients, rates of depression, substance use disorder, PTSD, and serious mental illness were 29%, 20%, 17%, and 13%, respectively. Individuals in the serious mental illness and substance use disorder groups were younger and had fewer chronic general medical conditions and higher adjusted rates of mental health care utilization; they also had a greater proportion of costs generated by mental health care (41% and 31%, respectively) compared with individuals in the PTSD and depression groups (18% and 11%, respectively).

**Conclusions:**

Optimal management of high-risk, high-cost patients may require stratification by psychiatric diagnoses, with integrated care models for patients with multiple chronic conditions and comorbid mental health conditions and intensive mental health services for patients whose primary needs stem from mental health conditions.

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<http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400346>

**Socioeconomic Status and Mental Health Service Use Among National Guard Soldiers.**

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**Psychiatric Services**

<http://dx.doi.org/10.1176/appi.ps.201400346>

**Objective:**

Convergent evidence suggests that low socioeconomic status (SES) may be related to reduced mental health service use. However, this relationship has not been tested in the National Guard (NG) population, in which the prevalence of mental health symptoms is high.

**Methods:**

Surveys were completed by 1,262 NG soldiers. SES was measured by education and income. Adjusted multivariable regression models assessed associations between SES, overall service use, and use of specific types of services.

**Results:**

SES was not associated with overall use but was associated with use of certain types of

services. Higher SES was associated with lower likelihood of psychotropic medication use (odds ratio=.83, 95% confidence interval=.72–.96), and higher SES strengthened the positive relationship between PTSD and use of individual therapy.

Conclusions:

Higher SES may increase the use of individual therapy among soldiers with PTSD. Barriers to care among individuals with low SES merit continued attention and outreach efforts.

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<http://www.sciencedirect.com/science/article/pii/S0887618515000833>

### **Confirmatory Factor Analyses of DSM-5 Posttraumatic Stress Disorder Symptoms in Psychiatric Samples Differing in Criterion A Status.**

Kerry Zelazny, Leonard J. Simms

Journal of Anxiety Disorders  
Available online 8 June 2015  
doi:10.1016/j.janxdis.2015.05.009

We examined the symptom structure of posttraumatic stress disorder (PTSD), as defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013). DSM-5 introduced notable changes to PTSD criteria, and the structural impact of these changes is unclear. We conducted confirmatory factor analyses comparing seven commonly investigated or recently proposed PTSD models in a large sample of interviewed psychiatric outpatients reporting a Criterion A trauma (N = 310) or a sub-threshold (non-Criterion A) stressful life event (N = 284). A novel six-factor dysphoria model and recently proposed seven-factor hybrid model outperformed other models and fit the data equally well in both groups. Our results suggest equal fit for both models, although the six-factor model is more parsimonious. These results have implications for research regarding the mechanisms underlying and the treatments targeting PTSD.

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<http://psycnet.apa.org/journals/cri/36/2/79/>

### **The role of mobile phone technology in understanding and preventing suicidal behavior.**

de Beurs, Derek; Kirtley, Olivia; Kerkhof, Ad; Portzky, Gwendolyn; O'Connor, Rory C.

Crisis: The Journal of Crisis Intervention and Suicide Prevention  
Vol 36(2), 2015, 79-82  
<http://dx.doi.org/10.1027/0227-5910/a000316>

In this editorial, we discuss how mobile phone technology has the potential to move the field forward in terms of understanding suicide risk as well as laying foundations for the development of effective treatments/interventions. We have focused on mobile health technology given the rapid growth of mobile health approaches in suicide prevention (De Jaegere & Portzky, 2014; Mishara & Kerkhof, 2013) and psychological research more generally (Myin-Germeys et al., 2009; Nock, Prinstein, & Sterba, 2009; Palmier-Claus et al., 2011) and because mobile phone use is ubiquitous, with 75% of the world having access to a mobile phone (Kay, 2011). (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://link.springer.com/article/10.1007/s40596-015-0328-7>

### **Assessment of Military Cultural Competence: A Pilot Study.**

Eric G. Meyer, Brittany N. Hall-Clark, Derrick Hamaoka, Alan L. Peterson

Academic Psychiatry  
June 2015

#### Objective

Cultural competence is widely considered a cornerstone of patient care. Efforts to improve military cultural competency have recently gained national attention. Assessment of cultural competence is a critical component to this effort, but no assessment of military cultural competence currently exists.

#### Methods

An assessment of military cultural competence (AMCC) was created through broad input and consensus. Careful review of previous cultural competency assessment designs and analysis techniques was considered. The AMCC was organized into three sections: skills, attitudes, and knowledge. In addition to gathering data to determine absolute responses from groups with different exposure levels to the military (direct, indirect, and none), paired questions were utilized to assess relative competencies between military culture and culture in general.

#### Results

Piloting of the AMCC revealed significant differences between military exposure groups. Specifically, those with personal military exposure were more likely to be in absolute agreement that the military is a culture, were more likely to screen for military culture, and had increased knowledge of military culture compared to those with no military exposure. Relative differences were more informative. For example, all groups were less likely to agree that their personal culture could be at odds with military culture as compared to other cultures. Such perceptions could hinder asking difficult questions and thus undermine care.



## Conclusion

The AMCC is a model for the measurement of the skills, attitudes, and knowledge related to military cultural competence. With further validity testing, the AMCC will be helpful in the critical task of measuring outcomes in ongoing efforts to improve military cultural competence. The novel approach of assessing variance appears to reduce bias and may also be helpful in the design of other cultural competency assessments.

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<http://link.springer.com/article/10.1007/s10591-015-9344-8>

## **His and Hers: The Interface of Military Couples' Biological, Psychological, and Relational Health.**

Lisa J. Trump, Angela L. Lamson, Melissa E. Lewis, Amelia R. Muse

Contemporary Family Therapy  
June 2015

Serving in the military has the capacity to influence military personnel, civilian spouses, and marriages in unique ways. The purpose of the present study was to provide dyadic insight into the interface between biological, psychological, and relational health factors for military couples. Couples were recruited through a military medical center (N = 75) in the United States and both partners were assessed on several measures of biopsychorelational health. Actor-partner interdependence models were used to predict marital quality and satisfaction in relation to each partner's experience with distress, symptoms of depression, and heart rate variability. Results indicated that husbands' pain predicted husbands' and wives' positive marital quality. Husbands' and wives' symptoms of depression also influenced wives' negative marital quality. Recommendations toward the need for relational assessments and routine screenings for both partners, as well as implementation of an integrated care model are discussed.

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<http://www.tandfonline.com/doi/full/10.1080/23303131.2015.1014953>

## **Predictors of Job Satisfaction and Turnover Intention in VHA Mental Health Employees: A Comparison Between Psychiatrists, Psychologists, Social Workers, and Mental Health Nurses.**

Nancy J. Yanchus , David Periard , Scott C. Moore , Adam C. Carle , Katerine Osatuke

Human Service Organizations Management, Leadership & Governance  
Vol. 39, Iss. 3, 2015  
DOI:10.1080/23303131.2015.1014953

This exploratory study compared job satisfaction and turnover intention among psychiatrists, psychologists, social workers, and mental health nurses in the Veterans Health Administration, focusing on four predictors: civility, procedural justice, autonomy, and psychological safety. A sample of 11,726 VHA mental health employees was used. Results of the structural equation modeling showed that, for all occupations, civility, procedural justice, and autonomy predicted job satisfaction, which in turn predicted turnover intention. Psychological safety directly predicted turnover intention, a unique finding to this study. There were, however, no differences in the predictors across occupations. Implications and directions for future research are discussed.

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<http://www.sciencedirect.com/science/article/pii/S030646031500204X>

### **Interactive Effects of Stress and Individual Differences on Alcohol Use and Posttraumatic Stress Disorder among Personnel Deployed to Guantanamo Bay.**

Gabriel M. De La Rosa, Eileen M. Delaney, Jennifer A. Webb-Murphy, Scott L. Johnston

Addictive Behaviors

Available online 9 June 2015

doi:10.1016/j.addbeh.2015.06.016

This current study examines the role of factors such as perceived stress, neuroticism, beliefs in psychotherapy stigma, resilience, and demographics in understanding posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) among deployed military personnel. Results show that personnel who screened positive for PTSD were more likely to screen positive for AUD (versus those who did not screen positive for PTSD). Perceived stress, neuroticism, and psychotherapy stigma all have direct multivariate relationships with PTSD symptoms. Moderated regression analyses show that the positive relationship between perceived stress and PTSD symptoms is significantly stronger among those scoring high on neuroticism and psychotherapy stigma. The positive relationship between perceived stress and AUD symptoms is only significant among those scoring high on psychotherapy stigma. Given the moderating role of psychotherapy stigma in the relationship between perceived stress and PTSD symptoms and the relationship between perceived stress and AUD symptoms efforts to reduce the stigma associated with mental health care in the military should be expanded. Also, the current research adds to the literature highlighting the role of neuroticism as a key variable in understanding PTSD.

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<http://psycnet.apa.org/psycinfo/2015-22407-001/>

## **Clinical Approaches to Addressing Spiritual Struggle in Veterans With PTSD.**

Sherman, Michelle D.; Harris, J. Irene; Erbes, Christopher

Professional Psychology: Research and Practice

May 18 , 2015

<http://dx.doi.org/10.1037/pro0000020>

Trauma survivors often face difficult spiritual challenges as they attempt to reconcile the experience of trauma with their spiritual/religious beliefs. Spirituality has been found to be associated with a range of indices of well-being, and it is a component of many clients' coping skills and treatment strategies. However, many clinicians do not routinely assess or incorporate this domain of functioning in psychological services. This article describes a model for conceptualizing how trauma can impact spirituality by reviewing the possible consequences of each posttraumatic stress disorder (PTSD) symptom cluster on clients' belief systems and spiritual practices. Specific implications for treatment are described for each symptom cluster. A case study highlights many of the spirituality issues and intervention options described in this model. Ethical issues surrounding addressing spiritual factors in trauma survivors are considered, and clinicians are encouraged to further explore this domain with their clients. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://psycnet.apa.org/journals/pro/46/3/168/>

## **Preventing burnout: What does the research tell us?**

Rupert, Patricia A.; Miller, Alisha O.; Dorociak, Katherine E.

Professional Psychology: Research and Practice

Vol 46(3), Jun 2015, 168-174

<http://dx.doi.org/10.1037/a0039297>

Practicing psychologists face many demands that place them at risk for professional burnout. This article provides empirically supported recommendations for reducing or preventing burnout. Drawing from theoretical models of burnout, 4 critical questions are identified: What job demands increase risk for burnout? What job resources decrease risk for burnout? What personal resources decrease risk for burnout? How does home life influence risk for burnout? Findings from empirical studies with psychologists related to each question are summarized and are integrated with conceptual literatures to develop specific recommendations. Consistent with the positive psychology movement and with recent conceptual shifts in the burnout literature, these recommendations encourage a positive, proactive approach that strives to maximize a fit

between work demands and personal strengths, to develop resources at work and at home, and to establish a balance between work and personal lives. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302737>

## **Predictive Modeling and Concentration of the Risk of Suicide: Implications for Preventive Interventions in the US Department of Veterans Affairs.**

John F. McCarthy, PhD, Robert M. Bossarte, PhD, Ira R. Katz, MD, PhD, Caitlin Thompson, PhD, Janet Kemp, PhD, Claire M. Hannemann, MPH, Christopher Nielson, MD, and Michael Schoenbaum, PhD

American Journal of Public Health

doi: 10.2105/AJPH.2015.302737

### Objectives.

The Veterans Health Administration (VHA) evaluated the use of predictive modeling to identify patients at risk for suicide and to supplement ongoing care with risk-stratified interventions.

### Methods.

Suicide data came from the National Death Index. Predictors were measures from VHA clinical records incorporating patient-months from October 1, 2008, to September 30, 2011, for all suicide decedents and 1% of living patients, divided randomly into development and validation samples. We used data on all patients alive on September 30, 2010, to evaluate predictions of suicide risk over 1 year.

### Results.

Modeling demonstrated that suicide rates were 82 and 60 times greater than the rate in the overall sample in the highest 0.01% stratum for calculated risk for the development and validation samples, respectively; 39 and 30 times greater in the highest 0.10%; 14 and 12 times greater in the highest 1.00%; and 6.3 and 5.7 times greater in the highest 5.00%.

### Conclusions.

Predictive modeling can identify high-risk patients who were not identified on clinical grounds. VHA is developing modeling to enhance clinical care and to guide the delivery of preventive interventions. (Am J Public Health. Published online ahead of print June 11, 2015: e1–e8. doi:10.2105/AJPH.2015.302737)

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<http://onlinelibrary.wiley.com/doi/10.1111/psyp.12455/abstract>

**Relaxation training assisted by heart rate variability biofeedback: Implication for a military predeployment stress inoculation protocol.**

Gregory F. Lewis, Laurel Hourani, Stephen Tueller, Paul Kizakevich, Stephanie Bryant, Belinda Weimer and Laura Strange

Article first published online: 11 JUN 2015

DOI: 10.1111/psyp.12455

Decreased heart rate variability (HRV) is associated with posttraumatic stress disorder (PTSD) and depression symptoms, but PTSD's effects on the autonomic stress response and the potential influence of HRV biofeedback in stress relaxation training on improving PTSD symptoms are not well understood. The objective of this study was to examine the impact of a predeployment stress inoculation training (PRESTINT) protocol on physiologic measures of HRV in a large sample of the military population randomly assigned to experimental HRV biofeedback-assisted relaxation training versus a control condition. PRESTINT altered the parasympathetic regulation of cardiac activity, with experimental subjects exhibiting greater HRV, that is, less arousal, during a posttraining combat simulation designed to heighten arousal. Autonomic reactivity was also found to be related to PTSD and self-reported use of mental health services. Future PRESTINT training could be appropriate for efficiently teaching self-help skills to reduce the psychological harm following trauma exposure by increasing the capacity for parasympathetically modulated reactions to stress and providing a coping tool (i.e., relaxation method) for use following a stressful situation.

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<http://www.sciencedirect.com/science/article/pii/S0306460315002075>

**Family Composition and Symptom Severity among Veterans with Comorbid PTSD and Substance Use Disorders.**

Lisa Jobe-Shields, Julianne C. Flanagan, Therese Killeen, Sudie E. Back

Addictive Behaviors

Available online 11 June 2015

doi:10.1016/j.addbeh.2015.06.019

Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) frequently co-occur and affect a substantial proportion of military Veterans. Although the impact of parental PTSD and SUD on child development is well-documented, little is known about the influence of family composition on PTSD/SUD symptom severity. The present study investigated children in the home as an independent risk factor for symptom severity in a sample of treatment-seeking

Veterans (N = 94; 92% male) with comorbid PTSD/SUD. Twenty-seven percent of the sample had minor children (age 18 or younger) living in the home. Veterans with children in the home evidenced significantly higher PTSD symptomatology as measured by the Clinical Administered PTSD Scale (CAPS; M = 82.65 vs. M = 72.17; t = -2.18; p < .05), and reported using marijuana more frequently than Veterans without children in the home (34% vs. 13% of past 60 days; t = -2.35, p < .05). In a multivariate model, having children in the home accounted for unique variance ( $\Delta R^2 = .07$ ) in PTSD severity after accounting for a range of covariates; however, having children in the home did not account for unique variance in substance use. Directions for future research as well as potential clinical implications for parents seeking treatment for PTSD/SUD are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0029655415001827>

### **Impact of deployment on military families with young children: A systematic review.**

Jennifer Trautmann, Jeanne Alhusen, Deborah Gross

Nursing Outlook

Available online 12 June 2015

doi:10.1016/j.outlook.2015.06.002

#### Background

Over 40% of children in military families are under 6 years old, a period when children are most dependent on their parents' physical and emotional availability.

#### Purpose

This systematic review describes the impact of deployment since 9/11 on the mental health of military families with young children, evaluates evidence-based interventions for military parents with young children, and identifies gaps in the science limiting our ability to support the needs of these families.

#### Methods

Databases were reviewed from 2001 to 2014 using PRISMA; 26 studies met review criteria.

#### Results

Deployment was associated with increased parent stress, child behavior problems, health care utilization, and child maltreatment. Few studies tested interventions or focused on racial/ethnic minority or veteran families. A number of methodological limitations are noted.

#### Conclusions

More research using multiple methods, stronger designs, and more diverse samples is needed to understand and address the needs of military families with young children.

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[http://trace.tennessee.edu/utk\\_graddiss/3348/](http://trace.tennessee.edu/utk_graddiss/3348/)

## **Women At War: A Qualitative Study Of U.S. Female Military Personnel, Their Journeys Home, Multiple Deployments, And The Effect Of War**

Autumn Nicole Lowry  
University of Tennessee - Knoxville  
Thesis: PhD, Social Work, 2015

This dissertation is a multi-manuscript collection consisting of three papers written about female service members. The first manuscript is a literature review that explores research regarding this population and distinguishes gaps in the literature as well. This manuscript identifies theoretical frameworks as well as commonly used research methods when working with female service members. The second and third manuscripts were constructed using secondary data from a documentary film project that produced valuable data regarding the lived experiences of women experiencing deployment. These data were transcribed from filmed interviews and those transcripts were subsequently used for the purpose of this dissertation. The second manuscript is a qualitative study using inductive content analysis to explore the lived experiences of mothers experiencing their first deployment in Afghanistan in the winter of 2011. Two main categories emerged including womanhood and deployment-based affect. Several sub-categories also emerged through data analysis. These included camaraderie, motherhood, leaving family behind, and experiencing trauma. These subcategories are exemplified by using direct quotes from participants. The third manuscript is a qualitative study using content analysis to explore the lived experiences of married mothers who have been deployed previously and were experiencing another deployment in Afghanistan in the winter of 2011. Three main categories emerged from these data including womanhood, deployment-based affect, and family. The data also yielded many sub-categories including concern about lack of support returning home, affect of military service on children, and deployment struggles. Findings from the two studies shared sub-categories such as camaraderie, femininity, and motherhood. The two studies produced contrasting categories as well. For example, the second set of data had such a high concentration of family that I coded a third main category to encompass the emphasis participants put on the subject. These two studies pose implications for future inquires such as the differences in experiences of women who have been deployed multiple times to those experiencing their first deployment. Other issues warranting investigation include motherhood and deployment, the experiences of non-married mothers while deployed, and the possible effects of concern about family while deployed on female service members' combat readiness.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12170/abstract>

## **Factors that Influence Chaplains' Suicide Intervention Behavior in the Army.**

Rajeev Ramchand PhD, Lynsay Ayer PhD, Lily Geyer BA and Aaron Kofner MS, MA

Suicide and Life-Threatening Behavior

Article first published online: 11 JUN 2015

DOI: 10.1111/sltb.12170

We surveyed 868 Army chaplains and 410 chaplain assistants (CAs) about their role in identifying, caring for, and referring soldiers at risk of suicide to behavioral health care. We applied structural equation modeling to identify how behaviors and attitudes related to intervention behavior. In both samples, reluctance and stigma were related to intervention behaviors; efficacy was correlated with intervention behaviors only among chaplains. Training was associated with increased efficacy and lower levels of stigma among chaplains. Improved training may be warranted, but research needs to identify why chaplains and CAs are reluctant to refer soldiers in distress to behavioral health care.

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<http://link.springer.com/article/10.1007/s40596-015-0352-7>

## **Suicide Response Guidelines for Residency Trainees: A Novel Postvention Response for the Care and Teaching of Psychiatry Residents who Encounter Suicide in Their Patients.**

Paulette T. Cazares, Patcho Santiago, David Moulton, Scott Moran, Albert Tsai

Academic Psychiatry

June 2015

Suicide is an event that is almost universally encountered by psychiatrists and psychiatry residents. Because psychiatric patients are at a higher risk for completing suicide than patients of other specialties, psychiatry residents are at risk for experiencing the suicide of a patient during their training. A review of the literature shows that there is continually growing research into the negative emotional effects of patient suicides on psychiatry residents and the need for clear response protocols when a suicide occurs, also known as postvention protocols. However, there are no Graduate Medical Education requirements to specifically train psychiatry residents about this, even with a well-voiced desire by residents to receive this training. In the National Capitol Consortium Psychiatry Residency, encounters with patient suicides by residents in a time of war led us to a place in which interventions were designed and instituted to care for the caregiver, in this case focusing on psychiatry trainees. Our process and product, described here, offers an example of a systematic postvention response. It addresses aspects of what is



known in the research base, combined with acknowledgement of the human response and the institutional need for a consistent and objective response.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12171/abstract>

### **A Closer Examination of Sexual Trauma During Deployment: Not All Sexual Traumas Are Associated with Suicidal Ideation.**

Monteith, L. L., Menefee, D. S., Forster, J. E. and Bahraini, N. H.

Suicide and Life-Threatening Behavior  
Article first published online: 11 JUN 2015  
DOI: 10.1111/sltb.12171

Military personnel can be exposed to a wide range of sexual trauma while deployed, including sexual harassment and sexual assault. We examined whether different types of sexual trauma during deployment associated with recent suicidal ideation among previously deployed OEF/OIF/OND veterans admitted to trauma-focused treatment ( $n = 199$ ). More severe forms of sexual trauma (e.g., sexual assault) were significantly and positively associated with suicidal ideation. In contrast, sexual trauma involving verbal remarks (e.g., sexual harassment) was not associated with suicidal ideation. Our findings suggest that sexual harassment and sexual assault during deployment may be differentially associated with suicidal ideation.

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<http://sgo.sagepub.com/content/5/2/2158244015590446.abstract>

### **Applying Resilience Promotion Training Among Special Forces Police Officers.**

Judith P. Andersen, Konstantinos Papazoglou, Mari Koskelainen, Markku Nyman, Harri Gustafsberg, Bengt B. Arnetz

Sage Open  
Published 12 June 2015  
DOI: 10.1177/2158244015590446

Police Special Forces (a.k.a. special weapons and tactics [SWAT]) officers are tasked with responding to the most critical situations, including incidents that require specialized skills and equipment beyond typical policing activities. In this study, we tested the feasibility of applying Arnetz and colleagues' resilience promotion training that was developed for patrol officers to SWAT team officers ( $n = 18$ ). The resilience promotion training program included psychoeducation focused on police stress and resilience, and the practice of resilience

promotion techniques (controlled breathing and imagery) while listening to audio-recorded critical incident scenarios. The aims of this study were to (a) examine if a resilience training program was relevant and accepted by SWAT team officers and (b) assess participants' physiological stress responses (heart rate, respiration) during the resilience training sessions to note if there were improvements in stress responding over time. Our findings revealed that participants were able to significantly reduce their average heart rate and improve their ability to engage in controlled respiration (i.e., breathing) during simulated critical incidents over the course of the 5-day training. Improvements in stress responding were observed even when the critical incident scenarios became more graphic. Results suggest that an intervention to reduce stress responses of SWAT officers to critical incident scenarios works in a simulated training setting. Translation of these findings to real-world occupational hazards is a recommended next step.

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<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302545>

### **Racial/Ethnic Differences in Combat- and Non-Combat-Associated Traumatic Brain Injury Severity in the Veterans Health Administration: 2004–2010.**

Clara E. Dismuke, PhD, Mulugeta Gebregziabher, PhD, Derik Yeager, MS, and Leonard E. Egede, MD, MS

American Journal of Public Health  
doi: 10.2105/AJPH.2014.302545

#### **Objectives.**

We examined the association between traumatic brain injury (TBI) severity and combat exposure by race/ethnicity.

#### **Methods.**

We estimated logit models of the fully adjusted association of combat exposure with TBI severity in separate race/ethnicity models for a national cohort of 132 995 veterans with TBI between 2004 and 2010.

#### **Results.**

Of veterans with TBI, 25.8% had served in a combat zone. Mild TBI increased from 11.5% to 40.3%, whereas moderate or severe TBI decreased from 88.5% to 59.7%. Moderate or severe TBI was higher in non-Hispanic Blacks (80.0%) and Hispanics (89.4%) than in non-Hispanic Whites (71.9%). In the fully adjusted all-race/ethnicity model, non-Hispanic Blacks (1.44; 95% confidence interval [CI] = 1.37, 1.52) and Hispanics (1.47; 95% CI = 1.26, 1.72) had higher odds of moderate or severe TBI than did non-Hispanic Whites. However, combat exposure was associated with higher odds of mild TBI in non-Hispanic Blacks (2.48; 95% CI = 2.22, 2.76) and Hispanics (3.42; 95% CI = 1.84, 6.35) than in non-Hispanic Whites (2.17; 95% CI = 2.09, 2.26).

Conclusions.

Research is needed to understand racial differences in the effect of combat exposure on mild TBI and on interventions to prevent TBI across severity levels. (Am J Public Health. Published online ahead of print June 11, 2015: e1–e7. doi:10.2105/AJPH.2014.302545)

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[http://repository.stcloudstate.edu/msw\\_etds/1/](http://repository.stcloudstate.edu/msw_etds/1/)

## **Current Challenges Being Faced by Female Survivors of Military Sexual Assault: Suggestions for Policy Change**

Caitlin M. Dinneen, St. Cloud State University

Thesis; Social Work: M.S.W  
St. Cloud State University, May 2015

It is important that social workers use suitable evidence based practices both when working directly with survivors of military sexual trauma, and while advocating for applicable policy change on a macro level. Research projects such as this study can provide social workers with the valuable material they need to carry out this evidence based practice. Although there has been some previous investigation into the current sexual assault epidemic in the United States military, not enough evidence exists to support the much needed policy changes that could end this epidemic once and for all. As such, this study aims to establish an exploratory research base to point future scholars in a more specific direction in the arena of military sexual assault policy practices. The purpose of the present study was to determine what challenges are currently being faced by survivors of military sexual trauma and what suggestions they have for effective policy change. Six different studies were selected for analysis in this qualitative meta-analysis study. Each study was published within the last five years and answered the following questions: what percent of women who experienced sexual assault filed a report? If so, what type of report was filed and who did they report the assault to? If they chose not to report, what were the reasons or barriers they faced? For those women who reported the assault, was there support for the victims post assault? And finally, what policy suggestions have been made to improve the military's response to sexual assault? Conclusions were drawn based on the most frequent answers given to these questions by the female survivors interviewed in each study. Results indicated that by far, the most common sentiment among female survivors of military sexual trauma is that preventative policy changes would be most effective in changing the environment of rampant sexual assault. These results are consistent with previous research showing that sexual assault in the United States military is perpetuated and even invited as a direct result of military structure and atmosphere; this study suggests that policies aiming to amend this hostile milieu will be most effective in reducing rates of sexual assault in the United States military.

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<http://198.246.124.29/nchs/data/databriefs/db206.pdf>

## **Racial and Ethnic Disparities in Men's Use of Mental Health Treatments**

National Center for Health Statistics

June 2015

### Key findings

Data from the National Health Interview Survey, 2010–2013

- Nearly 9% of men (8.5%) had daily feelings of anxiety or depression. Less than one-half of them (41.0%) took medication for these feelings or had recently talked to a mental health professional.
- Racial and ethnic differences were observed only for men aged 18–44.
- Among men aged 18–44, non-Hispanic black and Hispanic men (6.1%) were less likely than non-Hispanic white men (8.5%) to report daily feelings of anxiety or depression.
- Among men aged 18–44 who had daily feelings of anxiety or depression, non-Hispanic black and Hispanic men (26.4%) were less likely than non-Hispanic white men (45.4%) to have used mental health treatments.
- The significant racial and ethnic disparity in treatment utilization was associated with lack of health insurance coverage.

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<http://gradworks.umi.com/37/02/3702557.html>

## **Morally Injurious Experiences, Meaning, and Spiritual Functioning in Iraq and Afghanistan Veterans**

Malott, Jesse D., Psy.D

Dissertation, Clinical Psychology

Fuller Theological Seminary, School of Psychology, 2015

The emergence of modern warfare has contributed to greater numbers of service members being exposed to morally ambiguous decisions and actions (e.g., harming civilians and non-combatants). The moral and spiritual implications of serving in combat have gained increasing attention since the new wars in Iraq and Afghanistan (Litz et al., 2009). In particular, the injury to a veteran's beliefs and moral expectations may also affect his or her ability to make meaning from the combat-related stressors and upon previously held religious and spiritual beliefs. In addition, spirituality/religiousness and ability to forgive may predict levels of meaning made in the face of morally injurious experiences. Using the newly developed Moral Injury Questionnaire

– Military Version (MIQ-M; Currier, Holland, Drescher, & Foy, in press), this study examined the relations between morally injurious experiences (MIE), several spiritual/religious factors (daily spiritual experiences, religious coping, and forgiveness), and meaning made in a diverse sample of Iraq and Afghanistan veterans who had enrolled in a community college since returning from their war-one deployments. In addition to the MIQ, participants completed the Integration of Stressful Life Events Scale (ISLES; Holland, Currier, Coleman, & Neimeyer, 2010), the Brief Religious Coping Inventory (Brief RCOPE; Pargament, Smith, Koenig, & Perez, 1998), the Daily Spiritual Experiences Scale (Underwood & Theresi, 2002), and forgiveness questions from the Brief Multidimensional Measure of Religiousness/Spirituality [BMMRS; Fetzer Institute/National Institute on Aging (NIA), 1999]. When controlling for demographics, military service factors, and general combat exposure (as assessed by Combat Experiences Scale, CES, Keane et al., 1989), exposure to morally injurious events (higher MIQ scores) uniquely predicted the meaning made of trauma  $\beta = -.43$ . In addition daily spiritual experiences and forgiveness were positively linked with meaning made,  $\beta = .35$  and  $.22$ , respectively, while positive religious coping had an inverse relationship with meaning made,  $\beta = -.33$ . This study provides further support for the critical relationship between morally injurious experiences and meaning made, while also suggesting the need for more research on the importance of spiritual/religious beliefs in the process of meaning-making after combat deployment.

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### **Links of Interest**

Suicide rate of female military veterans is called 'staggering'

<http://www.latimes.com/nation/la-na-female-veteran-suicide-20150608-story.html>

When G.I. Jane Comes Home

<http://www.latimes.com/opinion/op-ed/la-oe-0611-lemmon-female-vets-20150611-story.html>

As Stress Drives Off Drone Operators, Air Force Must Cut Flights

<http://www.nytimes.com/2015/06/17/us/as-stress-drives-off-drone-operators-air-force-must-cut-flights.html>

Study shows risk for suicide lower among men and women Veterans who use VA care

<http://www.blogs.va.gov/VAntage/20612/study-shows-risk-for-suicide-lower-among-men-and-women-veterans-who-use-va-care/>

Operation Purple and Living With PTSD

[http://www.huffingtonpost.com/danielle-campoamor/veterans-ptsd\\_b\\_7503048.html](http://www.huffingtonpost.com/danielle-campoamor/veterans-ptsd_b_7503048.html)

DoD Seeks to Stem Retaliation After Sexual Assault Reports

<http://www.usmedicine.com/agencies/departments-of-defense-dod/dod-seeks-to-stem-retaliation-after-sexual-assault-reports/>

Moral Injury in the Context of War As Defined By The VA

<http://acircleofwarriors.org/moral-injury-in-the-context-of-war-as-defined-by-the-va/>

For military veterans, motorcycle ride provides an antidote to stress

<http://www.stripes.com/news/veterans/for-military-veterans-motorcycle-ride-provides-an-antidote-to-stress-1.352345>

Becoming Patricia: A combat veteran's story of transgender life in the Army

<http://www.stripes.com/news/us/becoming-patricia-a-combat-veteran-s-story-of-transgender-life-in-the-army-1.352723>

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**Resource of the Week:** [What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Private-Sector Employers Understand the Nontechnical Skills Taught in the Military](#)

New from the RAND Corporation:

Veterans have a great deal to offer to potential civilian employers, including valuable nontechnical — or "soft" — skills, such as leadership, decisionmaking, persistence, and attention to detail. However, for civilian employers, understanding what nontechnical skills veterans have received formal training in and can likely demonstrate on the job can be challenging, because military and civilian workplace cultures and languages can seem radically different from one another.

This pilot toolkit is intended to help civilian employers understand the full value veterans can bring to their organizations. It focuses on the nontechnical skills addressed through selected formal military education courses for enlisted personnel in the Army and Marine Corps. The toolkit consists of four parts: (1) a letter that can be sent to employers explaining the purpose of the other materials enclosed in the packet; (2) an introductory section that provides more information on the materials and how to use them, as well as some background on military terms; (3) descriptions of the specific training programs that the Army and Marine Corps use to teach and develop nontechnical skills; and (4) summary tables that concisely break down which specific skills and competencies each course focuses on, as well as which ranks of military personnel take each course.

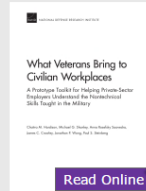
## What Veterans Bring to Civilian Workplaces

### A Prototype Toolkit for Helping Private-Sector Employers Understand the Nontechnical Skills Taught in the Military

by Chaitra M. Hardison, Michael G. Shanley, Anna Rosefsky Saavedra, James C. Crowley, Jonathan P. Wong, Paul S. Steinberg

Related Topics: Employment and Unemployment, Military Education and Training, Military Veterans, United States Army, United States Marine Corps, Workforce Management

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Veterans have a great deal to offer to potential civilian employers, including valuable nontechnical — or "soft" — skills, such as leadership, decisionmaking, persistence, and attention to detail. However, for civilian employers, understanding what nontechnical skills veterans have received formal training in and can likely demonstrate on the job can be challenging, because military and civilian workplace cultures and languages can seem radically different from one another.

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#### Document Details

**Copyright:** RAND Corporation

**Availability:** Web-Only

**Pages:** 53

**ISBN/EAN:** 9780833089021

**Document Number:** TL-160-OSD

**Year:** 2015

**Series:** [Tools](#)

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