



CDP Research Update -- September 17, 2015

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<http://www.apadivisions.org/division-19/publications/newsletters/military/2015/07/issue.pdf>

The Military Psychologist - July 2015

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A narrative approach to understanding military decisions.

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By Patrick H. DeLeon, PhD

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By Michael D. Gatson

<http://www.ncbi.nlm.nih.gov/pubmed/26335088>

J Clin Psychiatry. 2015 Aug;76(8):e1023-8. doi: 10.4088/JCP.14m09438.

Response to psychotherapy for posttraumatic stress disorder: the role of pretreatment verbal memory performance.

Nijdam MJ, de Vries GJ, Gersons BP, Olf M.

OBJECTIVE:

Neuropsychological studies have consistently demonstrated impaired verbal memory in posttraumatic stress disorder (PTSD). Trauma-focused treatment for PTSD is thought to rely on memory, but it is largely unknown whether treatment outcome is influenced by memory performance. The aim of the study, therefore, was to examine the relationship between verbal memory performance and treatment response to trauma-focused psychotherapy.

METHOD:

Participants were referred to our outpatient clinic and recruited between December 2003 and January 2009 upon diagnosis of PTSD according to DSM-IV. Secondary analyses of a randomized controlled trial comparing eye movement desensitization and reprocessing therapy (n = 70) and brief eclectic psychotherapy (n = 70), a cognitive-behavioral intervention, are reported. Response to treatment was measured by self-reported PTSD symptom severity (Impact of Event Scale-Revised) over 17 weeks. Pretreatment verbal memory measures (California Verbal Learning Test, Rivermead Behavioral Memory Test) were included in the

mixed linear model analyses in order to investigate the influence of memory on treatment outcome.

RESULTS:

Pretreatment encoding, short-term retrieval, long-term retrieval, and recognition performance were significantly associated with treatment response in terms of self-reported PTSD symptom severity for both treatments ($P \leq .013$). Receiver operating characteristic curves predicting treatment response with pretreatment memory indices showed that 75.6% of the patients could be correctly classified as responder.

CONCLUSIONS:

Poor verbal memory performance represents a risk factor for worse treatment response to trauma-focused psychotherapy. Memory measures can be helpful in determining which patients are unable to benefit from trauma-focused psychotherapy. Future research should explore how treatment perspectives of patients with poor verbal memory can be improved.

CLINICAL TRIALS REGISTRATION:

ISRCTN.com identifier: ISRCTN64872147.

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<http://www.ncbi.nlm.nih.gov/pubmed/26330305>

Psychiatry Res. 2015 Aug 20. pii: S0165-1781(15)30187-6. doi: 10.1016/j.psychres.2015.08.028. [Epub ahead of print]

Minimally adequate mental health care and latent classes of PTSD symptoms in female Iraq and Afghanistan veterans.

Hebenstreit CL, Madden E, Koo KH, Maguen S

Female veterans of Operations Enduring and Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) represent a growing segment of Department of Veterans Affairs (VA) health care users. A retrospective analysis used national VA medical records to identify factors associated with female OEF/OIF/OND veterans' completion of minimally adequate care (MAC) for PTSD, defined as the completion of at least nine mental health outpatient visits within a 15-week period or at least twelve consecutive weeks of medication use. The sample included female OEF/OIF/OND veterans with PTSD who initiated VA health care between 2007-2013, and were seen in outpatient mental health (N=2183). Multivariable logistic regression models examined factors associated with completing MAC for PTSD, including PTSD symptom expression (represented by latent class analysis), sociodemographic, military, clinical, and VA access factors. Within one year of initiating mental health care, 48.3% of female veterans completed MAC. Race/ethnicity, age, PTSD symptom class, additional psychiatric diagnoses,

and VA primary care use were significantly associated with completion of MAC for PTSD. Results suggest that veterans presenting for PTSD treatment should be comprehensively evaluated to identify factors associated with inadequate completion of care. Treatments that are tailored to PTSD symptom class may help to address potential barriers.
Copyright © 2015. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26335094>

J Clin Psychiatry. 2015 Aug;76(8):e1045. doi: 10.4088/JCP.14046tx2c.

Current, emerging, and newly available insomnia medications.

Krystal AD

Research into the sleep-wake cycle has provided new treatment targets for patients with insomnia as well as a better understanding of how medications affect sleep processes. Current insomnia medications, including benzodiazepines and nonbenzodiazepines, focus on enhancing sleep-promoting systems through broad antagonism of GABA. Other medications that promote sleep by blocking wake-promoting systems include antidepressants, antipsychotics, and antihistamines, but adverse effects and nonspecific therapeutic effects limit their use. New and emerging insomnia medications are focusing on blocking wake-promoting systems via more selective antagonism of orexin, serotonin, and norepinephrine. These medications may offer improved efficacy with fewer adverse effects. © Copyright 2015 Physicians Postgraduate Press

<http://www.ncbi.nlm.nih.gov/pubmed/26324040>

Gerontologist. 2015 Aug 30. pii: gnv120. [Epub ahead of print]

A Life-span Perspective on Combat Exposure and PTSD Symptoms in Later Life: Findings From the VA Normative Aging Study.

Kang S, Aldwin CM, Choun S, Spiro A 3rd

PURPOSE OF THE STUDY:

We tested a life-span model of combat exposure on posttraumatic stress disorder (PTSD) symptoms in later life, examining the direct and indirect effects of prewar, warzone, and postwar factors.

DESIGN AND METHODS:

The sample included 947 male World War II and Korean War veterans from the VA Normative

Aging Study (Mage = 65, SD = 7). They completed mail surveys on childhood family environment, military service and postwar experience, stressful life events, and PTSD symptoms (response rates > 80%).

RESULTS:

We constructed an initial path model testing cumulative advantage and disadvantage pathways. Although all hypothesized relationships were significant, the model was not a good fit to the data. Subsequent models showed that all three life-span periods had both direct and indirect effects on PTSD symptoms and that there were interesting cross-links between the two sets of pathways.

IMPLICATIONS:

The life-span perspective provides a useful heuristic to model various developmental effects on later-life outcomes. A supportive childhood family environment can have lifelong protective effects, whereas a conflictual one can set up lifelong patterns of pessimistic appraisals.

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<http://onlinelibrary.wiley.com/doi/10.1002/jnr.23641/abstract>

Examining the relationship between blast-induced mild traumatic brain injury and posttraumatic stress-related traits.

Tschiffely, A.E., Ahlers, S.T. and Norris, J.N.

Journal of Neuroscience Research

Article first published online: 8 SEP 2015

DOI: 10.1002/jnr.23641

Emerging evidence suggests that mild traumatic brain injury (mTBI) resulting from blast exposure may contribute to the occurrence of posttraumatic stress disorder (PTSD) and related affective sequelae, such as anxiety and depression. Many studies have used survey techniques to describe blast exposure leading to comorbid mTBI and related persistent postconcussive symptoms (PPCS) with PTSD in military populations. Despite this, there is a lack of literature that examines possible biological mechanisms by which blast exposure contributes to the development of PTSD sequelae. This Mini-Review addresses the current literature on potential neurophysiological changes that may contribute to PTSD-like traits as a result of a single or multiple exposures to blast events. Evidence from clinical blast-induced mTBI populations and animal models of blast-induced mTBI was evaluated with an emphasis on behavioral and physiological symptoms similar to those seen in PTSD populations and models. From the analysis, we propose potential mechanisms that merit further investigation for better

understanding of how blast exposures may produce a higher rate of comorbid PPCS, PTSD, and affective phenomena. An improved understanding of PTSD-like outcomes resulting from blast exposure will ultimately help facilitate the development of future treatments and contribute to a better understanding of PTSD sequelae that develop from physical trauma. © 2015 Wiley Periodicals, Inc.

<http://www.sciencedirect.com/science/article/pii/S1556407X15000983>

Effect of Light and Melatonin and Other Melatonin Receptor Agonists on Human Circadian Physiology.

Jonathan S. Emens, Helen J. Burgess

Sleep Medicine Clinics

Available online 7 September 2015

doi:10.1016/j.jsmc.2015.08.001

KEY POINTS

- Circadian timing has a profound influence on mental health, physical health, and health behaviors.
- Individual patients suspected of misaligned circadian rhythms can vary in their suitability for light, melatonin, and other melatonin receptor agonist treatment.
- Prescribing a relatively consistent light/dark cycle is often the first step in treatment.
- Key features of light treatment to consider include timing, intensity, duration, color, light avoidance, and choosing a light device to best accommodate patient motivation for treatment.
- Key features of exogenous melatonin and other melatonin receptor agonist treatments to consider include timing, dose, fast or slow release formulations, and purity.

<http://psycnet.apa.org/journals/mil/27/5/287/>

Comparison of prolonged exposure (PE) coach to treatment as usual: A case series with two active duty soldiers.

Reger, Greg M.; Skopp, Nancy A.; Edwards-Stewart, Amanda; Lemus, Eder L.

Military Psychology

Vol 27(5), Sep 2015, 287-296

<http://dx.doi.org/10.1037/mil0000083>

PE Coach is a mobile application (app) designed as a treatment companion to support patient and provider work during prolonged exposure (PE), a first-line treatment for posttraumatic stress disorder. Little research exists about patients' and providers' reactions to mobile apps in the context of psychotherapy. The present study examined PE Coach with 2 soldiers to assess usability and satisfaction with the app. Soldiers completed 8 sessions of PE and used PE Coach during 4 of those sessions. Soldiers rated the PE Coach positively and reported higher levels of satisfaction during PE with PE Coach as compared with PE alone. Authors discuss their clinical observations from using PE Coach. The soldier and provider experiences demonstrate the potential value of PE Coach in enhancing treatment engagement and support the value of future research exploring mobile computing platforms to support evidence-based treatments, in general. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9946347&fileId=S0033291715001798>

Personality traits and combat exposure as predictors of psychopathology over time.

E. Koffel, M. D. Kramer, P. A. Arbisi, C. R. Erbes, M. Kaler and M. A. Polusny

Psychological Medicine / FirstView Article

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DOI: <http://dx.doi.org/10.1017/S0033291715001798>

12 pages. Published online: 08 September 2015

Background

Research suggests that personality traits have both direct and indirect effects on the development of psychological symptoms, with indirect effects mediated by stressful or traumatic events. This study models the direct influence of personality traits on residualized changes in internalizing and externalizing symptoms following a stressful and potentially traumatic deployment, as well as the indirect influence of personality on symptom levels mediated by combat exposure.

Method

We utilized structural equation modeling with a longitudinal prospective study of 522 US National Guard soldiers deployed to Iraq. Analyses were based on self-report measures of personality, combat exposure, and internalizing and externalizing symptoms.

Results Both pre-deployment Disconstraint and externalizing symptoms predicted combat exposure, which in turn predicted internalizing and externalizing symptoms. There was a significant indirect effect for pre-deployment externalizing symptoms on post-deployment externalizing via combat exposure ($p < 0.01$). Negative Emotionality and pre-deployment internalizing symptoms directly predicted post-deployment internalizing symptoms, but both

were unrelated to combat exposure. No direct effects of personality on residualized changes in externalizing symptoms were found.

Conclusions

Baseline symptom dimensions had significant direct and indirect effects on post-deployment symptoms. Controlling for both pre-exposure personality and symptoms, combat experiences remained positively related to both internalizing and externalizing symptoms. Implications for diagnostic classification are discussed.

<http://archpsyc.jamanetwork.com/article.aspx?articleID=2436276>

Association of Predeployment Heart Rate Variability With Risk of Postdeployment Posttraumatic Stress Disorder in Active-Duty Marines.

Arpi Minassian, PhD; Adam X. Maihofer, MS; Dewleen G. Baker, MD; Caroline M. Nievergelt, PhD; Mark A. Geyer, PhD; Victoria B. Risbrough, PhD; for the Marine Resiliency Study Team

JAMA Psychiatry

Published online September 09, 2015

doi:10.1001/jamapsychiatry.2015.0922

Importance

Disrupted autonomic nervous system functioning as measured by heart rate variability (HRV) has been associated with posttraumatic stress disorder (PTSD). It is not clear, however, whether reduced HRV before trauma exposure contributes to the risk for development of PTSD.

Objective

To examine whether HRV before combat deployment is associated with increased risk of a PTSD diagnosis after deployment when accounting for deployment-related combat exposure.

Design, Setting, and Participants

Between July 14, 2008, and May 24, 2012, active-duty Marines were assessed 1 to 2 months before a combat deployment and again 4 to 6 months after their return. The first phase of the Marine Resiliency Study (MRS-I) included 1415 male Marines, 59 of whom developed PTSD after deployment. Participants in the second phase of the Marine Resiliency Study (MRS-II) included 745 male Marines, 25 of whom developed PTSD after deployment. Analysis was conducted from November 25, 2013, to April 16, 2015.

Main Outcomes and Measures

Predeployment HRV was measured via finger photoplethysmography during a 5-minute period of rest. Frequency-domain measures of HRV were generated. Diagnosis of PTSD was determined using the Clinician-Administered PTSD Scale.

Results

After accounting for deployment-related combat exposure, lower HRV before deployment as measured by an increased low-frequency (LF) to high-frequency (HF) ratio of HRV was associated with risk of PTSD diagnosis after deployment (combined MRS-I and MRS-II cohort meta-analysis odds ratio, 1.47; 95% CI, 1.10-1.98; P = .01). The prevalence of postdeployment PTSD was higher in participants with high predeployment LF:HF ratios (15.8% [6 of 38 participants]) compared with participants who did not have high LF:HF ratios (3.7% [78 of 2122 participants]).

Conclusions and Relevance

This prospective longitudinal study provides initial and modest evidence that an altered state of autonomic nervous system functioning contributes to PTSD vulnerability, taking into account other key risk factors. If these findings are replicated, interventions that change autonomic nervous system function may open novel opportunities for prevention and treatment of PTSD.

<http://online.liebertpub.com/doi/full/10.1089/tmj.2014.0215>

Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders.

Hermes Eric D.A., Tsai Jack, and Rosenheck Robert

Telemedicine and e-Health

September 2015, 21(9): 721-728

doi:10.1089/tmj.2014.0215

Introduction:

This study examined interest in computerized psychotherapies (CPTs) and its relation to use of information technology among individuals receiving Veterans Health Administration (VHA) outpatient treatment.

Materials and Methods:

Veterans receiving treatment in a VHA substance use disorder outpatient clinic completed a self-report questionnaire. The survey addressed recent experience using information technology and potential interest in using CPTs for symptoms/functional problems associated with substance use and mental health disorders. Demographic, diagnostic, and information technology use data were compared between those expressing interest in CPT and those not expressing an interest, as well as with nationally representative veteran data from the 2010 National Survey of Veterans (NSV).

Results:

Of 151 respondents, 82% were interested in CPT for at least one problem, and 60% were interested for more than one. The most commonly selected CPTs were for substance use (46%), depression (45%), problem solving (43%), and insomnia (42%). None of the 23 measures of information technology use was associated with interest in CPTs. Compared with respondents not interested in any CPTs, those interested in CPT were older ($t_{150}=2.1$, $p=0.042$) and more likely to be African American [$\chi^2(1)=8.8$, $p=0.032$], to have reported a drug use disorder [$\chi^2(1)=4.2$, $p=0.041$], and to have reported more than one substance use or psychiatric disorder [$\chi^2(1)=8.5$, $p=0.014$]. The majority of respondents reported use of Internet and e-mail (65% and 64%, respectively), proportions comparable to respondents to the NSV.

Conclusions:

Among veterans receiving outpatient substance use treatment, interest in CPT is high and unrelated to information technology use. Efforts to implement CPTs may interest this population.

<http://www.ncbi.nlm.nih.gov/pubmed/26367215>

J Am Coll Health. 2015 Oct;63(7):482-494.

Readjustment of Urban Veterans: A Mental Health and Substance Use Profile of Iraq and Afghanistan Veterans in Higher Education.

Aikins RD, Golub A, Bennett AS

OBJECTIVE:

To identify the prevalence of substance use and mental health problems among veterans and student service members/veterans (SSM/V) returning from Iraq and Afghanistan to New York City's low-income neighborhoods.

PARTICIPANTS:

A sample of 122 veterans attending college and 116 veterans not enrolled recruited using respondent-driven sampling.

METHODS:

Logistic regression analysis of variation in characteristics of those veterans attending college; linear regression examining effects of college attendance on life satisfaction.

RESULTS:

Having a traumatic brain injury or disability was positively associated with college attendance. Being married, employed, or in college was predictive of overall life satisfaction. SSM/V were significantly less likely to screen positive for depression or drug use disorder. African American veterans were significantly less likely to attend college than white or Hispanic veterans.

CONCLUSION:

Substance use and some mental health disorders do not preclude inner-city veterans from entering higher education. This study contributes to the sparse literature on African American veterans and SSM/V.

<http://www.ncbi.nlm.nih.gov/pubmed/26367017>

J Trauma Stress. 2015 Sep 14. doi: 10.1002/jts.22039. [Epub ahead of print]

Temporal Associations Among Chronic PTSD Symptoms in U.S. Combat Veterans.

Doron-LaMarca S, Niles BL, King DW, King LA, Pless Kaiser A, Lyons MJ

The present study examined fluctuation over time in symptoms of posttraumatic stress disorder (PTSD) among 34 combat veterans (28 with diagnosed PTSD, 6 with subclinical symptoms) assessed every 2 weeks for up to 2 years (range of assessments = 13-52). Temporal relationships were examined among four PTSD symptom clusters (reexperiencing, avoidance, emotional numbing, and hyperarousal) with particular attention to the influence of hyperarousal. Multilevel cross-lagged random coefficients autoregression for intensive time series data analyses were used to model symptom fluctuation decades after combat experiences. As anticipated, hyperarousal predicted subsequent fluctuations in the 3 other PTSD symptom clusters (reexperiencing, avoidance, emotional numbing) at subsequent 2-week intervals ($r_s = .45, .36, \text{ and } .40$, respectively). Additionally, emotional numbing influenced later reexperiencing and avoidance, and reexperiencing influenced later hyperarousal ($r_s = .44, .40, \text{ and } .34$, respectively). These findings underscore the important influence of hyperarousal. Furthermore, results indicate a bidirectional relationship between hyperarousal and reexperiencing as well as a possible chaining of symptoms (hyperarousal \rightarrow emotional numbing \rightarrow reexperiencing \rightarrow hyperarousal) and establish potential internal, intrapersonal mechanisms for the maintenance of persistent PTSD symptoms. Results suggested that clinical interventions targeting hyperarousal and emotional numbing symptoms may hold promise for PTSD of long duration. Published 2015. This article is a US Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/26366328>

Clin Psychol Sci. 2015 Sep;3(5):663-674.

Pretraumatic Stress Reactions in Soldiers Deployed to Afghanistan.

Berntsen D, Rubin DC.

Posttraumatic Stress Disorder is a diagnosis related to the past. Pre-traumatic 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 pre-traumatic stress reactions providing a clear future-oriented parallel to the posttraumatic stress reactions described in the diagnostic criteria for PTSD. We apply this pre-traumatic 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.ncbi.nlm.nih.gov/pubmed/26366290>

Psychopathol Rev. 2015;2(1):17-29.

Latent Factor Structure of DSM-5 Posttraumatic Stress Disorder.

Gentes E, Dennis PA, Kimbrel NA, Kirby AC, Hair LP, Beckham JC, Calhoun PS

The current study examined the latent factor structure of posttraumatic stress disorder (PTSD) based on DSM-5 criteria in a sample of participants (N = 374) recruited for studies on trauma and health. Confirmatory factor analyses (CFA) were used to compare the fit of the previous 3-factor DSM-IV model of PTSD to the 4-factor model specified in DSM-5 as well as to a competing 4-factor "dysphoria" model (Simms, Watson, & Doebbeling, 2002) and a 5-factor (Elhai et al., 2011) model of PTSD. Results indicated that the Elhai 5-factor model (re-experiencing, active avoidance, emotional numbing, dysphoric arousal, anxious arousal) provided the best fit to the data, although substantial support was demonstrated for the DSM-5 4-factor model. Low factor loadings were noted for two of the symptoms in the DSM-5 model (psychogenic amnesia and reckless/self-destructive behavior), which raises questions regarding the adequacy of fit of these symptoms with other core features of the disorder. Overall, the findings from the present research suggest the DSM-5 model of PTSD is a significant improvement over the previous DSM-IV model of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/26364060>

Curr Psychiatry Rep. 2015 Oct;17(10):85. doi: 10.1007/s11920-015-0622-9.

Insomnia in the Military: Application and Effectiveness of Cognitive and Pharmacologic Therapies.

Capaldi VF 2nd, Kim JR, Grillakis AA, Taylor MR, York CM

Insomnia is one of the most common complaints of US armed service members. Diagnosis and treatment of insomnia in active duty and veteran populations are often complicated by comorbid disorders experienced by military personnel, such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Cognitive behavioral therapy for insomnia (CBTi), pharmacologic interventions, and alternative therapies are discussed as relevant to their applications within military populations. Future directions in research are suggested.

<http://www.ncbi.nlm.nih.gov/pubmed/26355137>

J Am Board Fam Med. 2015 Sep-Oct;28(5):649-57. doi: 10.3122/jabfm.2015.05.150029.

Lessons from Initiating the First Veterans Health Administration (VA) Women's Health Practice-based Research Network (WH-PBRN) Study.

Pomernacki A, Carney DV, Kimerling R, Nazarian D, Blakeney J, Martin BD, Strehlow H, Yosef J, Goldstein KM, Sadler AG, Bean-Mayberry BA, Bastian LA, Bucossi MM, McLean C, Sonnicksen S, Klap R, Yano EM, Frayne SM

BACKGROUND:

The Veterans Health Administration (VA) Women's Health Practice-Based Research Network (WH-PBRN) was created to foster innovations for the health care of women veterans. The inaugural study by the WH-PBRN was designed to identify women veterans' own priorities and preferences for mental health services and to inform refinements to WH-PBRN operational procedures. Addressing the latter, this article reports lessons learned from the inaugural study.

METHODS:

WH-PBRN site coordinators at the 4 participating sites convened weekly with the study coordinator and the WH-PBRN program manager to address logistical issues and identify lessons learned. Findings were categorized into a matrix of challenges and facilitators related to key study elements.

RESULTS:

Challenges to the conduct of PBRN-based research included tracking of regulatory documents;

cross-site variability in some regulatory processes; and troubleshooting logistics of clinic-based recruitment. Facilitators included a central institutional review board, strong relationships between WH-PBRN research teams and women's health clinic teams, and the perception that women want to help other women veterans.

CONCLUSION:

Our experience with the inaugural WH-PBRN study demonstrated the feasibility of establishing productive relationships between local clinicians and researchers, and of recruiting a special population (women veterans) in diverse sites within an integrated health care system. This identified strengths of a PBRN approach. © Copyright 2015 by the American Board of Family Medicine.

<http://www.ncbi.nlm.nih.gov/pubmed/26353986>

J Inj Violence Res. 2015 Sep 10;8(1). doi: 10.5249/jivr.v8i1.728. [Epub ahead of print]

Suicidal behavior and spiritual functioning in a sample of Veterans diagnosed with PTSD.

Kopacz MS, Currier JM, Drescher KD, Pigeon WR

BACKGROUND:

Spiritual well-being has been lauded to exert a protective effect against suicidal behavior. This study examines the characteristics of spiritual functioning and their association with a self-reported history of suicidal thoughts and behavior in a sample of Veterans being treated for post-traumatic stress disorder (PTSD).

METHODS:

The sample includes 472 Veterans admitted to a PTSD Residential Rehabilitation Program. Measures included the Brief Multidimensional Measure of Religiousness and Spirituality, PTSD Checklist - Military Version, Combat Experiences Scale, and individual items pertaining to history of suicidal thoughts and attempts, spiritual practices, and select demographics.

RESULTS:

Problems with forgiveness and negative religious coping were uniquely associated with suicide risk, above and beyond age, gender, or ethnicity, combat exposure, and severity of PTSD symptomatology. Organizational religiousness was associated with decreased risk for thinking about suicide in the presence of these covariates. Daily spiritual experiences were inversely associated with suicidal thoughts. Differences in spirituality factors did not distinguish Veterans with both suicidal ideation and prior attempts from those who had ideations absent any prior attempts.

CONCLUSIONS:

The findings suggest that enhanced or diminished spiritual functioning is associated with suicidal thoughts and attempts among Veterans dealing with PTSD. © 2015 KUMS, All rights reserved.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22039/abstract>

Temporal Associations Among Chronic PTSD Symptoms in U.S. Combat Veterans.

Doron-LaMarca, S., Niles, B. L., King, D. W., King, L. A., Pless Kaiser, A. and Lyons, M. J.

Journal of Traumatic Stress

Article first published online: 14 SEP 2015

DOI: 10.1002/jts.22039

The present study examined fluctuation over time in symptoms of posttraumatic stress disorder (PTSD) among 34 combat veterans (28 with diagnosed PTSD, 6 with subclinical symptoms) assessed every 2 weeks for up to 2 years (range of assessments = 13–52). Temporal relationships were examined among four PTSD symptom clusters (reexperiencing, avoidance, emotional numbing, and hyperarousal) with particular attention to the influence of hyperarousal. Multilevel cross-lagged random coefficients autoregression for intensive time series data analyses were used to model symptom fluctuation decades after combat experiences. As anticipated, hyperarousal predicted subsequent fluctuations in the 3 other PTSD symptom clusters (reexperiencing, avoidance, emotional numbing) at subsequent 2-week intervals ($r_s = .45, .36, \text{ and } .40$, respectively). Additionally, emotional numbing influenced later reexperiencing and avoidance, and reexperiencing influenced later hyperarousal ($r_s = .44, .40, \text{ and } .34$, respectively). These findings underscore the important influence of hyperarousal. Furthermore, results indicate a bidirectional relationship between hyperarousal and reexperiencing as well as a possible chaining of symptoms (hyperarousal [RIGHTWARDS ARROW] emotional numbing [RIGHTWARDS ARROW] reexperiencing [RIGHTWARDS ARROW] hyperarousal) and establish potential internal, intrapersonal mechanisms for the maintenance of persistent PTSD symptoms. Results suggested that clinical interventions targeting hyperarousal and emotional numbing symptoms may hold promise for PTSD of long duration.

<http://www.ncbi.nlm.nih.gov/pubmed/26371618>

J Consult Clin Psychol. 2015 Oct;83(5):964-975. Epub 2015 Aug 10.

Relapse prevention in major depressive disorder: Mindfulness-based cognitive therapy versus an active control condition.

Shallcross AJ, Gross JJ, Visvanathan PD, Kumar N, Palfrey A, Ford BQ, Dimidjian S, Shirk S, Holm-Denoma J, Goode KM, Cox E, Chaplin W, Mauss IB

OBJECTIVE:

We evaluated the comparative effectiveness of mindfulness-based cognitive therapy (MBCT) versus an active control condition (ACC) for depression relapse prevention, depressive symptom reduction, and improvement in life satisfaction.

METHOD:

Ninety-two participants in remission from major depressive disorder with residual depressive symptoms were randomized to either an 8-week MBCT or a validated ACC that is structurally equivalent to MBCT and controls for nonspecific effects (e.g., interaction with a facilitator, perceived social support, treatment outcome expectations). Both interventions were delivered according to their published manuals.

RESULTS:

Intention-to-treat analyses indicated no differences between MBCT and ACC in depression relapse rates or time to relapse over a 60-week follow-up. Both groups experienced significant and equal reductions in depressive symptoms and improvements in life satisfaction. A significant quadratic interaction (Group × Time) indicated that the pattern of depressive symptom reduction differed between groups. The ACC experienced immediate symptom reduction postintervention and then a gradual increase over the 60-week follow-up. The MBCT group experienced a gradual linear symptom reduction. The pattern for life satisfaction was identical but only marginally significant.

CONCLUSIONS:

MBCT did not differ from an ACC on rates of depression relapse, symptom reduction, or life satisfaction, suggesting that MBCT is no more effective for preventing depression relapse and reducing depressive symptoms than the active components of the ACC. Differences in trajectory of depressive symptom improvement suggest that the intervention-specific skills acquired may be associated with differential rates of therapeutic benefit. This study demonstrates the importance of comparing psychotherapeutic interventions to active control conditions. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26372003>

Stress. 2015 Sep 15:1-6. [Epub ahead of print]

Increased generalization of learned associations is related to re-experiencing symptoms in veterans with symptoms of post-traumatic stress.

Anastasides N, Beck KD, Pang KC, Servatius RJ, Gilbertson MW, Orr SP, Myers CE

One interpretation of re-experiencing symptoms in post-traumatic stress disorder (PTSD) is that memories related to emotional information are stored strongly, but with insufficient specificity, so that stimuli which are minimally related to the traumatic event are sufficient to trigger recall. If so, re-experiencing symptoms may reflect a general bias against encoding background information during a learning experience, and this tendency might not be limited to learning about traumatic or even autobiographical events. To test this possibility, we administered a discrimination-and-transfer task to 60 Veterans (11.2% female, mean age 54.0 years) self-assessed for PTSD symptoms in order to examine whether re-experiencing symptoms were associated with increased generalization following associative learning. The discrimination task involved learning to choose the rewarded object from each of six object pairs; each pair differed in color or shape but not both. In the transfer phase, the irrelevant feature in each pair was altered. Regression analysis revealed no relationships between re-experiencing symptoms and initial discrimination learning. However, re-experiencing symptom scores contributed to the prediction of transfer performance. Other PTSD symptom clusters (avoidance/numbing, hyperarousal) did not account for significant additional variance. The results are consistent with an emerging interpretation of re-experiencing symptoms as reflecting a learning bias that favors generalization at the expense of specificity. Future studies will be needed to determine whether this learning bias may pre-date and confer risk for, re-experiencing symptoms in individuals subsequently exposed to trauma, or emerges only in the wake of trauma exposure and PTSD symptom development.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30186>

A Comparison of Sleep Difficulties among Iraq/Afghanistan Theater Veterans with and without Mental Health Diagnoses.

Ulmer CS, Van Voorhees E, Germain AE, Voils CI, Beckham JC; VA Mid-Atlantic Mental Illness Research Education and Clinical Center Registry Workgroup

Journal of Clinical Sleep Medicine
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995–1005

Study Objectives

Sleep disturbance is among the most common complaints of veterans and military personnel who deployed to the conflicts in Iraq and Afghanistan. A growing body of research has examined cross-sectional and longitudinal relationships between sleep disturbance and mental health symptoms and specific diagnoses in this population. However, prior research has not examined these relationships in terms of the presence or absence of any mental health diagnosis. The objective of the current study is to characterize the sleep complaints (sleep

characteristics, sleep quality, insomnia symptoms, and distressing dreams and nightmares) of previously deployed military personnel in terms of the presence or absence of a mental health disorder, diagnosed using structured clinical diagnostic interviews.

Methods

Participants (n = 1,238) were veterans and active duty military personnel serving in the military since September 11, 2001, and deployed at least once. Scale scores and item-level data from the Pittsburgh Sleep Quality Index (PSQI), the PSQI-Addendum, the Davidson Trauma Scale, and the Symptom Checklist-90 were used to compare sleep across mental health status (with/without mental health disorder).

Results

As expected, self-reported sleep impairments were worse among those meeting criteria for a mental health disorder. However, findings also revealed very poor sleep among those without a mental health diagnosis as well. Mean values for both groups were suggestive of short sleep duration, low sleep efficiency, long sleep onset latencies, poor sleep quality, frequent insomnia symptoms, and nightmare frequencies that are well above norms for the general population.

Conclusions

Given the evidence for adverse mental and physical health sequelae of untreated sleep disturbance, increased attention to sleep in this population may serve as a primary prevention strategy.

<http://www.sciencedirect.com/science/article/pii/S0022395615002654>

The impact of physical pain on suicidal thoughts and behaviors: Meta-analyses.

Raffaella Calati, Camelia Laglaoui, Sylvaine Artero, Mark Ilgen, Philippe Courtet

Journal of Psychiatric Research

Available online 11 September 2015

doi:10.1016/j.jpsychires.2015.09.004

Although the relationship between physical pain and suicidal thoughts and behaviors has been explored in multiple epidemiologic and clinical studies, it is still far from being well understood. Consequently, we conducted a meta-analysis of studies comparing rates of suicidal thoughts and behaviors in individuals with and without physical pain.

We searched MEDLINE and PsycINFO (May 2015) for studies comparing rates of current and lifetime suicidal thoughts and behaviors (death wish, suicide ideation, plan, attempt and death: DW, SI, SP, SA, SD) in individuals with any type of physical pain (headache, back, neck, chest, musculoskeletal, abdominal and pelvic pains, arthritis, fibromyalgia, medically unexplained pain,

and other not specified pain) versus those without it. Data were analyzed with Cochrane Collaboration Review Manager Software (RevMan, version 5.3). We assessed the methodological quality of the studies with the STROBE statement.

Of the 31 included studies, three focused on lifetime DW, twelve focused on current SI (six lifetime), six focused on current SP (two lifetime), nine focused on current SA (11 lifetime) and eight on SD. Individuals with physical pain were more likely to report lifetime DW ($p=0.0005$), both current and lifetime SI (both $p<0.00001$), SP (current: $p=0.0008$; lifetime: $p<0.00001$), and SA (current: $p<0.0001$; lifetime: $p<0.00001$). Moreover, they were more likely to report SD ($p=0.02$). In all analyses, the between study heterogeneity was high. Moreover, the presence of publication bias has been detected in the main outcomes.

Physical pain is a consistent risk factor for suicidal thoughts and behaviors. Further research is required to investigate the specific impact of: 1) chronic versus acute pain, 2) different types of pain (e.g., medically unexplained pain), and 3) risk factors for suicide in chronic pain patients.

<http://www.sciencedirect.com/science/article/pii/S019188691500567X>

The indirect effect of social support on post-trauma psychopathology via self-compassion.

Annie Maheux, Matthew Price

Personality and Individual Differences
Volume 88, January 2016, Pages 102–107
doi:10.1016/j.paid.2015.08.051

Following a traumatic event, external resources such as social support facilitate recovery. The mechanism underlying this relation is not well understood, however. Self-compassion is a positive coping strategy that has been negatively related to post-trauma psychopathology in prior work. It was hypothesized that the external resource of social support increased the internal resource of self-compassion, which resulted in decreased psychopathology. The current study tested the hypothesis that the association between social support and posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), and depression symptoms had an indirect pathway via self-compassion. Using a community sample of individuals exposed to potentially traumatic events, social support was positively related to self-compassion. Self-compassion was negatively related to PTSD, GAD, and depression symptoms. Self-compassion mediated the relation between social support and PTSD, GAD, and depression symptoms. These results suggest that social support may reduce symptoms of PTSD, GAD, and depression through increased self-compassion in those who experienced a trauma.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1077179>

Mental Health Disorders and Treatment Seeking Among Veterans in Non-VA Facilities: Results and Implications from the Veterans' Health Study.

Joseph A. Boscarino , Stuart N. Hoffman , James M. Pitcavage , Thomas G. Urosevich

Military Behavioral Health

Published online: 30 Jul 2015

DOI:10.1080/21635781.2015.1077179

We surveyed 700 veterans who were outpatients in a non–Veterans Affairs (VA) multihospital system. Our objective was to assess the prevalence of mental disorders and service use among these veterans. The majority were Vietnam veterans (72.0%), and male (95.9%), and 40.4% reported recently using the VA for care. The prevalence of lifetime post-traumatic stress disorder (PTSD) was 9.6%, lifetime depression 18.4%, and lifetime mental health service use 50.1%. In multivariate analyses, significant factors associated with PTSD, depression, and mental health service use were low self-esteem, use of alcohol/drugs to cope, history of childhood adversity, high combat exposure, and low psychological resilience. VA service use was associated with greater mental health service use and combat exposure. With the exception of alcohol misuse, the mental health status of veterans seen in non-VA facilities appeared to be better than reported in past studies. Because most veterans have access to both VA and non-VA services, these findings have implications for veterans and outcomes research.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1093976>

Treatment Adherence: An Examination of Why OEF/OIF/OND Veterans Discontinue Inpatient PTSD Treatment.

Derek D. Szafranski , Daniel F. Gros , Deleene S. Menefee , Peter J. Norton , Jill L. Wanner

Military Behavioral Health

Accepted author version posted online: 16 Sep 2015

DOI:10.1080/21635781.2015.1093976

Treatment noncompletion is common among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) Veterans obtaining treatment for posttraumatic stress disorder (PTSD). The present study examined causes of inpatient PTSD evidence-based treatment (EBT) discontinuation among male 69 OEF/OIF/OND Veterans. Findings revealed a number factors leading to noncompletion including, inpatient environment,

EBT content, family obligations, medication use concerns, rule violations, treatment noncooperation, psychotic symptoms and decompensation in functioning. Overall, these findings reveal clinically relevant causes of inpatient EBT discontinuation that may contribute to a shorter duration of treatment and potentially less beneficial clinical outcomes.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1085928>

Predictors of Depression Diagnoses and Symptoms in Veterans: Results from a National Survey.

Kate Hendricks Thomas , Lori W. Turner , Emily M. Kaufman , Angelia Paschal , Adam P. Knowlden , David A. Birch , James D. Leeper

Military Behavioral Health

Accepted author version posted online: 25 Aug 2015

DOI:10.1080/21635781.2015.1085928

Military suicide has become a public health crisis. To explore diagnosed depression and symptoms that indicate the presence of undiagnosed depression in veteran respondents, researchers analyzed data from the 2012 Behavioral Risk Factor Surveillance Survey. Independent variables were analyzed to explore associations between depressive conditions and key demographic and behavioral predictors. Results indicated increased likelihood of having a diagnosed condition in veterans of Gulf War I, women, veterans without a domestic partnership, physically inactive veterans, and smokers. Results indicated increased likelihood of undiagnosed depressive conditions in recent Iraq/Afghanistan veterans, women, Hispanic veterans, binge drinkers, and smokers. This inquiry was intended to offer insights that may guide the planning and implementation of targeted resilience programming for the veteran community.

Links of Interest

The National Vietnam Veterans Longitudinal Study (NVVLS) and the implications for the science and practice of PTSD: An interview with Dr. Charles Marmar

<http://blogs.plos.org/mindthebrain/2015/09/16/the-national-vietnam-veterans-longitudinal-study-nvvls-and-the-implications-for-the-science-and-practice-of-ptsd-an-interview-with-dr-charles-marmar/>

The Hidden Wounds of War: When troubled vets run afoul of the law, some jail programs focus on healing rather than punishment

<http://www.thecrimereport.org/news/inside-criminal-justice/2015-09-wounds-of-war>

Recruiting veterans to elite colleges

<http://www.marketplace.org/topics/education/recruiting-veterans-elite-colleges>

Sleep issues bedeviling Soldiers' health

http://www.army.mil/article/155256/Sleep_issues_bedeviling_Soldiers_health/

Womack clinical trial: Old treatment offers new hope for post-traumatic stress

http://www.fayobserver.com/military/womack-clinical-trial-old-treatment-offers-new-hope-for-post/article_61c8d4ae-c214-5f3f-9672-cbbfbc31726a.html

Virtual Hope Box puts suicide prevention tools at users' fingertips

<http://www.health.mil/News/Articles/2015/09/11/Virtual-Hope-Box-puts-suicide-prevention-tools-at-users-fingertips>

The number of child abuse cases in the military hits a decade high

<https://www.washingtonpost.com/news/checkpoint/wp/2015/09/02/the-number-of-child-abuse-cases-in-the-military-hits-a-decade-high/>

Home-based telepsychiatry comparable to in-person treatment of PTSD

<http://www.healio.com/psychiatry/ptsd/news/online/%7Bb665c9c2-8046-4724-a428-cca75efb9ddd%7D/home-based-telepsychiatry-comparable-to-in-person-treatment-of-ptsd>

Possible new weapon against PTSD: Blocking a newly identified memory pathway could prevent the disorder

<http://news.mit.edu/2015/blocking-memory-pathway-prevent-ptsd-0831>

Panel: Stigma is obstacle to mental health care

<http://www.militarytimes.com/story/military/benefits/health-care/2015/09/10/panel-stigma-obstacle-mental-health-care/72013618/>

Anxiety Contributes to Suicide Risk: Latest findings show greater support for mental health, but coupled with persistent stigma

<http://www.usnews.com/news/blogs/data-mine/2015/09/01/americans-dont-understand-risk-factors-for-suicide>

3 Ways Modern Technology Increases Veterans' Likelihood of PTSD

http://www.huffingtonpost.com/good-men-project/war-veterans-ptsd_b_8033636.html

Why Marines, unlike Army and Navy, are so against women in combat

<http://www.csmonitor.com/USA/Military/2015/0911/Why-Marines-unlike-Army-and-Navy-are-so-against-women-in-combat>

Resource of the Week: [2014 American Community Survey \(ACS\) 1-Year estimates](#)

From the U.S. Census Bureau:

We are pleased to announce the release of the 2014 American Community Survey (ACS) 1-Year estimates, the most relied-on source for up-to-date social, economic, and housing information every year. The ACS is the only source of local statistics for most of the [40 topics](#) it covers, such as educational attainment, occupation, language spoken at home, nativity, ancestry, and selected monthly homeowner costs. The ACS 1-year estimates are available for the nation, all 50 states, the District of Columbia, Puerto Rico, every congressional district, every metropolitan area, and all counties and places with populations of 65,000 or more. To find out if these estimates are available for your county, please consult our [Reference Maps](#).

Readers of the Research Update will likely be interested in the [statistical table about Veterans](#).

The screenshot shows the American FactFinder interface. The search results are for 'SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER'. The results table includes columns for ID, Table, File or Document Title, Dataset, and About. The table lists various demographic breakdowns such as race and ethnicity (White Alone, Black or African American Alone, etc.) and different years (2014, 2013, 2011).

ID	Table, File or Document Title	Dataset	About
B21001	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER	2014 ACS 1-year estimates	?
B21001A	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (WHITE ALONE)	2014 ACS 1-year estimates	?
B21001B	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (BLACK OR AFRICAN AMERICAN ALONE)	2014 ACS 1-year estimates	?
B21001C	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (AMERICAN INDIAN AND ALASKA NATIVE ALONE)	2014 ACS 1-year estimates	?
B21001D	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (ASIAN ALONE)	2014 ACS 1-year estimates	?
B21001E	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE)	2014 ACS 1-year estimates	?
B21001F	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (SOME OTHER RACE ALONE)	2014 ACS 1-year estimates	?
B21001G	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (TWO OR MORE RACES)	2014 ACS 1-year estimates	?
B21001H	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (WHITE ALONE, NOT HISPANIC OR LATINO)	2014 ACS 1-year estimates	?
B21001I	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (HISPANIC OR LATINO)	2014 ACS 1-year estimates	?
B21002	PERIOD OF MILITARY SERVICE FOR CIVILIAN VETERANS 18 YEARS AND OVER	2014 ACS 1-year estimates	?
B21003	VETERAN STATUS BY EDUCATIONAL ATTAINMENT FOR THE CIVILIAN POPULATION 25 YEARS AND OVER	2014 ACS 1-year estimates	?
B21004	MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2014 INFLATION-ADJUSTED DOLLARS) BY VETERAN STATUS BY SEX FOR THE CIVILIAN POPULATION 18 YEARS AND OVER WITH INCOME	2014 ACS 1-year estimates	?
B21005	AGE BY VETERAN STATUS BY EMPLOYMENT STATUS FOR THE CIVILIAN POPULATION 18 TO 64 YEARS	2014 ACS 1-year estimates	?
B21007	AGE BY VETERAN STATUS BY POVERTY STATUS IN THE PAST 12 MONTHS BY DISABILITY STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER	2014 ACS 1-year estimates	?
B21100	SERVICE-CONNECTED DISABILITY-RATING STATUS AND RATINGS FOR CIVILIAN VETERANS 18 YEARS AND OVER	2014 ACS 1-year estimates	?
B21001	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER	2013 ACS 5-year estimates	?
B21001	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER	2013 ACS 3-year estimates	?
B21001	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER	2013 ACS 1-year estimates	?
B21001A	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (WHITE ALONE)	2013 ACS 3-year estimates	?
B21001A	SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER (WHITE ALONE)	2013 ACS 1-year estimates	?

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