



CDP Research Update -- November 5, 2015

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Psychological Services

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Special Issue: Military Sexual Trauma

Guest Editor: Michi Fu And Tracy Sbrocco

2015 Volume 12, Issue 4 (Nov)

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<http://www.gao.gov/products/GAO-16-61>

Sexual Assault: Actions Needed to Improve DOD's Prevention Strategy and to Help Ensure It Is Effectively Implemented

GAO-16-61: Published: Nov 4, 2015. Publicly Released: Nov 4, 2015.

The Department of Defense (DOD) developed its strategy to prevent sexual assault using the Centers for Disease Control and Prevention (CDC) framework for effective sexual-violence prevention strategies, but DOD does not link activities to desired outcomes or fully identify risk and protective factors. Specifically, DOD's strategy identifies 18 prevention-related activities, but they are not linked to desired outcomes—a step that CDC says is necessary to determine whether efforts are producing the intended effect. CDC has also demonstrated that by identifying risk and protective factors—relative to the domain or environment in which they exist—organizations can focus efforts on eliminating risk factors that promote sexual violence while also supporting the protective factors that prevent it. DOD identifies five domains in its

strategy and includes risk factors for three—individuals, relationships, and society—but it does not specify risk factors for the other two domains—leaders at all levels of DOD and the military community. Further, DOD does not specify how the protective factors, such as emotional health, identified in its strategy relate to the five domains. Thus, DOD may be limited in its ability to take an evidence-based approach to the prevention of sexual assault.

DOD and the military services are in the process of implementing prevention-focused activities, but they have not taken steps to ensure that installation-level activities are consistent with the overarching objectives of DOD's strategy. DOD's strategy identifies 18 activities, 2 of which DOD considers implemented while efforts to address the remaining 16 are ongoing. For example, DOD officials report that they have implemented the activity directing the development of a military community of practice. Additionally, GAO identified activities that had been developed and implemented at the four installations GAO visited, but found that they may not be consistent with DOD's strategy because it has not been communicated or disseminated to the personnel responsible for implementing the activities. Further, service policies—key conduits of such communication—do not provide the guidance necessary to unify the department's prevention efforts because they have not been updated to align with and operationalize the principles outlined in DOD's most recent strategy. Thus, DOD cannot be sure that all prevention-related activities are achieving the goals and objectives of the department's strategy.

DOD has identified five performance measures to assess the effectiveness of its prevention efforts, but these measures are not fully developed as they are missing many of the 10 key attributes that GAO has found can contribute to assessing program performance effectively, such as baseline and trend data, measurable target, and clarity. Specifically, all five performance measures demonstrate some of these attributes but collectively they are missing more than half of these attributes. All of the prevention efforts' measures demonstrate baseline and trend data but none of the measures have measurable target, clarity, and some of the other attributes. Without fully developed measures, DOD and other decision makers may not be able to effectively gauge the progress of the department's prevention efforts.

<http://www.tandfonline.com/doi/full/10.1080/15325024.2015.1011986>

Trauma as an objective or subjective experience: The association between types of traumatic events, personality traits, subjective experience of the event, and posttraumatic symptoms.

Michael Weinberg , Sharon Gil

Journal of Loss and Trauma

Published online: 27 Oct 2015

DOI:10.1080/15325024.2015.1011986

The study aimed to examine the discrete effect of objective (type of trauma and demographic characteristics) and subjective (proximity to the trauma, subjective experience of the trauma as a threat, the Big Five personality traits, and dissociative symptoms) factors on the risk for PTSD among 1,210 undergraduate students. The findings indicate that survivors of physical/sexual assault scored the highest on proximity to the trauma, subjective experience of the trauma as a threat, neuroticism, dissociation, and PTSD symptoms. In addition, subjective experience of the trauma, proximity to it, type of trauma, dissociation, and neuroticism were associated with the risk for PTSD symptoms. The findings point to the significance of both subjective and objective variables in the risk for PTSD symptoms.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10020361>

Service user and clinician perspectives on the use of outcome measures in psychological therapy.

Graham R. Thew, Louise Fountain and Paul M. Salkovskis

The Cognitive Behaviour Therapist
8, e23 doi:10.1017/S1754470X15000598

While the benefits of routine outcome measurement have been extolled and to some degree researched, it is surprising that service user opinions on this common therapy practice have largely not been investigated. This study aimed to assess service users' experiences of completing measures during psychological therapy, with a view to exploring how therapists can maximize how helpful measures are in therapy. Fifteen participants completed surveys about the use of measures in their current episode of care. Ten clinicians also completed a survey about their use of, and views about, measures. Results showed that despite mixed experiences in how measures were explained and used, service users showed generally favourable attitudes towards their use in therapy, with them being perceived as most helpful when well integrated into sessions by their therapists. Clinicians reported using a wide range of measures, and generally endorsed positive beliefs about measures more strongly than negative ones. Implications for clinical practice, service development, and further research are discussed.

<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

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.

<http://aura.antioch.edu/etds/243/>

Servicewomen's Experiences of Recovery in the Aftermath of War: A Qualitative Analysis

Courtney P.R. Glover

Dissertation

PsyD - Clinical Psychology at Antioch University, New England

2015

Military women's involvement and contributions to the Global War on Terror (GWOT) are unprecedented and, as such, servicewomen are returning home in numbers that far exceed prior conflicts (Street, Vogt, & Dutra, 2009). Addressing and supporting servicewomen's postdeployment recovery needs—as similar or distinct from their male counterparts—requires a richer understanding of their lives. Using Interpretative Phenomenological Analysis (IPA) methodology, this study addressed the paucity of in-depth qualitative research devoted to exploring the recovery experiences of servicewomen in the aftermath of combat deployment. Nine servicewomen with GWOT combat deployments were interviewed on this topic using a semi-structured protocol designed to elicit reflection on their military and combat backgrounds, postdeployment experiences, and pathways to recovery. Data analysis revealed two levels of thematic analysis that depicted the following categories of servicewomen's experiences: significant war-time accomplishments and stressors, immediate readjustment challenges and long-term effects of combat deployment, internal pathways and external influences of recovery,

multilayered meanings of recovery, and future hopes for women in the service. An integrated conceptual model joining Harvey's (2007) ecological perspective of communities and Herman's (1992) phase-oriented model of trauma recovery offered a framework for interpreting the results of the study. In this framework, the servicewomen's internal processes and social contextual influences of gender and postdeployment life were seen as inextricably linked and relevant to their recoveries from war. The clinical implications of the study and considerations for future research are discussed in light of these findings and the conceptual model.

<http://www.sciencedirect.com/science/article/pii/S2351978915006447>

Posttraumatic Stress Disorder and Somatization among U.S. Service Members and Military Veterans.

Valerie Rice, Rebekah Tree, Gary Boykin

Procedia Manufacturing
Volume 3, 2015, Pages 5342–5349
doi:10.1016/j.promfg.2015.07.643

6th International Conference on Applied Human Factors and Ergonomics (AHFE 2015) and the Affiliated Conferences, AHFE 2015

Problem

Awareness of symptoms associated with Posttraumatic Stress Disorder (PTSD) is important for developing appropriate treatment interventions and estimating accompanying costs. Knowledge of somatoform complaints is important, as individuals with somatoform disorders typically receive supplementary testing and care, increasing medical costs.

Purpose

The purpose of this paper is to examine the relationship between PTSD and somatization among active U.S. service members and military veterans.

Methods

U.S. military service members and veterans volunteered (n=205) to take a demographic survey, the Posttraumatic Stress Disorder Checklist – Military Version (PCL-M), and the Patient Health Questionnaire (PHQ-15).

Results

Positive correlations were found between PTSD symptoms and somatization ($p < .05$). Main effects of gender and a positive diagnosis of PTSD were found, as well as an interaction effect between gender, PTSD diagnosis, and military status ($p < .05$).

Discussion

These findings show that being female and having a diagnosis of PTSD (using PCL-M criteria) are related to higher somatization. Women demonstrated high somatization when PTSD was present regardless of military status, however men demonstrated high somatization when PTSD was present and they were in active military status. These results suggest that somatization itself may be an associated symptom of PTSD, and support the need for in-depth assessment and strategized treatment to meet patient needs.

<http://www.sciencedirect.com/science/article/pii/S2351978915008537>

Are a “can do” Attitude and a can of Red Bull Enough? Workload and Fatigue in High-stakes, High-demand Carrier Sortie Operations.

Kimberly E. Culley, David J. Kern, Matthew Phaneuf

Procedia Manufacturing
Volume 3, 2015, Pages 3062–3069
doi:10.1016/j.promfg.2015.07.852

6th International Conference on Applied Human Factors and Ergonomics (AHFE 2015) and the Affiliated Conferences, AHFE 2015

The purpose of this investigation was to examine the role of fatigue and crew endurance in human performance of Carrier Sortie requirements; this mission capability involves high-stakes, high-demand, high-tempo operations in a challenging maritime environment. The researchers engaged with a panel of Nimitz crewmembers for a discussion of workload, notional schedules, and endurance risk factors. Workload was examined with models that consider the human capacity for sustaining. The investigation found that more attention is paid to physical fatigue, compared to cognitive or mental fatigue. Crewmembers emphasized that crew has a “can do” attitude to combat fatigue; the crew stated that “pride and adrenaline overpower fatigue...plus coffee and Red Bull.” They indicated that this results in good initiative, but at times bad judgment while trying to accomplish the work. The current research posits that fatigue is likely to reduce the ability of crewmembers to tolerate sustained performance and associated increased physiological and cognitive costs. However, the authors also recognize the limits of fatigue science with regard to predicting human capacity in intense operational and combat conditions. There is much anecdotal information to suggest that sailors are managing fatigue despite the predictions of various fatigue models. As a result, we cannot yet predict with certainty when the accumulated workload and fatigue of the individual sailor will be untenable, or identify critical thresholds of degraded cognitive capacity and decision making. Rather than rely solely on fatigue prediction software, it is recommended that potential mitigations are considered that might provide the crew more tools to manage endurance as a fatigue abatement strategy. The development of a crew endurance program to mitigate the risks posed by fatigue and reduced

alertness during carrier sortie operations would identify risks relating to fatigue and alertness, and generate solutions to mitigate these risks by controlling exposure to endurance risk factors during normal operations so that the crew will be better prepared to respond to any operational demand.

<http://onlinelibrary.wiley.com/doi/10.1002/wmh3.168/abstract>

An Alternative to Incarceration: Co-Occurring Disorders Treatment Intervention for Justice-Involved Veterans.

David A. Smelson, Debra A. Pinals, Leon Sawh, Carl Fulwiler, Stephanie Singer, Nathan Guevremont, William Fisher, Henry J. Steadman and Stephanie Hartwell

World Medical & Health Policy

Volume 7, Issue 4, pages 329–348, December 2015

DOI: 10.1002/wmh3.168

This article reports on the implementation, evaluation, and policy implications of MISSION-Criminal Justice (CJ), an innovative intervention used to treat justice-involved veterans with co-occurring mental health and substance use disorders (CODs). In this pilot feasibility study, MISSION-CJ was embedded into four Massachusetts courts and their probation services as an alternative to incarceration. Seventy-six veterans were diverted from jail to MISSION-CJ and completed intake and six-month follow-up assessments. The MISSION-CJ participants were primarily white, had at least two prior arrests, served in a war combat zone, had a trauma before age 18, and had previously received mental health and substance use treatments. Preliminary six-month follow-up data suggested that the MISSION-CJ participants showed improvements in COD problems, trauma symptoms, and a nonsignificant reduction in hospitalization/ER visits. MISSION-CJ was feasible to implement and seemed to show some preliminary program success. A randomized controlled trial of MISSION-CJ is a necessary next step in determining program efficacy. Policy implications for tailoring interventions for justice-involved veterans such as MISSION-CJ and their delivery alongside the court and probation are discussed.

<http://link.springer.com/article/10.1007/s12144-015-9390-2>

An Exploratory Study of Attachments and Posttraumatic Stress in Combat Veterans.

Shura, Robert D. and Rutherford, Billy J.

Current Psychology

pp 1-9

First online: 20 October 2015

The purpose of this exploratory study was to evaluate the potential value of comparing specific attachments to posttraumatic stress disorder (PTSD) symptomatology in combat veterans with a new measure of attachments. A case series of 22 combat veterans in a Veterans Affairs Medical Center clinic completed PTSD Checklist – Military Version (PCL-M), Trauma Symptom Inventory - 2nd Edition, and the Attachment and Clinical Issues Questionnaire (ACIQ) as part of a pilot study for a larger project. Descriptive statistics and Pearson correlations were used to examine the data. Although there were significant negative correlations between self-rated PTSD symptoms and avoidant ($r = -0.44$) and ambivalent ($r = -0.55$) attachment scores towards their mothers, suggesting a novel type of enmeshment, positive correlations were found between PTSD symptoms and avoidant partner attachments scores ($r = 0.47$). There were no significant correlations between the attachment scales to father and PTSD symptoms. The ACIQ Ambivalent Partner scale was only related to TSI-2 scales Intrusive Experiences ($r = -0.44$) and Defensive Avoidance ($r = -0.44$). An exploratory regression model using attachment variables identified from correlations and predicting PCL scores was significant ($R^2 = 0.48$); however, only Avoidant Partner scale contributed significant variance ($\beta = 0.42$, $p = 0.024$). The potency of the partner scale suggests a potential target for future research and intervention. These data point to new questions to be explored with larger samples and more sophisticated statistical techniques, and further highlighting the complexity of attachment and PTSD.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000348>

Perspectives of Suicidal Veterans on Safety Planning: Findings From a Pilot Study.

Deborah J. Kayman, Marjorie F. Goldstein, Lisa Dixon, and Marianne Goodman

Crisis

2015 36:5, 371-383

DOI: <http://dx.doi.org/10.1027/0227-5910/a000348>

Aims:

Individual interviews were conducted and analyzed to learn about the engagement of suicidal veterans in safety planning.

Method:

Twenty suicidal veterans who had recently constructed safety plans were recruited at two VA hospitals. In semistructured interviews, they discussed how they felt about constructing and using the plan and suggested changes in plan content and format that might increase engagement.

Results:

The veterans' experiences varied widely, from reviewing plans often and noting symptom improvement to not using them at all and doubting that they would think of doing so when deeply depressed.

Conclusion:

The veterans suggested ways to enrich safety planning encounters and identified barriers to plan use. Their ideas were specific and practical. Safety planning was most meaningful and helpful to them when they experienced the clinician as a partner in exploring their concerns (e.g., fear of discussing and attending to warning signs) and collaborating with them to devise solutions.

<http://link.springer.com/article/10.1007/s12671-015-0453-0>

The Body Scan and Mindful Breathing Among Veterans with PTSD: Type of Intervention Moderates the Relationship Between Changes in Mindfulness and Post-treatment Depression.

Dana Dharmakaya Colgan, Michael Christopher, Paul Michael, Helané Wahbeh

Mindfulness

pp 1-12

First online: 20 October 2015

Mindfulness-based stress reduction (MBSR) is a promising intervention for veterans with post-traumatic stress disorder (PTSD) and depression; however, a more detailed examination of the different elements of MBSR and various facets of mindfulness to determine what works best for whom is warranted. One hundred and two veterans with PTSD were randomly assigned to one of four arms: (a) body scan (BS; n = 27), (b) mindful breathing (MB; n = 25), (c) slow breathing (SB; n = 25), or (d) sitting quietly (SQ; n = 25). The purpose of this study was to (a) examine two separate components of MBSR (i.e., body scan and mindful breathing) among veterans with PTSD when compared to a nonmindfulness intervention (SB) and a control group (SQ), (b) assess if changes in specific mindfulness facets were predictive of post-treatment PTSD and depression for individuals who participated in a mindfulness intervention (BS vs. MB), and (c) investigate if type of mindfulness intervention received would moderate the relationship between pre- to post-treatment changes in mindfulness facets and post-treatment outcomes in PTSD and depression. Participants in the mindfulness groups experienced significant decreases in PTSD and depression symptom severity and increases in mindfulness, whereas the nonmindfulness groups did not. Among veterans who participated in a mindfulness group, change in the five facets of mindfulness accounted for 23 % of unique variance in the prediction of post-treatment depression scores. Simple slope analyses revealed that type of mindfulness intervention

moderated the relationship among changes in facets of mindfulness and post-treatment depression.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4620711/>

Primary prevention of posttraumatic stress disorder: drugs and implications.

Joachim C. Burbiel

Military Medical Research

2015; 2: 24.

Published online 2015 Oct 26

doi: 10.1186/s40779-015-0053-2

Because posttraumatic stress disorder (PTSD) is a highly debilitating condition, prevention is an important research topic. This article reviews possible prevention approaches that involve the administration of drugs before the traumatic event takes place. The considered approaches include drugs that address the sympathetic nervous system, drugs that interfere with the hypothalamic-pituitary-adrenal (HPA) axis, narcotics and other psychoactive drugs, as well as modulators of protein synthesis. Furthermore, some thoughts on potential ethical implications of the use of drugs for the primary prevention of PTDS are presented. While there are many barriers to overcome in this field of study, this paper concludes with a call for additional research, as there are currently no approaches that are well-suited for regular use.

<http://www.sciencedirect.com/science/article/pii/S002239561500312X>

Assessing Posttraumatic Stress Related Impairment and Well-Being: The Posttraumatic Stress Related Functioning Inventory (PRFI).

Shannon E. McCaslin, Shira Maguen, Thomas Metzler, Jeane Bosch, Thomas C. Neylan, Charles R. Marmar

Journal of Psychiatric Research

Available online 26 October 2015

doi:10.1016/j.jpsychires.2015.10.016

Posttraumatic stress symptoms are associated with poorer social and occupational functioning and quality of life. However, general assessments of functioning do not determine the extent to which these difficulties are directly related to PTSD symptoms. This study examines the psychometric properties of a self-report measure, the 27-item Posttraumatic Stress Related

Functioning Inventory (PRFI), which was developed to provide a self-report tool for clinicians and researchers to better understand the perceived impact of PTSD symptoms on functioning. The psychometric properties of the PRFI were examined utilizing data collected within a larger study examining quality of life and functioning in 251 veterans who had served in OEF/OIF/OND and endorsed the presence of subsyndromal or greater levels of PTSD symptoms at screening. One-year test-retest reliability of the measure was examined in a subset of the baseline sample who received a second administration of the PRFI (n = 109). Higher levels of PTSD symptoms were associated with poorer functioning in all domains of functioning. The PRFI demonstrated convergent validity with a measure of PTSD symptoms and was less correlated with measures of alcohol and drug use, good internal consistency and test-retest reliability from baseline to one-year follow-up. The PRFI provides self-report information regarding several domains of functioning. This initial examination of psychometric properties of the scale indicated that it may be useful for efficiently eliciting information about the ways in which PTSD symptoms in Iraq and Afghanistan Veterans impact everyday functioning.

<http://www.ejpt.net/index.php/ejpt/article/view/28693>

Mental health professionals' attitudes toward patients with PTSD and depression.

Thomas Maier, Hanspeter Moergeli, Michaela Kohler, Giovanni E. Carraro and Ulrich Schnyde

European Journal of Psychotraumatology
[S.l.], v. 6, oct. 2015. ISSN 2000-8066

Background:

To date, mental health professionals' attitudes toward posttraumatic stress disorder (PTSD), compared to other psychiatric disorders such as schizophrenia or depression, have rarely been studied.

Objective:

We assessed mental health professionals' attitudes toward patients with PTSD compared to patients suffering from depression.

Method:

Case vignettes of a patient with either PTSD or depression were presented to two samples of mental health professionals: attendees of a conference on posttraumatic stress (N=226) or of a lecture for psychiatry residents (N=112). Participants subsequently completed a questionnaire that assessed their attitude reactions to the presented case.

Results:

Participants showed similarly positive attitudes toward depression and PTSD. PTSD elicited a more favorable attitude with regard to prosocial reactions, estimated dependency, attributed

responsibility, and interest in the case, particularly in mental health professionals specializing in psychotraumatology. Across diagnoses, higher age and longer professional experience were associated with more positive attitudes toward patients.

Conclusions:

Mental health professionals' positive attitudes toward patients with depression and PTSD correlate with their specific knowledge about the disorder, their level of professional training, and their years of professional experience.

Limitations:

The instruments used, although based on established theoretical concepts in attitude research, were not validated in their present versions.

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000328?journalCode=cri>

Root Cause Analyses of Suicides of Mental Health Clients: Identifying Systematic Processes and Service-Level Prevention Strategies.

Donna Gillies, David Chico, and Paul O'Halloran

Crisis

(2015), 36, pp. 316-324

DOI: 10.1027/0227-5910/a000328

Background:

The ability to predict imminent risk of suicide is limited, particularly among mental health clients. Root cause analysis (RCA) can be used by health services to identify service-wide approaches to suicide prevention.

Aims:

To (a) develop a standardized taxonomy for RCAs; (b) to quantitate service-related factors associated with suicides; and (c) to identify service-related suicide prevention strategies.

Method:

The RCAs of all people who died by suicide within 1 week of contact with the mental health service over 5 years were thematically analyzed using a data collection tool.

Results:

Data were derived from RCAs of all 64 people who died by suicide between 2008 and 2012. Major themes were categorized as individual, situational, and care-related factors. The most common factor was that clients had recently denied suicidality. Reliance on carers, recent changes in medication, communication problems, and problems in follow-through were also

commonly identified.

Conclusion:

Given the difficulty in predicting suicide in people whose expressions of suicidal ideation change so rapidly, services may consider the use of strategies aimed at improving the individual, stressor, support, and care factors identified in this study.

<http://www.sciencedirect.com/science/article/pii/S0165032715308375>

Mental Health Symptom Severity in Cannabis Using and Non-Using Veterans with Probable PTSD.

Matthew J. Johnson, John D. Pierce, Shahrzad Mavandadi, Johanna Klaus, Diana Defelice, Erin Ingram, David W. Oslin

Journal of Affective Disorders
Available online 28 October 2015
doi:10.1016/j.jad.2015.10.048

Background

Posttraumatic Stress Disorder (PTSD) is a disabling illness suffered by many Veterans returning from war. Some Veterans believe that cannabis may be therapeutic for PTSD. The purpose of this study was to better understand the association between cannabis use and PTSD symptoms.

Methods

The study was a matched case-control cross-sectional evaluation of the psychiatric and sociocultural associations of cannabis use in Veterans with probable PTSD. Patient self-report measures were examined comparing cannabis users (cases) to non-users (controls) who were case-matched on age and gender.

Results

Results indicated that there were no significant differences between cases and controls in mean PTSD Checklist-Civilian version (PCL-C) scores (59.2 and 59.1, respectively). There was also no association between PTSD scores and frequency of cannabis use. It was also observed that cases were more likely to be non-Caucasian, financially challenged, and unmarried.

Limitations

The sample is a convenience sample of Veterans being referred for a clinical assessment and therefore, sampling biases may limit the generalizability of the results to other populations including Veterans not seeking health care in the Veterans Affairs (VA) system.

Conclusions

The results do not support the theory that cannabis use would be associated with less severe PTSD symptoms. Results do suggest important sociocultural differences in cannabis users compared to controls.

<http://www.tandfonline.com/doi/abs/10.1080/03057240.2015.1087389>

Moral dilemmas in a military context. A case study of a train the trainer course on military ethics.

Eva van Baarle , Jolanda Bosch , Guy Widdershoven , Desiree Verweij , Bert Molewijk

Journal of Moral Education

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Moral competence is important for soldiers who have to deal with complex moral dilemmas in practice. However, openly dealing with moral dilemmas and showing moral competence is not always easy within the culture of a military organization. In this article, based on analysis of experiences during a train the trainer course on military ethics, we will describe the tensions between military and personal values on the one hand and the challenges related to showing moral competence on the other hand. We will explain these tensions and challenges by elaborating on various aspects of the military organization, such as being a soldier, group bonding, uniformity, hierarchy, lack of privacy and masculinity. Furthermore, we will demonstrate how moral competence can be addressed and fostered during the training by introducing specific interventions.

Evaluation of a Family-Centered Preventive Intervention for Military Families: Parent and Child Longitudinal Outcomes.

Patricia Lester, Li-Jung Liang, Norweeta Milburn, Catherine Mogil, Kirsten Woodward, William Nash, Hilary Aralis, Maegan Sinclair, Alan Semaan, Lee Klosinski, William Beardslee, William Saltzman

Journal of the American Academy of Child & Adolescent Psychiatry

Available online 30 October 2015

doi:10.1016/j.jaac.2015.10.009

Objective

This study evaluates the longitudinal outcomes of Families OverComing Under Stress (FOCUS), a family-centered preventive intervention implemented to enhance resilience and reduce psychological health risk in military families and children who have high levels of stress related to parental wartime military service.

Method

We performed a secondary analysis of evaluation data from a large-scale service implementation of the FOCUS intervention collected between July 2008 and December 2013 at 15 military installations in the United States and Japan. We present data for 2,615 unique families (3,499 parents and 3,810 children) with completed intake and at least one post-intervention assessment. Longitudinal regression models with family-level random effects were used to assess the patterns of change in child and parent (civilian and military) psychological health outcomes over time.

Results

Improvement in psychological health outcomes occurred in both service-member and civilian parents. Relative to intake, parental anxiety and depression symptoms were significantly reduced post-intervention, and these reductions were maintained at two subsequent follow-up assessments. Additionally, we identified an improvement over time in emotional and behavioral symptoms and in pro-social behaviors for both boys and girls. We observed reductions in the prevalence of unhealthy family functioning and child anxiety symptoms, as well as parental depression, anxiety, and posttraumatic stress symptoms from intake to follow-up.

Conclusion

Longitudinal program evaluation data show sustained trajectories of reduced psychological health risk symptoms and improved indices of resilience in children, civilian, and active duty military parents participating in a strength-based, family-centered preventive intervention.

<http://jramc.bmj.com/content/early/2015/10/27/jramc-2015-000425.abstract>

What happens to the mental health of UK service personnel after they return home from Afghanistan?

Elizabeth Banwell, N Greenberg, P Smith, N Jones, M Fertout

Journal of the Royal Army Medical Corps
Published Online First 27 October 2015
doi:10.1136/jramc-2015-000425

Objective

Fear et al identified a small but significant increase in probable post-traumatic stress disorder (PTSD) in UK military personnel from around 3% in first year post deployment to around 6% by year 5. As yet it is not clear what factors are linked to the increase in probable PTSD, and therefore, serial measurement of poor mental health would be helpful.

Method

Rates of mental ill health among UK service personnel were compared upon deployment completion and at follow-up and identified factors associated with maladjustment.

Results

Poor mental health symptomatology increased from baseline to follow-up, PTSD symptoms and related functional impairment increased significantly. Poor baseline mental health was predictive of transition and family relationship difficulties.

Conclusions

The results are discussed in relation to encouraging recognition and reporting of symptoms among personnel and their social networks.

<http://www.journal.forces.gc.ca/vol15/no4/page22-eng.asp>

Fallen on the Field of Honour?: Attitudes of the Canadian Public towards Suicides in the Canadian Military ~ 1914–2014.

Matthew Barrett and Allan English

There have been more deaths by suicides in the Canadian Armed Forces since 2002 than mission deaths in Afghanistan. In the twelve years that Canada was engaged in the War in Afghanistan, 158 Armed Forces members were killed. During the same period, 178 members died by suicide, of which some might have been attributed to Operational Stress Injuries

(OSIs).² In addition to being personal and family tragedies, suicides constitute a significant loss of personnel to the CAF, and a loss to Canadian society as well.

...

Although the number and details of suicides in Canadian military and veteran populations is not well documented, a number of cases have come to public attention, especially those during or immediately after a major conflict in which Canada has been involved.

...

Four key perceptions have influenced public attitudes towards military suicide: (1) Perceptions of the military itself—what is the role of the military within society? (2) Perceptions of the conflict—how is the mission interpreted by the Canadian public? (3) Perceptions of mental illness—what are the prevailing cultural beliefs concerning mental illness? (4) Perceptions of place of death—the significance of where a soldier dies reflects the values the public associates with the military, the conflict, and mental illness.

<http://www.sciencedirect.com/science/article/pii/S0165032715302561>

Association of dimensional psychological health measures with telomere length in male war veterans.

Francesco Saverio Bersani, Daniel Lindqvist, Synthia H. Mellon, Elissa S. Epel, Rachel Yehuda, Janine Flory, Clare Henn-Hasse, Linda M. Bierer, Iouri Makotkine, Duna Abu-Amara, Michelle Coy, Victor I. Reus, Jue Lin, Elizabeth H. Blackburn, Charles Marmar, Owen M. Wolkowitz

Journal of Affective Disorders
Available online 28 October 2015
doi:10.1016/j.jad.2015.10.037

Background

Several psychiatric disorders may be characterized by peripheral telomere shortening. However, it is unclear whether telomere shortening is associated with these psychiatric disorders per se or, rather, with underlying dimensional parameters that are often, but not necessarily, associated with them. We explored the association between dimensional psychopathological measures and telomere length (TL) in granulocytes among veterans independent of psychiatric diagnosis.

Methods

Seventy-six combat-exposed male veterans (41 psychiatrically healthy, 18 with Posttraumatic Stress Disorder [PTSD] and 17 with concomitant PTSD and Major Depressive Disorder [MDD]) had TL assayed. Assessments included Clinician-Administered PTSD Scale (CAPS), Beck Depression Inventory-II (BDI-II), Early Trauma Inventory (ETI), Symptom Checklist-90-R Global Severity Index (SCL-90-GSI), Perceived Stress Scale (PSS) and Positive and Negative Affect Schedule (PANAS). Correlations were corrected for age, BMI, antidepressants and ethnicity.

Results

Across subjects, TL was negatively correlated with early trauma ($p < 0.001$), global psychopathological severity ($p = 0.044$) and perceived stress ($p = 0.019$), positively correlated with positive affect ($p = 0.026$), not significantly correlated with symptom severity of PTSD, depression or negative affect. Across these dimensions, early trauma and positive affect were associated with TL after excluding subjects with somatic illnesses.

Limitations

The study was cross-sectional with a moderate sample size and only male combat-exposed subjects.

Conclusions

These preliminary findings suggest that early trauma, severity of perceived stress and general psychopathological symptoms are more closely associated with shorter TL than is the severity of core diagnostic symptoms of PTSD or MDD, whereas positive affect is associated with longer TL. Larger-scale studies should assess TL associated with specific psychiatric dimensions, apart from only categorical psychiatric diagnoses, to develop more specific biologically-relevant endophenotypes.

<http://www.biomedcentral.com/1471-244X/15/265>

Stress reactions after a patient suicide and their relations to the profile of mental health professionals.

Dolores Angela Castelli Dransart, Jean-Luc Heeb, Alida Gulfi and Elisabeth M. Gutjahr

BMC Psychiatry 2015, 15:265
doi:10.1186/s12888-015-0655-y

Background

Patient suicide is a professional hazard for mental health professionals and an event likely to trigger stress reactions among them.

This study aimed to identify typical profiles of professionals after a patient suicide to address the severity of stress reactions and its discriminant variables.

Methods

Mental health professionals (N = 666) working in institutional settings or private practice in the French-speaking part of Switzerland filled out a self-administered questionnaire including the IES-R (Impact of Event Scale-Revised). Profiles were identified by cluster analysis.

Results

The interplay of variables pertaining to the relationship to the patient, exposure to suicide, support and training contributed to explaining the severity of stress reactions after a patient suicide. Five profiles of professionals were identified. Low-impacted professionals (55.8 % of the sample) were characterised either by high support and anticipation (anticipators with support), emotional distance to the patient (distant professionals) or no contact with the patient at the time of death (no more contact with patient professionals). Emotional closeness to, and responsibility for the patient were typical of moderately-impacted professionals (36.6 %, concerned professionals), while highly-impacted professionals felt emotionally close to the patient and lacked support although more than half of them sought it (7.7 %, unsupported professionals).

Conclusions

Differences in the professionals' profiles relate prominently to the interplay between risk and protective factors. Professionals who were appropriately supported, i.e., according to their risk profile, were able to cope with the event. Taking into account the profiles of professionals and the severity of stress reactions may enable the screening of those professionals most in need of support. Those most impacted sought out help more frequently. However, only a minority of them were offered sufficient support. Institutional or vocational bodies should take measures to ensure that professionals seeking help find it easily and promptly.

The combination of training and support seems to be crucial for mitigating risk factors since the three low impacted subgroups had received the most training and support.

<http://www.sciencedirect.com/science/article/pii/S0165032715305486>

The exacerbating influence of hopelessness on other known risk factors for repeat self-harm and suicide.

Sarah Steeg, Matthew Haigh, Roger T. Webb, Nav Kapur, Yvonne Awenat, Patricia Gooding, Daniel Pratt, Jayne Cooper

Journal of Affective Disorders
Available online 28 October 2015
doi:10.1016/j.jad.2015.09.050

Background

Hopelessness is frequently observed in people who harm themselves and is an established risk factor for nonfatal self-harm repetition and suicide. Little is known about how the presence of hopelessness in addition to other risk factors affects subsequent risk.

Method

Prospective cohort of 19,479 individuals presenting with self-harm to one of three English

Emergency Departments between 1st January 2000 and 31st December 2010. Repeat self-harm and suicide deaths within twelve months of the first assessed episode were identified. Cox Proportional Hazards models were used to estimate Hazard Ratios (HRs) for risk factors with and without hopelessness.

Results

A clinical impression of hopelessness was associated with increased risk of further self-harm (HR 1.35, 95% CI 1.16-1.58) and suicide (HR 2.56, CI 1.10-5.96) in the year following an index episode. For individuals who were living alone or homeless, unemployed, reported problems with housing, had received psychiatric treatment in the past, were currently receiving treatment or used alcohol during the self-harm episode, an exacerbation of an already elevated risk of repetition was observed amongst those who were assessed as hopeless. Where individuals presented with forensic problems, physical health problems or bereavement, an increase in risk was only observed for those who were also assessed as hopeless.

Limitations

A clinical impression of hopelessness was assigned using a binary 'yes'/'no' classification rather than a validated scale.

Conclusions

Hopelessness intensifies the impact of several known risk factors for adverse outcomes following self-harm. These findings highlight the importance of identifying and therapeutically addressing this dynamic but potentially modifiable clinical risk factor during the psychosocial assessment and in subsequent care.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12225/full>

Suicide and Suicidal Attempts in the United States: Costs and Policy Implications.

Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A. and Silverman, M. M.

Suicide and Life-Threatening Behavior

Article first published online: 29 OCT 2015

DOI: 10.1111/sltb.12225

The national cost of suicides and suicide attempts in the United States in 2013 was \$58.4 billion based on reported numbers alone. Lost productivity (termed indirect costs) represents most (97.1%) of this cost. Adjustment for under-reporting increased the total cost to \$93.5 billion or \$298 per capita, 2.1–2.8 times that of previous studies. Previous research suggests that improved continuity of care would likely reduce the number of subsequent suicidal attempts following a previous nonfatal attempt. We estimate a highly favorable benefit–cost ratio of 6 to 1 for investments in additional medical, counseling, and linkage services for such patients.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1093982>

Gender Differences in Acquired Capability Among Active Duty Service Members at High Risk for Suicide.

Amanda H. Kerbrat , Katherine Anne Comtois , Bryan J. Stiles , David Huh , Samantha A. Chalker , David D. Luxton

Military Behavioral Health

Accepted author version posted online: 30 Oct 2015

DOI:10.1080/21635781.2015.1093982

The interpersonal-psychological theory of suicide (IPTs) differentiates the desire to die from the capability to inflict lethal self-injury. Despite increasing agreement in the literature regarding the theoretical relevance of the construct in understanding military suicide, acquired capability has rarely been evaluated among currently or recently suicidal active duty service members. To this end, the present study pooled baseline data for 733 active duty service members enrolled in one of two clinical trials to prevent suicide. We hypothesized that self-reported acquired capability would be higher among men, and would increase with (1) suicide attempt frequency and (2) combat deployment frequency. Lifetime history of suicide attempts was assessed using the Suicide Attempt Self-Injury Count. Scores of self-reported acquired capability were based on the 20-item version of the Acquired Capability for Suicide Scale (ACSS) and the 7-item Fearlessness about Death subscale (ACSS-FAD). Consistent with the IPTs, male gender, suicide attempts (none, single, multiple), and deployments (0, 1, 2, 3+) to a combat zone predicted increased ACSS and ACSS-FAD scores. Findings support the relevance of the IPTs in a military context.

<http://www.ncbi.nlm.nih.gov/pubmed/26524282>

Psychol Serv. 2015 Nov;12(4):402-411.

The influence of military sexual trauma on returning OEF/OIF male veterans.

Mondragon SA, Wang D, Pritchett L, Graham DP, Plasencia ML, Teng EJ

Military sexual trauma (MST) encompasses experiences of sexual harassment and/or assault that occur during active duty military service. MST is associated with postdeployment mental health, interpersonal, and physical difficulties and appears to be more influential in the development of posttraumatic stress disorder (PTSD) than other active duty experiences,

including combat, among women veterans. Although some literature suggests that men who experience MST also evidence significant postdeployment difficulties, research in this area is lacking. The current study evaluated a large sample of returning male veterans (N = 961) who served in Iraq and/or Afghanistan. Veterans were referred for treatment in a trauma and anxiety specialty clinic at a large VA hospital. Of this sample, 18% (n = 173) reported MST perpetrated by a member of their unit. Results indicated veterans who reported MST were younger ($p = .001$), less likely to be currently married ($p < .001$), more likely to be diagnosed with a mood disorder ($p = .040$), and more likely to have experienced non-MST sexual abuse either as children or adults ($p < .001$). Analyses revealed that MST was negatively associated with postdeployment social support ($p < .001$) and positively associated with postdeployment perceived emotional mistreatment ($p = .004$), but was not associated with postdeployment loss of romantic relationship ($p = .264$), job loss ($p = .351$), or unemployment ($p = .741$) after statistically controlling for other trauma exposures and current social support. Results reflect the detrimental associations of MST on male veterans and the need for more research in this area. These findings also highlight the need for treatment interventions that address social and interpersonal functioning in addition to symptoms of depressive disorders. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26522872>

J Psychiatr Res. 2015 Dec;71:56-62. doi: 10.1016/j.jpsychires.2015.09.010. Epub 2015 Sep 15.

Epidemiology of psychiatric disability without posttraumatic stress disorder among U.S. Army and Marine Corps personnel evaluated for disability discharge.

Piccirillo AL, Packnett ER, Boivin MR, Cowan DN

Psychiatric disorders are a common reason for disability discharge from the U.S. military. Research on psychiatric disorders in military personnel evaluated for disability discharge has historically focused on posttraumatic stress disorder (PTSD), yet 40% of service members evaluated for a psychiatric-related disability do not have PTSD. This study's objective was to describe characteristics and correlates of disability in Army and Marine Corps personnel diagnosed with psychiatric disorders other than PTSD. In this cross-sectional study, the chi-square and Wilcoxon-Mann-Whitney tests compared the distribution of demographic, disability and deployment characteristics between those evaluated for non-PTSD psychiatric disability (N = 9125) versus those evaluated for any other non-psychiatric condition (N = 78,072). Multivariate logistic regression examined associations between disability retirement and demographic and disability characteristics. Results show a significantly higher prevalence of disability retirement, deployment, and comorbidity among Army and Marine Corps personnel evaluated for disability discharge related to a non-PTSD psychiatric disorder. Mood disorders, anxiety disorders and dementia were the most commonly evaluated psychiatric disorders. Characteristics associated with increased odds of non-PTSD psychiatric-related disability

retirement includes being in the Marine Corps (OR = 1.24), being black (OR = 1.29) or other race (OR = 1.33), having a combat-related condition (OR = 2.50), and older age. Service members evaluated for a non-PTSD psychiatric disability have similar rates of disability retirement as those evaluated for PTSD, suggesting non-PTSD psychiatric disorders cause a severe and highly compensated disability. Additional research is needed describing the epidemiology of specific non-PTSD psychiatric disorders, such as depression, in service members evaluated for disability discharge. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.sciencedirect.com/science/article/pii/S0272735815001385>

Psychological Treatments for Adults with Posttraumatic Stress Disorder: A Systematic Review and Meta-analysis.

Karen Cusack, Daniel E. Jonas, Catherine A. Forneris, Candi Wines, Jeffrey Sonis, Jennifer Cook Middleton, Cynthia Feltner, Kimberly A. Brownley, Kristine Rae Olmsted, Amy Greenblatt, Amy Weil, Bradley N. Gaynes

Clinical Psychology Review

Available online 2 November 2015

doi:10.1016/j.cpr.2015.10.003

Numerous guidelines have been developed over the past decade regarding treatments for Posttraumatic stress disorder (PTSD). However, given differences in guideline recommendations, some uncertainty exists regarding the selection of effective PTSD therapies. The current manuscript assessed the efficacy, comparative effectiveness, and adverse effects of psychological treatments for adults with PTSD. We searched MEDLINE, Cochrane Library, PILOTS, Embase, CINAHL, PsycINFO, and the Web of Science. Two reviewers independently selected trials. Two reviewers assessed risk of bias and graded strength of evidence (SOE). We included 64 trials; patients generally had severe PTSD. Evidence supports efficacy of exposure therapy (high SOE) including the manualized version Prolonged Exposure (PE); cognitive therapy (CT), cognitive processing therapy (CPT), cognitive behavioral therapy (CBT)-mixed therapies (moderate SOE); eye movement desensitization and reprocessing (EMDR) and narrative exposure therapy (low-moderate SOE). Effect sizes for reducing PTSD symptoms were large (e.g., Cohen's $d \sim -1.0$ or more compared with controls). Numbers needed to treat (NNTs) were < 4 to achieve loss of PTSD diagnosis for exposure therapy, CPT, CT, CBT-mixed, and EMDR. Several psychological treatments are effective for adults with PTSD. Head-to-head evidence was insufficient to determine these treatments' comparative effectiveness, and data regarding adverse events was absent from most studies.

<http://www.ncbi.nlm.nih.gov/pubmed/25776806>

Obesity (Silver Spring). 2015 Apr;23(4):886-92. doi: 10.1002/oby.21025. Epub 2015 Mar 16.

Post-traumatic stress disorder predicts future weight change in the Millennium Cohort Study.

LeardMann CA, Woodall KA, Littman AJ, Jacobson IG, Boyko EJ, Smith B, Wells TS, Crum-Cianflone NF

OBJECTIVE:

To prospectively examine the association between post-traumatic stress disorder (PTSD) and weight change.

METHODS:

Longitudinal analysis techniques were used to examine data (2001-2008) from Millennium Cohort Study participants, consisting of U.S. service members and veterans. Using the PTSD Checklist-Civilian Version, PTSD was assessed as none, resolved, new onset, or persistent. Subsequent weight change was assessed as stable ($\leq 3\%$ loss or gain), $>3\%$ weight loss, $>3\%$ but $<10\%$ weight gain, and $\geq 10\%$ weight gain.

RESULTS:

Of the 38,352 participants, 2391 (6.2%) had PTSD (838 resolved, 1024 new onset, and 529 persistent), and 11% of participants subsequently had $\geq 10\%$ weight gain. In multivariable models, PTSD was associated with higher odds of $\geq 10\%$ weight gain (new onset OR: 1.44 [95% CI: 1.20-1.73]; persistent OR: 1.51 [CI: 1.17-1.96]; resolved OR: 1.30 [CI: 1.05-1.60]) compared with those without PTSD. New-onset and persistent PTSD were also associated with higher odds of $>3\%$ weight loss (OR: 1.41 [CI: 1.17-1.71]; OR: 1.42 [CI: 1.09-1.86], respectively).

CONCLUSIONS:

PTSD is independently associated with a higher risk of weight gain and loss, the former of which leads to a higher prevalence of overweight and obesity and a higher risk of comorbidities associated with excessive body adiposity. © 2015 The Obesity Society.

<http://www.ncbi.nlm.nih.gov/pubmed/25442366>

Womens Health Issues. 2015 Jan-Feb;25(1):35-41. doi: 10.1016/j.whi.2014.09.003. Epub 2014 Nov 22.

Gender differences in the impact of warfare exposure on self-rated health.

Wang JM, Lee LO, Spiro A 3rd

BACKGROUND:

This study examined gender differences in the impact of warfare exposure on self-reported physical health.

METHODS:

Data are from the 2010 National Survey of Veterans, a nationally representative survey of veterans from multiple eras of service. Regression analyses assessed gender differences in the association between warfare exposure (deployment to a war zone, exposure to casualties) and health status and functional impairment, adjusting for sociodemographics.

FINDINGS:

Women reported better health status but greater functional impairment than men. Among men, those who experienced casualties only or both casualties and deployment to a war zone had worse health compared with those who experienced neither stressor or deployment to a war zone only. Among women, those who experienced casualties only or both stressors reported worse health than those who experienced war zone only, who did not differ from the unexposed. No association was found between warfare exposure and functional impairment in women; in men, however, those who experienced exposure to casualties or both stressors had greater odds of functional impairment compared with those who experienced war zone only or neither stressor.

CONCLUSIONS:

Exposure to casualties may be more predictive of health than deployment to a war zone, especially for men. We did not find a stronger association between warfare exposure and health for women than men. Given that the expansion of women's military roles has allowed them to serve in direct combat, their degree and scope of warfare exposure is likely to increase in the future. Copyright © 2015 Jacobs Institute of Women's Health. All rights reserved.

Links of Interest

What Are Your Sleep Rules?

http://www.huffingtonpost.com/david-cunnington/what-are-your-sleep-rules_b_8402556.html

Missed Treatment: Soldiers With Mental Health Issues Dismissed For 'Misconduct'

<http://www.npr.org/2015/10/28/451146230/missed-treatment-soldiers-with-mental-health-issues-dismissed-for-misconduct>

E-cigarettes connected to problematic drinking, study finds

<http://www.sciencedaily.com/releases/2015/10/151028131038.htm>

Jet lag-like sleep disruptions spur Alzheimer's memory, learning loss
<http://www.sciencedaily.com/releases/2015/10/151029103405.htm>

On the rise: Painkiller abusers who also use heroin
<http://www.sciencedaily.com/releases/2015/10/151029101151.htm>

Can Cognitive Behavioral Therapy Treat Chronic Headache?
<http://www.hcplive.com/medical-news/can-cognitive-behavioral-therapy-treat-chronic-headache>

Psychology researchers study military marriages
<https://sidneydailynews.com/news/9206/psychology-researchers-study-military-marriages>

Online cognitive behavioral therapy benefits people with depression, anxiety
<http://medicalxpress.com/news/2015-11-online-cognitive-behavioral-therapy-benefits.html>

Sleep interruptions worse for mood than overall reduced amount of sleep, study finds
<http://www.sciencedaily.com/releases/2015/10/151030220514.htm>

Small Towns Face Rising Suicide Rates
<http://www.nytimes.com/2015/11/03/health/small-towns-face-rising-suicide-rates.html>

VA Hospitals May be Concealing Wait Times for Vets
<http://www.allgov.com/news/top-stories/va-hospitals-may-be-concealing-wait-times-for-vets-151103?news=857773>

How depressive thoughts persevere, interfere with memory in people with depression
<http://www.sciencedaily.com/releases/2015/11/151103151119.htm>

Should I Set the Record Straight About a Suicide?
<http://www.nytimes.com/2015/10/25/magazine/should-i-set-the-record-straight-about-a-suicide.html>


Connections discovered between masculinity, energy drink use, and sleep problems
<http://www.sciencedaily.com/releases/2015/11/151104150958.htm>

Resource of the Week: [2015 Military Family Lifestyle Survey](#) (Blue Star Families)

Blue Star Families conducted its 6th annual Military Lifestyle Survey in April-May, 2015 to identify contemporary issues facing military families and to increase understanding and support of the military lifestyle. Over 6,200 military family members, including active duty service members and veterans, provided valuable insight regarding the true cost of sustaining the All-Volunteer Force.

...
 Military Pay/Benefits and Changes to Retirement Benefits are the top two issues for all respondent subgroups and they are the same two top issues as indicated in last year's survey.


Military Spouse Employment, Veteran Employment, and Service Member and Veteran Suicide were key issues that varied by subgroup.



6,291
RESPONDENTS
INCLUDING
MILITARY SPOUSES
SERVICE MEMBERS
& VETERANS


MILITARY FAMILIES ARE ASSETS TO NATIONAL DEFENSE AND LOCAL COMMUNITIES. THEY ARE CENTRAL TO THE HEALTH AND CAPABILITY OF THE ALL-VOLUNTEER FORCE AND ARE GOOD NEIGHBORS ACTIVELY ENGAGED IN MAKING THEIR CIVILIAN COMMUNITIES GREAT PLACES TO LIVE.

BLUE STAR FAMILIES ANNUAL MILITARY FAMILY LIFESTYLE SURVEY PROVIDES A COMPREHENSIVE UNDERSTANDING OF WHAT IT MEANS TO SERVE AS A MILITARY FAMILY AND IS A BLUEPRINT FOR STRENGTHENING AMERICA BY SUPPORTING MILITARY FAMILIES.



IN COLLABORATION WITH:
STRASBURG UNIVERSITY
INSTITUTE FOR VETERANS
AND MILITARY FAMILIES
Please Read & Enjoy the Report

Funding for the Annual Military Family Lifestyle Survey provided through the generosity of our presenting sponsor USAA and from the Lockheed Martin Corporation, United Healthcare Military & Veterans, Remo A-Center, Health Net Federal Services, Facebook, and the USO.



2015 MILITARY FAMILY LIFESTYLE SURVEY

TOP 5 ISSUES

RANKED AS MOST CONCERNING

- > MILITARY PAY AND RETIREMENT BENEFIT CHANGES ARE THE TOP TWO CONCERNS FOR ALL RESPONDENTS
- > SPOUSE EMPLOYMENT, MILITARY SUICIDE & VETERAN EMPLOYMENT ROUND OUT THE TOP 5 ISSUES OVERALL FROM ALL SURVEY RESPONDENTS

MILITARY SPOUSES

Military Pay/Benefits	65%
Change in Retirement	51%
Military Spouse Employment	40%
Deployment Impact on Children	37%
Children's Educational Opportunities	23%

SERVICE MEMBERS

Military Pay/Benefits	65%
Change in Retirement	63%
Veteran Employment	37%
Op Tempo/Deployment/Training	31%
Military Lifestyle Uncertainty	31%

VETERANS

Change in Retirement	56%
Military Pay/Benefits	57%
Service Member & Veteran Suicide	38%
Disability Claim Backlog	34%
Veteran Employment	34%

SPOUSE EMPLOYMENT

TOP CHALLENGES TO EMPLOYMENT

- 52% Poor Job Market Alignment
- 36% Service Member's Job/Work Obligations

45% have a full- or part-time job

58% are not working would like to be employed outside the home

75% reported being a military spouse had a negative impact on their ability to pursue a career

FINANCIAL READINESS

TOP 3 OBSTACLES TO FINANCIAL SECURITY

- 42% Uncertainty in Military Life
- 40% Spouse Employment
- 39% Benefits Uncertainty/Changes

14% of active duty do not regularly contribute to a retirement account

60% of post-9/11 Service members feel financially secure

78% are paying more than BAH for housing; 22% of those are paying \$400 or more

TRANSITION

28% described their overall transition from active duty to veteran as "difficult" or "very difficult"

43% of veterans had some form of TAP & 57% agreed that it prepared them to successfully transition from active duty to civilian life

87% feel the military has prepared me to be a leader in the civilian workplace and community

97% feel pride from accomplishments during military service

Shirl Kennedy
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