CDP Research Update -- November 12, 2015

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- An Exploration of Returning Veterans' Sexual Health Issues Using a Brief Self-Report Measure.
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http://content.govdelivery.com/accounts/USVHA/bulletins/12495f9

Veterans Day 2015: PTSD and Veterans - PTSD Monthly Update, November 2015

On Veterans Day, we take this opportunity to express our humble thanks to all who sacrificed for us and our country. For those Veterans who served and are still serving, and each and every one of their family members...thank you.

Out of the estimated 22 million U.S. Veterans living today, 16.5 million, or 75%, served in Wartime and just over 7 million Veterans are of the Vietnam Era. Servicemembers are at high risk for exposure to traumatic events, especially during times of war. Going through a trauma does not mean that you will develop PTSD, though. The number of Veterans with PTSD varies by service era:

- 11-20% of Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) Veterans have PTSD in a given year.
- 12% of Gulf War (Desert Storm) Veterans have PTSD in a given year.
- 30% of Vietnam Era Veterans have had PTSD in their lifetime.

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http://www-psych.stanford.edu/~ajordan/papers/PCL%205%20Psychometrics.pdf

Psychometric Analysis of the PTSD Checklist-5 (PCL-5) among Treatment-Seeking Military Service Members.

Jennifer H. Wortmann, Alexander H. Jordan, Frank W. Weathers, Patricia A. Resick, Katherine A. Dondanville, Brittany Hall-Clark, Edna B. Foa, Stacey Young-McCaughan, Jeffrey S. Yarvis, Elizabeth A. Hembree, Jim Mintz, Alan L. Peterson, Brett T. Litz

Psychological Assessment (forthcoming)

The Posttraumatic Stress Disorder Checklist (PCL-5; Weathers et al., 2013) was recently revised to reflect the changed diagnostic criteria for PTSD in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). We investigated the psychometric properties of PCL-5 scores in a large cohort (N = 912) of military service members seeking PTSD treatment while stationed in garrison. We examined the internal consistency, convergent and discriminant validity, and DSM-5 factor structure of PCL-5 scores, their sensitivity to clinical change relative to PTSD Symptom Scale – Interview (PSS-I; Foa, Riggs, Dancu, & Rothbaum, 1993) scores, and their diagnostic utility for predicting a PTSD diagnosis based on various measures and scoring rules. PCL-5 scores exhibited high internal consistency. There was strong agreement between the order of hypothesized and observed correlations among PCL-5 and criterion measure scores. The best-fitting structural model was a 7-factor hybrid model (Armour et al., 2015), which demonstrated closer fit than all other models evaluated, including the DSM-5 model. The PCL-5's sensitivity to clinical change, pre- to post-

treatment, was comparable to that of the PSS-I. Optimally efficient cut scores for predicting PTSD diagnosis were consistent with prior research with service members (Hoge, Riviere, Wilk, Herrell, & Weathers, 2014). The results indicate that the PCL-5 is a psychometrically sound measure of DSM-5 PTSD symptoms that is useful for identifying provisional PTSD diagnostic status, quantifying PTSD symptom severity, and detecting clinical change over time in PTSD symptoms among service members seeking treatment.

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http://gao.gov/products/GAO-16-24

VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed
GAO-16-24: Published: Oct 28, 2015. Publicly Released: Oct 28, 2015

The way in which the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) calculates veteran mental health wait times may not always reflect the overall amount of time a veteran waits for care. VHA uses a veteran's preferred date (determined when an appointment is scheduled) to calculate the wait time for that patient's full mental health evaluation, the primary entry point for mental health care. Of the 100 veterans whose records GAO reviewed, 86 received full mental health evaluations within 30 days of their preferred dates. On average, this was within 4 days. However, GAO also found

- veterans' preferred dates were, on average, 26 days after their initial requests or referrals for mental health care, and ranged from 0 to 279 days. Further, GAO found the average time in which veterans received their first treatment across the five VA medical centers (VAMC) in its review ranged from 1 to 57 days from the full mental health evaluation.

- conflicting access policies for allowable wait times for a full mental health evaluation—14 days (according to VHA's mental health handbook) versus 30 days (set in response to recent legislation) from the veteran's preferred date—created confusion among VAMC officials about which policy they are expected to follow. These conflicting policies are inconsistent with federal internal control standards and can hinder officials' ability to ensure veterans are receiving timely access to mental health care.

VHA monitors access to mental health care, but the lack of clear policies on wait-time data precludes effective oversight. GAO found VHA's wait-time data may not be comparable over time and between VAMCs. Specifically

- data may not be comparable over time. VHA has not clearly communicated the definitions used, such as how a new patient is identified, or changes made to these definitions. This limits the reliability and usefulness of the data in determining progress in meeting stated objectives for veterans' timely access to mental health care.

- data may not be comparable between VAMCs. For example, when open-access appointments are used, data are not comparable between VAMCs. Open-access appointments are typically blocks of time for veterans to see providers without a scheduled appointment. GAO found inconsistencies in the implementation of these appointments, including one VAMC that manually maintained a list of veterans seeking mental health care outside of VHA's scheduling system. Without guidance stating how to manage and track open-access appointments, data comparisons between VAMCs may be misleading. Moreover, VAMCs may lose track of patients referred for mental health care, placing veterans at risk for negative outcomes.

See also: Veterans' Access to Mental Health Care (podcast)

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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
Published 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 69 male OEF/OIF/OND veterans. Findings revealed a number of 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.

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http://www.ncbi.nlm.nih.gov/pubmed/25421591

Soc Psychiatry Psychiatr Epidemiol. 2015 Apr;50(4):639-51. doi: 10.1007/s00127-014-0981-2. Epub 2014 Nov 25.

Mental health among a nationally representative sample of United States Military Reserve Component Personnel.

Russell DW, Cohen GH, Gifford R, Fullerton CS, Ursano RJ, Galea S.

PURPOSE:
Estimate prevalence of lifetime, current year, and current month depression and post-traumatic stress disorder (PTSD) among US military reservists.

METHODS:
Structured interviews were performed with a nationally representative military reserve sample (n = 2,003). Sociodemographic characteristics, military experiences, lifetime stressors, and psychiatric conditions were assessed. Depression was measured with the PHQ-9, and PTSD (deployment and non-deployment related) was assessed with the PCL-C.

RESULTS:
Depression (21.63% lifetime, 14.31% current year, and 5.99% current month) was more common than either deployment-related PTSD (5.49% lifetime, 4.98% current year, and 3.62% current month) or non-deployment-related PTSD (5.40% lifetime, 3.91% current year, and 2.32% current month), and branch-related differences were found. Non-deployment-related trauma was associated with non-deployment-related PTSD and depression in a dose-response fashion; deployment-related trauma was associated with deployment-related PTSD and depression in a dose-response fashion.

CONCLUSIONS:
The study reveals notable differences in PTSD and depression prevalence by service branch that may be attributable to a combination of factors including greater lifetime trauma exposures and differing operational military experiences. Our findings suggest that service branch and organizational differences are related to key protective and/or risk factors, which may prove useful in guiding prevention and treatment efforts among reservists.

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http://www.ncbi.nlm.nih.gov/pubmed/25623021

Psychiatry Res. 2015 Mar 30;226(1):142-8. doi: 10.1016/j.psychres.2014.12.038. Epub 2015 Jan 6.

Baseline prevalence of Axis I diagnosis in the Ohio Army National Guard.

Tamburrino MB, Chan P, Prescott M, Calabrese J, Liberzon I, Slembarski R, Shirley E, Fine T, Goto T, Wilson K, Derus A, Ganocy S, Beth Serrano M, Galea S

The goal of this study is to determine the pre-existing lifetime and current prevalence of DSM-IV Axis I disorders within the Ohio Army National Guard (OHARNG). Data was analyzed from the clinical subsample of the Ohio Army National Guard Mental Health Initiative (OHARNG MHI).

Five hundred participants were provided with an in-depth clinical assessment using the Clinician-Administered PTSD Scale (CAPS) and the Structured Clinical Interview for DSM-IV-TR (SCID). Logistic regression examined the relationship between Axis I disorders and the number of deployments and gender. Prevalence of at least one DSM-IV lifetime disorder was 66.2%; substance use disorders were 52.2%, followed by mood disorders (30.0%) and anxiety disorders (22.0%). Prevalence of at least one current disorder was 24.8%; anxiety disorders (13.2%), mood disorders (7.6%), and substance use disorders (7.0%) were most frequent. Number of deployments was associated with PTSD (OR=8.27, 95% CI 2.10-32.59, p=0.003), alcohol use disorder (OR=1.77, 95% CI 1.07-2.92, p=0.025), and any substance use disorder (OR=1.85, 95% CI 1.12-3.05, p=0.016). Gender (OR=2.02, 95% CI 1.10-3.73, p=0.024) was associated with any mood disorder. The results provide baseline information on the most prevalent mental disorders within the OHARNG.
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http://link.springer.com/article/10.1007/s00702-015-1476-3

Sleep-dependent memory consolidation and its implications for psychiatry.

Monique Goerke, Notger G. Müller, Stefan Cohrs

Psychiatry And Preclinical Psychiatric Studies - Review Article
Journal of Neural Transmission
pp 1-16
First online: 30 October 2015

Both sleep disturbance and memory impairment are very common in psychiatric disorders. Since sleep has been shown to play a role in the process of transferring newly acquired information into long-term memory, i.e., consolidation, it is important to highlight this link in the context of psychiatric disorders. Along these lines, after providing a brief overview of healthy human sleep, current neurobiological models on sleep-dependent memory consolidation and resultant opportunities to manipulate the memory consolidation process, recent findings on sleep disturbances and sleep-dependent memory consolidation in patients with insomnia, major depression, schizophrenia, and post-traumatic stress disorder are systematically reviewed. Furthermore, possible underlying neuropathologies and their implications on therapeutic strategies are discussed. This review aims at sensitizing the reader for recognizing sleep disturbances as a potential contributor to cognitive deficits in several disorders, a fact which is often overlooked up to date.

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http://www.sciencedirect.com/science/article/pii/S0163834315002339

Prazosin for treating sleep disturbances in adults with Post Traumatic Stress Disorder: a systematic review and meta-analysis of randomized controlled trials.

Davit Khachatryan, Dianne Groll, Linda Booij, Amir A. Sepehry, Christian G. Schütz

General Hospital Psychiatry
Available online 1 November 2015
doi:10.1016/j.genhosppsych.2015.10.007

Objective
Post Traumatic Stress Disorder (PTSD) is a disorder with significant sleep morbidity and limited treatment options. Prazosin may constitute a novel management approach, and has been tested recently in a number of trials. We conducted a meta-analysis to examine the effectiveness of prazosin for nightmares and other sleep disturbances in adults with PTSD.

Method
A systematic review of databases for randomized, double-blind, placebo-controlled trials of adults diagnosed with PTSD and reporting sleep disturbances that were treated with prazosin was conducted in January 2015. No limitations were placed on language or year of publication.

Results
Six randomized controlled trials of prazosin for sleep disturbances in patients with PTSD were included (sample n = 240). We found that prazosin was statistically significantly more effective than placebo in improving sleep quality g = 0.987, 95% CI (0.324-1.651), reducing overall PTSD symptoms, g = 0.699, 95% CI (0.139-1.260), and sleep disturbances in particular g = 0.799, 95% CI (0.391-1.234).

Conclusions
Prazosin showed medium-to-large and statistically significant effects on PTSD symptoms in general and sleep disturbances in particular. While promising, results should be interpreted with caution given the limited total number of participants and the limitations induced by the majority of participants being male and non-civilian.

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https://uottawa.scholarsportal.info/ojs/index.php/uojm-jmuo/article/view/1373

The Treatment of Sleep Disorders in the PTSD Patient.

Kimberly Reiter

University of Ottawa Journal of Medicine

Vol 5, No 2 (2015)
p. 55-58
Neuroscience and Mental Health

Introduction:
Post-traumatic stress disorder (PTSD) is a debilitating anxiety disorder that develops in 25-30% of individuals exposed to a traumatic event. Sleep disturbances (i.e. nightmares and restless sleep) are common symptoms of PTSD, affecting approximately 70-87% of patients. Studies have shown that improving sleep disturbances improves disease severity and therapeutic outcomes. Although selective serotonin reuptake inhibitors (SSRIs) are considered first-line therapies for PTSD, sleep disturbances often remain refractory and require additional therapies for their resolution.

Discussion:
Pharmacological and non-pharmacological modalities are available for the treatment of PTSD sleep disturbances. Although cognitive behavioural therapy (CBT) is well supported to alleviate sleep disturbances, studies have shown patient drop-out by the time of long-term follow-up, suggesting CBT may be viewed as challenging to complete. Under these circumstances, the use of pharmacological therapies can be considered independently or in adjunct. Conflicting evidence surrounds the benefit of SSRIs in the treatment of sleep disturbances. Moreover, there is limited research surrounding the use of trazodone in this patient population. Benzodiazepines are poorly supported and the side effect profile of atypical antipsychotics limits their routine use. Prazosin holds the most promise and is the most well supported pharmacological agent in the literature. Nabilone, although a controversial agent, also holds promise of benefit.

Conclusions:
Several pharmacological and behavioural therapies are available to treat PTSD sleep disturbances. However, the evidence supporting any of these modalities as being superior is limited. Larger, randomized controlled trials are needed to gain a greater understanding of efficacious therapies available to address this clinical problem.

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http://journals.rcni.com/doi/abs/10.7748/ns.30.10.37.s46

Understanding and managing the health needs of veterans.

Danielle Fullwood

Nursing Standard. 30, 10, 37-43.
http://dx.doi.org/10.7748/ns.30.10.37.s46

Military service has many possible consequences for an individual's health. However, the health needs of veterans are not well understood by healthcare professionals. A veteran may present

with overlapping symptoms of mental and physical ill health. Problems such as hazardous levels of alcohol consumption and aggressive behaviour may be evident alongside anxiety, depression, post-traumatic stress disorder, chronic pain and disfigurement. Female veterans may present with other complex health issues, such as military sexual trauma. The author suggests that pre-registration curricula for all healthcare professionals should include learning on veterans as a vulnerable patient group. Primary care settings often have first contact with veterans and their families, and every new patient should be asked about their employment history. Collaboration between healthcare professions is vital in assessing and managing the health needs of veterans.

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http://psycnet.apa.org/journals/ser/12/4/435/

Establishing a new military sexual trauma treatment program: Issues and recommendations for design and implementation.

Johnson, Nicole L.; Robinett, Shelia; Smith, Lauren M.; Cardin, Scott

Psychological Services
Vol 12(4), Nov 2015, 435-442
http://dx.doi.org/10.1037/ser0000061

This article presents a review of issues and considerations when developing a comprehensive military sexual trauma (MST) treatment program. A review of the current literature was conducted, which we argue is the first step in informing programmatic design. Next, information on how to obtain local public data and then a description of how we used this information to design the new MST program at our facility are discussed. Our clinic design reflects best practice while simultaneously incorporating real-world information and will be more likely to positively influence overall care to patients. As such, we recommend that clinicians involved in clinic development will use this process as a model for successful clinic planning and program development. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://psycnet.apa.org/journals/ser/12/4/366/

Associations of military sexual trauma, combat exposure, and number of deployments with physical and mental health indicators in Iraq and Afghanistan veterans.

Godfrey, Kathryn M.; Mostoufi, Sheeva; Rodgers, Carie; Backhaus, Autumn; Floto, Elizabeth; Pittman, James; Afari, Niloofar

Psychological Services

Vol 12(4), Nov 2015, 366-377
http://dx.doi.org/10.1037/ser0000059

Trauma exposure (TE) and numerous deployments have been associated with negative health outcomes in veterans, many of whom have military sexual trauma (MST) and combat exposure (CE). The aims of this study were to examine the relationships between physical and mental health symptoms with MST and CE and number of deployments. Iraq and Afghanistan veterans at the Veterans Affairs San Diego Healthcare System completed self-report measures for MST, CE, number of deployments, posttraumatic stress disorder (PTSD) symptoms, depression symptoms, alcohol use, somatic symptoms, health functioning, and body mass index (BMI). Regression analyses examined main and interaction effects of CE and MST and the linear and quadratic trends of number of deployments. The sample (N = 1,294) had a mean age of 31 and was 85% male. The MST by CE interaction on BMI was significant (p = .005), such that MST was associated with lower BMI in veterans with CE and with higher BMI in veterans without CE. MST and CE were associated with higher somatic, PTSD, and depression symptoms and with lower mental health functioning (ps < .001 to .002). CE was associated with lower physical health functioning and higher alcohol use (ps < .001 to .025). Number of deployments was linearly related to higher BMI (p = .004) and had a quadratic association with alcohol use (p = .008). Findings highlight the relationship between TE and poor health outcomes and the need to further study the mechanisms of TE on physical and mental health. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://psycnet.apa.org/psycinfo/2015-48450-001/

Limitations of a Single-Item Assessment of Suicide Attempt History: Implications for Standardized Suicide Risk Assessment.

Hom, Melanie A.; Joiner Jr., Thomas E.; Bernert, Rebecca A.

Psychological Assessment
Oct 26 , 2015
http://dx.doi.org/10.1037/pas0000241

Although a suicide attempt history is among the single best predictors of risk for eventual death by suicide, little is known about the extent to which reporting of suicide attempts may vary by assessment type. The current study aimed to investigate the correspondence between suicide attempt history information obtained via a single-item self-report survey, multi-item self-report survey, and face-to-face clinical interview. Data were collected among a high-risk sample of undergraduates (N = 100) who endorsed a past attempt on a single-item prescreening survey. Participants subsequently completed a multi-item self-report survey, which was followed by a face-to-face clinical interview, both of which included additional questions regarding the timing and nature of previous attempts. Even though 100% of participants (n = 100) endorsed a

suicide attempt history on the single-item prescreening survey, only 67% (n = 67) reported having made a suicide attempt on the multi-item follow-up survey. After incorporating ancillary information from the in-person interview, 60% of participants qualified for a Centers for Disease Control and Prevention (CDC)–defined suicide attempt. Of the 40% who did not qualify for a CDC-defined suicide attempt, 30% instead qualified for no attempt, 7% an aborted attempt, and 3% an interrupted attempt. These findings suggest that single-item assessments of suicide attempt history may result in the misclassification of prior suicidal behaviors. Given that such assessments are commonly used in research and clinical practice, these results emphasize the importance of utilizing follow-up questions and assessments to improve precision in the characterization and assessment of suicide risk. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://onlinelibrary.wiley.com/doi/10.1002/da.22449/abstract

Taking the pulse of prolonged exposure therapy: physiological reactivity to trauma imagery as an objective measure of treatment response.

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

Depression and Anxiety
Article first published online: 2 NOV 2015
DOI: 10.1002/da.22449

Background
Physiological reactivity to trauma-related cues is a primary symptom of PTSD and can be assessed objectively using script-driven imagery paradigms. However, subjective self-reported symptom measures are the most common outcome indices utilized in PTSD treatment trials and clinic settings. We examined physiological reactivity during a short trauma imagery task as an objective index of response to PTSD treatment, optimized for use in routine clinical care settings.

Methods
Participants were 35 male combat veterans receiving prolonged exposure (PE) therapy in a Veterans Affairs outpatient clinic. In addition to traditional subjective self-reported and clinician-rated symptom measures, patients also completed a script-driven imagery task in which heart rate (HR) and skin conductance (SC) were recorded at three assessment points across treatment. We examined changes in subjective symptom measures and objective trauma-specific physiological reactivity over the course of PE, and investigated the association between pretreatment physiological reactivity and treatment response.

Results
Patients who completed PE showed significantly diminished HR and SC reactivity to trauma

imagery across therapy. Additionally, individuals showing greater trauma-specific HR reactivity at pretreatment showed greater reductions in subjectively reported PTSD symptoms after the first session of imaginal exposure, and at posttreatment.

Conclusions
Findings support the utility of physiological reactivity during trauma imagery as an objective outcome measure that has the potential to be incorporated into evidence-based PTSD treatment in routine clinical settings, or prospective studies related to the individualization of care at pretreatment.

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http://epirev.oxfordjournals.org/content/37/1.toc

Epidemiologic Reviews
Volume 37 Issue 1 2015
Special Issue -- Veteran's Health

Epidemiologic Approaches to Veterans' Health
J. Michael Gaziano, John Concato, Sandro Galea, Nicholas L. Smith, and Dawn Provenzale

Mental Health Among Reserve Component Military Service Members and Veterans
Gregory H. Cohen, David S. Fink, Laura Sampson, and Sandro Galea

Alcohol and Drug Misuse, Abuse, and Dependence in Women Veterans
Katherine J. Hoggatt, Andrea L. Jamison, Keren Lehavot, Michael A. Cucciare, Christine Timko, and Tracy L. Simpson

Alcohol Use and Substance Use Disorders in Gulf War, Afghanistan, and Iraq War Veterans Compared With Nondeployed Military Personnel
Helen Louise Kelsall, Millawage Supun Dilara Wijesinghe, Mark Christopher Creamer, Dean Philip McKenzie, Andrew Benjamin Forbes, Matthew James Page, and Malcolm Ross Sim

Military Service, Deployments, and Exposures in Relation to Amyotrophic Lateral Sclerosis Etiology and Survival
Sarah M. Theodoroff, M. Samantha Lewis, Robert L. Folmer, James A. Henry, and Kathleen F. Carlson

Associations Between Cigarette Smoking and Pain Among Veterans
Shawna L. Carroll Chapman and Li-Tzy Wu

Post-Traumatic Stress Disorder, Physical Activity, and Eating Behaviors
Katherine S. Hall, Katherine D. Hoerster, and William S. Yancy, Jr.

Airborne Hazards Exposure and Respiratory Health of Iraq and Afghanistan Veterans
Michael J. Falvo, Omowunmi Y. Osinubi, Anays M. Sotolongo, and Drew A. Helmer

Prevalence and Treatment of Chronic Hepatitis C Virus Infection in the US Department of Veterans Affairs
Lauren A. Beste and George N. Ioannou

Stigma as a Barrier to Seeking Health Care Among Military Personnel With Mental Health Problems
Marie-Louise Sharp, Nicola T. Fear, Roberto J. Rona, Simon Wessely, Neil Greenberg, Norman Jones, and Laura Goodwin

Prevalence of Mental Health Disorders Among Justice-Involved Veterans
Janet C. Blodgett, Tigran Avoundjian, Andrea K. Finlay, Joel Rosenthal, Steven M. Asch, Natalya C. Maisel, and Amanda M. Midboe

Risk Factors for Homelessness Among US Veterans
Jack Tsai and Robert A. Rosenheck

Aggressive and Violent Behavior Among Military Personnel Deployed to Iraq and Afghanistan: Prevalence and Link With Deployment and Combat Exposure
Deirdre MacManus, Roberto Rona, Hannah Dickson, Greta Somaini, Nicola Fear, and Simon Wessely

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http://psycnet.apa.org/journals/ser/12/4/378/

Military sexual trauma, combat exposure, and negative urgency as independent predictors of PTSD and subsequent alcohol problems among OEF/OIF veterans.

Hahn, Austin M.; Tirabassi, Christine K.; Simons, Raluca M.; Simons, Jeffrey S.

Psychological Services
Vol 12(4), Nov 2015, 378-383
http://dx.doi.org/10.1037/ser0000060

This study tested a path model of relationships between military sexual trauma (MST), combat exposure, negative urgency, posttraumatic stress disorder (PTSD) symptoms, and alcohol use and related problems. The sample consisted of 86 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans who reported drinking at least one alcoholic beverage per week. PTSD mediated the relationships between MST and alcohol-related problems, negative urgency and alcohol-related problems, and combat exposure and alcohol-related problems. In addition, negative urgency had a direct effect on alcohol problems. These results indicate that MST,

combat exposure, and negative urgency independently predict PTSD symptoms and PTSD symptoms mediate their relationship with alcohol-related problems. Findings support previous literature on the effect of combat exposure and negative urgency on PTSD and subsequent alcohol-related problems. The current study also contributes to the limited research regarding the relationship between MST, PSTD, and alcohol use and related problems. Clinical interventions aimed at reducing emotional dysregulation and posttraumatic stress symptomology may subsequently improve alcohol-related outcomes. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://psycnet.apa.org/journals/ser/12/4/384/

Functional correlates of military sexual assault in male veterans.

Schry, Amie R.; Hibberd, Rachel; Wagner, H. Ryan; Turchik, Jessica A.; Kimbrel, Nathan A.; Wong, Madrianne; Elbogen, Eric E.; Strauss, Jennifer L.; Brancu, Mira Veterans Affairs Mid-Atlantic Mental Illness Research, Education and Clinical Center Workgroup Durham NC US

Psychological Services
Vol 12(4), Nov 2015, 384-393
http://dx.doi.org/10.1037/ser0000053

Despite research findings that similar numbers of male and female veterans are affected by military sexual trauma (MST), there has been considerably less research on the effects of MST specific to male veterans. The aim of the present study was to provide preliminary data describing functional correlates of military sexual assault (MSA) among male Iraq/Afghanistan-era veterans to identify potential health care needs for this population. We evaluated the following functional correlates: posttraumatic stress disorder (PTSD) symptoms, depression symptoms, alcohol use, drug use, suicidality, social support, violent behavior in the past 30 days, incarceration, disability eligibility status, and use of outpatient mental health treatment. We compared 3 groups: (a) male veterans who endorsed a history of MSA (n = 39), (b) a general non-MSA sample (n = 2,003), and (c) a matched non-MSA sample (n = 39) identified by matching algorithms on the basis of factors (e.g., age, education, adult premilitary sexual trauma history, childhood sexual and physical trauma history, and race) that could increase veterans' vulnerability to the functional correlates examined. MSA in men was associated with greater PTSD symptom severity, greater depression symptom severity, higher suicidality, and higher outpatient mental health treatment, above and beyond the effects of vulnerability factors. These findings suggest that, for male veterans, MSA may result in a severe and enduring overall symptom profile requiring ongoing clinical management. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://psycnet.apa.org/journals/ser/12/4/428/

The role of cognitive processing therapy in improving psychosocial functioning, health, and quality of life in veterans with military sexual trauma-related posttraumatic stress disorder.

Holliday, Ryan; Williams, Rush; Bird, Jessica; Mullen, Kacy; Surís, Alina

Psychological Services
Vol 12(4), Nov 2015, 428-434
http://dx.doi.org/10.1037/ser0000058

Although research has identified evidence-based treatments (EBTs) for military sexual trauma (MST)-related posttraumatic stress disorder (PTSD), few studies have examined the effect of such treatments on psychosocial functioning, health or quality of life in individuals with MST-related PTSD. Male and female veterans (N = 45) with MST-related PTSD took part in a randomized clinical trial that included either 12 weeks of an evidence-based psychotherapeutic treatment (cognitive processing therapy; [CPT]) or a standard control condition (present centered therapy) and 6 months of follow-up. To assess quality of life and psychosocial functioning, each participant was administered the Quality of Life Inventory and the Short Form (36) Health Survey. Using a hierarchical linear modeling approach, results demonstrated that participants treated with CPT reported significantly higher physical functioning over time than did participants treated with PCT. Implications are discussed with regard to the role of psychotherapy in improving a patient's psychosocial and health functioning. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://psycnet.apa.org/journals/ser/12/4/402/

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

Mondragon, Sasha A.; Wang, David; Pritchett, Lonique; Graham, David P.; Plasencia, M. Leili; Teng, Ellen J.

Psychological Services
Vol 12(4), Nov 2015, 402-411
http://dx.doi.org/10.1037/ser0000050

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)

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http://psycnet.apa.org/journals/ser/12/4/394/

Sexual trauma in the military: Exploring PTSD and mental health care utilization in female veterans.

Kintzle, Sara; Schuyler, Ashley C.; Ray-Letourneau, Diana; Ozuna, Sara M.; Munch, Christopher; Xintarianos, Elizabeth; Hasson, Anthony M.; Castro, Carl A.

Psychological Services
Vol 12(4), Nov 2015, 394-401
http://dx.doi.org/10.1037/ser0000054

Sexual trauma remains a pervasive problem in the military. The deleterious mental health outcomes related to incidents of sexual assault have been well-documented in the literature, with particular attention given to the development of posttraumatic stress disorder (PTSD) and utilization of mental health services. Much effort has focused on addressing issues of sexual trauma in the military. The purpose of this study was to examine the incidences of sexual assault in female veterans, the relationship to PTSD and mental health care utilization. The research explored differences in pre- and post-9/11 veterans. Data were collected using a 6-prong recruitment strategy to reach veterans living in Southern California. A total of 2,583 veterans completed online and in-person surveys, of which 325 female veterans were identified for inclusion in the analysis. Forty percent of the sample reported experiencing sexual assault during their military service. A history of military sexual trauma was found to be a substantial contributor to symptoms of PTSD. A majority of female veterans who indicated being sexually assaulted during their military service met the cutoff for a diagnosis of PTSD. Although only a

minority of participants who indicated being a victim of sexual assault reported receiving immediate care after the incident, most had received mental health counseling within the past 12 months. Findings point to the need for additional prevention programs within the military and opportunities for care for victims of military sexual assault. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://onlinelibrary.wiley.com/doi/10.1002/sm2.92/full

An Exploration of Returning Veterans' Sexual Health Issues Using a Brief Self-Report Measure.

Beaulieu, G. R., Latini, D. M., Helmer, D. A., Powers-James, C., Houlette, C. and Kauth, M. R.

Sexual Medicine
Article first published online: 2 NOV 2015
DOI: 10.1002/sm2.92

Introduction
Sexual health is an integral aspect of quality of life with important implications for satisfaction with intimate relationships, emotional well-being, and life as a whole. Veterans returning from Iraq and Afghanistan frequently encounter a wide range of known risk factors for sexual health concerns.

Aim
This article seeks to examine the overall frequency, important covariates associated with sexual difficulties, and the relevant domains of sexual dysfunction among a group of recent US veterans of Iraq and Afghanistan.

Methods
This is a retrospective chart review of 247 veterans of conflicts in Iraq and Afghanistan evaluated for an initial visit at the post-deployment clinic of a large veterans affairs medical center (VAMC). Patient demographic and medical characteristics were calculated using descriptive statistics. The prevalence and burden of sexual health issues in our patient sample were calculated using descriptive statistics from these veterans' responses to a self-report measure of sexual functioning. Item-level regression analyses were then conducted between sexual functioning responses and other patient data.

Main Outcome Measures
The main outcome measures used were the responses to the Arizona Sexual Experience Scale (ASEX).

Results
Almost 18% of veterans screened positive for sexual functioning difficulties. Self-reported sexual dysfunction was most strongly associated with depression, posttraumatic stress disorder, female sex, and service connection rating. Co-occurring characteristics varied with specific areas of sexual functioning.

Conclusions
Screening using an empirically validated self-report instrument indicates that there is a high prevalence of reported sexual dysfunction among recently deployed veterans. Analyses indicated that there are specific characteristics associated with both overall self-reported sexual dysfunction and specific subtypes of sexual dysfunction. Active assessment of specific aspects of sexual dysfunction concerns may allow providers to identify and implement more precise sexual functioning interventions.

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http://psycnet.apa.org/journals/ser/12/4/420/

Self-efficacy, male rape myth acceptance, and devaluation of emotions in sexual trauma sequelae: Findings from a sample of male veterans.

Voller, Emily; Polusny, Melissa A.; Noorbaloochi, Siamak; Street, Amy; Grill, Joseph; Murdoch, Maureen

Psychological Services
Vol 12(4), Nov 2015, 420-427
http://dx.doi.org/10.1037/ser0000046

Sexual trauma is an understudied but regrettably significant problem among male Veterans. As in women, sexual trauma often results in serious mental health consequences for men. Therefore, to guide potential future interventions in this important group, we investigated associations among self-efficacy, male rape myth acceptance, devaluation of emotions, and psychiatric symptom severity after male sexual victimization. We collected data from 1,872 Gulf War era Veterans who applied for posttraumatic stress disorder (PTSD) disability benefits using standard mailed survey methods. The survey asked about history of childhood sexual abuse, sexual assault during the time of Gulf War I, and past-year sexual assault as well as Veterans' perceived self-efficacy, male rape myth acceptance, devaluation of emotions, PTSD, and depression symptoms. Structural equation modeling revealed that self-efficacy partially mediated the association between participants' sexual trauma history and psychiatric symptoms. Greater male rape myth acceptance and greater devaluation of emotions were directly associated with lower self-efficacy, but these beliefs did not moderate associations between sexual trauma and self-efficacy. In this population, sexual trauma, male rape myth acceptance, and devaluation of emotions were associated with lowered self-efficacy, which in turn was associated with more severe psychiatric symptoms. Implications for specific, tr

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http://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1087975

Recent developments in the use of online resources and mobile technologies to support mental health care.

Carolyn L. Turvey , Lisa J. Roberts

International Review of Psychiatry
Published online: 02 Nov 2015
DOI:10.3109/09540261.2015.1087975

This review describes recent developments in online and mobile mental health applications, including a discussion of patient portals to support mental health care. These technologies are rapidly evolving, often before there is systematic investigation of their effectiveness. Though there are some reviews of the effectiveness of mental health mobile apps, perhaps the more significant development is innovation in technology evaluation as well as new models of interprofessional collaboration in developing behavioural health technologies. Online mental health programs have a strong evidence base. Their role in population health strategies needs further exploration, including the most effective use of limited clinical staff resources. Patient portals and personal health records serve to enhance mental health treatment also, though concerns specific to mental health must be addressed to support broader adoption of portals. Provider concerns about sharing psychiatric notes with patients hinder support for portals. Health information exchange for mental health information requires thoughtful consent management strategies so mental health patients can benefit. Finally, the broad array of health information technologies may overwhelm patients. User-friendly, well-designed, patient-centred health information technology homes may integrate these functions to promote a holistic approach to care plans and overall wellness. Such technology homes have special security needs and require providers and patients to be well informed about how best to use these technologies to support behavioural health interventions.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500001

U.S. Military Surveillance of Mental Disorders, 1998–2013.

Cassie Wicken, M.H.S., Remington Nevin, M.D., M.P.H., Elspeth Cameron Ritchie, M.D., M.P.H.

Accepted: May 26, 2015
http://dx.doi.org/10.1176/appi.ps.201500001

Objective:
Feature articles in the Medical Surveillance Monthly Report (MSMR) reflect the U.S. military's health surveillance priorities. This study examined whether the recent rise in the number of ambulatory encounters for mental disorders in the U.S. military associated with the Iraq and Afghanistan wars was reflected in a proportional increase in MSMR feature articles on this topic.

Methods:
Articles published in the MSMR from January 1998 to December 2013 were examined to categorize feature articles according to health outcome. The proportion of articles by topic of outcome was compared with the proportion of all ambulatory encounters by category of disorder.

Results:
Mental disorders constituted 13% of ambulatory encounters and were the topic of 11% of 329 feature articles during the period, a statistically nonsignificant difference.

Conclusions:
The increased number of encounters for mental disorders has been met with a proportional but delayed increase in the number of MSMR feature articles focusing on these disorders.

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http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400519

Provider and Nonprovider Sources of Mental Health Help in the Military and the Effects of Stigma, Negative Attitudes, and Organizational Barriers to Care.

Paul Y. Kim, M.A., Robin L. Toblin, Ph.D., Lyndon A. Riviere, Ph.D., Brian C. Kok, B.A., Sasha H. Grossman, B.A., Joshua E. Wilk, Ph.D.

Psychiatric Services
http://dx.doi.org/10.1176/appi.ps.201400519

Objective:
This study examined sources of help (providers or nonproviders) used by soldiers for mental health problems. Differences in perceived barriers to care by type of help used were also assessed.

Methods:
Active-duty soldiers from four brigade combat teams (N=3,380) were surveyed in 2008–2009. Items assessed posttraumatic stress disorder; depression; anxiety; help needed because of a stress, emotional, alcohol, or family problem; stigma; negative attitudes toward care; and organizational barriers. Participants reported receipt of help in the past three months from

providers (mental health or medical professionals or an Army resource hotline) or nonproviders (fellow soldier, medic, chaplain, or chain of command).

Results:
Nearly a third (31%) were identified as being in need of mental health care. Of those, 5% reported using nonprovider help exclusively, 14% used provider help exclusively, and 7% used both types. Stigma was rated significantly lower as a barrier among those who used help exclusively from providers than among those who did not use help from any source; however, no significant differences in stigma scores were found between those who used help from nonproviders and those who did not use help from any source. Soldiers who used help from nonproviders were more likely than those who used help from providers to perceive organizational barriers.

Conclusions:
Results show that soldiers may view nonproviders as alternative sources of mental health help, suggesting that the Army should ensure that such resources are adequately trained and integrated into the mental health community so that soldiers can receive the help they need.

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http://www.scitechnol.com/sleep-disturbance-psychiatric-and-cognitive-functioning-in-veterans-with-mild-to-moderate-traumatic-brain-injury-K1FV.php?article_id=3525

Sleep Disturbance, Psychiatric, and Cognitive Functioning in Veterans with Mild to Moderate Traumatic Brain Injury.

Orff HJ, Jak AJ, Gregory AM, Colón CC, Schiehser DM, et al.

Journal of Sleep Disorders: Treatment and Care
Published: March 19, 2015
doi:10.4172/2325-9639.1000153

Objective:
For many Veterans, traumatic brain injury (TBI) can result in persistent post-concussive symptoms, of which sleep disturbances are among the most common. S disturbances have been shown to increase risk and/or exacerbate psychiatric and physical health problems in many different populations. However, few studies have examined the relationships among sleep, psychiatric, and cognitive functioning in Veterans with TBI.

Methods:
Retrospective chart reviews of 137 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans with a history of mild to moderate TBI referred for cognitive rehabilitation at the Veteran Affairs San Diego Healthcare System.

Results:
100% of Veterans reported clinically significant sleep disturbance (Pittsburgh Sleep Quality Inventory [PSQI] global scores >5). Veterans also reported clinically relevant impairments in sleep latency (50 minutes), total sleep time (5.5 hours), and sleep efficiency (77%). More severe sleep problems were related to greater endorsement of depressive, post-concussive, and post-traumatic stress disorder (PTSD) symptomatology. Conversely, sleep disturbance showed limited associations with objective neuropsychological assessment. Overall measures of affective functioning were significantly associated with global measures of sleep quality, though such relationships were not observed for quantitative measures of sleep.

Conclusions:
Veterans with mild to moderate TBI exhibit very high rates of sleep disturbance. Sleep disturbance is associated with higher levels of comorbid psychiatric symptomatology, particularly affective complaints. The high prevalence of sleep problems in Veterans with a history of TBI underscores a need to develop both a better understanding of etiologic mechanisms relating brain injury and sleep and a better clinical appreciation of the ramifications of sleep disturbance on daily functioning and recovery in individuals who experience TBI.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22052/full

Prescription Stimulants and PTSD Among U. S. Military Service Members.

Crum-Cianflone, N. F., Frasco, M. A., Armenta, R. F., Phillips, C. J., Horton, J., Ryan, M. A. K., Russell, D. W. and LeardMann, C.

Journal of Traumatic Stress
Article first published online: 4 NOV 2015
DOI: 10.1002/jts.22052

Posttraumatic stress disorder (PTSD) is a prevalent condition among military service members and civilians who have experienced traumatic events. Stimulant use has been postulated to increase the risk of incident PTSD; however, research in this area is lacking. In this study, the association between receipt of prescription stimulants and PTSD was examined in a secondary analysis among active duty U.S. military members (n = 25,971), participating in the Millennium Cohort Study, who completed a baseline (2001–2003) and two follow-up surveys (between 2004–2008). Prescription stimulant data were obtained from the military Pharmacy Data Transaction Service. PTSD was assessed using the PTSD Checklist–Civilian Version and incident PTSD was defined as meeting the criteria at follow-up among those who did not have a history of PTSD at baseline. Overall, 1,215 (4.7%) persons developed new-onset PTSD during follow-up. Receipt of prescription stimulants were significantly associated with incident PTSD, hazard ratio = 5.09, 95% confidence interval [3.05, 8.50], after adjusting for sociodemographic factors, military characteristics, attention-deficit/hyperactivity disorder, baseline mental and

physical health status, deployment experiences, and physical/sexual trauma. Findings suggested that prescription stimulants are associated with incident PTSD among military personnel; these data may inform the underlying pathogenesis of and preventive strategies for PTSD.

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http://onlinelibrary.wiley.com/doi/10.1002/hbm.23051/abstract

Anatomical and functional connectivity in the default mode network of post-traumatic stress disorder patients after civilian and military-related trauma.

Reuveni, I., Bonne, O., Giesser, R., Shragai, T., Lazarovits, G., Isserles, M., Schreiber, S., Bick, A. S. and Levin, N.

Article first published online: 5 NOV 2015
DOI: 10.1002/hbm.23051

Posttraumatic stress disorder (PTSD) is characterized by unwanted intrusive thoughts and hyperarousal at rest. As these core symptoms reflect disturbance in resting-state mechanisms, we investigated the functional and anatomical involvement of the default mode network (DMN) in this disorder. The relation between symptomatology and trauma characteristics was considered. Twenty PTSD patients and 20 matched trauma-exposed controls that were exposed to a similar traumatic event were recruited for this study. In each group, 10 patients were exposed to military trauma, and 10 to civilian trauma. PTSD, anxiety, and depression symptom severity were assessed. DMN maps were identified in resting-state scans using independent component analysis. Regions of interest (medial prefrontal, precuneus, and bilateral inferior parietal) were defined and average z-scores were extracted for use in the statistical analysis. The medial prefrontal and the precuneus regions were used for cingulum tractography whose integrity was measured and compared between groups. Similar functional and anatomical connectivity patterns were identified in the DMN of PTSD patients and trauma-exposed controls. In the PTSD group, functional and anatomical connectivity parameters were strongly correlated with clinical measures, and there was evidence of coupling between the anatomical and functional properties. Type of trauma and time from trauma were found to modulate connectivity patterns. To conclude, anatomical and functional connectivity patterns are related to PTSD symptoms and trauma characteristics influence connectivity beyond clinical symptoms. Hum Brain Mapp, 2015. © 2015 Wiley Periodicals, Inc.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00582

Timing of Intimate Partner Violence in Relationship to Military Service Among Women Veterans.

Melissa E. Dichte , PhD, MSW; Clara Wagner , PhD; Gala True , PhD

Military Medicine
Volume 180 Issue 11, November 2015, pp. 1124-1127
DOI: http://dx.doi.org/10.7205/MILMED-D-14-00582

Women U.S. military veterans report higher rates of lifetime intimate partner violence (IPV) compared with women who have never served in the military. However, we know little about the timing of IPV exposure relative to military service. To begin to understand the relationship between military service and IPV experience, we conducted surveys with 249 women military veterans seeking care at a Veterans Affairs medical center about experiences of physical, psychological, and sexual IPV before, during, and after military service. Additionally, we examined the association between deployment and IPV experience during and after military service. Findings indicated that women experienced IPV during each time period (before/during/after military service), with significant overlap of experiencing IPV during more than one time period and one-third (34.6%) experiencing IPV during all three time periods. Compared to those who were not deployed, women who had been deployed reported increased odds of experiencing psychological, but not physical or sexual, IPV during (but not after) military service. Implications of study findings for theory, research, and practice are discussed.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00462

Surveyed Enrollees in Veterans Affairs Health Care: How They Differ From Eligible Veterans Surveyed by BRFSS.

Barbara R. Phillips , PhD; Troy A. Shahoumian , PhD; Lisa I. Backus , MD, PhD

Military Medicine
Volume 180 Issue 11, November 2015, pp. 1161-1169
DOI: http://dx.doi.org/10.7205/MILMED-D-14-00462

Objectives:
We described differences in demographic and socioeconomic characteristics between Veterans enrolled in the Veterans Health Administration (VHA) and Veterans eligible to enroll for Veterans Affairs health care. Knowledge of these differences is important in planning better services for Veterans who enroll and in encouraging additional enrollment.

Methods:
We compared characteristics of enrollees and eligible Veterans in 2012. To describe enrollees, we used aggregate data from administrative records and results from VHA's Survey of Veteran

Enrollees' Health and Reliance Upon VA. To describe eligible Veterans, we analyzed individual-level data from the Behavioral Risk Factor Surveillance System.

Results:
Elderly individuals are more heavily represented among enrollees than eligible Veterans, and elderly enrollees are less likely to describe their health as good to excellent. Enrollees are more than twice as likely as eligible Veterans to have annual household incomes below $16,000. Representation of minorities is roughly the same among enrollees as eligible Veterans.

Conclusions:
Our results are consistent with VHA as a safety net provider with respect to income, age, and disease burden.

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http://www.gahmj.com/doi/abs/10.7453/gahmj.2015.080

Resilient Warrior: A Stress Management Group to Improve Psychological Health in Service Members.

Louisa G. Sylvia, PhD; Eric Bui, MD, PhD; Allison L. Baier, BS; Darshan H. Mehta, MD, MPH; John W. Denninger, MD, PhD; Gregory L. Fricchione, MD; Aggie Casey, MS, RN; Leslee Kagan, MS, FNP-BC; Elyse R. Park, PhD, MPH; Naomi M. Simon, MD, MSc

Global Advances in Health and Medicine
November 2015, Volume 4, Number 6, pps 38-42

Background:
Many veterans deployed after 9/11/2001 are impacted by subthreshold levels of posttraumatic stress, anxiety, or other psychological health problems that may interfere with successful reintegration. Conventional treatments, including medication and trauma-focused individual psychotherapies, may not be optimally adapted, accepted, or effective to treat these subsyndromal symptoms.

Methods:
We developed “Resilient Warrior,” a 4-session, group-based, mind-body stress-management and resilience program targeted to build skills and assessed whether its format was accessible and acceptable, and potentially efficacious, to support resilience among service members.

Results:
From April 2014 to October 2014, 15 participants (53.3% women; mean age=36.6 y; SD=6.2) were surveyed for program acceptability and feasibility and completed self-reported psychological health outcomes before and after program participation. The majority (71.4%) of participants reported that the program included the right number of sessions, and all of them

reported that it was helpful and relevant and that they would recommend it to others. While changes in self-reported resilience were only marginal, participation was associated with improvements in depressive symptoms, perceived stress, anxiety, and general sense of self efficacy.

Conclusion:
These pilot data provide preliminary support that “Resilient Warrior,” a group-based, stress reduction and resilience program, may improve psychological health in service members even when delivered in community settings. Randomized controlled trials with longer follow-up periods are needed to establish efficacy and effectiveness for this program.

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http://www.ncbi.nlm.nih.gov/pubmed/26087771

BMC Psychiatry. 2015 Jun 19;15:128. doi: 10.1186/s12888-015-0517-7.

Associations of military divorce with mental, behavioral, and physical health outcomes.

Wang L, Seelig A, Wadsworth SM, McMaster H, Alcaraz JE, Crum-Cianflone NF

BACKGROUND:
Divorce has been linked with poor physical and mental health outcomes among civilians. Given the unique stressors experienced by U.S. service members, including lengthy and/or multiple deployments, this study aimed to examine the associations of recent divorce on health and military outcomes among a cohort of U.S. service members.

METHODS:
Millennium Cohort participants from the first enrollment panel, married at baseline (2001-2003), and married or divorced at follow-up (2004-2006), (N = 29,314). Those divorced were compared to those who remained married for mental, behavioral, physical health, and military outcomes using logistic regression models.

RESULTS:
Compared to those who remained married, recently divorced participants were significantly more likely to screen positive for new-onset posttraumatic stress disorder, depression, smoking initiation, binge drinking, alcohol-related problems, and experience moderate weight gain. However, they were also more likely be in the highest 15(th) percentile of physical functioning, and be able to deploy within the subsequent 3-year period after divorce.

CONCLUSIONS:
Recent divorce among military members was associated with adverse mental health outcomes and risky behaviors, but was also associated with higher odds of subsequent deployment.

Attention should be given to those recently divorced regarding mental health and substance abuse treatment and prevention strategies.

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http://www.ncbi.nlm.nih.gov/pubmed/25093259

Suicide Life Threat Behav. 2015 Feb;45(1):65-77. doi: 10.1111/sltb.12111. Epub 2014 Aug 5.

Precipitating circumstances of suicide among active duty U.S. Army personnel versus U.S. civilians, 2005-2010.

Logan JE, Skopp NA, Reger MA, Gladden M, Smolenski DJ, Floyd CF, Gahm GA

To help understand suicide among soldiers, we compared suicide events between active duty U.S. Army versus civilian decedents to identify differences and inform military prevention efforts. We linked 141 Army suicide records from 2005 to 2010 to National Violent Death Reporting System (NVDRS) data. We described the decedents' military background and compared their precipitators of death captured in NVDRS to those of demographically matched civilian suicide decedents. Both groups commonly had mental health and intimate partner precipitating circumstances, but soldier decedents less commonly disclosed suicide intent. © Published 2014. This article is a U.S. Government work and is in the public domain in the USA. Suicide and Life-Threatening Behavior published by Wiley Periodicals, Inc. on behalf of American Association of Suicidology.

Links of Interest

Warriors in the Civilian Workforce: Helping Veterans Transition
http://www.rand.org/blog/rand-review/2015/10/warriors-in-the-civilian-workforce.html

Behind Bars, Vets With PTSD Face A New War Zone, With Little Support
http://www.npr.org/2015/11/05/454292031/behind-bars-vets-with-ptsd-face-a-new-war-zone-with-little-support

Expressive writing shows some benefits for returning vets
http://www.sciencedaily.com/releases/2015/11/151104124653.htm

Brain imaging reveals possible depression signature in traumatic brain injury
http://www.sciencedaily.com/releases/2015/11/151105143536.htm

From Army of One to Band of Tweeters
http://www.nytimes.com/2015/11/05/opinion/from-army-of-one-to-band-of-tweeters.html

A New Look at the Sleepless Brain
http://www.slate.com/blogs/the_drift/2015/11/06/insomniac_brains_are_different_from_good_sleepers_according_to_neuroscience.html

Senator: Investigate 22K Army Discharges Linking PTSD to 'Misconduct'
http://www.military.com/daily-news/2015/11/05/senator-investigate-22k-army-discharges-linking-ptsd-misconduct.html

1 Million Veteran, Military Households Could Lose Working-Family Tax Credits
http://www.cbpp.org/blog/1-million-veteran-military-households-could-lose-working-family-tax-credits

Marine Captain Teaches Others to Lead; GW graduate student Matt Lampert redeployed to Afghanistan after war injury led to double amputation
http://gwtoday.gwu.edu/marine-captain-teaches-others-lead

Why Are So Many Veterans on Death Row?
http://www.newyorker.com/news/daily-comment/why-are-so-many-veterans-on-death-row

Borderline Personality Disorder: Facts vs. Myths
http://psychcentral.com/blog/archives/2015/11/09/borderline-personality-disorder-facts-vs-myths/

Investing in Military Human Capital
http://www.rand.org/blog/2015/11/investing-in-military-human-capital.html

Wounded warrior brings canine "battle buddies" to work
http://health.mil/News/Articles/2015/11/10/Wounded-warrior-brings-canine-battle-buddies-to-work

Treating PTSD: psychologists look to the fear-reduction effects of exercise
http://www.theguardian.com/society/2015/nov/11/ptsd-exercise-treatment-psychologists

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Resource of the Week -- Data Sheets on Military Families and Child Maltreatment

These research and statistical roundups are offered by the National Council of Juvenile and Family Court Judges, which comprises about “30,000 professionals in the juvenile and family justice system including judges, referees, commissioners, court masters and administrators, social and mental health workers, police, and probation officers.”

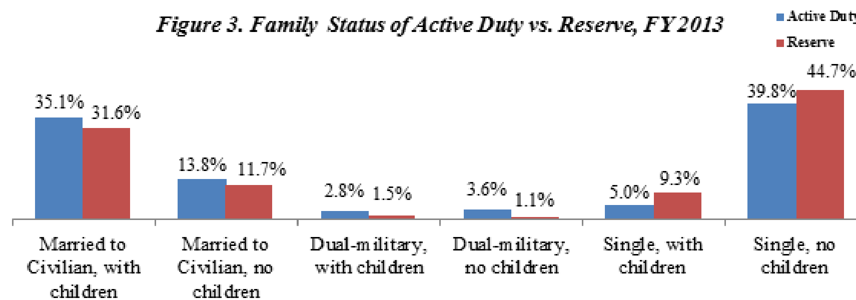
Data Sheet: Military Families (PDF)

NCJFCJ
est. 1937
NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES
WWW.NCJFCJ.ORG

Summary of Military Families Data[1]

- In fiscal year (FY) 2013, there were 2,204,839 military personnel and 2,978,341 military family members.[2] Over half of military personnel were married. Nearly 43% of the total force[3] had children. In FY 2013, Active Duty members were more likely to report being married (with or without children), in comparison to Reserve members (see Figure 1).

Figure 3. Family Status of Active Duty vs. Reserve, FY2013



- Both Active Duty and Reserve members reported having an average of 1.5 children and 2.4 dependents. At the birth of their first child, Active Duty members were more likely to be younger than Reserve members, regardless of branch (see Table 1).

Table 1. Average Age of Active Duty or Selected Reserve Member at Birth of First Child, FY 2013

Active Duty Members	**Average Age at Birth of First Child**	*Selected Reserve Members*	**Average Age at Birth of First Child**
Army	25.4	Army National Guard	26.3
		Army Reserve	27.3
Navy	26.2	Navy Reserve	29.9
Marine Corps	24.1	Marine Corps Reserve	25.7
Air Force	26.4	Air National Guard	29.0
		Air Force Reserve	29.1
Total DoD	25.6	**Total DoD**	27.3
		Coast Guard Reserve	30.0
		Total Selected Reserve	27.4

[1] Unless otherwise noted, data included in this summary was retrieved from Office of the Deputy Assistant Secretary of Defense, Military Community and Family Policy. (n.d.). *2013 Demographics profile of the military community*. Retrieved January 20, 2015 from http://www.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf

Data Sheet: Child Maltreatment and Military Families (PDF)

NCJFCJ
est. 1937
NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES
WWW.NCJFCJ.ORG

Child Maltreatment and Military Families

Child maltreatment is defined as a child's welfare if harmed or threatened due to neglect or abuse (e.g., physical, sexual or emotional) by a caregiver.[1] Risk factors associated with child maltreatment include, but are not limited to, substance abuse and domestic violence.[2]

Current Research[3]

- Although research shows that the occurrence of substantiated cases of child maltreatment is *lower* in military families (compared to their civilian counterparts)[4], the highest rates of child maltreatment in military families has been associated with increased periods of operational deployments and combat missions such as Operation Iraqi Freedom.[5] Although a more recent study showed that overall neglect rates decreased between 1991 and 2004, authors showed an increase in neglect rates among Army soldiers during 1991 and between 2000-2004 (i.e., during two long-lasting deployments).[6]
  - *Army Families*. In families with one substantiated child maltreatment report, the rate of child maltreatment was 42% greater during periods of deployment than non-deployment.[7] Rates of child maltreatment among civilian female spouses was *three times higher* during periods of deployment, with child neglect rates greater than physical and emotional abuse (see Figure 1).[8]

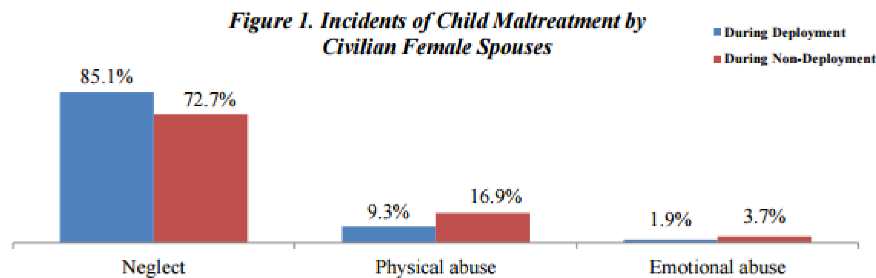


Figure 1. Incidents of Child Maltreatment by Civilian Female Spouses

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[1] Gibbs, D.A., Martin, S.L., Clinton-Sherrod, Hardison Walters, J.L. & Johnson, R.E. (2011). Child maltreatment with military families. RTI International: Research Brief. Retrieved February 15, 2015 from http://www.rti.org/pubs/rb-0002-1105-gibbs.pdf

[2] Ibid.

[3] Much of the literature on child maltreatment and the military is limited to Army samples, and therefore, may not be generalizable to other branches of the military.

[4] McCarroll, J.E., Ursano, R.J., Fan, Z., & Newby, J.H. (2004). Comparison of U.S. Army and civilian substantiated reports of child maltreatment. *Child Maltreatment, 9*, 103-110.

[5] Rentz, E.D. (2006). *Child abuse and neglect in military and non-military families: An analysis of the National Child Abuse and Neglect Data System (NCANDS), 2000-2003*. Retrieved from ProQuest (UMI Microform 3207360). Rentz, E.D., Marshall, S.W., Martin, S.L., Gibbs, D.A., Casteel, C., & Loomis, D. (2008). Occurrence of maltreatment in active duty military and nonmilitary families in the state of Texas. *Military Medicine, 173*, 515-522.

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