



CDP Research Update -- November 19, 2015

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- Sleep quality changes in chronically depressed patients treated with mindfulness-based cognitive therapy or the Cognitive Behavioral Analysis System of Psychotherapy: a pilot study.
- Risk Factors for Opioid Overdose and Awareness of Overdose Risk Among Veterans Prescribed Chronic Opioids for Addiction or Pain.
- Military Recruiting: Army National Guard Needs to Continue Monitoring, Collect Better Data, and Assess Incentives Programs (GAO)

- Links of Interest
- Resource of the Week: America's Veterans (map/poster from the U.S. Census Bureau)

<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.

Human Brain Mapping

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.

<http://sw.oxfordjournals.org/content/early/2015/11/04/sw.swv050.extract>

Military Culture and the Transition to Civilian Life: Suicide Risk and Other Considerations.

James L. Pease, Melodi Billera, and Georgia Gerard

Social Work

First published online November 4, 2015

doi:10.1093/sw/swv050

Suicide among active duty military members and veterans has increased in the wake of the two international conflicts (RAND National Security Research Division, 2011), surpassing those of the general population for the first time since Vietnam. Recent research has identified the period of separation from the military as a period of elevated risk, regardless of deployment history (Reger et al., 2015). Although the association between deployment and suicide is not clear-cut, studies have shown that the transition to civilian life for Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans who served in combat can be particularly difficult, with over 50 percent describing the readjustment to civilian life as a “real struggle” (Morin, 2011a).

<http://www.jabfm.org/content/28/6/772.abstract>

Intimate Partner Violence and Current Mental Health Needs Among Female Veterans.

Katherine M. Iverson, PhD, Dawne Vogt, PhD, Melissa E. Dichter, PhD, S. Louisa Carpenter, BS, Rachel Kimerling, PhD, Amy E. Street, PhD and Megan R. Gerber, MD

Journal of the American Board of Family Medicine

November-December 2015 28:772-776

doi:10.3122/jabfm.2015.06.150154

Background:

The Veterans Health Administration (VHA) recommends screening female patients for intimate partner violence (IPV), yet few studies inform IPV screening efforts among this population. This study examined the proportion of women who experienced IPV within the past year and the associations between IPV and depression, post-traumatic stress disorder (PTSD), alcohol dependence, mental health multimorbidity (ie, 2 or 3 of these conditions), and military sexual trauma (MST) among female veterans.

Methods:

A cross-sectional mail survey of 160 female VHA patients with an intimate partner within the past year was conducted in 2012 in New England. Self-reported IPV was assessed using the Hurt, Insult, Threaten, Scream screening tool. The survey also included validated screening measures of depression (Center for Epidemiologic Studies Depression Scale), PTSD (PTSD Checklist–Civilian), alcohol misuse (10-item Alcohol Use Disorders Identification Test), and MST.

Results:

Approximately 37% of women reported IPV within the past year on the Hurt, Insult, Threaten, Scream tool. Odds ratios for the associations between reporting IPV and mental health outcomes ranged between 2.75 and 3.67. With the exception of alcohol dependence, IPV remained strongly associated with mental health conditions when adjusting for MST.

Conclusions:

These findings can increase provider knowledge of the strong connection between past-year IPV and mental health conditions among female veterans. This may encourage IPV screening and facilitate appropriate referrals, treatment conceptualization, and planning within the VHA and other health care settings.

[http://www.whijournal.com/article/S1049-3867\(15\)00144-9/abstract](http://www.whijournal.com/article/S1049-3867(15)00144-9/abstract)

Receipt of Prescription Opioids in a National Sample of Pregnant Veterans Receiving Veterans Health Administration Care.

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Women's Health Issues

Published online: November 5 2015

DOI: <http://dx.doi.org/10.1016/j.whi.2015.09.010>

Background

A growing number of reproductive-age women veterans are returning from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). In 2010, 42% of women veterans receiving Veterans Health Administration (VHA) services were aged 18 to 45. Prescription opioid use has increased among all veterans over the past decade; however, exposure among pregnant veterans has not been examined.

Methods

We identified 2,331 women who delivered babies within the VHA system between 2001 and 2010. Delivery, opioid prescribing history, and demographic and health-related variables were obtained from a national database of veterans receiving VHA services. Receipt of an opioid prescription was defined as any filled VHA prescription for opioids in the 280-day pregnancy window before delivery. We developed a multivariable logistic regression model adjusted for sociodemographic, service-related, psychiatric diagnosis, and physical health variables to examine the odds of filling an opioid prescription during the pregnancy window.

Findings

Ten percent of pregnant veterans received VHA prescription opioids during their pregnancy

window. Significant factors associated with opioid prescriptions included presence of any psychiatric diagnosis (adjusted odds ratio [aOR], 1.67; 95% CI, 1.24–2.26), diagnosis of back problems (aOR, 2.94; 95% CI, 1.92–4.49), or other nontraumatic joint disorders (aOR, 2.20; 95% CI, 1.36–3.58).

Conclusions

This study suggests that a substantial proportion of women veterans received VHA prescriptions for opioids during pregnancy. Providers should be aware of the potential risks of prescription opioid use during pregnancy, assess for potential undertreatment of psychiatric diagnoses, and consider alternate pain management strategies when possible.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00373>

Types, Subtypes, and Severity of Substantiated Child Neglect in U.S. Army Communities.

Stephen J. Cozza, MD; Claudio D. Ortiz, PhD; Carol S. Fullerton, PhD; James E. McCarroll, PhD, MPH; Allison K. Holmes, PhD; April M. Harris, MS; Christina L. Wryter, BA; Robert J. Ursano, MD

Military Medicine

Volume 180 Issue 11, November 2015, pp. 1147-1153

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00373>

Background:

Neglect has been linked to short-term and long-term deleterious outcomes in children, but has received little attention in the research literature.

Objective:

Identify types, subtypes, and severity of child neglect in a sample of substantiated cases at 4 U.S. Army installations. Describe demographic correlates of victims and offenders by type and subtype.

Participants:

Data were collected from archived clinical records. A stratified random sample of 100 substantiated child neglect case files were selected per site (N = 400). Data from a single child per case file were used.

Results:

5 types and 17 subtypes of neglect were represented, singly or in combination, with varying severity. Lack of Supervision was most common (n = 177, 35.3%), followed by Emotional Neglect (n = 159, 31.8%), Failure to Provide Physical Needs (n = 131, 26.2%), Moral–Legal Neglect (n = 20, 4%), and Educational Neglect (n = 13; 2.6%). Child neglect occurred mostly

among young children and in young enlisted families.

Conclusions:

Current results highlight the need to focus on types, subtypes, and severity of neglect incidents that provide specific understanding of child risk to better inform policy. Further study should examine specific risk factors and their relationship to neglect types and severity outcomes.

<http://www.gao.gov/products/GAO-16-55>

Military Personnel: Oversight Framework and Evaluations Needed for DOD and the Coast Guard to Help Increase the Number of Female Officer Applicants

Government Accountability Office

GAO-16-55: Published: Nov 13, 2015.

Publicly Released: Nov 13, 2015.

What GAO Found

Department of Defense (DOD) and Coast Guard fiscal year 2010-14 data show an overall slight increase in female officer accessions rates (e.g. the number of female officer accessions during a period of time, expressed as a percentage of total accessions) for all of the Armed Forces, with the Coast Guard having the highest percentage increase. Female officer accession rates for the Army, the Navy, and the Air Force fluctuated from fiscal year 2010 through fiscal year 2014. The Marine Corps had slight increases from 7.6 percent to 11.8 percent.

<http://www.sciencedirect.com/science/article/pii/S0165032715306613>

The impact of intimate partner relationships on suicidal thoughts and behaviours: A systematic review.

Dominique Kazan, Alison L. Calear, Philip J. Batterham

Journal of Affective Disorders

Available online 4 November 2015

doi:10.1016/j.jad.2015.11.003

Background

A systematic review was conducted to identify the impact of intimate partner relationships on suicidality. The aim of the review was to identify factors within intimate partner relationships that influence suicidal ideation, attempts and completion.

Method

Fifty-one articles were identified through Scopus, PubMed and PsycINFO databases. Due to the high heterogeneity of the included studies, a narrative data synthesis was conducted.

Results

The research drew attention to specific contingents of the population, for example examining suicide risk in individuals under the age of 35 or lesbian, gay, bisexual and transgender (LGBT) individuals who are experiencing relationship discord, and in males who have recently separated.

Limitations

Interpretation of these findings is constrained by methodological limitations prevalent in much of the literature. Limitations of the existing literature and corresponding directions for future research are discussed.

Conclusions

Relationship separation and poor quality relationships are likely to be important risk factors for suicidal thoughts and behaviours and are frequent triggers for a suicide attempt. This review highlights intimate partner relationships as a significant component in a suicide risk assessment, regardless of the clinical setting. Consequently, clinicians should be aware that individuals reporting relationship problems are likely to be at increased risk of suicidal thoughts and behaviours.

<http://www.tandfonline.com/doi/abs/10.1080/1041794X.2015.1081973>

Communication and the Coping Paradox: The Case of Army Spouses and Wartime Deployment.

Katheryn C. Maguire, Erin Sahlstein Parcell

Southern Communication Journal

Volume 80, Issue 5, 2015, pages 365-376

Special Issue: Family and Health Communication

DOI:10.1080/1041794X.2015.1081973

This study explores the concept of the coping paradox within the context of military families and wartime deployment. A coping paradox occurs when the sending or receiving of a message meant to cope with stress leads to outcomes that are contrary to expectations. Based on interviews with 40 military wives whose husbands deployed to Iraq or Afghanistan, we identified six paradoxical pairings of particular stressors and coping strategies. By understanding that these paradoxes are context and time dependent, family members may recognize the paradox

is not indicative of a problem with the relationship; instead, it is an outcome of the situation and, thus, may not reoccur when the family is out of the stressful situation.

<http://smallwarsjournal.com/jrnl/art/children-and-deployment-helping-them-cope>

Children and Deployment: Helping Them Cope.

Jack T. Judy

Small Wars Journal

October 2, 2015 - 7:10am

To mitigate the potential consequences on their children, military families need to understand and proactively address the potential traumatic effects separation can have on dependents before, during, and after a deployment. Unfortunately, before and during a deployment a Soldier's focus is on the upcoming mission, and family requirements are not the leading priorities. The Army maintains the welfare of families as a high priority; ensuring families are prepared for long absences, single parents have care plans, units establish family support groups (FSG); but don't always address the potential effects of a deployment on the family until the unit's return. So what can a Soldier and family do to mitigate the effects from long separation? First, they need to understand the potential effects before symptoms manifest; second, understand what types of programs are available; and finally, make a plan and take proactive steps to address the potential effects.

http://www.uspharmacist.com/content/c/57841/?t=women's+health,mental_health

Managing Posttraumatic Stress Disorder in an Outpatient Setting.

Mebanga Ojong Salako, PharmD; Samantha Perales, PharmD Candidate 2017; Rose Mary Rodriguez, PharmD, BCPS; Melica Wiley Chavez, LCMFT; Charlotte Ebong Ndema, MD, MPH

US Pharmacist

2015;40(11):53-57

Posttraumatic stress disorder (PTSD) is a mental health condition that is triggered by experiencing or witnessing a traumatic event involving the possibility of serious injury or death. Research demonstrates that cognitive-behavioral therapy (CBT) is the most effective treatment for PTSD. The two types of CBT that are effective for PTSD are cognitive processing therapy and prolonged exposure therapy. If nonpharmacologic treatments fail to control symptoms of PTSD, the Veterans Affairs/Department of Defense clinical practice guideline and the American

Psychiatric Association guideline recommend using medications in the treatment of PTSD. Both guidelines recommend selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors as first-line treatment.

<http://www.tandfonline.com/doi/abs/10.1080/15402002.2015.1048452>

Shifts Toward Morningness During Behavioral Sleep Interventions Are Associated With Improvements in Depression, Positive Affect, and Sleep Quality.

Brant P. Hasler , Daniel J. Buysse , Anne Germain

Behavioral Sleep Medicine

Published online: 07 Nov 2015

DOI:10.1080/15402002.2015.1048452

Morningness-eveningness (M-E) is typically considered to be a trait-like construct. However, M-E could plausibly shift in concert with changes in circadian or homeostatic processes. We examined M-E changes across three studies employing behavioral or pharmacological sleep treatments. Baseline and posttreatment M-E scores were strongly correlated across all three samples. M-E showed small but systematic changes toward morningness in sleep-disturbed military veterans receiving behavioral interventions. No systematic M-E changes were observed in the two pharmacological studies (sleep-disturbed military veterans and adults with primary insomnia, respectively). In the behavioral study, M-E changes correlated with changes in depression, positive affect, and sleep quality. M-E changes also correlated with changes in positive affect in the adult insomnia group. M-E appears to exhibit state-like aspects in addition to trait-like aspects.

<http://pro.sagepub.com/content/59/1/1167.abstract>

Comparison of a Circadian-based and a Forward Rotating Watch Schedules on Sleep, Mood, and Psychomotor Vigilance Performance.

Stephanie Brown, Panagiotis Matsangas, Nita Lewis Shattuck

Proceedings of the Human Factors and Ergonomics Society Annual Meeting

September 2015, vol. 59 no. 1 1167-1171

doi: 10.1177/1541931215591181

In the military, any degradation in performance may have serious implications, potentially resulting in loss of life or affecting mission accomplishment. The maritime environment imposes

the additional unique challenges of waterborne motion on the shipboard crew. Additionally, the U.S. Navy's 24/7 operational requirements mandate rigorous equipment monitoring and shiftwork. This study assesses how crewmember sleep hygiene and psychomotor vigilance performance is affected by a shift from traditional work schedules to an alternative circadian-based schedule. Twenty-eight sailors were assessed while working two watch schedules, a conventional 5-hours on/10-hours off (5/10) rapidly rotating schedule, and an alternative 3-hours on/9-hours off (3/9) fixed schedule. Average daily sleep duration was the same for both watch schedules. However, compared to their scores on the 5/10, sailors on the 3/9 had significantly less daytime sleepiness, improved mood, 30% faster reaction times, and had 40% to 50% fewer errors (i.e., lapses combined with false starts). The significant improvements in performance, mood, and sleep hygiene observed in this within-subjects study suggest that circadian watch schedules should be chosen rather than non-circadian aligned schedules.

<http://link.springer.com/article/10.1007/s13142-015-0359-3>

BeWell24: development and process evaluation of a smartphone “app” to improve sleep, sedentary, and active behaviors in US Veterans with increased metabolic risk.

Matthew P. Buman, Dana R. Epstein, Monica Gutierrez, Christine Herb, Kevin Hollingshead, Jennifer L. Huberty, Eric B. Hekler, Sonia Vega-López, Punam Ohri-Vachaspati, Andrea C. Hekler, Carol M. Baldwin

Translational Behavioral Medicine

First online: 09 November 2015, pp 1-11

DOI 10.1007/s13142-015-0359-3

Lifestyle behaviors across the 24-h spectrum (i.e., sleep, sedentary, and active behaviors) drive metabolic risk. We describe the development and process evaluation of BeWell24, a multicomponent smartphone application (or “app”) that targets behavior change in these interdependent behaviors. A community-embedded iterative design framework was used to develop the app. An 8-week multiphase optimization strategy design study was used to test the initial efficacy of the sleep, sedentary, and exercise components of the app. Process evaluation outcomes included objectively measured app usage statistics (e.g., minutes of usage, self-monitoring patterns), user experience interviews, and satisfaction ratings. Participants (N = 26) logged approximately 60 % of their sleep, sedentary, and exercise behaviors, which took 3–4 min/day to complete. Usage of the sleep and sedentary components peaked at week 2 and remained high throughout the intervention. Exercise component use was low. User experiences were mixed, and overall satisfaction was modest.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15040553?journalCode=ajp>

Transformation of Mental Health Care for U.S. Soldiers and Families During the Iraq and Afghanistan Wars: Where Science and Politics Intersect.

Charles W. Hoge, M.D., Christopher G. Ivany, M.D., Edward A. Brusher, M.S.W., Millard D. Brown III, M.D., John C. Shero, M.H.A., Amy B. Adler, Ph.D., Christopher H. Warner, M.D., David T. Orman, M.D.

American Journal of Psychiatry

<http://dx.doi.org/10.1176/appi.ajp.2015.15040553>

The cumulative strain of 14 years of war on service members, veterans, and their families, together with continuing global threats and the unique stresses of military service, are likely to be felt for years to come. Scientific as well as political factors have influenced how the military has addressed the mental health needs resulting from these wars. Two important differences between mental health care delivered during the Iraq and Afghanistan wars and previous wars are the degree to which research has directly informed care and the consolidated management of services. The U.S. Army Medical Command implemented programmatic changes to ensure delivery of high-quality standardized mental health services, including centralized workload management; consolidation of psychiatry, psychology, psychiatric nursing, and social work services under integrated behavioral health departments; creation of satellite mental health clinics embedded within brigade work areas; incorporation of mental health providers into primary care; routine mental health screening throughout soldiers' careers; standardization of clinical outcome measures; and improved services for family members. This transformation has been accompanied by reduction in psychiatric hospitalizations and improved continuity of care. Challenges remain, however, including continued underutilization of services by those most in need, problems with treatment of substance use disorders, overuse of opioid medications, concerns with the structure of care for chronic postdeployment (including postconcussion) symptoms, and ongoing questions concerning the causes of historically high suicide rates, efficacy of resilience training initiatives, and research priorities. It is critical to ensure that remaining gaps are addressed and that knowledge gained during these wars is retained and further evolved.

<http://psycnet.apa.org/journals/mil/27/6/384/>

Implementing firearms restriction for preventing U.S. Army suicide.

Hoyt, Tim; Duffy, Vicki

Military Psychology

Vol 27(6), Nov 2015, 384-390

<http://dx.doi.org/10.1037/mil0000093>

Suicide among U.S. Army soldiers remains a significant concern for both population health and personnel readiness, with firearms constituting the majority of soldier suicides. Means restriction, or removing an at-risk soldier's access to lethal means, is a well-established procedure for reducing suicides. Nonetheless, various cultural, legal, and practical concerns may encumber firearms restriction implementation in the U.S. Army. This article reviews policy relevant to firearms restriction, including federal laws, Department of Defense directives, and U.S. Army regulations. Recommendations are provided for providers and commanders that balance the rights of soldiers with the need to ensure safety. In particular, installation restriction, field settings, enlisting supportive others, unit engagement, and off-installation storage are discussed. These approaches span the public health intervention model, providing numerous potential avenues to a balanced approach for firearms restriction in preventing suicide. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/journals/mil/27/6/354/>

False memory susceptibility in OEF/OIF veterans with and without PTSD.

Dasse, Michelle N.; Juback, Sara K.; Morissette, Sandra B.; Dolan, Sara L.; Weaver III, Charles A.

Military Psychology

Vol 27(6), Nov 2015, 354-365

<http://dx.doi.org/10.1037/mil0000094>

False memory susceptibility was measured in 80 Iraq/Afghanistan veterans with ($n = 32$) and without posttraumatic stress disorder (PTSD; $n = 48$) using a modified Deese-Roediger-McDermott (DRM) word list task that included trauma-related critical (nonpresented) lures. PTSD was classified using medical record diagnoses. Participants completed a variety of self-report assessments, including the Beck Depression Inventory, the Anxiety and Stress subscales of the Depression Anxiety Stress Scales, the Dissociative Experiences Scale, and the Tellegen Absorption Scale. Veterans with PTSD displayed global memory impairments on all types of items, except for trauma-related critical lures; on these critical lures, they exhibited false memory levels equal to those seen in veterans without PTSD. The magnitude of most effects were reduced, but not entirely eliminated, when controlling for depression, suggesting that neither PTSD nor co-occurring depression entirely explain these findings. The potential effects of other mental health conditions, such as alcohol dependence, could not be ruled out. Our results support explanations of PTSD that emphasize differential processing of trauma-related information. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://gerontologist.oxfordjournals.org/content/early/2015/11/09/geront.gnv097.abstract>

From Late-Onset Stress Symptomatology to Later-Adulthood Trauma Reengagement in Aging Combat Veterans: Taking a Broader View.

Eve H. Davison, Anica Pless Kaiser, Avron Spiro III, Jennifer Moye, Lynda A. King, and Daniel W. King

The Gerontologist (2015)

doi: 10.1093/geront/gnv097

First published online: November 9, 2015

About a decade ago we proposed the notion of late-onset stress symptomatology, to characterize the later-life emergence of symptoms related to early-life warzone trauma among aging combat Veterans. We hypothesized that aging-related challenges (role transition and loss, death of family members and friends, physical and cognitive decline) might lead to increased reminiscence, and possibly distress, among Veterans who had previously dealt successfully with earlier traumatic events. Recently, we have reexamined our earlier ideas, to better reflect our developing understanding of this phenomenon, and to incorporate more contemporary perspectives on posttraumatic growth and resilience. As a result, we have broadened our conceptualization to later-adulthood trauma reengagement (LATR). We suggest that in later life many combat Veterans confront and rework their wartime memories in an effort to find meaning and build coherence. Through reminiscence, life review, and wrestling with issues such as integrity versus despair, they intentionally reengage with experiences they avoided or managed successfully earlier in life, perhaps without resolution or integration. This article links LATR to classic gerontologic notions, and elaborates how the LATR process can lead positively to personal growth or negatively to increased symptomatology. We also address the role of preventive intervention in enhancing positive outcomes for Veterans who reengage with their wartime memories in later life.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0141430>

All Military Adolescents Are Not the Same: Sexuality and Substance Use among Adolescents in the U.S. Military Healthcare System.

David A. Klein, William P. Adelman, Amy M. Thompson, Richard G. Shoemaker, Jane Shen-Gunther

PLOS ONE

Published: October 29, 2015

DOI: 10.1371/journal.pone.0141430

Data examining sexuality and substance use among active duty and military-dependent youth is limited; however, these psychosocial factors have military implications. Adolescents and young adults aged 12–23 were recruited from an active-duty trainee clinic (n = 225) and a military pediatric clinic (n = 223). Active duty participants were more likely to be older, male, White, previous tobacco users, and report a history of sexual activity and less contraception use at their most recent intercourse, compared to the dependent group. Over 10% of all participants indicated attraction to members of the same gender or both genders. In logistic regression analysis, non-White participants were less likely to use contraception compared to White participants. Adolescents and young adults seen in military clinics frequently engage in high-risk behavior. Clinicians who care for military youth should assess their patient's psychosocial history. Further study of this population is warranted to identify factors that may influence risk and resilience.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302874>

Differential Child Maltreatment Risk Across Deployment Periods of US Army Soldiers.

Christine M. Taylor, BA, Michelle E. Ross, PhD, Joanne N. Wood, MD, MSHP, Heather M. Griffis, PhD, Gerlinde C. Harb, PhD, Lanyu Mi, MS, Lihai Song, MS, Douglas Strane, MPH, Kevin G. Lynch, PhD, and David M. Rubin, MD, MSCE

Published online ahead of print November 12, 2015

doi: 10.2105/AJPH.2015.302874

Objectives.

We described the risk for maltreatment among toddlers of US Army soldiers over different deployment cycles to develop a systematic response within the US Army to provide families appropriate supports.

Methods.

We conducted a person-time analysis of substantiated maltreatment reports and medical diagnoses among children of 112 325 deployed US Army soldiers between 2001 and 2007.

Results.

Risk of maltreatment was elevated after deployment for children of soldiers deployed once but not for children of soldiers deployed twice. During the 6 months after deployment, children of soldiers deployed once had 4.43 substantiated maltreatment reports and 4.96 medical diagnoses per 10 000 child-months. The highest maltreatment rate among children of soldiers deployed twice occurred during the second deployment for substantiated maltreatment (4.83 episodes per 10 000 child-months) and before the first deployment for medical diagnoses of maltreatment (3.78 episodes per 10 000 child-months).

Conclusions.

We confirmed an elevated risk for child maltreatment during deployment but also found a previously unidentified high-risk period during the 6 months following deployment, indicating elevated stress within families of deployed and returning soldiers. These findings can inform efforts by the military to initiate and standardize support and preparation to families during periods of elevated risk.

<http://www.ncmedicaljournal.com/content/76/5/299.abstract>

Mental Health Among Military Personnel and Veterans.

Treven Pickett, David Rothman, Eric F. Crawford, Mira Brancu, John A. Fairbank, and Harold S. Kudler

North Carolina Medical Journal
November-December 2015 76:299-306
doi:10.18043/ncm.76.5.299

This commentary describes the prevalence of mental health problems affecting military service members and veterans in North Carolina and the rest of the nation, with a special emphasis on those who served in the recent wars in Iraq and Afghanistan. Approximately 1.9 million of these veterans have become eligible for Veterans Affairs health care since 2002, and an estimated 1.16 million veterans have registered for this care.

<http://www.ncmedicaljournal.com/content/76/5/323.abstract>

Rehabilitation of Combat-Related Injuries in the Veterans Administration: A Web of Support.

Paul Howell, Bruce P. Capehart, and Helen Hoenig

North Carolina Medical Journal
November-December 2015 76:323-327
doi:10.18043/ncm.76.5.323

The Department of Veterans Affairs provides acute, subacute, and continuing rehabilitation for veterans using a hub-and-spoke system of hospitals and outpatient facilities. Using traumatic brain injury as an example, this commentary illustrates how this system provides interdisciplinary rehabilitative care to veterans throughout North Carolina.

<http://www.ncmedicaljournal.com/content/76/5/339.abstract>

Evidence-Based Policy Making: Balancing Rigor With Real-World Health Care for Veterans and Military Personnel.

Amy Kilbourne and David Atkins

North Carolina Medical Journal
November-December 2015 76:339-342
doi:10.18043/ncm.76.5.339

The US health care system is undergoing unprecedented policy transformations that will impact veterans and returning service members. Rigorous program evaluations will be crucial as policy makers make tough decisions regarding the value of new policies. Also, more partnerships between scientists and policy makers will be required to implement these designs in light of trade-offs between scientific rigor and political realities.

<http://psycnet.apa.org/psycinfo/2015-43590-001/>

Assessing the Unique Role of Religious Coping in Suicidal Behavior Among U.S. Iraq and Afghanistan Veterans.

Currier, Joseph M.; Smith, Phillip N.; Kuhlman, Shane

Psychology of Religion and Spirituality
Sep 21 , 2015
<http://dx.doi.org/10.1037/rel0000055>

In this study we examined relations of positive and negative religious coping with risk for suicidal behavior in a sample of Iraq and/or Afghanistan Veterans. Participants completed self-report instruments assessing risk for suicidal behavior, religious coping, general combat exposure, morally injurious experiences, depression, and posttraumatic stress disorder (PTSD) symptoms. Frequency analyses revealed that half of all participants endorsed being religious, and adaptively drawing on religion to cope was more common than maladaptive coping. However, positive religious coping was not associated with suicidal behavior at the time of the study. In contrast, negative religious coping was uniquely associated with the risk for suicide when we controlled for demographic risk factors, war-zone experiences, depression, and PTSD. Although we expect adaptive reliance on religion to be beneficial for mental health, veterans who experience internal and/or external conflicts in the spiritual domain may be at increased risk for

engaging in suicidal behavior following their war-zone service. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.ncmedicaljournal.com/content/76/5/294.abstract>

Utilizing Evidence to Address the Health and Health Care Needs of Veterans.

John W. Williams, Jr and George L. Jackson

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This issue brief focuses on opportunities to address the health needs of our nation's heroes—service members and veterans who have served the United States in the armed forces. Since the North Carolina Medical Journal (NCMJ) last examined this issue in 2008, the Veterans Affairs (VA) health care system has experienced growth in both the number of veterans served and the number of locations where services are provided. However, there has also been negative attention related to delays in care. Here we summarize the articles in this issue of the NCMJ that describe the resources available to veterans, the unique health needs of veterans, and successful examples of evidence-informed programs and policies that are being undertaken by the VA health care system to enhance care and address the concerns that have been raised about VA. Because veterans and service members receive care outside of the VA or Department of Defense health care systems and many of the programs described in this issue have promise for improving care in other health systems, as well, the topics addressed in this issue are of great importance for the entire health care community in the United States.

<http://www.ncmedicaljournal.com/content/76/5/300.full>

Moral Injury: An Intersection for Psychological and Spiritual Care.

Jason A. Nieuwsma, PhD

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The concept of moral injury was originally introduced by psychiatrist Johnathan Shay in his 1994 book *Achilles in Vietnam* [1]. Shay defined moral injury as consisting of 3 elements: 1) a betrayal of what is right, 2) by someone who holds legitimate authority, 3) in a high-stakes

situation [2]. More recent definitions of moral injury conceptualize it as a broader phenomenon than that captured by Shay's definition. Psychologist Brett Litz and colleagues have offered the most widely accepted definition to date, which describes moral injury as, "the lasting psychological, biological, spiritual, behavioral and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations"

<http://link.springer.com/article/10.1007/s11126-015-9398-7>

"I'm Coming Home, Tell the World I'm Coming Home". The Long Homecoming and Mental Health Treatment of Iraq and Afghanistan War Veterans.

Julia Rozanova, Paraskevi Noulas, Kathleen Smart, Alicia Roy, Steven M. Southwick, Larry Davidson, Ilan Harpaz-Rotem

Psychiatric Quarterly
pp 1-17

This study explored the journey of American armed forces personnel from their decision to join the service, through their service in an active military conflict and how these factors may be associated with potential resistance for mental healthcare. The data came from qualitative interviews with 46 OIF/OEF/OND active-duty military, reservists, and discharged veterans of the average age of 25 years, who presented for a new episode of mental health treatment to a large Veterans Affairs Hospital (VAH) in Northeastern United States in 2011–2012. Qualitative analysis of veterans' perceptions revealed several major themes describing how a mental health diagnosis would negatively impact both their sense of identity and pragmatic career-building goals: enlisting as a career-building avenue, 'noble superhero' identity, escaping from hardship, and mental illness as a career-killer. Findings suggest that factors making young veterans resist mental healthcare may be reduced by partnering VAH psychiatrists with career counselors, and by enhancing military leadership's awareness and understanding about how to support soldiers with emotional and mental health needs, with a goal to eliminating stigma.

<http://www.tandfonline.com/doi/abs/10.1080/15325024.2015.1048153>

Frequency and impact of trauma in older women: A military and nonmilitary sample.

Robyn D. Walser , Megan L. Oser , Christy T. Tran , Joan A. Cook

Journal of Loss and Trauma
Published online: 13 Nov 2015
DOI:10.1080/15325024.2015.1048153

Understanding the impact of trauma on late-life functioning in older females is needed in order to provide best care. We explored the impact of trauma on late-life psychological and physical health and functioning among older women (n = 48) who served in the military, or participated in a military lifestyle. Eleven of these women were not veterans, but married to military personnel. Number of traumatic exposures and types of events experienced was associated with increased trauma symptom severity. Trauma symptom severity was associated with decreased physical functioning and increased pain. Increased numbing and avoidance was significantly associated with poorer physical functioning and increased pain. Older women in this study remained at risk of experiencing negative consequences of trauma in terms of increased quantity and severity of trauma symptoms and physical decline and pain. Clinical and research implications are discussed.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22451/full>

Efficacy and long-term clinical outcome of comorbid posttraumatic stress disorder and major depressive disorder after electroconvulsive therapy.

Ahmadi, N., Moss, L., Simon, E., Nemeroff, C. B. and Atre-Vaidya, N.

Depression and Anxiety

Article first published online: 10 NOV 2015

DOI: 10.1002/da.22451

Background

Many patients fulfill criteria for both posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). Electroconvulsive therapy (ECT) is generally acknowledged to be the most-effective treatment for refractory MDD. This study investigated the efficacy of ECT on long-term clinical outcome of comorbid PTSD and MDD.

Methods

This retrospective nested matched case-control study is inclusive of 22,164 subjects [3,485 with comorbid MDD and PTSD (92 with ECT and 3,393 without ECT) and 18,679 without MDD and PTSD].

Results

Using the clinical global impression scale (CGI) to assess efficacy, more-robust improvement of PTSD and MDD symptoms was observed with ECT (90%), compared to antidepressant-treatment alone(50%) (P = 0.001). During the median of 8 years of follow-up, the death-rate was 8% in subjects without PTSD and MDD, 9.7% in PTSD and MDD treated with ECT and 18% in PTSD and MDD without ECT (P < 0.05). The suicide-rate was 2.2 and 5.9% in PTSD and MDD with and without ECT-treatment, respectively (P < 0.05). Survival-analyses revealed that the

relative-risk of cardiovascular and all-cause mortality is not significantly different in patients with comorbid MDD and PTSD treated with ECT, compared to a matched-cohort without PTSD and MDD ($P > 0.05$). The relative risk of suicidality, all-cause, and cardiovascular mortality was reduced 64, 65, and 46% in MDD and PTSD patients treated with ECT, compared to those without ECT ($P < 0.05$).

Conclusion

ECT is associated with a significant reduction of symptoms of PTSD and MDD, as well as reduction in risk of suicidality, cardiovascular, and all-cause mortality in MDD and PTSD, an effect more robust than antidepressant-therapy alone.

<http://www.ingentaconnect.com/content/springer/emdr/2015/00000009/00000004/art00004>

The Effectiveness of Evidence-Based Treatments in Treatment of Active Military Personnel and Their Families.

Brickell, Matt; Russell, Mark C.; Smith, Richard B.

Journal of EMDR Practice and Research
Volume 9, Number 4, 2015, pp. 198-208(11)
DOI: <http://dx.doi.org/10.1891/1933-3196.9.4.198>

Between 338,000 and 520,000 active duty military personnel are estimated to have posttraumatic stress disorder (PTSD). Multiple randomized controlled trial (RCT) studies exist regarding the efficacy of PTSD evidence-based treatments (EBTs); however, it was recommended in the literature that future research on PTSD psychotherapies be conducted on genuine therapies with committed therapists, ideally treatments as practiced in the community, working with samples of patients resembling those seen in the community. We analyzed archival clinical outcome data from U.S. military clientele, being seen in military community counseling centers, who received a PTSD-EBT, eye movement desensitization and reprocessing (EMDR). Out of 99 archival cases, 65 were active duty military personnel. PTSD was identified as the primary diagnosis for 65 of the clients; of these 65 cases, 42 involved combat, whereas 23 were noncombat related. Across all outcome measures used, the results after EMDR treatment indicated significant improvement. These findings demonstrated the effectiveness of using PTSD-EBT in treating active military populations in general and EMDR in particular. Future implications for conducting effectiveness research are examined.

<http://www.ncmedicaljournal.com/content/76/5/332.abstract>

New Electronic Tools for Veterans.

Kenneth R. Weingardt and Carolyn J. Greene

North Carolina Medical Journal
November-December 2015 76:332-334
doi:10.18043/ncm.76.5.332

The US Department of Veterans Affairs, in partnership with the Department of Defense, has developed a host of new electronic tools designed to address the mental and behavioral health needs of military service members and veterans. These tools include online self-help programs and companion mobile apps, as well as many of the apps available through the VA App Store. This commentary provides a brief overview of these new tools and discusses some of the ways in which physicians and other medical providers in North Carolina can incorporate these tools into their work with veterans.

<http://www.ncmedicaljournal.com/content/76/5/320.abstract>

Engaging, Supporting, and Sustaining the Invisible Partners in Care: Young Caregivers of Veterans From the Post-9/11 Era.

Katherine M. Miller, Margaret Kabat, Jennifer Henius, and Courtney Harold Van Houtven

North Carolina Medical Journal
November-December 2015 76:320-322
doi:10.18043/ncm.76.5.320

Few studies have explored the health effects of caregiving for post-9/11 veterans who have been traumatically injured, have traumatic brain injuries, or have post-traumatic stress disorder. Post-9/11 veterans and their caregivers tend to be younger than veterans who served exclusively prior to 9/11. In response to the needs of caregivers, Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, was passed, providing unprecedented support for informal caregivers of veterans. This support includes a monthly stipend and health insurance for caregivers who meet eligibility criteria. The uptake in these support services, and the resulting cost of services, has far surpassed expectations. As the Department of Veterans Affairs continues to provide caregiver support services, it is essential to determine the value and direct impact of the services provided to caregivers and veterans.

<http://www.ncmedicaljournal.com/content/76/5/308.full>

Veterans Battling PTSD: Know the Triggers, Recognize the Symptoms.

Nicole Hart

North Carolina Medical Journal
November-December 2015 76:308-309
doi:10.18043/ncm.76.5.308

Many returning service members with PTSD are unaware of their condition. Without treatment, PTSD symptoms can lead to devastating life changes. Veterans dealing with the disorder often face family and relationship issues, unemployment, homelessness, and social isolation. Some of the most common symptoms of PTSD are substance abuse, depression, feelings of hopelessness, suicidal thoughts and feelings, lack of interest in socializing, increased emotional reactions, anxiety, and recurrent flashbacks of the traumatic event. These symptoms can vary for each individual and may come and go over the course of many years. Counseling provides veterans and their families with the support necessary to help restore mental and physical health, especially when they try to adjust to life after war.

<http://www.sciencedirect.com/science/article/pii/S1389945715020237>

Sleep quality changes in chronically depressed patients treated with mindfulness-based cognitive therapy or the Cognitive Behavioral Analysis System of Psychotherapy: a pilot study.

Preetam J. Schramm, Johannes Michalak, Kathrin Mönch, Elisabeth Schramm, Ingo Zobel

Sleep Medicine
Available online 11 November 2015
doi:10.1016/j.sleep.2015.09.022

Objective

To capture any sleep quality changes associated with group psychotherapy.

Patients/methods

Physician-referred, chronically depressed patients (n=25) were randomized to either eight group sessions of mindfulness-based cognitive therapy (MBCT, n=9) plus treatment as usual (TAU), or the Cognitive Behavioral Analysis System of Psychotherapy (CBASP, n=8) plus TAU, or to TAU only (control group, n=8). Participants recorded their sleep at home. The primary outcome variables were: stable and unstable sleep, which were assessed using cardiopulmonary coupling (CPC) analysis, and estimated total sleep and wake time (minutes). Cardiopulmonary coupling measures heart rate variability and the electrocardiogram's R-wave amplitude fluctuations associated with respiration.

Results

By post-treatment night 6, the CBASP group had more stable sleep ($p=0.044$) and less wake ($p=0.004$) compared with TAU, and less wake vs MBCT ($p=0.039$).

Conclusion

The CBASP group psychotherapy treatment improved sleep quality compared with treatment as usual.

<http://www.tandfonline.com/doi/abs/10.1080/10550887.2016.1107264>

Risk Factors for Opioid Overdose and Awareness of Overdose Risk Among Veterans Prescribed Chronic Opioids for Addiction or Pain.

Christine M. Wilder , Shannon C. Miller , Elizabeth Tiffany , Theresa Winhusen , Erin L. Winstanley , Michael D. Stein

Journal of Addictive Diseases

Accepted author version posted online: 13 Nov 2015

DOI:10.1080/10550887.2016.1107264

Background:

Rising overdose fatalities among US veterans suggest veterans taking prescription opioids may be at risk for overdose. However, it is unclear whether veterans prescribed chronic opioids are aware of this risk.

Objectives:

The objective of this study was to identify risk factors and determine awareness of risk for opioid overdose in veterans treated with opioids for chronic pain, using veterans treated with methadone or buprenorphine for opioid use disorder as a high-risk comparator group.

Methods:

Ninety veterans on chronic opioid medication for either opioid use disorder or pain management completed a questionnaire assessing risk factors, knowledge, and self-estimate of risk for overdose.

Results:

Nearly all veterans in both groups had multiple overdose risk factors although individuals in the pain management group had on average a significantly lower total number of risk factors than did individuals in the opioid use disorder group (5.9 v. 8.5, $p<0.0001$). On average, participants treated for pain management scored slightly but significantly lower on knowledge of opioid overdose risk factors (12.1 v. 13.5, $p<0.01$). About 70% of participants, regardless of group, believed their overdose risk was below that of the average American adult. There was no

significant relationship between self-estimate of overdose risk and either number or knowledge of opioid overdose risk factors.

Discussion:

Our results suggest that veterans in both groups underestimated their risk for opioid overdose. Expansion of overdose education to include individuals on chronic opioids for pain management and a shift in educational approaches to overdose prevention may be indicated.

<http://www.gao.gov/products/GAO-16-36>

Military Recruiting: Army National Guard Needs to Continue Monitoring, Collect Better Data, and Assess Incentives Programs

Government Accountability Office

GAO-16-36: Published: Nov 17, 2015.

Publicly Released: Nov 17, 2015

What GAO Found The Army National Guard (ARNG) has taken steps to increase oversight of its recruiting process primarily conducted by recruiters dispersed at the state-level but has not established a permanent program to monitor state-level recruiting activities. In June 2014, the ARNG created a Recruiting Standards Branch that has started to conduct inspections of state offices. The Recruiting Standards branch completed inspections in 16 states from October 2014 through July 2015 and found that 2 states did not achieve full compliance in their inspections. However, this is not a permanent program, and ARNG officials stated that they are using positions to staff it intended for use in other areas. The ARNG is seeking approval for permanent staff by early 2017 to continue its oversight. Continued monitoring of state-level recruiting activities, such as through a permanent recruiting standards branch, will be important to ARNG's oversight functions.

The ARNG had mixed results in meeting its overall recruiting goals and nearly met its goals for initial military training; however, the ARNG does not track whether soldiers are completing their initial term of service or military obligation. The ARNG met its recruiting goals in 2 of the 5 years from fiscal years (FY) 2010 through 2014. While the ARNG nearly met its goals for training completion from FY 2011 through 2014, GAO found that the ARNG does not have complete, consistent, and valid data on why soldiers do not complete training and when they separate during training. Without consistent, complete, and valid data, decision makers do not have information to determine why a higher number of soldiers are not completing training. The ARNG also does not track whether soldiers are completing their initial term of service. GAO's analysis shows that about 40 percent of enlisted soldiers who joined the ARNG from FY 2001 through 2007 did not complete their initial term of service. Without tracking completion of initial term of service, ARNG officials cannot assess whether their programs are effective in meeting

personnel requirements and do not have visibility to ensure the ARNG is maximizing its investment in its soldiers.

The Office of the Secretary of Defense (OSD), Department of the Army (Army), and ARNG have not fully conducted their oversight responsibilities of ARNG enlistment financial-incentives programs. OSD has not enforced a requirement that ARNG report incentives obligated through the ARNG incentives programs. Further, although Army and National Guard regulations require evaluations of the effectiveness of the ARNG financial incentives programs, the Army and ARNG have not evaluated and documented the effectiveness of the programs. Without evaluating and documenting the effectiveness of ARNG incentives programs, officials may not know whether changes are needed for effective use of incentives or they may determine that certain financial incentives are not needed. Moreover, the ARNG has not ensured that recruiters have an understanding of available financial incentives. Financial incentives are a tool available to recruiters and agency policy states that incentives are available to assist in meeting and sustaining readiness requirements and to assist in filling critical shortages. ARNG has not provided recruiters with training on using financial incentives. With additional training, recruiters could better understand when and how to offer financial incentives to fill critical positions.

Links of Interest

Leading Soldiers with—Not Primarily through— Communication Technology

http://usacac.army.mil/CAC2/MilitaryReview/Archives/English/MilitaryReview_20151231_art017.pdf

Study finds more child abuse in homes of returning vets

<http://www.usatoday.com/story/news/nation/2015/11/12/study-shows-more-child-abuse-homes-returning-vets/75637992/>

Art Therapy Provides Lifeline for Wounded Warriors

<http://health.mil/News/Articles/2015/11/13/Art-Therapy-Provides-Lifeline-for-Wounded-Warriors>

It's 3 a.m. and you're feeling depressed. How technology is transforming mental health care.

https://www.washingtonpost.com/national/health-science/not-just-another-brick-in-the-wall-for-people-with-mental-health-needs/2015/11/13/8624f266-88e6-11e5-9a07-453018f9a0ec_story.html

See also: How Big White Wall works

https://www.washingtonpost.com/video/national/health-science/how-big-white-wall-works/2015/11/11/d89b4fae-8882-11e5-bd91-d385b244482f_video.html

Specialized practitioners respond to growing needs

<http://www.behavioral.net/article/specialized-practitioners-respond-growing-needs>

Fertility clinics to offer discounts to wounded veterans

<http://www.militarytimes.com/story/military/benefits/veterans/2015/11/12/fertility-clinics-offer-discounts-wounded-veterans/75648244/>

Tai Chi vs. Psychotherapy for Better Sleep and More

<http://well.blogs.nytimes.com/2015/11/18/tai-chi-vs-psychotherapy-for-better-sleep-and-more/>

VA looks to revamp private care for veterans in ambitious plan

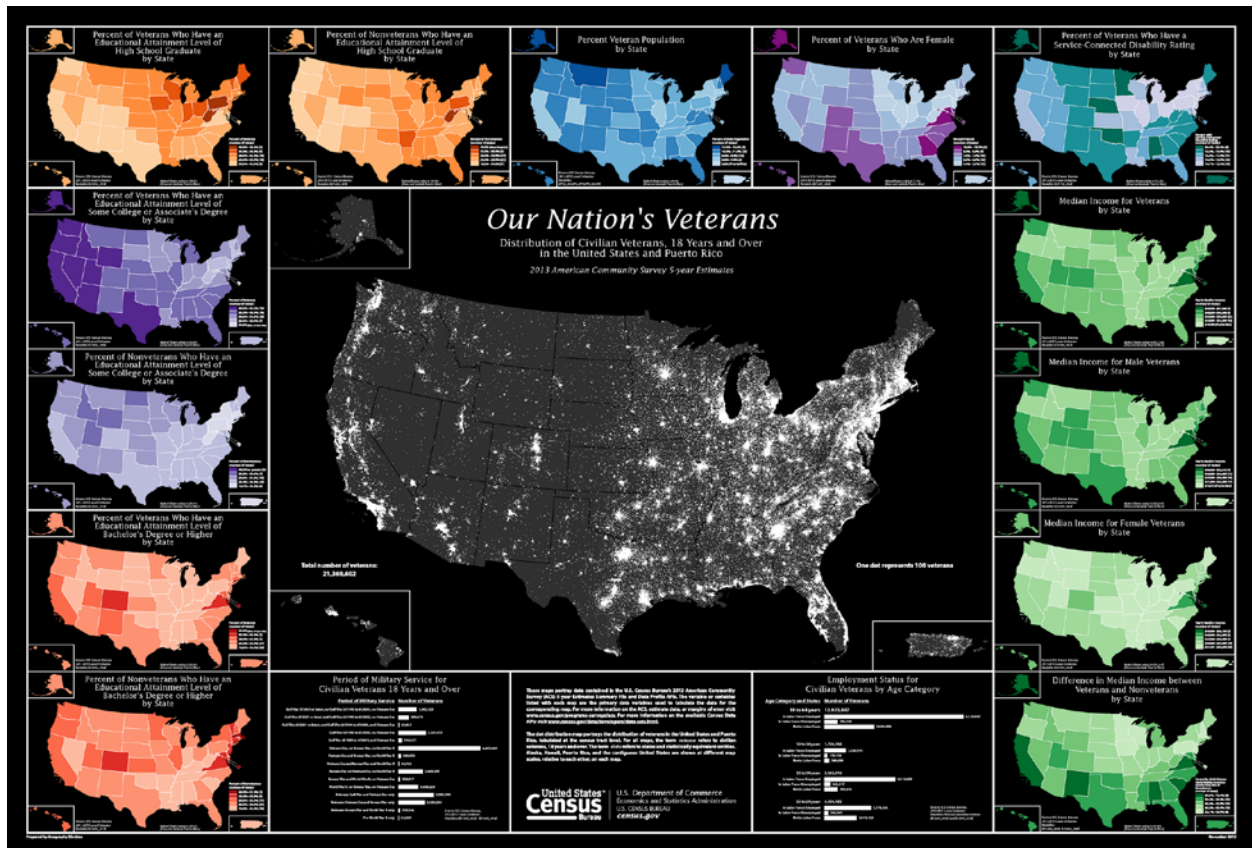
<https://www.washingtonpost.com/news/federal-eye/wp/2015/11/18/va-looks-to-revamp-private-care-for-veterans-in-ambitious-plan/>

See also: Top VA official: Private doctors must be 'part of the fabric of VA care'

<https://www.washingtonpost.com/news/federal-eye/wp/2015/11/18/top-va-official-private-doctors-must-be-part-of-the-fabric-of-va-care/>

Resource of the Week: [America's Veterans](#) (map/poster)

The Census Bureau presents a series of maps showing the distribution of veterans and their selected socioeconomic characteristics.



See: [Mapping Where and How America's Veterans Live](#) (The Atlantic)

See also:

- [Veterans Statistics](#)
- [Percent Veterans By State](#)

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