



CDP Research Update -- May 12, 2016

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<http://www.sciencedirect.com/science/article/pii/S2352721816000449>

Prevalence and Consequences of Sleep Problems in Military Wives.

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Sleep Health

Available online 26 April 2016

doi:10.1016/j.sleh.2016.03.004

Study Objectives

Despite the prevalence of sleep problems among service members, few prior studies have examined the rate of sleep problems among military spouses, who also face the stresses of deployment and military life. This is the first study of spouses of US service members to examine the prevalence of sleep disturbances, effect of service member deployment, and associated physical and psychosocial outcomes.

Design

Cross-sectional analysis of RAND Deployment Life Study data.

Setting

Self-report measures administered via telephone and web-based surveys in Fall 2012.

Participants

Female military spouses (n = 1805) aged 19 to 65 years (M = 33.5 [8.3]), married to service members across branches and components (73% previously, 10% currently, and 16% never deployed).

Measurements

Spouses self-reported sleep duration, sleep quality, daytime fatigue, and daytime impairment. Outcomes included self-rated health, marital satisfaction, and depressive symptoms.

Results

Eighteen percent of spouses reported extreme short sleep duration, which is higher than rates reported in the general population. Spouses indicated worse sleep when the service member was currently or previously deployed, although deployment status was not associated with sleep duration or daytime impairment. Greater sleep disturbances were significantly associated with all three outcomes, with the strongest association observed with greater depressive symptoms.

Conclusions

This is the first report to document high rates of short sleep duration and poor sleep quality among spouses of service members. Furthermore, sleep problems were independent correlates

of poor mental and physical health. Findings highlight the importance of addressing sleep issues in military families as well as in service members.

<http://www.aimspress.com/article/10.3934/Neuroscience.2016.1.67/fulltext.html>

Functions and Mechanisms of Sleep.

Mark R. Zielinski, James T. McKenna, Robert W. McCarley

AIMS Neuroscience

2016, 3(1): 67-10

doi: 10.3934/Neuroscience.2016.1.67

Sleep occurs in every organism to some extent, indicating its physiological importance [1]. Most sleep researchers agree that a single function of sleep is not a realistic view, as will become evident as this review documents sleep's essential role in many vital physiologic functions including development, energy conservation, brain waste clearance, and modulation of immune responses, cognition, performance, disease, vigilance, and psychological conditions [2,3]. Sleep has been characterized in many species from humans, birds, fish and flies (e.g., *Drosophila Melanogaster*) to simpler organisms such as worms (e.g., *C. Elegans*) [4]. Sleep may be disadvantageous, for the animal is less vigilant to potential predators, and sleep prohibits consumption of food and procreation. However, animals are not constantly under such pressure. Perhaps, sleep exists, in part, due to the necessity in maintenance of the aforementioned physiological processes at enhanced levels, in order to increase the animal's ability to survive and propagate. Abundant breakthroughs in our understanding of the basic mechanisms of sleep regulation have occurred within the past 150 years. Nevertheless, sleep is regulated by molecules and pathways that are redundant and also serve other physiological functions, which has made our understanding of the function(s) of sleep and sleep-related pathologies arduous. Herein, we describe how sleep is regulated globally, regionally, and locally, by means of cellular and molecular mechanisms. This description may then serve to suggest how these processes dictate the many functions of sleep (Figure 1).

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181581>

Social Media Communication Among Military Spouses: Review of Research and Recommendations for Moving Forward.

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Military Behavioral Health

Accepted author version posted online: 26 Apr 2016

DOI:10.1080/21635781.2016.1181581

A literature review was conducted on online social networking among military spouses. The unique experiences of military spouses are described, followed by a review of the growth of online social networking. Although minimal research has been conducted with military samples, civilian research has found that social media is largely used to foster social interactions; further, social media has distinct advantages and potential challenges. Social media can function to either connect people or isolate them; it can also promote well-being or cause distress. Best practices are offered to further research and utilization of social media among military spouses.

<http://ascpjournal.biomedcentral.com/articles/10.1186/s13722-016-0056-7>

Sleep abnormalities associated with alcohol, cannabis, cocaine, and opiate use: a comprehensive review.

Gustavo A. Angarita, Nazli Emadi, Sarah Hodges and Peter T. Morgan

Addiction Science & Clinical Practice

201611:9

DOI: 10.1186/s13722-016-0056-7

Sleep abnormalities are associated with acute and chronic use of addictive substances. Although sleep complaints associated with use and abstinence from addictive substances are widely recognized, familiarity with the underlying sleep abnormalities is often lacking, despite evidence that these sleep abnormalities may be recalcitrant and impede good outcomes. Substantial research has now characterized the abnormalities associated with acute and chronic use of alcohol, cannabis, cocaine, and opiates. This review summarizes this research and discusses the clinical implications of sleep abnormalities in the treatment of substance use disorders.

<http://jce.sagepub.com/content/early/2016/03/15/0891241616636664.abstract>

**“I Believe We Are the Fewer, the Prouder”
Women’s Agency in Meaning-Making after Military Sexual Assault.**

Rebecca J. Hannagan

This article draws on ethnographic evidence and argues for the theoretical significance of that evidence regarding concepts of personal agency vis-à-vis rhetorics of victimhood. The problem discussed in this article is that a dominant discourse that positions women primarily or exclusively as victims in response to their experience of sexual assault not only works to re-victimize women but imposes unnecessary boundaries on the meaning of these experiences for the women involved. Instead of privileging the dominant discourse, this article seeks to privilege the voices of women who have experienced sexual assault. How women make sense of their experiences and themselves is constituted by their discourses. Among the many ways women choose to make sense of their experience and (re)construct the self is by drawing on the alternative available discourses including their military values and identity.

<http://www.sciencedirect.com/science/article/pii/S0020138316301401>

Subacute posttraumatic complaints and psychological distress in trauma patients with or without mild traumatic brain injury.

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Injury

Available online 24 April 2016
doi:10.1016/j.injury.2016.04.036

Objective

To identify the frequency, nature and profile of complaints for trauma patients with and without mild traumatic brain injury (mTBI), and to assess their relation to anxiety and depression.

Methods

A prospective cohort study in a level-one trauma centre was conducted. Mild traumatic brain injury patients and trauma controls were approached for participation. Two weeks after injury, The Head Injury Symptom Checklist (HISC) and the Hospital Anxiety and Depression Scale (HADS) were administered.

Results

Two-hundred seventy two (272) patients with mTBI and 125 TC patients completed the questionnaires. Differences were demonstrated between the two trauma populations on frequency and nature of reported complaints. Ordinal common factor analysis on the mTBI scores yielded three factors: mental distress, physical discomfort, and sensory disbalance, which were all significantly correlated to anxiety and depression scores. Discriminant analyses

identified a subset of complaints which could allocate almost 80% of patients to the correct group.

Conclusions

Patients with mTBI showed a different pattern of complaints than orthopaedic control patients. A mental distress factor consisting of both somatic and cognitive complaints proved to be most discriminating and showed high correlations with anxiety and depression.

http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Mental_Health_Utilization_Patterns_During_a.98918.aspx

Mental Health Utilization Patterns During a Stepped, Collaborative Care Effectiveness Trial for PTSD and Depression in the Military Health System.

Belsher, Bradley E. PhD; Jaycox, Lisa H. PhD; Freed, Michael C. PhD; Evatt, Daniel P. PhD; Liu, Xian PhD; Novak, Laura A. BS; Zatzick, Douglas MD; Bray, Robert M. PhD; Engel, Charles C. MD, MPH

Medical Care

Post Author Corrections: April 22, 2016

doi: 10.1097/MLR.0000000000000545

Background:

Integrated health care models aim to improve access and continuity of mental health services in general medical settings. STEPS-UP is a stepped, centrally assisted collaborative care model designed to improve posttraumatic stress disorder (PTSD) and depression care by providing the appropriate intensity and type of care based on patient characteristics and clinical complexity. STEPS-UP demonstrated improved PTSD and depression outcomes in a large effectiveness trial conducted in the Military Health System. The objective of this study was to examine differences in mental health utilization patterns between patients in the stepped, centrally assisted collaborative care model relative to patients in the collaborative care as usual-treatment arm.

Methods:

Patients with probable PTSD and/or depression were recruited at 6 large military treatment facilities, and 666 patients were enrolled and randomized to STEPS-UP or usual collaborative care. Utilization data acquired from Military Health System administrative datasets were analyzed to determine mental health service use and patterns. Clinical complexity and patient characteristics were based on self-report questionnaires collected at baseline.

Results:

Compared with the treatment as usual arm, STEPS-UP participants received significantly more mental health services and psychiatric medications across primary and specialty care settings during the year of their participation. Patterns of service use indicated that greater clinical complexity was associated with increased service use in the STEPS-UP group, but not in the usual-care group.

Conclusions:

Results suggest that stepped, centrally assisted collaborative care models may increase the quantity of mental health services patients receive, while efficiently matching care on the basis of the clinical complexity of patients.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1182089>

Symptoms of Posttraumatic Stress Disorder and Major Depressive Disorder in Veterans of Operations Enduring/Iraqi Freedom in Comparison with Those Veterans of Other Conflicts.

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Military Behavioral Health

Accepted author version posted online: 25 Apr 2016

DOI:10.1080/21635781.2016.1182089

Limited research exists on comparing psychiatric symptomatology in veterans of Operations Enduring/Iraqi Freedom (OEF/OIF) and other conflicts. The present study investigated psychiatric symptoms in 238 treatment-seeking veterans. After controlling for demographic differences, participants from OEF/OIF demonstrated a significantly smaller percentage of full diagnosis posttraumatic stress disorder (PTSD), smaller percentage of comorbid depression, and less severe self-reported PTSD-intrusions than veterans from other conflicts. The present findings may help to explain previously identified differences in treatment outcome in veterans from OEF/OIF and other conflicts.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22318/abstract>

Predictors of Treatment Attrition Among Adult Outpatients With Clinically Significant Suicidal Ideation.

Melanie A. Hom and Thomas E. Joiner

Journal of Clinical Psychology
Article first published online: 26 APR 2016
DOI: 10.1002/jclp.22318

Objective

To identify demographic, diagnostic, and personality factors that predict treatment dropout in a sample of outpatients with clinically significant suicidal ideation.

Method

A total of 287 adult outpatients at elevated risk for suicide completed self-report measures of demographics, suicidal and depression symptoms, and personality characteristics at treatment intake. Clinician-assessed psychiatric diagnoses and ratings of overall functioning also were collected.

Results

Lower overall functioning (odds ratio [OR] = .947; 95% confidence interval [CI] [.909, .987]) and the presence of a substance use disorder (OR = 4.543; 95% CI [1.058, 19.499]) were the most robust predictors of attrition. Dropouts also were more likely to have a depressive disorder, more comorbid diagnoses, and more severe depression and suicidal symptoms.

Conclusions

Findings suggest that clinician-assessed poorer overall functioning and a substance use disorder diagnosis are risk factors for attrition among suicidal individuals, above and beyond other symptom measures. Further research is warranted to investigate attrition in additional outpatient samples.

<http://www.sciencedirect.com/science/article/pii/S0272735816301490>

Anger in Psychological Disorders: Prevalence, Presentation, Etiology and Prognostic Implications.

Ephrem Fernandez, Sheri L. Johnson

Clinical Psychology Review
Available online 27 April 2016
doi:10.1016/j.cpr.2016.04.012

Anger is present as a key criterion in five diagnoses within DSM-5: Intermittent Explosive Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Borderline Personality Disorder and Bipolar Disorder. This review amasses scientific literature demonstrating that within each of these disorders, anger is a central clinical feature that is highly prevalent and predictive of important outcomes. For each disorder, we also discuss the phenomenology and etiology of anger. Although models of anger have been quite distinct across these disorders, few empirical studies have truly tested whether anger stems from different

etiological factors across these different conditions. We end with a discussion of some avenues for transdiagnostic research that can also draw from cognitive psychology, affective science, and the neuroscience of anger.

<http://www.journalsleep.org/ViewAbstract.aspx?pid=30597>

Sleep and Health Resilience Metrics in a Large Military Cohort.

Seelig AD, Jacobson IG, Donoho CJ, Trone DW, Crum-Cianflone NF, Balkin TJ

SLEEP

2016;39(5):1111–1120

<http://dx.doi.org/10.5665/sleep.5766>

Study Objectives:

Examine the relationship between self-reported sleep parameters and indicators of resilience in a US military population (n = 55,021).

Methods:

Longitudinal analyses (2001–2008) were conducted using subjective data collected from Millennium Cohort Study questionnaires and objective data from military records that included demographics, military health, and deployment information. Subjective sleep duration and insomnia symptoms were collected on the study questionnaire. Resilience metrics included lost work days, self-rated health, deployment, frequency and duration of health care utilization, and early discharge from the military. Generalized estimating equations and survival analyses were adjusted for demographic, military, behavioral, and health covariates in all models.

Results:

The presence of insomnia symptoms was significantly associated with lower self-rated health, more lost work days, lower odds of deployment, higher odds of early discharge from military service early, and more health care utilization. Those self-reporting < 6 h (short sleepers) or > 8 h (long sleepers) of sleep per night had similar findings, except for the deployment outcome in which those with the shortest sleep were more likely to deploy.

Conclusions:

Poor sleep is a detriment to service members' health and readiness. Leadership should redouble efforts to emphasize the importance of healthy sleep among military service members, and future research should focus on the efficacy of interventions to promote healthy sleep and resilience in this population.

[http://journals.lww.com/headtraumarehab/Abstract/publishahead/Traumatic Brain Injury, Sleep, and Mental Health .99631.aspx](http://journals.lww.com/headtraumarehab/Abstract/publishahead/Traumatic_Brain_Injury,_Sleep_and_Mental_Health_.99631.aspx)

Traumatic Brain Injury, Sleep, and Mental Health: A Longitudinal Study of Air Force Personnel Pre- and Postdeployment to Iraq.

Holster, Jessica L. PhD; Bryan, Craig J. PsyD, ABPP; Heron, Elizabeth A. PhD, MPH; Seegmiller, Robert A. PhD, ABPP-CN

Journal of Head Trauma Rehabilitation:
Post Author Corrections: April 26, 2016
doi: 10.1097/HTR.0000000000000237

Objective:

We investigated the complex relationships between traumatic brain injury (TBI), sleep, and mental health problems longitudinally among US service members (SMs) pre- and postdeployment to Iraq.

Participants:

One hundred sixty-eight SMs enrolled in a 4-week Air Force Basic Combat Convoy Course predeployment.

Design:

Self-report data were collected at the beginning and end of training and then at 1, 3, 6, and 12 months postdeployment. Regression analyses were implemented, and participants were categorized into 4 groups based on TBI history for further statistical analysis.

Results:

Positive TBI history was associated with greater symptoms of insomnia and posttraumatic stress predeployment and persistence of insomnia symptoms, posttraumatic stress, and depression postdeployment. Positive TBI history and posttraumatic stress served as risk factors for head injury in Iraq, and SMs who reported a head injury during deployment also endorsed greater posttraumatic stress postdeployment than those without head injury. SMs with positive TBI history who also reported a new TBI in Iraq endorsed the greatest sleep and mental health problems across the study period.

Conclusions:

This study provides valuable information regarding temporal relationships between TBI, sleep, and mental health problems among a combat military population. Findings have important implications from both prevention and clinical perspectives.

<http://psycnet.apa.org/psycinfo/2016-19246-001/>

Social Support and Mental Health Outcomes Among U.S. Army Special Operations Personnel.

Russell, Dale W.; Benedek, David M.; Naifeh, James A.; Fullerton, Carol S.; Benevides, Nikki; Ursano, Robert J.; Russell, Cristel A.; Forsten, Robert D.; Cacciopo, John T.

Military Psychology

Apr 21 , 2016

<http://dx.doi.org/10.1037/mil0000114>

Mental health disorders continue to plague service members and veterans; thus, new approaches are required to help address such outcomes. The identification of risk and resilience factors for these disorders in specific populations can better inform both treatment and prevention strategies. This study focuses on a unique population of U.S. Army Special Operations personnel to assess how specific avenues of social support and personal morale are related to mental health outcomes. The results indicate that, whereas personal morale and friend support reduce the relationship between combat experiences and posttraumatic stress disorder (PTSD), strong unit support exacerbates the negative effects of combat experiences in relation to PTSD. The study thus shows that although informal social support can lessen postdeployment mental health concerns, military populations with strong internal bonds may be at greater risk of PTSD because the support that they receive from fellow service members may heighten the traumatic impact of combat experiences. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2016-15749-001/>

USAF special tactics operator combat exposure and psychological stress.

Ogle, Alan D.; Young, James A.

Military Psychology

Vol 28(3), May 2016, 123-133

<http://dx.doi.org/10.1037/mil0000121>

Given the length of combat in Afghanistan, Iraq, Syria, and elsewhere, and the role special operations forces will continue to play, we believe it is imperative to gain understanding of the psychological “wear and tear” associated with sustained combat operations on these highly specialized, highly utilized personnel. This study focused on a seldom-studied group, Air Force Special Tactics (ST) operators, to assess combat exposure, current psychological stress, and preferences for support when needed. This study assessed symptoms of posttraumatic stress, depression, anxiety, sleep, anger, and perceptions of help seeking in 5 ST units. Data revealed that the majority of study participants report distress levels below clinical thresholds; however, 26% struggle with generalized stress/agitation and, at smaller percentages, other distress

symptoms that have negative impact on work performance. Combat experiences were comparable or higher than Army and Marine maneuver forces, and greater amounts of exposure related to positive screening for a possible mental health disorder, generalized agitation, and posttraumatic symptoms; combat involving direct fighting and being in high-threat situations were also related to posttraumatic stress. Distress rates for Special Operations Weather personnel were higher. Attitudes toward mental health support were positive however, embedded assets were preferred over base clinic providers. We review these and other findings and offer suggestions for future research in this area. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2016-10831-001/>

Preliminary evidence of differences between stigma source versus type with individual functioning variables in national guard/reserve troops.

Blais, R. K.

Military Psychology

Vol 28(3), May 2016, 162-173

<http://dx.doi.org/10.1037/mil0000119>

Extant military studies show that stigma has a variable association with seeking mental health treatment and mental health distress. Previous studies used a general measure of stigma that does not differentiate between stigma source or type. Stigma source can be either self-perceived or perceived from others, and stigma type can include stigma for disorder or stigma for help-seeking. Civilian literature demonstrates that self-stigma is more detrimental to individual functioning than stigma perceived from others, and prior studies in National Guard service members (NGSMs) show that self-stigma and stigma perceived from unit leaders were associated with lower help-seeking intentions relative to stigma perceived from unit members or family members. No military study has simultaneously explored the associations of demographic and distress variables with various stigma types and sources. To determine if prior mixed findings were due to the use of a general measure of stigma, NGSMs (n = 163) completed demographic and distress measures, as well as stigma source (e.g., self, leader) and type (i.e., general, disorder, help-seeking) assessments. General stigma was positively associated with all stigma types and sources as well as a college education. Disorder stigma was positively associated with stigma from nonmilitary sources, and self-stigma for help-seeking was negatively associated with help-seeking intentions. Likelihood of deploying again was positively associated with disorder and help-seeking stigma when perceived from someone in authority. Given the unique associations observed, future studies should utilize specific measures of stigma when examining factors related to postdeployment functioning. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181583>

How Do Aftermath of Battle Experiences Affect Returning OEF/OIF Veterans?

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Military Behavioral Health

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DOI:10.1080/21635781.2016.1181583

Aftermath of battle experiences (ABE) may contribute to adverse mental and physical health outcomes. This study examined ABE and their effect on health functioning and posttraumatic stress disorder (PTSD) in 66 OEF/OIF/OND Veterans. Bivariate correlations were conducted to investigate the contribution of ABE to PTSD and health functioning, after controlling for combat experiences. Additionally, a mediation analyses was conducted on Role Limitations due to Emotional Problems. Results suggested that the association between ABE and Role Limitations due to Emotional Problems was mediated by PTSD. These initial findings suggest the need for more research on differences in deployment experiences.

<http://psycnet.apa.org/psycinfo/2016-12363-001/>

The relationship of suicidal ideation to objective and subjective executive functioning.

Homaifar, Beeta Y.; Shura, Robert D.; Miskey, Holly M.; Yoash-Gantz, Ruth E.; Rowland, Jared A.

Military Psychology

Vol 28(3), May 2016, 185-191

<http://dx.doi.org/10.1037/mil0000111>

Prior research on executive ability and suicidal ideation (SI) has frequently failed to account for either symptom or performance validity. Similarly, studies have not adequately examined both objective performance on executive tests and subjective report of executive deficits in relationship to SI. The purpose of this study was to address these gaps in research by accounting for performance validity, symptom validity, and considering self-reported executive complaints with objective performance. We hypothesized that (a) increases in self-reported SI on the Personality Assessment Inventory (PAI; Morey, 1991) Suicidal Ideation subscale would be related to poorer performance on objective and subjective tests of executive function and (b) level of self-reported depressive symptoms would moderate the relationship between SI and measures of executive function, such that individuals with higher levels of both depressive symptoms and executive dysfunction would be more likely to experience higher levels of SI. No measure of executive function was related to SI when accounting for demographic variables and depressive symptoms. Wisconsin Card Sort Test categories completed was the only measure of executive function to interact significantly with depressive symptoms to predict SI ($\beta = .43$). Of

particular note, self-reported executive dysfunction was highly correlated with Beck Depression Inventory–II (Beck, Steer, & Brown, 1996) scores ($r = .78$). Clinical implications and future directions for research are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/da.22511/abstract>

Psychotherapy versus Pharmacotherapy for Posttraumatic Stress Disorder: Systemic Review and Meta-Analyses to Determine First-Line Treatments.

Lee, D. J., Schnitzlein, C. W., Wolf, J. P., Vythilingam, M., Rasmusson, A. M. and Hoge, C. W.

Depression and Anxiety

Article first published online: 29 APR 2016

DOI: 10.1002/da.22511

Background

Current clinical practice guidelines (CPGs) for posttraumatic stress disorder (PTSD) offer contradictory recommendations regarding use of medications or psychotherapy as first-line treatment. Direct head-to-head comparisons are lacking.

Methods

Systemic review of Medline, EMBASE, PILOTS, Cochrane Central Register of Controlled Trials, PsycINFO, and Global Health Library was conducted without language restrictions. Randomized clinical trials ≥ 8 weeks in duration using structured clinical interview-based outcome measures, active-control conditions (e.g. supportive psychotherapy), and intent-to-treat analysis were selected for analyses. Independent review, data abstraction, and bias assessment were performed using standardized processes. Study outcomes were grouped around conventional follow-up time periods (3, 6, and 9 months). Combined effect sizes were computed using meta-analyses for medication versus control, medication pre-/posttreatment, psychotherapy versus control, and psychotherapy pre-/posttreatment.

Results

Effect sizes for trauma-focused psychotherapies (TFPs) versus active control conditions were greater than medications versus placebo and other psychotherapies versus active controls. TFPs resulted in greater sustained benefit over time than medications. Sertraline, venlafaxine, and nefazodone outperformed other medications, although potential for methodological biases were high. Improvement following paroxetine and fluoxetine treatment was small. Venlafaxine and stress inoculation training (SIT) demonstrated large initial effects that decreased over time. Bupropion, citalopram, divalproex, mirtazapine, tiagabine, and topiramate failed to differentiate from placebo. Aripiprazole, divalproex, guanfacine, and olanzapine failed to differentiate from placebo when combined with an antidepressant.

Conclusions

Study findings support use of TFPs over nontrauma-focused psychotherapy or medication as first-line interventions. Second-line interventions include SIT, and potentially sertraline or venlafaxine, rather than entire classes of medication, such as SSRIs. Future revisions of CPGs should prioritize studies that utilize active controls over waitlist or treatment-as-usual conditions. Direct head-to-head trials of TFPs versus sertraline or venlafaxine are needed.

<http://www.sciencedirect.com/science/article/pii/S0010440X15302893>

Male Suspected Suicide Decedents in Utah: A Comparison of Veterans and Nonveterans.

Erin McGlade, Amanda Bakian, Hilary Coon, Deborah Yurgelun-Todd, W. Brandon Callor, Josh Byrd, Douglas Gray

Comprehensive Psychiatry

Available online 28 April 2016

doi:10.1016/j.comppsy.2016.04.014

There has been significant debate regarding suicide risk in Veterans compared to nonveterans. However, few studies have examined similarities and differences between Veteran and nonveteran suicide decedents using a combination of next of kin psychological autopsy and data from a state Office of the Medical Examiner (OME). For the current study, next of kin of a one-year cohort of male suspected suicide decedents in Utah completed psychological autopsy interviews with trained research staff. Next of kin of 70 Veterans and 356 nonveterans completed the interviews, which included demographic, behavioral, psychosocial, and clinical variables. The psychological autopsy data then were combined with OME data for the presented analyses. Results showed that Veteran and nonveteran suicide decedents differed on multiple factors, including age at death. Specifically, male nonveteran suicide decedents were younger at age of death compared to Utah Veterans and to a national sample. Veteran decedents also were more likely to have a history of suicide attempts and more likely to have access to firearms compared to nonveterans. Other between-group differences, including Veterans being more likely to have lived alone and method of death (e.g., gunshot, hanging, etc.), were no longer statistically significant after adjustment for age at death. Conclusions: These findings have significant clinical and practical importance, as they highlight the risk for suicide in younger nonveterans and older Veterans in Utah.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22097/abstract>

Sexual Health in Male and Female Iraq and Afghanistan U. S. War Veterans With and Without PTSD: Findings From the VALOR Cohort.

Breyer, B. N., Fang, S. C., Seal, K. H., Ranganathan, G., Marx, B. P., Keane, T. M. and Rosen, R. C.

Journal of Traumatic Stress

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DOI: 10.1002/jts.22097

We sought to determine whether posttraumatic stress disorder (PTSD) was associated with sexual health in returned warzone-deployed veterans from the recent Iraq and Afghanistan conflicts. We studied 1,581 males and females from the Veterans After-Discharge Longitudinal Registry, a gender-balanced U.S. Department of Veterans Affairs registry of health care-seeking veterans with and without PTSD. Approximately one quarter (25.1%) of males ($n = 198$) and 12.7% of females ($n = 101$) had a sexual dysfunction diagnosis and/or prescription treatment for sexual dysfunction. Both genders were more likely to have a sexual dysfunction diagnosis and/or prescription treatment if they had PTSD compared with those without PTSD (male: 27.3% vs. 21.1%, $p = .054$; female: 14.9% vs. 9.4%, $p = .022$). Among the 1,557 subjects analyzed here, males with PTSD had similar levels of sexual activity compared to those without PTSD (71.2% vs. 75.4%, $p = .22$), whereas females with PTSD were less likely to be sexually active compared to females without PTSD (58.7% vs. 72.1%, $p < .001$). Participants with PTSD were also less likely to report sex-life satisfaction (male: 27.6% vs. 46.0%, $p < .001$; female: 23.0% vs. 45.7%, $p < .001$) compared with those without PTSD. Although PTSD was not associated with sexual dysfunction after adjusting for confounding factors, it was significantly negatively associated with sex-life satisfaction in female veterans with a prevalence ratio of .71, 95% confidence interval [.57, .90].

<http://www.sciencedirect.com/science/article/pii/S0165178115304315>

What bridges the gap between self-harm and suicidality? The role of forgiveness, resilience and attachment.

Gurmokh S. Nagra, Ashleigh Lin, Rachel Upthegrove

Psychiatry Research

Volume 241, 30 July 2016, Pages 78–82

doi:10.1016/j.psychres.2016.04.103

Self-harm is the most robust risk for completed suicide. There is a lack of understanding of why some people who self-harm escalate to suicidal behaviour when others do not. Psychological factors such as attachment, self-forgiveness and self-appraisal may be important. To determine whether factors from the Interpersonal Theory and Schematic Appraisals models are useful to identify suicidal behaviour in populations that self-harm. Specifically we investigate whether resilience factors of secure attachment, self-forgiveness and positive self-appraisals significantly influence suicidality in people who self-harm. A cross-sectional online study of 323 participants recruited from self-harm support forum. Validated self-report measures were used to assess

appraisals, relationships, self-forgiveness, attachment style, suicidality and self-harm. Emotion coping and support seeking self-appraisals and self-forgiveness were negatively associated with suicidality in participants with a history of self-harm. Dismissing attachment was positively associated with suicidality. The perceived ability to cope with emotions, the perceived ability to gain support and self-forgiveness may protect against suicide in people who self-harm. Conversely the presence of dismissing attachment may increase the risk of suicidality. Findings provide therapeutic targets to reduce risk of suicidality in this high risk group.

<http://psycnet.apa.org/psycinfo/2016-17468-001/>

Rape Myth Acceptance: A Comparison of Military Service Academy and Civilian Fraternity and Sorority Students.

Carroll, Marjorie H.; Rosenstein, Judith E.; Foubert, John D.; Clark, M. Diane; Korenman, Lisa M.

Military Psychology

Apr 11 , 2016

<http://dx.doi.org/10.1037/mil0000113>

Although both the military and fraternities have been theorized to be characterized by norms and attitudes that serve to legitimize violence against women, no previous work has examined the potential similarity and differences in rape-supportive beliefs of these 2 environments or the people drawn to them. Further, the belief systems of women within these organizations have received little attention. As such, the current study sought to serve as an initial exploration of the rape-supportive belief systems of people drawn to these groups. Participants were recruited from students entering 2 military service academies (U.S. Military Academy, n = 1,169, 1,003 men, 166 women; U.S. Naval Academy, n = 1,916, 1,551 men, 365 women) and fraternities and sororities at a Midwestern university (n = 393, 188 men, 205 women). All participants completed the Illinois Rape Myth Acceptance Scale–Short Form. Consistent with previous findings related to gender, men were more accepting of rape myths than women. Further, there was more variability in the levels of rape myth acceptance among military service academy and fraternity men than among military service academy and sorority women. Although across all groups the women expressed significantly lower levels of rape myth acceptance than the men, women and men from the United States Military Academy were more closely aligned in their beliefs than women and men from the other samples. Implications for sexual assault prevention education are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2016-13478-001/>

Unit Cohesion, Resilience, and Mental Health of Soldiers in Basic Combat Training.

Williams, Jason; Brown, Janice M.; Bray, Robert M.; Anderson Goodell, Erin M.; Rae Olmsted, Kristine; Adler, Amy B.

Military Psychology

Mar 17, 2016

<http://dx.doi.org/10.1037/mil0000120>

Military unit cohesion has been shown to correlate with physical and psychological outcomes. However, little is known about the development of cohesion in the early days of military service during Basic Combat Training (BCT) and how it relates to positive support and the negative stressors of training. The current study assessed the development of unit cohesion across the 10-week BCT period (N = 1,939), and the relation of cohesion to stress, resilience, mental health measures, and BCT outcomes (graduation, passing the Army Physical Fitness Test, and final Basic Rifle Marksmanship scores). The sample was primarily male (62%), under age 25 (88%), and unmarried (88%). All putative mediators showed significant change over time. Unit cohesion increased over time (slope 0.22; $p < .001$), and these increases were associated with decreases in psychological distress ($p < .001$), sleep problems ($p < .001$), and tolerance of BCT stressors ($p < .001$), as well as increases in resilience ($p < .001$), confidence managing stress reactions ($p < .001$), and positive states of mind ($p < .001$). Unit cohesion was indirectly associated with successful graduation and passing the Army Physical Fitness Test through cohesion-related improvement in psychological distress, resilience, and confidence managing reactions to stress. Sleep problems also mediated BCT graduation. Cohesion effects on the Basic Rifle Marksmanship scores were mediated by psychological distress and tolerance of BCT stressors only. These results suggest that unit cohesion may play a key role in the development of psychological health among new soldiers. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

http://journals.lww.com/spinejournal/Abstract/publishahead/Behavior_related_Factors_Associated_with_Low_Back.96070.aspx

Behavior-related Factors Associated with Low Back Pain in the US Adult Population.

Yang, Haiou PhD; Haldeman, Scott DC, MD, PhD

Spine:

Post Acceptance: April 26, 2016

doi: 10.1097/BRS.0000000000001665

Study Design.

This study is based on data from the 2009-2012 National Health Interview Survey (NHIS) of the civilian population of the US. The NHIS focuses on a number of health conditions, including low back pain.

Objective.

The objective of this study is to explore behavior-related factors associated with low back pain in the US adult population, including leisure-time physical activity, alcohol use, tobacco use, sleep duration and obesity.

Summary of Background Data.

Low back pain is a prevalent musculoskeletal health disorder with profound impact on individuals, business and society. Addressing behavior-related factors holds the potential to reduce the burden of low back pain on a societal basis.

Methods. In order to account for the complex sampling design of the NHIS, the Taylor linearized variance estimation methods were used to conduct weighted descriptive statistics and multivariate logistic regression analyses in exploring the relationships between low back pain and a set of behavior-related risk factors.

Results.

This study shows associations between self-reported lower back pain and reported leisure-time physical inactivity, current or former smoking, current or former alcohol drinking, short sleep duration and obesity.

Conclusion.

This study identified a number of behavior-related factors that appear to have a significant relationship with low back pain. Public health policy makers and clinicians should consider these factors to reduce the burden of low back pain. This study supports the need for longitudinal study design in future research.

Level of Evidence: 2

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<http://www.emeraldinsight.com/doi/abs/10.1108/MHRJ-07-2015-0019>

The impact of telephone crisis services on suicidal users: a systematic review of the past 45 years.

Elisabeth Assing Hvidt , Thomas Ploug , Søren Holm

Mental Health Review Journal
Volume 21, Issue 2

Purpose

Telephone crisis services are increasingly subject to a requirement to “prove their worth” as a suicide prevention strategy. This systematic review was conducted to 1) provide a detailed overview of the evidence on the impact of telephone crisis services on suicidal users 2)

determine the limitations of the outcome measures used in this evidence and 3) suggest directions for future research.

Design/methodology/approach

MEDLINE via Pubmed (from 1966), PsycINFO APA (from 1967) and ProQuest Dissertation and Theses (all to June 4, 2015) were searched. Papers were systematically extracted by title then abstract according to predefined inclusion and exclusion criteria.

Findings

18 articles met inclusion criteria representing a range of outcome measures: Changes during calls, reutilisation of service, compliance with advice, caller satisfaction and counsellor satisfaction. The majority of studies showed beneficial impact on an immediate and intermediate degree of suicidal urgency, depressive mental states as well as positive feedback from users and counsellors.

Research limitations/implications

A major limitation pertains to differences in the use of the term “suicidal”. Other limitations include the lack of long-term follow-up and of controlled research designs. Future research should include a focus on long-term follow-up designs, involving strict data protection. Furthermore, more qualitative research is needed in order to capture the essential nature of the intervention.

Originality/value

This paper attempts to broaden the study and the concept of “effectiveness” as hitherto used in the literature about telephone crisis services and offers suggestions for future research.

<http://www.sciencedirect.com/science/article/pii/S2451865416300096>

Trends in research with U.S. military service member participants: A population-specific ClinicalTrials.gov review.

Wendy A. Cook, Ardith Z. Doorenbos, Elizabeth J. Bridges

Contemporary Clinical Trials Communications

Available online 30 April 2016

doi:10.1016/j.conctc.2016.04.006

Background

ClinicalTrials.gov reviews have evaluated research trends for specific conditions and age groups but not for specific populations of research participants. No ClinicalTrials.gov reviews have evaluated research with military service member participants.

Purpose

Study objectives were (a) to use ClinicalTrials.gov to identify trends in biomedical research from 2005 to 2014 in which U.S. military service members actively participated as research participants and (b) to describe a search strategy for adaptation in future ClinicalTrials.gov reviews of specific participant populations.

Methods

A systematic review of ClinicalTrials.gov was performed to identify studies that included U.S. service members as participants, either exclusively or with other groups of participants.

Results

U.S. service members were identified as participants in 512 studies. Service members participated together with other groups in 392 studies, while 120 studies included only service members. The top five conditions of interest were post-traumatic stress disorder, traumatic brain injury, amputations, burns, and ocular injuries/disorders. The number of studies started each year peaked in 2011 and declined from 2012 to 2014. Twenty-five percent of studies exclusive to service members aimed to enroll 500 or more participants. Research exclusive to Guard and Reserve service members during this period was limited.

Conclusions

U.S. military service members participate in biomedical research. To address the health needs of U.S. service members, it is important to ensure there is not a prolonged decline in research among this population. The search strategy may be adapted to ClinicalTrials.gov reviews of specific participant populations for which straightforward searches are not possible.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0154248>

A Systematic Review of Cognitive Behavioral Therapy and Behavioral Activation Apps for Depression.

Anna Huguet, Sanjay Ra, Patrick J. McGrath, Lori Wozney, Mike Wheaton, Jill Conrod, Sharlene Rozario

PLOS ONE

May 2, 2016

<http://dx.doi.org/10.1371/journal.pone.0154248>

Depression is a common mental health condition for which many mobile apps aim to provide support. This review aims to identify self-help apps available exclusively for people with depression and evaluate those that offer cognitive behavioural therapy (CBT) or behavioural activation (BA). One hundred and seventeen apps have been identified after searching both the scientific literature and the commercial market. 10.26% (n = 12) of these apps identified through our search offer support that seems to be consistent with evidence-based principles of CBT or BA. Taking into account the non existence of effectiveness/efficacy studies, and the low level of

adherence to the core ingredients of the CBT/BA models, the utility of these CBT/BA apps are questionable. The usability of reviewed apps is highly variable and they rarely are accompanied by explicit privacy or safety policies. Despite the growing public demand, there is a concerning lack of appropriate CBT or BA apps, especially from a clinical and legal point of view. The application of superior scientific, technological, and legal knowledge is needed to improve the development, testing, and accessibility of apps for people with depression.

<http://link.springer.com/article/10.1007/s10608-016-9782-0>

Stress-Related Symptoms and Suicidal Ideation: The Roles of Rumination and Depressive Symptoms Vary by Gender.

Lillian Polanco-Roman, Judelysse Gomez, Regina Miranda, Elizabeth Jeglic

Cognitive Therapy and Research

First online: 03 May 2016

DOI 10.1007/s10608-016-9782-0

There is a growing body of literature suggesting that reactions to stressful life events, such as intrusive thoughts, physiological hyperarousal, and cognitive/behavioral avoidance (i.e., stress-related symptoms) may increase risk for thinking about and attempting suicide. Cognitive vulnerability models have identified rumination (i.e., perseverating on a negative mood) as a maladaptive response that may increase risk for suicidal behavior, as it has also been linked to depression. The present study examined the direct and indirect effects of stress-related symptoms on suicidal ideation through rumination and depressive symptoms. Participants were 1375 young adults, primarily non-White (78 %) females (72 %), recruited from a public university in the Northeastern U.S., who completed measures of stress-related symptoms (as a response to a stressful event), rumination, depressive symptoms, and suicidal ideation. The relation between stress-related symptoms and suicidal ideation was accounted for by the brooding subtype of rumination and depressive symptoms among females. Depressive symptoms, but not rumination, better accounted for suicidal ideation among males. These findings suggest that the role of brooding and depressive symptoms in the relationship between stress-related symptoms and suicidal ideation may vary by gender.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00103>

The Invisible Wound: Moral Injury and Its Impact on the Health of Operation Enduring Freedom/Operation Iraqi Freedom Veterans.

Grace W. Yan , PhD, ABPP

Military Medicine

Volume 181 Issue 5, May 2016, pp. 451-458

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00103>

Many veterans are now returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) deployments with physical and mental health problems. However, there are few studies that examine the impact of moral injury on both physical and mental well-being. This study examines the impact of moral injury on self-reported general physical health, general mental health, post-traumatic stress disorder symptoms, and depression symptoms. Cross-sectional data were collected as part of a pilot study at the New Jersey Veteran Affairs. 100 OEF/OIF veterans recruited at the New Jersey Veteran Affairs completed the paper questionnaire. We found that moral injury and combat experiences positively predicted post-traumatic stress disorder scores. Seeing the aftermath of battle and moral injury were negatively associated with mental well-being and positively associated with depression. Physical health status was negatively associated with depression. Spirituality and moral injury were negatively associated with physical health, whereas age was positively associated with physical health. Moral injury plays an important role in both physical and mental health outcomes for OEF/OIF veterans, but it is often not addressed in health care. These results underline the need for an approach to veterans' health care that includes discussion of existential and moral issues since they may impact health outcomes for many service members.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181587>

The Role of Fear of Loss of Vigilance and Re-experiencing in Insomnia among Veterans.

Amanda Hull , Stephanie Brooks Holliday , Matthew Reinhard , Ihori Kobayashi , Thomas Mellman

Military Behavioral Health

Accepted author version posted online: 04 May 2016

DOI:10.1080/21635781.2016.1181587

This study examined the relationship between sleep fears and insomnia in veterans. Participants completed questionnaires assessing mental health, pain, insomnia, and sleep fears. Most veterans (84.54%) endorsed clinically significant insomnia. Veterans with a history of combat zone deployment and who screened positive for possible PTSD reported more insomnia symptoms, and both factors were associated with increased fear of re-experiencing and losing vigilance. Regression analyses indicated that fear of re-experiencing and losing vigilance were associated with insomnia severity, controlling for depression, pain, and possible PTSD. These results suggest the importance of assessing and targeting these cognitions when treating veterans with insomnia.

<http://www.sciencedirect.com/science/article/pii/S0260691716300430>

Exploring the impact of parental post traumatic stress disorder on military family children: A review of the literature.

Natalie Kinga, Alison Smith

Nurse Education Today
Available online 30 April 2016
doi:10.1016/j.nedt.2016.04.018

Objectives

The number of UK service personnel who have a diagnosis of PTSD is unclear, but there has been a recent increase in referrals to services for PTSD symptomology. It is imperative to understand the impact this may have on the children of affected service families. This review of literature aimed to explore and provide insight into the experiences of services children whose parent has a diagnosis of PTSD.

Design.

A comprehensive review of the literature.

Data Sources.

Online databases CINAHL, MEDLINE, psychARTICLES, The Psychology and Behavioural Sciences Collection and PILOTS were searched.

Review Methods.

The studies were chosen in keeping with a specified inclusion and exclusion criteria. The literature was critically analysed and key themes identified through the strategy of thematic analysis.

Results

Five studies met the inclusion criteria. Three key themes were identified from the five articles; secondary traumatisation; impact on the child's mental health; and impact on the child's adult relationships.

Conclusion

The findings highlighted the prevalence of secondary traumatisation and a potential negative impact on the child's mental health and relationships. However, literature used in the review was conducted in countries outside of the UK, therefore the comparison of results may be compromised. This review identifies the paucity of research on this topic and highlights the need for UK based research to be carried out in this area.

Links of Interest

SAMHSA endorses computerized CBT program

<http://www.healio.com/psychiatry/practice-management/news/online/%7Bdaea05f6-6095-4312-b7fa-bba14e473a45%7D/samhsa-endorses-computerized-cbt-program>

More than sad: Depression affects your ability to think

<http://www.health.harvard.edu/blog/sad-depression-affects-ability-think-201605069551>

New DOD Mobile App Helps Diffuse Nightmares for Better Sleep

http://www.dcoe.mil/MediaCenter/News/details/16-05-04/New_DOD_Mobile_App_Helps_Diffuse_Nightmares_for_Better_Sleep.aspx

Can Philadelphia's David Shulkin cure the VA?

http://www.philly.com/philly/health/20160509_Can_Philadelphia_s_David_Shulkin_cure_the_VA.html

Find Help for Mental Health Challenges – Big or Small

http://www.dcoe.mil/blog/16-05-01/Find_Help_for_Mental_Health_Challenges_-_Big_or_Small.aspx

Army Medical Home and Behavioral Health Consultants

https://www.army.mil/article/167009/Army_Medical_Home_and_Behavioral_Health_Consultants/

Veterans and their partners see less trauma, distress symptoms after intensive retreat

<https://www.sciencedaily.com/releases/2016/04/160427165328.htm>

Silent epidemic? Head injury may be linked to lasting sleep problems

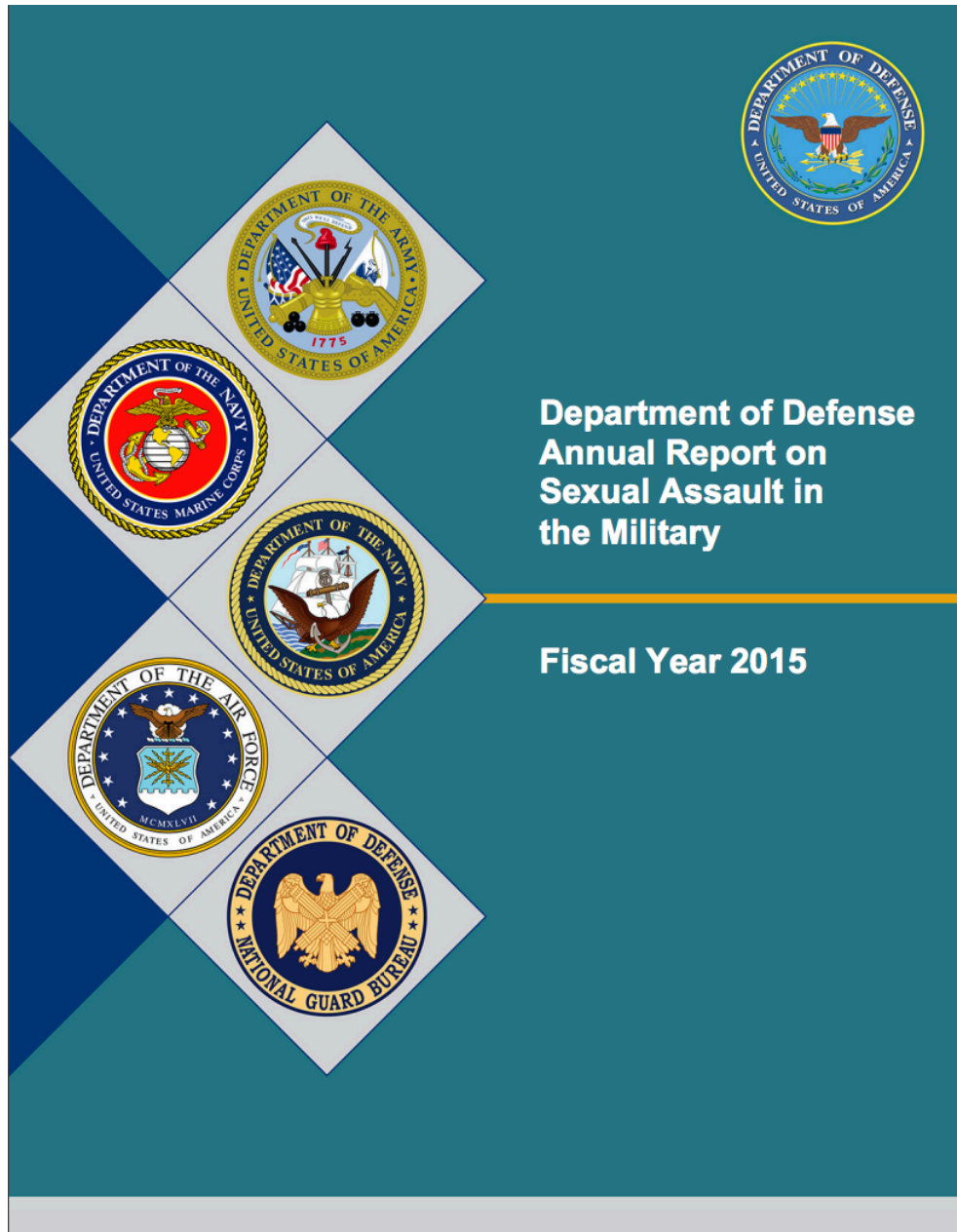
<https://www.sciencedaily.com/releases/2016/04/160427221158.htm>

Finding sleep's sweet spot: Study connects early bedtime and 'adequate' sleep with heart healthy choices

<https://www.sciencedaily.com/releases/2016/04/160421113137.htm>

Resource of the Week: [FY15 Annual Report on Sexual Assault in the Military](#)

Overall, sexual assault reporting remained consistent with the high levels seen in recent years. The department received a total of 6,083 reports of sexual assault for allegations involving service members. In addition, climate survey results indicate that over 16,000 service members intervened in situations they believed to be at risk for sexual assault.



See also: [DoD Retaliation Prevention and Response Strategy -- Regarding Sexual Assault and Harassment Reports](#)

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