



CDP Research Update -- January 5, 2017

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<http://www.sciencedirect.com/science/article/pii/S0887618516301396>

All-or-Nothing Thinking: The Processing of Emotional Expressions in Traumatized Post-Deployment Soldiers.

Claudia Gebhardt, Christina Alliger-Horn, Kristin Mitte, Heide Glaesmer

Journal of Anxiety Disorders

Available online 21 December 2016

<http://dx.doi.org/10.1016/j.janxdis.2016.12.004>

The exposure to trauma is a dramatic life event with complex consequences among those like changes in information processing. Dysfunctional cognitions like a negative interpretation of information are a risk factor for the development of trauma-related disorders. The aim of the present study was to test whether post-deployment soldiers with trauma differ in their interpretation of emotional expressions from member of a control group. Interpretation of emotional expressions was assessed in a sample of 106 males (n = 53 soldiers, n = 53 controls) with the Similarity Rating Task (simtask) and analyzed with a multidimensional scaling (MDS) approach. The findings suggest that individuals with war-related trauma tend to show a negative interpretation bias. Furthermore, traumatized individuals did not discriminate between different intensities of emotional expressions the way controls did. The findings are discussed in terms of the role of dysfunctional cognitions in the development and treatment of mental disorders.

<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2587076>

Effect of Group vs Individual Cognitive Processing Therapy in Active-Duty Military Seeking Treatment for Posttraumatic Stress Disorder: A Randomized Clinical Trial.

Resick PA, Wachen JS, Dondanville KA, Pruiksma KE, Yarvis JS, Peterson AL, Mintz J, and the STRONG STAR Consortium

JAMA Psychiatry
2017;74(1):28-36
doi:10.1001/jamapsychiatry.2016.2729

Importance

Cognitive processing therapy (CPT), an evidence-based treatment for posttraumatic stress disorder (PTSD), has not been tested as an individual treatment among active-duty military. Group CPT may be an efficient way to deliver treatment.

Objective

To determine the effects of CPT on PTSD and co-occurring symptoms and whether they differ when administered in an individual or a group format.

Design,

Setting, and Participants In this randomized clinical trial, 268 active-duty servicemembers consented to assessment at an army medical center from March 8, 2012, to September 23, 2014, and were randomized to group or individual CPT. Inclusion criteria were PTSD after military deployment and stable medication therapy. Exclusion criteria consisted of suicidal or homicidal intent or psychosis. Data collection was completed on June 15, 2015. Analysis was based on intention to treat.

Interventions

Participants received CPT (the version excluding written accounts) in 90-minute group sessions of 8 to 10 participants (15 cohorts total; 133 participants) or 60-minute individual sessions (135 participants) twice weekly for 6 weeks. The 12 group and individual sessions were conducted concurrently.

Main Outcomes and Measures

Primary measures were scores on the Posttraumatic Symptom Scale–Interview Version (PSS-I) and the stressor-specific Posttraumatic Stress Disorder Checklist (PCL-S); secondary measures were scores on the Beck Depression Inventory–II (BDI-II) and the

Beck Scale for Suicidal Ideation (BSSI). Assessments were completed by independent evaluators masked to treatment condition at baseline and 2 weeks and 6 months after treatment.

Results

Among the 268 participants (244 men [91.0%]; 24 women [9.0%]; mean [SD] age, 33.2 [7.4] years), improvement in PTSD severity at posttreatment was greater when CPT was administered individually compared with the group format (mean [SE] difference on the PSS-I, -3.7 [1.4]; Cohen $d = 0.6$; $P = .006$). Significant improvements were maintained with the individual (mean [SE] PSS-I, -7.8 [1.0]; Cohen $d = 1.3$; mean [SE] PCL-S, -12.6 [1.4]; Cohen $d = 1.2$) and group (mean [SE] PSS-I, -4.0 [0.97]; Cohen $d = 0.7$; mean [SE] PCL-S, -6.3 [1.4]; Cohen $d = 0.6$) formats, with no differences in remission or severity of PTSD at the 6-month follow-up. Symptoms of depression and suicidal ideation did not differ significantly between formats.

Conclusions and Relevance

Individual treatment resulted in greater improvement in PTSD severity than group treatment. Depression and suicidal ideation improved equally with both formats. However, even among those receiving individual CPT, approximately 50% still had PTSD and clinically significant symptoms. In the military population, improving existing treatments such as CPT or developing new treatments is needed.

Trial Registration

clinicaltrials.gov identifier: NCT02173561

<http://www.sciencedirect.com/science/article/pii/S0165178115308763>

The impact of a civic service program on biopsychosocial outcomes of post 9/11 U.S. military veterans.

Monica M. Matthieu, Karen A. Lawrence, Emma Robertson-Blackmore

Psychiatry Research

Volume 248, February 2017, Pages 111–116

<http://dx.doi.org/10.1016/j.psychres.2016.12.028>

Volunteering as a health promotion intervention, improves physical health, mental health, and social outcomes particularly in older adults, yet limited research exists for

veterans. We conducted a preliminary study to explore whether volunteering impacts a variety of biopsychosocial outcomes, including symptoms of post-traumatic stress disorder (PTSD) and depression, among returning military veterans from Iraq and Afghanistan. A survey enrolling a prospective cohort of United States (U.S.) veterans who served in the military after 11 September 2001 and who participated in a national civic service program was conducted. A total of 346 veterans completed standardized health, mental health, and psychosocial self-report measures before and after the program. Statistically significant differences were detected in overall health rating, level of emotional difficulty, PTSD and depression symptoms, purpose in life, self-efficacy, social isolation, and the perceived availability of social support at program completion. Screening positive for probable PTSD predicted improved perceived self-efficacy while probable depression predicted a decrease in loneliness, an increase in purpose in life, and an increase in perceived social support, at program completion. Volunteering was associated with significant improvements in health, mental health and social outcomes in returning veterans.

http://journals.lww.com/jtrauma/Abstract/publishahead/Combat_amputees_health_related_quality_of_life.99274.aspx

Combat amputees' health-related quality of life and psychological outcomes: A brief report from the Wounded Warrior Recovery Project.

Woodruff, Susan I. PhD; Galarneau, Michael R. MS; Sack, Daniel I. BA; McCabe, Cameron T. MA; Dye, Judy L. MS

Journal of Trauma and Acute Care Surgery:

Post Acceptance: December 23, 2016

doi: 10.1097/TA.0000000000001348

BACKGROUND:

This study extends what is known about long-term health-related quality of life (HrQoL) and other psychosocial outcomes (i.e., depression, posttraumatic stress disorder [PTSD]) among US military combat amputees serving in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.

METHODS:

A total of 63 combat amputees were identified from the Wounded Warrior Recovery Project (WWRP), a study assessing long-term self-reported HrQoL and psychological

outcomes among those wounded during military service. Another 477 service members from the WWRP were identified as a comparison group (i.e., nonamputees with moderate to severe extremity injuries).

RESULTS:

After adjusting for age, time since injury, overall injury severity, and traumatic brain injury, amputees had poorer functional HrQoL than those in the nonamputee comparison group overall and in the specific area related to performance of usual activities, and, to some degree, chronic and acute symptoms, and mobility/self-care. On the other hand, depression and PTSD symptoms were not different for the two groups.

CONCLUSIONS:

Results suggest that when assessed over 5 years postinjury, on average, amputees have unique physical and functional limitations, yet do not report greater depression or PTSD symptoms than others seriously injured in combat. It may be that state-of-the-art integrated amputee care that includes support networks and emphasis on adjustment and psychological health may increase successful coping and adjustment, at least to a level that is on par with other types of serious combat injury.

LEVEL OF EVIDENCE:

Epidemiologic/prognostic study, level III.

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<http://link.springer.com/article/10.1007/s11414-016-9546-3>

The Feasibility of a Web Intervention for Military and Veteran Spouses Concerned About Their Partner's Alcohol Misuse.

Karen Chan Osilla, Eric R. Pedersen, Anagha Tolpadi, Stefanie Stern Howard, Jessica L. Phillips, Kristie L. Gore

The Journal of Behavioral Health Services & Research

First Online: 30 December 2016

DOI: 10.1007/s11414-016-9546-3

Concerned partners (CPs) of military service members and veterans with alcohol misuse face significant help-seeking barriers. We adapted the Community Reinforcement and Family Training (CRAFT) intervention into a 4-session web-based

intervention (WBI) called Partners Connect. The program aims to help the CP increase their own well-being, teach the CP how to manage his/her behavior (e.g., communication) toward their partner, and identify ways the CP can help their partner reduce drinking and seek treatment. We recruited CPs through social media, and then tested the feasibility and acceptance of the WBI by conducting qualitative interviews and post-WBI session surveys after their WBI sessions. CPs (n = 12) spontaneously reported improvements in communication and more effective management of their partner's drinking due to skills learned. They discussed how the online approach can help overcome barriers to seeking in-person help. This WBI fills an important gap in clinical services for military and veteran CPs and CPs in the general population who may not otherwise seek in-person counseling.

<http://www.sciencedirect.com/science/article/pii/S2352250X16302366>

Telehealth and eHealth Interventions for Posttraumatic Stress Disorder.

Leslie A. Morland, Carolyn J. Greene, Craig S. Rosen, Eric Kuhn, Julia Hoffman, Denise M. Sloan

Current Opinion in Psychology

Available online 26 December 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.12.003>

This paper presents existing research describing how telehealth and eHealth technologies can be used to improve mental health services for trauma survivors, either by enhancing existing treatment approaches or as a stand-alone means of delivering trauma-relevant information and interventions. The potential ways in which telemedicine technologies aide in overcoming barriers to care is first addressed in terms of providing mental health treatment. We then outline how different telehealth and eHealth tools can be used for key therapeutic tasks, including the provision of self-guided interventions, remote delivery of psychotherapy, and augmentation of psychological treatments. We conclude by discussing key emergent issues that are shaping current and future use of telemedicine technologies as part of the continuum of care for trauma survivors.

<http://www.sciencedirect.com/science/article/pii/S2352250X16302378>

Sleep in PTSD: Conceptual Model and Novel Directions in Brain-Based Research and Interventions.

Anne Germain, Ashlee B McKeon, Rebecca L Campbell

Current Opinion in Psychology

Available online 26 December 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.12.004>

Peri-traumatic sleep disturbances are growingly recognized as biologically-relevant and modifiable predisposing, precipitating, and perpetuating factors in posttraumatic stress disorder (PTSD). The exponential growth of the literature on sleep in PTSD over the last two decades has stimulated a paradigm shift in the conceptualization of the relationship between sleep and PTSD. A conceptual framework that captures this paradigm shift is offered. New research on existing and promising sleep-focused treatments for augmenting PTSD treatment outcomes is then summarized. New findings on the neurobiological correlates and underpinnings of the relationship between sleep and PTSD are also discussed. Informed by these recent findings and foundational literature, opportunities for innovation in clinical and experimental research are proposed.

<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/div-classtitleindividuals-long-term-use-of-cognitive-behavioural-skills-to-manage-their-depression-a-qualitative-studydiv/6B25B652FCA3AF314660E38073476794>

Individuals' Long Term Use of Cognitive Behavioural Skills to Manage their Depression: A Qualitative Study.

Lydia R. M. French, Laura Thomas, John Campbell, Willem Kuyken, Glyn Lewis, Chris Williams, Nicola J. Wiles, Katrina M. Turner

Background:

Cognitive Behavioural Therapy (CBT) aims to teach people skills to help them self-manage their depression. Trial evidence shows that CBT is an effective treatment for

depression and individuals may experience benefits long-term. However, there is little research about individuals' continued use of CBT skills once treatment has finished.

Aims: T

o explore whether individuals who had attended at least 12 sessions of CBT continued to use and value the CBT skills they had learnt during therapy.

Method:

Semi-structured interviews were held with participants from the CoBaIT trial who had received CBT, approximately 4 years earlier. Interviews were audio-recorded, transcribed and analysed thematically.

Results:

20 participants were interviewed. Analysis of the interviews suggested that individuals who viewed CBT as a learning process, at the time of treatment, recalled and used specific skills to manage their depression once treatment had finished. In contrast, individuals who viewed CBT only as an opportunity to talk about their problems did not appear to utilize any of the CBT skills they had been taught and reported struggling to manage their depression once treatment had ended.

Conclusions:

Our findings suggest individuals may value and use CBT skills if they engage with CBT as a learning opportunity at the time of treatment. Our findings underline the importance of the educational model in CBT and the need to emphasize this to individuals receiving treatment.

<http://www.sciencedirect.com/science/article/pii/S2352250X16302342>

Cannabinoids as therapeutic for PTSD.

Mallory JE Loflin, Kimberly A Babson, Marcel O Bonn-Miller

Current Opinion in Psychology

Volume 14, April 2017, Pages 78–83

<http://dx.doi.org/10.1016/j.copsyc.2016.12.001>

Limited efficacy for current pharmacotherapy for PTSD indicates that improved pharmacological treatments are needed. Neurobiological research points to

cannabinoids as possible therapeutic agents of interest. Moreover, observational reports indicate that there is growing popular interest in therapeutic use of cannabinoids for the alleviation of trauma symptoms. The aim of this review was to present an up-to-date look at current research on the possible therapeutic value of cannabinoids for PTSD. Experimental, preclinical, and clinical findings are discussed.

<http://www.emeraldinsight.com/doi/abs/10.1108/JMHTEP-01-2016-0001>

Embedding new clinical practices: the role of facilitation in enhancing web-based training for mental health providers.

Michael R. Kauth, Geri Adler, Stephen J. McCandless, Wendy S. Leopulous

The Journal of Mental Health Training, Education and Practice

Vol. 12 Iss: 1, pp.24 - 32

<http://dx.doi.org/10.1108/JMHTEP-01-2016-0001>

Purpose

External facilitation has been shown to increase the implementation and aid sustainment of new clinical practices. The purpose of this paper is to describe the addition of facilitation to web-based training on dialectical behavior therapy (DBT) skills to promote adoption of this intervention among diverse mental health providers at US Veterans Health Administration facilities.

Design/methodology/approach

In total, 41 participants completed six web-based modules and met in two groups monthly over nine months by telephone with a facilitator who was also an experienced DBT skills group therapist. All participants agreed to conduct a DBT skills group as part of training. The facilitators employed a variety of engagement strategies to meet the evolving needs of participants during the training period. Participants completed an online evaluation of the modules and their facilitation experience at six weeks post-training and responded to an e-mail query at five months post-training about conducting a DBT group.

Findings

Overall, participants found the training and monthly interprofessional calls with the facilitator useful. Five months post-training, 33 of 41 participants reported conducting a DBT skills group, thus improving access to this intervention. Participants said the

biggest barrier to training was finding time during clinic hours to complete the modules, despite assurances of support from local leaders.

Originality/value

This project provides evidence that virtual facilitation enhances training and promotes the adoption of new clinical practices.

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2587072>

Refining Trauma-Focused Treatments for Servicemembers and Veterans With Posttraumatic Stress Disorder: Progress and Ongoing Challenges. (editorial)

Hoge CW, Lee DJ, Castro CA.

JAMA Psychiatry

2017;74(1):13-14

doi:10.1001/jamapsychiatry.2016.2740

Fifteen years of war in Afghanistan and Iraq have generated unprecedented investment in mitigating war-related mental health problems, including large increases in funding since 2007 for clinical trials of trauma-focused psychotherapies.¹ This issue of JAMA Psychiatry includes one of the most important clinical trials to emerge from the Department of Defense and Veteran Affairs (DoD/VA) research portfolio, a large trial by Resick et al² comparing individual and group cognitive processing therapy (CPT) in servicemembers with postdeployment posttraumatic stress disorder (PTSD).² Group therapies of various types are frequently used in DoD/VA and other health care settings, despite limited evidence supporting their efficacy. Individual CPT and prolonged exposure therapy (PE) are the 2 evidence-based trauma-focused psychotherapies most widely used in DoD/VA facilities.³ However, in many locations, access to individual trauma-focused treatment is limited owing to lack of resources and/or trained personnel. Cognitive processing therapy lends itself well to group delivery through a highly manualized approach with worksheets and Socratic questioning focused on restructuring trauma-related cognitions. Effective group therapy for PTSD would open the door to more efficient care for larger numbers of patients, making this study a high priority.

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2589161>

Effect of a Web-Based Cognitive Behavior Therapy for Insomnia Intervention With 1-Year Follow-up: A Randomized Clinical Trial.

Ritterband LM, Thorndike FP, Ingersoll KS, Lord HR, Gonder-Frederick L, Frederick C, Quigg MS, Cohn WF, Morin CM.

JAMA Psychiatry

2017;74(1):68-75

doi:10.1001/jamapsychiatry.2016.3249

Importance

Although cognitive behavior therapy for insomnia (CBT-I) has been established as the first-line recommendation for the millions of adults with chronic insomnia, there is a paucity of trained clinicians to deliver this much needed treatment. Internet-delivered CBT-I has shown promise as a method to overcome this obstacle; however, the long-term effectiveness has not been proven in a representative sample with chronic insomnia.

Objective

To evaluate a web-based, automated CBT-I intervention to improve insomnia in the short term (9 weeks) and long term (1 year).

Design, Setting, and Participants

A randomized clinical trial comparing the internet CBT-I with internet patient education at baseline, 9 weeks, 6 months, and 1 year. Altogether, 303 adults with chronic insomnia self-referred to participate, of whom 151 (49.8%) reported at least 1 medical or psychiatric comorbidity.

Interventions

The internet CBT-I (Sleep Healthy Using the Internet [SHUTi]) was a 6-week fully automated, interactive, and tailored web-based program that incorporated the primary tenets of face-to-face CBT-I. The online patient education program provided nontailored and fixed online information about insomnia.

Main Outcomes and Measures

The primary sleep outcomes were self-reported online ratings of insomnia severity (Insomnia Severity Index) and online sleep diary–derived values for sleep-onset latency and wake after sleep onset, collected prospectively for 10 days at each assessment

period. The secondary sleep outcomes included sleep efficiency, number of awakenings, sleep quality, and total sleep time.

Results

Among 303 participants, the mean (SD) age was 43.28 (11.59) years, and 71.9% (218 of 303) were female. Of these, 151 were randomized to the SHUTi group and 152 to the online patient education group. Results of the 3 primary sleep outcomes showed that the overall group × time interaction was significant for all variables, favoring the SHUTi group (Insomnia Severity Index [F3,1063 = 20.65, P < .001], sleep-onset latency [F3,1042 = 6.01, P < .001], and wake after sleep onset [F3,1042 = 12.68, P < .001]). Within-group effect sizes demonstrated improvements from baseline to postassessment for the SHUTi participants (range, Cohen d = 0.79 [95% CI, 0.55-1.04] to d = 1.90 [95% CI, 1.62-2.18]). Treatment effects were maintained at the 1-year follow-up (SHUTi Insomnia Severity Index d = 2.32 [95% CI, 2.01-2.63], sleep-onset latency d = 1.41 [95% CI, 1.15-1.68], and wake after sleep onset d = 0.95 [95% CI, 0.70-1.21]), with 56.6% (69 of 122) achieving remission status and 69.7% (85 of 122) deemed treatment responders at 1 year based on Insomnia Severity Index data. All secondary sleep outcomes, except total sleep time, also showed significant overall group × time interactions, favoring the SHUTi group.

Conclusions and Relevance

Given its efficacy and availability, internet-delivered CBT-I may have a key role in the dissemination of effective behavioral treatments for insomnia.

Trial Registration

clinicaltrials.gov Identifier: NCT01438697

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2589158>

Should Internet Cognitive Behavioral Therapy for Insomnia Be the Primary Treatment Option for Insomnia? Toward Getting More SHUTi. (editorial)

Krystal AD, Prather AA.

JAMA Psychiatry

2017;74(1):15-16

doi:10.1001/jamapsychiatry.2016.3431

Insomnia is a prevalent, often debilitating, sleep disorder with significant consequences for physical health and well-being. With as many as 50% of adults reporting insomnia symptoms at least intermittently and up to 20% of adults meeting diagnostic criteria for insomnia disorder, there is an acute need for effective interventions.¹ Treatments established to be safe and efficacious for this condition include a variety of different medications and cognitive behavioral therapy for insomnia (CBT-I), which focuses on improving homeostatic sleep drive, standardizing circadian rhythm, breaking any conditioned arousal associated with the nighttime environment, and reorienting maladaptive cognitions about sleep and one's ability to cope effectively after a night of poor sleep. Of these, CBT-I has advantages in terms of risks and sustained efficacy.² Unfortunately, clinicians who have the necessary expertise in delivering CBT-I are scarce, which has led many researchers, as well as entrepreneurs, to leverage technology to deliver CBT-I to individuals who are unable or unwilling to meet with a clinician or who prefer the convenience and potentially lower cost of an internet-based treatment.

<http://link.springer.com/article/10.1007/s00127-016-1321-5>

Consequences of PTSD for the work and family quality of life of female and male U.S. Afghanistan and Iraq War veterans.

Dawne Vogt, Brian N. Smith, Annie B. Fox, Timothy Amoroso, Emily Taverna, Paula P. Schnurr

Social Psychiatry and Psychiatric Epidemiology

First Online: 31 December 2016

DOI: 10.1007/s00127-016-1321-5

Purpose

Although it is well established that combat-related PTSD can lead to reduced quality of life, less is known about the relative effect of PTSD on different aspects of former service members' post-military readjustment. Moreover, research on female veterans' reintegration experiences is limited. This study aimed to document the work and family quality of life of post-9/11 male and female veterans and evaluate the gender-specific impact of PTSD on veterans' work and family outcomes.

Methods

A national sample of 524 post-9/11 veterans completed mailed surveys as part of a

longitudinal study. Descriptive and regression-based analyses were gender-stratified and weighted to enhance representativeness to the larger population.

Results

With a few notable exceptions, the majority of post-9/11 U.S. veterans reported high work and family quality of life. PTSD was not associated with either employment or relationship status; however, it did predict poorer work and family functioning and satisfaction for both men and women, with the most consistent negative effects on intimate relationships. Several gender differences were found, primarily with respect to work experiences.

Conclusions

Although most post-9/11 veterans appear to be doing well in both their work and family lives, results support the need for interventions that can mitigate the negative effect of PTSD and other associated mental health conditions on several aspects of work and family quality of life. Findings contribute to research suggesting both similarities and differences in the post-military readjustment of male and female post-9/11 veterans and underscore the need for additional consideration of the unique work-related challenges women experience following military service.

Links of Interest

DoD Health Experts Want Troops to Cut Back on Energy Drinks

<http://www.military.com/daily-news/2016/12/29/dod-health-experts-want-troops-to-cut-back-on-energy-drinks.html>

Child abuse in the military: Failing those most in need

<http://www.latimes.com/nation/la-na-child-abuse-military-20161229-htmllstory.html>

New in 2017: Future of Marines' gender integration plan uncertain

<https://www.marinecorpstimes.com/articles/women-in-marine-combat-jobs>

New in 2017: Enlisted combat schools gear up for first female students

<https://www.armytimes.com/articles/enlisted-combat-schools-gear-up-for-first-female-students>

DoD issues new guidance for veterans seeking discharge upgrades, military record corrections

<http://www.militarytimes.com/articles/dod-issues-new-guidance-for-veterans-seeking-discharge-upgrades-military-record-corrections>

Maine veteran uses military settlement money to buy house for veteran resource center

<https://www.stripes.com/news/us/maine-veteran-uses-military-settlement-money-to-buy-house-for-veteran-resource-center-1.447233>

DoD Announces New Outreach Efforts to Veterans Regarding Discharges and Military Records

<https://www.defense.gov/News/News-Releases/News-Release-View/Article/1039945/dod-announces-new-outreach-efforts-to-veterans-regarding-discharges-and-militar>

Gaming your brain to treat depression: Participants using a game-based app show improvement

<https://www.sciencedaily.com/releases/2017/01/170103222701.htm>

Witnessing fear in others can physically change brain: Scientists say observing trauma has PTSD implications

<https://www.sciencedaily.com/releases/2017/01/170104103546.htm>

Resource of the Week -- [Write Home Soon: A Brief History of Military Family Correspondence](#)

Over time, we've developed new modes of communication to connect, engage and interact with one another. And though our methods are different, the critical need for service members and their families to stay in touch has not changed. From Victory Mail during World War II to Armed Forces Network Holiday Greeting videos today, our nation's military supports our need to communicate.



Go Back



Write Home Soon: A Brief History of Military Family Correspondence

Posted by Heather S. Marsh, DCoE Public Affairs on December 30, 2016

When I was 10, I decided to run away from home. I packed a bag, made a sack lunch for the journey (which was all the way to my favorite hiding spot just behind the carport), and wrote my mom a good-bye letter. I don't remember exactly what I wrote, but I do remember including an address where she could send me mail:

*Heather's New Home
End of the Carport
Atwater, California*

Even then, I didn't want to leave home without someone knowing how to reach me. In fact, I desperately awaited the first note from my Mom, which I was sure would say how much she missed me and wanted me to come home.

That yearning for connection I felt as a child led me to the military. Though my time as an airman in the U.S. Air Force is one of my proudest achievements, every moment I spent away from the people I loved was painful.

This need for contact with our families while separated is nothing new. A look through military history offers examples



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- 12/22/2016 [5 Tips to Prevent Holiday Weight Gain](#)

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- Beth Schwinn, DCoE Public Affairs

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