

CDP



Research Update -- June 13, 2019

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June is PTSD Awareness Month

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- Intimate partner cohesion and military unit cohesion: Different types of interpersonal relationships each uniquely predict soldier well-being.
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- Retention in Outpatient Child Behavioral Health Services Among Military and Civilian Families.
- Assessment of Moral Injury in Veterans and Active Duty Military Personnel with PTSD: A Review.
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- Resource of the Week: PE Coach (app)

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2735465>

Association of Firearm Ownership, Use, Accessibility, and Storage Practices With Suicide Risk Among US Army Soldiers.

Dempsey CL, Benedek DM, Zuromski KL, et al.

JAMA Netw Open

Published online June 07, 2019;2(6):e195383

doi:10.1001/jamanetworkopen.2019.5383

Key Points

Question

To what extent do firearm ownership, use, accessibility, and storage practices increase suicide risk among US Army soldiers?

Findings

In this case-control, psychological autopsy study of 135 soldiers who died by suicide, firearm accessibility was associated with a significant increase in the risk of suicide. Next-of-kin reported that soldiers who died by suicide were more likely to own firearms, have home access to firearms, and have home storage of ammunition compared with propensity-matched controls.

Meaning

This study suggests that identifying possible targets for intervention, such as promoting the separate storage of guns and ammunition as well as discouraging public carrying of firearms when not required for military duties, has important implications for suicide prevention.

Abstract

Importance

Since 2004, the suicide rate among US Army soldiers has exceeded the rate of death from combat injury. It is critical to establish factors that increase the risk of acting on suicidal thoughts to guide early intervention and suicide prevention.

Objective

To assess whether firearm ownership, use, storage practices, and accessibility are associated with increased risk of suicide.

Design,

Setting, and Participants In this case-control study, suicide cases (n = 135) were defined as US Army soldiers who died by suicide while on active duty between August 1, 2011, and November 1, 2013. Next-of-kin and Army supervisors of soldiers who died by suicide (n = 168) were compared with propensity-matched controls (n = 137); those soldiers with a suicidal ideation in the past year (n = 118) provided structured interview data. Data were analyzed from April 5, 2018, to April 2, 2019.

Main Outcomes and Measures

Firearm ownership, storage, and accessibility were assessed by using items from the World Health Organization Composite International Diagnostic Interview screening scales along with items created for the purpose of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) study.

Results

Among the 135 suicide decedents, next-of-kin reported that they had greater accessibility to firearms compared with propensity-matched controls. Specifically, suicide decedents were more likely to own 1 or more handguns compared with propensity-matched controls (odds ratio [OR], 1.9; 95% CI, 1.0-3.7; $\chi^2_1 = 4.2$; false discovery rate [FDR] P = .08), store a loaded gun at home (OR, 4.1; 95% CI, 1.9-9.1; $\chi^2_1 = 12.2$; FDR P = .003), and publicly carry a gun when not required for military duty (OR, 3.2; 95% CI, 1.4-7.3; $\chi^2_1 = 7.4$; FDR P = .02). The combination of these 3 items was associated with a 3-fold increase in the odds of suicide death (OR, 3.4; 95% CI, 1.2-9.4; $\chi^2_1 = 5.4$; FDR P = .05). Storing a loaded gun with ammunition at home or

publicly carrying a gun when not on duty was associated with a 4-fold increase in the odds of suicide death (OR, 3.9; 95% CI, 1.9-7.9; $\chi^2_{21} = 14.1$; FDR $P = .002$).

Conclusions and Relevance

In this study, in addition to gun ownership, ease and immediacy of firearm access were associated with increased suicide risk. Discussion with family members and supervisors about limiting firearm accessibility should be evaluated for potential intervention.

See also:

[Limiting Access to Firearms as a Suicide Prevention Strategy Among Adults: What Should Clinicians Recommend?](#) (commentary)

<https://www.tandfonline.com/doi/full/10.1080/08995605.2019.1579605>

Initiation of evidence-based psychotherapies in Veterans with posttraumatic stress disorder.

Hannah C. Levy, Jeanne M. Gabriele, Lauren Graves & Judith A. Lyons

Military Psychology

Published online: 10 May 2019

DOI: 10.1080/08995605.2019.1579605

The Department of Veterans Affairs (VA) requires that all VA hospitals and clinics provide access to evidence-based psychotherapies (EBPs). Despite these widespread dissemination efforts, only a minority of Veterans receive EBP services. Reasons for these low rates of EBP utilization are largely unknown. This study examined the characteristics of Veterans with posttraumatic stress disorder (PTSD) who did (Initiation group) and did not (No-Initiation group) initiate a VA-approved EBP after participating in an information session. Veterans chose their preferred treatment from a menu of EBPs. Results demonstrated that Veterans in the No-Initiation group had longer periods of time between their referral and first EBP visit. Among Veterans in the Initiation group, the majority (68%) initiated a trauma-focused EBP as their first or second treatment, suggesting that providing a range of treatment options did not negatively impact their willingness to engage in PTSD treatment. Results are discussed in terms of VA initiatives to improve access to and initiation of mental health care for Veterans.

<https://www.ncbi.nlm.nih.gov/pubmed/31050228>

Prim Care Companion CNS Disord. 2019 Apr 25;21(2). pii: 18m02402. doi: 10.4088/PCC.18m02402

Posttraumatic Stress Disorder Symptoms, Functioning, and Suicidal Ideation in US Military Veterans: A Symptomics Approach.

Kachadourian LK, Harpaz-Rotem I, Tsai J, Southwick SM, Pietrzak RH

Objective:

To examine the association between individual symptoms of posttraumatic stress disorder (PTSD) and measures of functioning, quality of life, and suicidal ideation given that previous research has focused on PTSD diagnosis and symptom clusters.

Methods:

Data from a large, contemporary, nationally representative sample of 1,484 US military veterans who participated in the National Health and Resilience in Veterans Study from September-October 2013 were analyzed to examine the association between individual DSM-5 PTSD symptoms and measures of mental, physical, and cognitive functioning; quality of life; and suicidal ideation.

Results:

Nonspecific anhedonic and hyperarousal symptoms of PTSD were significantly associated with the various measures of functioning and explained a significant portion of variance across the different measures (P values $< .05$). Specifically, the following symptoms explained the most variance in physical functioning: loss of interest (12.4%), sleep difficulties (12.3%), and psychogenic amnesia (8.3%); mental functioning: concentration difficulties (11.4%), negative thoughts (9.2%), and difficulties experiencing positive affect (8.4%); cognitive functioning: concentration difficulties (18.6%), heightened startle (6.4%), and difficulty experiencing positive affect and risky/destructive behavior (both 6.3%); quality of life: concentration difficulties (11.5%), difficulty experiencing positive affect (11.1%), and sleep difficulties (9.4%); and suicidal ideation: difficulty experiencing positive affect (12.3%), negative thoughts (11.3%), and irritability/aggression (9.5%). These findings persisted after adjustment for lifetime trauma burden and severity of PTSD and depressive symptoms.

Conclusions:

Nonspecific PTSD symptoms are most strongly related to measures of functioning,

quality of life, and suicidal ideation in US veterans. These results underscore the potential clinical utility of a symptom-based approach to the assessment, monitoring, and treatment of PTSD.

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<https://www.ncbi.nlm.nih.gov/pubmed/29939060>

Psychol Trauma. 2019 May;11(4):459-465. doi: 10.1037/tra0000378. Epub 2018 Jun 25

Posttraumatic stress disorder symptoms improve after an integrated brief alcohol intervention for OEF/OIF/OND veterans.

Luciano MT, McDevitt-Murphy ME, Acuff SF, Bellet BW, Tripp JC, Murphy JG

OBJECTIVE:

Although brief alcohol interventions (BAIs) that incorporate personalized feedback demonstrate efficacy for reducing the frequency and quantity of alcohol consumption in veteran samples, little research has explored the influence of BAIs in reducing symptoms of posttraumatic stress disorder (PTSD). The goal of this investigation was to understand whether PTSD symptom severity and diagnostic status changed after exposure to an intervention that targeted alcohol misuse and integrated feedback on PTSD.

METHOD:

Sixty-eight combat veterans (8.8% female; 27.9% African American) who screened positive for hazardous drinking were recruited from a Veterans Affairs Medical Center. Participants received a 1-session brief intervention that primarily targeted alcohol misuse but also included personalized feedback and psychoeducation on PTSD symptoms and coping. Participants were randomized to receive personalized written feedback either with or without a motivational interview.

RESULTS:

A mixed-model repeated measures analysis revealed that PTSD symptom severity was significantly lower at the 6-week ($M = 41.47$, $SD = 28.94$) and 6-month ($M = 35.56$, $SD = 26.99$) follow-up appointments relative to baseline ($M = 51.22$, $SD = 26.67$), $F(2, 127.24) = 38.32$, $p < .001$. Regression analyses demonstrate that the percent change in alcohol use was related to the change in PTSD severity. Further, results indicated that a

motivational-interviewing-style counseling session accompanying the feedback was not significantly more efficacious than receiving feedback only.

CONCLUSION:

A brief alcohol intervention that integrates information on PTSD has the potential to reduce PTSD severity. Personalized alcohol and PTSD feedback may be useful as an opportunistic intervention for OEF/OIF veterans. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://link.springer.com/article/10.1007/s40501-019-00169-9>

Adjusting the Timeframe of Evidence-Based Therapies for PTSD-Massed Treatments.

Jennifer Schuster Wachen, Katherine A. Dondanville, Wyatt R. Evans, Kris Morris, Allison Cole

Current Treatment Options in Psychiatry

First Online: 07 May 2019

<https://doi.org/10.1007/s40501-019-00169-9>

Purpose

Current clinical practice guidelines for the treatment of post-traumatic stress disorder (PTSD) strongly recommend individual manualized trauma-focused therapy. However, it can be challenging for patients to complete a full course of treatment. There has been recent interest in modifying the format of evidence-based psychotherapies for PTSD to be delivered within a shorter time frame to reduce the likelihood of dropout and optimize the potential for a positive treatment outcome. This article will review the existing literature on massed psychotherapies for PTSD, including only the treatments highly recommended by the current PTSD treatment guidelines that have been modified to an intensive format.

Recent Findings

The literature supporting massed treatment formats for PTSD is limited to date. Two randomized clinical trials (RCTs) provide the strongest evidence for efficacy for prolonged exposure and cognitive therapy for PTSD, and preliminary studies of cognitive processing therapy and eye movement desensitization and reprocessing are promising.

Summary

Current results suggest that massed formats of existing evidence-based psychotherapies for PTSD are promising efficient and effective methods to expedite recovery from PTSD symptoms. Additional RCTs are needed to demonstrate the efficacy of these treatments in a range of patient populations.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1579606>

Intimate partner cohesion and military unit cohesion: Different types of interpersonal relationships each uniquely predict soldier well-being.

Priscilla G. Layman, Keith Sanford, Dennis R. Myers, Sara Dolan, James W. Ellor, Sandra B. Morissette, Janice Whitacre & Janet Crow

Military Psychology

2019; 31:3, 178-186

DOI: 10.1080/08995605.2019.1579606

Although research on military populations has found that measures of personal well-being are correlated with both intimate partner cohesion and military unit cohesion, it is not clear how these correlations should be interpreted. Based on Relationship Regulation Theory, it was expected that each type of interpersonal relationship would have independent effects, that each would uniquely predict outcomes, and that effects would remain significant after controlling for person-level traits and experiences, such as trait resilience and exposure to combat. A sample of 273 active-duty military personnel completed self-report measures of cohesion in two types of interpersonal relationships (intimate relationships and military unit relationships), two control variables (trait resilience and combat exposure), and three outcome variables (well-being, negative emotionality, and trauma-related stress). Results indicated that cohesion in the two types of relationships were minimally related to each other, but both correlated with outcome variables. Effects for each type of interpersonal relationship remained significant after controlling for the other type and controlling for trait resilience and combat exposure. The results suggest that the effects of interpersonal cohesion are best understood as reflecting experiences in specific types of relationships rather than general characteristics of people in those relationships.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1598218>

The importance of distinguishing between harassment-only and assault military sexual trauma during screening.

Rebecca K. Blais, Emily Brignone, Jamison D. Fargo, Whitney S. Livingston & Felicia J. Andresen

Military Psychology

2019; 31:3, 227-232

DOI: 10.1080/08995605.2019.1598218

Extant research demonstrates that a history of military sexual trauma (MST) is associated with PTSD and depression diagnoses as well as heightened risk for suicidal ideation and death by suicide. Past studies of MST and its sequelae typically collapse harassment-only and assault MST screening items into a single response, recorded as positive or negative for a history of MST. It is presently unclear whether assault is associated with poorer mental health outcomes relative to harassment-only MST. Female service members/Veterans (n = 656) completed an online survey assessing history (present, absent) and type (harassment-only, assault) of MST, PTSD, depression, sexual satisfaction and function symptoms, as well as suicidal ideation. Findings revealed that those who reported a history of MST, and assault more specifically, were more likely to report higher PTSD symptoms and probable PTSD diagnosis, higher depression symptoms and probable depression diagnosis, worse sexual function and probable sexual function diagnosis, lower sexual satisfaction, and presence of suicidal ideation. Those who reported harassment-only MST also reported higher PTSD severity and probable PTSD diagnosis, but the magnitude of the association of harassment-only MST and PTSD severity relative to assault MST and PTSD severity was substantially lower. Findings suggest it is critical to distinguish between history and type of MST during screening as a combined screening item loses sensitivity to identify those at heightened risk for distress and dysfunction.

<https://academic.oup.com/psychsocgerontology/advance-article-abstract/doi/10.1093/geronb/gbz077/5510193>

Premature aging among trauma survivors – The longitudinal implications of sleep disruptions on telomere length and cognitive performance.

Roy Aloni, M.A Yafit Levin, Ph.D Orit Uziel, Ph.D Zahava Solomon, Ph.D

The Journals of Gerontology: Series B

Published: 01 June 2019

<https://doi.org/10.1093/geronb/gbz077>

Objectives

Sleep is necessary for brain function as well as physical and cognitive processes. Sleep disruptions, common with aging, intensify among trauma survivors. Moreover, former prisoners-of-war (ex-POWs) often experience premature aging. This study investigates the longitudinal effects of sleep disruptions for ex-POWs in relation to cognitive performance and telomere length as well as between cognition and telomeres.

Method

This study included Israeli veterans from the 1973 Yom Kippur War who participated in four assessments (1991, 2003, 2008, 2015): (1) ex-POWs (n=99), and (2) veterans who were not captured (controls) (n=101). Among both groups, sleep disruptions were assessed using a self-report item in all four assessments. Cognitive performance was assessed using the Montreal Cognitive Assessment (MOCA) and telomere length was assessed via total white blood cells (leukocytes) from whole blood samples using Southern blot, both were measured only among ex-POWs in 2015. We conducted descriptive statistics, repeated measures, correlations, and path analyses.

Results

Sleep disruptions were related to lower cognitive performance but not to shorter telomeres. Moreover, cognitive performance and telomere length were found to be related when sleep disruptions were taken into consideration.

Conclusion

Interpersonal trauma was shown to be a unique experience resulting in sleep disruptions over time, leading to cognitive impairment. These findings highlight the importance of viewing trauma survivors at high-risk for sleep disruptions. Therefore, it is imperative to inquire about sleep and diagnose cognitive disorders to help identify and treat premature aging.

https://repository.upenn.edu/edissertations_sp2/132/

Provider-Identified Implementation Barriers to Providing Cognitive Processing Therapy in VA: A Review of the Literature and Changes Over Time.

Renno, Stephanie M.

University of Pennsylvania
Doctorate in Social Work (DSW) Dissertations
2019

Incidents of Posttraumatic Stress Disorder (PTSD) are high, especially in veterans exposed to combat. Strongly supported, efficacious treatment options exist, including Cognitive Processing Therapy (CPT) to treat the disorder and improve outcomes for patients. CPT has been trained widely in the Department of Veterans Affairs (VA). Despite national dissemination and training, utilization rates have been low. Using data from the 2008, 2011, 2014, and 2016 VA Cognitive Processing Therapy Practice Survey, the present study examined the trajectory of provider reported barriers to implementation of CPT across the four survey distributions. The sample was analyzed using frequencies within and across survey years for all variables, multiple regression analysis was used to explore relationships between continuous variables, and cross-tabulation analysis was used to explore relationships between categorical variables. Chi-square tests of independence and logistic regression analyses were then conducted to explore differences in barriers by year and profession. Any barriers with increased likelihood in one or more cohort years were included in a 3-way Chi-Square test of independence to explore the possibility that profession moderates the relationship between barrier and cohort year. Results indicate that CPT trained treatment providers reported a decrease in specific barriers to providing CPT over the course of the dissemination program, and that social work and psychology professions related to increased barriers in the earliest iteration of the survey. The VA CPT implementation program may have had some effect on specific barriers, further study is indicated.

<https://onlinelibrary.wiley.com/doi/10.1002/jts.22404>

Associations Among Exposure to Potentially Morally Injurious Experiences, Spiritual Injury, and Alcohol Use Among Combat Veterans.

Battles, A. R., Kelley, M. L., Jinkerson, J. D., C. Hamrick, H. and F. Hollis, B.

Journal of Traumatic Stress

First published: 06 June 2019

<https://doi.org/10.1002/jts.22404>

Potentially morally injurious experiences (PMIEs) are events that may violate deeply held values or belief systems. Combat engagement places service members at a heightened risk for PMIE exposure. Exposure to PMIEs may elicit internal conflict between moral beliefs and experiences and, if unresolved, conflict may manifest as feelings of guilt, shame, and spiritual or existential crisis. Further, distress caused by these experiences may promote harmful behaviors (e.g., excessive alcohol use), which may serve as attempts to cope with PMIEs veterans have witnessed or participated in. The present study examined a sequential mediation model in which combat exposure was associated with alcohol use (i.e., alcohol consumption, dependence symptoms, and alcohol-related problems) via PMIE exposure and spiritual injury (e.g., alienation from and/or anger towards respective higher power) in a community sample of 380 recent-era combat veterans. Multiple-group sequential mediation was then used to examine whether the model fit similarly across men and women. Exposure to PMIEs and spiritual injury sequentially mediated the association between combat and alcohol; higher levels of PMIE exposure and spiritual injury were associated with increased alcohol use, $R^2 = .17$, $f^2 = 0.07$. The multiple-group model showed that these associations significantly varied between genders such that the mediation was only significant among men. The results indicated that PMIEs and spiritual injury were associated with increased alcohol use, but these associations differed as a function of gender. Future research is needed to refine our understanding of moral and spiritual injury and explore possible risk and protective factors.

<https://link.springer.com/article/10.1007/s11414-019-09663-7>

Retention in Outpatient Child Behavioral Health Services Among Military and Civilian Families.

Crockett, J.L., Yu-Lefler, H.F., Shumate, E.D. et al.

The Journal of Behavioral Health Services & Research

First Online: 04 June 2019

<https://doi.org/10.1007/s11414-019-09663-7>

Retention in treatment for children with behavior problems is critical to achieve successful outcomes, and clinical evidence suggests the behavioral health needs and retention of military-connected and civilian families differ meaningfully. Military and civilian children in outpatient behavioral treatment were compared in terms of presenting problems as well as appointment adherence (n = 446 children and their parents). Demographics and rates of externalizing behavior were similar across the two groups. More military than civilian children had internalizing problems. Military parents had more parenting distress and depressive symptoms. Fewer military families dropped out of treatment early. Within-military comparisons demonstrated that children whose parent had recently deployed were more likely to have internalizing problems and poor adaptive skills. Although retention was better among military families, the early treatment drop-out proportions (20–30%) for both groups highlight a barrier to effective behavioral intervention.

<https://www.frontiersin.org/articles/10.3389/fpsy.2019.00443/abstract>

Assessment of Moral Injury in Veterans and Active Duty Military Personnel with PTSD: A Review.

Harold G. Koenig, Nagy A. Youssef, and Michelle Pearce

Frontiers in Psychiatry

Accepted: 04 Jun 2019

doi: 10.3389/fpsy.2019.00443

Background:

Moral Injury (MI) involves “a deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs” (Litz et al., 2009). MI is often found in Veterans and Active Duty Military personnel with posttraumatic stress disorder (PTSD). MI is widespread among those with PTSD symptoms, adversely affects mental health, and may increase risk of suicide; however,

MI is often ignored and neglected by mental health professionals who focus their attention on PTSD only.

Methods:

A review of the literature between 1980-2018 conducted in 2018 is presented here to identify scales used to assess MI. Databases used in this review were PsychInfo, PubMed (Medline), and Google Scholar. Search terms were “moral injury,” “measuring,” “screening,” “Veterans,” and “Active Duty Military.” Inclusion criteria were quantitative measurement of MI and health outcomes, Veteran or Active Duty Military status, and peer-review publication.

Results:

Of the 730 studies identified, most did not meet eligibility criteria, leaving 118 full text articles that were reviewed, of which 42 did not meet eligibility criteria. Of the remaining 76 studies, 34 were duplicates leaving 42 studies, most published in 2013 or later. Of 22 studies that assessed MI, five used scales assessing multiple dimensions and 17 assessed only one or two aspects (e.g., guilt, shame, or forgiveness). The remaining 20 studies used one of the scales reported in the first 22. Of the five scales assessing multiple dimensions of MI, two assess both morally injurious events and symptoms and the remaining three assess symptoms only. All studies were cross-sectional, except three that tested interventions.

Conclusions:

Moral injury in the military setting is widespread and associated with PTSD symptom severity, anxiety, depression, and risk of suicide in current or former military personnel. Numerous measures exist to assess various dimensions of MI, including five multi-dimensional scales, although future research is needed to identify cutoff scores and clinically significant change scores. Three multi-dimensional measures assess MI symptoms alone (not events) and may be useful for determining if treatments directed at MI may reduce both symptoms and impact other mental health outcomes including PTSD.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2735126>

JAMA Network Insights: Caring for Suicidal Patients

Brent DA, Oquendo MA, Reynolds CF

JAMA Psychiatry

Published online June 12, 2019

doi:10.1001/jamapsychiatry.2019.0927

What are the key elements of effectively treating suicidal patients? We suggest that there are 7 evidence-based elements.

See also: [Clinical Epidemiological Research on Suicide-Related Behaviors—Where We Are and Where We Need to Go](#) (Commentary)

Links of Interest

Brief Intervention for Short- Term Suicide Risk Reduction in Military Populations

https://msrc.fsu.edu/funded-research/risk_reduction

No more smoking at VA hospitals

<https://www.militarytimes.com/veterans/2019/06/10/no-more-smoking-at-va-hospitals/>

Opinion: Smoking age hike good for the military

<https://www.militarytimes.com/news/2019/06/07/opinion-smoking-age-hike-good-for-the-military/>

What Do You Really Know About Military Behavioral Health Technicians?

<https://www.pdhealth.mil/news/blog/what-do-you-really-know-about-military-behavioral-health-technicians>

Marine colonel calls suicide 'shameful,' cites 'godless age' and calls on Marines to 'read some scripture'

<https://www.marinecorpstimes.com/newsletters/daily-news-roundup/2019/06/07/marine-colonel-calls-suicide-shameful-cites-godless-age-and-calls-on-marines-to-read-more-scripture/>

His Suicide Note Was a Message to the Navy. The Way He Died Was the Exclamation Point

<https://www.military.com/daily-news/2019/06/08/his-suicide-note-was-message-navy-way-he-died-was-exclamation-point.html>

This DoD program gives transitioning service members 24/7 access to mental health help

<https://rebootcamp.militarytimes.com/transition-tips/transition/2019/06/07/this-dod-program-gives-transitioning-service-members-247-access-to-mental-health-help/>

'How is this OK?' Sex assault case haunts Air Force mothers

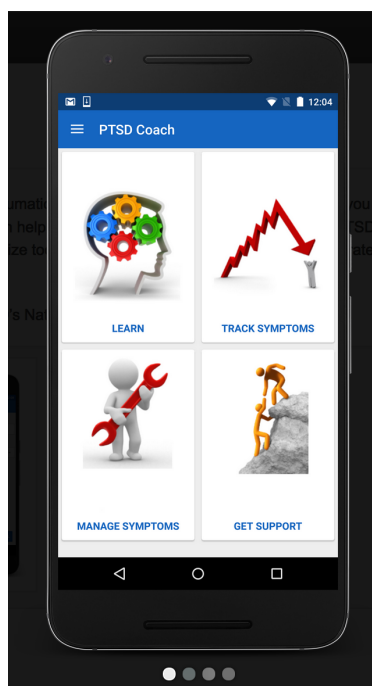
https://www.washingtonpost.com/national/pentagon-still-struggles-with-military-kid-sex-assault-cases/2019/06/12/bd2ada94-8cc7-11e9-b6f4-033356502dce_story.html

Resource of the Week -- [PTSD Coach](#)

The PTSD Coach app can help you learn about and manage symptoms that often occur after trauma. Features include:

- Reliable information on PTSD and treatments that work
- Tools for screening and tracking your symptoms
- Convenient, easy-to-use tools to help you handle stress symptoms
- Direct links to support and help
- Always with you when you need it

Free, for IOS and Android platforms.



Also available: [PTSD Coach Online](#)

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901