

CDP



Research Update -- January 2, 2020

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<https://content.govdelivery.com/accounts/USVHA/bulletins/2726767>

After a Trauma: Take Time to Heal, PTSD Monthly Update - December 2019

National Center for PTSD (VHA)

After a Trauma: Take Time to Heal

When you go through a trauma, it's understandable that you might either feel numb or have strong feelings, including fear, guilt, confusion, or anger. It's also common to be hard on yourself if you're not getting better. Healing from trauma is a process that doesn't happen overnight, or even—for many---in a few days or weeks.

Reach Out

It's easy to avoid people and become isolated, but when you make an effort to connect with others, especially those who have been through similar experiences or who help you to continue on a positive path, the weight of the trauma might start to feel lighter.

Practice Relaxation Methods

You can sometimes feel anxious after a trauma, and calming activities can help. What activities put your body and mind at ease, even for just a little while? Is it swimming, reading, meditating? Do you enjoy creating art or playing music? Spending time with a pet? All these relaxation methods are worth a try.

What to Watch Out For

Don't get caught up in negative ways of coping. Using alcohol, for example, may help you to get to sleep and forget, but it also interferes with deeper sleep cycle. In the long run, that can interfere with your health and your ability to heal. In order to feel better, it's important to find strategies that make you feel better and help you be healthy and strong.

When You Need Extra Help

If it's been more than a couple of months since the trauma, and your symptoms are still interfering with your life, you may need extra help. There are plenty of treatment options that can help. You can explore effective treatments online, or talk with a medical provider about the ones that are best for you.

Each person is different, so allow yourself time to process the pain, and begin to find the best ways for you to manage your reactions.

<https://journals.sagepub.com/doi/abs/10.1177/0886260519889944?journalCode=jiva>

An Examination of Stalking Experiences During Military Service Among Female and Male Veterans and Associations With PTSD and Depression.

Lucas, C. L., Cederbaum, J. A., Kintzle, S., & Castro, C. A.

Journal of Interpersonal Violence

First Published December 2, 2019

<https://doi.org/10.1177/0886260519889944>

Stalking is associated with mental health concerns, although little is known about the influence of stalking and mental health concerns among veterans. This study evaluated stalking experienced during military service in two community-based, nonclinical samples of veterans (N = 1,980). Models explored (a) types of stalking, (b) characteristics of veterans who experienced stalking, and (c) the associations between stalking with posttraumatic stress disorder (PTSD) and depression. Types of stalking varied by sex; female veterans were significantly more likely to experience stalking than male veterans (58.5% vs. 34.6%, $p < .001$, respectively). Female veterans reported unwanted messages, emails, or phone calls (37.2%), and male veterans experienced someone showing up unannounced or uninvited (23.5%) most frequently. Stalking experiences also differed by age with female and male veterans 18 to 39 years old significantly more likely to have experienced stalking ($p < .001$ and $p < .001$, respectively) than veterans over age 40. Associations between prior stalking experiences and mental distress were found for both female and male veterans. Both female and male veterans who experienced stalking were significantly more likely to have probable PTSD (odds ratio [OR] = 1.88, 95% confidence interval [CI] = [1.04, 3.39] and OR = 3.08, 95% CI = [2.27, 4.18], respectively) and depression (OR = 2.54, 95% CI = [1.38, 4.58] and OR = 2.78, 95% CI = [2.05, 3.79], respectively). These findings highlight (a) the rates of stalking experienced during military service, (b) the need for assessment of stalking to inform treatment, and (c) lay the foundation for the Department of Defense (DoD) to further evaluate stalking among military populations.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395619308003>

Risk and protective factors associated with comorbid PTSD and depression in U.S. military veterans: Results from the National Health and Resilience in Veterans Study.

Brandon Nichter, Moira Haller, Sonya Norman, Robert H. Pietrzak

Journal of Psychiatric Research

Volume 121, February 2020, Pages 56-61

<https://doi.org/10.1016/j.jpsychires.2019.11.008>

Converging evidence suggests that veterans with co-occurring PTSD/MDD represent a high-risk group for poor mental health compared to those with PTSD alone. To date, however, little is known about the specific factors that may increase vulnerability for and buffer risk for comorbid PTSD/MDD. The purpose of this study was to provide a population-based characterization of sociodemographic, risk, and protective variables associated with comorbid PTSD/MDD among U.S. military veterans. Data were analyzed from the National Health and Resilience in Veterans Study, a nationally representative survey of U.S. military veterans ($n = 2,732$). Analyses (1) compared veterans with PTSD alone and co-occurring PTSD/MDD on sociodemographic, military, and psychosocial characteristics; and (2) examined variables independently associated with PTSD/MDD status. Multivariable logistic regression analyses revealed that racial/ethnic minority status (odds ratio [OR] = 12.5), number of lifetime traumas (OR = 1.3), and time spent engaged in private religious/spiritual activities (OR = 1.8) were associated with PTSD/MDD status, while higher scores on measures of community integration (OR = 0.6) and dispositional optimism (OR = 0.7) were negatively associated with comorbid PTSD/MDD status. Relative importance analyses revealed that dispositional optimism (34%) and community integration (24%) explained the largest proportions of variance in PTSD/MDD comorbidity. Taken together, results of this study suggest that racial/ethnic minority status, greater lifetime trauma burden, and engagement in private religious/spiritual activities are key distinguishing characteristics of U.S. military veterans with comorbid PTSD/MDD vs. PTSD alone. They further underscore the need to study whether targeting community integration and optimism in prevention and treatment efforts may enhance clinical outcomes in this population.

<https://www.sciencedirect.com/science/article/pii/S0376871619305113>

Between- and within-person associations between opioid overdose risk and depression, suicidal ideation, pain severity, and pain interference.

Charles M. Cleland, Alex S. Bennett, Luther Elliott, Andrew Rosenblum, ... Brett Wolfson-Stofko

Drug and Alcohol Dependence

Volume 206, 1 January 2020

<https://doi.org/10.1016/j.drugalcdep.2019.107734>

Highlights

- Depression was positively related to opioid-related overdose risk over time.
- Suicidal Ideation was positively related to overdose risk over time.
- Pain severity and interference were positively related to overdose risk over time.

Abstract

Background

To better understand overdose (OD) risk and develop tailored overdose risk interventions, we surveyed 234 opioid-using veterans residing in New York City, 2014–2017. Our aim was to better understand how predictors of OD may be associated with physical and mental health challenges, including pain severity and interference, depression and suicidal ideation over time.

Methods

Veterans completed monthly assessments of the Overdose Risk Behavior Scale (ORBS), pain severity and interference, suicidal ideation, and depression for up to two years and were assessed an average of 14 times over 611 days. To estimate between-person and within-person associations between time-varying covariates and opioid risk behavior, mixed-effects regression was used on the 145-person subsample of veterans completing the baseline and at least three follow-up assessments.

Results

The level of each time-varying covariate at the average of study time (between-person effect) was positively related to ORBS for pain severity and interference, suicidal ideation, and depression. Deviations from individuals' personal trajectories (within-person effect) were positively related to ORBS for pain severity and interference, suicidal ideation, and depression.

Conclusions

US military veterans endure physical and mental health challenges elevating risk for opioid-related overdose. When pain severity, pain interference, suicidal ideation and depression were higher than usual, opioid risk behavior was higher. Conversely, when these health issues were less of a problem than usual, opioid risk behavior was lower. Assessing the physical and mental health of opioid-using veterans over time may support the development and implementation of interventions to reduce behaviors that increase the likelihood of overdose.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719308845>

Patient interest in mental health mobile app interventions: Demographic and symptom-level differences.

Jessica M Lipschitz, Samantha L Connolly, Christopher J Miller, Timothy P Hogan, ...
Katherine E Burdick

Journal of Affective Disorders
Volume 263, 15 February 2020, Pages 216-220
<https://doi.org/10.1016/j.jad.2019.11.083>

Highlights

- In contrast to clinic-based treatments where differences in interest and utilization are often observed across gender and race, interest in mobile app interventions for mental health conditions (MH apps) was equivalent across gender and race.
- In a sample of patients who all had an active diagnosis with a unipolar depressive disorder or anxiety disorder, those who reported that they were interested in using MH apps were more symptomatic than those who reported no interest.
- Those reporting no interest in MH apps were older in age than those reporting interest.
- MH Apps may be a good treatment option for individuals who are not likely to seek in-clinic services such as men and racial minorities.

Abstract

Background

Mobile app interventions for mental health conditions (MH apps) are an accessible and

effective but underutilized treatment option. Learning which patients are most interested in MH apps is important for informing stakeholders where to position these treatments within the healthcare landscape. This study examined the relationship between patient characteristics and interest in MH apps.

Methods

A demographically-balanced sample of 400 patients diagnosed with depression, anxiety and/or post-traumatic stress disorder were identified from VA corporate data warehouse records. These individuals were mailed an information packet explaining the study and the study survey for those who opted to participate. The survey contained questions on demographics, symptom severity and interest in MH apps. 149 participants returned completed surveys.

Results

Level of interest in MH apps was consistent across race, sex and education level. Patients reporting no interest in MH apps had less severe symptoms and were older than patients reporting some or high interest.

Limitations

Participants were Veterans in one geographic region; our sample size was not large enough to evaluate more fine-grained demographic differences; replication would be required to better understand generalizability of findings.

Conclusions

Findings suggest interest in MH apps may be more similar across demographic groups than previously thought. This stands in juxtaposition to interest in clinic-based services, for which men and minorities have traditionally reported less interest and show lower utilization. Findings also counter prevailing notions that MH apps will be best received by less symptomatic patients. Implications for integrating MH apps into care are discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719317744>

A systematic review of the clinician related barriers and facilitators to the use of evidence-informed interventions for post traumatic stress.

Jodie Finch, Catherine Ford, Lauren Grainger, Richard Meiser-Stedman

Highlights

- Several key barriers and facilitators were identified and synthesised.
- Barriers occurs within four levels: intervention, client, clinician and system.
- Key barriers included a lack of training, confidence and support.
- Flexibility within fidelity should be explored to support implementation.
- These issues should be considered within future training and dissemination efforts.

Abstract

Background

A number of evidence-informed interventions for PTSD have been developed and recommended by clinical guidelines. Despite efforts to disseminate these approaches, there remains a gap between evidence and practice, and research has started to identify a number of barriers to the implementation of evidence-informed interventions.

Methods

This systematic review aimed to synthesise the relevant literature, both quantitative and qualitative, relating to clinicians' perceived barriers and facilitators. Literature searches were conducted to identify relevant studies. Data were analysed using content analysis to categorise key barriers and facilitators.

Results

A literature search identified 34 relevant studies. Four levels of barriers and facilitators were identified, covering intervention, client, clinician and system factors. The most commonly cited barriers identified include inflexibility of manualised approaches, fear of increasing client distress, working with comorbidities and a lack of training and support. Quality appraisal rated the majority of studies as strong, with five studies receiving an adequate rating.

Limitations

The review was limited to studies published in the English language, therefore introducing a risk of bias as perceived barriers and facilitators may be culturally influenced. Additionally the heterogeneity of studies may impact upon comparability, only allowing for a broad analysis and not exploring barriers and facilitators in more detail.

Conclusions

Lack of training, confidence and knowledge relating to the implementation of evidence-informed interventions for PTSD were commonly reported. A better-informed understanding into the challenges and facilitators experienced by clinicians can help inform implementation needs and should be considered in the development and implementation of training initiatives.

<https://guilfordjournals.com/doi/abs/10.1521/jscp.2019.38.9.774>

Meaning in Life Drives Reductions in Suicide Risk Among Acutely Suicidal Soldiers Receiving a Crisis Response Plan.

Craig J. Bryan, Annabelle O. Bryan, David C. Rozek, Feea R. Leifker

Journal of Social and Clinical Psychology
2019; Vol. 38, No. 9, pp. 774-787.
<https://doi.org/10.1521/jscp.2019.38.9.774>

Objective:

The purpose was to examine temporal associations among meaning in life and suicide risk across suicide-focused interventions.

Methods:

A secondary analysis was conducted using data from a randomized clinical trial testing the efficacy of a standard crisis response plan (S-CRP) and a CRP enhanced with a discussion about the patient's reasons for living (E-CRP) as compared to treatment as usual (TAU). A total of 97 active duty U.S. Army personnel presenting to military emergency departments and outpatient behavioral health clinics with active suicide ideation or a lifetime history of suicide attempts were enrolled between January 2013 and February 2016. Meaning in life and suicide risk were assessed at baseline and 1, 3, and 6 month follow-ups.

Results:

The association of meaning in life with time-lagged suicide risk significantly differed across treatment groups ($p = .024$). In TAU, meaning in life was not significantly associated with later reductions in suicide risk. In S-CRP, a stronger desire to establish

meaning in life was significantly associated with later reductions in suicide risk ($p < .001$). In E-CRP, a stronger sense of purpose and meaning in life was significantly associated with later reductions in suicide risk ($p < .001$).

Discussion:

Faster reductions in suicide risk observed among patients who receive a CRP are attributable in part by the effects of strengthened meaning in life. Different facets of meaning in life contribute to reduced suicide risk in unique ways across treatments with varying components.

Clinical Trials Registration:

Data used in this secondary analysis came from ClinicalTrials.gov identifier NCT02042131.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22887>

Veterans' perspectives on discussing moral injury in the context of evidence-based psychotherapies for PTSD and other VA treatment.

Borges, LM, Bahraini, NH, Holliman, BD, Gissen, MR, Lawson, WC, Barnes, SM

Journal of Clinical Psychology

12 November 2019

<https://doi.org/10.1002/jclp.22887>

Objective

We examined Veterans' perspectives on discussing moral injury in veterans affairs (VA) evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) and other VA treatment.

Methods

Fourteen male warzone veterans (ages 25–74) who completed an EBP for PTSD within the past year participated in semistructured interviews related to discussing moral injury in VA treatment (e.g., EBPs for PTSD, chaplaincy). Qualitative interviews were evaluated using a thematic analysis.

Results

Four themes were identified; moral injury is often not identified or discussed during

therapy, therapeutic relationships can promote or inhibit discussion of moral injury, treatment has limited impact on moral injury, and it is difficult to cope with moral injury even after treatment.

Conclusion

The majority of Veterans interviewed identified moral injury persisting within a year of completing a PTSD EBP. These findings highlight the value of asking about, assessing, and treating moral injury in Veterans. Our results suggest the importance of developing specific moral injury interventions for warzone Veterans.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6840043/>

Evaluating the association between sleep and memory in older veterans with PTSD.

Katherine S Hall, Miriam C Morey, Hayden Bosworth, Jean Beckham, and Michelle Pebole

Innovation in Aging

2019 Nov; 3(Suppl 1): S269

Published online 2019 Nov 8

doi: 10.1093/geroni/igz038.1000

Sleep disturbances are core symptoms of posttraumatic stress disorder (PTSD), and recent studies also suggest a link between PTSD and cognitive impairment. There is some evidence of an association between sleep disturbances and cognitive abilities, such as memory, though few studies have focused on older adults and fewer still among those with mental health conditions. This study examined the association between subjective memory complaints and sleep (quality and quantity) in older veterans with PTSD. Fifty-four veterans with PTSD (M age=67.4, 85.2% African American, 90.7% men) participated in the study. Sleep was assessed using the Pittsburgh Sleep Quality Inventory (PSQI) and the PSQI Addendum for PTSD (PSQI-A). Memory was assessed using the Frequency of Forgetting Scale (FOF) derived from the Memory Functioning Questionnaire. The relationship between sleep quality parameters and FOF were examined using bivariate correlations and independent samples t test. Over 60% of participants met military-specific criteria for poor sleep (PSQI \geq 10; PSQI-A $>$ 5). Overall sleep quality on the PSQI-A was significantly associated with worse memory ($r=-0.38$, $p<.01$). Among specific sleep parameters (e.g., sleep latency, sleep

duration), greater daytime dysfunction due to sleepiness was significantly associated with worse memory ($r=-0.44$, $p<.01$). Between-group analyses comparing memory complaints across participants classified as 'poor' versus 'good' sleepers on the PSQI-A approached significance ($t(52)=1.93$, $p=.06$). This study suggests that poor sleep may be a correlate of memory complaints among older adults with PTSD. Future studies are needed to determine whether poor sleep is an underlying factor in the link between PTSD and cognitive impairment.

https://journals.lww.com/jonmd/Citation/2020/01000/Examining_the_Overlap_Between_Moral_Injury_and.2.aspx

Examining the Overlap Between Moral Injury and PTSD in US Veterans and Active Duty Military.

Koenig, Harold G.; Youssef, Nagy A.; Ames, Donna; Teng, Ellen J.; Hill, Terrence D.

The Journal of Nervous and Mental Disease
January 2020 - Volume 208 - Issue 1 - p 7–12
doi: 10.1097/NMD.0000000000001077

Moral injury (MI) is a syndrome thought to be separate from posttraumatic stress disorder (PTSD), yet having some overlap. To determine the overlap, we examined the relationship between MI and the four DSM-5 PTSD symptom clusters (B, C, D, E) in US veterans and active duty military (ADM). The 45-item Moral Injury Symptom Scale (MISS-M) was administered to 591 veterans and ADM who had served in a combat theater and had PTSD symptoms. PTSD symptoms were measured with the PTSD Symptom Checklist-5, which assesses the four PTSD symptom clusters. Total MISS-M scores were more strongly associated with PTSD symptom cluster D (negative cognitions and emotions) in both bivariate and multivariate analyses. Findings for a 10-item version of the MISS-M (MISS-M-SF) closely followed those of the MISS-M. Although the overlap between MI and PTSD occurs to some extent across all PTSD symptoms clusters, the largest overlap tends to be with the negative cognitions and emotions cluster.

<https://www.sciencedirect.com/science/article/abs/pii/S0306460319306999>

Risk and protective effects of social networks on alcohol use problems among Army Reserve and National Guard soldiers.

Erin M. Anderson Goodell, Renee M. Johnson, Carl A. Latkin, D. Lynn Homish, Gregory G. Homish

Addictive Behaviors

Volume 103, April 2020

<https://doi.org/10.1016/j.addbeh.2019.106244>

Highlights

- Drinking buddies and heavy-drinkers are risk factors for soldiers' alcohol problems.
- Frequent drinking with ties a risk factor for soldiers' alcohol problems.
- Military social ties protective against deployed soldiers' alcohol problems.

Abstract

Background

Military personnel engage in alcohol-related behaviors for a variety of reasons, some of which may be socially-motivated. Although civilian-based research has established that peers' drinking behaviors are correlated with individuals' own drinking behaviors, military work has not yet examined the influence of social network characteristics on soldier drinking behaviors. This study describes characteristics of soldiers' social networks in association with soldier alcohol use problems.

Methods

This study includes data on 353 U.S. Reserve and National Guard (R/NG) soldiers and their 2154 past-year social ties. Descriptive analyses examined social tie characteristics (e.g., military affiliation, substance misuse, and drinking influence). Negative binomial regression models examined relationships between social network characteristics and soldier alcohol use problems.

Results

On average, 14% of a R/NG soldier's social network was comprised of military-affiliated ties. Further, an average of 14% of ties in a soldier's network were considered drinking buddies, and 8% of ties were heavy-drinkers. More drinking buddies and heavy-drinking ties in a soldier's social network and greater average number of past-month days drinking with ties were associated with increases in soldier alcohol problems. For

deployed soldiers, larger military-affiliated social networks were protective against alcohol problems.

Conclusions

Drinking-related social network characteristics are associated with increased alcohol problems among soldiers, while military-affiliated ties are protective specifically for deployed soldiers. Interventions to reduce alcohol use problems may focus on enhancing social connections between R/NG soldiers and providing opportunities to connect deployed R/NG soldiers with one another during and after reintegration.

<https://pubmed.ncbi.nlm.nih.gov/31770093-a-pilot-randomized-controlled-trial-of-cognitive-behavioral-treatment-for-trauma-related-nightmares-in-active-duty-military-personnel/>?

J Clin Sleep Med. 2019 Nov 26. pii: jc-19-00300. [Epub ahead of print]

A pilot randomized controlled trial of cognitive behavioral treatment for trauma-related nightmares in active duty military personnel.

Pruiksma KE, Taylor DJ, Mintz J, Nicholson KL, Rodgers M, Young-McCaughan S, Hall-Clark BN, Fina BA, Dondanville KA, Cobos B, Wardle-Pinkston S, Litz BT, Roache JD, Peterson AL; STRONG STAR Consortium.

STUDY OBJECTIVES:

The aim of this study was to obtain preliminary data on the efficacy, credibility, and acceptability of Exposure, relaxation, and rescripting therapy for military service members and veterans (ERRT-M) in active duty military personnel with trauma-related nightmares.

METHODS:

Forty participants were randomized to either 5 sessions of ERRT-M or 5 weeks of minimal contact control (MCC) followed by ERRT-M. Assessments were completed at baseline, posttreatment/postcontrol, and 1-month follow-up.

RESULTS:

Differences between ERRT-M and control were generally medium in size for nightmare frequency (Cohen $d = -0.53$), nights with nightmares ($d = -0.38$), nightmare severity ($d = -0.60$), fear of sleep ($d = -0.44$), and symptoms of insomnia ($d = -0.52$), and depression

($d = -0.51$). In the 38 participants who received ERRT-M, there were statistically significant, medium-sized decreases in nightmare frequency ($d = -0.52$), nights with nightmares ($d = -0.50$), nightmare severity ($d = -0.55$), fear of sleep ($d = -0.48$), and symptoms of insomnia ($d = -0.59$), posttraumatic stress disorder (PTSD) ($d = -0.58$) and depression ($d = -0.59$) from baseline to 1-month follow-up. Participants generally endorsed medium to high ratings of treatment credibility and expectancy. The treatment dropout rate (17.5%) was comparable to rates observed for similar treatments in civilians.

CONCLUSIONS:

ERRT-M produced medium effect-size reductions in nightmares and several secondary outcomes including PTSD, depression, and insomnia. Participants considered ERRT-M to be credible. An adequately powered randomized clinical trial is needed to confirm findings and to compare ERRT-M to an active treatment control.

CLINICAL TRIAL REGISTRATION:

Registry: ClinicalTrials.gov; Title: A Pilot Randomized Controlled Trial of Treatment for Trauma-Related Nightmares In Active Duty Military Personnel; Identifier:

NCT02506595; URL: <https://clinicaltrials.gov/ct2/show/NCT02506595>.

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<https://link.springer.com/article/10.1007/s11916-019-0828-3>

The Interaction Between Chronic Pain and PTSD.

Shelley Kind & John D. Otis

Current Pain and Headache Reports

Volume 23, Article number: 91 (2019)

<https://doi.org/10.1007/s11916-019-0828-3>

Purpose of Review

Post-traumatic stress disorder (PTSD) and chronic pain often co-occur. Understanding the shared mechanisms, signs to identify PTSD, and treatment options is integral in allowing providers to better serve their patients.

Recent Findings

Individuals with comorbid PTSD and chronic pain report greater PTSD symptoms, pain,

anxiety, depression, disability, and opioid use than those with only one of these conditions. There are several empirically supported therapies for chronic pain, and for PTSD, as well as pilot data for a treatment of comorbid pain and PTSD.

Summary

The purpose of this paper is to review and synthesize current literature investigating the interaction between chronic pain and PTSD, and provide treatment recommendations for providers treating patients with chronic pain and PTSD.

<https://www.sciencedirect.com/science/article/pii/S1049386719304803>

Characterization and Comparison of Physical and Mental Health Profiles and Department of Veterans Affairs Health Care Utilization Patterns among Operation Iraqi Freedom/Operation Enduring Freedom Women Veterans in Puerto Rico versus the United States.

Julie C. Weitlauf, Ana Ortiz, Aimee R. Kroll-Desrosiers, Mabel E. Quiñones Vázquez, ...
Kristin Mattocks

Women's Health Issues

Volume 30, Issue 1, January–February 2020, Pages 49-56

<https://doi.org/10.1016/j.whi.2019.10.004>

Background

Research on the physical and mental health profiles and patterns of health care use among women veterans receiving health care from the Department of Veterans Affairs (VA) on the island of Puerto Rico is lacking.

Methods

This cross-sectional study examines differences in physical and mental health conditions, and patterns of VA health care use, between women veterans of the Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) era who were using VA facilities in Puerto Rico (n = 897) and those using U.S.-based VA facilities (n = 117,216) from 2002 to 2015.

Results

Results of fully adjusted logistic regression models revealed that OIF/OEF women in Puerto Rico had heightened risk for global pain-related disorders (i.e., any pain)

(adjusted odds ratio [AOR], 1.45; 95% confidence interval [CI], 1.22–1.71), back pain (AOR, 1.83; 95% CI, 1.56–2.14), diabetes (AOR, 1.42; 95% CI, 1.03–1.95), hyperlipidemia (AOR, 3.34; 95% CI, 2.80–3.98), major depression (AOR, 1.78; 95% CI, 1.53–2.06), and bipolar depression (AOR, 1.66; 95% CI, 1.34–2.04). They also evidenced greater risk for a host of reproductive health conditions and had higher average annual use of VA health care than their U.S. counterparts.

Conclusions

OIF/OEF women receiving VA health care in Puerto Rico evidenced a greater burden of physical illness, depression, and heightened use of VA health care services relative to their U.S. counterparts. Providers' increased awareness of the physical and mental health care needs of this population is warranted. Research efforts that help to identify efficient and effective strategies to provide culturally tailored and/or personalized health care for this population could also be useful.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1654306>

The invisible battle: A descriptive study of religious/spiritual struggles in Veterans.

Matthew M. Breuninger, Joshua A. Wilt, Chandra L. Bautista, Kenneth I. Pargament, Julie J. Exline, Terri L. Fletcher, Melinda A. Stanley & Ellen J. Teng

Military Psychology

2019; 31:6, 433-449

DOI: 10.1080/08995605.2019.1654306

The current study systematically explored and described religious/spiritual (r/s) struggles – distress, tension, and conflict about certain aspects of r/s belief, practice, or experience – in a Veteran sample. Participants were 178 United States Veterans (148 men, 30 women) receiving care at a VA hospital and affiliated outpatient clinics who reported a current r/s struggle. Veterans completed a psychiatric interview and self-report measures of demographics, military experience, and levels of religiousness. They completed self-report scales assessing levels of r/s struggle across different domains (i.e. divine, demonic, interpersonal, moral, doubt, ultimate meaning), provided open-ended descriptions of r/s struggles that were coded for these domains, and reported on a variety of characteristics related to their r/s struggle (e.g., duration, course, perceived cause, perceived impact on life, spiritual growth/decline resulting from the r/s struggle).

Descriptive results from quantitative and qualitative data showed that Veterans perceived r/s struggles, particularly moral struggles, as salient and impactful. Veterans reported substantial positive effects and small negative effects of r/s struggles on their psychological and r/s functioning. Higher perceived negative effects were related to higher levels of r/s struggle domains. Statistical analyses comparing levels of r/s struggles and r/s struggle attributes across sample characteristics (e.g., demographics, psychiatric diagnosis, military experience) showed that, after controlling for religiousness, older age showed a positive association with positive perceived adaptation to r/s struggles, whereas the presence of a mental disorder and distressing military experiences showed associations with negative perceived adaptation. We discuss potential implications of these findings for research and clinical work.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1657754>

Meta-analysis of risk factors for substance abuse in the US military.

Lisa L. Brady, Marcus Credé, P.D. Harms, Daniel G. Bachrach & Paul B. Lester

Military Psychology

2019; 31:6, 450-461

DOI: 10.1080/08995605.2019.1657754

This article describes the results from a meta-analytic review of 55 studies and 78 independent samples containing information about the demographic, contextual, and psychological factors associated with alcohol and drug abuse among United States military personnel. In terms of demographics, results from this analysis reveal higher levels of substance abuse among personnel who are male, younger, have less education, are unmarried, and who are of a lower military rank (E1-E3). In terms of the military context, rates of substance abuse are greater for personnel with combat exposure and a recent or lengthy deployment. Finally, rates of substance abuse are higher among personnel reporting specific psychological symptoms, including negative emotionality, impulsivity, and symptoms associated with depression, posttraumatic stress disorder (PTSD), and traumatic brain injuries (TBI). This study suggests that a number of sociodemographic, psychological, and contextual factors are related to the odds that a military service member engages in high levels of substance abuse. The results provide a strong foundation for the development of interventions aimed toward vulnerable populations in the US military.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1664367>

The continuum of sexual trauma: An examination of stalking and sexual assault in former US service members.

Sara Kintzle, Ashley C. Schuyler, Eva Alday-Mejia & Carl A. Castro

Military Psychology

2019; 31:6, 474-480

DOI: 10.1080/08995605.2019.1664367

The experience of stalking is an understudied yet essential factor in the prevention of sexual violence. Along with the devastating impact stalking can have on physical and psychological health, stalking can also act along a continuum of harm, creating environments that are conducive to sexual assault. The purpose of the study was to explore incidents of stalking in individuals who served in the US military, as well as the increased risk of reporting sexual assault in those who also report experiencing stalking. Data were collected on 1,035 Chicago, IL Veterans who participated in a large 2016 needs assessment study. Stalking during military service was reported by approximately 35% of Veterans in the sample. Among men, experiences of stalking during service conferred nearly 18 times greater odds of reporting MSA and a 5 times greater risk among women. Results demonstrate concerning rates of stalking experiences within the sample and indicate individuals who experience stalking may be at increased risk of experiencing sexual assault. Sexual assault prevention should move toward the inclusion of preventing, recognizing, and reporting of stalking behaviors in an effort not only to address the occurrence of stalking, but to reduce escalating behaviors along the sexual trauma continuum.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2019.1676601>

Soldiers' perceptions of military spouses' career experiences.

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Military Psychology

2019; 31:6, 510-522

DOI: 10.1080/08995605.2019.1676601

The current study provided an exploratory qualitative examination of the issues surrounding career progression for military spouses from the perspective of the soldier. Utilizing family systems theory and spillover theory we explored the soldier's perceptions of the impact that the military lifestyle has on a military spouse's opportunities for employment and advancement within their work. Data from 50 soldiers (90% enlisted; 90% male; 59% White) whose spouses were employed as civilians were collected during 11 focus groups. We conducted an inductive analysis on transcripts of the focus groups to guide the discovery of themes. Three major themes surrounding military personnel and their spouses' employment progression emerged: soldiers' perceptions that (1) the military can negatively influence the spouses' career progression through frequent and/or unpredictable relocations, physical distance, and the mentality that military comes first; (2) there are benefits associated with spouse employment; and (3) the spouses' career type impacts the success of their career. Notably, soldiers view their spouses' careers as important, and acknowledge that the military way of life can retard spouse career progression, depending upon the type of job or career the spouse holds. Soldiers suggest less frequent relocations and consideration of spouses' jobs would improve spouse career progression and improve soldier and family well-being. Implications for theory and practice are discussed.

<https://journals.sagepub.com/doi/abs/10.1177/2156869319894372>

Effects of Perceived Public Regard on the Well-Being of Military Veterans.

Markowitz, F. E., Kintzle, S. M., Castro, C. A., & Lancaster, S. L.

Society and Mental Health

First Published December 15, 2019

<https://doi.org/10.1177/2156869319894372>

Many military veterans face considerable challenges reintegrating into civilian life. Evidence suggests the general public holds conflicting attitudes toward veterans. This study examines how perceived public attitudes play a role in veterans' mental health and well-being. Drawing from and extending interactionist theories of self-concept, stigma, and mental health recovery, we develop and estimate models for the

relationships between internalized public attitudes toward veterans (perceived public regard), military identity–related self-worth (private regard), and well-being (depression, self-efficacy, and life satisfaction). Using survey data from the Chicagoland Veterans Study, we found that perceived public regard is negatively related to depression and positively related to self-efficacy and life satisfaction. The relationship between public regard and self-efficacy is fully mediated by private regard, and a significant part of the relationship between perceived public regard and both depression and life satisfaction is mediated by private regard. The study suggests avenues for extending theory and research related to military identity and public understanding of veterans as well as other groups where there may be conflicting public sentiment toward them.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz436/5678070>

Mental Health During Naval Deployment: The Protective Role of Family Support.

Morten Nordmo, PhD, Sigurd William Hystad, PhD, Sverre Sanden, MS, Bjørn Helge Johnsen, PhD

Military Medicine

Published: 14 December 2019

<https://doi.org/10.1093/milmed/usz436>

Introduction:

Minor mental health problems among service members deployed in combat areas are relatively common, but social support is a protective factor. With the advent of digital communication, as well as more frequent family separations, a stable family support system may be more important than before. In this exploratory study, we aimed to test the relationship between perceived family support and the development of minor psychiatric symptoms during a 4-month naval counter piracy mission in the Gulf of Aden.

Materials and methods:

We measured minor mental health problems with the general health questionnaire 12 (GHQ-12) and family support at three intervals, 3 weeks before deployment, 2 months into the mission, and at the end of deployment. We used mixed multilevel regression analysis to analyze the main effects of family support and time, as well as their interaction. All analyses were controlled for military rank.

Results:

We found that minor psychiatric symptoms increased at both midway ($B = 0.51, P < 0.05$) and toward the end of the mission ($B = 0.72, P < 0.01$). The results also showed that receiving more family support is associated with fewer psychiatric symptoms ($B = -0.87, P < 0.01$). Family support also moderated the development of symptoms toward the end of the mission ($B = -0.73, P < 0.01$). The buffering effect was such that service members with a high degree of family support experienced no increase in minor psychiatric symptoms during the deployment.

Conclusions:

The results indicate that naval deployment is associated with a small increase in minor mental health problems and that having a high degree of family support buffers this effect. Efforts to increase support among military families may positively influence the wellbeing of naval sailors during combat missions.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719328526>

Efficacy of Interpersonal Psychotherapy for Post-Traumatic Stress Disorder: A Systematic Review and Meta-Analysis.

Salman Althobaiti, Nikolaos Kazantzis, Richard Ofori-Asenso, Lorena Romero, ... Danny Liew

Journal of Affective Disorders

Available online 14 December 2019

<https://doi.org/10.1016/j.jad.2019.12.021>

Highlights

- Post-traumatic stress disorder is a condition that is associated with serious morbidity
- There is no clear consensus on the best first-line treatment for PTSD
- Interpersonal therapy (IPT) has been used successfully in the treatment of depressive disorders
- IPT's focus on interpersonal relationships is well-suited to the symptoms of PTSD.
- There is currently no systematic summary of the efficacy of IPT in the treatment of PTSD symptoms.
- IPT significantly reduced PTSD symptoms and was as effective as other active

therapies such as medication and other psychotherapies.

- This effect was particularly pronounced where 12 or more sessions were provided, in people who had a primary diagnosis of PTSD, and in people who had experienced natural disasters or mass violence.
- Most studies modified the IPT protocol and did not comprehensively assess clinician fidelity to the protocol. The included studies generally had small sample sizes and were of limited quality.

Abstract

Background:

Evidence for the efficacy of treatments for post-traumatic stress disorder (PTSD) is urgently required. This systematic review and meta-analysis examines the efficacy of interpersonal psychotherapy (IPT) in reducing the symptoms of PTSD.

Methods:

Five databases were searched from inception until November 2018 to identify randomized controlled trials (RCTs) that assessed the efficacy of IPT in patients with PTSD symptoms. The reference lists of included studies were also hand searched. A random effects model was used to estimate changes in a clinician-administered PTSD scale, or self-reported symptoms.

Results:

Of 509 screened abstracts, ten clinical trials (11 study arms) involving 755 patients with PTSD symptoms were included. Nine studies (10 study arms) were included in the meta-analysis. The overall standardized mean difference was -0.44 (CI: -0.69, -0.19), $p = 0.0005$. This represents a change in the clinically administered PTSD Scale (CAPS) of approximately 12 points. IPT was not superior to other active controls, such as medication and non-IPT psychotherapies, but was significantly superior to passive controls, such as waiting list and educational pamphlets.

Limitations:

Most studies modified the IPT protocol and did not comprehensively assess clinician fidelity to the protocol. The included studies generally had small sample sizes and were of limited quality.

Conclusions:

IPT may be an effective treatment for PTSD, but clinical trials with larger sample sizes and improved methodology are required to confirm effects.

<https://www.ncbi.nlm.nih.gov/pubmed/31246067>

Psychol Addict Behav. 2019 Aug;33(5):477-483. doi: 10.1037/adb0000486. Epub 2019 Jun 27.

A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans.

Goldberg SB, Livingston WS, Blais RK, Brignone E, Suo Y, Lehavot K, Simpson TL, Fargo J, Gundlapalli AV

Military sexual trauma (MST) is a significant public health issue associated with adverse psychiatric outcomes, including heightened risk for suicide, posttraumatic stress disorder, depression, and substance use disorders. Recently, research has begun exploring gender-linked disparities in mental health outcomes for individuals who experience MST. The current study assessed whether women who screened positive for MST were at disproportionately higher risk for diagnoses of alcohol-use disorder (AUD) or drug-use disorder (DUD) relative to men. Veterans Health Administration (VHA) clinical data were extracted for 435,690 military veterans who separated from the military between 2004 and 2011 and had at least 5 years of follow-up data after their initial VHA visit until the end of fiscal year 2014. Logistic regression models examined the main and interactive effects of gender and screening positively for MST as predictors of AUD and DUD. MST positive screens were associated with increased rates of both AUD and DUD across genders. Although rates of both AUD and DUD were higher among men, the increased rate of diagnosis associated with MST positive screens was proportionally higher for women than men (interaction adjusted odds ratios = 1.43 and 1.17 for AUD and DUD, respectively), indicating the presence of a gender-linked health risk disparity. This disparity was more pronounced for AUD than DUD ($p < .01$). The current study adds to previous literature documenting increased risk for women exposed to MST. These findings support efforts to reduce the occurrence of MST and continued use of MST screening measures within the VHA. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30570268>

Psychol Addict Behav. 2019 Mar;33(2):162-170. doi: 10.1037/adb0000430. Epub 2018 Dec 20.

Dynamic changes in marines' reports of PTSD symptoms and problem alcohol use across the deployment cycle.

Berke DS, Yeterian J, Presseau C, Rusowicz-Orazem L, Kline NK, Nash WP, Litz BT1

Abstract

Posttraumatic stress disorder (PTSD) and alcohol misuse are commonly co-occurring problems in active-duty service members (SMs) and veterans. Unfortunately, relatively little is known about the temporal associations between these problems in the acute period following exposure to combat stressors. Discerning the temporal associations between these problems across the deployment cycle could inform prevention and treatment efforts. In this study, we examined the association between PTSD symptom severity and problem alcohol use in a large cohort of United States Marines (n = 758) evaluated prior to deployment and approximately 1, 5, and 8 months postdeployment. Results indicate that problem alcohol use was associated with a subsequent exacerbation of PTSD symptoms between the 1st and 2nd and 2nd and 3rd postdeployment assessments. PTSD symptom severity was associated with increased problem alcohol use between the 1st and 2nd postdeployment assessments. These findings suggest that problem drinking may lead to new onset or worsening of PTSD symptoms over time and that SMs with greater PTSD symptom severity upon returning from deployment may increase alcohol use in the weeks immediately following homecoming. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/30372358>

Subst Use Misuse. 2019;54(2):257-270. doi: 10.1080/10826084.2018.1517176. Epub 2018 Oct 29.

PTSD Symptomology and Motivated Alcohol Use Among Military Service Members: Testing a Conditional Indirect Effect Model of Social Support.

McCabe CT, Mohr CD, Hammer LB, Carlson KF.

BACKGROUND:

Posttraumatic stress disorder (PTSD) and problematic alcohol use commonly co-occur among military service members. It remains critical to understand why these patterns emerge, and under what conditions.

OBJECTIVES:

This study examined whether PTSD symptoms (PTSS) and alcohol involvement (quantity and frequency of use, heavy episodic drinking, and alcohol problems) are indirectly related through four distinct drinking motivations. A secondary aim was to identify factors, specifically forms of social support, which buffer these associations.

METHODS:

Using baseline data from a randomized-controlled trial of health and well-being among civilian-employed separated service members and reservists, the present study examined these issues using a subsample of 398 current drinkers.

RESULTS:

Parallel mediation models revealed PTSS-alcohol consumption associations were indirect through coping and enhancement motivations. PTSS was only related to alcohol problems through coping motivations. In addition, the indirect effect of PTSS on average level of consumption via coping motives was conditional on perceived support from friends and family, whereas the indirect effect for alcohol problems was conditional only on friend support. In contrast, the indirect effects of PTSS on alcohol consumption variables (but not problems) via enhancement motives were conditional on perceived support from friends and family. Conclusions/Importance: Future research and screening efforts should attend to individual motivations for drinking as important factors related to alcohol use and problems among service members experiencing PTSS, and emphasize the importance of communication, trust, and effective supports among military and nonmilitary friends and family.

<https://www.ncbi.nlm.nih.gov/pubmed/30580807>

Psychosomatics. 2019 Mar - Apr;60(2):121-128. doi: 10.1016/j.psych.2018.11.008. Epub 2018 Nov 30.

Psychiatric Care of the Post-September 11 Combat Veteran: A Review.

Johnson JM, Capehart BP

BACKGROUND:

Post-September 11, 2001 combat veterans represent a growing cohort of patients with unique mental health needs, particularly around post-traumatic stress disorder (PTSD)

and traumatic brain injury (TBI). The United States (US) remains engaged in conflicts around the globe, so this patient cohort will continue to grow in number. With around 40% of American combat veterans from Iraq and Afghanistan seeking mental health care outside of the Veterans Affairs, understanding the psychiatric needs of the post-September 11 combat veteran is an important goal for all psychiatrists. These patients are relevant to consultation-liaison (C-L) psychiatrists because of their high comorbidity of conditions such as TBI, obstructive sleep apnea, insomnia, and chronic pain. This article reviews the current literature on mental health care for the post-September 11 combat veteran, emphasizing PTSD and TBI treatment, and culling evidence-based recommendations from randomized controlled trials of combat veterans. Emphasis is also placed on the Veterans Affairs/Department of Defense Clinical Practice Guidelines. The authors also bring unique clinical expertise of having served on active duty as psychiatrists for the US Army, including in a combat zone, and both currently work in a Veterans Affairs Iraq and Afghanistan combat veteran mental health clinic.

OBJECTIVE:

This review outlines useful treatment approaches for PTSD and TBI and briefly covers the comorbid conditions of major depression, chronic pain, and substance use disorders. This review will prepare C-L psychiatrists to care for this challenging patient cohort.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22983>

Evidence-based psychotherapy trends among posttraumatic stress disorder patients in a national healthcare system, 2001–2014.

Shira Maguen PhD, Nicholas Holder PhD, Erin Madden MPH, Yongmei Li PhD, Karen H. Seal MD, Thomas C. Neylan MD, Callan Lujan MA, Olga V. Patterson PhD, Scott L. DuVall PhD, Brian Shiner MD

Depression & Anxiety

First published: 18 December 2019

<https://doi.org/10.1002/da.22983>

Background

Although evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) were implemented starting in 2005 in the veterans health administration (VHA), the largest national healthcare system in the U.S., the rate of initiation (uptake) and prevalence of these treatments in each calendar year have not been determined. We aimed to elucidate two metrics of EBP utilization, uptake and prevalence, following implementation.

Methods

Cohort study of Iraq and Afghanistan veterans in VHA (N = 181,620) with a PTSD diagnosis and ≥ 1 psychotherapy-coded outpatient visit from 2001 to 2014. Using natural language processing techniques, annual and cumulative uptake and prevalence rates from 2001 to 2014 were calculated for each of the two EBPs for PTSD, cognitive processing therapy (CPT) and prolonged exposure (PE) therapy.

Results

Annual uptake of CPT increased during most years, reaching a maximum of 11.1%. Annual uptake of PE showed little change until 2008 and then increased, reaching a maximum of 4.4%. The annual prevalence of CPT increased throughout the study, reaching a maximum of 14.6%. The annual prevalence of PE increased to a maximum of 5.0% in 2010, but then flattened and declined. Annual uptake of minimally adequate CPT increased to a maximum of 5% in 2014. Annual uptake of minimally adequate PE increased to a maximum of 1.2% in 2010. The cumulative prevalence of CPT was 19.9% and cumulative prevalence for PE was 7.5%.

Conclusions

Access to EBPs for PTSD modestly increased for Iraq and Afghanistan veterans after nationwide implementation efforts. Further expanding the reach to veterans is critical, given low rates of minimally adequate EBPs for PTSD.

Links of Interest

Nearly 60 percent of women experience stalking in the ranks, study finds

<https://www.militarytimes.com/off-duty/military-culture/2019/12/19/nearly-60-percent-of-women-experience-stalking-in-the-ranks-study-finds/>

Military spouses will get reimbursed up to \$1,000 for professional relicensing costs
<https://www.militarytimes.com/pay-benefits/2019/12/19/military-spouses-will-get-reimbursed-up-to-1000-for-professional-relicensing-costs/>

Suicides in Alaska's interior spark changes for remote Army post
<https://www.armytimes.com/news/your-army/2019/12/20/suicides-in-alaskas-interior-spark-changes-for-remote-army-post/>

Army Suicide Trends Have Changed in Forever Wars Era, New Study Finds
<https://www.military.com/daily-news/2019/12/19/army-suicide-trends-have-changed-forever-wars-era-new-study-finds.html>

Exclusive: Phrase 'White Nationalists' Cut From Measure To Screen Military Enlistees
https://www.huffpost.com/entry/senate-removes-white-nationalists-from-military-bill-aimed-at-screening-for-extremists_n_5dfab39be4b0eb2264d3a18d

The Marine Corps has increased troop diversity with more minorities and women — but some critics say its not pushing future growth
<https://www.marinecorpstimes.com/news/your-marine-corps/2019/12/20/the-marine-corps-has-increased-troop-diversity-with-more-minorities-and-women-but-some-critics-say-its-not-pushing-future-growth/>

Millennial Veterans Saving, Earning More Than Those in Their 50s and 60s
<https://www.military.com/daily-news/2019/12/24/millennial-veterans-saving-earning-more-those-their-50s-and-60s.html>

My Journey Back to Mental Resilience
<https://www.usni.org/magazines/proceedings/2019/december/my-journey-back-mental-resilience>

Pentagon Ordered to Add Blast Exposure to Troops' Medical Histories
<https://www.military.com/daily-news/2019/12/26/pentagon-ordered-add-blast-exposure-troops-medical-histories.html>

As Veterans Affairs mental health services increase, veteran homelessness decreases
<https://www.foxbusiness.com/money/as-veterans-affairs-mental-health-services-increase-veteran-homelessness-decreases>

A New Study Has Found That Grief Is Common But Rarely Recognized In Veterans
<https://wusfnews.wusf.usf.edu/post/new-study-has-found-grief-common-rarely-recognized-veterans>

Are you getting enough sleep? The Air Force wants to know more about airmen's sleep patterns
<https://www.airforcetimes.com/news/your-air-force/2019/12/27/are-you-getting-enough-sleep-the-air-force-wants-to-know-more-about-airmens-sleep-patterns/>

Platoon-level gender integration now required at Marine boot camp, as lawmakers still question recruit safety
<https://www.marinecorpstimes.com/news/your-marine-corps/2019/12/30/platoon-level-gender-integration-now-required-at-marine-boot-camp-as-lawmakers-still-question-recruit-safety/>

Human Resources Command's online talent management system is a bust for military families
<https://www.militarytimes.com/opinion/commentary/2019/12/28/human-resources-commands-online-talent-management-system-is-a-bust-for-military-families/>

New in 2020: Another battle about transgender troops
<https://www.militarytimes.com/news/pentagon-congress/2019/12/30/new-in-2020-another-battle-about-transgender-troops/>

'A scarlet letter': Veterans help their fellows overturn bad military discharges
<https://www.washingtonexaminer.com/policy/defense-national-security/a-scarlet-letter-veterans-help-their-fellows-overturn-bad-military-discharges>

Navy vet runs the world to raise suicide prevention awareness
<https://www.stripes.com/news/europe/navy-vet-runs-the-world-to-raise-suicide-prevention-awareness-1.613148>

Is adopting a service dog right for you? What veterans diagnosed with PTSD need to know
<https://www.militarytimes.com/veterans/2020/01/02/is-adopting-a-service-dog-right-for-you-what-veterans-diagnosed-with-ptsd-need-to-know/>

Resource of the Week: [Setting Military Compensation to Support Recruitment, Retention, and Performance](#)

New, from the RAND Corporation:

Key Findings:

- In recent years, military pay has exceeded the 70th percentile for both officers and enlisted, raising the question of whether military pay is set too high relative to civilian pay.
- The Employment Cost Index is used to guide the annual military pay raise, but recently it did not track well with the opportunity wages or perform well in terms of tracking force-management outcomes.
- The Army did not increase recruit aptitude as military and civilian pay rose in recent years.
- The officer pay table appears compressed, possibly dulling financial incentives for performance. Nonetheless, whether the pay table is structured appropriately for officers ultimately comes down to whether the Army and the other services are satisfied with the officer performance.
- The primary source of flexibility and efficiency in the military compensation system turns out to be only a small fraction of cash compensation. Special and incentive pays are not as efficient as they could be in providing incentives for retention and performance.
- Research shows that the Blended Retirement System could sustain retention for officers and for enlisted personnel relative to the legacy retirement system, but only if continuation pay multipliers are set appropriately. The Army's policy of setting the multiplier at the Congressionally mandated minimum of 2.5 for officers is predicted to create long-run retention problems.
- The military retirement system is funded on an accrual basis, but the current methodology for computing the accrual rate results in inaccurate budget estimates and incorrect incentives for making defense resource decisions.



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Setting Military Compensation to Support Recruitment, Retention, and Performance



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