

3. **Castanheira, Filipa; Chambel, Maria José; Lopes, Silvia; Oliveira-Cruz, Fernando (2016).** Relational job characteristics and work engagement: Mediation by prosocial motivation.

4. **Williams, Jason; Brown, Janice M.; Bray, Robert M.; Anderson Goodell, Erin M.; Rae Olmsted, Kristine; Adler, Amy B. (2016).** Unit cohesion, resilience, and mental health of soldiers in basic combat training.

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

5. **Suurd Ralph, Cindy D.; Holmvall, Camilla M. (2016).** Examining the relationships between the justice facets and turnover intent: The mediating roles of overall justice and psychological strain.

6. **Lyons, Joseph B.; Ho, Nhut T.; Fergusson, William E.; Sadler, Garrett G.; Cals, Samantha D.; Richardson, Casey E.; Wilkins, Mark A. (2016).** Trust of an automatic ground collision avoidance technology: A fighter pilot perspective.

We examined the effects of hardiness on symptoms of posttraumatic stress (PTS) in postdeployed U.S. Army medics (N = 322). Medics endure a high level of work-related stress on and off the battlefield. Hardiness correlated negatively with reports of PTS symptoms and moderated the cumulative effects of years of military service on PTS symptoms. After controlling for socially desirable responding, PTS symptoms increased with years of military service for those with low levels of hardiness and decreased with years of military service for those with very high levels of hardiness. The military’s current resiliency training programs would likely benefit from incorporating hardiness measures and principles into its curriculum.
Cognitive dysfunction is commonly observed among individuals with alcohol use disorder (AUD) and trauma exposure and is, in turn, associated with worse clinical outcomes. Accordingly, disruptions in cognitive functioning may be conceptualized as a trans-disease phenomenon representing a potential high-yield target for intervention. Less is known though about how different cognitive functions covary with alcohol use, craving, and post-traumatic stress symptom severity among trauma-exposed individuals with AUD. Sixty-eight male and female trauma-exposed military veterans with AUD, entering treatment trials to reduce alcohol use, completed measures assessing alcohol use and craving, post-traumatic stress symptom severity, and cognitive functioning. In multivariate models, after controlling for post-traumatic stress symptom severity, poorer learning and memory was associated with higher alcohol consumption and higher risk taking/impulsivity was associated with stronger preoccupations with alcohol and compulsions to drink. Alcohol consumption and craving, but not performance on cognitive tests, were positively associated with post-traumatic stress symptom severity. Findings suggest that interventions to strengthen cognitive functioning might be used as a preparatory step to augment treatments for AUD.
Clinicians are encouraged to consider a standard assessment of cognitive functioning, in addition to post-traumatic stress symptom severity, in treatment planning and delivery for this vulnerable and high-risk population.

9. **Shattuck, Nita Lewis; Matsangas, Panagiotis; Moore, John; Wegemann, Laura** (2016)
Prevalence of Musculoskeletal Symptoms, Excessive Daytime Sleepiness, and Fatigue in the Crewmembers of a U.S. Navy Ship

10. **Elder, Heather; Karras, Elizabeth; Bossarte, Robert M.** (2016)
Promoting Help Seeking Among Veteran Households: Associations Between Exposure to Multiple Types of Health Messages and Intentions to Utilize Related Public Health Hotlines

This study presents preliminary evidence that exposure to different health campaigns enhance intentions to seek help from telephone hotlines among Veteran households. Data were collected from telephone surveys (N = 8,756) conducted with both Veteran (n = 3,904), and for comparison, non-Veteran households (n = 4,852). Cox proportional hazard models were used to identify associations between message exposure variables ("type" or "number") with a high intent to use different hotlines (e.g., suicide prevention, domestic violence). As the number of types of messages an individual was exposed to increased, reported high intent for hotline use also increased. This remained significant across hotline type and for both Veteran and non-Veterans households. Results underscore the need for further research on dissemination strategies of public messaging and their impact on health behavior among Veteran populations.

11. **Cosio-Lima, Ludmila; Knapik, Joseph J; Shumway, Richard; Reynolds, Katy; Lee, Youngil,** (2016) Associations Between Functional Movement Screening, the Y Balance Test, and Injuries in Coast Guard Training

12. **Simon, Samuel E; Stewart, Kate; Kloc, Michelle; Williams, Thomas V; Wilmoth, Margaret C** (2016) Reliability of the Deployment Resiliency Assessment

13. **Poston, Walker SC; Haddock, Christopher K; Heinrich, Katie M; Jahnke, Sara A; Jitnarin, Nattinee.** (2016) Is High-Intensity Functional Training (HIFT)/CrossFit Safe for Military Fitness Training?

14. **Yeomans, Peter D, PhD; Ross, Richard J.** (2016) Removing Barriers in the Assessment of Combat-Related Post-traumatic Stress Disorder

15. **Lesho, Emil; Lin, Xiaoxu; Clifford, Robert; Snesrud, Erik; Onmus-Leone, Fatma, MS** (2016) From the Battlefield to the Bedside: Supporting Warfighter and Civilian Health With the "ART" of Whole Genome Sequencing for Antibiotic Resistance and Outbreak Investigations


18. **Woodard, Scott C (2016)** Healing the Wounds After the Fight: Army Medical Care to Repatriated Captives, Part I

1. Robert Staruch, G E Glass, P E M Butler (2016) Tissue engineering through the UK Defence Medical Services: lessons learned from the Armed Forces Institute of Regenerative Medicine (AFIRM)


11. John Breeze, R Fryer, E A Lewis, J Clasper (2016) Defining the minimum anatomical coverage required to protect the axilla and arm against penetrating ballistic projectiles


14. John Breeze, E A Lewis, R Fryer, A E Hepper, Peter F Mahoney, Jon C Clasper (2016) Defining the essential anatomical coverage provided by military body armour against high energy projectiles
15. Danny Epstein, M Furman, A Borohovitz, Z Iversen, S Shapira, Y Yanir, D Ofir (2016) Ambulatory physical activity during the initial training phase in a Naval Commando Unit