


The United States Air Force Deployment Transition Center (DTC) operates a 2-day third-location decompression program that commenced operations during the summer of 2010 in Ramstein, Germany, with the aim to assist Air Force service members (AFSMs) who are returning from deployment as they prepare to reintegrate back into their home lives and work stations. The present study evaluated the impact of DTC attendance on later mental health outcomes. Because participants are not randomly assigned to attend the DTC, propensity score weighting was used to compare DTC participants (N = 1,573) to a weighted control group of AFSMs (N = 1,570) in the same job specialties who returned from deployment during the same time period. Rates of endorsement to items on the Postdeployment Health Reassessment were examined and compared, as were rates of mental health diagnoses from AFSMs’ official medical records. Key findings indicate that DTC participants reported lower levels of depressive and posttraumatic stress symptoms and lower levels of relationship conflict following return from deployment, as compared to weighted control participants. Mental health diagnostic rates were comparable for the 2 groups during the first 6 months following return from deployment. These findings suggest that participation in the DTC program had notable benefits for redeploying AFSMs.


Distress tolerance (DT), the perceived or actual ability to tolerate negative emotional or physical states, is inversely related to posttraumatic stress disorder (PTSD) symptoms in civilian, community samples. No studies to date have examined the relationship between DT and PTSD in clinical samples of veterans with a comorbid diagnosis of PTSD and a substance use disorder (SUD). Thus, the present study examined the relationship between DT and PTSD in a sample of predominately African American, male veterans (n = 75) diagnosed with comorbid PTSD and SUD (according to a structured clinical interview). Results of hierarchical linear regression models indicated that DT was inversely related to total PTSD symptom severity score, above and beyond depressive symptoms and SUD severity. Of the 4 symptom clusters, DT was inversely associated with intrusions and hyperarousal. These findings are discussed in light of previous work with civilian samples. Determining whether treatment incorporating DT skills would be useful for veterans undergoing PTSD treatment should be evaluated.

Posttraumatic stress disorder (PTSD) has a primary etiology in experiencing psychological trauma and the subsequent psychological sequelae (American Psychiatric Association, 2013). There are multiple trauma types that may serve as the index trauma in PTSD. This exploratory study compared DSM–5 PTSD symptoms for 3 types of trauma in veterans: combat trauma (n = 36), sexual trauma (n = 21), and civilian trauma (n = 21). Results indicated that veterans with combat trauma were likely to experience diminished interest and detachment and estrangement from others. Veterans with sexual trauma were likely to experience detachment and estrangement from others, sleep disturbances, and problems with concentration. Veterans with civilian traumas were less likely to meet criteria for PTSD and were less likely to experience a number of PTSD symptoms. Results of this preliminary study suggest that PTSD is not a unitary disorder, but a disorder characterized by different subtypes based on the precipitating trauma.


   It is estimated that the military currently has approximately 15,500 transgender service members. It has indicated it will soon be accepting openly transgendered members, as it accepted homosexual members a few years ago. This policy change will pose new ethical challenges for service members, military families, clinicians, and policy makers. This column will discuss several of these ethical challenges. Throughout this discussion, I shall refer to those who want to change their gender or have changed it as service members or persons, not patients, to avoid incorrectly implying that these persons have a disorder rather than a gender identity.


   This article describes the components of a psychiatric partial hospital military program and the characteristics of referrals received over the 5-year period from 2009 to 2013. The 5-year study period included ongoing combat operations in Iraq and Afghanistan along with their subsequent troop withdrawals and change in mission. A total of 1,194 service members were referred for this level of care, and even with the changing battlefield conditions, the number of psychiatric referrals remained steady throughout the 5-year period, with a significant spike in admissions in 2013. The principal diagnoses...
were major depressive disorder and post-traumatic stress disorder. One-third of the admissions came from service members with 4 to 8 years' time in service and slightly more than one third were employed in direct combat roles or medical support. In terms of gender, females accounted for one-quarter of the admissions.


Pregnant women with a military-deployed spouse have increased risk of depression and self-reported stress. In nonmilitary populations, depression and stress during pregnancy are associated with adverse birth outcomes. This study assesses the association between a spouse's military deployment and adverse birth outcomes. We conducted a retrospective cohort study at a large military medicine center in the Northwest and evaluated records of singleton deliveries to dependent Army spouses from September 2001 to September 2011. We used logistic regression to estimate relative risks and 95% confidence intervals (CI) of the associations between deployment and low birth weight (<2,500 g), preterm delivery (<37 weeks), small for gestational age (SGA, <10 percentile for gestational age), and cesarean delivery. We identified 10,536 births; 1,364 (12.9%) spouses were deployed at delivery. No associations were observed in the overall population. Among women with two or more children, we observed an 81% increased risk of SGA (95% CI 1.18 -2.79). Women 30 to 34 years old had an 82% (95% CI 1.06 - 3.14) increased risk of low birth weight and an 84% increased risk of SGA (95% CI 1.13-2.98). Deployment's effects vary by maternal age and the number of children in the household. These findings may inform programs and practitioners to best serve women with military-deployed spouses.

15. Sell, T C, J P; Nagai, T; Deluzio, J B; Lovalekar, M; et al. (2016) The Eagle Tactical Athlete Program Reduces Musculoskeletal Injuries in the 101st Airborne Division (Air Assault).


17. Sharkey, J M; Abraham, J H; Clark, L L; Rohrbeck, P; Ludwig, S L; et al. (2016). Postdeployment Respiratory Health Care Encounters Following Deployment to Kabul, Afghanistan: A Retrospective Cohort Study.


25. Triplett, D; Stewart, E; Mathew, S; Horne, B R; Prakash, V. (2016) Delayed Diagnosis of Tuberculous Arthritis of the Knee in an Air Force Service Member: Case Report and Review of the Literature.

   Military-connected adolescents may be at increased risk for poor behavioral health outcomes related to the stressors of war. This study examined the co-occurrence of substance use and mental health problems among military-connected youth compared to their non-military-connected counterparts. Data from youth in ninth- and eleventh-grade classes in six military-connected school districts completed the California Healthy Kids Survey in 2011 (n = 9,122). Latent class analysis was utilized to examine co-occurring substance use and mental health issues. Military connection (parent, sibling, or none) and five measures of perceptions of school and community support were included in the model. The analysis revealed four different groups. As the probability of co-occurrence increased, the chance that youth had a sibling serving and that they perceived lower support from the military and other military families increased. These findings support a need for additional research on the adolescent siblings of military service persons. Clinicians should add questions to ascertain close family member service and screening for co-occurring substance use and mental health to their standards of practice related to working with military connected youth.


   Evidence-based practice (EBP) improves health and well-being by providing current scientific evidence in treating a wide range of military family challenges. However, there are a number of real and perceived barriers to the adoption of this practice. To help reduce barriers, the Department of Defense partnered with the National Institute of Food and Agriculture to fund the development of the Clearinghouse for Military Family Readiness at the Pennsylvania State University. The Clearinghouse provides a growing web-based repository
of information on more than 900 programs and practices that can be used by military personnel and their families. These programs have been closely vetted by a team of research and evaluation scientists and placed on a continuum of evidence, indicating the level of empirical support for each program (i.e., Effective, Promising, Unclear, and Ineffective). The Clearinghouse also provides live technical assistance to advise social service professionals working with military families on the adoption, implementation, and evaluation of evidence-based programs and practices. In this article we describe how military and civilian social service practitioners can benefit from partnering with the Clearinghouse.


Reintegration to civilian life continues to be challenging for many veterans despite numerous programs that were developed to assist with this process. Emerging literature suggests veteran engagement in volunteer organizations promotes their reintegration. Our exploratory study applies an ecological strengths-based framework to enhance our knowledge of veteran volunteerism and reintegration in the context of a disaster relief organization: Team Rubicon. Findings suggest ecological factors, such as re-creating a familiar culture of camaraderie among veterans and building upon individual strengths that allow veterans to apply their specialized skills, helped instill feelings of connectedness and contribution to their respective civilian communities.


2. **King, A C (2016).** Close Quarters Battle: Urban Combat and “Special Forcification”.


