



## CDP Research Update -- December 8, 2016

### What's Here:

- Isolating effects of moral injury and low post-deployment support within the U.S. military.
- Effect of Group vs Individual Cognitive Processing Therapy in Active-Duty Military Seeking Treatment for Posttraumatic Stress Disorder: A Randomized Clinical Trial.
- Predictors and Outcomes of Growth Mixture Modeled Trajectories Across an Exposure-Based PTSD Intervention With Veterans.
- Alcohol Misuse and Co-Occurring Mental Disorders Among New Soldiers in the U.S. Army.
- A Network Analysis of DSM-5 posttraumatic stress disorder symptoms and correlates in U.S. military veterans.
- Effects of VA Facility Dog on Hospitalized Veterans Seen by a Palliative Care Psychologist: An Innovative Approach to Impacting Stress Indicators.
- Psychiatric disorders, suicidal ideation, and sexually transmitted infections among post-deployment veterans who utilize digital social media for sexual partner seeking.
- Compassion-Based Therapy for Trauma-Related Shame and Posttraumatic Stress: Initial Evaluation Using a Multiple Baseline Design.
- Longitudinal Examination of Posttraumatic Stress Disorder as a Long-Term Outcome of Iraq War Deployment.
- Early Intervention for Post-Traumatic Stress Disorder, Depression, and Quality of Life in Mortuary Affairs Soldiers Postdeployment.

- The impact of social support, unit cohesion, and trait resilience on PTSD in treatment-seeking military personnel with PTSD: The role of posttraumatic cognitions.
- Expanding the Role of Integrative Therapies for Veterans.
- The Influence of Men's Military Service on Smoking Across the Life Course.
- A non-inferiority trial of Prolonged Exposure for posttraumatic stress disorder: In person versus home-based telehealth.
- Using Facebook and Skype for Marital Communication During American Military Deployment: A Uses and Gratifications Perspective.
- In Her Own Words: Semi-structured Interviews of Women Veterans Who Experienced Military Sexual Assault.
- DSM-5 Insomnia and Short Sleep: Comorbidity Landscape and Racial Disparities.
- Mental Health of Transgender Veterans of the Iraq and Afghanistan Conflicts Who Experienced Military Sexual Trauma.
- Thwarted belongingness as an explanatory link between insomnia symptoms and suicidal ideation: Findings from three samples of military service members and veterans.
- Severe Pain in Veterans: The Impact of Age and Sex, and Comparisons to the General Population.
- Physical activity, smoking, and the incidence of clinically diagnosed insomnia.
- Focusing on Trauma-Focused Psychotherapy for Posttraumatic Stress Disorder.
- Neuropsychiatric aspects of concussion.
- Links of Interest
- Resource of the Week: Honoring service: How we lionize and infantilize our military veterans, to their detriment and ours (Government Executive)

-----

[http://www.psy-journal.com/article/S0165-1781\(16\)30971-4/abstract](http://www.psy-journal.com/article/S0165-1781(16)30971-4/abstract)

## **Isolating effects of moral injury and low post-deployment support within the U.S. military.**

Claire Houtsma, Lauren R. Khazem, Bradley A. Green, Michael D. Anestis

Psychiatry Research

January 2017; Volume 247, Pages 194–199

DOI: <http://dx.doi.org/10.1016/j.psychres.2016.11.031>

Suicide rates within U.S. military components, particularly the National Guard, are significantly higher than the general population suicide rate. To better understand and prevent suicide within this population, we must identify mechanisms of risk contributing to these discrepancies. One risk factor relevant to military service is moral injury, a term for experiences that violate one's moral beliefs. Using a series of hierarchical multiple regressions, the current study examined the moderating role of post-deployment social support on the association between moral injury (self-transgressions, other-transgressions, and betrayal) and thwarted belongingness among military personnel. The current sample was comprised of 552 military personnel with at least one previous deployment. Partially consistent with hypotheses, results revealed that other-transgressions and betrayal were significantly associated with thwarted belongingness at low, but not mean or high levels of post-deployment support. In contrast, the interaction of self-transgressions and post-deployment support was not significantly associated with thwarted belongingness, nor was there a significant main effect of self-transgressions on thwarted belongingness. This suggests that experiencing other-perpetrated morally injurious events (i.e., watching a fellow soldier die, being betrayed by a comrade) can be compounded by low post-deployment social support, increasing risk for thwarted belongingness. Implications for prevention and treatment are discussed.

-----

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

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

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

JAMA Psychiatry

Published online November 23, 2016

doi:10.1001/jamapsychiatry.2016.2729

#### Question

Are individual and group cognitive processing therapy conditions efficacious for treating combat-related posttraumatic stress disorder (PTSD) in active-duty military?

#### Findings

In this randomized clinical trial of 268 active-duty military servicemembers with PTSD, those treated in individual or group cognitive processing therapy formats improved significantly with large effect sizes, but individual cognitive processing therapy produced significantly greater improvement.

#### Meaning

The results provide evidence that cognitive processing therapy is an effective treatment for combat-related PTSD for many patients in this setting; however, room for improvement remains.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22408/full>

### **Predictors and Outcomes of Growth Mixture Modeled Trajectories Across an Exposure-Based PTSD Intervention With Veterans.**

Nicholas P. Allan, Daniel F. Gros, Ursula S. Myers, Kristina J. Korte, Ron Acierno

Journal of Clinical Psychology

First published: 23 November 2016

DOI: 10.1002/jclp.22408

#### Objectives

Exposure-based psychotherapies for posttraumatic stress disorder (PTSD) are effective for many, but not all patients. It is important to determine for whom these treatments work and to examine predictors of success.

#### Method

An 8-week modified prolonged exposure (PE) treatment, including components of behavioral activation and reducing the number of imaginal exposure sessions, was

administered to a sample of 231 Veterans (mean age = 45.7 years, standard deviation = 14.89). Growth mixture modeling was used to model PTSD symptom trajectories across the 8-week intervention and a postintervention appointment. Further, baseline demographics, social support, clinician-rated PTSD symptoms, anxiety, and depression were examined as predictors of trajectories.

### Results

Three classes emerged, labeled responders (n = 35), nonresponders (n = 190), and immediate responders (n = 6). The only significant baseline difference between responders and nonresponders was higher anxiety symptoms in the nonresponders. At follow-up time points, there were higher levels of clinician-rated PTSD, anxiety, and depression symptoms and lower social support in the nonresponders compared to the responders.

### Conclusion

Findings suggest that modifying standard PE treatments by reducing imaginal exposure sessions while adding behavioral activation may not be advisable for most Veterans with PTSD.

-----

<http://onlinelibrary.wiley.com/doi/10.1111/acer.13269/full>

## **Alcohol Misuse and Co-Occurring Mental Disorders Among New Soldiers in the U.S. Army.**

Stein, M. B., Campbell-Sills, L., Gelernter, J., He, F., Heeringa, S. G., Nock, M. K., Sampson, N. A., Sun, X., Jain, S., Kessler, R. C., Ursano, R. J. and On behalf of the Army STARRS Collaborators

Alcoholism: Clinical and Experimental Research

First published: 24 November 2016

DOI: 10.1111/acer.13269

### Background

Problem drinking that predates enlistment into military service may contribute to the overall burden of alcohol misuse in the Armed Forces; however, evidence bearing on this issue is limited. This study examines prevalence and correlates of alcohol misuse among new U.S. Army soldiers.

## Methods

Cross-sectional survey data were collected from soldiers reporting for basic combat training. The survey retrospectively assessed lifetime alcohol consumption and substance abuse/dependence, enabling estimation of the prevalence of lifetime binge drinking and heavy drinking in a sample of 30,583 soldiers and of probable alcohol use disorder (AUD) among 26,754 soldiers with no/minimal lifetime use of other drugs. Co-occurrence of mental disorders and other adverse outcomes with binge drinking, heavy drinking, and AUD was examined. Discrete-time survival analysis, with person-year the unit of analysis and a logistic link function, was used to estimate associations of AUD with subsequent onset of mental disorders and vice versa.

## Results

Weighted prevalence of lifetime binge drinking was 27.2% (SE = 0.4) among males and 18.9% (SE = 0.7) among females; respective estimates for heavy drinking were 13.9% (SE = 0.3) and 9.4% (SE = 0.4). Among soldiers with no/minimal drug use, 9.5% (SE = 0.2) of males and 7.2% (SE = 0.5) of females had lifetime AUD. Relative to no alcohol misuse, binge drinking, heavy drinking, and AUD were associated with increased odds of all mental disorders and other adverse outcomes under consideration (adjusted odds ratios [AORs] = 1.5 to 4.6;  $ps < 0.001$ ). Prior mental disorders and suicidal ideation were associated with onset of AUD (AORs = 2.3 to 2.8;  $ps < 0.001$ ), and prior AUD was associated with onset of mental disorders and suicidal ideation (AORs = 2.0 to 3.2,  $ps < 0.005$ ).

## Conclusions

Strong bidirectional associations between alcohol misuse and mental disorders were observed in a cohort of soldiers beginning Army service. Conjoint recognition of alcohol misuse and mental disorders upon enlistment may provide opportunities for risk mitigation early in a soldier's career.

-----

<http://www.sciencedirect.com/science/article/pii/S0887618516302419>

## **A Network Analysis of DSM-5 posttraumatic stress disorder symptoms and correlates in U.S. military veterans.**

Cherie Armour, Eiko I. Fried, Marie K. Deserno, Jack Tsai, Robert H. Pietrzak

Journal of Anxiety Disorders

Available online 27 November 2016

<http://dx.doi.org/10.1016/j.janxdis.2016.11.008>

## Objective

Recent developments in psychometrics enable the application of network models to analyze psychological disorders, such as PTSD. Instead of understanding symptoms as indicators of an underlying common cause, this approach suggests symptoms co-occur in syndromes due to causal interactions. The current study has two goals: (1) examine the network structure among the 20 DSM-5 PTSD symptoms, and (2) incorporate clinically relevant variables to the network to investigate whether PTSD symptoms exhibit differential relationships with suicidal ideation, depression, anxiety, physical functioning/quality of life (QoL), mental functioning/QoL, age, and sex.

## Method

We utilized a nationally representative U.S. military veteran's sample; and analyzed the data from a subsample of 221 veterans who reported clinically significant DSM-5 PTSD symptoms. Networks were estimated using state-of-the-art regularized partial correlation models. Data and code are published along with the paper.

## Results

The 20-item DSM-5 PTSD network revealed that symptoms were positively connected within the network. Especially strong connections emerged between nightmares and flashbacks; blame of self or others and negative trauma-related emotions, detachment and restricted affect; and hypervigilance and exaggerated startle response. The most central symptoms were negative trauma-related emotions, flashbacks, detachment, and physiological cue reactivity. Incorporation of clinically relevant covariates into the network revealed paths between self-destructive behavior and suicidal ideation; concentration difficulties and anxiety, depression, and mental QoL; and depression and restricted affect.

## Conclusion

These results demonstrate the utility of a network approach in modeling the structure of DSM-5 PTSD symptoms, and suggest differential associations between specific DSM-5 PTSD symptoms and clinical outcomes in trauma survivors. Implications of these results for informing the assessment and treatment of this disorder, are discussed.

-----

<http://ajh.sagepub.com/content/early/2016/11/25/1049909116675571.abstract>

**Effects of VA Facility Dog on Hospitalized Veterans Seen by a Palliative Care Psychologist: An Innovative Approach to Impacting Stress Indicators.**

Cheryl A. Krause-Parello, Cari Levy, Elizabeth Holman, and John E. Kolassa

American Journal of Hospice & Palliative Medicine

Published online before print November 28, 2016

doi: 10.1177/1049909116675571

The United States is home to 23 million veterans. In many instances, veterans with serious illness who seek healthcare at the VA receive care from a palliative care service. Animal-assisted intervention (AAI) is gaining attention as a therapeutic stress reducing modality; however, its effects have not been well studied in veterans receiving palliative care in an acute care setting. A crossover repeated-measures study was conducted to examine the effects of an animal-assisted intervention (AAI) in the form of a therapy dog on stress indicators in 25 veterans on the palliative care service at the VA Eastern Colorado Healthcare System in Denver, CO. Veterans had a visit from a therapy dog and the dog's handler, a clinical psychologist (experimental condition) and an unstructured visit with the clinical psychologist alone (control condition). Blood pressure, heart rate, and the salivary biomarkers cortisol, alpha-amylase, and immunoglobulin A were collected before, after, and 30-minutes after both the experimental and control conditions. Significant decreases in cortisol were found when the before time period was compared to the 30-minutes after time period for both the experimental ( $p = 0.007$ ) and control condition ( $p = 0.036$ ). A significant decrease in HR was also found when the before time period was compared to the 30-minutes after time period for both the experimental ( $p = 0.0046$ ) and control ( $p = 0.0119$ ) condition. Results of this study supported that a VA facility dog paired with a palliative care psychologist had a measurable impact on salivary cortisol levels and HR in veterans.

-----

<https://www.ncbi.nlm.nih.gov/pubmed/27902944>

Addict Behav. 2016 Nov 17;66:96-100. doi: 10.1016/j.addbeh.2016.11.015. [Epub ahead of print]

**Psychiatric disorders, suicidal ideation, and sexually transmitted infections among post-deployment veterans who utilize digital social media for sexual partner seeking.**

Turban JL, Potenza MN, Hoff RA, Martino S, Kraus SW

INTRODUCTION:

Digital social media platforms represent outlets through which individuals may find



partners for sexual encounters. Using a sample of US post-deployment military veterans, the current study evaluated the prevalence of digital sex seeking as well as clinical correlates of psychopathology, suicidal ideation, and sexually transmitted infections (STIs).

#### METHODS:

Using data from a baseline telephone interview and follow-up internet-based survey, we examined the prevalence of sexual partnering via digital social media platforms in a national sample of 283 US combat veterans.

#### RESULTS:

Among veterans, 35.5% of men and 8.5% of women reported having used digital social media to meet someone for sex. Individuals who reported having used digital social media to find sexual partners (DSMSP+) as compared to those who did not (DSMSP-) were more likely to be young, male, and in the Marine Corps. After adjusting for sociodemographic variables, DSMSP+ status was associated with post-traumatic stress disorder (OR=2.26,  $p=0.01$ ), insomnia (OR=1.99,  $p=0.02$ ), depression (OR=1.95,  $p=0.03$ ), hypersexuality (OR=6.16,  $p<0.001$ ), suicidal ideation (OR=3.24,  $p=0.04$ ), and treatment for an STI (OR=1.98,  $p=0.04$ ).

#### CONCLUSION:

Among US post-deployment military veterans, DSMSP+ behaviors were prevalent, particularly among men. The association between DSMSP+ behaviors and PTSD, insomnia, depression, hypersexuality, suicidal ideation, and STIs suggest that veterans who engage in DSMSP+ behaviors should be particularly thoroughly screened and evaluated for these psychiatric concerns and counseled on the benefits of safe sexual practices. Published by Elsevier Ltd.

-----

<http://www.sciencedirect.com/science/article/pii/S0005789416301150>

### **Compassion-Based Therapy for Trauma-Related Shame and Posttraumatic Stress: Initial Evaluation Using a Multiple Baseline Design.**

Teresa M. Au, Shannon Sauer-Zavala, Matthew W. King, Nicola Petrocchi, David H. Barlow, Brett T. Litz

Behavior Therapy

Available online 29 November 2016

<http://dx.doi.org/10.1016/j.beth.2016.11.012>

Accumulating research suggests that shame can strongly contribute to the development and maintenance of posttraumatic stress disorder (PTSD). Interventions that promote self-compassion have shown promise for reducing shame related to various clinical problems, but this approach has not been systematically evaluated for traumatized individuals. The aim of this study was to develop a brief compassion-based therapy and assess its efficacy for reducing trauma-related shame and PTSD symptoms. Using a multiple baseline experimental design, the intervention was evaluated in a community sample of trauma-exposed adults (N = 10) with elevated trauma-related shame and PTSD symptoms. Participants completed weekly assessments during a 2-, 4-, or 6-week baseline phase and a 6-week treatment phase, and at 2- and 4-weeks after the intervention. By the end of treatment, 9 of 10 participants demonstrated reliable decreases in PTSD symptom severity, while 8 of 10 participants showed reliable reductions in shame. These improvements were maintained at 2- and 4-week follow-up. The intervention was also associated with improvements in self-compassion and self-blame. Participants reported high levels of satisfaction with the intervention. Results suggest that the intervention may be useful as either a stand-alone treatment or as a supplement to other treatments.

-----

<http://aje.oxfordjournals.org/content/184/11/796>

### **Longitudinal Examination of Posttraumatic Stress Disorder as a Long-Term Outcome of Iraq War Deployment.**

Jennifer J. Vasterling, Mihaela Aslan, Susan P. Proctor, John Ko, Brian P. Marx, Matthew Jakupcak, Paula P. Schnurr, Theresa Gleason, Grant D. Huang and John Concato

American Journal of Epidemiology  
Volume 184, Issue 11, pp. 796-805  
doi: 10.1093/aje/kww151

The mental health toll of the Iraq and Afghanistan Wars on military veterans has been considerable, yet little is known about the persistence of these adverse outcomes, especially relative to predeployment status. We prospectively examined posttraumatic stress disorder (PTSD) as a long-term consequence of warzone deployment, integrating data collected from 2003–2014. In the Neurocognition Deployment Health Study, we measured PTSD symptoms in US Army soldiers before and shortly after Iraq War deployment. We used the PTSD Checklist–Civilian Version and a structured clinical

interview (i.e., Clinician-Administered PTSD Scale) to reassess PTSD in 598 service members and military veterans a median of 7.9 years (interquartile range, 7.2–8.5 years) after an index Iraq deployment. At long-term follow-up, 24.7% (95% confidence interval (CI): 21.5, 28.4) of participants met the case definition for PTSD, which was an absolute increase of 14.2% from the percentage assessed postdeployment (10.5%; 95% CI: 7.8, 13.7) and of 17.3% from the percentage assessed predeployment (7.4%; 95% CI: 5.5, 9.8). These findings highlight that PTSD is an enduring consequence of warzone participation among contemporary military personnel and veterans. The largest increase in PTSD cases occurred between the postdeployment and long-term follow-up assessments, which suggests that adverse stress reactions cannot necessarily be expected to dissipate over time and actually may increase.

-----

<https://www.ncbi.nlm.nih.gov/pubmed/27849489>

Mil Med. 2016 Nov;181(11):e1553-e1560

### **Early Intervention for Post-Traumatic Stress Disorder, Depression, and Quality of Life in Mortuary Affairs Soldiers Postdeployment.**

Biggs QM, Fullerton CS, McCarroll JE, Liu X, Wang L, Dacuyan NM, Zatzick DF, Ursano RJ

U.S. Army mortuary affairs (MA) soldiers experience stressors of deployment and exposure to the dead, increasing risk for post-traumatic stress and depression. This study examines Troop Education for Army Morale, a postdeployment early intervention based on Psychological First Aid. MA soldiers (N = 126) were randomized to intervention or comparison groups 1-month postdeployment. Intervention sessions were held at 2, 3, 4, and 7 months. Assessments of post-traumatic stress disorder (PTSD), depression, and quality of life (QOL) were conducted at 1, 2, 3, 4, 7, and 10 months for both groups. At baseline, 25.0% of the total sample had probable PTSD (17-item PTSD Checklist M = 35.4, SD = 16.9) and 23.6% had probable depression (9-item Patient Health Questionnaire Depression Scale M = 7.8, SD = 6.9). Over 10 months, PTSD and depression symptoms decreased and QOL improved for the total sample. At study conclusion, intervention and comparison groups were not different. Intervention group males showed a transient symptom increase at 2 to 3 months. Males attended fewer intervention sessions than females. Lower attendance was associated with more symptoms and lower QOL. Higher attendance was associated with greater intervention benefits. Findings highlight the need for better understanding postdeployment interventions and facilitating attendance. Further intervention for MA soldiers is

indicated. Reprint & Copyright © 2016 Association of Military Surgeons of the U.S.

-----

<http://www.sciencedirect.com/science/article/pii/S0022395616306537>

**The impact of social support, unit cohesion, and trait resilience on PTSD in treatment-seeking military personnel with PTSD: The role of posttraumatic cognitions.**

Yinyin Zang, Thea Gallagher, Carmen P. McLean, Hallie S. Tannahill, Jeffrey S. Yarvis, Edna B. Foa

Journal of Psychiatric Research  
Volume 86, March 2017, Pages 18–25  
<http://dx.doi.org/10.1016/j.jpsychires.2016.11.005>

**Background**

The personal resources of social support, unit cohesion, and trait resilience have been found to be associated with posttraumatic stress disorder (PTSD) severity among military personnel. However, the underlying mechanisms of these relationships are unclear. We hypothesized that negative posttraumatic cognitions, which are associated with PTSD, mediate the relationships between these personal resources and PTSD.

**Methods**

The relationship between PTSD symptom severity and a latent factor comprised of social support, unit cohesion, and trait resilience was evaluated using cross-sectional data from 366 treatment-seeking active duty military personnel with PTSD following deployments to or near Iraq or Afghanistan. Structural equation modeling (SEM) was used to test whether posttraumatic cognitions mediated this relationship.

**Results**

The SEM model indicated that (1) a robust latent variable named personal resources (indicated by social support, unit cohesion, and trait resilience) was negatively associated with PTSD severity; (2) personal resources were negatively associated with negative posttraumatic cognitions; (3) negative posttraumatic cognitions fully mediated the association between personal resources and PTSD severity. The final SEM mediation model showed a highly satisfactory fit [ $\chi^2(22) = 16.344$ ,  $p = 0.798$ ;  $\chi^2/df = 0.743$ ; CFI = 1; RMSEA = 0.000].

## Conclusions

These findings suggest that among active duty military personnel seeking treatment for PTSD, personal resources (social support, unit cohesion, and trait resilience) may mitigate PTSD severity by reducing negative posttraumatic cognitions.

-----

<http://online.liebertpub.com/doi/abs/10.1089/act.2016.29080.bek?journalCode=act>

## **Expanding the Role of Integrative Therapies for Veterans.**

Benjamin E. Kligler, MD, MPH

Alternative and Complementary Therapies

November 2016, ahead of print

doi:10.1089/act.2016.29080.bek

Interview with Benjamin E. Kligler, MD, MPH, National Director of the Integrative Health Coordinating Center, U.S. Veterans Health Administration, in Washington, DC. He is also a professor of Family and Community Medicine at the Icahn School of Medicine, Mount Sinai, in New York, New York.

-----

<http://jod.sagepub.com/content/early/2016/11/19/0022042616678617.abstract>

## **The Influence of Men's Military Service on Smoking Across the Life Course.**

Andrew S. London, Pamela Herd, Richard A. Miech, and Janet M. Wilmoth

Journal of Drug Issues

Published online before print November 20, 2016

doi: 10.1177/0022042616678617

The military is described as a social context that contributes to the (re-)initiation or intensification of cigarette smoking. We draw on data from the 1985-2014 National Survey of Drug Use and Health (NSDUH) and the Wisconsin Longitudinal Study (WLS) to conduct complementary sub-studies of the influence of military service on men's smoking outcomes across the life course. Descriptive findings from an age-period-cohort analysis of NSDUH data document higher probabilities of current smoking and heavy smoking among veteran men across a broad range of cohorts and at all observed

ages. Findings from sibling fixed-effects Poisson models estimated on the WLS data document longer durations of smoking among men who served in the military and no evidence that selection explains the observed relationship. Together, these results provide novel and potentially generalizable evidence that participation in the military in early adulthood exerts a causal influence on smoking across the life course.

-----

<http://www.sciencedirect.com/science/article/pii/S0005796716301966>

### **A non-inferiority trial of Prolonged Exposure for posttraumatic stress disorder: In person versus home-based telehealth.**

Ron Acierno, Rebecca Knapp, Peter Tuerk, Amanda K. Gilmore, Carl Lejuez, Kenneth Ruggiero, Wendy Muzzy, Leonard Egede, Melba A. Hernandez-Tejada, Edna B. Foa

Behaviour Research and Therapy

Volume 89, February 2017, Pages 57–65

<http://dx.doi.org/10.1016/j.brat.2016.11.009>

This is the first randomized controlled trial to evaluate non-inferiority of Prolonged Exposure (PE) delivered via home-based telehealth (HBT) compared to standard in-person (IP) PE. One-hundred thirty two Veterans recruited from a Southeastern Veterans Affairs Medical Center and affiliated University who met criteria for posttraumatic stress disorder (PTSD) were randomized to receive PE via HBT or PE via IP. Results indicated that PE-HBT was non-inferior to PE-IP in terms of reducing PTSD scores at post-treatment, 3 and 6 month follow-up. However, non-inferiority hypotheses for depression were only supported at 6 month follow-up. HBT has great potential to reduce patient burden associated with receiving treatment in terms of travel time, travel cost, lost work, and stigma without sacrificing efficacy. These findings indicate that telehealth treatment delivered directly into patients' homes may dramatically increase the reach of this evidence-based therapy for PTSD without diminishing effectiveness.

-----

<http://www.cios.org/www/ejc/sandbox/026342> EJC

### **Using Facebook and Skype for Marital Communication During American Military Deployment: A Uses and Gratifications Perspective.**

Margaret C. Stewart and Laurie A. Grosik

The Electronic Journal of Communication  
Volume 26 Numbers 3 & 4, 2016

Loved ones of military personnel rely on innovative technologies to mediate their communication and attain vital family information during wartime deployment. This exploratory study analyzes data from interviews with ten American military spouses about the impact of Facebook and Skype as tools for maintenance of their marriages during deployment. Uses and gratifications theory guides this discussion of two central themes – mobility as well as monitoring and surveillance - which emerge in this original pilot study. As such, uses and gratifications theory is recognized as a framework in constant evolution in contemporary communication research due to the dynamic nature of social media and technologically-mediated communication.

-----

<http://link.springer.com/article/10.1007/s10879-016-9349-0>

### **In Her Own Words: Semi-structured Interviews of Women Veterans Who Experienced Military Sexual Assault.**

Katz, L.S., Huffman, C. & Cojucar, G. J

Journal of Contemporary Psychotherapy  
First Online: 21 November 2016  
DOI: 10.1007/s10879-016-9349-0

Twenty-one female veterans volunteered to talk about 29 events of military sexual assault (MSA) via semi-structured interviews covering pre-military abuse, during and immediately after the assault and reactions post-assault. The 14 who reported on-going abuse in childhood, also experienced multiple events of MSA. Common themes revealed that most events happened at night (52% specifically referenced night, while 69% most likely occurred at night), 24% in a car, and 24% while the victim was on duty. MSA was associated with a low use of weapons (17% with knives or guns) but a high use (52%) of physical violence (e.g., hitting, choking) and intimidation (59%). 69% knew their perpetrator prior to the assault and 12 of them (60%) were superiors. 34.5% of the perpetrators and 24% of the victims were drinking alcohol prior to the assault. 27.5% reported the MSA; however, 52% had to continue to interact with the perpetrator as part of her job. 67% reported being pregnant or seriously injured as a result of the MSA; however, only 28% received help. 71% disclosed that they had suicidal ideation 14% made suicide attempts while on active duty, and 38% made a suicide attempt some

time in their lifetime post-MSA. 52% said the MSA lead to an early discharge from the military. 76% stated MSA interfered with their ability to have an intimate relationship. All participants graduated Warrior Renew sexual trauma treatment and reported positive responses. Although this is a small sample, findings may help generate hypotheses for larger scale studies.

-----

<http://www.journalsleep.org/ViewAbstract.aspx?pid=30872>

### **DSM-5 Insomnia and Short Sleep: Comorbidity Landscape and Racial Disparities.**

David A. Kalmbach, PhD; Vivek Pillai, PhD; J. Todd Arnedt, PhD; Christopher L. Drake, PhD

SLEEP

VOLUME 39, ISSUE 12

<http://dx.doi.org/10.5665/sleep.6306>

#### Study Objectives:

We estimated rates of cardiometabolic disease, pain conditions, and psychiatric illness associated with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) insomnia disorder (current and in remission) and habitual short sleep (fewer than 6 h), and examined the roles of insomnia and short sleep in racial disparities in disease burden between black and non-Hispanic white Americans.

#### Methods:

This epidemiological survey study was cross-sectional. The community-based sample consisted of 3,911 subjects (46.0 y  $\pm$  13.3; 65.4% female; 25.0% black) across six sleep groups based on DSM-5 insomnia classification (never vs. remitted vs. current) and self-reported habitual sleep duration (normal vs. short). Vascular events, cardiometabolic disease, pain conditions, and psychiatric symptoms were self-reported.

#### Results:

Short sleeping insomniacs were at elevated risk for myocardial infarction, stroke, treated hypertension, diabetes, chronic pain, back pain, depression, and anxiety, independent of sex, age, and obesity. Morbidity profiles for insomniacs with normal sleep duration and former insomniacs, irrespective of sleep duration, were similar with elevations in treated hypertension, chronic pain, depression, and anxiety. Regarding racial disparities, cardiometabolic and psychiatric illness burden was greater for blacks, who were more likely to have short sleep and the short sleep insomnia phenotype. Evidence



suggested that health disparities may be attributable in part to race-related differences in sleep.

#### Conclusions:

Insomnia disorder with short sleep is the most severe phenotype of insomnia and comorbid with many cardiometabolic and psychiatric illnesses, whereas morbidity profiles are highly similar between insomniacs with normal sleep duration and former insomniacs. Short sleep endemic to black Americans increases risk for the short sleep insomnia phenotype and likely contributes to racial disparities in cardiometabolic disease and psychiatric illness.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22146/full>

### **Mental Health of Transgender Veterans of the Iraq and Afghanistan Conflicts Who Experienced Military Sexual Trauma.**

Lindsay, J. A., Keo-Meier, C., Hudson, S., Walder, A., Martin, L. A. and Kauth, M. R.

Journal of Traumatic Stress

Volume 29, Issue 6 | December 2016 | Pages 563–567

DOI: 10.1002/jts.22146

Little is known about military sexual trauma (MST) in transgender veterans. To address this gap, we examined archival data regarding transgender veterans from the Iraq and Afghanistan conflicts. There were 332 transgender veterans treated at the Veterans Health Administration between 2000 and 2013 (78 men, 254 women; mean age 33.86 years), with most being non-Hispanic White. Transgender status and mental health conditions were identified using the International Classification of Diseases, 9th Revision (ICD-9; World Health Organization, 1980) codes and chart review. Men and women were analyzed separately, using contingency tables and  $\chi^2$  testing for categorical variables and t tests for continuous variables. Likelihood of having a mental health condition and MST were examined using logistic regression. Among the 15% of participants who experienced MST, MST was associated with the likelihood of posttraumatic stress disorder, adjusted OR = 6.09, 95% confidence interval (CI) [1.22, 30.44] and personality disorder, OR = 3.86, 95% CI [1.05, 14.22] for men and with depressive, OR = 3.33, 95% CI [1.12, 9.93], bipolar, OR = 2.87, 95% CI [1.12, 7.44], posttraumatic stress, OR = 2.42, [1.11, 5.24], and personality disorder, OR = 4.61, 95% CI [2.02, 10.52] for women. Implications include that medical forms should include

gender identity and biological gender and that MST treatment should be culturally competent.

-----

<http://www.sciencedirect.com/science/article/pii/S0165032716314136>

**Thwarted belongingness as an explanatory link between insomnia symptoms and suicidal ideation: Findings from three samples of military service members and veterans.**

Melanie A. Hom, Carol Chu, Matthew E. Schneider, Ingrid C. Lim, Jameson K. Hirsch, Peter M. Gutierrez, Thomas E. Joiner

Journal of Affective Disorders

Volume 209, February 2017, Pages 114–123

<http://dx.doi.org/10.1016/j.jad.2016.11.032>

Background

Although insomnia has been identified as a robust predictor of suicidal ideation and behaviors, little is known about the mechanisms by which sleep disturbances confer risk for suicide. We investigated thwarted belongingness as an explanatory link between insomnia symptoms and suicidal ideation across three military service member and veteran samples.

Methods

Data were collected among United States military service members and veterans (N1=937, N2=3,386, N3=417) who completed self-report measures of insomnia symptoms, thwarted belongingness, suicidal ideation, and related psychiatric symptoms (e.g., anxiety, hopelessness). Bias-corrected bootstrap mediation analyses were utilized to examine the indirect effects of insomnia symptoms on suicidal ideation through thwarted belongingness, controlling for related psychiatric symptoms.

Results

Consistent with study hypotheses, thwarted belongingness significantly accounted for the relationship between insomnia and suicidal ideation across all three samples; however, insomnia symptoms did not significantly account for the relationship between thwarted belongingness and suicidal ideation, highlighting the specificity of our findings.

Limitations

This study utilized cross-sectional self-report data.

## Conclusions

Insomnia may confer suicide risk for military service members and veterans, in part, through the pathway of thwarted belongingness. Additional prospective studies are warranted to further delineate this model of risk. Our results offer a potential therapeutic target for the prevention of suicide, via the promotion of belongingness, among service members and veterans experiencing insomnia symptoms.

-----

<http://www.sciencedirect.com/science/article/pii/S1526590016303133>

## **Severe Pain in Veterans: The Impact of Age and Sex, and Comparisons to the General Population.**

Richard L. Nahin, Ph.D

The Journal of Pain

Available online 21 November 2016

<http://dx.doi.org/10.1016/j.jpain.2016.10.021>

This study provides national prevalence estimates of US military Veterans with severe pain, and compares Veterans to nonveterans of similar age and sex. Data used are from the 2010-2014 National Health Interview Survey (NHIS) on 67,696 adults who completed the Adult Functioning and Disability (AFD) Supplement. Participants with severe pain were identified using a validated pain severity coding system imbedded in the NHIS AFD. It was estimated that 65.5% of US military Veterans reported pain in the previous 3 months, with 9.1% classified as having severe pain. In comparison to Veterans, fewer nonveterans reported any pain (56.4%) or severe pain (6.4%). While Veterans aged 18-39 had significantly higher prevalence rates for severe pain (7.8%) than did similar-aged nonveterans (3.2%), Veterans age 70 or older were less likely to report severe pain (7.1%) than nonveterans (9.6%). Male Veterans (9.0%) were more likely to report severe pain than male nonveterans (4.7%); however, no statistically significant difference was seen between the two female groups. The prevalence of severe pain was significantly higher in Veterans with back pain (21.6%), jaw pain (37.5%), severe headaches or migraine (26.4%), and neck pain (27.7%) than in nonveterans with these conditions (respectively: 16.7%; 22.9%; 15.9%; and 21.4%). Although Veterans (43.6%) were more likely than nonveterans (31.5%) to have joint pain, no difference was seen in the prevalence of severe pain associated with this condition.

-----  
<http://www.sciencedirect.com/science/article/pii/S1389945716302805>

## **Physical activity, smoking, and the incidence of clinically diagnosed insomnia.**

Li-Jung Chen, Andrew Steptoe, Yi-Huei Chen, Po-Wen Ku, Ching-Heng Lin

Sleep Medicine

Available online 25 November 2016

<http://dx.doi.org/10.1016/j.sleep.2016.06.040>

### Objective

This study was designed to examine the independent and combined associations of physical activity and smoking on the incidence of doctor-diagnosed insomnia using a nationally representative sample over 7 years, taking into account other relevant covariates.

### Methods

Participants aged 18 years or older in the 2005 Taiwan National Health Interview Survey (NHIS) with links to National Health Insurance (NHI) claim data between 2005 and 2012 and without diagnosed insomnia before 2005, were selected into this study (n = 12,728). Participants were classified as having insomnia with International Classification of Diseases, Ninth Revision (ICD-9) CM codes 307.41, 307.42, or 780.52. Self-reported smoking status and frequency, duration, and types of leisure-time and non-leisure-time physical activities were collected. Metabolic equivalent (MET) intensity levels for each activity were assigned, and weekly energy expenditure of each activity was calculated and summed.

### Results

Inactive participants had a higher risk of incident insomnia (hazard ratio [HR] = 1.22, 95% confidence interval (CI) = 1.06–1.42, p = 0.007) than the active group, and ever-smokers were more likely to have incident insomnia than never smokers (HR = 1.45, 95% CI = 1.20–1.76, p < 0.001). Compared with the nonsmoker/active group, the ever-smoker/inactive group had a higher risk of incident insomnia (HR = 1.78, 95% CI = 1.41–2.25, p < 0.001). Sensitivity analyses excluding individuals diagnosed with other sleep disorders or mental disorders yielded similar results, with the ever-smoker/inactive group having the highest risk of insomnia.

### Conclusions

Inactive adults and smokers are at higher risk for incident insomnia, highlighting the

importance of a healthy lifestyle and pointing to strategies such as encouraging smoking cessation and physical activity to avoid insomnia among adults.

-----

<http://www.sciencedirect.com/science/article/pii/S2352250X16301956>

### **Focusing on Trauma-Focused Psychotherapy for Posttraumatic Stress Disorder.**

Paula P. Schnurr

Current Opinion in Psychology

Available online 23 November 2016

<http://dx.doi.org/10.1016/j.copsyc.2016.11.005>

Trauma-focused psychotherapy for posttraumatic stress disorder (PTSD) includes a range of theoretical approaches, but primarily is based on cognitive-behavioral theory. Eye Movement Desensitization and Reprocessing is another type of trauma-focused psychotherapy. Although there is some evidence to support present-centered and interpersonal approaches, trauma-focused psychotherapies have the most empirical support and are the most effective for treating PTSD and related problems.

-----

<http://www.sciencedirect.com/science/article/pii/S2215036616302668>

### **Neuropsychiatric aspects of concussion.**

Rajiv Radhakrishnan, Amir Garakani, Lawrence S Gross, Marcia K Goin, Janet Pine, Andrew E Slaby, Calvin R Sumner, David A Baron

The Lancet Psychiatry

Volume 3, Issue 12, December 2016, Pages 1166–1175

[http://dx.doi.org/10.1016/S2215-0366\(16\)30266-8](http://dx.doi.org/10.1016/S2215-0366(16)30266-8)

Over the past decade, concussion has become the most widely discussed injury in contact sports. However, concussions also occur in several other settings, such as non-contact sports, elderly individuals, young children, military personnel, and victims of domestic violence. Concussion is frequently undiagnosed as a cause of psychiatric morbidity, especially when the patient has no history of loss of consciousness or direct head trauma. Almost all of the extant literature focuses on traumatic brain injury and

assumes that concussion is merely a mild form of traumatic brain injury, which has resulted in a lack of understanding about what concussion is, and how to diagnose, monitor, and treat its varied neuropsychiatric symptoms. In this Review, we address key issues so that the psychiatric clinician can better understand and treat patients with a clinical phenotype that might be the direct result of, or be exacerbated by, concussion. Future research needs to focus on prospective clinical trials in all affected patient populations (ie, those affected by concussion and those affected by various degrees of traumatic brain injury), the identification of reliable biomarkers that can be used to assist with diagnosis and treatment response, and the development of effective treatment interventions. Clearly differentiating concussion from traumatic brain injury is essential to achieve reliable and clinically relevant outcomes.

-----

### **Links of Interest**

Senators, Military Specialists Say Army Report On Dismissed Soldiers Is Troubling  
<http://www.npr.org/2016/12/01/498557687/army-contests-npr-investigation-of-dismissed-soldiers-in-misleading-report>

Senators, Military Specialists Say Army Report On Dismissed Soldiers Is Troubling  
<http://www.npr.org/2016/12/01/498557687/army-contests-npr-investigation-of-dismissed-soldiers-in-misleading-report>

General: Army struggles to meet goal of 80,000 recruits  
<http://www.wkyc.com/features/general-army-struggles-to-meet-goal-of-80000-recruits/361233177>

Online Insomnia Program Can Improve Sleep for Many, Study Finds  
<http://www.nbc29.com/story/33826210/online-insomnia-program-can-improve-sleep-for-many-study-finds>

Always on High Alert: Addressing Hyperarousal in PTSD Treatment  
<http://sports.yahoo.com/news/always-high-alert-addressing-hyperarousal-ptsd-treatment-161606626.html>

Corps: Transgender Marines to Meet Fitness, Grooming Standards  
<http://www.military.com/daily-news/2016/11/29/transgender-marines-must-meet-fitness-grooming-standards.html>

PTSD treatment getting scrutiny in clinical trials at three military hospitals

[http://www.fayobserver.com/news/local/ptsd-treatment-getting-scrutiny-in-clinical-trials-at-thre-military/article\\_d6bf233f-56f4-5bab-8f00-6145b03df7ee.html](http://www.fayobserver.com/news/local/ptsd-treatment-getting-scrutiny-in-clinical-trials-at-thre-military/article_d6bf233f-56f4-5bab-8f00-6145b03df7ee.html)

Court filing: In Army's eyes, Chelsea Manning is still a man

<https://www.armytimes.com/articles/court-filing-in-armys-eyes-chelsea-manning-still-a-man>

Marine Corps issues service guidance for transgender troops

<https://www.marinecorpstimes.com/articles/corps-releases-transgender-guidance>

Air Force vet and service dog are a hit at Texas Lowe's

<https://www.airforcetimes.com/articles/air-force-vet-and-service-dog-are-a-hit-at-texas-lowes>

VA Whistleblowers Credited With Preventing Patient Suicides

<http://www.govexec.com/management/2016/12/va-whistleblowers-credited-preventing-patient-suicides/133670/>

Accepting Emotions Helps PTSD Recovery, Military Medical Expert Says

[http://dcoe.mil/blog/16-12-06/Accepting Emotions Helps PTSD Recovery Military Medical Expert Says.aspx](http://dcoe.mil/blog/16-12-06/Accepting_Emotions_Helps_PSTD_Recovery_Military_Medical_Expert_Says.aspx)

-----

**Resource of the Week: [Honoring service: How we lionize and infantilize our military veterans, to their detriment and ours](#)**

There is an awkward dance between veterans and non-veterans, the proverbial elephant in the room. The knowledge that 1 percent of the American population chooses to serve in the military, while the other 99 percent benefits from that decision creates a lot of superiority and inferiority complexes. And so, post-9/11, we've come up with a well-meaning phrase to assuage our collective civilian guilt every time we encounter a vet: "Thank you for your service." It's not a bad thing to say, but it can come across as hollow and lacking.

"The post-9/11 vets aren't really that thrilled about being thanked for their service," and then the person just walks away, says Mark Szymanski, director of public relations at Got Your 6. "They would much rather engage in conversation,

have someone ask them what it was like to serve,” says Szymanski, who is not a veteran but grew up in a military family. But doesn’t that risk upsetting or offending the veteran? “When you think that person is a broken hero, it’s easy to say, ‘Ok, let me just do this, and get away from them really quickly because I don’t know how they will react.’” Szymanski’s point is that to learn, we need to take that chance, dive in, and listen. In other words, don’t take the easy way out.



-----

Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901