

# CDP



## Research Update -- November 30, 2017

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<http://www.sciencedirect.com/science/article/pii/S0272735817302507>

### **Sex and gender differences in substance use disorders.**

R. Kathryn McHugh, Victoria R. Votaw, Dawn E. Sugarman, Shelly F. Greenfield

Clinical Psychology Review

Available online 10 November 2017

<https://doi.org/10.1016/j.cpr.2017.10.012>

The gender gap in substance use disorders (SUDs), characterized by greater prevalence in men, is narrowing, highlighting the importance of understanding sex and gender differences in SUD etiology and maintenance. In this critical review, we provide an overview of sex/gender differences in the biology, epidemiology and treatment of SUDs. Biological sex differences are evident across an array of systems, including brain structure and function, endocrine function, and metabolic function. Gender (i.e., environmentally and socioculturally defined roles for men and women) also contributes to the initiation and course of substance use and SUDs. Adverse medical, psychiatric, and functional consequences associated with SUDs are often more severe in women. However, men and women do not substantively differ with respect to SUD treatment outcomes. Although several trends are beginning to emerge in the literature, findings on sex and gender differences in SUDs are complicated by the interacting contributions of biological and environmental factors. Future research is needed to further elucidate sex and gender differences, especially focusing on hormonal factors in SUD course and treatment outcomes; research translating findings between animal and human models; and gender differences in understudied populations, such as those with co-occurring psychiatric disorders and gender-specific populations, such as pregnant women.

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<https://pdfs.semanticscholar.org/d450/ddb7c26256703610539046b540911da613bb.pdf>

### **Group Psychotherapy with Ethn racially Diverse OEF/OIF/OND Veterans Presenting with Comorbid Psychopathology: A Transdiagnostic Clinical Forensic Paradigm.**

Johnson R, Li J, and Chapman M

Journal of Forensic Science & Criminology

5(4): 401

The comorbid psychopathology that is well-established in ethn racially diverse OEF/OIF/OND veterans also often coincides with other problems (e.g., legal and social). To mitigate the clinical side of these types of difficulties, the Veteran Administration Health Care Systems offers a wide range of mental health services. This article draws on an evidenced-based literature review to

explore factors that are relative to delivering group psychotherapy in light of the entwined clinical and forensic matters sometimes confronting diverse veterans.

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<http://journals.sagepub.com/doi/abs/10.1177/1078390317739957>

## **The Applicability of Resilience Training to the Mitigation of Trauma-Related Mental Illness in Military Personnel.**

Summer R. Thompson, Sarah Dobbins

Journal of the American Psychiatric Nurses Association

First Published November 15, 2017

<https://doi.org/10.1177/1078390317739957>

### **BACKGROUND:**

Ongoing participation by the United States in military operations around the world places military personnel at an increased potential for exposure to trauma, which may directly result in an increased risk for mental health issues. It is important to develop and test new approaches to prevent and mitigate the effects of trauma in military personnel. One such area of research is focused on psychological resilience to prevent the sequelae of trauma.

### **OBJECTIVES:**

This article examines empirical research of resilience training in military personnel and discusses the potential applicability of such training in this population.

### **DESIGN:**

In this literature review, four randomized control trials and one retrospective, parallel group study were reviewed.

### **RESULTS:**

Each intervention had the goal of mitigating behavioral health issues after trauma exposure. The results of the various interventions were wide-ranging from no measurable difference in treatment groups to significant differences in outcomes.

### **CONCLUSIONS:**

Despite the inconclusive results of our review, we have determined that resilience training for active duty service members to help prevent the deleterious effects of trauma on mental health is a compelling and necessary avenue for further research.

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<http://journals.sagepub.com/doi/abs/10.1177/1359104517740405>

**The impact of deployment and traumatic brain injury on the health and behavior of children of US military service members and veterans.**

Tracey A Brickell, Louis M French, Sara M Lippa, Rael T Lange

Clinical Child Psychology and Psychiatry  
First Published November 15, 2017  
<https://doi.org/10.1177/1359104517740405>

This study examined the impact of service member/veteran (SMV) combat deployment and traumatic brain injury (TBI) on the health and behavior of his or her children. Participants were 104 female spouse caregivers of US SMVs who had sustained a mild, severe, or penetrating TBI. Participants completed the Children's Health and Behavior Questionnaire (CHBQ;  $r = .758$  to  $.881$ ) that evaluates school grades, behavior, medical health, emotional health, and social participation: (a) prior to the first combat deployment, (b) in the month prior to the TBI, (c) within 2 years after the TBI, and (d) 2 or more years after the TBI. A substantial number of children experienced a decline in health and behavior following the TBI (41.7%–79.1%). Of those who declined (a) 68.8%–75.5% declined within the first 2 years post-injury, followed by improvement or stabilization; (b) 6.7%–15.6% declined only after 2 or more years post-injury; (c) 15.6%–25.0% declined within the first 2 years post-injury and then again 2 or more years post-injury; and (d) 16.9%–26.5% experienced a decline as a result of deployment, followed by an additional decline after the SMV's TBI. Services are required for children of SMVs following TBI and deployment, particularly children at risk for poor outcome.

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[http://www.psy-journal.com/article/S0165-1781\(17\)31322-7/abstract](http://www.psy-journal.com/article/S0165-1781(17)31322-7/abstract)

**Frequency of Lethal Means Assessment among Emergency Department Patients with a Positive Suicide Risk Screen.**

Marian E. Betz, Mack Kautzman, Daniel L. Segal, Ivan Miller, Carlos A. Camargo, Edwin D. Boudreaux, Sarah A. Arias

Psychiatry Research  
Published online: November 13, 2017  
DOI: <http://dx.doi.org/10.1016/j.psychres.2017.11.038>

Prior work from surveys and limited populations suggests many emergency department (ED) patients with suicide risk do not have documented lethal means assessments (e.g., being asked about home firearms). The specific objectives of this study were to, in an ED with universal screening for suicide risk: (1) estimate how often ED providers documented lethal means

assessment for suicidal patients, and (2) compare patients with and without documented lethal means assessments. We reviewed 800 total charts from a random sample of adults in three a priori age groups (18–34 years; 35–59 years; ≥60 years) with a positive suicide risk screen from 8/2014 to 12/2015. Only 18% (n=145) had documentation by ≥1 provider of assessment of lethal means access. Among these 145, only 8% (n=11) had documentation that someone discussed an action plan to reduce access (most commonly changing home storage or moving objects out of the home). Among 545 suicidal patients discharged home from the ED, 85% had no documentation that any provider assessed access to lethal means. Our findings highlight an important area for improving care: routine, documented lethal means assessment and counseling for patients with suicide risk. There is an urgent need for further exploration of barriers and facilitators.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22245/full>

### **Response to Cognitive Processing Therapy in Veterans With and Without Obstructive Sleep Apnea.**

Mesa, F., Dickstein, B. D., Wooten, V. D. and Chard, K. M.

Journal of Traumatic Stress

First published: 13 November 2017

DOI: 10.1002/jts.22245

Recent studies have called attention to the need for enhancing treatment outcome in trauma-focused psychotherapies, such as cognitive processing therapy (CPT), with veterans. Given the prevalence of posttraumatic-related sleep disturbances, and the role of sleep in emotional learning and processing, sleep quality may be a target for improving CPT outcome. Elevated rates of obstructive sleep apnea (OSA) have been reported in samples of veterans with posttraumatic stress disorder (PTSD); however, the impact of OSA on response to CPT is unclear. In this study, CPT outcome was examined in veterans with and without a diagnosis of OSA. Following chart review, 68 OSA-positive and 276 OSA-negative veterans were identified. Generalized estimating equations were used to compare between-group differences in weekly self-reported PTSD symptomatology. The OSA-positive veterans reported greater PTSD severity over the course of treatment and at posttreatment compared with veterans without OSA ( $B = -0.657$ ). Additionally, OSA-positive veterans with access to continuous positive airway pressure (CPAP) therapy reported less PTSD severity relative to OSA-positive veterans without access to CPAP ( $B = -0.421$ ). Apnea appears to be a contributing factor to the reduced effectiveness of evidence-based psychotherapy for veterans with PTSD; however, preliminary

evidence indicates that CPAP therapy may help mitigate the impact of OSA on treatment outcome.

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<http://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.17090180>

**Traumatic Brain Injury and Posttraumatic Stress Disorder: Conceptual, Diagnostic, and Therapeutic Considerations in the Context of Co-Occurrence.**

Jennifer J. Vasterling, Ph.D., Shawna N. Jacob, Ph.D., Ann Rasmusson, M.D.

The Journal of Neuropsychiatry & Clinical Neurosciences

Published online: November 14, 2017

<https://doi.org/10.1176/appi.neuropsych.17090180>

The events leading to traumatic brain injury (TBI) are often psychologically traumatic (e.g., motor vehicle accidents) or occur within a broader context of psychological trauma, such as military combat or recurrent interpersonal violence. In such cases, posttraumatic stress disorder (PTSD) may develop and serve to complicate TBI recovery. Likewise, brain trauma may impede emotional resolution following psychological trauma exposure. This article addresses comorbid PTSD and TBI, including the epidemiology of PTSD following TBI; the clinical presentation of the comorbidity; potential mechanisms that complicate recovery from psychological trauma and TBI when they co-occur; and considerations for the clinical management of PTSD in the context of TBI, including implications for both psychosocial and psychopharmacological PTSD treatments. Although the authors address the full spectrum of TBI severity, because PTSD more commonly co-occurs with mild TBI, compared with moderate and severe TBI, the authors focus in particular on mild TBI.

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<http://www.sciencedirect.com/science/article/pii/S1389945717304161>

**Daytime Sleepiness, Driving Performance, Reaction Time and Inhibitory Control during Sleep Restriction Therapy for Chronic Insomnia Disorder.**

Hannah Whittall, Meg Pillion, Michael Gradisar

Sleep Medicine

Available online 2 November 2017

<https://doi.org/10.1016/j.sleep.2017.10.007>

Background

Sleep restriction therapy (SRT) is a largely untested single treatment component of cognitive-

behaviour therapy for insomnia. To date, the evidence for contraindications for SRT is limited to very few studies. The present study investigated the objective and subjective daytime consequences during the acute phase of SRT for adults diagnosed Chronic Insomnia Disorder.

#### Methods

Sixteen adults (age=36.3±13.4 yrs, 12 females, 4 males) underwent SRT for their insomnia over a 2-week period based on recommendations by Miller and colleagues (2014)<sup>6</sup>. Participants completed sleep diaries, self-reported daytime sleepiness (Epworth Sleepiness Scale [ESS]), as well as objective measures of reaction time/inhibition (Go/NoGo task) and driving performance (AusEd driving simulator) at pre-, mid- (i.e., after 1 week of SRT) and post-SRT (after 2 weeks of SRT).

#### Results

Sleep diary outcomes indicated participants complied with the restriction of time in bed, and that a similar amount of total sleep time (TST) was maintained from pre-to-post-treatment. There was no significant change in daytime sleepiness, and similarly no significant changes observed in objective performance on the Go/NoGo task and AusEd driving simulator.

#### Conclusions

These preliminary results suggest SRT during the acute phase does not appear to place insomnia patients at risk of significant impairments in sleepiness and reaction times. We note these findings can only be translated into clinical practice when sleep duration remains relatively unchanged. Future studies using objective measures of sleep and a control group are recommended.

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<https://www.cambridge.org/core/journals/psychological-medicine/article/key-patterns-and-predictors-of-response-to-treatment-for-military-veterans-with-posttraumatic-stress-disorder-a-growth-mixture-modelling-approach/34238646C76E6530DA75A47672ACC50E#>

#### **Key patterns and predictors of response to treatment for military veterans with post-traumatic stress disorder: a growth mixture modelling approach.**

Phelps, A., Steel, Z., Metcalf, O., Alkemade, N., Kerr, K., O'Donnell, M., . . . Forbes, D.

Psychological Medicine

Published online: 15 November 2017

doi:10.1017/S0033291717001404

To determine the patterns and predictors of treatment response trajectories for veterans with post-traumatic stress disorder (PTSD).



Conditional latent growth mixture modelling was used to identify classes and predictors of class membership. In total, 2686 veterans treated for PTSD between 2002 and 2015 across 14 hospitals in Australia completed the PTSD Checklist at intake, discharge, and 3 and 9 months follow-up. Predictor variables included co-morbid mental health problems, relationship functioning, employment and compensation status.

Five distinct classes were found: those with the most severe PTSD at intake separated into a relatively large class (32.5%) with small change, and a small class (3%) with a large change. Those with slightly less severe PTSD separated into one class comprising 49.9% of the total sample with large change effects, and a second class comprising 7.9% with extremely large treatment effects. The final class (6.7%) with least severe PTSD at intake also showed a large treatment effect. Of the multiple predictor variables, depression and guilt were the only two found to predict differences in response trajectories.

These findings highlight the importance of assessing guilt and depression prior to treatment for PTSD, and for severe cases with co-morbid guilt and depression, considering an approach to trauma-focused therapy that specifically targets guilt and depression-related cognitions.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22234/full>

### **Negative Posttrauma Cognitions Mediate the Association Between Morally Injurious Events and Trauma-Related Psychopathology in Treatment-Seeking Veterans.**

Held, P., Klassen, B. J., Zou, D. S., Schroedter, B. S., Karnik, N. S., Pollack, M. H. and Zalta, A. K.

Journal of Traumatic Stress

First published: 15 November 2017

DOI: 10.1002/jts.22234

Exposure to potentially morally injurious events has been shown to be associated with posttraumatic stress disorder (PTSD) and depression symptoms in military personnel. Few studies have examined factors that help to explain how potentially morally injurious events may contribute to the development of trauma-related psychopathology. Negative posttrauma cognitions are thought to play a role in the etiology of PTSD and depression following trauma; however, it is unclear whether more global beliefs about the self, others, and world play a role in the development of PTSD and depression due to morally injurious events. Using structural equation modeling, we tested whether morally injurious experiences were indirectly related to trauma-related psychopathology (PTSD and depression) through negative posttrauma cognitions in a sample of veterans seeking treatment for PTSD. An indirect effects only model best fit the data and showed that morally injurious experiences, specifically perceived transgressions by oneself and perceived betrayal, were indirectly associated with trauma-

related psychopathology through negative posttrauma cognitions,  $\beta = .17$ ; 95% CI [.04, .31] and  $\beta = .25$ ; 95% CI [.11, .41], respectively. Our findings suggest that negative posttrauma cognitions may be an important mechanism linking exposure to morally injurious events and trauma-related psychopathology.

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<https://www.sciencedirect.com/science/article/pii/S0165032717310728>

## **Physical Health Conditions associated with Full and Subthreshold PTSD in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.**

Renée El-Gabalawy, Caitlin Blaney, Jack Tsai, Jennifer A. Sumner, Robert H Pietrzak

Journal of Affective Disorders

Available online 15 November 2017

<https://doi.org/10.1016/j.jad.2017.11.058>

### Background

While both full and subthreshold posttraumatic stress disorder (PTSD) may be linked to physical conditions, contemporary population-based data on these associations in military veterans are scarce. Further, little is known about how component aspects of PTSD, which is a heterogeneous disorder, may relate to physical conditions in this population.

### Methods

Data were analyzed from a population-based sample of 3,157 U.S. military veterans who participated in the 2011 National Health and Resilience in Veterans Study. Multivariable logistic regression analyses evaluated associations between full and subthreshold PTSD, and physical conditions.

### Results

A total 6.1% of the sample met screening criteria for full PTSD and 9.0% for subthreshold PTSD. Both full and subthreshold PTSD were associated with increased odds of sleep disorder (adjusted odds ratio [AOR]=3.52 and 2.10, respectively) and respiratory conditions (AOR=2.60 and 1.87, respectively). Full PTSD was additionally associated with increased odds of osteoporosis or osteopenia (AOR=2.72) and migraine (AOR=1.91), while subthreshold PTSD only was associated with increased odds of diabetes (AOR=1.42). Analyses of PTSD symptom clusters revealed that all of these associations were primarily driven by dysphoric arousal symptoms, which are characterized by sleep difficulties, anger/irritability, and concentration problems.

### Limitations

The study used self-report measures for health conditions and DSM-IV diagnostic criteria for PTSD.

## Conclusion

Results of this study provide a characterization of physical conditions associated with full and subthreshold PTSD in U.S. military veterans. They highlight the potential importance of PTSD dysphoric arousal in risk models of certain physical conditions in this population.

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<https://www.karger.com/Article/Abstract/481950>

## **Did the DSM-5 Improve the Traumatic Stressor Criterion: Association of DSM-IV and DSM-5 Criterion A with Posttraumatic Stress Disorder Symptoms.**

Larsen S.E., Berenbaum H.

Psychopathology

<https://doi.org/10.1159/000481950>

### Objective:

A recent meta-analysis found that DSM-III- and DSM-IV-defined traumas were associated with only slightly higher posttraumatic stress disorder (PTSD) symptoms than nontraumatic stressors. The current study is the first to examine whether DSM-5-defined traumas were associated with higher levels of PTSD than DSM-IV-defined traumas. Further, we examined theoretically relevant event characteristics to determine whether characteristics other than those outlined in the DSM could predict PTSD symptoms.

### Method:

One hundred six women who had experienced a trauma or significant stressor completed questionnaires assessing PTSD, depression, impairment, and event characteristics. Events were rated for whether they qualified as DSM-IV and DSM-5 trauma.

### Results:

There were no significant differences between DSM-IV-defined traumas and stressors. For DSM-5, effect sizes were slightly larger but still nonsignificant (except for significantly higher hyperarousal following traumas vs. stressors). Self-reported fear for one's life significantly predicted PTSD symptoms.

### Conclusions:

Our results indicate that the current DSM-5 definition of trauma, although a slight improvement from DSM-IV, is not highly predictive of who develops PTSD symptoms. Our study also indicates the importance of individual perception of life threat in the prediction of PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22239/abstract>

## **A Functional Near-Infrared Spectroscopy Study of Trauma-Related Auditory and Olfactory Cues: Posttraumatic Stress Disorder or Combat Experience?**

Gramlich, M. A., Neer, S. M., Beidel, D. C., Bohil, C. J. and Bowers, C. A.

Journal of Traumatic Stress

First published: 21 November 2017

DOI: 10.1002/jts.22239

The prevalence of posttraumatic stress disorder (PTSD) among U.S. veterans deployed to Iraq or Afghanistan necessitates the need for comprehensive assessment and treatment strategies. This study investigated the utility of a combat-related PTSD symptom provocation paradigm to elicit unique neurological responses across three groups: combat veterans with PTSD, combat veterans without PTSD, and nonmilitary participants without PTSD. Using functional near-infrared spectroscopy (fNIRS) the results indicated that combat veterans with PTSD demonstrated significant activation to a trauma-related sound compared with nonmilitary personnel, channel 14:  $d = 1.03$ , 95% confidence interval (CI) [0.28, 1.76]; channel 15:  $d = 1.30$ , 95% CI [0.53, 2.06]; and combat veterans without PTSD, channel 14:  $d = 0.87$ , 95% CI [0.14, 1.59]. Specifically, this increased neural activation was approximately located in the right medial superior prefrontal cortex (Brodmann areas 9/10), an area associated with experiencing negative or threatening stimuli and emotional detachment. There were no differences across the groups for nontrauma-related sounds. Results were less clear with respect to a combat-related odor. These results suggest a specific neurophysiological response to trauma-related cues and, if replicated, may offer a biomarker for combat-related PTSD. Such a response could provide incremental validity over diagnostic assessments alone and assist in planning and monitoring of treatment outcome.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22231/abstract>

## **The Complex Trauma Inventory: A Self-Report Measure of Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder.**

Litvin, J. M., Kaminski, P. L. and Riggs, S. A.

Journal of Traumatic Stress

First published: 21 November 2017

DOI: 10.1002/jts.22231

The work group revising the criteria for trauma-related disorders in the International Classification of Diseases (ICD-11) made several changes. Specifically, they simplified the

criteria for posttraumatic stress disorder (PTSD) and added a new trauma disorder called complex PTSD (CPTSD). These proposed changes to taxonomy require new instruments to assess these novel constructs. We developed a measure of PTSD and CPTSD (the Complex Trauma Inventory; CTI) according to the proposed domains, creating several items to assess each domain. We examined the factor structure of the CTI in two separate samples of diverse college students ( $n_1 = 391$ ;  $n_2 = 391$ ) who reported exposure to at least one traumatic event and at least occasional functional impairment. After reducing the original 50 items in the item pool to 20 items, confirmatory factor analyses supported two highly correlated second-order factors—PTSD and disturbances in self-organization (DSO)—with PTSD (i.e., reexperiencing, avoidance, sense of threat) and DSO (i.e., affect dysregulation, negative self-concept, and disturbances in relationships), each loading on three of the six ICD-11-consistent first-order factors, root mean square error of approximation (RMSEA) = .056, 95% confidence interval (CI) [.048, .064], comparative fit index (CFI) = .956, Tucker-Lewis index (TLI) = .948, standardized root mean square residual (SRMR) = .043, Bayesian information criterion (BIC) = 641.55,  $\chi^2(163) = 361.02$ ,  $p < .001$ . Internal consistencies for PTSD and DSO were good to excellent (Cronbach's  $\alpha$  = .89 to .92). Supplementary analyses supported the gender invariance of the CFA model, as well as convergent and discriminant validity of the CTI. The validity of the CTI supports the distinction between CPTSD and PTSD. Moreover, the CTI will assist clinicians with diagnosis, symptom tracking, treatment planning, and assessing outcomes.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22233/abstract>

### **The Effect of Sleep Disorders, Sedating Medications, and Depression on Cognitive Processing Therapy Outcomes: A Fuzzy Set Qualitative Comparative Analysis.**

Haynes, P. L., Emert, S. E., Epstein, D., Perkins, S., Parthasarathy, S. and Wilcox, J.

Journal of Traumatic Stress

First published: 21 November 2017

DOI: 10.1002/jts.22233

Cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) is an effortful process requiring engagement in cognitive restructuring. Sleep disorders may lead to avoidance of effortful tasks and cognitive performance deficits. We explored whether sleep disorders, as assessed by polysomnography, were consistently associated with treatment response in combination with other factors. This study included 32 U.S. veterans who were examined both before and after CPT for combat-related PTSD. We employed a novel, case-comparative technique, fuzzy set qualitative comparative analysis (fsQCA), to identify combinations of fuzzy and crisp factors (recipes) that achieve a clinically significant outcome. Approximately one-quarter of cases experiencing clinically significant change were either (a) Vietnam era veterans without sedating medications, moderate sleep disordered breathing, and severe depression; or (b) non-Vietnam era veterans with sedating medications and without severe periodic limb

movements (or significant periodic limb movement arousals). Recipes involving the absence of the relevant sleep disorder were associated with the highest coverage values. These results using fsQCA (a) provide valuable information about the heterogeneity of CPT response and (b) suggest that sleep disorders are important factors to consider in theoretical discussions of who responds to CPT for PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1363/psrh.12044/full>

### **Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study.**

Grindlay, K., Seymour, J. W., Fix, L., Reiger, S., Keefe-Oates, B. and Grossman, D.

Perspectives on Sexual and Reproductive Health

First published: 15 November 2017

DOI: 10.1363/psrh.12044

#### **CONTEXT**

U.S. servicewomen have a higher rate of unintended pregnancy than civilian women, yet the military does not provide or cover abortion, except in limited circumstances. Servicewomen's experiences with abortion care have received little research attention.

#### **METHODS**

Twenty-one in-depth interviews with servicewomen who had had an abortion during active-duty service in the prior two years were conducted between January 2015 and July 2016. Women reported on their experiences accessing abortion, as well as their knowledge and opinions of the military's abortion policy. Data were analyzed thematically using inductive and deductive codes.

#### **RESULTS**

In regard to their pregnancy and abortion experiences, servicewomen cited concerns about confidentiality, stigma and negative effects on their career, which prevented half of participants from seeking care from the military. Of those who visited a military treatment facility during pregnancy, some reported feeling upset or abandoned by the lack of options counseling and referral. Women reported that the military's abortion policy had negative health and emotional consequences for servicewomen, and negative financial and logistical consequences for both servicewomen and the military. Most did not have accurate knowledge of the abortion policy. Upon learning the law, the majority believed that the military should provide and cover abortion; yet, servicewomen also expressed apprehension about the military's involvement in abortion care, because of concerns about privacy and negative effects on women's careers.

#### **CONCLUSIONS**

Policy recommendations to better meet the needs of servicewomen include wider dissemination

of the military's abortion policy, establishing abortion referral and support guidelines, and improving confidentiality in military health services.

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<https://link.springer.com/article/10.1007/s10912-017-9484-y>

### **Beyond Pathologizing Harm: Understanding PTSD in the Context of War Experience.**

Patricia Benner, Jodi Halpern, Deborah R. Gordon, Catherine Long Popell, Patricia W. Kelley

Journal of Medical Humanities

First Online: 16 November 2017

<https://doi.org/10.1007/s10912-017-9484-y>

An alternative to objectifying approaches to understanding Post-traumatic Stress Disorder (PTSD) grounded in hermeneutic phenomenology is presented. Nurses who provided care for soldiers injured in the Iraq and Afghanistan wars, and sixty-seven wounded male servicemen in the rehabilitation phase of their recovery were interviewed. PTSD is the one major psychiatric diagnosis where social causation is established, yet PTSD is predominantly viewed in terms of the usual neuro-physiological causal models with traumatic social events viewed as pathogens with dose related effects. Biologic models of causation are applied reductively to both predisposing personal vulnerabilities and strengths that prevent PTSD, such as resiliency. However, framing PTSD as an objective disease state separates it from narrative historical details of the trauma. Personal stories and cultural meanings of the traumatic events are seen as epiphenomenal, unrelated to the understanding of, and ultimately, the therapeutic treatment of PTSD. Most wounded service members described classic symptoms of PTSD: flashbacks, insomnia, anxiety etc. All experienced disturbance in their sense of time and place. Rather than see the occurrence of these symptoms as decontextualized mechanistic reverberations of war, we consider how these symptoms meaningfully reflect actual war experiences and sense of displacement experienced by service members.

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<https://www.sciencedirect.com/science/article/pii/S2212144717301047>

### **Valued living, life fulfillment, and suicide ideation among psychiatric inpatients: The mediating role of thwarted interpersonal needs.**

Jared F. Roush, Kelly C. Cukrowicz, Sean M. Mitchell, Sarah L. Brown, Nicole E. Seymour

Journal of Contextual Behavioral Science

Available online 2 November 2017

<https://doi.org/10.1016/j.jcbs.2017.11.001>

Suicide is one of the leading causes of death in psychiatric hospitals with an estimated rate of 100–400 per 100,000 admissions. The current study aimed to examine suicide ideation among psychiatric inpatients utilizing perspectives from the psychological flexibility model (Hayes, Strosahl, & Wilson, 2012) and the interpersonal theory of suicide (Joiner, 2005; Van Orden et al., 2010) to better understand suicide risk among psychiatric inpatients. We hypothesized that valued living (i.e., connection with one's values and committed action) and life fulfillment would each be negatively associated with suicide ideation and that these relations would be mediated by thwarted interpersonal needs (i.e., additive effect of thwarted belongingness and perceived burdensomeness) in parallel. We also hypothesized that the direct and indirect association between valued living and suicide ideation would be moderated by life fulfillment, such that those lower in life fulfillment would report a stronger direct and indirect association between valued living and suicide ideation. Results obtained from bootstrapped parallel mediation regression procedures indicated greater valued living and life fulfillment were each associated with lower thwarted interpersonal needs and suicide ideation. Further, a significant interaction between valued living and life fulfillment suggests those lower in both valued living and life fulfillment reported the greatest suicide ideation. Research examining the psychological flexibility model in the context of the interpersonal theory of suicide may improve suicide risk conceptualization, assessment and treatment among psychiatric inpatients.

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<https://link.springer.com/article/10.1007/s11325-017-1595-1>

### **Sleep medicine is coming of age in military medicine: Report from the Military Health System Research Symposium (2017) in Kissimmee, Florida**

Arn H. Eliasson, Christopher Lettieri, Nikolaus Netzer

Sleep and Breathing

First Online: 18 November 2017

<https://doi.org/10.1007/s11325-017-1595-1>

In August 2017, the US Military Health System held its sixth annual Research Symposium for medical researchers from the US Army, Navy, Air Force, and Public Health Service. The symposium provides a collaborative environment for academia, industry, and military researchers who address advancement in areas of Combat Casualty Care, Military Operational Medicine, Clinical and Rehabilitative Medicine, and Military Infectious Diseases. This year, Sleep Medicine received substantial attention with presentations scattered throughout the program, poster presentations as well as a scheduled breakout session with podium presentations. A brief description of the breakout session follows.

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<https://www.sciencedirect.com/science/article/pii/S1077722917300998>

## **Treating Transgender Individuals in Inpatient and Residential Mental Health Settings.**

Heather M. Walton, Sharon L. Baker

Cognitive and Behavioral Practice

Available online 10 November 2017

<https://doi.org/10.1016/j.cbpra.2017.09.006>

This article describes the need for specific guidelines regarding how to manage inpatient and residential mental health programming with respect to transgender individuals. The article discusses what is known about transgender mental health and how it is related to sociopolitical factors, how inpatient and residential programs can address the impact of sociopolitical factors on transgender individuals and send a welcoming message to prospective consumers, how programs can attend to policies and procedures in ways that create the best milieu for an inpatient or residential unit that provides care for one or more transgender individuals, and how providers and interdisciplinary teams can meet the unique clinical needs of transgender individuals. These guidelines are designed to assist providers in creating a safe environment that affords quality inpatient and residential mental health care to transgender individuals.

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<http://www.tandfonline.com/doi/full/10.1080/15325024.2017.1382653>

## **Using Storytelling to Heal Trauma and Bridge the Cultural Divide Between Veterans and Civilians.**

Daria Mamon, Elise C. McDonald, Jennifer F. Lambert & Amy Y. Cameron

Journal of Loss and Trauma

Published online: 22 Sep 2017

<https://doi.org/10.1080/15325024.2017.1382653>

There is a growing disconnect between the Veteran and civilian communities related to their understanding of war-related trauma, postdeployment reintegration difficulty, and the experience of Memorial Day. A therapeutic way to bridge this divide is through community storytelling. This paper describes a program development project at a Veterans Affairs Medical Center that was created to increase the connection between these communities. Using storytelling, six Veterans shared their personal experiences with a civilian audience in honor of Memorial Day. Qualitative data on the impact of the program is reported, and suggestions for future application and research are discussed.

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<http://jcs.m.aasm.org/ViewAbstract.aspx?pid=31123>

**A Randomized Crossover Trial Evaluating Continuous Positive Airway Pressure Versus Mandibular Advancement Device on Health Outcomes in Veterans With Posttraumatic Stress Disorder.**

El-Solh AA, Homish GG, Ditursi G, Lazarus J, Rao N, Adamo D, Kufel T.

Journal of Clinical Sleep Medicine  
2017;13(11):1327–1335  
<http://dx.doi.org/10.5664/jcs.m.6808>

**Study Objectives**

Despite the overall improvement in posttraumatic stress disorder (PTSD) symptomatology with continuous positive airway pressure (CPAP) therapy, adherence to CPAP is far worse in veterans with PTSD compared to the general population with obstructive sleep apnea (OSA). The aim of this study was to compare the efficacy, adherence, and preference of CPAP versus mandibular advancement device (MAD) and the effect of these treatments on health outcomes in veterans with PTSD.

**Methods**

Forty-two subjects with PTSD and newly diagnosed OSA by polysomnography were treated in a randomized, crossover trial of 12 weeks with CPAP alternating with MAD separated by a 2-week washout period. The primary outcome was the difference in titration residual apnea-hypopnea index (AHI) between CPAP and MAD. Secondary outcome measures included PTSD Checklist and health-related quality of life (Medical Outcomes Study 36-Item Short Form and Pittsburgh Sleep Quality Index).

**Results**

Analyses were limited to the 35 subjects (mean age  $52.7 \pm 11.6$  years) who completed the trial, regardless of compliance with their assigned treatment. CPAP was more efficacious in reducing AHI and improving nocturnal oxygenation than MAD ( $P < .001$  and  $P = .04$ , respectively). Both treatments reduced PTSD severity and ameliorated scores of the Medical Outcomes Study Short Form 36 and Pittsburgh Sleep Quality Index, although no differences were detected between the CPAP and MAD arms. The reported adherence to MAD was significantly higher than CPAP ( $P < .001$ ), with 58% preferring MAD to CPAP.

**Conclusions**

Although CPAP is more efficacious than MAD at improving sleep apnea, both treatment modalities imparted comparable benefits for veterans with PTSD in relation to PTSD severity and health-related quality of life. MAD offers a viable alternative for veterans with OSA and PTSD who are nonadherent to CPAP.

Clinical Trial Registration

Title: A Randomized Cross Over Trial of Two Treatments for Sleep Apnea in Veterans With Post-Traumatic Stress Disorder; URL: <https://www.clinicaltrials.gov/ct/show/NCT01569022>; Identifier: NCT01569022

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<http://www.tandfonline.com/doi/full/10.1080/15402002.2016.1228640>

## **Caregiving-Related Sleep Problems and Their Relationship to Mental Health and Daytime Function in Female Veterans.**

Yeonsu Song, Donna L. Washington, Elizabeth M. Yano, Susan M. McCurry, Constance H. Fung, Joseph M. Dzierzewski, Juan Carlos Rodriguez, Stella Jouldjian, Michael N. Mitchell, Cathy A. Alessi & Jennifer L. Martin

Behavioral Sleep Medicine

Published online: 03 Oct 2016

<https://doi.org/10.1080/15402002.2016.1228640>

### Objective/Background:

To identify caregiving-related sleep problems and their relationship to mental health and daytime function in female Veterans. Participants: Female Veterans (N = 1,477) from cross-sectional, nationwide, postal survey data.

### Methods:

The survey respondent characteristics included demographics, comorbidity, physical activity, health, use of sleep medications, and history of sleep apnea. They self-identified caregiving-related sleep problems (i.e., those who had trouble sleeping because of caring for a sick adult, an infant/child, or other respondents). Patient Health Questionnaire (PHQ-4) was used to assess mental health, and daytime function was measured using 11 items of International Classification of Sleep Disorders-2 (ICSD-2).

### Results:

Female Veterans with self-identified sleep problems due to caring for a sick adult (n = 59) experienced significantly more symptoms of depression and anxiety ( $p < 0.001$ ) and impairment in daytime function (e.g., fatigue, daytime sleepiness, loss of concentration,  $p < 0.001$ ) than those with self-identified sleep problems due to caring for an infant or child (n = 95) or all other respondents (n = 1,323) after controlling for the respondent characteristics.

### Conclusions:

Healthcare providers should pay attention to assessing sleep characteristics of female Veterans with caregiving responsibilities, particularly those caregiving for a sick adult.

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<http://www.tandfonline.com/doi/full/10.1080/15402002.2016.1228645>

## **Discriminating Between Fatigue and Sleepiness in the Naval Operational Environment.**

Panagiotis Matsangas & Nita Lewis Shattuck

Behavioral Sleep Medicine

Published online: 23 Sep 2016

<https://doi.org/10.1080/15402002.2016.1228645>

### Objective:

To assess the similarities and differences between reported levels of fatigue and sleepiness as a consequence of working at sea.

### Participants:

767 crewmembers of a U.S. Navy ship. Methods: Retrospective analysis of a survey to include questions about demographics, caffeine consumption, sleep adequacy, the Epworth Sleepiness Scale (ESS), and the Fatigue Severity Scale (FSS).

### Results:

ESS scores ( $8.41 \pm 4.66$ ) indicated that 32% of the participants had excessive daytime sleepiness (ESS score  $> 10$ ), while approximately 7% had an ESS score of 16 or more. FSS scores (average FSS =  $3.01 \pm 1.37$ ) indicated that 28% of the participants had elevated fatigue (FSS score  $\geq 4$ ). Even though ESS and FSS scores were correlated ( $r = 0.39$ ), their association explained only 15% of the variability observed. In terms of behavioral and lifestyle patterns, crewmembers with elevated fatigue (FSS  $\geq 4$ ) reported getting less exercise than those reporting less fatigue. Individuals with excessive sleepiness (ESS  $> 10$ ) reported higher caffeine consumption. Crewmembers with elevated fatigue and comorbid sleepiness (FSS  $\geq 4$  and ESS  $> 10$ ) reported receiving less sleep than other crew members.

### Conclusions:

These results suggest that subjective fatigue and subjective sleepiness, as measured by the FSS and ESS scales, are distinct constructs and both are consequences of working at sea. The scores on the two scales correlate differentially with behavioral and lifestyle patterns of the crewmembers.

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<http://psycnet.apa.org/record/2017-32819-001>

**Is established knowledge about cross-cultural differences in individualism–collectivism not applicable to the military? A multi-method study of cross-cultural differences in behavior.**

Bjørnstad, A. L., & Ulleberg, P.

Military Psychology

29(6), 477-490.

<http://dx.doi.org/10.1037/mil0000186>

Preparing for international military collaboration includes raising knowledge about cultural differences. The differences in individualism–collectivism between countries are among the most central aspects likely to impact collaboration. However, are the differences in individualism–collectivism between countries as documented in a significant amount of civilian research (e.g., Hofstede, 2001a) generalizable to a military context? Or are the differences not the same in a military context, as suggested by Soeters (1997) on the bases of a values survey? Quasi-experiments were conducted in a distributed collaborative computer game environment. The study is multimethod, employing self-reporting, observer ratings and direct behavioral measures, and it is the first study of cross-cultural differences in individualism–collectivism in behavior in a military context. By studying differences in collectivist-type behaviors in a sample of military officers (N = 154) in 4 different countries (the United States, the Netherlands, Sweden, and Norway), this study seeks to determine whether the cross-cultural differences in values found by Soeters from a military context are reflected in behavior. The study also includes a values survey using Hofstede’s (2007) measurement tool, the Values Survey Module (VSM), consistent with Soeters’ study. The study is considered exploratory because of a somewhat limited sample. The results from the 6 different measures of collectivist behaviors provide no support for the suggestion that cross-cultural differences in individualism–collectivism are not the same in military organizations as in civilian organizations. Although not conclusive, the results raise doubt concerning the appropriateness of using the VSM in military samples. The implications are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/record/2017-42704-001>

**A systematic review of the biopsychosocial–spiritual health of active duty women.**

Lacks, M. H., Lamson, A. L., Rappleyea, D. L., Russoniello, C. V., & Littleton, H. L.

Military Psychology  
29(6), 570-580.  
<http://dx.doi.org/10.1037/mil0000176>

Women make up approximately 15% of today's active duty (AD) military. Not only are more women volunteering for military service now than ever before in America's history, but due to recent policy changes, they are also allowed to apply for more jobs. Therefore, since the number of women in the military is continuing to rise and there are more job opportunities for women in the military, it is important to understand the unique health effects they experience that differ from civilian women and AD males. Although there is current literature on the biological, psychological, social, and spiritual health of veteran women, few researchers have explored the biopsychosocial-spiritual effects of military service on AD women. Thus, the purpose of this systematic review was to explore the existing research on the biopsychosocial-spiritual health factors associated with military service in AD women. The results of this study indicated that there is more data on the biological health compared to the psychological and social health of AD women. There is even less research demonstrating the interconnectedness among biological, psychological, social, and spiritual health with AD women. Future research recommendations and policy implications are provided. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<https://link.springer.com/article/10.1007/s11089-017-0795-8>

### **“Turn Now, My Vindication Is at Stake”: Military Moral Injury and Communities of Faith.**

Pastoral Psychology  
First Online: 21 November 2017  
<https://doi.org/10.1007/s11089-017-0795-8>

The purpose of this article is to describe and analyze how communities of faith can overcome key barriers and fulfill their responsibility to respond to the moral injury of military veterans and military families. Moral injury is a concept within the broader discourse concerning traumatic experiences and responses that pertains particularly to experiences that overwhelm a person's internalized moral covenant within their social relational world. Communities of faith offer unique resources for many veterans and military families in the process of transitioning into civilian life. However, limited understanding of military experiences and culture and discomfort with moral anguish, including intense forms of guilt, shame, disgust, and contempt as well as traumatic experiences more broadly, too often diminish the efficacy of such ministries with veterans and military families.

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<https://www.sciencedirect.com/science/article/pii/S0272735817301836>

## **Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans.**

Meaghan C. Mobbs, George A. Bonanno

Clinical Psychology Review

Available online 21 November 2017

<https://doi.org/10.1016/j.cpr.2017.11.007>

Although only a relatively small minority of military veterans develop Posttraumatic Stress Disorder (PTSD), mental health theory and research with military veterans has focused primarily on PTSD and its treatment. By contrast, many and by some accounts most veterans experience high levels of stress during the transition to civilian life, however transition stress has received scant attention. In this paper we attempt to address this deficit by reviewing the wider range of challenges, rewards, successes, and failures that transitioning veterans might experience, as well as the factors that might moderate these experiences. To illuminate this argument, we briefly consider what it means to become a soldier (i.e., what is required to transition into military service) and more crucially what kind of stressors veterans might experience when they attempt to shed that identity (i.e., what is required to transition out of military service). We end by suggesting how an expanded research program on veteran transition stress might move forward.

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### **Links of Interest**

VA to offer hyperbaric oxygen treatments for PTSD, despite doubts

<https://www.militarytimes.com/veterans/2017/11/29/va-to-offer-hyperbaric-oxygen-treatments-for-ptsd-despite-doubts/>

Survey: Family separation concerns top pay and benefits as key issue for troops, spouses

<https://www.militarytimes.com/spouse/2017/11/16/survey-family-separation-concerns-top-pay-and-benefits-as-key-issue-for-troops-spouses/>

Army rescinds mental health waiver memo, but its policy is unchanged

<https://www.armytimes.com/news/your-army/2017/11/16/army-rescinds-mental-health-waiver-memo-but-its-policy-is-unchanged/>

Report: VA clinic where vet set self on fire was remiss

<https://www.militarytimes.com/veterans/2017/11/17/report-va-clinic-where-vet-set-self-on-fire-was-remiss/>

Selling Bad Therapy to Trauma Victims

<https://www.psychologytoday.com/blog/psychologically-minded/201711/selling-bad-therapy-trauma-victims>

The Many Forms, Faces And Causes Of PTSD

<http://wunc.org/post/many-forms-faces-and-causes-ptsd#stream/0>

Brain Injury Sufferers Find Benefits in Music Therapy Program

<https://health.mil/News/Articles/2017/11/17/Brain-injury-sufferers-find-benefits-in-music-therapy-program>

DoD eyes a change to GI Bill transferability

<https://www.militarytimes.com/education-transition/education/2017/11/17/dod-eyes-a-change-to-gi-bill-transferability>

DoD Releases Sexual Assault Local Installation Data

<https://www.defense.gov/News/News-Releases/News-Release-View/Article/1375212/dod-releases-sexual-assault-local-installation-data/>

Smoked, vaped or in a brownie, marijuana deserves more study

<https://www.militarytimes.com/opinion/editorials/2017/11/19/smoked-vaped-or-in-a-brownie-marijuana-deserves-more-study/>

Accelerated Resolution Therapy

<https://www.goodtherapy.org/learn-about-therapy/types/accelerated-resolution-therapy>

New alcohol ban for Japan-based troops and civilians

<https://www.navytimes.com/news/your-navy/2017/11/20/new-alcohol-ban-for-japan-based-troops-and-civilians/>

218 schools make Military Times: Best Colleges 2018 rankings

<https://www.militarytimes.com/education-transition/rankings/2017/11/20/218-schools-make-military-times-best-colleges-2018-rankings/>

Patients get therapy through instant messages

<http://kdvr.com/2017/11/20/patients-able-to-get-therapy-through-instant-messages/>



Federal judge says Trump administration can't stop funding sex-reassignment surgeries for military members

[https://www.washingtonpost.com/local/public-safety/a-second-judge-blocks-trump-administrations-proposed-transgender-military-ban/2017/11/21/d91f65e4-cee1-11e7-81bc-c55a220c8cbe\\_story.html](https://www.washingtonpost.com/local/public-safety/a-second-judge-blocks-trump-administrations-proposed-transgender-military-ban/2017/11/21/d91f65e4-cee1-11e7-81bc-c55a220c8cbe_story.html)

2nd US judge halts proposed transgender military ban

<https://www.militarytimes.com/news/pentagon-congress/2017/11/21/2nd-us-judge-halts-proposed-transgender-military-ban/>

Military ordered to begin accepting transgender recruits Jan. 1 despite Trump's ban

<http://www.washingtonexaminer.com/military-ordered-to-begin-accepting-transgender-recruits-jan-1-despite-trumps-ban/article/2642040>

From pills to psychotherapy, treating depression often lies in a gray zone

[https://www.washingtonpost.com/national/health-science/from-pills-to-psychotherapy-treating-depression-often-lies-in-a-gray-zone/2017/11/24/7e124962-779a-11e7-8839-ec48ec4cae25\\_story.html](https://www.washingtonpost.com/national/health-science/from-pills-to-psychotherapy-treating-depression-often-lies-in-a-gray-zone/2017/11/24/7e124962-779a-11e7-8839-ec48ec4cae25_story.html)

Treatment-Resistant PTSD

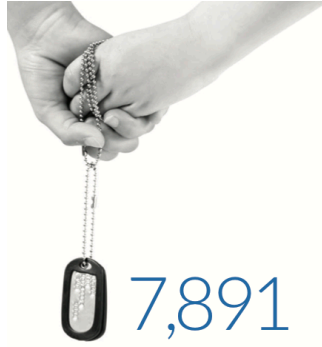
<http://www.psychiatrytimes.com/special-reports/treatment-resistant-ptsd>

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**Resource of the Week:** [2017 Blue Star Families Military Lifestyle Survey](#)

#### TOP MILITARY FAMILY ISSUES

- Amount of time away from family is the top concern, surpassing pay and benefits, which had been the top concern since 2013.
- Time away from family, military spouse employment, and pay & benefits are the top concerns among military families.
- Concerns over the impact of service on military children are increasing. Military child education is new to the Top 5 for service members and military spouses. Both groups also ranked impact of deployment on children in the Top 5.



**7,891**  
RESPONDENTS  
INCLUDING  
MILITARY SPOUSES  
SERVICE MEMBERS  
& VETERANS

MILITARY FAMILIES ARE ASSETS TO NATIONAL DEFENSE AND THEIR LOCAL COMMUNITIES. They are central to the health and capability of the All-Volunteer Force and are good neighbors actively engaged in making their civilian communities great places to live.

Blue Star Families' annual Military Family Lifestyle Survey provides a comprehensive understanding of what it means to serve as a military family and is a blueprint for strengthening America by supporting military families.



IN COLLABORATION WITH:

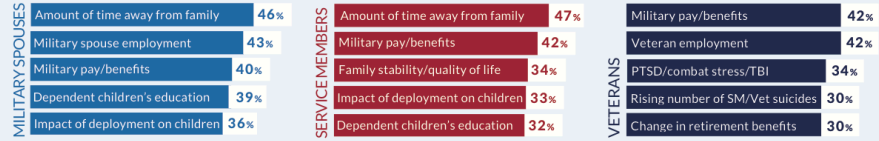


Funding for the 2017 Military Family Lifestyle Survey provided through the generosity of our presenting sponsor USAA and from Lockheed Martin Corporation, Facebook, and Northrop Grumman.

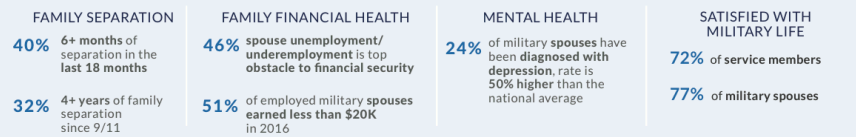


## 2017 MILITARY FAMILY LIFESTYLE SURVEY

### TOP 5 ISSUES RANKED AS MOST CONCERNING



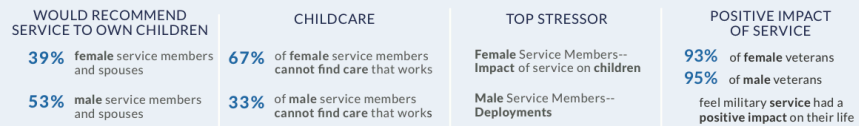
#### COSTS TO SERVE



#### COMMUNITY SUPPORT



#### DIVERSE EXPERIENCES OF SERVICE



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