



## CDP Research Update -- December 29, 2016

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[http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_v10n6.pdf](http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v10n6.pdf)

### **Clinician's Trauma Update Online - December 2016**

Editor: Paula P. Schnurr, PhD

Senior Associate Editor: Juliette M. Harik, PhD

Associate Editor: Jennifer S. Wachen, PhD

National Center for PTSD (VA)

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

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<http://www.sciencedirect.com/science/article/pii/S0005789416300260>

### **Personalized Psychotherapy for Adult Depression: A Meta-Analytic Review.**

Pim Cuijpers, David D. Ebert, Ceren Acarturk, Gerhard Andersson, Ioana A. Cristea

Behavior Therapy

Volume 47, Issue 6, November 2016, Pages 966–980

<http://dx.doi.org/10.1016/j.beth.2016.04.007>

Personalized medicine is aimed at identifying which characteristics of an individual predict the outcome of a specific treatment, in order to get a better match between the individual and the treatment received. We conducted a systematic review and meta-analysis of randomized trials comparing two psychotherapies directly in a group of depressed patients with a specific characteristic. We focused on the six most examined types of psychotherapy for adult depression. Our searches resulted in 41 studies with 2,741 patients who met inclusion criteria. These 41 studies examined 27 specific characteristics of patients. Power calculations indicated that we would need 4 studies for each characteristic to find a clinically relevant effect size set at  $g = 0.50$  and 16 studies for an effect size of 0.24. Only 3 patient characteristics were found to have sufficient power and to significantly moderate treatment outcomes. Cognitive-behavioral therapy was found to be more effective than other therapies in older adults ( $g = 0.29$ ), in patients with comorbid addictive disorders ( $g = 0.31$ ), and in university students ( $g = 0.46$ ). Risk of bias was considerable in most of the included studies. It was estimated that it will take another 326 years to have sufficient statistical power for showing an effect size of  $g = 0.50$  of the 27 characteristics, and 1,372 years to show an effect size of 0.24. Although several dozens of studies have compared the effects of psychotherapies in specific target groups, we will need to develop more powerful alternatives to comparative outcome studies in order to identify personalized treatments for depression.

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<http://www.sciencedirect.com/science/article/pii/S0005789415001240>

### **Bridging the Gap Between Research and Practice in Mental Health Service Settings: An Overview of Developments in Implementation Theory and Research.**

Shannon Wiltsey Stirman, Cassidy A. Gutner, Kirsten Langdon, Jessica R. Graham

Behavior Therapy

Volume 47, Issue 6, November 2016, Pages 920–936

<http://dx.doi.org/10.1016/j.beth.2015.12.001>

Twenty years after Sobell's (1996) influential call to integrate advances in behavior therapy into clinical settings, significant progress has been made in implementation

science. In this narrative review, we provide an overview of implementation research findings and highlight recent findings that can inform efforts to bridge the gap between research and practice in mental health service settings. Key findings are summarized, organized according to levels of influence described in two implementation frameworks: The Exploration, Planning, Implementation, and Sustainment Framework (EPIS; Aarons et al., 2011) and the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009). Important levels of influence to consider when implementing new treatments include the outer context, inner context, characteristics of the individual, and characteristics of the innovation. Research on strategies to prepare clinicians to deliver evidence-based psychosocial treatments (EBPTs) and to address contextual barriers to implementation at each level is described, with discussion of implications for the implementation of EBPTs and next steps for research.

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<http://www.sciencedirect.com/science/article/pii/S0005789415000659>

## **Toward a Unified Treatment for Emotional Disorders: Update on the Science and Practice.**

Peter J. Norton, Daniel J. Paulus

Behavior Therapy

Volume 47, Issue 6, November 2016, Pages 854–868

<http://dx.doi.org/10.1016/j.beth.2015.07.002>

Mental health professionals have long been concerned with describing and proscribing a structure around the myriad variations of psychological and emotional distress that are deemed to be disordered. This has frequently been characterized as a conflict between so-called “lumpers” and “splitters”—those who advocate broad categorizations based on overarching commonalities versus those who endeavor toward a highly refined structure emphasizing unique characteristics. Many would argue that with the era of the modern Diagnostic and Statistical Manual of Mental Disorders (DSM-III to DSM-5), a splitting ideology has been dominant despite re-emerging concerns that some groups of diagnoses, particularly disorders of anxiety and other emotions, may be more similar than different. As a result of such concerns, transdiagnostic or unified models of psychopathology have burgeoned. In this review, we describe the work of Barlow, Allen, and Choate (2004), whose invited paper “Toward a Unified Treatment for Emotional Disorders” reignited transdiagnostic perspectives of emotional disorders. We provide an update on the scientific models and evidence-based treatments that have followed in

the wake of this 2004 publication, including key areas for future study in the advancement of transdiagnostic and unified treatment of emotional disorders.

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<http://www.sciencedirect.com/science/article/pii/S0005789416300028>

### **Cognitive-Behavioral Therapy: Nature and Relation to Non-Cognitive Behavioral Therapy.**

Lorenzo Lorenzo-Luaces, John R. Keefe, Robert J. DeRubeis

Behavior Therapy

Volume 47, Issue 6, November 2016, Pages 785–803

<http://dx.doi.org/10.1016/j.beth.2016.02.012>

Since the introduction of Beck's cognitive theory of emotional disorders, and their treatment with psychotherapy, cognitive-behavioral approaches have become the most extensively researched psychological treatment for a wide variety of disorders. Despite this, the relative contribution of cognitive to behavioral approaches to treatment are poorly understood and the mechanistic role of cognitive change in therapy is widely debated. We critically review this literature, focusing on the mechanistic role of cognitive change across cognitive and behavioral therapies for depressive and anxiety disorders.

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<http://link.springer.com/article/10.1007/s11089-016-0747-8>

### **Spirituality and Religion: Neglected Factors in Preventing Veteran Suicide?**

Amato, J.J., Kayman, D.J., Lombardo, M., Goldstein, M.

Pastoral Psychology

First Online: 21 December 2016

DOI: 10.1007/s11089-016-0747-8

The Clay Hunt Suicide Prevention for American Veterans Act, enacted in 2015, aimed to increase access to treatment for U.S. military veterans; however, poor attendance at aftercare and high rates of treatment refusal suggest that, even when treatment is accessible, it may not be acceptable. Often, it is difficult to acknowledge the need for

help and to commit to treatment. The stigma of mental illness diminishes the self-respect of individuals with mental health problems and may be especially acute for veterans because of the centrality of resilience in military culture. This stigma also can jeopardize current employment or prospects for future employment. This paper proposes a partial answer to the question, “What more might be done to engage and effectively treat veterans who are at high risk of suicide?” The meaning of spiritual and/or religious expression in human development, well-being, and social functioning has long been of great interest to theorists in disciplines as diverse as sociology, theology, and psychology. Some empirical studies have further suggested that certain religious and/or spiritual beliefs, practices, and/or affiliations may be protective against suicide. This paper (a) summarizes these perspectives, (b) considers how clinical inquiry into the role of religion and/or spirituality in the lives of veterans at high risk of suicide fits into the suicide prevention program of the U.S. Department of Veterans Affairs, and (c) offers specific recommendations to practitioners.

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<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303574>

### **Incidence of Mental Health Diagnoses in Veterans of Operations Iraqi Freedom, Enduring Freedom, and New Dawn, 2001–2014.**

Christine Ramsey, PhD, James Dziura, PhD, Amy C. Justice, MD, Hamada Hamid Altalib, MD, Harini Bathulapalli, PhD, Matthew Burg, PhD, Suzanne Decker, PhD, Mary Driscoll, PhD, Joseph Goulet, PhD, Sally Haskell, MD, Joseph Kulas, PhD, Karen H. Wang, MD, MPH, Kristen Mattocks, PhD, MPH, and Cynthia Brandt, MD

American Journal of Public Health

Published online ahead of print December 20, 2016

doi: 10.2105/AJPH.2016.303574

#### Objectives.

To evaluate gender, age, and race/ethnicity as predictors of incident mental health diagnoses among Operations Iraqi Freedom, Enduring Freedom, and New Dawn veterans.

#### Methods.

We used US Veterans Health Administration (VHA) electronic health records from 2001 to 2014 to examine incidence rates and sociodemographic risk factors for mental health diagnoses among 888 142 veterans.

## Results.

Posttraumatic stress disorder (PTSD) was the most frequently diagnosed mental health condition across gender and age groups. Incidence rates for all mental health diagnoses were highest at ages 18 to 29 years and declined thereafter, with the exceptions of major depressive disorder (MDD) in both genders, and PTSD among women. Risk of incident bipolar disorder and MDD diagnoses were greater among women; risk of incident schizophrenia, and alcohol- and drug-use disorders diagnoses were greater in men. Compared with Whites, risk incident PTSD, MDD, and alcohol-use disorder diagnoses were lower at ages 18 to 29 years and higher at ages 45 to 64 years for both Hispanics and African Americans.

## Conclusions.

Differentiating high-risk demographic and gender groups can lead to improved diagnosis and treatment of mental health diagnoses among veterans and other high-risk groups.

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<https://www.jmir.org/2016/12/e330>

## **The Use and Effectiveness of Mobile Apps for Depression: Results From a Fully Remote Clinical Trial.**

Arean PA, Hallgren KA, Jordan JT, Gazzaley A, Atkins DC, Heagerty PJ, Anguera JA

Journal of Medical Internet Research

Vol 18, No 12 (2016): December

DOI: 10.2196/jmir.6482

## Background:

Mobile apps for mental health have the potential to overcome access barriers to mental health care, but there is little information on whether patients use the interventions as intended and the impact they have on mental health outcomes.

## Objective:

The objective of our study was to document and compare use patterns and clinical outcomes across the United States between 3 different self-guided mobile apps for depression.

#### Methods:

Participants were recruited through Web-based advertisements and social media and were randomly assigned to 1 of 3 mood apps. Treatment and assessment were conducted remotely on each participant's smartphone or tablet with minimal contact with study staff. We enrolled 626 English-speaking adults ( $\geq 18$  years old) with mild to moderate depression as determined by a 9-item Patient Health Questionnaire (PHQ-9) score  $\geq 5$ , or if their score on item 10 was  $\geq 2$ . The apps were (1) Project: EVO, a cognitive training app theorized to mitigate depressive symptoms by improving cognitive control, (2) iPST, an app based on an evidence-based psychotherapy for depression, and (3) Health Tips, a treatment control. Outcomes were scores on the PHQ-9 and the Sheehan Disability Scale. Adherence to treatment was measured as number of times participants opened and used the apps as instructed.

#### Results:

We randomly assigned 211 participants to iPST, 209 to Project: EVO, and 206 to Health Tips. Among the participants, 77.0% (482/626) had a PHQ-9 score  $> 10$  (moderately depressed). Among the participants using the 2 active apps, 57.9% (243/420) did not download their assigned intervention app but did not differ demographically from those who did. Differential treatment effects were present in participants with baseline PHQ-9 score  $> 10$ , with the cognitive training and problem-solving apps resulting in greater effects on mood than the information control app ( $\chi^2=6.46$ ,  $P=.04$ ).

#### Conclusions:

Mobile apps for depression appear to have their greatest impact on people with more moderate levels of depression. In particular, an app that is designed to engage cognitive correlates of depression had the strongest effect on depressed mood in this sample. This study suggests that mobile apps reach many people and are useful for more moderate levels of depression.

#### ClinicalTrial:

Clinicaltrials.gov NCT00540865; <https://www.clinicaltrials.gov/ct2/show/NCT00540865>

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<http://psycnet.apa.org/psycinfo/2016-60232-001/>

**Randomized Controlled Trial to Dismantle Exposure, Relaxation, and Rescripting Therapy (ERRT) for Trauma-Related Nightmares.**



Pruiksma, Kristi E.; Cranston, Christopher C.; Rhudy, Jamie L.; Micol, Rachel L.; Davis, Joanne L.

Psychological Trauma: Theory, Research, Practice, and Policy

Dec 15 , 2016

<http://dx.doi.org/10.1037/tra0000238>

**Objective:**

The aim of this study was to conduct a preliminary dismantling study of exposure, relaxation, and rescripting therapy (ERRT) for nightmares.

**Method:**

Participants (N = 70) were randomized to 1 of 2 conditions: ERRT with nightmare exposure and rescripting (full protocol; EX) or ERRT without nightmare exposure and rescripting (NEX). Participants completed follow-ups at 1 week, 3 months, and 6 months posttreatment.

**Results:**

Both conditions yielded statistically significant improvements with medium to large effect sizes on primary outcomes related to nightmares (i.e., nights with nightmares, nightmares per week, and nightmare severity). Both conditions also yielded statistically significant improvements on secondary outcomes with medium to large effect sizes on fear of sleep, sleep quality, insomnia severity, daytime sleepiness, posttraumatic stress disorder symptom severity, and depression severity. The conditions did not differ at any time point.

**Conclusions:**

Findings indicate that ERRT with and without nightmare exposure and rescripting can significantly alleviate nightmares and related distress. The addition of nightmare exposure and rescription did not contribute incrementally to outcomes in this sample. It is possible that the dose of exposure was not sufficient to result in group differences or that the treatment components included in both conditions (i.e., psychoeducation about trauma, nightmares, and sleep; sleep habit modification; and relaxation training) may adequately treat factors that maintain nightmares for some individuals. Theoretical implications of findings are discussed. The reduction of symptoms of other conditions following this brief intervention provides further evidence for the primary

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<http://psycnet.apa.org/psycinfo/2016-59843-001/>

## **Spiritual Struggles and Suicide in Veterans Seeking PTSD Treatment.**

Raines, Amanda M.; Currier, Joseph; McManus, Eliza S.; Walton, Jessica L.; Uddo, Madeline; Franklin, C. Laurel

Psychological Trauma: Theory, Research, Practice, and Policy

Dec 12 , 2016

<http://dx.doi.org/10.1037/tra0000239>

### **Objective:**

Research indicates that trauma can precipitate a loss of faith and struggles in the spiritual domain, leading to increased suicide risk. However, little is known about the specific types of spiritual struggles that may confer risk. This brief report examines the utility of a newly developed measure, the Religious and Spiritual Struggles Scale in gauging suicide risk in veterans.

### **Method:**

As part of their initial assessment, 52 veterans presenting to an outpatient posttraumatic stress disorder and substance use clinic were administered self-report symptom measures.

### **Results:**

Multiple regression analyses revealed that divine struggles and struggles with the ultimate meaning were significantly and positively associated with increased suicide risk, even after controlling for relevant demographic (e.g., being male and Caucasian) and psychological variables (e.g., posttraumatic stress disorder symptoms as well as alcohol and substance use symptoms).

### **Conclusions:**

Results provide preliminary support for use of the Religious and Spiritual Struggles Scale with veterans and highlight the potential utility in assessing for spiritual struggles when assessing suicide risk. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2016-59278-001/>

**Different types of combat experiences and associated symptoms in oef and oif national guard and reserve veterans.**

Shea, M. Tracie; Presseau, Candice; Finley, Shauna L.; Reddy, Madhavi K.; Spofford, Christopher

Psychological Trauma: Theory, Research, Practice, and Policy

Dec 08, 2016

<http://dx.doi.org/10.1037/tra0000240>

**Objective:**

It is well established that exposure to combat is a risk factor for posttraumatic stress disorder (PTSD). The experiences of military personnel serving in combat zones vary widely however, leading to increased attention to the impact of different types of combat trauma. The present study examined the relationships among 3 conceptually based categories of combat exposure with 4 PTSD symptom clusters (reexperiencing, avoidance, numbing, and hyperarousal) and symptoms of guilt, depression, and anxiety.

**Method:**

Participants were 206 National Guard and Reserve members who had recently returned from deployment to Iraq or Afghanistan.

**Results:**

As hypothesized, findings from a multivariate multiple linear regression analysis showed that exposure to personal life threat predicted symptoms of hyperarousal, and exposure to death or severe injury of others predicted symptoms of depression. Hypotheses that personal life threat would predict anxiety symptoms, exposure to death or injury of others would predict numbing, and having killed would predict guilt were not supported.

**Conclusions:**

The relative degree of exposure to life threat and death/loss events in a war-zone may impact the development of different types of symptoms. These findings highlight the importance of considering different types of trauma exposure in future research.

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<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0167464>

## **Predicting Suicide Risk in Trauma Exposed Veterans: The Role of Health Promoting Behaviors.**

DeBeer BB, Kittel JA, Cook A, Davidson D, Kimbrel NA, Meyer EC, Gulliver SB, Morrisette SB

PLOS ONE

Published: December 21, 2016

<http://dx.doi.org/10.1371/journal.pone.0167464>

### Introduction

Returning veterans of the wars in Iraq and Afghanistan experience high rates of post-traumatic stress disorder (PTSD) and suicidal behavior. Suicidal ideation is among the strongest risk factors for completed suicide. Some research suggests an association between PTSD and suicidal ideation, and that health-promoting behaviors—behaviors that sustain or increase well-being—play a role in this association. The current study examined whether health-promoting behaviors moderate the association between PTSD severity and suicidal ideation.

### Methods

Veterans of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF; N = 108) completed measures of PTSD symptoms, trauma exposure, suicidal ideation, and health-promoting behaviors.

### Results

Moderated regression was used to test the hypothesis. Results indicated that health promoting behaviors,  $\beta = -.06$ ,  $p = .001$ , and PTSD symptoms,  $\beta = .36$ ,  $p < .001$ , were significantly related to suicidal ideation. Consistent with our main hypothesis, the health promoting behaviors x PTSD interaction term was significantly associated with suicidal ideation,  $\beta = -.09$ ,  $p = .001$ . The overall model accounted for 13% of the variance in suicidal ideation. Among individuals with high PTSD symptom severity, those who engaged in more health promoting behaviors reported less suicidal ideation than those who engaged in fewer health promoting behaviors.

### Conclusions

Health-promoting behaviors could be important for reducing suicidal ideation among veterans with high levels of PTSD symptoms. It is recommended that future research examine health promotion interventions as a means of reducing suicidal ideation.

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<https://www.ncbi.nlm.nih.gov/pubmed/27998375>

J Clin Sleep Med. 2016 Dec 16. pii: jc-00197-16. [Epub ahead of print]

**Sleep Disturbances in OEF/OIF/OND Veterans: Associations with PTSD, Personality, and Coping.**

Lind MJ, Brown E, Farrell-Carnahan L, Brown RC, Hawn S, Berenz E, McDonald S, Pickett T, Danielson CK, Thomas S, Amstadter AB.

**STUDY OBJECTIVES:**

Sleep disturbances are well documented in relation to trauma exposure and posttraumatic stress disorder (PTSD), but correlates of such disturbances remain understudied in veteran populations. We conducted a preliminary study of sleep disturbances in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn veterans (n = 133; mean [standard deviation] age = 29.8 [4.7] y).

**METHODS:**

Veterans were assigned to one of three groups based on responses to the Clinician Administered PTSD Scale: control (no trauma-exposure [TE] or PTSD), TE, and PTSD. Sleep disturbance was assessed using the Pittsburgh Sleep Quality Index (PSQI). Measures of resilience, trauma load, personality, coping, alcohol use, and mild traumatic brain injury were also assessed via self-report.

**RESULTS:**

The PTSD group had significantly more disturbed sleep (PSQI global score mean = 8.94, standard deviation = 3.12) than control (mean = 5.27, standard deviation = 3.23) and TE (mean = 5.34, standard deviation = 3.17) groups, but there were no differences between TE and control. The same pattern emerged across most PSQI subscales. Results of linear regression analyses indicated that current smoking, Army (versus other military branches), neuroticism, and using substances to cope were all significant correlates of higher sleep disturbance, whereas post-deployment social support was associated with less sleep disturbance. However, when combined together into a model with PTSD status, only neuroticism and substance use coping remained significant as predictors of more disturbed sleep.

**CONCLUSIONS:**

These initial findings suggest that TE itself may not be an independent risk factor for

disturbed sleep in veterans, and that neurotic personality and a tendency to cope by using substances may partially explain sleep disturbance, above and beyond a diagnosis of PTSD.

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<http://psycnet.apa.org/journals/tps/2/4/429/>

**The relationship of predeployment child-focused preparedness to reintegration attitudes and PTSD symptoms in military fathers with young children.**

Zanotti, Danielle C.; Cromer, Lisa DeMarni; Louie, Ashley D.

Translational Issues in Psychological Science

Vol 2(4), Dec 2016, 429-438

<http://dx.doi.org/10.1037/tps0000093>

Research shows that lower negative reintegration attitudes relate to lower levels of posttraumatic stress disorder (PTSD) among service members. Furthermore, mission preparedness has been shown to buffer the effects of combat exposure on PTSD development. The current study aims to extend the preparedness for deployment research into the family domain by examining the effect of predeployment child-focused preparedness on military fathers' reintegration attitudes and PTSD symptoms. Correlations were conducted to examine the relationship between predeployment child-focused preparedness, reintegration attitudes, and PTSD symptoms among military fathers with young children (N = 30). Findings indicate that preparing one's young children prior to deployment is positively related to fathers' less negative reintegration attitudes following the deployment. Additionally, participants who engaged in predeployment child-focused preparation were significantly less likely to meet the clinical cut-off for PTSD compared to those who did not engage in any preparation for their young children. Implications for the potential positive impact of predeployment child-focused preparation on the family system are discussed, particularly as a buffer against PTSD among reintegrating service members. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://guilfordjournals.com/doi/abs/10.1521/jscp.2016.35.10.865>

**The Cultural Context of Loneliness: Risk Factors in Active Duty Soldiers.**

John T. Cacioppo, Stephanie Cacioppo, Amy B. Adler, Paul B. Lester, Dennis McGurk, Jeffrey L. Thomas, and Hsi Yuan Chen

Journal of Social and Clinical Psychology  
2016 35, 10, 865-882  
doi: 10.1521/jscp.2016.35.10.865

Loneliness has been shown to predict mental health problems and suicide in active duty soldiers. In the present study, we examined distal (e.g., demographic & socioeconomic characteristics) to proximal factors (e.g., platoon relations, relationship quality) that were associated with loneliness in active duty soldiers in the U.S. Army. Results revealed a set of factors that were associated with loneliness in active duty soldiers, including age, frequency of contact with friends and family by phone, childhood trauma, self-reported overall emotional health, intra-platoon harassment, perceived stress, perceived platoon cohesion and support, organizational citizenship behavior, relationship satisfaction with friends, and relationship satisfaction with platoon members. The association between loneliness and both perceived stress and relationship satisfaction with platoon members reached a moderate effect size in the multivariate models. Although some of predictors overlap with those identified in studies of civilians, most were unique to soldiers. Implications are discussed for understanding loneliness in an organization like the military and for the early identification of and intervention with active duty soldiers who may be at risk for mental and behavioral problems.

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<http://search.proquest.com/openview/693f601be700fcdfb57fb15af634d4c1/1>

### **Factors Influencing the Quality of Life of OEF/OIF Veterans.**

Hawley, Carolyn E; Armstrong, Amy J; Czarnota, Jenna; Fields, Kevin.

Journal of Applied Rehabilitation Counseling  
47.4 (Winter 2016): 28-35

The U.S. deployment of service members to combat zones within Iraq and Afghanistan has resulted in physical and mental disabilities for over a third of the 2.6 million veterans of these operations. Veterans report difficulty reintegrating into the community, and display higher rates of unemployment and homelessness than nonveterans. This study aims to investigate OIF/OEF veterans and assess the relationship between Quality of

Life (QOL) and the demographic and disability characteristics of the population. Eighty-six predominantly white male veterans from urban areas completed the Quality of Life Scale. Significant effects were found for relationship status, employment, income level, and disability status. Implications for rehabilitation counselors are presented and discussed.

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<http://psycnet.apa.org/psycinfo/2016-52942-001/>

### **Perceived Ability to Cope With Trauma Among U.S. Combat Veterans.**

Bartholomew, Theodore T.; Badura-Brack, Amy S.; Leak, Gary K.; Hearley, Allison R.; McDermott, Timothy J.

Military Psychology

Nov 3 , 2016

<http://dx.doi.org/10.1037/mil0000150>

The Perceived Ability to Cope With Trauma (PACT) scale measures perceived forward-focused and trauma-focused coping. This measure may also have significant utility measuring positive adaption to life-threatening trauma, such as combat. Our objective was to examine perceived ability to cope with trauma, as measured by the PACT, and the relationships between this perceived ability and clinically pertinent information (anxiety, depression, posttraumatic stress disorder [PTSD]) among U.S. military veterans. Data were provided from 71 combat veterans, consisting of 47 veterans with PTSD and 24 veterans without PTSD who had subthreshold symptoms of the disorder. All veterans completed standardized clinical interviews as well as a battery of well-validated self-report symptom measures. We found that veterans with PTSD had significantly lower PACT scores than veterans without PTSD; those without PTSD self-reported more ability to engage in forward-focused and trauma-focused coping than those with PTSD. Importantly, we also showed relationships between the PACT scores and indices of psychological difficulties as both Forward Focus and Trauma Focus coping scores negatively correlated with PTSD, depression, anxiety, and alexithymia. Finally, the Forward Focus PACT scale improved prediction of PTSD severity over combat exposure alone. The PACT, especially the Forward Focus scale, appears to be a useful measure of perceived positive coping ability with trauma in combat-exposed veterans who report symptoms of traumatic stress, extending the utility of the measure from normative to clinical populations. The importance of adopting forward-focused coping is discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)



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<http://psycnet.apa.org/psycinfo/2016-60827-001/>

## **Rates of Subthreshold PTSD Among U.S. Military Veterans and Service Members: A Literature Review.**

Bergman, Hannah E.; Przeworski, Amy; Feeny, Norah C.

Military Psychology

Dec 19 , 2016

<http://dx.doi.org/10.1037/mil0000154>

The current study's goal was to provide a comprehensive review of current subthreshold posttraumatic stress disorder (PTSD) rates among U.S. military veterans and service members. PubMed, PsycInfo, ProQuest, Web of Knowledge, Google Scholar, and any relevant articles' reference lists identified studies of subthreshold PTSD in the U.S. military. Search terms included PTSD in combination with partial, subthreshold or sub-threshold, subsyndromal or sub-syndromal, subclinical or sub-clinical, and military or veteran. Sixteen articles met criteria for review. Current subthreshold PTSD rates ranged from 2.3% to 22.3%, with a weighted mean rate of 7.6%. Definitional variation within and across the "below threshold" terms produced some variability in rates reported. Few studies consistently reported on impairment and comorbidity in the subthreshold PTSD population. Variability of current subthreshold PTSD rates may be due to methodological issues such as sampling methods, sample sizes, and how below threshold PTSD was assessed and defined. Based on our findings, we provide a number of recommendations that can be used to inform future research of subthreshold PTSD among U.S. military veterans and service members. These recommendations include having a standardized term and definition, determining how to more properly assess subthreshold PTSD symptomatology, clarifying subthreshold PTSD diagnostic stability, and identifying appropriate sampling methods. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22590/full>

## **Internet-based cognitive behavior therapy for major depressive disorder: A randomized controlled trial.**

Rosso, I. M., Killgore, W. D. S., Olson, E. A., Webb, C. A., Fukunaga, R., Auerbach, R. P., Gogel, H., Buchholz, J. L., Rauch, S. L.

Depression and Anxiety

First published: 23 December 2016

DOI: 10.1002/da.22590

## Background

Prior research has shown that the Sadness Program, a technician-assisted Internet-based cognitive behavioral therapy (iCBT) intervention developed in Australia, is effective for treating major depressive disorder (MDD). The current study aimed to expand this work by adapting the protocol for an American population and testing the Sadness Program with an attention control group.

## Methods

In this parallel-group, randomized controlled trial, adult MDD participants (18–45 years) were randomized to a 10-week period of iCBT ( $n = 37$ ) or monitored attention control (MAC;  $n = 40$ ). Participants in the iCBT group completed six online therapy lessons, which included access to content summaries and homework assignments. During the 10-week trial, iCBT and MAC participants logged into the web-based system six times to complete self-report symptom scales, and a nonclinician technician contacted participants weekly to provide encouragement and support. The primary outcome was the Hamilton Rating Scale for Depression (HRSD), and the secondary outcomes were the Patient Health Questionnaire-9 and Kessler-10.

## Results

Intent-to-treat analyses revealed significantly greater reductions in depressive symptoms in iCBT compared with MAC participants, using both the self-report measures and the clinician-rated HRSD ( $d = -0.80$ ). Importantly, iCBT participants also showed significantly higher rates of clinical response and remission. Exploratory analyses did not support illness severity as a moderator of treatment outcome.

## Conclusions

The Sadness Program led to significant reductions in depression and distress symptoms. With its potential to be delivered in a scalable, cost-efficient manner, iCBT is a promising strategy to enhance access to effective care.

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<http://www.sciencedirect.com/science/article/pii/S0029655416304080>

## **Understanding Deployment from the Perspective of Those Who Have Served.**

Bonnie Mowinski Jennings, LTC. Kristal C. Melvin, Donna L. Belew

Nursing Outlook

Available online 18 December 2016

<http://dx.doi.org/10.1016/j.outlook.2016.12.005>

### Highlights

- Deployments are rarely, if ever, what a service member expects even if returning to the same place.
- The first deployment is not always the worst deployment.
- Paradoxical effects were found for deployment demands (both stress-filled and stress-less) and deployment resources, such as communication with family (both stressful and supportive).
- Poor leadership may exacerbate the stress of being deployed.
- Veterans may be changed after deployments in ways that are not always visible.
- Health care providers may be able to better tailor care by (a) establishing rapport, (b) asking open-ended questions about deployment.

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### Links of Interest

Music project helps veterans coping with war memories

<https://www.stripes.com/news/us/music-project-helps-veterans-coping-with-war-memories-1.446204>

Veterans Affairs seeks to acquire gamified training products

<http://www.federaltimes.com/articles/veterans-affairs-seeks-to-acquire-gamified-training-products>

What Science Says To Do If Your Loved One Has An Opioid Addiction

<http://fivethirtyeight.com/features/what-science-says-to-do-if-your-loved-one-has-an-opioid-addiction/>

More Than 1 in 10 Pilots Suffer From Depression, Survey Finds  
[https://medlineplus.gov/news/fullstory\\_162570.html](https://medlineplus.gov/news/fullstory_162570.html)

The late effects of stress: New insights into how the brain responds to trauma  
<https://www.sciencedaily.com/releases/2016/12/161228102418.htm>

Sleep helps process traumatic experiences  
<https://www.sciencedaily.com/releases/2016/12/161213113216.htm>

Missing 1-2 hours of sleep doubles crash risk  
<https://www.sciencedaily.com/releases/2016/12/161206110235.htm>

Neuroimaging categorizes four depression subtypes  
<https://www.sciencedaily.com/releases/2016/12/161208143451.htm>

This is your brain on (legal) cannabis: Researchers seek answers  
<https://www.sciencedaily.com/releases/2016/12/161216115555.htm>

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**Resource of the Week:** [Untangling the Web of Resources Available for Victims of Sexual Assault](#) (PDF)

This article, from the September 2016 issue of The Army Lawyer (Judge Advocate General's Corps Professional Bulletin 27-50-16-09), is by Maj. Stacey Guthartz Cohen, Judge Advocate, United States Army.

The Department of Defense (DoD) is committed to supporting victims of sexual assault through a variety of programs. The Army support programs available to victims of sexual assault are delivered through a complicated web of agencies, care providers, first responders, military commanders, and judge advocates woven together to help care for victims. It is important for all involved to understand the capabilities and limitations of their colleagues and how they work together in order to help victims through what can be a complex and trying process. This guide will help untangle the web for the military justice practitioner.

The first part of this article examines the main programs available for victims of sexual assault and identifies overlaps among the agencies. Using the stories of SFC Duffy, Mrs. Smith, Kayla Pearson, Trisha Miller, and Dana Kinsey, this article identifies resources that are available to each of these victims, and also

highlights gaps in the services available. The second part of this article explores some of the ways the available programs work together to serve the client. Special attention will be paid to the largest and most widely used programs: Sexual Harassment/Assault Response and Prevention (SHARP) resource centers, Sexual Assault Review Boards (SARB), and the Case Review Committee (CRC). Lastly, this article discusses how you as the SVC can leverage the services available to best serve your clients.



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## ARTICLES

**Understanding the U.S. Army's Religious Accommodation Policy and Procedures**

*Major David Lee Ford*

**The (Too) Long Arm of Tort Law: Expanding the Federal Tort Claims Act's Combatant Activities Immunity Exception to Fit the New Reality of Contractors on the Battlefield**

*Major Jeffrey B. Garber*

**Untangling the Web of Resources Available for Victims of Sexual Assault**

*Major Stacey A. Guthartz Cohen*

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