

# CDP



## Research Update -- November 9, 2017

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[https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_v11n5.pdf](https://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v11n5.pdf)

## **Clinician's Trauma Update**

National Center for PTSD

Issue 11(5)

October 2017

CTU-Online contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link.

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<http://www.sciencedirect.com/science/article/pii/S0272735816304585>

**Meditation and yoga for posttraumatic stress disorder: A meta-analytic review of randomized controlled trials.**

Autumn M. Gallegos, Hugh F. Crean, Wilfred R. Pigeon, Kathi L. Heffner

Clinical Psychology Review

Available online 31 October 2017

<https://doi.org/10.1016/j.cpr.2017.10.004>

Posttraumatic stress disorder (PTSD) is a chronic and debilitating disorder that affects the lives of 7–8% of adults in the U.S. Although several interventions demonstrate clinical effectiveness for treating PTSD, many patients continue to have residual symptoms and ask for a variety of treatment options. Complementary health approaches, such as meditation and yoga, hold promise for treating symptoms of PTSD. This meta-analysis evaluates the effect size (ES) of yoga and meditation on PTSD outcomes in adult patients. We also examined whether the intervention type, PTSD outcome measure, study population, sample size, or control condition moderated the effects of complementary approaches on PTSD outcomes. The studies included were 19 randomized control trials with data on 1173 participants. A random effects model yielded a statistically significant ES in the small to medium range (ES = - 0.39,  $p < 0.001$ , 95% CI [- 0.57, - 0.22]). There were no appreciable differences between intervention types, study population, outcome measures, or control condition. There was, however, a marginally significant higher ES for sample size  $\leq 30$  (ES = - 0.78,  $k = 5$ ). These findings suggest that meditation and yoga are promising complementary approaches in the treatment of PTSD among adults and warrant further study.

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<https://link.springer.com/article/10.1057/s11231-017-9107-4>

## **Moral Injury.**

Mildred Antonelli

The American Journal of Psychoanalysis

First Online: 30 October 2017

<https://doi.org/10.1057/s11231-017-9107-4>

The devastating effect on the self of moral injury, often a core component of trauma, occurring when one's actions have profoundly violated one's code of ethics, when one has been a victim of such violation, or when one has been a passive witness, has been extensively explored as it has occurred in veterans of the wars in Vietnam, Iraq and Afghanistan. Two examples illustrate its prevalence in civilian life. The literature shows violation of expected empathy from and for others, inherent in our nature, is more devastating than violation of the ethical code of our culture or sub-culture, adherence to which becomes urgent as our need emerges to belong to the culture or subculture of which we are a part, values which often contradict our innate sense of "what is right."

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<http://www.jsad.com/doi/abs/10.15288/jsad.2017.78.930>

## **Direct and Indirect Effects of Psychological Distress on Stress-Induced Smoking.**

Atara Siegel, Miriam Korbman, and Joel Erblich

Journal of Studies on Alcohol and Drugs

78(6), 930–937 (2017)

<https://doi.org/10.15288/jsad.2017.78.930>

### **Objective:**

Numerous studies have modeled the effects of stress in the laboratory, demonstrating that smokers who are exposed to experimental stressors exhibit significant increases in acute psychological distress. Whether these stress reactions are predictive of stress-induced smoking during an actual quit attempt, however, has not been examined. Furthermore, the possibility that such effects are particularly strong among smokers with higher ambient levels of distress has not been addressed.

Method:

Nicotine-dependent smokers (N = 60; 40 women, 20 men) completed the Brief Symptoms Index (BSI) and then participated in a laboratory stress task 1 week before a quit attempt. Acute psychological distress was measured immediately before and after exposure to stressful and neutral stimuli. After they quit, participants completed a smoking diary for 14 days in which they recorded the degree to which their smoking was precipitated by emotional stress.

Results:

Consistent with our hypotheses, BSI scores predicted both exaggerated laboratory stress responses ( $p < .005$ ) and smoking that was attributable to stress during the 14-day postquit period ( $p < .01$ ). Laboratory stress reactions were predictive of stress-induced smoking ( $p < .01$ ), and acute psychological stress reactions mediated the effects of BSI on stress-induced smoking.

Conclusions:

Acute psychological stress reactivity is a potential mechanism underlying the effect of stress-induced smoking during a quit attempt.

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[http://journals.lww.com/headtraumarehab/Abstract/publishahead/Postrehabilitation\\_Mental\\_Health\\_Treatment.99533.aspx](http://journals.lww.com/headtraumarehab/Abstract/publishahead/Postrehabilitation_Mental_Health_Treatment.99533.aspx)

**Postrehabilitation Mental Health Treatment Utilization in Veterans With Traumatic Brain Injury: A VA TBI Model Systems Study.**

Finn, Jacob A. PhD; Lamberty, Greg J. PhD; Tang, Xinyu PhD; Saylor, Marie E. MPH; Stevens, Lillian Flores PhD; Kretzmer, Tracy PhD

Journal of Head Trauma Rehabilitation

Post Author Corrections: October 27, 2017

doi: 10.1097/HTR.0000000000000357

Objective:

To identify preinjury variables related to mental health treatment utilization at 2 years post-traumatic brain injury (TBI).

Setting:

Veterans Affairs (VA) TBI Model Systems includes 5 VA Polytrauma Rehabilitation Centers.

Participants:

Veterans and service members enrolled in TBI Model Systems who completed the year 2 follow-up assessment and provided mental health information. Sample was largely male (97%) and White (72%), with median age of 30 years.

Design:

Participants with elevated mental health symptoms were identified by measures of depression, anxiety, and posttraumatic distress; suicide attempt in the past year; or problematic substance use in the past year. Forty-seven percent of participants had elevated mental health symptoms at 2 years postinjury. Among those with elevated symptoms, comparisons were made between those who sought mental health treatment in past year and those who did not.

Main Measures:

Demographic, historic, environmental, psychological/mental health, and injury/rehabilitation variables.

Results:

Within the sample, 23% denied utilizing mental health services. Nonutilizers were more likely to deny a preinjury mental health treatment history, to report problematic substance use at year 2, and to report lower levels of internalizing symptoms than the treatment utilizers.

Conclusion:

Veterans and service members with elevated mental health symptoms may require tailored tactics to promote treatment utilization post-TBI. Copyright (C) 2017 Wolters Kluwer Health, Inc. All rights reserved.

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<https://link.springer.com/article/10.1007/s11920-017-0848-9>

**Review of Use and Integration of Mobile Apps Into Psychiatric Treatments.**

Steven Chan, Haley Godwin, Alvaro Gonzalez, Peter M. Yellowlees, Donald M. Hilty

Current Psychiatry Reports  
December 2017, 19:96  
<https://doi.org/10.1007/s11920-017-0848-9>

#### Purpose of Review

Mental health practitioners should understand the features of current, publicly available apps; the features of novel, research apps; and issues behind the integration of mobile apps and digital health services into clinical workflows.

#### Recent Findings

The review is based on a research literature and the authors' clinical and healthcare administration experiences. Articles searched—on telepsychiatry, telemental health, mobile mental health, informatics, cellular phone, ambulatory monitoring, telemetry, and algorithms—were restricted to 2016 and 2017. Technologies are used in a variety of clinical settings, including patients with varying mental illness severity, social supports, and technological literacy. Good practices for evaluating apps, understanding user needs, and training and educating users can increase success rates. Ethics and risk management should be considered.

#### Summary

Mobile apps are versatile. Integrating apps into psychiatric treatment requires addressing both patient and clinical workflows, design and usability principles, accessibility, social concerns, and digital health literacy.

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<https://www.ncbi.nlm.nih.gov/pubmed/29087864>

Mil Med. 2017 Nov;182(11):e1950-e1956. doi: 10.7205/MILMED-D-17-00062

### **Indirect Relations Between Transgressive Acts and General Combat Exposure and Moral Injury.**

Frankfurt SB, Frazier P, Engdahl B

#### INTRODUCTION:

Moral injury describes the deleterious effects of acts of commission (e.g., killing noncombatants), omission (e.g., failing to prevent a massacre), or betrayal (i.e., by a trusted authority figure) during military service that transgress accepted behavioral boundaries and norms. Transgressive acts are proposed to lead to a guilt- and shame-

based syndrome consisting of post-traumatic stress disorder (PTSD) symptoms, demoralization, self-handicapping, and self-injury. In this study, we tested a frequently cited model of moral injury and assessed the associations between potentially transgressive acts, moral injury outcomes, and guilt and fear. Additionally, we sought to clarify the relative contribution of transgressive and nontransgressive/general combat exposure to moral injury. On the basis of previous research and theory, we anticipated that the transgressive acts would be related to outcomes through guilt and that nontransgressive combat exposure would be related to outcomes through fear.

#### MATERIALS AND METHODS:

Secondary analysis was conducted on data from a sample of combat-exposed male veterans at a Midwestern Veterans Affairs (VA) medical center (N = 190) who participated in a larger parent study on postdeployment readjustment. Structural equation modeling was used to test the pathways from transgressive and nontransgressive combat exposure to PTSD symptoms and suicidality through combat-related guilt and combat-related fear. The institutional review boards of the Midwestern VA medical center and the university of the affiliated researchers approved the study.

#### RESULTS:

In total, 38% (n = 72) of the sample reported a potentially transgressive act as one of their three worst traumatic events. The most common potentially transgressive act was killing an enemy combatant (17%; n = 32). In structural equation modeling analyses, potentially transgressive acts were indirectly related to both suicidality ( $\beta = 0.09$ ,  $p < 0.01$ ) and PTSD symptoms ( $\beta = 0.06$ ,  $p < 0.05$ ) through guilt. General combat exposure was indirectly related to PTSD through fear,  $\beta = 0.19$ ,  $p < 0.01$ . Combat exposure was not directly or indirectly related to suicidality.

#### CONCLUSION:

Overall, these findings suggest that veterans with a history of potentially transgressive acts may present to the VA with a constellation of symptoms that are associated with combat-related guilt. Transgressive acts were identified using a qualitative approach, allowing a broader sampling of this domain. Results were limited by the use of self-report data and by gathering data from participants who were Veterans seeking compensation and pension evaluations for PTSD. The clinical implications suggest that focusing on fear-related outcomes and ignoring guilt- and shame-based reactions may lead to an incomplete case conceptualization. Clinicians working with veterans with moral injury are encouraged to prepare themselves for the discomfiting therapeutic experiences of bearing witness to and empathizing with clients' memories of their actions, which may include atrocities. Effective and empathic treatments that address the guilt and shame associated with transgressive acts are needed to adequately care



for returning veterans. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

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<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-5-Is-2.pdf#page=68>

**The Influence of Spirituality and Religion during Combat Deployment: A Qualitative Study Examining Separation and Reintegration.**

Lisa R. Jackson-Cherry, William R. Sterner, Monica Band, and Lillian Walker-Shelton

Journal of Military and Government Counseling  
Volume 5, Number 2 2017

A paucity of research exists examining spirituality/religion (S/R) as protective factors for combat-deployed military personnel. Understanding the impact of deployment and reintegration can be of significant value for military personnel, family members, and counselors. The purpose of this study was to understand the role of faith/spirituality as part of the deployment cycle, specifically deployment and reintegration, for 279 combat-deployed military personnel. This article addresses qualitative data collected from a mixed methods study. Findings revealed several themes including faith and spirituality and family as key supportive factors in deployment and reintegration transition. Bureaucracy and lack of support were other factors identified that complicated the deployment cycle. Suggestions to improve the reintegration process were identified. Implications and future research are discussed.

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<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-5-Is-2.pdf#page=30>

**Balancing Care: Examining Parents' Experiences of Supporting Veteran Children Post-Deployment.**

Carol Doyle, Brian W. Bauer, Yuwei Yu, and Suzanne Best

Journal of Military and Government Counseling  
Volume 5, Number 2 2017

Research on the post-deployment experiences of military service members and their families has thus far neglected the perspective and needs of Veterans' parents. The current study proposed to fill this gap by surveying parents of Veterans (N=63) who have served in either Iraq and/or Afghanistan to gain a greater understanding of the challenges and stresses these parents as they help their Veteran children reintegrate post deployment. Overall, the parent sample was a resilient group who provided a variety of supports and tended to use positive coping strategies when dealing with stress. Respondents used emotionfocused coping strategies most frequently, regardless of whether their Veteran child had been injured during deployment. However, a smaller group of parents, those who identified as primary support providers for their Veterans, endorsed symptoms of compassion fatigue. Data indicated that primary support providers experienced more physical, behavioral, and mood problems. Most of these parents also indicated that they support multiple individuals which may exacerbate symptoms.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12624/full>

**Work stressors, depressive symptoms and sleep quality among US Navy members: a parallel process latent growth modelling approach across deployment.**

Bravo, A. J., Kelley, M. L., Swinkels, C. M. and Ulmer, C. S.

Journal of Sleep Research

First published: 3 November 2017

DOI: 10.1111/jsr.12624

The present study examined whether work stressors contribute to sleep problems and depressive symptoms over the course of deployment (i.e. pre-deployment, post-deployment and 6-month reintegration) among US Navy members. Specifically, we examined whether depressive symptoms or sleep quality mediate the relationships between work stressors and these outcomes. Participants were 101 US Navy members who experienced an 8-month deployment after Operational Enduring Freedom/Operation Iraqi Freedom. Using piecewise latent growth models, we found that increased work stressors were linked to increased depressive symptoms and decreased sleep quality across all three deployment stages. Further, increases in work stressors from pre- to post-deployment contributed to poorer sleep quality post-deployment via increasing depressive symptoms. Moreover, sleep quality mediated the

association between increases in work stressors and increases in depressive symptoms from pre- to post-deployment. These effects were maintained from post-deployment through the 6-month reintegration. Although preliminary, our results suggest that changes in work stressors may have small, but significant implications for both depressive symptoms and quality of sleep over time, and a bi-directional relationship persists between sleep quality and depression across deployment. Strategies that target both stress and sleep could address both precipitating and perpetuating factors that affect sleep and depressive symptoms.

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<https://pdfs.semanticscholar.org/bac6/d775ad6b6f3892f396348b81c1aed5b5b659.pdf>

**Diagnoses of traumatic brain injury not clearly associated with deployment, active component, U.S. Armed Forces, 2001–2016.**

Armed Forces Health Surveillance Branch  
Defense Health Agency  
2017

During a 16-year surveillance period from 2001 through 2016, a total of 276,858 active component service members received first-time diagnoses of traumatic brain injury (TBI). TBI is structural alteration of the brain or physiological disruption of brain function caused by an external force. TBI, particularly mild TBI or concussion, is the most common traumatic injury in the U.S. military.

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<http://onlinelibrary.wiley.com/doi/10.1111/fare.12266/full>

**Actor–Partner Associations of Mindfulness and Marital Quality After Military Deployment.**

Zamir, O., Gewirtz, A. H. and Zhang, N.

Family Relations  
First published: 31 October 2017  
DOI: 10.1111/fare.12266

## Objective

To explore dyadic associations between mindfulness and marital quality and gender differences in these associations—that is, the relation of each dyad member's mindfulness with his or her own marital quality and with his or her partner's marital quality.

## Background

Recent studies have demonstrated the benefits of mindfulness for marital quality. However, associations of mindfulness and marital quality within and between partners are still unclear. In addition, despite marital challenges associated with deployment to war, the benefits of mindfulness for marital quality in military couples is unknown.

## Method

A sample of 228 military couples after deployment of the male partner to recent conflicts in Iraq or Afghanistan completed an online survey measuring mindfulness and marital quality.

## Results

Actor–partner interdependence analysis showed that for both men and women, greater mindfulness was associated with one's own and one's partner's higher marital quality. There were no gender differences in this pattern.

## Conclusion

Mindfulness engenders intra- and interpersonal benefits for the marital system in men and in women after deployment to war.

## Implications

The results emphasize the importance of a dyadic approach when examining the role of mindfulness in marital or family relations, and suggest that interventions designed to facilitate change in marital relationships in the context of deployment may benefit from integrating mindfulness-based training.

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<https://www.ncbi.nlm.nih.gov/pubmed/29087861>

Mil Med. 2017 Nov;182(11):e1912-e1919. doi: 10.7205/MILMED-D-16-00394

**Depression and Quality of Life Mediating the Association Between Attention Deficit/Hyperactivity Disorder and Suicidality in Military Recruits.**

Tai YM, Gau SS2

#### INTRODUCTION:

Military suicide remains a significant concern in many countries. Most psychological autopsy studies in this field focused on certain psychological comorbidities with suicide, namely depression, quality of life, sporadically in different populations. However, much less attention has been paid to Attention Deficit/Hyperactivity Disorder (ADHD), which is among the most common neuropsychiatric conditions in youth. This study aimed to test the associations between childhood ADHD symptoms and several suicidal behaviors, namely suicidal ideation, self-harm behaviors, and suicidal attempts. We, then, tested whether these associations would be mediated by the level of current depression and quality of life in military recruits.

#### MATERIALS AND METHODS:

A total of 1,047 military recruits (all male, aged 20-34 years) participated in this questionnaire survey. The participants completed the Swanson, Nolan, and Pelham, Version IV Scale-Chinese version for ADHD symptoms before 12 years old; the Beck Depression Inventory, 2nd edition, for depressive symptoms and quality of life for the past 6 months; the Adult ADHD Quality-of-Life Scale; and the questions about current self-harm/suicidal behaviors on the Adult Self-Report Scale Inventory-4-Chinese version. Mediation analyses with bootstrapping of total indirect effects were used for statistical analyses.

#### RESULTS:

Our Results revealed significant associations between recalled childhood ADHD symptoms/diagnosis (age 6-12 years) and all the three current suicidal behaviors (suicidal ideation, self-harm behaviors, and suicidal attempts; all  $p$  values  $<0.001$ ). Mediation analyses revealed that all these relationships were significantly and partially mediated by depression (all  $p$  values  $<0.05$ ) and quality of life ( $p$  value  $<0.05$ , but not for suicidal attempts).

#### CONCLUSION:

The major findings of this study include that the ADHD-suicidality association is partially explained by the mediating effects of depression and quality of life, and that recalled ADHD symptoms had a stronger association with suicide attempt than with suicidal ideation in military recruits. Moreover, our finding of the highest direct effect of ADHD and lowest indirect effects of depression and quality of life on self-harm behavior indicates different associated patterns between deliberate self-harm and suicidal ideation and attempts. Our findings concord Nock's suggestion that different prevention

strategies for suicidal ideation, self-harm behaviors, and suicidal attempts are warranted because of distinct courses and underlying psychopathology. This study is limited by a lack of psychiatric interview to make the diagnosis of ADHD and other psychiatric disorders, and only recruiting young men without female participants leading the generalization of our results to young women is questionable. Moreover, the lack of temporal data in this study prohibits us extend our findings to establish causality. The findings imply that assessment and intervention of depression and poor quality of life may help offset suicidal behaviors among military recruits with ADHD symptoms and/or diagnosis. Further investigations about interactions among those factors are warranted. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

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<https://www.ncbi.nlm.nih.gov/pubmed/29087863>

Mil Med. 2017 Nov;182(11):e1941-e1949. doi: 10.7205/MILMED-D-17-00063

### **Using a Mobile Application in the Treatment of Dysregulated Anger Among Veterans.**

Mackintosh MA, Niehaus J, Taft CT, Marx BP, Grubbs K, Morland LA

#### **OBJECTIVE:**

Anger is a symptom of post-traumatic stress disorder (PTSD) associated with a range of clinical and functional impairments, and may be especially prevalent among veterans with PTSD. Effective anger management therapies exist but may be undermined by poor engagement or lack of treatment availability. Finding ways to engage veterans in anger management therapy or to improve access can be helpful in improving clinical outcomes. This randomized controlled trial compared anger management treatment (AMT) with AMT augmented by a mobile application (app) system, Remote Exercises for Learning Anger and Excitation Management (RELAX).

#### **METHODS:**

Participants were 58 veterans enrolled in 12 sessions of either AMT alone or AMT with the RELAX system (AMT + RELAX). The RELAX system includes the RELAX app, a wearable heart rate monitor, a remote server, and a web-based therapist interface. RELAX allows the user to practice skills, monitor symptoms, and record physiological data. The server collects data on app use. A web-based interface allows the therapist to access data on between-session practice, and skills use. Measures administered at baseline, post-treatment, and 3-and 6-month follow-up include state and trait anger,

dimensions of anger, PTSD, depression, interpersonal functioning, and satisfaction. We used multilevel modeling to account for the nesting of time points within participants and participants within treatment groups. Predictors were Treatment Condition (AMT + RELAX and AMT), Linear Time (baseline, post-treatment, 3-and 6-month follow-up), and Quadratic Time and Treatment Condition × Linear Time interaction. All analyses were conducted using SPSS 21 (Armonk, New York). Approval was obtained from the institutional review board.

#### RESULTS:

Across groups, the treatment dropout rate was 13.8%; of those who remained in treatment, 90% received an adequate dose of treatment (10 or more sessions). There were no significant differences between groups on attendance or treatment completion. Participants in both treatments demonstrated statistically significant and clinically meaningful reductions in anger severity and significant post-treatment reductions in PTSD. Veterans did not report significant changes in depression or interpersonal functioning. Veterans in the AMT + RELAX group reported spending significantly less time on homework assignments, and they rated the AMT + RELAX app as helpful and easy to use, with these ratings improving over time.

#### CONCLUSION:

Findings suggest that AMT + RELAX was beneficial in reducing anger symptoms and promoting efficient use of the between-session practice; however, AMT + RELAX did not outperform AMT. This study is an important contribution as it is one of the first randomized controlled trials to study the efficacy of a technology-enhanced, evidence-based psychotherapy for anger management. Findings are limited because of small sample size and modifications to the technology during the trial. However, the results highlight the possible benefits of mobile app-supported treatment, including increasing the accessibility of treatment, lowering therapist workload, reducing costs of treatment, reducing practice time, and enabling new activities and types of treatments. This study presents preliminary evidence that mobile apps can be a valuable addition to treatment for patients with anger difficulties. Future research should evaluate how much therapist involvement is needed to support anger management.

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<https://www.ncbi.nlm.nih.gov/pubmed/29087845>

Mil Med. 2017 Nov;182(11):e1809-e1814. doi: 10.7205/MILMED-D-16-00440

## **Exercise for PTSD in Women Veterans: A Proof-of-Concept Study.**

Shivakumar G, Anderson EH, Surís AM, North CS

### **INTRODUCTION:**

The safety, feasibility, and efficacy of a 12-week structured exercise program targeting post-traumatic stress disorder (PTSD) in women Veterans of childbearing age was tested in a pilot study.

### **MATERIALS AND METHODS:**

Thirty-one women Veterans of childbearing age were enrolled in the study, 22 remained eligible after the baseline assessment, and 16 completed the exercise protocol. The exercise program consisted of moderate intensity aerobic exercise (brisk walking), 4 times a week, for 12 weeks. Data were collected on duration, intensity, and side effects. The Clinician Administered PTSD Scale was administered at baseline and at the end of 12 weeks. Weekly assessments provided data on PTSD and depression symptoms, pain, and quality of life.

### **RESULTS:**

Both post-traumatic and depressive symptoms improved significantly by the end of study. There were no adverse events related to exercise. A small focus group provided subjective experiences supporting positive effects of exercise on emotion and physical health.

### **CONCLUSION:**

The preliminary results of this study suggests that 12 weeks of moderate intensity aerobic exercise may be a promising intervention for PTSD in women Veterans of childbearing potential. Further controlled studies are warranted to determine efficacy of moderate intensity exercise as a treatment modality for this population. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

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<https://www.ncbi.nlm.nih.gov/pubmed/29087862>

Mil Med. 2017 Nov;182(11):e1920-e1940. doi: 10.7205/MILMED-D-17-00099

## **Spirituality and Mental Well-Being in Combat Veterans: A Systematic Review.**

Smith-MacDonald L, Norris JM, Raffin-Bouchal S, Sinclair S

### **BACKGROUND:**

Many veterans experience significant compromised spiritual and mental well-being. Despite effective and evidence-based treatments, veterans continue to experience poor completion rates and suboptimal therapeutic effects. Spirituality, whether expressed through religious or secular means, is a part of adjunctive or supplemental treatment modalities to treat post-traumatic stress disorder (PTSD) and is particularly relevant to combat trauma. The aim of this systematic review was to examine the relationship between spirituality and mental well-being in postdeployment veterans.

### **METHODS:**

Electronic databases (MEDLINE, PsycINFO, CINAHL, Web of Science, JSTOR) were searched from database inception to March 2016. Gray literature was identified in databases, websites, and reference lists of included studies. Study quality was assessed using the Effective Public Health Practice Project Quality Assessment Tool and Critical Appraising Skill Programme Qualitative Checklist.

### **RESULTS:**

From 6,555 abstracts, 43 studies were included. Study quality was low-moderate. Spirituality had an effect on PTSD, suicide, depression, anger and aggression, anxiety, quality of life, and other mental well-being outcomes for veterans. "Negative spiritual coping" was often associated with an increase mental health diagnoses and symptom severity; "positive spiritual coping" had an ameliorating effect.

### **DISCUSSION:**

Addressing veterans' spiritual well-being should be a routine and integrated component of veterans' health, with regular assessment and treatment. This requires an interdisciplinary approach, including integrating chaplains postcombat, to help address these issues and enhance the continuity of care. Further high-quality research is needed to isolate the salient components of spirituality that are most harmful and helpful in veterans' mental well-being, including the incorporating of veterans' perspectives directly. Reprint & Copyright © 2017 Association of Military Surgeons of the U.S.

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<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12218/abstract>

**Empirical Examinations of Modifications and Adaptations to Evidence-Based Psychotherapies: Methodologies, Impact, and Future Directions.**

Shannon Wiltsey Stirman, Jennifer M. Gamarra, Brooke A. Bartlett, Amber Calloway and Cassidy A. Gutner

Clinical Psychology: Science and Practice

Version of Record online: 6 NOV 2017

DOI: 10.1111/cpsp.12218

This review describes methods used to examine the modifications and adaptations to evidence-based psychological treatments (EBPTs), assesses what is known about the impact of modifications and adaptations to EBPTs, and makes recommendations for future research and clinical care. One hundred fourteen primary studies and three meta-analyses were identified. All studies examined planned adaptations, and many simultaneously investigated multiple types of adaptations. With the exception of studies on adding or removing specific EBPT elements, few studies compared adapted EBPTs to the original protocols. There was little evidence that adaptations in the studies were detrimental, but there was also limited consistent evidence that adapted protocols outperformed the original protocols, with the exception of adding components to EBPTs. Implications for EBPT delivery and future research are discussed.

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<http://psycnet.apa.org/record/2017-39426-001>

**Cynicism Among Veterans Who Struggle to Adapt to Life After Combat: Towards an Understanding of Adaptive Functions and Maladaptive Consequences.**

Smith, A. J., Weisenbach, S. L., & Jones, R. T.

Traumatology

Online First Publication, September 7, 2017

<http://dx.doi.org/10.1037/trm0000127>

The current perspective offers advances in contextualizing and conceptualizing returning combat veteran obstacles, with a focus on cynical worldview development, function, and consequences. Specifically, the current theory describes military training and culture focused on promoting survival and mission completion through developing an effective, context-relevant cognitive-appraisal system. The same useful cynical social-cognitive-affective appraisal processes that promote instinctive decisions and behaviors in combat environments also serve as a distal defense in the wake of combat experience by providing a meaning-making lens, in-group cohesion among fellow combat veterans, and cognitive clarity amid social-reintegration obstacles. Maladaptive consequences of postcombat cynicism are also detailed, emphasizing dynamic interactions associated with psychopathology, meaningful living, social relationships, economic disparity, and engagement in the health-care system. Conclusions focus on applications of this perspective in treatment in addition to future research directions. The ultimate goal of our perspective is to re-purpose cynicism from its traditional operationalization in personality psychology to provide a clinically useful and empowering conceptualization that can improve the lives of struggling OEF/OIF/OND veterans. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/record/2017-45566-001>

### **Integrating Research Into Postdoctoral Training in Health Service Psychology: Challenges and Opportunities.**

McQuaid, E. L., Aosved, A. C., & Belanger, H. G.

Training and Education in Professional Psychology

Oct 1, 2017

<http://dx.doi.org/10.1037/tep0000173>

Scientific training remains central to education and practice in health service psychology; however, few guidelines exist regarding how research could or should be integrated into clinically focused postdoctoral training programs. We review sources of guidance regarding the role of research in postdoctoral training, drawing on historical trends and current specialty guidelines. We present preliminary data from the first year of the Universal Psychology Postdoctoral Directory to illustrate how existing training experiences describe research requirements and/or available opportunities. We review the numerous challenges of integrating research into clinically focused health service psychology training and illustrate the potential benefits for trainees themselves and the

field as a whole, drawing parallels with medical education and residency training models. Lastly, we describe 3 potential models for integrating research into training at the postdoctoral level. These include capitalizing on existing research training resources, utilizing an implementation science framework to ask systems-based questions to evaluate models of care, and utilizing program evaluation and quality improvement frameworks to illustrate clinical service challenges, opportunities, and potential solutions. A clearer roadmap for research training in health service psychology at the postdoctoral level may enable us to better prepare the psychology workforce for the diverse roles trained professionals will play in this era of health care system transformation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1111/ap.12331/full>

## **Men In and Out of Treatment for Depression: Strategies for Improved Engagement.**

Seidler, Z. E., Rice, S. M., Oliffe, J. L., Fogarty, A. S. and Dhillon, H. M.

Australian Psychologist

Version of Record online: 30 OCT 2017

DOI: 10.1111/ap.12331

### Objective

While the prevalence of major depressive disorder continues to rise, many men are reticent to seek and sustain psychotherapy. The current study explored Australian men's experiences with treatment for depression with a view to guiding recommendations for improving treatment engagement.

### Method

Twenty men (23–64 years) who had received psychotherapy for depressive symptoms in the past 3 years took part in individual, semi-structured interviews. Interviews were transcribed verbatim and coded in line with interpretive descriptive methodologies.

### Results

Findings suggested men's preference for a transparent orientation to treatment, including the provision of a clear structure for therapy. Men's preferred structure included focusing on individualised goals and expected progress, establishment of trust, and a sharing of decisional control. Providing an action-oriented functional treatment

with targeted skills attainment was recommended as most engaging. The focus on “doing” in treatment, as distinct from pure talk therapy, engendered feelings of strength and empowerment in the men, bridging self-management of symptoms and wellness. Most participants, however, did not receive a treatment style that properly engaged them, and articulated clear recommendations for changes needed.

#### Conclusions

Findings highlight the potential for development and dissemination of gender sensitive, strength-based clinical training and treatment options for better engaging men in psychotherapy for depression.

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<http://psycnet.apa.org/record/2017-44050-001>

#### **Mental Health Needs of Military and Veteran Women: An Assessment Conducted by the Service Women’s Action Network.**

Thomas, K. H., McDaniel, J. T., Haring, E. L., Albright, D. L., & Fletcher, K. L.

Traumatology

Oct 1, 2017

<http://dx.doi.org/10.1037/trm0000132>

Needs assessment data from the Service Women’s Action Network (SWAN) were analyzed to explore the top-reported concerns of military women. The final sample by military service status included active-duty service members (n = 178) and veterans (n = 829). For active-duty women, associations were sought between demographic variables as they predicted outcome variables of gender bias, issues with recognition, and harassment/assault. For veteran women, associations were sought between demographic variables as they predicted outcome variables of poor mental health, difficulty connecting with fellow women veterans, and financial problems. Active-duty women in the present study reported that they had previously faced issues with gender bias in the workplace (31.7%), had trouble getting public recognition as military professionals (11.7%), and had experienced sexual assault or harassment during their time in service (12.8%). Education predicted the likelihood of reporting harassment or assault (OR = 0.25). With regard to concerns, female veteran respondents most often reported having experienced challenges with mental health (32.1%), financial stability (30.4%), and connectivity with a community of women veterans (29.4%). Service era statistically and practically predicted all three issues among veterans, with the post-9/11

cohort being most at-risk. Primary findings from this study suggest links between concerns that women report while serving on active duty along with poor outcomes reported by women veterans post-transition are indicated. Recommendations include targeted programming for women veterans and service members alike, with significant attention paid to the improvement of services at points of separation and transition. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://psycnet.apa.org/record/2017-39096-001>

### **Suicidality and Nonsuicidal High-Risk Behavior in Military Veterans: How Does PTSD Symptom Presentation Relate to Behavioral Risk?**

Barr, N., Kintzle, S., Sullivan, K., & Castro, C.

Traumatology

Sep 1, 2017

<http://dx.doi.org/10.1037/trm0000133>

Considerable attention has been devoted to investigating posttraumatic stress disorder (PTSD) and suicidality in military veterans, but nonsuicidal high-risk behaviors (HRBs), like reckless driving, are underexplored and contribute to elevated rates of premature death in this population. This study is the 1st to employ a structural equation modeling approach to investigate relationships between PTSD symptoms, suicidality, and HRBs in veterans. Data for this study were drawn from a sample of veterans living in Southern California. A multipronged sampling strategy was used to recruit 2,422 veterans, who completed an online battery. A structural equation model examining direct and indirect effects between 4 PTSD symptom factors, a suicidality factor, and an HRB factor was fitted to the data. We found positive direct effects for reexperiencing and negative cognitive–mood symptoms on suicidality and for hyperarousal symptoms on HRBs. We found a negative direct effect for avoidance on suicidality. Suicidality demonstrated a positive direct effect on HRBs. We detected positive indirect effects for reexperiencing and negative cognitive–mood symptoms on HRBs and a negative indirect effect for avoidance on HRBs through the suicidality pathway. Results show that distinct PTSD symptom clusters are associated with different risk profiles in military veterans. High rates of HRBs with the potential for lethal outcomes evident in our sample demonstrate the need for nuanced screening procedures. Veterans who do not meet full clinical criteria for PTSD may be at risk for premature mortality from suicide and HRBs in the

context of reexperiencing, negative cognitive–mood, and hyperarousal symptoms.  
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## Links of Interest

Nightmares Linked to Self-harm

<http://www.sleepreviewmag.com/2017/11/nightmares-linked-self-harm/>

Therapy Is Great, but I Still Need Medication

[http://www.slate.com/articles/health\\_and\\_science/medical\\_examiner/2017/11/cognitive\\_behavioral\\_therapy\\_doesn\\_t\\_fix\\_everything\\_for\\_everyone.html](http://www.slate.com/articles/health_and_science/medical_examiner/2017/11/cognitive_behavioral_therapy_doesn_t_fix_everything_for_everyone.html)

Poll: More than 90 percent of vets support medical marijuana research

<https://www.militarytimes.com/veterans/2017/11/02/poll-more-than-90-percent-of-vets-support-medical-marijuana-research/>

Military Caregivers Share the Costs of War

<https://www.rand.org/blog/rand-review/2017/10/military-caregivers-share-the-costs-of-war.html>

The Promise of Ecstasy for PTSD

<https://www.nytimes.com/2017/11/03/opinion/ecstasy-ptsd.html>

MDMA's Journey from Molly to Medicine

<https://www.scientificamerican.com/article/mdmas-journey-from-molly-to-medicine/>

Virtual Reality Graded Exposure Therapy (VRGET)

<https://www.psychologytoday.com/blog/integrative-mental-health-care/201711/virtual-reality-graded-exposure-therapy-vrget>

Want to Get Better Sleep? Don't Think of Yourself as an Insomniac

<http://mentalfloss.com/article/513948/want-get-better-sleep-don't-think-yourself-insomniac>

Doctor says civilian Post Traumatic Stress Disorder becoming more common (Warning: autoplay video)

<http://www.good4utah.com/news/local-news/doctor-says-civilian-post-traumatic-stress-disorder-becoming-more-common/852380945>

Study reaffirms efficacy of computerized cognitive behavioral therapy for mood, anxiety disorders

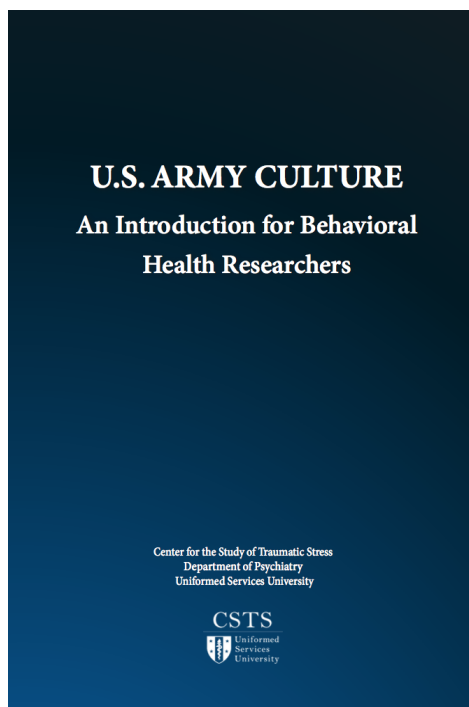
<https://www.healio.com/psychiatry/mood-disorders/news/online/{cd71ea92-f413-4066-92a5-7b0ee250b72d}/study-reaffirms-efficacy-of-computerized-cognitive-behavioral-therapy-for-mood-anxiety-disorders>

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**Resource of the Week -- US Army Culture: [An Introduction for Behavioral Health Researchers](#)**

This is a new (free) book from the Uniformed Services University Center for the Study of Traumatic Stress. Downloadable in PDF format.

The Center has developed "US Army Culture: An Introduction for Behavioral Health Researchers" to assist researchers with understanding Army culture and how this impacts the development, conduct, and analysis of research involving soldiers and their families. The book provides information on a range of Army topics including: history and culture; understanding Active, Guard and Reserve components; key terminology and rank structure; as well as pragmatic suggestions to enhance research and related products.





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