

CDP



Research Update -- December 7, 2017

What's Here:

- Training Providers in the Use of Evidence-Based Treatments: A Comparison of In-Person and Online Delivery Modes. (Sybil Mallonee, [Jennifer Phillips](#), [Kevin Holloway](#) [David Riggs](#))
- Combat-related guilt and the mechanisms of exposure therapy.
- The Effect of Sleep Disorders, Sedating Medications, and Depression on Cognitive Processing Therapy Outcomes: A Fuzzy Set Qualitative Comparative Analysis.
- Morally Injurious Events and Psychological Distress Among Veterans: Examining the Mediating Role of Religious and Spiritual Struggles.
- Deployment-Related Military Sexual Trauma Predicts Heavy Drinking and Alcohol Problems Among Male Reserve and National Guard Soldiers.
- Addressing Relationship Health Needs in Primary Care: Adapting the Marriage Checkup for Use in Medical Settings with Military Couples.
- Negative Outcomes After Morally Injurious Experiences: A Replication and Extension.
- Relationship of PTSD with impulsivity dimensions while controlling the effect of anxiety and depression in a sample of inpatients with alcohol use disorder.
- Assessing sleep quality using self-report and actigraphy in PTSD.
- Distinguishing Levels of Suicide Risk in Depressed Male Veterans: The Role of Internalizing and Externalizing Psychopathology as Measured by the MMPI-2-RF.

- Evaluating the Effectiveness of Safety Plans for Military Veterans: Do Safety Plans Tailored to Veteran Characteristics Decrease Suicide Risk?
- Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans.
- Insomnia in United States military veterans: An integrated theoretical model.
- Violence risk assessment and management in mental health: a conceptual, empirical and practice critique.
- Post-deployment Mental Health in Reserve and National Guard Service Members: Deploying With or Without One's Unit and Deployment Preparedness.
- Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials.
- Reflections on Recent Research Into Animal-Assisted Interventions in the Military and Beyond.
- Combating Sexual Assault With the Military Ethic: Exploring Culture, Military Institutions, and Norms-Based Preventive Policy.
- Examination of the World Health Organization Disability Assessment System as a Measure of Disability Severity Among Veterans Receiving Cognitive Processing Therapy.
- Disproportionate Mental Health Burden Associated With Past-Year Intimate Partner Violence Among Women Receiving Care in the Veterans Health Administration.
- Incorporating peer support during in vivo exposure to reverse dropout from prolonged exposure therapy for posttraumatic stress disorder: Clinical outcomes.
- Clinician Perceptions Related to the Use of the CBT-I Coach Mobile App.
- Tinnitus, Traumatic Brain Injury, and Posttraumatic Stress Disorder in the Military.
- The Moral Injury Symptom Scale-Military Version.
- Links of Interest
- Resource of the Week -- Final Report: Increasing Protective Factors to Reduce Child Maltreatment in Texas Military and Veteran Families

<http://journals.sagepub.com/doi/abs/10.1177/1475725717744678>

Training Providers in the Use of Evidence-Based Treatments: A Comparison of In-Person and Online Delivery Modes.

Sybil Mallonee, Jennifer Phillips, Kevin Holloway David Riggs

Psychology Learning & Teaching

Article first published online: November 29, 2017

<https://doi.org/10.1177/1475725717744678>

Evidenced-based psychotherapies (EBPs) are primarily disseminated via in-person workshops, which have been shown to be effective in training clinicians. However, there is limited space at these workshops, they occur in limited locations, and the time and money required to travel to these workshops is limiting for many providers. An online virtual and interactive training is a potential solution to increase EBP training opportunities for providers. The present study was an initial step to address this limitation in the current research. In-person workshops were compared with live 3-D workshops conducted in the online virtual and interactive platform, Second Life. Analysis of the data demonstrated that the 706 participants, regardless of training modality, demonstrated significant knowledge gains and that the magnitude of these gains did not differ across the in-person and virtual online training modalities. Participants in the online and in-person modality also did not differ in their perceived readiness to implement the EBP after the workshop. A significant difference in training satisfaction was found between the two modalities, with the in-person training group reporting higher satisfaction ratings than the online training participants. Overall, these findings suggest that virtual online EBP training is at least as effective as in-person training.

<https://www.sciencedirect.com/science/article/pii/S000579671730236X>

Combat-related guilt and the mechanisms of exposure therapy.

Benjamin Trachik, Clint Bowers, Sandra M. Neer, Vu Nguyen, B. Christopher Frueh, Deborah C. Beidel

Behaviour Research and Therapy
Available online 27 November 2017
<https://doi.org/10.1016/j.brat.2017.11.006>

Exposure therapy (EXP) is one of the most widely used and empirically supported treatments for PTSD; however, some researchers have questioned its efficacy with specific populations and in targeting specific symptoms. One such symptom, guilt, has garnered increased attention in the PTSD treatment literature, as it is associated with worse symptomatology and outcomes. The current study examined cognitive changes in guilt in response to Intensive (3-week) and Standard (17-week) Trauma Management Therapy (TMT), and the potential mechanisms underlying TMT treatment. TMT is an exposure based intervention that does not include an emotional processing component after the imaginal exposure session. A portion of the sample completed measures of guilt. As a result, sample size for these analyses ranged from 39-102 and varied by the domain and measure. Of the 102 individuals that completed the PTSD Checklist-Military Version, 42 completed the Trauma Related Guilt Inventory, and 39 completed the Clinician Administered PTSD Scale supplemental guilt items. Participants reported significant reductions in trauma-related guilt symptoms over the course of the TMT interventions. Greater reductions in avoidance and prior session general arousal predicted the reduction of guilt symptoms. Exposure therapy may be effective in reducing trauma-related guilt even in the absence of the emotional processing component of treatment.

<https://www.ncbi.nlm.nih.gov/pubmed/29160555>

J Trauma Stress. 2017 Nov 21. doi: 10.1002/jts.22233. [Epub ahead of print]

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

Haynes PL, Emert SE, Epstein D, Perkins S, Parthasarathy S, Wilcox J

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.

PMID: 29160555 DOI: 10.1002/jts.22233

<https://www.ncbi.nlm.nih.gov/pubmed/29154594>

Psychol Trauma. 2017 Nov 20. doi: 10.1037/tra0000347. [Epub ahead of print]

Morally Injurious Events and Psychological Distress Among Veterans: Examining the Mediating Role of Religious and Spiritual Struggles.

Evans WR, Stanley MA, Barrera TL, Exline JJ, Pargament KI, Teng EJ.

OBJECTIVE:

Potentially morally injurious events (PMIEs)-violations (perpetrated or witnessed) of one's deeply held beliefs or values-have been associated with several forms of psychological distress. The values violated by PMIEs are often influenced by one's religion/spirituality (r/s). Struggles with one's r/s beliefs and/or practices may also contribute to elevated psychological distress. To further develop a framework for understanding and treating the sequelae of PMIE exposure, we examined the role of r/s struggles in the relation between PMIE exposure and psychological distress.

METHOD:

A diverse sample of 155 veterans at a large Veterans Affairs medical center completed questionnaires assessing PMIE exposure, r/s struggles, and psychological distress.

RESULTS:

Findings revealed greater PMIE exposure predicted elevated r/s struggles as well as elevated symptoms of anxiety and posttraumatic stress disorder (PTSD). Likewise, greater r/s struggles predicted elevated anxiety, PTSD, and depression symptoms. Regression analyses revealed r/s struggles fully mediated the relation between PMIE exposure and anxiety as well as PTSD, and a significant indirect effect of PMIE exposure on depression symptoms through r/s struggles was observed. Follow-up analyses revealed that no specific domain of r/s struggles accounted for the relation between PMIE exposure and psychological distress; rather, the overarching construct of r/s struggles accounted for this relation.

CONCLUSION:

These findings advance the evolving theoretical framework of moral injury, elucidating the salience of r/s struggles in the development of distress. Implications for moral injury intervention call for attention to potential dissonance between actions (witnessed or perpetrated) and r/s underpinnings of the individual's moral framework. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

PMID: 29154594 DOI: 10.1037/tra0000347

<http://onlinelibrary.wiley.com/doi/10.1111/acer.13528/full>

Deployment-Related Military Sexual Trauma Predicts Heavy Drinking and Alcohol Problems Among Male Reserve and National Guard Soldiers.

Jennifer Fillo, Sarah Cercone Heavey, D. Lynn Homish, Gregory G. Homish

Alcoholism: Clinical and Experimental Research

First published: 24 November 2017

DOI: 10.1111/acer.13528

Background

Military sexual trauma (MST) is associated with a range of deleterious mental and physical health consequences; however, far less attention has been paid to the associations between MST and negative health behaviors, such as substance abuse. This study examined 2 focal research questions: (i) What is the prevalence of experiencing MST during deployment among male Reserve and National Guard

soldiers? and (ii) to what extent is the degree of MST exposure during deployment associated with frequent heavy drinking and alcohol problems postdeployment?

Methods

Data from male soldiers who had been deployed (N = 248) were drawn from the baseline wave of Operation: SAFETY (Soldiers And Families Excelling Through the Years) an ongoing study examining health among U.S. Army Reserve and National Guard and their partners. Participants were recruited over a 15-month period (Summer 2014 to Fall 2015) from units in New York State. Deployments occurred prior to the baseline wave of the study. Analyses examined the relation between degree of MST exposure during soldiers' most recent deployment and (i) frequent heavy drinking and (ii) alcohol problems, measured at baseline, controlling for posttraumatic stress disorder symptoms and age.

Results

17.3% of the male service members reported experiencing MST during their most recent deployment. Further, greater MST exposure was associated with a greater likelihood of engaging in frequent heavy drinking (adjusted risk ratio [aRR] = 1.03, 95% CI [1.01, 1.05]) and experiencing alcohol problems (aRR = 1.03, 95% CI [1.01, 1.06]) at baseline.

Conclusions

Findings demonstrate that MST rates are high among male Reserve and National Guard soldiers, and greater MST exposure is associated with an increased likelihood of engaging in frequent heavy drinking and experiencing alcohol problems among a population already at risk for problematic alcohol use.

<https://link.springer.com/article/10.1007/s10880-017-9517-8>

Addressing Relationship Health Needs in Primary Care: Adapting the Marriage Checkup for Use in Medical Settings with Military Couples.

James V. Cordova, Jeffrey A. Cigrang, Tatiana D. Gray, Elizabeth Najera, Matt Havrilenko, Crystal Pinkley, Matthew Nielsen, JoLyn Tatum, Kristen Redd

Journal of Clinical Psychology in Medical Settings
December 2017, Volume 24, Issue 3–4, pp 259–269
<https://doi.org/10.1007/s10880-017-9517-8>

The overall objective of this study was to pilot the Marriage Checkup (MC), a brief intervention for enhancing marital resiliency tailored to a military population, for use by internal behavioral health consultants (IBHCs) working in an integrated primary care clinic. The MC was revised to fit into the fast-paced environment of primary care (e.g., streamlined to fit within three 30-min appointments), and military-relevant material was added to the content. IBHCs working in primary care were then trained to offer the intervention. Thirty participants were enrolled in the study and completed a relationship checkup and one-month follow-up questionnaires. Analysis of post-test and one-month follow-up data showed statistically significant improvements in participants' marital health compared to pre-treatment. The MC intervention appeared to be well received by both couples and IBHCs.

<https://www.ncbi.nlm.nih.gov/pubmed/29154599>

Psychol Trauma. 2017 Nov 20. doi: 10.1037/tra0000341. [Epub ahead of print]

Negative Outcomes After Morally Injurious Experiences: A Replication and Extension.

Lancaster SL.

OBJECTIVE:

The current study replicates and extends a model of the relationship between morally injurious experiences, moral emotions, and posttraumatic stress disorder (PTSD; Jordan, Eisen, Bolton, Nash, & Litz, 2017). The current study builds on this earlier work by including broader measures of moral emotions and by including an assessment of symptoms of depression.

METHOD:

An online survey, distributed using crowdsourcing software, was completed by 161 military veterans. The survey included measures of transgressive acts, appraisals of these acts including self-transgressions and betrayal by leadership, and symptoms of PTSD and depression. The hypothesized model was tested using structural equation techniques.

RESULTS:

The results of the current study largely replicate the earlier work, suggesting the effects

of morally injurious experiences are mediated by moral emotions while also indicating transgressive acts can have a direct effect on PTSD. The model accounted for a large percentage of the variance of both PTSD and depression and supported specific paths between forms of morally injurious experiences, moral emotions, and negative psychological outcomes.

CONCLUSION:

The current study replicates the model that suggested moral emotions mediate the role of morally injurious experiences on symptoms of PTSD. The results also demonstrate that future studies should account for the role of transgressive acts in addition to appraisals of these acts. Finally, the results suggest the model developed by Jordan and colleagues may be useful in predicting outcomes beyond PTSD. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

PMID: 29154599 DOI: 10.1037/tra0000341

<http://www.tandfonline.com/doi/abs/10.1080/15504263.2017.1404665>

Relationship of PTSD with impulsivity dimensions while controlling the effect of anxiety and depression in a sample of inpatients with alcohol use disorder.

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Journal of Dual Diagnosis

Accepted author version posted online: 22 Nov 2017

<https://doi.org/10.1080/15504263.2017.1404665>

Objective:

The aim of the present study was to evaluate the relationship of posttraumatic stress disorder (PTSD) with impulsivity dimensions while controlling the effect of anxiety and depression in a sample of inpatients with alcohol use disorder (AUD).

Methods:

Participants were 190 male patients admitted to a specialized center for substance use disorders within a six month period. Participants were evaluated with the State-Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI), the Short Form Barratt Impulsiveness Scale (BIS-11-SF), the Traumatic Experiences Checklist (TEC) and PTSD Checklist Civilian version (PCL-C).

Results:

Age was lower in the group with PTSD (n = 63, 33.2%) than the group without PTSD (n = 127, 66.8%). Duration of education, marital and employment status did not differ between the groups. STAI, BDI, and BIS-11-SF scores were higher in the group with PTSD. Trait anxiety, depression and impulsivity predicted high PTSD risk in a logistic regression model. Same variables predicted the severity of PTSD symptoms in a linear regression. Among dimensions of impulsivity attentional component was the only predictor of PTSD symptoms severity, not motor or non-planning impulsivity.

Conclusions:

These findings suggest that the PTSD may be related to impulsivity, particularly attentional impulsivity, even after controlling anxiety and depression among inpatients with AUD.

<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12632/full>

Assessing sleep quality using self-report and actigraphy in PTSD.

Slightam, C., Petrowski, K., Jamison, A. L., Keller, M., Bertram, F., Kim, S. and Roth, W. T.

Journal of Sleep Research

First published: 24 November 2017

DOI: 10.1111/jsr.12632

Sleep disturbance is commonly reported by participants with post-traumatic stress disorder, but objective evidence of poor sleep is often absent. Here we compared self-report and actigraphic evaluations of sleep between veterans with post-traumatic stress disorder and controls. Participants reported their sleep retrospectively for the month before the recording night and on the recording night. On the recording night, they wore an Actiwatch-64 and were instructed to press the marker button upon getting into bed, each time they awoke, and at their final awakening. The post-traumatic stress disorder group reported much worse sleep than controls on the Pittsburgh Sleep Quality Index for the previous month and somewhat poorer sleep on the recording night. However, on the recording night, neither diary nor actigraphic measures of number of awakenings, total time in bed, nor time lying awake after sleep onset differed between participants with and without post-traumatic stress disorder. Diary-reported number of awakenings

was fewer than actigraphically captured awakenings. These results suggest a memory bias towards remembering worse sleep on the nights before the recording night.

<http://journals.sagepub.com/doi/abs/10.1177/1073191117743787>

Distinguishing Levels of Suicide Risk in Depressed Male Veterans: The Role of Internalizing and Externalizing Psychopathology as Measured by the MMPI-2-RF.

Stephanie N. Miller, Melanie L. Bozzay, Yossef S. Ben-Porath, Paul A. Arbisi

Assessment

First Published November 24, 2017

<https://doi.org/10.1177/1073191117743787>

Suicide occurs at high rates among veterans, underscoring a need for improved identification of veterans at risk of engaging in suicidal behavior. Considering dimensions of psychopathology in the context of an ideation-to-action framework, the present study examined the utility of the Minnesota Multiphasic Personality Inventory–2–Restructured Form in distinguishing depressed, psychiatrically hospitalized male veterans (N = 430) at varying levels of suicide risk. Analysis of variance and hierarchical logistic regression analyses indicated that internalizing scales differentiated depressed ideators (n = 147) and depressed controls (n = 143); and in line with expectations, both broad and narrowly focused externalizing scales provided incremental validity in distinguishing depressed attempters (n = 140) from depressed ideators. Interactions between Suicidal/Death Ideation and externalizing scale scores were found to differentiate only depressed ideators from depressed controls. Clinical implications in the areas of suicide risk assessment and therapeutic interventions with suicidal veterans are discussed.

<http://www.sciencedirect.com/science/article/pii/S0005789417301235>

Evaluating the Effectiveness of Safety Plans for Military Veterans: Do Safety Plans Tailored to Veteran Characteristics Decrease Suicide Risk?

Jonathan D. Green, Jaclyn C. Kearns, Raymond C. Rosen, Terence M. Keane, Brian P. Marx

Behavior Therapy

Available online 22 November 2017

<https://doi.org/10.1016/j.beth.2017.11.005>

In response to high suicide rates among veterans, the Department of Veterans Affairs (VA) has mandated that veterans at risk for suicide be given Safety Plans (SP). Research on the efficacy of SPs, however, is unclear and no prior study has examined the degree to which more personally relevant (i.e., higher quality) SPs may be associated with better outcomes or evaluate which components of SPs may be most effective at reducing suicidal behavior. The goal of the present study was to examine whether more personally relevant (i.e., higher quality) SPs reduce future suicide-related outcomes (psychiatric hospitalization, self-harm, and suicide attempts), and to determine which components of a SP may be most effective at reducing these outcomes. Participants were 68 individuals enrolled in a longitudinal national registry of returning military veterans receiving care from the VA, and who had at least one suicide-related event in the VA Suicide Prevention Applications Network. Data were collected between December 2009 and September 2016 and were analyzed between March 2016 and February 2017. Scores of SP quality were used to predict suicide-related outcomes. SP quality was low. Higher SP quality scores predicted a decreased likelihood of future suicide behavior reports (note entered into veteran's chart after a report of any self-harm behavior, including a suicide attempt). Higher scores on Step 3 (people and places that serve as distractions) predicted a decreased likelihood of future suicide behavior reports. More personally relevant SPs may reduce future suicide-related outcomes among veterans. Low SP quality scores highlight the need for training around SP implementation in the VA.

<http://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.

<http://www.sciencedirect.com/science/article/pii/S0272735817301423>

Insomnia in United States military veterans: An integrated theoretical model.

Jaime M. Hughes, Christi S. Ulmer, Jennifer M. Gierisch, S. Nicole Hastings, Matthew O. Howard

Clinical Psychology Review

Available online 20 November 2017

<https://doi.org/10.1016/j.cpr.2017.11.005>

Marked by difficulty falling or staying asleep and/or poor sleep leading to daytime dysfunction, insomnia contributes to functional impairment, poor health, and increased healthcare utilization when left untreated. As many as two-thirds of Iraq and Afghanistan military veterans complain of insomnia. Older veterans of prior conflicts report insomnia occurring since initial service, suggesting a chronic nature to insomnia in this population. Despite insomnia's high prevalence and severe consequences, there is no theoretical model to explain either the onset or chronicity of insomnia in this growing patient population. Existing theories view insomnia as an acute, unidirectional phenomenon and do little to elucidate long-term consequences of such problems. Existing theories also fail to address mechanisms by which acute insomnia becomes chronic. This paper presents an original, integrated theoretical model that draws upon constructs from several prominent behavioral medicine theories to reconceptualize insomnia as a chronic, cyclical problem that is both a consequence and predictor of

stress. Additional research examining the relationships between stress, sleep, resilience, and outcomes of interest could inform clinical and research practices. Addressing sleep problems early could potentially enhance adaptive capacity, thereby reducing the risk for subsequent negative outcomes.

<http://www.emeraldinsight.com/doi/abs/10.1108/JMHTEP-04-2017-0027>

Violence risk assessment and management in mental health: a conceptual, empirical and practice critique.

Patrick Callaghan and Andrew Grundy

The Journal of Mental Health Training, Education and Practice
<https://doi.org/10.1108/JMHTEP-04-2017-0027>

Purpose

This paper examines empirical, epistemological and conceptual challenges, and clinical narratives in the application of risk assessment and management in mental health.

Design/methodology/approach

The authors used a narrative review of empirical, conceptual and clinical literature

Findings

The worldwide prevalence of violence in mental health settings remains high. Risk assessment and management approaches, while well intentioned as an attempt to reduce harm and increase people's safety, have negligible effect on both. They are invariably individual-centric, ignore wider environmental, societal and behavioural influences that foment violence, and have a stigmatising effect on people using mental health services. They also reinforce the myth that people who are mentally unwell threaten society and that through current risk assessment and management approaches we can minimise this threat.

Research limitations/implications

There is need to re-consider that study of, and application of violence risk assessment in mental health.

Practical implications

The practice of risk assessment and management in mental health is marred by an

overuse of risk assessment measures that are limited in their predictive efficacy. As a result, they have little value in preventing, reducing and/or managing harm. The language of risk punishes and stigmatizes service users and reinforces the image of menace. An alternative language of safety may nourish and protect. A collaborative approach to safety assessment based upon recovery-focussed principles and practices may fuse professionals and service users' horizons. Combining service users' self-perception, professionals' sound clinical judgement, assisted by electronically derived risk algorithms and followed by evidence-based risk management interventions, may lessen the threat to service users, reduce harm and transform the practice of violence risk assessment and management.

Originality/value

The increasing focus on risk assessment and management to tackle violence in mental health is fraught with empirical, conceptual and practical concerns; we have suggested ways in which these concerns can be addressed without compromising people's safety.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usx002/4644214>

Post-deployment Mental Health in Reserve and National Guard Service Members: Deploying With or Without One's Unit and Deployment Preparedness.

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Military Medicine

Published: 21 November 2017

<https://doi.org/10.1093/milmed/usx002>

Background:

Given the greater prevalence of post-deployment mental health concerns among reservists, the higher likelihood of deploying without their regular unit, and potentially lower rates of deployment preparedness, we examined associations between deploying with or without one's regular unit (individual augmentee status, IAS), deployment preparedness, and mental health problems including post-traumatic stress disorder (PTSD), depression (MDD), and binge drinking in a nationally representative sample of Reserve Component (RC) Army and Marine-enlisted males (n = 705).

Methods:

A series of multivariate regressions examined the association of mental health with IAS and deployment preparedness, adjusting for demographics. To examine whether deployment preparedness varied by IAS, an IAS × deployment preparedness interaction was included. Findings: In an adjusted model, being an individual augmentee and low deployment preparedness were associated with any mental health problem (screening positive for PTSD, MDD, binge drinking, or any combination of the three). There was a significant IAS × deployment preparedness interaction. Mental health problems did not vary by preparedness among individual augmentees. Participants deploying with regular units with low–medium preparedness had greater risk for mental health problems (odds ratio [OR] = 3.69, 95% confidence interval [CI] = 1.78–7.62 and OR = 2.29, 95% CI = 1.12–4.71), than those with high preparedness. RC-enlisted male personnel who deployed without their regular unit were five times more likely to have a mental health problem, and were 61% more likely to report binge drinking. Additionally, those with lower levels of deployment preparedness were up to three times more likely to have a mental health problem and up to six times more likely to report PTSD.

Discussion:

The current investigation found that both IAS and deployment preparedness were associated with negative mental health outcomes in a large representative sample of previously deployed RC-enlisted male personnel. In particular, low deployment preparedness was associated with an increased likelihood of PTSD, and deploying without one's regular unit was associated with increased rates of binge drinking. There were also significant main and interaction effects of IAS and deployment preparedness on having a mental health problem. It is possible that limiting the number of RC personnel deploying without their regular unit may help to decrease alcohol misuse among U.S. Armed Services reservists during and after future conflicts. Also, to the extent that deployment preparedness is a modifiable risk factor, future studies should examine whether increasing deployment preparedness could mitigate some of the correlates of deployment-related trauma exposure. Finally, future investigation is needed to explain why those who deploy without their regular unit, but who report high deployment preparedness, remain at elevated risk for mental health problems. It is possible that individual augmentees can benefit from a specific preparation for deployment. Those deploying without their regular unit had higher rates of mental health problems regardless of preparedness. These findings have implications for deployment preparedness training for those deploying without their regular unit.

<http://www.sciencedirect.com/science/article/pii/S0272735817302271>

Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials.

Alexander C. Kline, Andrew A. Cooper, Nina K. Rytwinski, Norah C. Feeny

Clinical Psychology Review

Available online 21 November 2017

<https://doi.org/10.1016/j.cpr.2017.10.009>

Psychotherapies are well established as efficacious acute interventions for posttraumatic stress disorder (PTSD). However, the long-term efficacy of such interventions and the maintenance of gains following termination is less understood. This meta-analysis evaluated enduring effects of psychotherapy for PTSD in randomized controlled trials (RCTs) with long-term follow-ups (LTFUs) of at least six months duration. Analyses included 32 PTSD trials involving 72 treatment conditions (N = 2935). Effect sizes were significantly larger for active psychotherapy conditions relative to control conditions for the period from pretreatment to LTFU, but not posttreatment to LTFU. All active interventions demonstrated long-term efficacy. Pretreatment to LTFU effect sizes did not significantly differ among treatment types. Exposure-based treatments demonstrated stronger effects in the posttreatment to LTFU period ($d = 0.27$) compared to other interventions ($p = 0.005$). Among active conditions, LTFU effect sizes were not significantly linked to trauma type, population type, or intended duration of treatment, but were strongly tied to acute dropout as well as whether studies included all randomized patients in follow-up analyses. Findings provide encouraging implications regarding the long-term efficacy of interventions and the durability of symptom reduction, but must be interpreted in parallel with methodological considerations and study characteristics of RCTs.

<https://link.springer.com/article/10.1007/s11920-017-0861-z>

Reflections on Recent Research Into Animal-Assisted Interventions in the Military and Beyond.

Christina B. Rumayor, Amy M. Thrasher

Current Psychiatry Reports
December 2017, 19:110
<https://doi.org/10.1007/s11920-017-0861-z>

Purpose of Review

The purpose of the present review was threefold: to address the current state of Animal-Assisted Interactions (AAI) within the military; to summarize recent literature (within the past three years) in the field of AAI; and to discuss trends in AAI research since 2014.

Recent Findings

With regard to AAI within the military, several canine interaction programs have been utilized to assist service members in coping with various issues. Therapy dogs have been deployed with Combat-Operational Stress Control units; they have been integrated into medical clinics and behavioral health treatment programs in garrison; and policy has been developed to address the use of therapy animals in military treatment facilities. General research in AAI has demonstrated efficacy for certain presenting issues (stress management, trauma, autism spectrum disorder) and specific populations (children, the elderly, acute care patients). Overall trends in research include calls for increased consideration for animal welfare in AAI and increased rigor in research methodology.

Summary

Current research supports the structured use of therapy dogs in the treatment of various disorders and with specific populations, including military service members and veterans; however, the need for additional research with rigorous methodology remains.

<http://journals.sagepub.com/doi/abs/10.1177/0095327X17735520>

Combating Sexual Assault With the Military Ethic: Exploring Culture, Military Institutions, and Norms-Based Preventive Policy.

John Bennett

Armed Forces & Society
First Published November 27, 2017
<https://doi.org/10.1177/0095327X17735520>

This article explores sexual assault within the military by focusing on the role of norms and institutional culture. This article asserts that poor impulse control is, in part, at the root of sexual assault offenses. The “military ethic,” however, provides a promising institutional means to stigmatize sexual assault and further acculturate service members into law-abiding norms. The military ethic exalts obedience and self-sacrifice. The military ethic is theorized as a norm that may challenge or alter the attitudes and characteristics underlying sexual assault. Additionally, the question of whether the military fosters an institutional “culture of rape” is analyzed. Research into offenders’ motives is discussed, with a focus on the significance of self-control in offending conduct. Research on the features of successful preventive programs is considered. The article concludes by proposing a norms-based preventive policy targeting offender attitudes and capitalizing on successful preventive programs.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22243/full>

Examination of the World Health Organization Disability Assessment System as a Measure of Disability Severity Among Veterans Receiving Cognitive Processing Therapy.

Jeremiah A. Schumm, Whitney L. Gore, Kathleen M. Chard, Eric C. Meyer

Journal of Traumatic Stress

First published: 27 November 2017

DOI: 10.1002/jts.22243

Cognitive processing therapy (CPT) is effective for reducing posttraumatic stress disorder (PTSD) and depression among military veterans. However, studies have not examined whether CPT is associated with reductions in disability severity. The current study examines the association between disability severity and PTSD and depression among U.S. veterans who are receiving CPT. Veterans completed measures at pre- and posttreatment and received CPT through a Veterans Affairs PTSD outpatient (n = 155) or residential (n = 177) program. The World Health Organization Disability Assessment Schedule (WHODAS) 2.0 was used to assess disability severity. The WHODAS 2.0 scores were positively correlated with clinician- and veteran-rated PTSD and veteran-rated depression at pre- and posttreatment ($r = .22$ to $.60$). Compared with outpatients, veterans in residential treatment had worse scores on the WHODAS Mobility scale (math formula = $.03$), but on no other WHODAS 2.0 scales. Pre- to posttreatment reductions were found on all WHODAS 2.0 subscales (math formula =

.03 to .15). Reductions in PTSD and depression were positively associated with improvements on the WHODAS 2.0 Summary scale and most subscales ($r = .22$ to $.52$). Findings suggest that the WHODAS 2.0 is a promising disability severity measure for veterans in PTSD treatment. Findings also suggest that CPT may help veterans to achieve reductions in disability severity.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22241/full>

Disproportionate Mental Health Burden Associated With Past-Year Intimate Partner Violence Among Women Receiving Care in the Veterans Health Administration.

Dichter, M. E., Sorrentino, A., Bellamy, S., Medvedeva, E., Roberts, C. B. and Iverson, K. M.

Journal of Traumatic Stress

First published: 28 November 2017

DOI: 10.1002/jts.22241

Experience of intimate partner violence (IPV) can lead to mental health conditions, including anxiety, depression, and unhealthy substance use. Women seen in the Veterans Health Administration (VHA) face high rates of both IPV and mental health morbidity. This study aimed to identify associations between recent IPV experience and mental health diagnoses among women VHA patients. We examined medical records data for 8,888 female veteran and nonveteran VHA patients across 13 VHA facilities who were screened for past-year IPV between April, 2014 and April, 2016. Compared with women who screened negative for past-year IPV (IPV-), those who screened positive (IPV+; 8.7%) were more than twice as likely to have a mental health diagnosis, adjusted odds ratio (AOR) = 2.27, 95% confidence interval (CI) [1.95, 2.64]; or more than two mental health diagnoses, AOR = 2.29, 95% CI [1.93, 2.72]). Screening IPV+ was also associated with significantly higher odds of each type of mental health morbidity (AOR range = 1.85–3.19) except psychoses. Over half (53.5%) of the women who screened IPV+ had a mental health diagnosis, compared with fewer than one-third (32.6%) of those who screened IPV-. Each subtype of IPV (psychological, physical, and sexual violence) was significantly associated with having a mental health diagnosis (AOR range = 2.25–2.37) or comorbidity (AOR range = 2.17–2.78). Associations remained when adjusting for military sexual trauma and combat trauma among the veteran subsample. These findings highlight the mental health burden associated with

past-year IPV among female VHA patients and underscore the need to address psychological and sexual IPV, in addition to physical violence.

<http://journals.sagepub.com/doi/abs/10.1177/0091217417738938>

Incorporating peer support during in vivo exposure to reverse dropout from prolonged exposure therapy for posttraumatic stress disorder: Clinical outcomes.

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The International Journal of Psychiatry in Medicine

Volume: 52 issue: 4-6, page(s): 366-380

Article first published online: November 27, 2017

<https://doi.org/10.1177/0091217417738938>

Objective

Prolonged exposure is characterized by reported dropout rates ranging from 25% to 40%. This premature attrition is also observed in other evidence-based treatments for posttraumatic stress disorder. While home-based telehealth delivery of prolonged exposure resolves logistical barriers to care such as travel time and cost, dropout appears unaffected. A previous study on dropouts from prolonged exposure delivered via telehealth found that Veterans, particularly those receiving care via telehealth, reported problems with in vivo exposure and that having a peer to offer support during in vivo exposure assignments might have prevented their attrition from treatment.

Methods

The present pilot study treatment was designed in a manner consistent with the aforementioned Veteran suggestions, specifically to involve peers offering verbal support and encouragement during in vivo exposure homework. Such a treatment modification might be particularly useful for those receiving care via telehealth, given increased difficulties with exposure reported when this treatment delivery modality is used. It was hypothesized that dropouts would agree to reengage in treatment with a peer and would subsequently evince improvement in posttraumatic stress disorder and depression scores as a result of this treatment reengagement.

Results

Of 82 dropouts from prolonged exposure, 29 reentered treatment when offered peer support during exposure (12 in telehealth and 17 in person).

Conclusion

Treatment reentry was effective insofar as indices of both posttraumatic stress disorder and depression were significantly reduced in both telehealth and in person groups, indicating that using peers in this way may be an effective means by which to return Veterans to care, and ultimately reduce symptomatology.

<http://www.tandfonline.com/doi/full/10.1080/15402002.2017.1403326>

Clinician Perceptions Related to the Use of the CBT-I Coach Mobile App.

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Behavioral Sleep Medicine

Published online: 01 Dec 2017

<https://doi.org/10.1080/15402002.2017.1403326>

Objective:

Clinicians' perceptions of CBT-I Coach, a patient-facing mobile app for cognitive-behavioral therapy for insomnia (CBT-I), are critical to its adoption and integration into practice. Diffusion of innovations theory emphasizes the influence of perceptions, including the relative advantage to current practice, the compatibility to clinicians' needs, the complexity, the innovation's trialability, and observability. This study intended to evaluate the use and perceptions of CBT-I Coach among Veterans Affairs (VA)-trained CBT-I clinicians.

Participants and Methods:

Clinicians (N = 108) were surveyed about their use, feedback, and perceptions of CBT-I Coach a year after the app became available.

Results:

Overall perceptions of CBT-I Coach were favorable. Fifty percent of clinicians reported using CBT-I Coach, with 98% intending to continue use. The app was perceived to increase sleep diary completion and homework compliance. Clinicians viewed the app as providing accessibility to helpful tools and improving patient engagement. Of those not using the app, 83% endorsed intention to use it. Reasons for nonuse were lack of patient access to smart phones, not being aware of the app, not having time to learn it,

and inability to directly access app data. Those who reported using CBT-I Coach had more favorable perceptions across all constructs ($p < .01 - p < .001$), except relative advantage, compared to nonusers. Users perceived it as less complex and more compatible with their practice than nonusers.

Conclusions:

Continued efforts are needed to increase adoption and enhance use of CBT-I Coach, as well as study if reported benefits can be evidenced more directly.

<https://www.ncbi.nlm.nih.gov/pubmed/29185182>

Int J Behav Med. 2017 Nov 28. doi: 10.1007/s12529-017-9702-z. [Epub ahead of print]

Tinnitus, Traumatic Brain Injury, and Posttraumatic Stress Disorder in the Military.

Moring JC, Peterson AL, Kanzler KE

PURPOSE:

Acoustic trauma is more prevalent in military settings, especially among individuals with combat-related military occupational specialties. Gunfire, improvised explosive devices, and mortar explosions are a few examples that may cause hearing degradation and tinnitus. It is possible that the same events that are associated with auditory problems can cause traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD).

METHOD:

This paper reviews the distinct and overlapping symptoms of tinnitus, TBI, and PTSD, and how these disorders interact to synergistically promote negative outcomes.

RESULTS:

Tinnitus may serve as a significant contributor to symptoms of TBI and PTSD. Therefore, tinnitus subtypes could be identified as physiologically or psychologically based, or both.

CONCLUSIONS:

Additional research is warranted to determine the common and unique symptoms and associated neurological pathways of tinnitus, TBI, and PTSD. Brief treatment recommendations are provided, including a multidisciplinary approach for the physical

and psychological distress associated with tinnitus.

PMID: 29185182 DOI: 10.1007/s12529-017-9702-z

<https://link.springer.com/article/10.1007/s10943-017-0531-9>

The Moral Injury Symptom Scale-Military Version.

Harold G. Koenig, Donna Ames, Nagy A. Youssef, John P. Oliver, Fred Volk, Ellen J. Teng, Kerry Haynes, Zachary D. Erickson, Irina Arnold, Keisha O'Garro, Michelle Pearce

Journal of Religion and Health

First Online: 01 December 2017

<https://doi.org/10.1007/s10943-017-0531-9>

The purpose of this study was to develop a multi-dimensional measure of moral injury symptoms that can be used as a primary outcome measure in intervention studies that target moral injury (MI) in Veterans and Active Duty Military with PTSD. This was a multi-center study of 427 Veterans and Active Duty Military with PTSD symptoms recruited from VA Medical Centers in Augusta, Los Angeles, Durham, Houston, and San Antonio, and from Liberty University in Lynchburg. Internal reliability of the Moral Injury Symptom Scale-Military Version (MISS-M) was examined along with factor analytic, discriminant, and convergent validity. Participants were randomly split into two equal samples, with exploratory factor analysis conducted in the first sample and confirmatory factor analysis in the second. Test–retest reliability was assessed in a subsample of 64 Veterans. The 45-item MISS-M consists of 10 theoretically grounded subscales assessing guilt, shame, moral concerns, religious struggles, loss of religious faith/hope, loss of meaning/purpose, difficulty forgiving, loss of trust, and self-condemnation. The Cronbach's alpha of the overall scale was .92 and of individual subscales ranged from .56 to .91. The test–retest reliability was .91 for the total scale and ranged from .78 to .90 for subscales. Discriminant validity was demonstrated by relatively weak correlations with other psychosocial, religious, and physical health constructs, and convergent validity was indicated by strong correlations with PTSD, depression, and anxiety symptoms. The MISS-M is a reliable and valid multi-dimensional symptom measure of moral injury that can be used in studies targeting MI in Veterans and Active Duty Military with PTSD symptoms and may also be used by clinicians to identify those at risk.

Links of Interest

Smoked pot and want to enlist? Army issuing more waivers

<https://www.armytimes.com/news/your-army/2017/12/03/smoked-pot-and-want-to-enlist-army-issuing-more-waivers/>

Rapid Review Methodology for Synthesizing Evidence and Reviewing Literature

<http://www.pdhealth.mil/news/blog/rapid-review-methodology-synthesizing-evidence-and-reviewing-literature-0>

USF seeks \$2 million for new and alternative PTSD treatments for veterans

<https://www.bizjournals.com/tampabay/news/2017/12/04/usf-seeks-2-million-for-new-and-alternative-ptsd.html>

High military rate of sexually transmitted disease defies treatment and education efforts

<https://www.stripes.com/news/high-military-rate-of-sexually-transmitted-disease-defies-treatment-and-education-efforts-1.500804>

Veterans sharpen storytelling skills through new arts program

<https://www.militarytimes.com/education-transition/education/2017/12/04/veterans-sharpen-storytelling-skills-through-new-arts-program/>

Can Technology Transform Behavioral Care? Healthcare Leaders Discuss the Promise and the Hype

<https://www.healthcare-informatics.com/article/mobile/can-technology-transform-behavioral-care-healthcare-leaders-discuss-promise-and-hype>

Local counselor talks about the link between PTSD and domestic violence

<http://www.kswo.com/story/37001137/local-counselor-talks-about-the-link-between-ptsd-and-domestic-violence>

FSU researcher finds link between excessive screen time and suicide risk

<http://news.fsu.edu/news/2017/11/30/fsu-researcher-finds-link-excessive-screen-time-suicide-risk/>

Number of homeless vets rises for first time in seven years

<https://www.militarytimes.com/veterans/2017/12/06/number-of-homeless-veterans-nationwide-rises-for-first-time-in-seven-years/>

VA reverses course, won't alter homeless program funding

<https://www.militarytimes.com/veterans/2017/12/07/va-reverses-course-wont-alter-homeless-program-funding/>

Resource of the Week -- [Final Report: Increasing Protective Factors to Reduce Child Maltreatment in Texas Military and Veteran Families](#)

In general, the rate of child abuse and neglect among military families is lower than their civilian counterparts. However, though the overall rate remains lower, researchers have noted that substantiated reports of child maltreatment have risen faster among military families than civilian families, particularly in the last decade.

Prevention services designed specifically for military and veteran families aim to alleviate their unique challenges and stressors, including deployments and separations.

The Prevention and Early Intervention (PEI) Division of the Texas Department of Family Protective Services (DFPS) asked the Child and Family Research Partnership (CFRP) to conduct an implementation and impact evaluation of the state's Military Families and Veterans Prevention Program (MVP).

The need for prevention services is particularly great in Texas, which has the third highest active-duty military population in the U.S., with about 10 percent of all active-duty forces in the country. Additionally, nearly 1.7 million veterans and 53,000 Selected Reserve members live in Texas. Texas is also among the top three states serving military connected students, with over 80,000 during the 2014-2015 school year.

The overarching goal of the MVP program is to prevent child abuse and neglect by building and supporting military families' protective factors, resulting in stronger families and improved military communities.

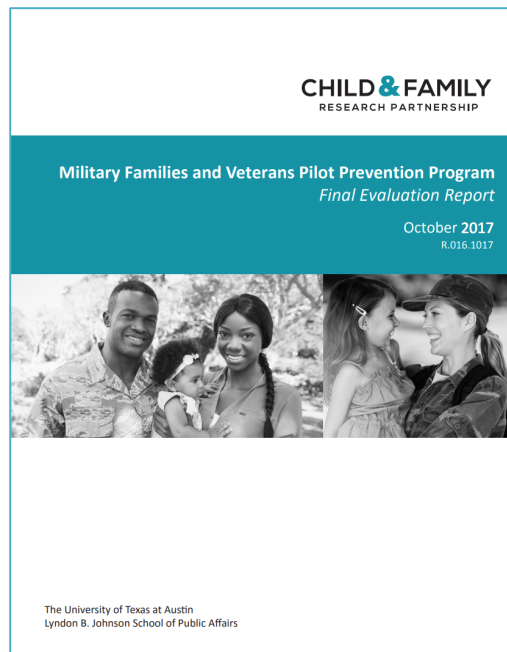
CFRP's evaluation was guided by three overarching research aims:

1. What are the unique needs among military and veteran families, and how do these needs vary among members of military and veteran families?

2. How do programs serving military and veteran families modify their recruitment strategies, service delivery, or other program elements to most effectively serve these families?
3. Do the programs increase protective factors among military and veteran families and prevent incidents of child abuse and neglect?

The research aims guiding the evaluation called for both quantitative and qualitative data analyses. CFRP analyzed Prevention and Early Intervention Reporting System (PEIRS) administrative data, DFPS Information Management Protecting Adults and Children in Texas (IMPACT) data, and contractors and subcontractors annual and quarterly reports. CFRP also conducted multiple personal interviews and focus groups in each site location, the three largest military communities in the state (Bell, Bexar, El Paso Counties).

The final evaluation report details community contexts, evaluation methodology, findings, lessons learned, and policy recommendations.



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