

# CDP



## Research Update -- December 14, 2017

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<http://psycnet.apa.org/record/2017-51706-007>

**Twenty-five years of education in psychology and psychology in education.**

Rozensky, R. H., Grus, C. L., Fouad, N. A., & McDaniel, S. H.

American Psychologist

72(8), 791-807.

<http://dx.doi.org/10.1037/amp0000201>

This article is part of a special issue of the American Psychologist celebrating the American Psychological Association's (APA's) 125th anniversary. The article reviews the last quarter century (1991–2016) of accomplishments by psychology's education and training community and APA's Education Directorate. The purpose is to highlight key trends and developments over the past quarter century that illustrate ways the Directorate sought to advance education in psychology and psychology in education, as the Directorate's mission statement says. The focus of the Directorate has been on building a cooperative culture across psychology's broad education and training community. Specifically APA has (a) promoted quality education—from prekindergarten through lifelong learning, (b) encouraged accountability through guidelines and standards for education and training, and (c) supported the discovery and dissemination of new knowledge to enhance health, education, and well-being. After identifying challenges and progress, the article discusses the future of the field of psychology and the preparation of its workforce of tomorrow. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22517/full>

**Doctoral training in clinical psychology across 23 years: Continuity and change.**

John C. Norcross, Michael A. Sayette, Andrew M. Pomerantz

Journal of Clinical Psychology

First published: 20 November 2017

DOI: 10.1002/jclp.22517

Objective

Doctoral training in clinical psychology has undergone substantial changes in recent

decades, especially with the increasing heterogeneity of training models and graduate students. To document these changes, we analyzed program, student, and faculty characteristics of American Psychological Association (APA)-accredited clinical psychology programs over a 23-year span.

#### Method

We surveyed directors of clinical training about their doctoral programs every 2 years from 1991 to 2013, securing 90%–98% response rates. With minimal exceptions, the survey questions remained constant.

#### Results

Percentages of female and racial/ethnic minority students continued to grow, such that women now comprise about three quarters of trainees and ethnic minorities about one quarter. There has been a decisive shift in faculty theoretical orientation toward cognitive/cognitive-behavioral and away from psychodynamic/psychoanalytic. Internship match rates were relatively high and stable until the early 2010s but have recently rebounded.

#### Conclusion

We discuss the limitations of these survey results and their implications for the future of doctoral training in clinical psychology.

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<https://link.springer.com/article/10.1007/s41347-017-0032-4>

### **Implementing Video to Home to Increase Access to Evidence-Based Psychotherapy for Rural Veteran.**

Jan A. Lindsay, Sonora Hudson, Lindsey Martin, Julianna B. Hogan, Miryam Nessim, Lauren Graves, Jeanne Gabriele, Donna White

Journal of Technology in Behavioral Science

First Online: 28 November 2017

<https://doi.org/10.1007/s41347-017-0032-4>

This clinical demonstration project used facilitation to implement VA Video to Home (VTH) to deliver evidence-based psychotherapies to underserved rural Veterans, to increase access to mental health care. Participants were Veterans seeking mental health treatment at “Sonny” Montgomery Veterans Affairs Medical Center in Jackson,

MS, and/or its six community-based outpatient clinics. Measures included patient encounter and demographic data, patient and provider interviews, reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) factors, measures of fidelity to manualized evidence-based psychotherapies (EBPs), and qualitative interviews. The project was deemed feasible; 93 (67 men, 26 women, including 77 rural, 16 urban) patients received weekly EBPs via VTH. Nearly half were Black (n = 46), 36 of whom (78.3%) were also rural. Fifty-three (48.4%) were Operation Enduring Freedom/Operation Iraqi Freedom Veterans. Ages varied widely, from 20 to 79 years. Primary diagnoses included posttraumatic stress disorder (41), depressive disorders (22), anxiety disorders (nine), insomnia (eight), chronic pain (eight), and substance use disorder (five). Fifteen clinicians were trained to deliver eight EBPs via VTH. Growth in number of Veterans treated by telehealth was 10.12 times and mental health visits were 7.34 times greater than the national annual average of growth for telehealth at VHA facilities. Illustrative examples and qualitative data from both patients and providers suggested overall satisfaction with VTH. This demonstrates the benefits of VTH for increasing access to mental health treatment for rural patients and advantages of an implementation facilitation strategy using an external facilitator. Continuing research should clarify whether certain patients are more likely to participate than others and whether certain EBPs are more easily delivered with VTH than others.

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<https://link.springer.com/article/10.1007/s41347-017-0037-z>

### **Natural History of Suicidal Ideation: Insights from the Electronic Health Record.**

Jaclyn Schwartz, Mansi Somaiya, Chelsea Cosner, Adriana Foster

Journal of Technology in Behavioral Science

First Online: 28 November 2017

<https://doi.org/10.1007/s41347-017-0037-z>

Suicide is the 10th highest cause of death in the US. Despite the prevalence, little is known about the experiences of people before, during, and after suicidal ideation. A new research tool, the electronic health record, presents an opportunity for behavioral health researchers to obtain objective data across time. The purpose of this study was to explore the usefulness of the electronic health record as a research tool as we seek to better understand the experiences of persons with suicidal ideation. Using the electronic health records, we conducted a retrospective chart review on 66 persons with suicidal ideation in an outpatient behavioral health clinic from September 2015 to

January 2017. To be included in this study, participants were required to be adults who demonstrate suicidal ideation evidenced by a score > 0 on the Columbia Suicide Severity Rating Scale. Researchers analyzed participant's demographics, diagnoses, medication, and frequency and interval of visits to describe participants' progression of suicidal ideation during the study period. Using the electronic health records, we were successfully able to describe the experiences of persons with suicidal ideation. The natural progression was complex and required close monitoring, medications, and medication changes to identify the optimal medication regimen. Most participants overcame suicidal ideation, but about 40% of individuals failed to follow-up. The electronic health records efficiently and effectively described the experiences of persons with suicidal ideation. However, more research is needed to understand and improve the breadth and depth of their experiences.

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<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000488?journalCode=cric>

### **Alcohol Involvement in Suicide and Self-Harm: Findings From Two Innovative Surveillance Systems.**

Celine Larkin, Eve Griffin, Paul Corcoran, Carmel McAuliffe, Ivan J. Perry, and Ella Arensman

Crisis

Published online November 29, 2017

<https://doi.org/10.1027/0227-5910/a000488>

Background:

Alcohol misuse and alcohol consumption are significant risk factors for suicidal behavior. Aims: This study sought to identify factors associated with alcohol consumption in cases of suicide and nonfatal self-harm presentations.

Method:

Suicide cases in Cork, Ireland, from September 2008 to June 2012 were identified through the Suicide Support and Information System. Emergency department presentations of self-harm in the years 2007–2013 were obtained from the National Self-Harm Registry Ireland.

Results:

Alcohol consumption was detected in the toxicology of 44% out of 307 suicide cases.

Only younger age was significantly associated with having consumed alcohol among suicides. Alcohol consumption was noted in the case notes in 21% out of 8,145 self-harm presentations. Logistic regression analyses indicated that variables associated with having consumed alcohol in a self-harm presentation included male gender, older age, overdose as a method, not being admitted to a psychiatric ward, and presenting out-of-hours.

Limitations:

Data was limited to routinely collected variables by the two different monitoring systems.

Conclusion:

Alcohol consumption commonly precedes suicidal behavior, and several factors differentiated alcohol-related suicidal acts. Self-harm cases, in particular, differ in profile when alcohol is consumed and may require a tailored clinical approach to minimize risk of further nonfatal or fatal self-harm.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22549/abstract>

**A 12-week integrative exercise program improves self-reported mindfulness and interoceptive awareness in war veterans with posttraumatic stress symptoms.**

Wolf E. Mehling, Margaret A. Chesney, Thomas J. Metzler, Lizabeth A. Goldstein, Shira Maguen, Chris Geronimo, Gary Agcaoili, Deborah E. Barnes, Jennifer A. Hlavin and Thomas C. Neylan

Journal of Clinical Psychology

First published: 27 October 2017

DOI: 10.1002/jclp.22549

Objective

Innovative approaches to the treatment of war-related posttraumatic stress disorder (PTSD) are needed. We report on secondary psychological outcomes of a randomized controlled trial of integrative exercise (IE) using aerobic and resistance exercise with mindfulness-based principles and yoga. We expected—in parallel to observed improvements in PTSD intensity and quality of life—improvements in mindfulness, interoceptive bodily awareness, and positive states of mind.

## Method

A total of 47 war veterans with PTSD were randomized to 12-week IE versus waitlist. Changes in mindfulness, interoceptive awareness, and states of mind were assessed by self-report standard measures.

## Results

Large effect sizes for the intervention were observed on Five-Facet Mindfulness Questionnaire Non-Reactivity ( $d = .85$ ), Multidimensional Assessment of Interoceptive Awareness Body Listening ( $d = .80$ ), and Self-Regulation ( $d = 1.05$ ).

## Conclusion

In a randomized controlled trial of a 12-week IE program for war veterans with PTSD, we saw significant improvements in mindfulness, interoceptive bodily awareness, and positive states of mind compared to a waitlist.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22548/abstract>

## **Perceptions of animal-assisted interventions: The influence of attitudes toward companion animals.**

Molly K. Crossman, Alan E. Kazdin

Journal of Clinical Psychology

First published: 12 October 2017

DOI: 10.1002/jclp.22548

## Objective

We tested whether people are prone toward positive perceptions of Animal-Assisted Interventions (AAIs). We additionally evaluated whether this effect is stronger for people who have positive attitudes toward companion animals.

## Method

We presented 210 participants with fictitious news reports, each describing a study of an AAI or a control intervention. Participants rated the news reports on their credibility, acceptability, and general appeal and completed a measure of attitudes toward companion animals.



## Results

Individuals with positive attitudes toward companion animals evaluated AAls as more credible, acceptable, and positive than did individuals with negative attitudes toward companion animals. There was no difference in how people with positive and negative attitudes toward companion animals evaluated control treatments.

## Conclusion

We found that individuals with positive attitudes toward companion animals perceived AAls as more credible, acceptable, and positive, relative to individuals with more negative attitudes toward companion animals.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22535/abstract>

## **Deployment characteristics and long-term PTSD symptoms.**

Morissette SB, DeBeer BB, Kimbrel NA, Meyer EC, Gulliver SB

Journal of Clinical Psychology

First published: 22 September 2017

DOI: 10.1002/jclp.22535

## Objective

The impact of number, length, and time between (i.e., “dwell time”) deployments on long-term Diagnostic and Statistical Manual of Mental Disorders Fourth Edition posttraumatic stress disorder (PTSD) symptoms was examined in post-9/11 U.S. veterans.

## Method

This cross-sectional design includes data from 278 veterans participating in a larger longitudinal research program of postdeployment recovery. Measures included self-report questionnaires and the Clinician Administered PTSD Scale.

## Results

Hierarchical regression was used to evaluate the independent contributions of deployment characteristics on long-term PTSD symptoms after controlling for demographics and combat exposure. As expected, dwell time was a significant predictor of long-term PTSD symptoms ( $\beta = -0.17$ ,  $p = .042$ ;  $F_{5,108} = 8.21$ ,  $\Delta R^2 = 0.03$ ,  $p < .001$ ). Follow-up analyses indicated that dwell time of less than 12 months was

associated with significantly greater long-term PTSD symptoms than those deployed once or with dwell time greater than 12 months.

#### Conclusion

In addition to combat exposure, time between deployments warrants clinical attention as an important deployment characteristic for predicting long-term PTSD symptoms.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22514/abstract>

### **50 years of rational-emotive and cognitive-behavioral therapy: A systematic review and meta-analysis.**

David D, Cotet C, Matu S, Mogoase C, Stefan S

Journal of Clinical Psychology

First published: 12 September 2017

DOI: 10.1002/jclp.22514

#### Objective

Rational emotive behavior therapy (REBT), introduced by Albert Ellis in the late 1950s, is one of the main pillars of cognitive-behavioral therapy. Existing reviews on REBT are overdue by 10 years or more. We aimed to summarize the effectiveness and efficacy of REBT since its beginnings and investigate the alleged mechanisms of change.

#### Method

Systematic search identified 84 articles, out of which 69 provided data for between-group analyses and 39 for within-group analyses.

#### Results

We found a medium effect size of REBT compared to other interventions on outcomes ( $d = 0.58$ ) and on irrational beliefs ( $d = 0.70$ ), at posttest. For the within-group analyses, we obtained medium effects for both outcomes ( $d = 0.56$ ) and irrational beliefs ( $d = 0.61$ ). Several significant moderators emerged.

#### Conclusion

REBT is a sound psychological intervention. Directions for future studies are outlined, stemming from the limitations of existing ones.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22516/abstract>

**Case conceptualization research in cognitive behavior therapy: A state of the science review.**

Michael H. Easden, Nikolaos Kazantzis

Journal of Clinical Psychology  
First published: 4 August 2017  
DOI: 10.1002/jclp.22516

**Objective**

Prominent models of cognitive behavior therapy (CBT) assert that case conceptualization is crucial for tailoring interventions to adequately address the needs of the individual client. We aimed to review the research on case conceptualization in CBT.

**Method**

We conducted a systematic search of PsychINFO, MEDLINE, Psychology and Behavioral Science Collection, and CINAHL databases to February 2016.

**Results**

A total of 24 studies that met inclusion criteria were identified. It was notable that studies (a) focused on the assessment function of case conceptualization, (b) employed diverse methodologies, and, overall, (c) there remains a paucity of studies examining the in-session process of using case conceptualization or examining relations with outcome.

**Conclusion**

Results from the existing studies suggest that experienced therapists can reliably construct some elements of case conceptualizations, but importance for the efficacy of case conceptualization in CBT has yet to be demonstrated. Research that involves direct observation of therapist competence in case conceptualization as a predictor of CBT outcomes is recommended as a focus for future hypothesis testing.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22499/abstract>

## **Severity of Suicidal Ideation Matters: Reexamining Correlates of Suicidal Ideation Using Quantile Regression.**

Megan L. Rogers, Thomas E. Joiner

Journal of Clinical Psychology

First published: 3 July 2017

DOI: 10.1002/jclp.22499

### **Objective**

Numerous risk factors have been identified for suicidal ideation, including perceived burdensomeness, thwarted belongingness, agitation, insomnia, nightmares, cognitive anxiety sensitivity, and rumination. However, the complexity of these associations has not been well studied; the magnitude of these effects may vary at differing levels of suicidal ideation. The present study reexamined established risk factors for suicidal ideation using quantile regression, a statistical technique that calculates the effect at numerous quantiles of suicidal ideation, as opposed to the average effect across all quantiles.

### **Method**

A sample of 354 psychiatric outpatients (61.3% female, mean age = 27.01 years, standard deviation = 10.40) completed self-report measures of their suicidal ideation and related risk factors prior to their initial intake appointments.

### **Results**

The relationship between each suicide risk factor and suicidal ideation was strongest at higher (.9 quantile), as opposed to nonexistent (.5 quantile) and low-moderate (.7 quantile), levels of suicidal ideation. The interaction proposed by the interpersonal theory of suicide was significant at nonexistent and low-moderate, but not high, levels of suicidal ideation.

### **Conclusion**

Our findings indicated that predictors of suicidal ideation differed in magnitude at varying levels of suicidal ideation. Implications, limitations, and future research directions are discussed.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22487/abstract>

## **Couples Coping Through Deployment: Findings From a Sample of National Guard Families.**

Adrian J. Blow, Ryan P. Bowles, Adam Farero, Sailaja Subramaniam, Sara Lappan, Emily Nichols, Lisa Gorman, Michelle Kees and Danielle Guty

Journal of Clinical Psychology

Volume 73, Issue 12; December 2017; Pages 1753–1767

DOI: 10.1002/jclp.22487

### Objective

Military families face numerous changes and stresses as they negotiate deployments and other life transitions. How they cope with these events is an important part of their overall well-being and resilience. This longitudinal study on coping in a sample of National Guard couples examined the association between the predeployment coping (active vs. avoidant) of each in the relationship, and their own and their significant others' mental health (anxiety, depression, posttraumatic stress disorder [PTSD]) and family well-being (dyadic adjustment and parenting stress) postdeployment.

### Method

A total of 238 matched couples completed the predeployment survey, 143 matched couples completed the post, with 122 matched couples completing both pre- and postdeployment surveys.

### Results

While active coping was not significantly associated with any outcomes, predeployment avoidant coping in both soldiers and significant others was associated with increased anxiety, PTSD, and depression post deployment (actor effects). Additionally, soldier avoidant coping predeployment was associated with increased parenting stress for soldiers, while significant other avoidant coping predeployment was associated with increased relationship distress for significant others (actor effects). Finally, significant other avoidant coping predeployment was associated with higher parenting distress for soldiers postdeployment (partner effect).

### Conclusion

Findings suggest that interventions are needed to combat avoidant coping (behavioral disengagement, denial, substance abuse) predeployment because this way of coping is strongly related to negative outcomes. In addition, those who work clinically with these

families should work to reduce avoidant coping strategies and any familial dynamics exacerbated by this way of coping.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22473/full>

### **The Associations Between Army National Guard Versus Active Duty Soldier Status and Perceived Burdensomeness, Thwarted Belongingness, and Acquired Capability.**

Matthew C. Podlogar, Claire Houtsma, Lauren R. Khazem, Fallon Ringer, Thomas Mofield, Bradley A. Green, Michael D. Anestis, Ingrid C. Lim and Thomas E. Joiner

Journal of Clinical Psychology

Volume 73, Issue 12; December 2017; Pages 1682–1691

DOI: 10.1002/jclp.22473

#### Objective

This study aimed to examine if levels of thwarted belongingness, perceived burdensomeness, and acquired capability significantly differed between guardsmen and active duty soldiers.

#### Method

Multivariate analysis of covariance was used to test for differences between active duty Army (n = 1,393) and Army National Guard (n = 623) groups, before and after controlling for the effects of age, gender, race, marital status, level of education, and deployment history.

#### Results

Guardsmen reported significantly higher mean levels of thwarted belongingness and perceived burdensomeness than did active duty soldiers, even after adjusting for demographic differences. Guardsmen also reported slightly lower levels of acquired capability, though this effect was accounted for by demographic differences.

#### Conclusion

These findings support the notion that National Guard and active duty soldiers differ on perceived burdensomeness and thwarted belongingness. Additional research investigating sources of perceived burdensomeness and thwarted belongingness among guardsmen is needed.

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<https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2017.121202>

## **Addiction and Suicide: An Unmet Public Health Crisis.**

Saeed Ahmed, M.D., Cornel N. Stanciu, M.D.

The American Journal of Psychiatry Residents' Journal  
Volume 12, Issue 12, December 01, 2017, pp. 3-6  
<https://doi.org/10.1176/appi.ajp-rj.2017.121202>

Suicide is the tenth leading cause of death in the United States, with 44,193 suicides occurring each year, or 121 completed suicides per day. Approximately 494,169 individuals present to hospitals each year because of self-harm (1). Globally, it is estimated that about one million people die annually from suicide, equivalent to one death every 40 seconds. Suicide is a complex phenomenon caused by neurobiological, sociocultural, and genetic factors. This complexity is linked to risk factors such as chronic substance abuse, concomitant mental illness, personal stressors, family breakdown, previous suicide attempts, access to firearms, and history of lifetime physical or sexual abuse. These risk factors can interrelate with each other, be a product of each other, or operate independently.

There is a strong association between suicide and psychiatric disorders, and it has been estimated that up to 90% of people who commit suicide have one or more psychiatric comorbidities. Among these, affective disorders and posttraumatic stress disorder (PTSD) are associated with the strongest risk. Risk increases further among individuals who use alcohol. It is estimated that alcohol dependence alone carries a 7%-lifetime risk of suicide, compared with a 6% risk for affective disorders (2). Vulnerability is significantly increased and risk doubles with concomitant mental illness and substance use disorders, compared with affective disorders or alcohol misuse alone (3). Relative to the general population, individuals with substance use disorders are 10–14 times more likely to commit suicide (4).

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## **Cultural shift in mental illness: a comparison of stress responses in World War I and the Vietnam War.**

Rasjid Skinner, Paul M Kaplick

JRSM Open

Volume: 8 issue: 12,

Article first published online: December 4, 2017; Issue published: December 1, 2017

<https://doi.org/10.1177/2054270417746061>

### Objectives

Post-traumatic stress disorder is an established diagnostic category. In particular, over the past 20 years, there has been an interest in culture as a fundamental factor in post-traumatic stress disorder symptom manifestation. However, only a very limited portion of this literature studies the historical variability of post-traumatic stress within a particular culture.

### Design

Therefore, this study examines whether stress responses to violence associated with armed conflicts have been a culturally stable reaction in Western troops.

### Setting

We have compared historical records from World War I to those of the Vietnam War. Reference is also made to observations of combat trauma reactions in pre-World War I conflicts, World War II, the Korean War, the Falklands War, and the First Gulf War.

### Participants

The data set consisted of literature that was published during and after these armed conflicts.

### Main outcome measures

Accounts of World War I Shell Shock that describe symptom presentation, incidence (both acute and delayed), and prognosis were compared to the observations made of Vietnam War post-traumatic stress disorder victims.

### Results

Results suggest that the conditions observed in Vietnam veterans were not the same as those which were observed in World War I trauma victims.



## Conclusions

The paper argues that the concept of post-traumatic stress disorder cannot be stretched to cover the typical battle trauma reactions of World War I. It is suggested that relatively subtle changes in culture, over little more than a generation, have had a profound effect on how mental illness forms, manifests itself, and is effectively treated. We add new evidence to the argument that post-traumatic stress disorder in its current conceptualisation does not adequately account, not only for ethnocultural variation but also for historical variation in stress responses within the same culture.

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<https://www.cambridge.org/core/journals/journal-of-the-international-neuropsychological-society/article/longitudinal-associations-among-posttraumatic-stress-disorder-symptoms-traumatic-brain-injury-and-neurocognitive-functioning-in-army-soldiers-deployed-to-the-iraq-war/968E79B2CA4194DBC7A95BDA00AEDD20>

## **Longitudinal Associations among Posttraumatic Stress Disorder Symptoms, Traumatic Brain Injury, and Neurocognitive Functioning in Army Soldiers Deployed to the Iraq War.**

Vasterling, J., Aslan, M., Lee, L., Proctor, S., Ko, J., Jacob, S., & Concato, J.

Journal of the International Neuropsychological Society

Published online: 04 December 2017

doi:10.1017/S1355617717001059

### Objectives:

Military deployment is associated with increased risk of adverse emotional and cognitive outcomes. Longitudinal associations involving posttraumatic stress disorder (PTSD), relatively mild traumatic brain injury (TBI), and neurocognitive compromise are poorly understood, especially with regard to long-term outcomes, and rigorous research is necessary to better understand the corresponding relationships. The objective of this study was to examine short-term and long-term (>5 years) longitudinal associations among PTSD, neurocognitive performance, and TBI following military deployment.

### Methods:

In this prospective study, N=315 U.S. Army soldiers were assessed at military installations before (2003–2005) and after (2004–2006) an index deployment to the Iraq War, and again an average of 7.6 years later (2010–2014) as a nationally dispersed

cohort of active duty soldiers, reservists, and veterans. Thus, the study design allowed for two measurement intervals over which to examine changes. All assessments included the PTSD Checklist, civilian version, and individually-administered performance-based neurocognitive tests. TBI history was derived from clinical interview.

#### Results:

Autoregressive analyses indicated that visual reproduction scores were inversely related to subsequent PTSD symptom severity at subsequent assessments. Conversely, increases in PTSD symptom severity over each measurement interval were associated with poorer verbal and/or visual recall at the end of each interval, and less efficient reaction time at post-deployment. TBI, primarily mild in this sample, was associated with adverse PTSD symptom outcomes at both post-deployment and long-term follow-up.

#### Conclusions:

These results suggest longitudinal relationships among PTSD symptoms, TBI, and neurocognitive decrements may contribute to sustained emotional and neurocognitive symptoms over time.

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<https://link.springer.com/article/10.1007/s13178-017-0311-z>

### **Prevalence of Military Sexual Trauma and Sexual Orientation Discrimination Among Lesbian, Gay, Bisexual, and Transgender Military Personnel: a Descriptive Study.**

Sitaji Gurung, Ana Ventuneac, H. Jonathon Rendina, Elizabeth Savarese, Christian Grov, Jeffrey T. Parsons

Sexuality Research and Social Policy

First Online: 04 December 2017

<https://doi.org/10.1007/s13178-017-0311-z>

Despite the repeal of Don't Ask, Don't Tell, Don't Pursue (DADT) and the update to the Transgender Policy, there remain concerns about the persistence of military sexual trauma (MST) and sexual orientation discrimination against lesbian, gay, bisexual, and transgender (LGBT) service members. A sample of 253 participants (89 women, 164 men) completed an Internet-based survey that assessed the prevalence of sexual orientation discrimination (e.g., offensive speech, physical or discriminatory behaviors)

and MST (e.g., sexual harassment and sexual assault). The survey was conducted between April 2012 and October 2013. Women and men reported similar levels of sexual orientation discrimination in the military. Participants reported experiencing more threats and intimidation, vandalism, and physical assault outside of the military than inside the military ( $p < 0.05$ ). Although the prevalence of MST (both sexual harassment and sexual assault) in the military was high among both genders, women were more likely to report experiences of sexual harassment compared to men ( $p < 0.05$ ). Our findings demonstrate the prevalence of MST and sexual orientation discrimination among LGBT service members in the military and point to the need for strong accountability and oversight to protect sexual minority persons while they are serving their country.

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<http://online.liebertpub.com/doi/10.1089/tmj.2017.0031>

### **The Perception and Needs of Psychologists Toward Blended Care.**

Dijksman Ies, Dinant Geert-Jan, and Spigt Mark

Telemedicine and e-Health

December 2017, 23(12): 983-995

<https://doi.org/10.1089/tmj.2017.0031>

#### Background:

Blended care, meaning that online (Internet) components are used in combination with face-to-face contact, in mental health is increasingly encouraged, but research about the needs of psychologists is scarce.

#### Methods:

We assessed the perceptions, design, and barriers toward blended care among members of the Dutch Association of Psychologists through an e-mailed survey. Mean scores (SD) and answer percentages were calculated. Mann–Whitney tests were performed to investigate differences between users and nonusers and primary- and secondary care professionals.

#### Results:

Generally, psychologists (63% response rate) had a positive perception toward blended care and they intended to use it in future ( $M = 3.71$ ,  $SD = 1.19$ ). Users of blended care and secondary care professionals were more positive toward blended care than

nonusers and primary care professionals. Online psychoeducation, diary forms, and exercises for different therapeutic approaches and communication technology configurations were most welcomed. Still, quite some barriers were mentioned before professionals would use blended care.

#### Conclusions:

Psychologists had a positive perception toward blended care, as long as attention is paid to the perceived barriers. Results of this survey could be used in the development of online components that correspond to the needs of professionals. Reviewing the needs of psychologists, e-health components of different therapeutic approaches, apart from cognitive behavioral therapy, are welcomed. Future research is necessary to gain insight in the (cost) effectiveness of blended care for different types of patients (e.g., transdiagnostic interventions) and of different therapeutic approaches.

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<https://www.sciencedirect.com/science/article/pii/S0005789417300783>

### **A Comparison of Veterans Who Repeat Versus Who Do Not Repeat a Course of Manualized, Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder.**

Jeremiah A.Schumm, Nicole D.Pukay-Martin, Whitney L.Gore

Behavior Therapy

Volume 48, Issue 6, November 2017, Pages 870-882

<https://doi.org/10.1016/j.beth.2017.06.004>

Despite evidence that cognitive-behavioral therapy (CBT) for posttraumatic stress disorder (PTSD) is effective, some individuals do not experience clinically significant reduction or remission of their PTSD symptoms. These individuals may return for additional PTSD-focused psychotherapy. However, there is no research to know whether PTSD treatment repeaters have worse symptoms prior to the initial treatment episode or display differences in other pretreatment characteristics versus nonrepeaters. Research is also needed to explore whether treatment repeaters exhibit PTSD symptom changes during an initial or second course of treatment. The current study examines differences in pretreatment characteristics and treatment response among U.S. military veterans who participated in either a single course ( $n = 711$ ) or in two separate courses ( $n = 87$ ) of CBT for PTSD through an outpatient Veterans Affairs PTSD treatment program. Veterans completing two courses of CBT for PTSD were more likely to be married and employed and more likely to drop out of their initial course

of treatment versus those who completed a single course. Hierarchical linear models showed that reductions in PTSD symptoms during treatment were not different for those who completed a second versus single course of CBT for PTSD. However, for those participating in two courses of CBT for PTSD, a relapse in PTSD symptoms was observed between the first and second course. These findings show that a second course of CBT may be viable for those with ongoing PTSD symptoms.

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<https://www.sciencedirect.com/science/article/pii/S000578941730062X>

### **Long-Term Effectiveness of Treatment-as-Usual Couple Therapy for Military Veterans.**

Kathryn M.Nowlan, Emily J.Georgia, Brian D.Doss

Behavior Therapy

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<https://doi.org/10.1016/j.beth.2017.05.007>

Despite the fact that veterans face increased psychological and relationship distress as a result of their service-related experiences, no study to date has explored the long-term effectiveness of couple therapy for veterans. In the present investigation, 238 individuals (113 couples and 12 additional individuals) completed assessments 18 months after termination of treatment-as-usual couple therapy at two Veteran Administration Medical Centers. From pretreatment to 18-month follow-up, couples experienced significant increases in relationship satisfaction ( $d = 0.59$ ) and significant decreases in both psychological distress ( $d = -0.31$ ) and presence of intimate partner violence ( $d = -0.47$ ). Overall, pretreatment demographic, psychological, and relationship characteristics did not significantly moderate maintenance of gains across 18 months. However, African American individuals ( $d = -0.58$ ) and individuals not reporting intimate partner violence at pretreatment ( $d = -0.46$ ) experienced smaller improvements in relationship satisfaction through 18-month follow-up. Further, older participants showed smaller reductions in psychological symptoms 18 months after treatment ( $d = 0.16$ ). Thus, for many veterans and their spouses, treatment-as-usual couple therapy is effective at intervening in psychological and relationship distress long-term. Moreover, the long-term effectiveness of couple therapy with veterans appears to generalize across many demographic, intrapersonal, and interpersonal factors.

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<https://www.sciencedirect.com/science/article/pii/S0005789417300783>

**A Comparison of Veterans Who Repeat Versus Who Do Not Repeat a Course of Manualized, Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder.**

Jeremiah A.Schumm, Nicole D.Pukay-Martin, Whitney L.Gore

Behavior Therapy

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<https://doi.org/10.1016/j.beth.2017.06.004>

Despite evidence that cognitive-behavioral therapy (CBT) for posttraumatic stress disorder (PTSD) is effective, some individuals do not experience clinically significant reduction or remission of their PTSD symptoms. These individuals may return for additional PTSD-focused psychotherapy. However, there is no research to know whether PTSD treatment repeaters have worse symptoms prior to the initial treatment episode or display differences in other pretreatment characteristics versus nonrepeaters. Research is also needed to explore whether treatment repeaters exhibit PTSD symptom changes during an initial or second course of treatment. The current study examines differences in pretreatment characteristics and treatment response among U.S. military veterans who participated in either a single course (n = 711) or in two separate courses (n = 87) of CBT for PTSD through an outpatient Veterans Affairs PTSD treatment program. Veterans completing two courses of CBT for PTSD were more likely to be married and employed and more likely to drop out of their initial course of treatment versus those who completed a single course. Hierarchical linear models showed that reductions in PTSD symptoms during treatment were not different for those who completed a second versus single course of CBT for PTSD. However, for those participating in two courses of CBT for PTSD, a relapse in PTSD symptoms was observed between the first and second course. These findings show that a second course of CBT may be viable for those with ongoing PTSD symptoms.

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<https://www.sciencedirect.com/science/article/pii/S0005789417301296>

**Homework Completion, Patient Characteristics, and Symptom Change in Cognitive Processing Therapy for PTSD.**

Shannon Wiltsey Stirman, Cassidy A. Gutner, Michael Suvak, Abby Adler, Amber Calloway, Patricia Resick

Behavior Therapy

Available online 9 December 2017

<https://doi.org/10.1016/j.beth.2017.12.001>

We evaluated the impact of homework completion on change in PTSD symptoms in the context of two randomized controlled trials of Cognitive Processing Therapy for PTSD (CPT). Female participants (n = 140) diagnosed with PTSD attended at least one CPT session and were assigned homework at each session. The frequency of homework completion was assessed at the beginning of each session and PTSD symptoms were assessed every other session. Piecewise growth models were used to examine the relationship between homework completion and symptom change. CPT version (with vs without the written trauma account) did not moderate associations between homework engagement and outcomes. Greater pre-treatment PTSD symptoms predicted more Session 1 homework completion, but PTSD symptoms did not predict homework completion at other timepoints. More homework completion after Sessions 2 and 3 was associated with less change in PTSD from Session 2 to Session 4, but larger pre-to-post treatment changes in PTSD. Homework completion after Sessions 2 and 3 was associated with greater symptom change among patients who had fewer years of education. More homework completion after Sessions 8 and 9 was associated with larger subsequent decreases in PTSD. Average homework completion was not associated with client characteristics. In the second half of treatment, homework engagement was associated with less dropout. The results suggest that efforts to increase engagement in homework may facilitate symptom change.

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<https://www.sciencedirect.com/science/article/pii/S0005789417301284>

### **Computer-Guided Problem-solving Treatment for Depression, PTSD, and Insomnia Symptoms in Student Veterans: A Pilot Randomized Controlled Trial.**

Lee A. Bedford, Jessica R. Dietch, Daniel J. Taylor, Adriel Boals, Claudia Zayfert

Behavior Therapy

Available online 7 December 2017

<https://doi.org/10.1016/j.beth.2017.11.010>

Depression is a highly prevalent psychological disorder experienced disproportionately by college student military veterans with many deleterious effects including risk for suicide. Treatment can help, but the debilitating nature of depression often makes seeking in-person treatment difficult and many are deterred by stigma, inconvenience, concerns about privacy, or a preference to manage problems themselves. The current study examines the efficacy of a computer-guided Problem-Solving Treatment (ePST®) for reducing symptoms of depression, posttraumatic stress disorder (PTSD), and insomnia in student military veterans. Twenty-four student veterans (Meanage = 32.7) with symptoms of depression were randomly assigned either to a treatment group receiving six weekly sessions of ePST or to a minimal contact control group (MCC). Participants completed the Patient Health Questionnaire-9 (PHQ-9) depression scale at baseline and then weekly through post-ePST or post-MCC. PTSD and insomnia questionnaires were also completed at baseline and posttreatment. A linear mixed model regression showed a statistically significant Group (ePST vs. MCC) x Time (pretreatment through posttreatment) interaction for depression, with the ePST showing substantial improvements in depressive symptoms over the 6-week period. Significant improvements were also seen in PTSD and insomnia symptoms. Results suggest that ePST can effectively treat depression, PTSD, and insomnia symptoms in student military veterans and may be a viable alternative for those who are not able to access live therapy. Future work should examine the durability of treatment effects and utility for more severe depression and suicide prevention.

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### **Links of Interest**

Why our veterans can't sleep

<https://www.sleepapnea.org/why-our-veterans-cant-sleep/>

Report: CID agent who died by suicide resisted seeking help

<https://www.armytimes.com/news/your-army/2017/12/07/report-cid-agent-who-died-by-suicide-resisted-seeking-help/>

Air Force Academy's embattled former sexual assault coordinator speaks out

<https://www.airforcetimes.com/news/2017/12/11/air-force-academys-embattled-former-sexual-assault-coordinator-speaks-out/>

Military court case uncovers Marine sex escapades at Miramar

<http://www.sandiegouniontribune.com/military/sd-me-miramar-case-20171211-story.html>



Lecture attempts to answer whether treatment of depression has resulted in over-prescription of SSRIs

<https://dailycollegian.com/2017/12/12/lecture-attempts-to-answer-whether-treatment-of-depression-has-resulted-in-over-prescription-of-ssris/>

The Pentagon says it has to train 23,000 personnel by Jan. 1 to prepare for transgender recruits

<http://www.washingtonexaminer.com/the-pentagon-says-it-has-to-train-23000-personnel-by-jan-1-to-prepare-for-transgender-recruits/article/2643265>

New Patient Test Could Suggest Whether Therapy or Meds Will Work Better for Anxiety

<http://mentalfloss.com/article/520215/new-patient-test-could-suggest-whether-therapy-or-meds-will-work-better-anxiety>

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**Resource of the Week: [Military spouse scholarships: Where to apply, and how to find more cash for school](#)**

From Military Times:

Education, especially the type that leads to gainful employment, is important for military spouses. But it's not cheap.

Some spouses may benefit from the transfer of Post-9/11 GI Bill benefits from their significant other, but that program's rules may change and some military couples may choose to pass those benefits onto their children.

Other options are available, including some geared specifically to help those in the military community. Over the last few years, more tools and resources have been developed to help spouses find these scholarships.

Many of these programs have application windows; now is the time to check them out, determine your eligibility and find out what you have to do to apply.

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