

# CDP



## Research Update -- January 25, 2018

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2669771>

## **A Brief Exposure-Based Treatment vs Cognitive Processing Therapy for Posttraumatic Stress Disorder: A Randomized Noninferiority Clinical Trial.**

Denise M. Sloan, PhD; Brian P. Marx, PhD; Daniel J. Lee, PhD; et al.

JAMA Psychiatry

Published online January 17, 2018

doi:10.1001/jamapsychiatry.2017.4249

### Key Points

- **Question** Is a brief, exposure-based treatment noninferior to the more time-intensive cognitive processing therapy in the treatment of posttraumatic stress disorder?
- **Findings** In this randomized noninferiority clinical trial of 126 adults who received a diagnosis of posttraumatic stress disorder, those treated with written exposure therapy, a 5-session treatment, and those treated with cognitive processing therapy improved significantly, with large effect sizes observed. Despite the substantial dose difference, written exposure therapy was noninferior to cognitive processing therapy.
- **Meaning** The findings provide evidence that written exposure therapy and cognitive processing therapy are effective for treatment of posttraumatic stress disorder, and that posttraumatic stress disorder can be effectively treated with a 5-session psychotherapy.

### Abstract

#### Importance

Written exposure therapy (WET), a 5-session intervention, has been shown to efficaciously treat posttraumatic stress disorder (PTSD). However, this treatment has

not yet been directly compared with a first-line PTSD treatment such as cognitive processing therapy (CPT).

### Objective

To determine if WET is noninferior to CPT in patients with PTSD.

### Design, Setting, and Participants

In this randomized clinical trial conducted at a Veterans Affairs medical facility between February 28, 2013, and November 6, 2016, 126 veteran and nonveteran adults were randomized to either WET or CPT. Inclusion criteria were a primary diagnosis of PTSD and stable medication therapy. Exclusion criteria included current psychotherapy for PTSD, high risk of suicide, diagnosis of psychosis, and unstable bipolar illness. Analysis was performed on an intent-to-treat basis.

### Interventions

Participants assigned to CPT (n = 63) received 12 sessions and participants assigned to WET (n = 63) received 5 sessions. The CPT protocol that includes written accounts was delivered individually in 60-minute weekly sessions. The first WET session requires 60 minutes while the remaining 4 sessions require 40 minutes.

### Main Outcomes and Measures

The primary outcome was the total score on the Clinician-Administered PTSD Scale for DSM-5; noninferiority was defined by a score of 10 points. Blinded evaluations were conducted at baseline and 6, 12, 24, and 36 weeks after the first treatment session. Treatment dropout was also examined.

### Results

For the 126 participants (66 men and 60 women; mean [SD] age, 43.9 [14.6] years), improvements in PTSD symptoms in the WET condition were noninferior to improvements in the CPT condition at each of the assessment periods. The largest difference between treatments was observed at the 24-week assessment (mean difference, 4.31 points; 95% CI, -1.37 to 9.99). There were significantly fewer dropouts in the WET vs CPT condition (4 [6.4%] vs 25 [39.7%];  $\chi^2_{1} = 12.84$ , Cramer V = 0.40).

### Conclusions and Relevance

Although WET involves fewer sessions, it was noninferior to CPT in reducing symptoms of PTSD. The findings suggest that WET is an efficacious and efficient PTSD treatment that may reduce attrition and transcend previously observed barriers to PTSD treatment for both patients and providers.

Trial Registration clinicaltrials.gov Identifier: NCT01800773

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<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700292>

### **Three Nontraditional Approaches to Improving the Capacity, Accessibility, and Quality of Mental Health Services: An Overview.**

Kiran L. Grant, Magenta Bender Simmons, B.A.Psych., Ph.D., Christopher G. Davey, M.D., Ph.D.

Psychiatric Services

Published online: January 16, 2018

<https://doi.org/10.1176/appi.ps.201700292>

To provide evidence for wider use of peer workers and other nonprofessionals, the authors examined three approaches to mental health service provision—peer support worker (PSW) programs, task shifting, and mental health first-aid and community advocacy organizations—summarizing their effectiveness, identifying similarities and differences, and highlighting opportunities for integration. Relevant articles obtained from PubMed, MEDLINE, and Google Scholar searches are discussed. Studies indicate that PSWs can achieve outcomes equal to or better than those achieved by nonpeer mental health professionals. PSWs can be particularly effective in reducing hospital admissions and inpatient days and engaging severely ill patients. When certain care tasks are given to individuals with less training than professionals (task shifting), these staff members can provide psychoeducation, engage service users in treatment, and help them achieve symptom reduction and manage risk of relapse. Mental health first-aid and community organizations can reduce stigma, increase awareness of mental health issues, and encourage help seeking. Most PSW programs have reported implementation challenges, whereas such challenges are fewer in task-shifting programs and minimal in mental health first-aid. Despite challenges in scaling and integrating these approaches into larger systems, they hold promise for improving access to and quality of care. Research is needed on how these approaches can be combined to expand a community's capacity to provide care. Because of the serious shortage of mental health providers globally and the rising prevalence of mental illness, utilizing nontraditional providers may be the only solution in both low- and high-resource settings, at least in the short term.

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<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201700067>

## **A Comparison of Collaborative Care Outcomes in Two Health Care Systems: VA Clinics and Federally Qualified Health Centers.**

Kathleen M. Grubbs, Ph.D., John C. Fortney, Ph.D., Jeffrey Pyne, M.D., Dinesh Mittal, M.D., John Ray, Ph.D., Teresa J. Hudson, Ph.D.

Psychiatric Services

Published online: January 16, 2018

<https://doi.org/10.1176/appi.ps.201700067>

### Objective:

Collaborative care for depression results in symptom reduction when compared with usual care. No studies have systematically compared collaborative care outcomes between veterans treated at Veterans Affairs (VA) clinics and civilians treated at publicly funded federally qualified health centers (FQHCs) after controlling for demographic and clinical characteristics.

### Methods:

Data from two randomized controlled trials that used a similar collaborative care intervention for depression were combined to conduct post hoc analyses (N=759). The Telemedicine-Enhanced Antidepressant Management intervention was delivered in VA community-based outpatient clinics (CBOCs), and the Outreach Using Telemedicine for Rural Enhanced Access in Community Health intervention was delivered in FQHCs. Multivariate logistic regression was used to determine whether veteran status moderated the effect of the intervention on treatment response (>50% reduction in symptoms).

### Results:

There was a significant main effect for intervention (odds ratio [OR]=5.23,  $p<.001$ ) and a moderating effect for veteran status, with lower response rates among veterans compared with civilians (OR=.21,  $p=.01$ ). The addition of variables representing medication dosage and number of mental health and general health appointments did not influence the moderating effect. A sensitivity analysis stratified by gender found a significant moderating effect of veteran status for men but not women.

### Conclusions:

Veteran status was a significant moderator of collaborative care effectiveness for

depression, indicating that veterans receiving collaborative care at a CBOC are at risk of nonresponse. Unmeasured patient- or system-level characteristics may contribute to poorer response among veterans.

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[http://www.jad-journal.com/article/S0165-0327\(17\)32067-0/fulltext](http://www.jad-journal.com/article/S0165-0327(17)32067-0/fulltext)

## **Loneliness is Closely Associated with Depression Outcomes and Suicidal Ideation Among Military Veterans in Primary Care.**

Alan R. Teo, Heather Marsh, Christopher W. Forsberg, Christina Nicolaidis, Jason I. Chen, Jason Newsom, Somnath Saha, Steven K. Dobscha

Journal of Affective Disorders

Published online: January 15, 2018

DOI: <http://dx.doi.org/10.1016/j.jad.2018.01.003>

### Highlights

- Social connectedness is correlated with multiple depression outcomes.
- Loneliness may be the most important marker of social connectedness.
- Social connectedness does not appear to be correlated with medication adherence.

### Abstract

#### Background

Although the substantial influence of social relationships on health is well-known, studies that concurrently examine the influence of varying dimensions of social connectedness on major depression are more limited. This study's aim was to determine to what degree several facets of social connectedness (number of confidants, social support, interpersonal conflict, social norms, and loneliness) are correlated with depression-related outcomes.

#### Methods

Participants were primary care patients (n=301) with probable major depression at a Veterans Health Administration hospital and its satellite clinics. Social connectedness was primarily measured using multi-item instruments from the NIH Toolbox of Adult Social Relationship Scales. Primary outcomes were clinical symptoms (depression and suicidal ideation) and secondary outcomes were self-reported health-related behaviors (medication adherence, patient activation, and help-seeking intentions).

## Results

In multivariate models adjusting for potential confounders and other facets of connectedness, loneliness was associated with higher levels of depression and suicidal ideation, as well as lower patient activation and help-seeking intentions. Social support and social norms about depression treatment were each associated with higher patient activation and help-seeking intentions. Social connectedness was not associated with medication adherence.

## Limitations

The limitations of this study are primarily related to its cross-sectional survey design and study population.

## Conclusions

Multiple aspects of social connectedness are associated with depression outcomes among military veterans with depression. Loneliness may represent the most important component of connectedness, as it is associated with depression severity, suicidality, and health-related behaviors.

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<https://link.springer.com/article/10.1007/s10608-017-9883-4>

## **Interactive Effects of Traumatic Brain Injury and Anxiety Sensitivity on PTSD Symptoms: A Replication and Extension in Two Clinical Samples.**

Brian J. Albanese, Richard J. Macatee, Joseph W. Boffa, Craig J. Bryan, Michael J. Zvolensky, Norman B. Schmidt

Cognitive Therapy and Research

First Online: 19 January 2018

DOI <https://doi.org/10.1007/s10608-017-9883-4>

Traumatic brain injury is prevalent and linked with heightened risk for post-traumatic stress symptoms, yet little research has investigated the role of well-established cognitive-affective risk factors in explaining this association. The present study addressed this gap by evaluating if elevations in anxiety sensitivity global score and subscales (cognitive concerns, physical concerns, social concerns) potentiated the effects of traumatic brain injury history on post-traumatic stress symptoms in two clinical samples: trauma-exposed smokers (n = 256; study 1) and trauma-exposed treatment-

seeking adults (n = 117; study 2). Both samples revealed a significant interaction such that traumatic brain injury was more strongly linked with post-traumatic stress symptoms among those with high anxiety sensitivity cognitive concerns. In addition, anxiety sensitivity cognitive concerns demonstrated a stronger relationship with post-traumatic stress symptoms among those with a traumatic brain injury history. Taken together, these results of both studies underscore the importance of anxiety sensitivity cognitive concerns in the association of traumatic brain injury and posttraumatic stress symptoms.

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<https://mmrjournal.biomedcentral.com/articles/10.1186/s40779-018-0149-6>

### **Effects of therapeutic horseback riding on post-traumatic stress disorder in military veterans.**

Rebecca A. Johnson, David L. Albright, James R. Marzolf, Jessica L. Bibbo, Hayley D. Yaglom, Sandra M. Crowder, Gretchen K. Carlisle, Amy Willard, Cynthia L. Russell, Karen Grindler, Steven Osterlind, Marita Wassman and Nathan Harms

Military Medical Research

20185:3

<https://doi.org/10.1186/s40779-018-0149-6>

#### **Background**

Large numbers of post-deployment U.S. veterans are diagnosed with post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI), leading to an urgent need for effective interventions to reduce symptoms and increase veterans' coping. PTSD includes anxiety, flashbacks, and emotional numbing. The symptoms increase health care costs for stress-related illnesses and can make veterans' civilian life difficult.

#### **Methods**

We used a randomized wait-list controlled design with repeated measures of U.S. military veterans to address our specific aim to test the efficacy of a 6-week therapeutic horseback riding (THR) program for decreasing PTSD symptoms and increasing coping self-efficacy, emotion regulation, social and emotional loneliness.

Fifty-seven participants were recruited and 29 enrolled in the randomized trial. They were randomly assigned to either the horse riding group (n = 15) or a wait-list control group (n = 14). The wait-list control group experienced a 6-week waiting period, while



the horse riding group began THR. The wait-list control group began riding after 6 weeks of participating in the control group.

Demographic and health history information was obtained from all the participants. PTSD symptoms were measured using the standardized PTSD Checklist-Military Version (PCL-M).

The PCL-M as well as other instruments including, The Coping Self Efficacy Scale (CSES), The Difficulties in Emotion Regulation Scale (DERS) and The Social and Emotional Loneliness Scale for Adults-short version (SELSA) were used to assess different aspects of individual well-being and the PTSD symptoms.

### Results

Participants had a statistically significant decrease in PTSD scores after 3 weeks of THR ( $P \leq 0.01$ ) as well as a statistically and clinically significant decrease after 6 weeks of THR ( $P \leq 0.01$ ). Logistic regression showed that participants had a 66.7% likelihood of having lower PTSD scores at 3 weeks and 87.5% likelihood at 6 weeks. Under the generalized linear model (GLM), our ANOVA findings for the coping self-efficacy, emotion regulation, and social and emotional loneliness did not reach statistical significance. The results for coping self-efficacy and emotion regulation trended in the predicted direction. Results for emotional loneliness were opposite the predicted direction. Logistic regression provided validation that outcome effects were caused by riding longer.

### Conclusion

The findings suggest that THR may be a clinically effective intervention for alleviating PTSD symptoms in military veterans.

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[http://www.archives-pmr.org/article/S0003-9993\(18\)30014-5/abstract](http://www.archives-pmr.org/article/S0003-9993(18)30014-5/abstract)

### **Diagnostic Accuracy of the Veteran Affairs' Traumatic Brain Injury Screen.**

Theresa Louise-Bender Pape, Bridget Smith, Judith Babcock-Parziale, Charlesnika T. Evans, Amy A. Herrold, Kelly Phipps Maieritsch, Walter M. High Jr.

Archives of Physical Medicine and Rehabilitation

Published online: January 17, 2018

DOI: <http://dx.doi.org/10.1016/j.apmr.2017.11.017>

## Objective

To comprehensively estimate the diagnostic accuracy and reliability of the Department of Veterans Affairs (VA) TBI Clinical Reminder Screen (TCRS).

## Design

Cross-sectional, prospective, observational study using the Standards for Reporting of Diagnostic Accuracy (STARD) criteria.

## Setting

Three VA Polytrauma Network Sites.

## Participants

433 Operation Iraqi Freedom, Operation Enduring Freedom (OEF/OIF) Veterans.

## Main Outcome Measures

TCRS, Comprehensive TBI Evaluation (CTBIE), Structured TBI Diagnostic Interview (STDI), Symptom Attribution and Classification Algorithm (SACA), Clinician-Administered PTSD Scale (CAPS).

## Results

45% of Veterans screened positive on the TCRS for TBI. For detecting occurrence of historical TBI, the TCRS had 0.56-0.74 sensitivity (Se), 0.63-0.93 specificity (Sp), 25-45% Positive Predictive Value (PPV), 91-94% Negative Predictive Value (NPV), and 4-13 diagnostic odds ratio (DOR). For accuracy of attributing active symptoms to the TBI, the TCRS had 0.64-0.87 Se, 0.59-0.89 Sp, 26-32% PPV, 92-95% NPV, and 6-9 DOR. The Se was higher for Veterans with PTSD (0.80-0.86) relative to Veterans without PTSD (0.56-0.82). The Sp, however, was higher among Veterans without PTSD (0.75-0.90) relative to Veterans with PTSD (0.36-0.73). All indices of diagnostic accuracy changed when participants with questionably valid (QV) test profiles were eliminated from analyses.

## Conclusions

The utility of the TCRS to screen for mTBI depends on the stringency of the diagnostic reference standard to which it is being compared, the presence/absence of PTSD and QV test profiles. Further development, validation, and use of reproducible diagnostic algorithms for symptom attribution following possible mTBI would improve diagnostic accuracy.

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<http://tees.openrepository.com/tees/handle/10149/621583>

**Is prevention better than cure? A systematic review of the effectiveness of well-being interventions for military personnel adjusting to civilian life.**

Bauer, A. (Andreas); Newbury-Birch, D. (Dorothy); Robalino, S. (Shannon); Ferguson, J. (Jennifer); Burke, A. (Anna); Wigham, S. (Sarah)

PLoS ONE

Accepted for publication: 11 Dec 2017

Exposure to stressful and potentially traumatic experiences is a risk for military personnel and for some this may increase susceptibility to reduced well-being. The aim of this systematic review was to examine the effectiveness of preventative interventions to promote the well-being of military personnel adjusting to civilian life. Electronic databases were searched including MEDLINE, PsycINFO, EMBASE, Web of Science, CINAHL, PubMed, PILOTS, PAIS International, CENTRAL, HMIC, Project Cork, in addition to US and UK defence libraries. Nine articles, all conducted in the USA, were included in the review. Articles were synthesised narratively and assessed for bias against established criteria. The studies evaluated the effectiveness of interventions for current and former military personnel. The interventions included expressive writing, anger management, psycho-education, and techniques to promote relaxation, connection in relationships and resilience. Interventions had some significant positive effects mostly for veterans adjusting to civilian life and other family members. There was much heterogeneity in the design and the outcome measures used in the studies reviewed. The review highlights the need for future robust trials examining the effectiveness of well-being interventions in military groups with diverse characteristics; in addition qualitative research to explore a conceptualisation of well-being for this group and the acceptability of interventions which may be perceived as treatment. The results of the review will be of interest to a number of stakeholders in military, public health and mental health settings.

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<http://journals.sagepub.com/doi/full/10.1177/2158244017753506>

**Resilience, Cultural Beliefs, and Practices That Mitigate Suicide Risk Among African American Women Veterans.**

Brooke A. Dorsey Holliman, Lindsey L. Monteith, Elizabeth G. Spitzer, Lisa A. Brenner

Sage Open

First Published January 20, 2018

<https://doi.org/10.1177/2158244017753506>

To our knowledge, no studies have examined protective factors for suicide among African American women Veterans. We conducted a qualitative study to identify and describe cultural beliefs and practices that mitigate suicide risk among African American women Veterans. Our sample included 16 African American women Veterans (M age = 53.3) eligible to receive Veterans Health Administration care. The following three themes emerged as being protective against suicide: (a) resilience, (b) social support, and (c) religion. Women described developing resilience from exposure to adversity. Social support primarily entailed informal assistance from family and friends. Finally, religion comprised three subthemes: faith in God, personal practices, and religious beliefs. Results underscore the importance of specific cultural beliefs and practices as being protective against suicide among African American women Veterans.

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<http://journals.sagepub.com/doi/abs/10.1177/0095327X17751111>

### **Military Service Members' Satisfaction With Outness: Implications for Mental Health.**

Wyatt R. Evans, , Sebastian J. Bliss, , Christina M. Rincon, Scott L. Johnston, Jagruti P. Bhakta, Jennifer A. Webb-Murphy, Peter Goldblum, Kimberly F. Balsam

Armed Forces & Society

First Published January 18, 2018

<https://doi.org/10.1177/0095327X17751111>

This study is among the first examining lesbian, gay, and bisexual (LGB) service members in the United States following the “don’t ask, don’t tell” policy repeal. Higher levels of outness predict better mental health among general LGB populations. The military environment, like other traditional/conservative settings, may alter this relation; however, no data are available on outness among LGB service members in the United States. We examined 236 service members’ level of outness and satisfaction with outness in relation to depression and anxiety symptoms. Results revealed greater level of outness was related to higher satisfaction with outness, with each variable related to

better mental health. Importantly, satisfaction fully mediated the relation between level of outness and mental health, indicating satisfaction to be a more salient predictor than level alone. Findings relevant to military policy makers and health-care providers are discussed along with recommendations for advancement of research into outness among LGB people.

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<http://journals.sagepub.com/doi/abs/10.1177/1090198117752788>

### **Prevalence of Bystander Intervention Opportunities and Behaviors Among U.S. Army Soldiers.**

Toby D. Elliman, BSc, PhD, Molly E. Shannahoff, BS, MPH, Jonathan N. Metzler, BA, MA, PhD, Robin L. Toblin, BA, BS, MA, MPH, PhD

Health Education & Behavior

First Published January 20, 2018

<https://doi.org/10.1177/1090198117752788>

The bystander intervention model is one approach utilized to reduce risky behaviors within the U.S. Army; however, it is unclear how frequently soldiers experience opportunities to intervene and whether they already intervene in such situations. The present analysis aims to ascertain frequencies for opportunities to intervene and the rates at which soldiers intervene when presented with such opportunities. Soldiers (N = 286) were asked whether they had witnessed particular risky behavior scenarios of interest to the Army (i.e., suicide-related behaviors, alcohol misuse, or sexual harassment/assault) during the previous 2 months and whether they had intervened in those scenarios. Prevalence rates within this sample were calculated to determine the frequency of such situations and subsequent interventions. Logistic regression was used to ascertain any differences in witnessing scenarios by demographic groups. Nearly half (46.8%) of the soldiers reported witnessing at least one scenario involving risky behaviors. Most soldiers who witnessed an event relating to suicide or alcohol misuse also reported consistently intervening (87.9% and 74.4%, respectively), whereas just half consistently intervened in response to scenarios relating to sexual harassment/assault (49.2%). Lower ranking soldiers were twice as likely as higher ranks to witness scenarios involving alcohol misuse (odds ratio = 2.18, 95% confidence interval [1.11, 4.26]) and sexual harassment/assault (odds ratio = 2.21, 95% confidence interval [1.05, 4.62]). These data indicate that soldiers regularly encounter opportunities to intervene in risky behaviors, and while a majority intervened in such scenarios, more

training is warranted, particularly around sexual assault and harassment. This supports the notion that bystander intervention training is a worthwhile investment for the Army.

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<http://www.tandfonline.com/doi/full/10.1080/13811118.2017.1390513>

## **Religious Coping and Suicide Risk in a Sample of Recently Returned Veterans.**

Marek S. Kopacz, Hugh F. Crean, Crystal Park & Rani A. Hoff

Archives of Suicide Research

Accepted author version posted online: 08 Dec 2017

<https://doi.org/10.1080/13811118.2017.1390513>

### Objectives:

The aim of the present study is to examine religious coping and depression as predictors of suicide risk in a large US veteran sample from recent conflicts.

### Methods:

Demographic, military history, depressive symptomatology, positive and negative religious coping variables and self-reported suicidal behavior were analyzed in a sample of 772 recently returned veterans. Suicide risk was computed as a continuum of risk across four separate categories.

### Results:

Negative religious coping was significantly associated with suicide risk, even after statistically controlling for depressive symptomatology and other variables. The present analysis did not find any significant relationships for positive religious coping. No significant gender interaction effects were found.

### Conclusion:

The present findings support the importance of understanding veteran experiences of religious coping, particularly negative religious coping, in the context of suicide prevention efforts.

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## Links of Interest

Study: Married veterans face greater risk of suicide

<https://www.stripes.com/news/study-married-veterans-face-greater-risk-of-suicide-1.508369>

'Warrior caste': Is a public disconnect hurting military recruiting efforts?

<https://www.militarytimes.com/news/your-army/2018/01/19/warrior-caste-is-a-public-disconnect-hurting-military-recruiting-efforts/>

Paternity leave for sailors will soon double, Navy says

<https://www.navytimes.com/news/your-navy/2018/01/18/paternity-leave-will-soon-double-navy-says/>

Paternity leave policy for service members still up in the air

<https://www.militarytimes.com/news/your-navy/2018/01/24/dod-paternity-leave-policy-still-up-in-the-air/>

Trump appointee, former Navy SEAL, resigns after deriding military veterans with PTSD

<https://www.stripes.com/news/us/trump-appointee-former-navy-seal-resigns-after-deriding-military-veterans-with-ptsd-1.507469>

inTransition: Learn How To Enroll Service Members into the Program

<http://www.pdhealth.mil/news/blog/intransition-learn-how-enroll-service-members-program>

Same-sex active-duty couple marries at West Point

<https://www.armytimes.com/news/your-army/2018/01/21/same-sex-active-duty-couple-marries-at-west-point/>

Americans Finally Getting a Little More Sleep

<https://consumer.healthday.com/mental-health-information-25/behavior-health-news-56/americans-finally-getting-a-little-more-sleep-730391.html>

The Obstacles Facing VA In Its Fight To End Veteran Homelessness

<https://taskandpurpose.com/va-obstacles-veteran-homelessness/>

Can the Military Fully Integrate? Understanding Women in Combat Roles

<https://www.thepsychiatry.com/can-the-military-fully-integrate-understanding-women-in-combat-roles/>

Army to send female infantry, armor officers to 3 more bases

<https://www.armytimes.com/news/your-army/2018/01/24/army-to-send-female-infantry-armor-officers-to-3-more-bases/>

Six women become the first to earn Army's Expert Infantryman Badge

<https://www.armytimes.com/news/your-army/2018/01/24/six-women-become-the-first-to-earn-armys-expert-infantryman-badge/>

First enlisted woman to retire from the Marine Corps buried in Arlington

<https://www.marinecorpstimes.com/news/2018/01/24/first-enlisted-woman-to-retire-from-the-marine-corps-buried-in-arlington/>

Study Finds 2-Week Long Exposure Therapy Effective In Treating Combat PTSD

<http://tpr.org/post/study-finds-2-week-long-exposure-therapy-effective-treating-combat-ptsd>

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### **Resource of the Week -- [The Angry Staff Officer: I Didn't Know](#)**

She had a senior non-commissioned officer buy her lingerie, passing it off as a joke.

I didn't know.

She was mentally broken down and denigrated, day after day, by a male officer who was her command and who felt threatened by her presence.

I didn't know.

She was propositioned – openly – by higher ranking Soldiers, in front of other Soldiers, who did nothing to stop something that they thought was none of their business.

I didn't know.

She was backed against the wall by her commander, who was trying to pressure her to have sex with him in return for a good duty assignment.

I didn't know.



She was groped by a senior NCO, in full view of other officers. The company commander refused to action the complaint, saying that he couldn't afford to lose any more NCOs.

I didn't know.

She was physically abused and suffered injuries but command did not pursue an investigation of her abuser because, well, she was getting out, and it would be a lot of paperwork.

I didn't know.

But I should have.

These incidents are but a handful that women who I'm lucky enough to serve alongside have shared with me. At first it was a topic that I was reluctant to bring up during conversations or even to talk about. It was as if pretending that sexual assault and harassment didn't exist would make it a non-issue. So I'd get my mandatory sexual harassment and assault response program (SHARP) every year and laugh along with everyone else, because it obviously wasn't our unit that was the problem, right? Those were all the other units which couldn't control themselves and so that's why we had to have the training.

But once you stop talking and laughing and shrugging off comments as "just joking," "only playing around," or "it's unit culture," and start listening, it's a whole other story. First one woman, an NCO, told me her story. Then two fellow officers. Then a warrant officer. Then more officers. Until I'd literally gone through practically almost every woman I knew who was serving or had served. And that's when I realized I should've known.

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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901