

CDP



Research Update -- May 24, 2018

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<https://www.ptsd.va.gov/professional/newsletters/research-quarterly/V29N2.pdf>

PTSD Research Quarterly -- May 2018
National Center for PTSD

Focal Brain Stimulation for Posttraumatic Stress Disorder

Focal brain stimulation, or focal neuromodulation, offers a unique alternative to psychotherapeutic and pharmacologic treatments for psychiatric disorders. Focal brain stimulation interventions are based in a paradigm that views psychiatric disorders as resulting from dysfunction within a structurally and functionally connected network of brain regions. This paradigm is complementary to those that presume psychiatric dysfunction results from abnormalities of neurochemicals, supporting the development of psychotropic medications, or from dysfunctional thoughts and behaviors, providing the basis for cognitively-behaviorally oriented psychotherapies. Within the neural network paradigm of psychiatric dysfunction, it is posited that altering activity at one specific brain region via focal stimulation will result in downstream functional changes throughout the network involved in the pathophysiology of a particular psychiatric condition. Additionally, it is possible that focal neuromodulation of the neural network can serve to synergize with pharmacologic and psychotherapeutic treatments: e.g., focal neuromodulation of a specific neural circuit may “prime” it to be more responsive to another intervention.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1421821>

Challenges to evaluating US military policy on sexual assault and sexual harassment.

Laura L. Miller, Coreen Farris & Kayla M. Williams

Military Psychology

Published online: 21 May 2018

<https://doi.org/10.1080/08995605.2017.1421821>

US military policy has come under fire by critics who charge that it does not do enough to prevent sexual harassment and sexual assault, to support and protect victims, and to hold perpetrators accountable. This article first outlines the challenges of collecting, understanding, and analyzing relevant military policies, even for scholars with access to

the military community and experience studying it. Policies can vary across and within organizations, be documented in a wide variety of formats, and evolve (or devolve) over time. Next the authors review the types of data sources that could be used to try to determine whether selected policies are effective and where they may be having unintended consequences. To illustrate challenges and opportunities related to evaluating these policies, the authors narrow the discussion to focus on three types of sexual assault policies that have received recent scrutiny: policies aimed at sexual assault prevention, reporting, and offender accountability. The article concludes by mapping out a body of future research that would assist decision makers in Congress and the Department of Defense in more fully drawing upon the academic community to conduct research that can inform policy.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1421818>

Developing systems that promote Veterans' recovery from military sexual trauma: Recommendations from the Veterans Health Administration national program implementation.

Melissa Ming Foyne, Kerry Makin-Byrd, W. Christopher Skidmore, Matthew W. King, Margret E. Bell & Julie Karpenko

Military Psychology

Published online: 21 May 2018

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Veterans who experienced sexual assault or sexual harassment during military service (known as military sexual trauma [MST]) present with diverse health care needs and barriers to accessing services. Over the past 20 years, the U.S. Department of Veterans Affairs (VA) has developed and implemented MST-specific health care services to respond to those challenges. The authors summarize 9 recommendations learned from VA's initiatives that may be helpful for non-VA health care systems interested in developing or enhancing their own services for Veterans who experienced MST. First, they recommend creating a system of care that provides varied options and paths to recovery, reflects and honors the diversity of MST survivors, and offers choice. Second, they describe the importance of ongoing staff education and training not only for specialized trauma providers but also for a wide range of professionals across disciplines. Third, the authors recommend outreach efforts that raise awareness of MST, identify common 'points of entry' into the system, and sensitively reduce barriers

to care. Finally, they discuss the importance of regular evaluation and feedback to foster continuous improvement. Health care systems and individual providers can use these recommendations to enhance their own services and policies, demonstrate sensitivity to the potential issues associated with MST, and effectively assist survivors.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1422949>

**The readiness imperative for reducing sexual violence in the US armed forces:
Respect and professionalism as the foundation for change.**

Margaret Klein & Jessica A. Gallus

Military Psychology

Published online: 21 May 2018

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This article provides a senior leader perspective on the issue of sexual violence in the US military. The negative effects of sexual harassment and sexual assault (SH/SA) appear across organizational levels and degrade the Department of Defense's (DoD) readiness to meet current and future challenges. The authors offer respect and professionalism as a driving force in preventing interpersonal violence and cultivating an inclusive workforce with the breadth of capabilities needed to deter war and protect our national security. Recommendations for creating positive climates, expanding leadership capability and rethinking traditional approaches to training are discussed.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1422950>

Sexual assault & sexual harassment at the US military service academies.

Judith E. Rosenstein, Karin De Angelis, David R. McCone & Marjorie H. Carroll

Military Psychology

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<https://doi.org/10.1080/08995605.2017.1422950>

As hybrids of civilian colleges and the military, the United States military service academies provide a unique lens through which to examine sexual harassment and assault. They are also lightning rods for scrutiny and criticism, and testing grounds for innovation, intervention, and change. In this article, the authors provide an introduction to the academies and consider cultural and contextual factors, including masculinity and tokenism, that may influence student attitudes and experiences regarding these issues. In addition, they examine reports spanning almost a decade that show how rates of sexual harassment and assault have changed and make comparisons to both the broader military and civilian colleges and universities when possible. Finally, the authors discuss relevant prevention and response efforts at each institution, address implications, and suggest ways forward.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2017.1422948>

The impact of leadership on sexual harassment and assault in the military.

Anne G. Sadler, Douglas R. Lindsay ORCID Icon, Samuel T. Hunter & David V. Day

Military Psychology

Published online: 21 May 2018

<https://doi.org/10.1080/08995605.2017.1422948>

Sexual harassment and assault are realities in the military. Recent reports indicate that these types of behaviors are not decreasing despite updated policies, better reporting procedures and increased resources. Leadership is offered as both an antecedent to and as a vehicle by which to address these destructive and criminal behaviors among the military ranks. A review of relevant leadership research is provided focused on unique aspects of the military that influence sexual violence, leader behaviors, and the full range leadership model. Through this review, recommendations are offered as to how the military can develop leaders to provide appropriate leadership at all levels to create the right climate in units to be resistant to sexual harassment and assault. Overall, the authors argue that leadership offers the greatest opportunity to prevent and reduce the consequences of sexual harassment and assault in the military, but that it must be integrated into intentional leader development and accountability efforts at both the organizational and individual level.

<https://www.tandfonline.com/doi/full/10.1037/mil0000171>

Longitudinal prediction of sexual harassment and assault by male enlisted Navy personnel.

Valerie A. Stander, Cynthia J. Thomsen, Lex L. Merrill & Joel S. Milner

Military Psychology

Published online: 15 May 2018

<https://doi.org/10.1037/mil0000171>

Using longitudinal survey data, this study explores patterns and predictors of the sexual harassment and sexual assault of women by male Navy personnel (N = 573) in their second year of service. A modification of the Malamuth Confluence Model, informed by the Navy Sexual Assault Continuum of Harm, was used to predict both types of sexual aggression. Perpetration of sexual assault was significantly associated with perpetration of sexual harassment (Odds ratio = 4.66), and a common set of risk factors could be used to predict both types of sexual aggression. In a longitudinal evaluation of the relative importance of multiple risk factors (hostility toward women, impersonal sex, heavy drinking, delinquency/misconduct, and hypermasculinity), both prior levels of risk and recent increase in risk across multiple factors significantly predicted second-year sexual harassment and sexual assault. Furthermore, current harassment perpetration partially mediated the effects of other risk factors on current sexual assault perpetration. These results support the hypothesis that sexual harassment is both a part of the spectrum of sexual aggression and an important independent risk factor for sexual assault perpetration by male service members. Military public health efforts should continue to target the modifiable risk factors for sexual aggression identified in this study.

<https://www.tandfonline.com/doi/full/10.1037/mil0000180>

The historical roots and future directions for military law and policies on rape and sexual assault.

Julie K. Carson & Brad R. Carson

Military Psychology

Published online: 15 May 2018

<https://doi.org/10.1037/mil0000180>

The time in which rape has been a crime tried in the military criminal justice system is remarkably short. For much of the nation's history, military members accused of common law crimes were tried in civilian courts established under Article III of the Constitution. The exception was during periods when the nation was at war. A continuous jurisprudence of military rape law did not begin until the late 1980s. Since that time, an avalanche of sexual assault scandals, legislation, task forces, and commissions have driven the issue to the forefront of public interest. While change was glacially slow for decades, the last 10 years have brought about some of the most dramatic changes in military justice since the Uniform Code of Military Justice (UCMJ) was established in 1950—changes driven almost entirely by the sexual assault debate. Congressionally chartered advisory committees like the Defense Task Force on Sexual Assault in the Armed Forces, the Response Systems to Adult Sexual Assault Crimes Panel, and the Judicial Proceedings Since Fiscal Year 2012 Amendments Panel have recommended many of the reforms to law and policy now in place regarding the military's response to sexual assault allegations. Nonetheless, several key reforms are still waiting, including improved collection of sexual assault data and program performance metrics and a more precise definition in Department of Defense policy of what conduct constitutes sexual assault.

<https://www.tandfonline.com/doi/full/10.1037/mil0000144>

Victims of sexual harassment and assault in the military: Understanding risks and promoting recovery.

Margret E. Bell, Christina M. Dardis, Stephanie A. Vento & Amy E. Street

Military Psychology

Published online: 15 May 2018

<https://doi.org/10.1037/mil0000144>

Ultimately, sexual harassment and sexual assault can only be eradicated by understanding and intervening with its perpetrators, however a thorough understanding of victims and their experiences is also crucial. Knowing who victims are—that is, who do perpetrators choose to victimize?—aids in predicting and interrupting perpetration.

Knowing about victims' experiences during and after harassment and assault—that is, how are victims impacted?—is necessary to design effective, sensitive interventions to support their recovery. To assist the field in these efforts, this article reviews what is currently known about risk for experiencing sexual harassment and assault during military service and the issues survivors face in recovery. Particular attention is paid to identifying areas where more study is needed.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22291>

Adults with Comorbid Posttraumatic Stress Disorder, Alcohol Use Disorder, and Opioid Use Disorder: The Effectiveness of Modified Prolonged Exposure.

Kelly R. Peck, Julie A. Schumacher, Paul R. Stasiewicz, Scott F. Coffey

Journal of Traumatic Stress

First published: 22 May 2018

<https://doi.org/10.1002/jts.22291>

Opioid use disorders (OUDs) are a growing problem in the United States. When OUDs co-occur with problematic drinking and posttraumatic stress disorder (PTSD), negative drug-related mental and physical health outcomes may be exacerbated. Thus, it is important to establish whether PTSD treatments with established efficacy for dually diagnosed individuals also demonstrate efficacy in individuals who engage in problematic drinking and concurrent opioid misuse. Adults who met DSM-IV-TR criteria for PTSD and alcohol dependence were recruited from a substance use treatment facility and were randomly assigned to receive either modified prolonged exposure (mPE) therapy for PTSD or a non-trauma-focused comparison treatment. Compared to adults in a non-OUD comparison group ($n = 74$), adults with OUD ($n = 52$) were younger, reported more cravings for alcohol, were more likely to use amphetamines and sedatives, were hospitalized more frequently for drug- and alcohol-related problems, and suffered from more severe PTSD symptomatology, depressive symptoms, and anxiety, standardized mean differences = 0.36–1.81. For participants with OUD, mPE was associated with large reductions in PTSD symptomatology, sleep disturbances, and symptoms of anxiety and depression, $ds = 1.08$ – 2.56 . Moreover, participants with OUD reported decreases in alcohol cravings that were significantly greater than those reported by the non-OUD comparison group, $F(1, 71.42) = 6.37$, $p = .014$. Overall, our findings support the efficacy of mPE for PTSD among individuals who engage in problematic drinking and concurrent opioid misuse, despite severe baseline symptoms.

<http://ebmh.bmj.com/content/21/2/41>

Selecting a risk assessment tool to use in practice: a 10-point guide.

Seena Fazel, Achim Wolf

Evidence-Based Mental Health

First published December 21, 2017

<http://dx.doi.org/10.1136/eb-2017-102861>

With the increase in the number of risk assessment tools and clinical algorithms in many areas of science and medicine, this Perspective article provides an overview of research findings that can assist in informing the choice of an instrument for practical use. We take the example of violence risk assessment tools in criminal justice and forensic psychiatry, where there are more than 200 such instruments and their use is typically mandated. We outline 10 key questions that researchers, clinicians and other professionals should ask when deciding what tool to use, which are also relevant for public policy and commissioners of services. These questions are based on two elements: research underpinning the external validation, and derivation or development of a particular instrument. We also recommend some guidelines for reporting drawn from consensus guidelines for research in prognostic models.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22269>

Stress-Generative Effects of Posttraumatic Stress Disorder: Transactional Associations Between Posttraumatic Stress Disorder and Stressful Life Events in a Longitudinal Sample.

Hannah Maniates, Tawni B. Stoop, Mark W. Miller, Lisa Halberstadt, Erika J. Wolf

Journal of Traumatic Stress

First published: 06 April 2018

<https://doi.org/10.1002/jts.22269>

Longitudinal studies have demonstrated transactional associations between psychopathology and stressful life events (SLEs), such that psychopathology predicts the occurrence of new SLEs, and SLEs in turn predict increasing symptom severity. The association between posttraumatic stress disorder (PTSD), specifically, and stress generation remains unclear. This study used temporally sequenced data from 116 veterans (87.9% male) to examine whether PTSD symptoms predicted new onset SLEs, and if these SLEs were associated with subsequent PTSD severity. The SLEs were objectively rated, using a clinician-administered interview and consensus-rating approach, to assess the severity, frequency, and personal dependence (i.e., if the event was due to factors that were independent of or dependent on the individual) of new-onset SLEs. A series of mediation models were tested, and results provided evidence for moderated mediation whereby baseline PTSD severity robustly predicted personally dependent SLEs, $B = 0.03$, $p = .006$, and dependent SLEs predicted increases in follow-up PTSD symptom severity, $B = -0.04$, $p = .003$, among participants with relatively lower baseline PTSD severity. After we controlled for baseline PTSD severity, personality traits marked by low constraint (i.e., high impulsivity) were also associated with an increased number of dependent SLEs. Our results provide evidence for a stress-generative role of PTSD and highlight the importance of developing interventions aimed at reducing the occurrence of personally dependent stressors.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22274>

The Influence of Posttraumatic Stress Disorder on Health Functioning in Active-Duty Military Service Members.

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Journal of Traumatic Stress

First published: 18 April 2018

<https://doi.org/10.1002/jts.22274>

Researchers have suggested that posttraumatic stress disorder (PTSD) is associated with significant healthcare burden and utilization of medical services. The purpose of this study was to examine the impact of PTSD symptoms on health functioning among active-duty military personnel. Participants in the study were 366 treatment-seeking service members who had returned from deployment and were participating in a larger

PTSD treatment study. Assessments included measures of PTSD symptom severity, combat experiences, life stress, health functioning, alcohol use, and depression. We hypothesized that at baseline, PTSD severity and its symptom clusters would be significantly associated with poorer physical and mental health functioning. We conducted separate hierarchical multiple regressions to examine the predictive contribution the hypothesized factors would have on the variance in physical and mental health scores. Consistent with previous literature, we found that PTSD severity was significantly associated with poorer mental health functioning, $B = -0.25$, $SE = 0.08$, $\beta = -0.15$, $t(342) = -3.07$, $R^2 = .37$, $p = .002$; however, contrary to our hypotheses, PTSD severity was not associated with poorer physical health functioning. Further, the hyperarousal symptom cluster was significantly associated with poorer physical health functioning, $B = -0.83$, $SE = 0.26$, $\beta = -0.18$, $t(340) = -3.16$, $R^2 = .11$, $p = .002$, but not mental health functioning. Limitations of our study included the use of self-report measures only and lack of objective measures. Future directions for study include examination of how health functioning perceptions change over a longer duration of PTSD symptoms and after treatment.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22276>

Distinct Trauma Types in Military Service Members Seeking Treatment for Posttraumatic Stress Disorder.

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Journal of Traumatic Stress

First published: 18 April 2018

<https://doi.org/10.1002/jts.22276>

We examined the frequency of trauma types reported in a cohort of service members seeking treatment for posttraumatic stress disorder (PTSD) and compared symptom profiles between types. In this observational study, 999 service members (9.2% women; $M_{age} = 32.91$ years; 55.6% White) were evaluated using a standardized assessment procedure to determine eligibility for clinical trials. Participants were evaluated for DSM-IV-TR-defined PTSD using the PTSD Symptom Scale–Interview; all participants reported a Criterion A event. Independent evaluators rated descriptions of Criterion A events as belonging to trauma types at a high degree of reliability, $\kappa = 0.80$. Aggregated

non-life-threat primary trauma types were more frequently endorsed than aggregated life-threat types, 95% CI [17.10%, 29.20%]. Participants who endorsed moral injury–self traumas had a higher level of reexperiencing ($d = 0.39$), guilt (hindsight bias, $d = 1.06$; wrongdoing, $d = 0.93$), and self-blame ($d = 0.58$) symptoms, relative to those who reported life threat–self. Participants who experienced traumatic loss had greater reexperiencing ($d = 0.39$), avoidance ($d = 0.22$), guilt (responsibility, $d = 0.39$), and greater peri- and posttraumatic sadness ($d = 0.84$ and $d = 0.70$, respectively) symptoms, relative to those who endorsed life threat–self. Relative to life threat–self, moral injury–others was associated with greater peri- ($d = 0.36$) and posttraumatic ($d = 0.33$) betrayal/humiliation symptoms, and endorsement of aftermath of violence was associated with greater peri- ($d = 0.84$) and posttraumatic sadness ($d = 0.57$) symptoms. War zone traumas were heterogeneous, and non-life-threat traumas were associated with distinct symptoms and problems.

<https://link.springer.com/article/10.1007/s11089-018-0813-5>

Military Moral Injury: An Evidence-Based and Intercultural Approach to Spiritual Care.

Carrie Doehring

Pastoral Psychology

First Online: 19 May 2018

<https://doi.org/10.1007/s11089-018-0813-5>

How can spiritual care help veterans struggling with military moral injury? An evidence-based, intercultural approach to spiritual care is proposed. Evidence-based care uses research on military moral injury and religious and spiritual struggles to understand when religious and spiritual practices, beliefs, and values are helping or harming veterans. Intercultural spiritual care recognizes the complex, distinctive ways veterans' values, beliefs, coping, and spiritual practices are shaped by interacting cultural systems, especially military training and cultures. Pastoral theologian Larry Graham's (Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors 5, 146–171, 2017) writing on moral injury and lamentation is used to develop two spiritual care strategies: sharing anguish and interrogating suffering. Spiritual care begins with lamenting the shared anguish of moral injury using intrinsically meaningful spiritual practices to help veterans compassionately accept the emotions arising from moral injury so intensely felt in their bodies. The second strategy is sharing the lament of

interrogating suffering through exploring values, beliefs, and coping arising from moral injury. A literary case study of a young female veteran based on Cara Hoffman's (2014) novel *Be Safe, I Love You* illustrates this evidence-based intercultural approach to spiritual care of military moral injury.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2017.0088>

Telepsychotherapy and the Therapeutic Relationship: Principles, Advantages, and Case Examples.

Kocsis, Barbara J., & Yellowlees, Peter

Telemedicine and e-Health

2018 24:5, 329-334

<https://doi.org/10.1089/tmj.2017.0088>

Objective:

As the use of technology continues to expand within our mental healthcare system, there has been an increasing interest in conducting psychotherapy online using videoconferencing. Literature pertaining to telepsychotherapy has explored possible drawbacks of this modality on the therapeutic relationship, although several studies have shown that the efficacy of online psychotherapy is equivalent to in-person approaches. Little is written about the potential advantages to the psychotherapeutic relationship when psychotherapy is carried out over videoconferencing.

Methods:

The available literature was reviewed, as were the general principles of telepsychotherapy and the therapeutic relationship, followed by a more in-depth consideration of patient populations for whom telepsychotherapy may offer distinct advantages.

Results:

The current literature, as well as our own clinical experience, suggests that telepsychotherapy may be effective for a broad range of patients, and it may offer distinct advantages in the building of a trusting psychotherapeutic relationship.

Conclusion:

Telepsychotherapy offers a novel way to reach and form strong psychotherapeutic

relationships with many different types of patients, and it may foster therapeutic intimacy in ways that in-person psychotherapy cannot. More research is needed to further explore this unique modality.

<https://www.ncbi.nlm.nih.gov/pubmed/29745445>

Depress Anxiety. 2018 May 10. doi: 10.1002/da.22768. [Epub ahead of print]

Prevalence of psychiatric morbidity in United States military spouses: The Millennium Cohort Family Study.

Steenkamp MM, Corry NH, Qian M, Li M, McMaster HS, Fairbank JA, Stander VA, Hollahan L, Marmar CR

BACKGROUND:

Approximately half of US service members are married, equating to 1.1 million military spouses, yet the prevalence of psychiatric morbidity among military spouses remains understudied. We assessed the prevalence and correlates of eight mental health conditions in spouses of service members with 2-5 years of service.

METHOD:

We employed baseline data from the Millennium Cohort Family Study, a 21-year longitudinal survey following 9,872 military-affiliated married couples representing all US service branches and active duty, Reserve, and National Guard components. Couples were surveyed between 2011 and 2013, a period of high military operational activity associated with Operation Iraqi Freedom and Operation Enduring Freedom. Primary outcomes included depression, anxiety, posttraumatic stress disorder (PTSD), panic, alcohol misuse, insomnia, somatization, and binge eating, all assessed with validated self-report questionnaires.

RESULTS:

A total of 35.90% of military spouses met criteria for at least one psychiatric condition. The most commonly endorsed conditions were moderate-to-severe somatization symptoms (17.63%) and moderate-to-severe insomnia (15.65%). PTSD, anxiety, depression, panic, alcohol misuse, and binge eating were endorsed by 9.20%, 6.65%, 6.05%, 7.07%, 8.16%, and 5.23% of spouses, respectively. Having a partner who deployed with combat resulted in higher prevalence of anxiety, insomnia, and somatization. Spouses had lower prevalence of PTSD, alcohol misuse, and insomnia

but higher rates of panic and binge eating than service members. Both members of a couple rarely endorsed having the same psychiatric problem.

CONCLUSIONS:

One third of junior military spouses screened positive for one or more psychiatric conditions, underscoring the need for high-quality prevention and treatment services.
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<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22751>

Virtual reality exposure versus prolonged exposure for PTSD: Which treatment for whom?

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Depression and Anxiety

First published: 07 May 2018

<https://doi.org/10.1002/da.22751>

1 Background

The majority of studies comparing active psychological treatments for posttraumatic stress disorder (PTSD) do not find significant differences at posttreatment. This was the case in a recent trial examining prolonged exposure (PE) and virtual reality exposure (VRE) among active-duty soldiers with combat-related PTSD. Matching individual patients to specific treatments provides a potential avenue to improve significantly the public health impact of effective treatments for PTSD. A composite moderator approach was used to identify profiles of patients who would see superior PTSD symptom reduction in VRE or PE to inform future treatment matching.

2 Methods

Active duty U.S. army soldiers (N = 108) were enrolled in a randomized clinical trial comparing VRE and PE in the treatment of PTSD stemming from deployments to Iraq or Afghanistan. Eighteen baseline variables were examined to identify treatment response heterogeneity in two patient groups: those with a superior response to PE and those with a superior response to VRE. The final composite moderator comprised four of 18 baseline variables.

3 Results

Results revealed that patients who were predicted to see greater PTSD symptom reduction in VRE were likely to be younger, not taking antidepressant medication, had greater PTSD hyperarousal symptoms, and were more likely to have greater than minimal suicide risk.

4 Conclusions

Results suggest that treatment matching based on patient profiles could meaningfully improve treatment efficacy for combat-related PTSD. Future research can build on these results to improve our understanding of how to improve treatment matching for PTSD.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22776>

Effect of insomnia treatments on depression: A systematic review and meta-analysis.

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Depression and Anxiety

First published: 21 May 2018

<https://doi.org/10.1002/da.22776>

1 Background

Insomnia is frequently comorbid with depression, with a bidirectional relationship between these disorders. There is evidence that insomnia-specific interventions, such as cognitive behavioral therapy for insomnia, may lead to improvements in depression. The purpose of this systematic review and meta-analysis is to determine whether treatment of insomnia leads to improved depression outcomes in individuals with both insomnia and depression.

2 Methods

We conduct a systematic review and meta-analysis to explore the effect of treatment for insomnia disorder on depression in patients with both disorders.

3 Results

Three thousand eight hundred and fifteen studies were reviewed, and 23 studies met inclusion criteria. Although all of the studies suggested a positive clinical effect of insomnia treatment on depression outcomes, most of the results were not statistically significant. Although the interventions and populations were highly variable, the meta-analysis indicates moderate to large effect size (ES) improvement in depression as measured with the Hamilton Depression Rating Scale (ES = -1.29, 95%CI [-2.11, -0.47]) and Beck Depression Inventory (ES = -0.68, 95%CI [-1.29, -0.06]).

4 Conclusions

These results support that treating insomnia in patients with depression has a positive effect on mood. Future trials are needed to identify the subtypes of patients whose depression improves during treatment with insomnia-specific interventions, and to identify the mechanisms by which treating insomnia improves mood.

<https://www.jmir.org/2018/5/e166/>

Effects of Treatment Length and Chat-Based Counseling in a Web-Based Intervention for Cannabis Users: Randomized Factorial Trial.

Jonas B, Tensil MD, Tossmann P, Strüber E

Journal of Medical Internet Research
2018;20(5):e166
DOI: 10.2196/jmir.9579

Background:

Digital interventions show promise in reducing problematic cannabis use. However, little is known about the effect of moderators in such interventions. The therapist-guided internet intervention Quit the Shit provides 50 days of chat-based (synchronous) and time-lagged (asynchronous) counseling.

Objective:

In the study, we examined whether the effectiveness of Quit the Shit is reduced by shortening the program or by removing the chat-based counseling option.

Methods:

We conducted a purely Web-based randomized experimental trial using a two-factorial

design (factor 1: real-time-counseling via text-chat: yes vs no; factor 2: intervention duration: 50 days vs 28 days). Participants were recruited on the Quit the Shit website. Follow-ups were conducted 3, 6, and 12 months after randomization. Primary outcome was cannabis-use days during the past 30 days using a Timeline Followback procedure. Secondary outcomes were cannabis quantity, cannabis-use events, cannabis dependency (Severity of Dependence Scale), treatment satisfaction (Client Satisfaction Questionnaire), and working alliance (Working Alliance Inventory-short revised).

Results:

In total, 534 participants were included in the trial. Follow-up rates were 47.2% (252/534) after 3 months, 38.2% (204/534) after 6 months, and 25.3% (135/534) after 12 months. Provision of real-time counseling (factor 1) was not significantly associated with any cannabis-related outcome but with higher treatment satisfaction ($P=.001$, $d=0.34$) and stronger working alliance ($P=.008$, $d=0.22$). In factor 2, no significant differences were found in any outcome. The reduction of cannabis use among all study participants was strong ($P<.001$, $d\geq 1.13$).

Conclusions:

The reduction of program length and the waiver of synchronous communication have no meaningful impact on the effectiveness of Quit the Shit. It therefore seems tenable to abbreviate the program and to offer a self-guided start into Quit the Shit. Due to its positive impact on treatment satisfaction and working alliance, chat-based counseling nevertheless should be provided in Quit the Shit.

Trial Registration:

International Standard Randomized Controlled Trial Number ISRCTN99818059;
<http://www.isrctn.com/ISRCTN99818059> (Archived by WebCite at
<http://www.webcitation.org/6uVDeJjfD>)

[https://www.drugandalcoholdependence.com/article/S0376-8716\(18\)30255-2/fulltext](https://www.drugandalcoholdependence.com/article/S0376-8716(18)30255-2/fulltext)

Posttraumatic stress disorder and chronic pain are associated with opioid use disorder: Results from a 2012-2013 American nationally representative survey.

Elena Bilevicius, Jordana L. Sommer, Gordon J.G. Asmundson, Renée El-Gabalawy

Background

Chronic pain conditions and posttraumatic stress disorder (PTSD) commonly co-occur and are associated with opioid use disorder (OUD). The aims of this paper were to identify prevalence estimates of OUD among individuals with and without PTSD and assess independent and combined contributions of PTSD and chronic pain conditions on OUD in a nationally representative sample.

Methods

Data were extracted from 36,309 individuals from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions. Past-year PTSD and OUD were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-5 edition. Respondents reported physician-confirmed, past-year chronic pain conditions, categorized into musculoskeletal pain (e.g., arthritis), digestive pain (e.g., pancreatitis), and nerve pain (e.g., reflex sympathetic dystrophy). We examined the weighted prevalence of OUD among those with and without PTSD. Multiple logistic regressions examined the association between PTSD and chronic pain conditions on OUD.

Results

The prevalence of OUD was higher among those with PTSD than those without. Comorbid PTSD/musculoskeletal pain and PTSD/nerve pain conditions were associated with increased odds of OUD, compared to those with neither PTSD nor chronic pain conditions. Digestive pain conditions were not associated with OUD. Comorbid PTSD/musculoskeletal pain conditions demonstrated an additive relationship on OUD compared to musculoskeletal pain conditions and PTSD alone.

Conclusions

Results reveal that musculoskeletal pain and nerve pain conditions are associated with increased odds of OUD, but only musculoskeletal pain conditions display an additive relationship on OUD when combined with PTSD. These findings have implications for opioid management and screening among those with comorbid conditions.

<https://www.liebertpub.com/doi/abs/10.1089/acm.2017.0404>

Mindfulness-Based Processes of Healing for Veterans with Post-Traumatic Stress Disorder.

Schure Marc B., Simpson Tracy L., Martinez Michelle, Sayre George, and Kearney David J.

The Journal of Alternative and Complementary Medicine.

Online Ahead of Print: May 7, 2018

<http://doi.org/10.1089/acm.2017.0404>

Objective:

U.S. veterans are at increased risk of developing post-traumatic stress disorder (PTSD). Prior studies suggest a benefit of mindfulness-based stress reduction (MBSR) for PTSD, but the mechanisms through which MBSR reduces PTSD symptoms and improves functional status have received limited empirical inquiry. This study used a qualitative approach to better understand how training in mindfulness affects veterans with PTSD.

Design:

Qualitative study using semistructured in-depth interviews following participation in an MBSR intervention.

Setting:

Outpatient.

Intervention:

Eight-week MBSR program.

Outcome measure:

Participants' narratives of their experiences from participation in the program.

Results:

Interviews were completed with 15 veterans. Analyses identified six core aspects of participants' MBSR experience related to PTSD: dealing with the past, staying in the present, acceptance of adversity, breathing through stress, relaxation, and openness to self and others. Participants described specific aspects of a holistic mindfulness experience, which appeared to activate introspection and curiosity about their PTSD

symptoms. Veterans with PTSD described a number of pathways by which mindfulness practice may help to ameliorate PTSD.

Conclusions:

MBSR holds promise as a nontrauma-focused approach to help veterans with PTSD.

Links of Interest

Breaking down the image: Mental health

<https://health.mil/News/Articles/2018/05/22/Breaking-down-the-image-Mental-health>

Are Female Navy Commanders Fired For Behaviors That Male Commanders Practice All The Time?

<https://taskandpurpose.com/navy-reliefs-gender-double-standard/>

Global Behavioral Health Engagement: Building Partnerships and Enhancing Readiness

<http://pdhealth.mil/news/blog/global-behavioral-health-engagement-building-partnerships-and-enhancing-readiness>

Translating Trauma Therapy for Hispanic and Latino Communities

<https://chronicleofsocialchange.org/news-2/adapting-trauma-therapy-hispanic-latino-communities>

Psychedelic drug provides relief for veterans with PTSD

<https://www.militarytimes.com/news/your-army/2018/05/09/psychedelic-drug-provides-relief-for-veterans-with-ptsd/>

Demand For Veteran Counseling Puts Stress On The Counselors

<https://www.npr.org/2018/05/09/609653871/veterans-counselors-feeling-overworked>

Commentary: 82nd Airborne's new policy on memorial honors for troops who die by suicide 'sends wrong message'

<https://www.armytimes.com/opinion/commentary/2018/05/10/commentary-82nd-airbornes-new-policy-on-memorial-honors-for-troops-who-die-by-suicide-sends-wrong-message/>

Veterans Need To Be Honest About Their Loneliness And Boredom After Serving

<https://taskandpurpose.com/veterans-need-honest-loneliness-boredom-serving/>

100 million Americans have chronic pain. Very few use one of the best tools to treat it. <https://www.vox.com/science-and-health/2018/5/17/17276452/chronic-pain-treatment-psychology-cbt-mindfulness-evidence>

Resource of the Week: [Examination of Recent Deployment Experience Across the Services and Components](#)

New, from the RAND Corporation:

Over the past 15 years, deployments have represented a key aspect of military service, with many service members completing multiple tours. Given the disruption that deployments pose, it is not surprising that they are associated with numerous service member and family outcomes. Therefore, accrued deployment experience constitutes a relevant metric not only for measuring military experience, but also for measuring service member and family well-being. In this research, the authors compare deployment experience across the services and components. They also examine the transitions of soldiers between Army components to determine whether the Army retains soldiers with the largest amounts of deployment experience. Enlisted personnel made up the bulk of those who have deployed, as do personnel from the active component of their service. Most service members who deployed were married at the time; about half had children. Average time spent in a single deployment varies across the services. Consequently, the same amount of total time deployed could have different impacts depending on how that total deployment experience was accumulated. Also, service members' individual resilience to deployments may vary. Given such variation, deployment experience may need to be managed differently across services and personnel. Tracking deployment experience carefully, in terms of total number of deployments and total time deployed, would likely assist in managing these differences.

Key Findings

Since 9/11, 2.77 Million Service Members Have Served on 5.4 Million Deployments

- 86 percent deployed were enlisted; 10 percent were women.
- On average, deployed personnel were under 30 years old; more than half were married, and about half had children at the time of the deployment.
- The average length of deployment varies across the services; multiple deployments are not uncommon.

Soldiers Across the Army's Three Components Have Provided the Majority of the Person-Years of Deployments

- The majority of soldiers with deployment experience were no longer serving in the Army as of September 2015, but the majority of heavily deployed soldiers remained in the Army.
- These heavily deployed soldiers make up about 13 percent of all soldiers but possess half the Army's deployment experience.
- The experience of the most-intensely deployed service members represents a unique resource.

The Selected Reserve Provides One Way to Retain the Army's Deployment Experience

- Some soldiers with deployment experience transitioned from the Regular Army to the Selected Reserve; the Selected Reserve thus provides an avenue for retaining deployment experience.
- The deployment experience of former Regular Army soldiers makes up about one-quarter of the total deployment experience within the Selected Reserve.

Recommendations

- Because the same amount of total time deployed could have different impacts on members of different services and may need to be managed differently across the services, a good first step would be to track both the number of deployments and the total time deployed carefully.
- The resilience of the most heavily deployed service members and their families should be carefully tracked; it may also be appropriate to focus key resources and services on this group.
- Continuing to encourage soldiers to consider the Selected Reserve upon leaving the Regular Army will help retain deployment experience.
- Managing the experience of the most-intensely deployed and seeking ways to transfer the knowledge and skills obtained during deployment before those service members leave military service could enhance the effectiveness of training.



Examination of Recent Deployment Experience Across the Services and Components

Jennie W. Wenger, Caolann O'Connell, Linda Cottrell

Key findings

- Between 9/11 and September 2015, 2.77 million service members served on more than 5.4 million deployments.
- Soldiers across the Army's components have provided the majority of the deployments.
- The Selected Reserve provides one way to retain some of the Army's deployment experience.

SUMMARY ■ Over the past 15 years, deployments have represented a key aspect of U.S. military service, with many service members completing multiple tours. Given the disruption that they pose, it is not surprising that deployments are associated with numerous service member and family outcomes. For example, spouses of deployed service members reported that their children experienced behavioral and peer-related problems during deployments (Meadows et al., 2016). Therefore, accrued time deployed constitutes a relevant metric for measuring military experience, but also for measuring service member and family well-being. In this research, we compare deployments (in terms of the total number of deployments, and the total amount of time deployed) across the services and components. We also examine the transitions of soldiers between Army components to determine whether the Army retains soldiers with the largest amounts of deployments.¹

To date, all of the services have contributed substantially to the 3.1 million troop-years of deployments since September 2001. The Army has provided the bulk of deployment experience. The vast majority of soldiers who have deployed over the past 15 years are no longer serving in the Army. However, the Selected Reserve (SELRES) continues to retain deployments acquired in the Regular Army; about one-quarter of the deployment experience in the SELRES was acquired by soldiers who deployed while serving in the Regular Army. Also, a substantial proportion of the soldiers with the most intensive deployment experience (those who have served at least three deployments) remain in the Army.

Since previous studies have shown the correlations between deployments and service member and family well-being, it is important to characterize not only the deployments, but also the service members who deploy. Enlisted personnel made up the bulk of those who have deployed, as did personnel from the active component of their service. Most service members who deployed were married at the time; nearly half had children. Average time spent in a single deployment varies across the services. A typical deployment for soldiers in the Regular Army lasted about 12 months, whereas other active service members' deployments are about five to seven months.² Very short deploy-

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