

# CDP



## Research Update -- June 14, 2018

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- The role of personal practice in therapist skill development: a model to guide therapists, educators, supervisors and researchers.
- The effects of clinical supervision on supervisees and patients in cognitive behavioral therapy: a systematic review.
- Adherence predictors in an Internet-based Intervention program for depression.
- Augmenting treatment efficiency in exposure therapy for PTSD: a randomized double-blind placebo-controlled trial of yohimbine HCl.
- We Used to Live on Our Own Little Islands: A Qualitative Evaluation of Multifamily Therapy with Veterans.
- Healing from Moral Injury: A Qualitative Evaluation of the Impact of Killing Treatment for Combat Veterans.
- A Single-Arm Meta-Analysis of Cognitive Processing Therapy in Addressing Trauma-Related Negative Cognitions.
- Survivors' Advice to Service Providers: How to Best Serve Survivors of Sexual Assault.
- Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans.

- Treatment experiences among LGBT veterans with discrimination-based trauma exposure: A pilot study.
- Characteristics and Health Needs of Veterans with Other-than-Honorable Discharges: Expanding Eligibility in the Veterans Health Administration.
- A Propensity Score Analysis of Homework Adherence-Outcome Relations in Cognitive Behavioral Therapy for Depression.
- Imagery rescripting of traumatic memories for panic disorder: Exploratory study.
- How beginning cognitive behavioural therapists develop professional confidence.
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- The effects of clinical supervision on supervisees and patients in cognitive behavioral therapy: a systematic review.
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- Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans.
- Emotional numbing symptoms partially mediate the association between exposure to potentially morally injurious experiences and sexual anxiety for male service members.
- Treatment experiences among LGBT veterans with discrimination-based trauma exposure: A pilot study.
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- Mental Health Across the Reproductive Cycle in Women Veterans.
- Military Personnel Who Seek Health and Mental Health Services Outside the Military.
- Links of Interest
- Resource of the Week: Military Behavioral Health -- Special Issue -- Exploring Moral Injury

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<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2678213>

**Associations of Time-Related Deployment Variables With Risk of Suicide Attempt Among Soldiers: Results From the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

Ursano RJ, Kessler RC, Naifeh JA, et al.

JAMA Psychiatry

2018;75(6):596–604

doi:10.1001/jamapsychiatry.2018.0296

**Key Points**

**Question**

Are time-related deployment variables associated with subsequent risk of suicide attempt among US Army enlisted soldiers?

**Findings**

This longitudinal cohort study of soldiers who deployed exactly twice examined administrative records from 593 medically documented suicide attempters and 19 034 control person-months. Risk of suicide attempt during or after second deployment was higher for those who initially deployed within the first 12 months of service and those with a dwell time (length of time between deployments) of 6 months or less.

**Meaning**

Time in service before first deployment and dwell time are modifiable risk factors for suicide attempts among soldiers.

**Abstract**

**Importance**

There has been limited systematic examination of whether risk of suicide attempt (SA) among US Army soldiers is associated with time-related deployment variables, such as time in service before first deployment, duration of first deployment, and dwell time (DT) (i.e., length of time between deployments).

## Objective

To examine the associations of time-related deployment variables with subsequent SA among soldiers who had deployed twice.

## Design, Setting, and Participants

Using administrative data from January 1, 2004, through December 31, 2009, this longitudinal, retrospective cohort study identified person-month records of active-duty Regular Army enlisted soldiers who had served continuously in the US Army for at least 2 years and deployed exactly twice. The dates of analysis were March 1 to December 1, 2017. There were 593 soldiers with a medically documented SA during or after their second deployment. An equal-probability sample of control person-months was selected from other soldiers with exactly 2 deployments (n = 19 034). Logistic regression analyses examined the associations of time in service before first deployment, duration of first deployment, and DT with subsequent SA.

## Main Outcomes and Measures

Suicide attempts during or after second deployment were identified using US Department of Defense Suicide Event Report records and International Classification of Diseases, Ninth Revision, Clinical Modification E950 to E958 diagnostic codes. Independent variables were constructed from US Army personnel records.

## Results

Among 593 SA cases, most were male (513 [86.5%]), white non-Hispanic (392 [66.1%]), at least high school educated (477 [80.4%]), currently married (398 [67.1%]), and younger than 21 years when they entered the US Army (384 [64.8%]). In multivariable models adjusting for sociodemographics, service-related characteristics, and previous mental health diagnosis, odds of SA during or after second deployment were higher among soldiers whose first deployment occurred within the first 12 months of service vs after 12 months (odds ratio, 2.0; 95% CI, 1.6-2.4) and among those with a DT of 6 months or less vs longer than 6 months (odds ratio, 1.6; 95% CI, 1.2-2.0). Duration of first deployment was not associated with subsequent SA. Analysis of 2-way interactions indicated that the associations of early deployment and DT with SA risk were not modified by other characteristics. Multivariable population-attributable risk proportions were 14.2% for deployment within the first 12 months of service and 4.0% for DT of 6 months or less.

## Conclusions and Relevance

Time in service before first deployment and DT are modifiable risk factors for SA risk among soldiers.

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<https://www.tandfonline.com/doi/full/10.1080/16506073.2018.1434678>

**The role of personal practice in therapist skill development: a model to guide therapists, educators, supervisors and researchers.**

James Bennett-Levy & Amy Finlay-Jones

Cognitive Behaviour Therapy

Volume 47, 2018 - Issue 3; Pages 185-205

<https://doi.org/10.1080/16506073.2018.1434678>

Prior to 2000, personal practice (PP) for therapists mostly meant personal therapy. Recently a new landscape of PPs has emerged, with meditation-based programs and therapy self-practice/self-reflection (SP/SR) programs playing an increasing role in training and personal/professional development. The challenge now for practitioners and researchers is to refocus on the role of PPs in training and professional development. Are PPs of value - or not? Do they have a role in therapist development? How might PPs enhance therapist skilfulness? Do different PPs act in similar or different ways? Currently, the PP literature lacks a theoretical framework to guide practitioners in their choice of PPs or researchers in their choice of research questions and measures. The purpose of this article is to provide such a framework, the Personal Practice (PP) model. The PP model proposes primary impacts of PPs in four domains: personal development/wellbeing, self-awareness, interpersonal beliefs/attitudes/skills and reflective skills. The model also suggests a secondary impact on therapists' conceptual/technical skills when therapists use reflection to consider the implications of their PP for their "therapist self". We offer some suggestions to enhance the quality of future research, and conclude that PPs may play an important and perhaps unique role in therapist training.

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**The effects of clinical supervision on supervisees and patients in cognitive behavioral therapy: a systematic review.**

Sven Alfonsson, Thomas Parling, Åsa Spännargård, Gerhard Andersson & Tobias Lundgren

Cognitive Behaviour Therapy  
Volume 47, 2018 - Issue 3; 206-228  
DOI: 10.1080/16506073.2017.1369559

Clinical supervision is a central part of psychotherapist training but the empirical support for specific supervision theories or features is unclear. The aims of this study were to systematically review the empirical research literature regarding the effects of clinical supervision on therapists' competences and clinical outcomes within Cognitive Behavior Therapy (CBT). A comprehensive database search resulted in 4103 identified publications. Of these, 133 were scrutinized and in the end 5 studies were included in the review for data synthesis. The five studies were heterogeneous in scope and quality and only one provided firm empirical support for the positive effects of clinical supervision on therapists' competence. The remaining four studies suffered from methodological weaknesses, but provided some preliminary support that clinical supervision may be beneficiary for novice therapists. No study could show benefits from supervision for patients. The research literature suggests that clinical supervision may have some potential effects on novice therapists' competence compared to no supervision but the effects on clinical outcomes are still unclear. While bug-in-the-eye live supervision may be more effective than standard delayed supervision, the effects of specific supervision models or features are also unclear. There is a continued need for high-quality empirical studies on the effects of clinical supervision in psychotherapy.

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<https://www.tandfonline.com/doi/full/10.1080/16506073.2017.1366546>

### **Adherence predictors in an Internet-based Intervention program for depression.**

Adoración Castro, Yolanda López-del-Hoyo, Christian Peake, Fermín Mayoral, Cristina Botella, Javier García-Campayo, Rosa María Baños, Raquel Nogueira-Arjona, Miquel Roca & Margalida Gili

Cognitive Behaviour Therapy  
Volume 47, 2018 - Issue 3; 246-261  
DOI: 10.1080/16506073.2017.1366546

Internet-delivered psychotherapy has been demonstrated to be effective in the treatment of depression. Nevertheless, the study of the adherence in this type of the treatment reported divergent results. The main objective of this study is to analyze

predictors of adherence in a primary care Internet-based intervention for depression in Spain. A multi-center, three arm, parallel, randomized controlled trial was conducted with 194 depressive patients, who were allocated in self-guided or supported-guided intervention. Sociodemographic and clinical characteristics were gathered using a case report form. The Mini international neuropsychiatric interview diagnoses major depression. Beck Depression Inventory was used to assess depression severity. The visual analogic scale assesses the respondent's self-rated health and Short Form Health Survey was used to measure the health-related quality of life. Age results a predictor variable for both intervention groups (with and without therapist support). Perceived health is a negative predictor of adherence for the self-guided intervention when change in depression severity was included in the model. Change in depression severity results a predictor of adherence in the support-guided intervention. Our findings demonstrate that in our sample, there are differences in sociodemographic and clinical variables between active and dropout participants and we provide adherence predictors in each intervention condition of this Internet-based program for depression (self-guided and support-guided). It is important to point that further research in this area is essential to improve tailored interventions and to know specific patients groups can benefit from these interventions.

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<https://www.tandfonline.com/doi/full/10.1080/16506073.2018.1432679>

### **Augmenting treatment efficiency in exposure therapy for PTSD: a randomized double-blind placebo-controlled trial of yohimbine HCl.**

Peter W. Tuerk, Bethany C. Wangelin, Mark B. Powers, Jasper A. J. Smits, Ron Acierno, Ursula S. Myers, Scott P. Orr, Edna B. Foa & Mark B. Hamner

Cognitive Behaviour Therapy

Published online: 15 Feb 2018

DOI: 10.1080/16506073.2018.1432679

The alpha-2 adrenergic receptor antagonist, yohimbine, can facilitate fear extinction in animals and humans. One potential mechanism is increased noradrenergic activity and associated arousal in the presence of conditioned stimuli. Accordingly, yohimbine might augment prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD), where heightened exposure-oriented arousal is a theorized driver and empirical predictor of treatment success. A double-blind placebo-controlled randomized trial (NCT 01031979) piloted yohimbine augmentation in 26 males with combat-related PTSD.

Participants were given one-time dose of yohimbine or placebo prior to the first imaginal exposure. Subsequently, both arms completed standard PE. The primary outcome was trauma-cued heart-rate reactivity a week after the drug/exposure visit, a highly specified, objective measure sensitive to incremental change. Secondary outcomes included arousal during the drug/exposure visit and slope of distress, PTSD, and depression over the course of PE. Consistent with hypothesis, yohimbine led to higher objective and subjective arousal during the drug/exposure visit and to lower trauma-cued heart-rate reactivity one-week later. One dose of yohimbine also led to greater between-session habituation and more rapid improvement on depression, but not PTSD, over the course of care. Results of this controlled pilot indicate support for continued investigation of yohimbine-augmented exposure therapy for PTSD.

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<https://www.tandfonline.com/doi/full/10.1080/10926771.2018.1473904>

Elisa van Ee, Sophia Murriss & Daniël Kool

### **We Used to Live on Our Own Little Islands: A Qualitative Evaluation of Multifamily Therapy with Veterans.**

Journal of Aggression, Maltreatment & Trauma

Published online: 18 May 2018

DOI: 10.1080/10926771.2018.1473904

Research has shown a consistent negative association between increased symptoms of posttraumatic stress disorder (PTSD) in veterans and successful functioning in family relationships. Despite compelling reasons to involve family members in the treatment of veterans, there is still a significant shortage of evidence-based programs. Multifamily therapy (MFT) is a combination of psychodynamic group therapy with systemic therapy and aims to elicit behavioral changes through the restructuring of interactional patterns in families. The purpose of this study is to qualitatively explore the efficacy of MFT in a convenience sample of Dutch veterans (nine) and their family members (23) who participated in an MFT program. Four basic themes were identified in the transcripts of the semi-structured interviews: 1. stronger family bond and reduced conflict, 2. understanding PTSD and its effect on the family, 3. working with other families, and 4. suggestions for improvement of MFT. In this study, participants described angry outbursts, interpersonal withdrawals, and emotional numbing as characteristic of their daily familial experiences. After MFT, the anger outbursts and fights diminished in most cases. MFT results in more fulfilling relationships within veteran families. MFT does not



decrease symptomatology but is capable of enhancing the mental health of the veteran and their family members.

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<https://www.tandfonline.com/doi/full/10.1080/10926771.2018.1463582>

### **Healing from Moral Injury: A Qualitative Evaluation of the Impact of Killing Treatment for Combat Veterans.**

Natalie Purcell, Kristine Burkman, Jessica Keyser, Phillip Fucella & Shira Maguen

Journal of Aggression, Maltreatment & Trauma

Published online: 18 Apr 2018

DOI: 10.1080/10926771.2018.1463582

This paper evaluates the Impact of Killing (IOK) treatment—a psychological intervention designed to address moral injury and trauma associated with killing in war. Using qualitative data from interviews with 28 combat veterans, we examine IOK’s impact, how it differs from other trauma-focused treatments, and how it can be improved to better meet veterans’ needs. We found that many veterans processed their killing experiences for the first time in IOK, even though all had previously completed evidence-based treatments for posttraumatic stress disorder. Several described killing in war as the most distressing and transformative trauma of their lives, and all affirmed the value of an intervention focused directly and explicitly on moral injury and killing. IOK helped veterans to acknowledge their grief, shame, and distress; gently but critically examine their thoughts and beliefs about killing in war; and make strides toward acceptance, reconciliation, and forgiveness.

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<https://www.tandfonline.com/doi/full/10.1080/10926771.2018.1446481>

**Top Ten Questions Male Sexual Abuse Survivors Want to Know from Health Care Research.**

Joan M. Cook, Christopher Anderson, Vanessa Simiola & Amy E. Ellis

Journal of Aggression, Maltreatment & Trauma  
Published online: 29 Mar 2018  
DOI: 10.1080/10926771.2018.1446481

Sexual abuse is an often overlooked public health issue for boys and men. Given its prevalence and well-documented connection to mental and physical health disorders, the relevance of male survivor input and engagement in health care research is profound. Using a community-based participatory research design, an in-person focus group with male survivors of sexual abuse and researchers was conducted. This paper describes the top ten research questions male sexual abuse survivors would like to have answered. Survivors were most interested in knowing how sexual abuse and assault impact men's emotional and sexual functioning, what factors are involved in preventing and treating sexual assault-related emotional distress, and what can be done to prevent sexual abuse of boys and men. The fact that some of the questions survivors expressed an interest in knowing about have actually previously been investigated by researchers suggests a disconnect in translating evidence-based findings. Clinical and research implications include designing outreach interventions and gender-specific psychoeducation to increase engagement and access to care for men.

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<https://www.tandfonline.com/doi/full/10.1080/10926771.2018.1429511>

### **A Single-Arm Meta-Analysis of Cognitive Processing Therapy in Addressing Trauma-Related Negative Cognitions.**

Ryan Holliday, Nicholas Holder & Alina Surís

Journal of Aggression, Maltreatment & Trauma  
Published online: 26 Mar 2018  
DOI: 10.1080/10926771.2018.1429511

Cognitive Processing Therapy (CPT) is a first-line treatment for posttraumatic stress disorder designed to address cognitive "stuck points" connected to a patient's trauma-related negative cognitions (NCs). Although CPT has well-established efficacy, the ability of CPT to address NCs remains understudied. The purpose of this study was to conduct a single-arm meta-analysis to determine the overall effect of CPT in attenuating NCs pre- to posttreatment across multiple clinical trials. A review of the existing literature was performed with only peer-reviewed clinical trials included in the meta-analysis. Nine studies with data from 583 participants were entered into the meta-

analysis. CPT was found to have a large effect size in reducing NCs from pre- to posttreatment. Findings are limited by the single-arm nature of analyses and heterogeneity in included trial methodology (e.g., gender, trauma type, civilian versus veteran).

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<https://www.tandfonline.com/doi/full/10.1080/10926771.2018.1426069>

### **Survivors' Advice to Service Providers: How to Best Serve Survivors of Sexual Assault.**

Kerry L. Gagnon, Naomi Wright, Tejaswinhi Srinivas & Anne P. DePrince

Journal of Aggression, Maltreatment & Trauma

Published online: 07 Mar 2018

DOI: 10.1080/10926771.2018.1426069

Recognizing the relatively low rate at which sexual assault survivors seek services, researchers in the last decade have turned their attention to better understanding survivors' experiences with victim services. Surprisingly, limited research has directly asked sexual assault survivors for recommendations on how to improve victim services, including both criminal justice and community-based services. The current study builds on the existing literature to gather input from women survivors that can translate into ways to improve victim services. As part of a larger longitudinal study, the current investigation asked 224 ethnically diverse adult (aged 18–62) women survivors of recent sexual assault to provide recommendations for how victim services can best serve survivors of sexual assault at multiple time points. Nearly all women in the study (91%) offered specific recommendations on how to improve victim services.

Recommendations included ensuring availability of a female provider, improving communication with survivors as well as within and between service providers, helping survivors obtain resources, believing and not blaming survivors, demonstrating greater understanding of trauma-related responses and approaching survivors with greater compassion, and implementing better training on effectively working with survivors. Implications for victim service provision are discussed.

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<https://www.tandfonline.com/doi/full/10.1080/15299732.2018.1451975>

**Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans.**

Jennifer DiMauro, Keith D. Renshaw & Rebecca K. Blais

Journal of Trauma & Dissociation

2018; 19:4, 403-416

DOI: 10.1080/15299732.2018.1451975

Trauma in general, and sexual assault in particular, is associated with serious mental health and functional problems. The quality of sexual satisfaction/function may be particularly impacted by sexual assault, and such sexual problems may account for some of the broader mental health and functioning impairments in sexual assault survivors. Accordingly, we examined self-reports of sexual health and mental health in a sample of 255 female veterans in committed, monogamous relationships who provided data regarding sexual assault (n = 153) or nonsexual trauma (n = 102). Trauma type was not associated with differences in sexual function, but sexual trauma was associated with significantly lower sexual satisfaction, greater posttraumatic stress disorder (PTSD) and depressive symptoms, and higher suicidal ideation. Furthermore, the indirect effect of trauma type on all mental health outcomes was significant via sexual satisfaction but not via sexual function. Finally, trauma type moderated the association of sexual function with suicidality, such that the association was significantly positive in those with a history of sexual assault but nonsignificant in those with nonsexual trauma. These results suggest that (1) female veterans' experience of sexual assault is related to sexual satisfaction, which in turn is related to mental health outcomes, and (2) a history of sexual assault may increase the importance of sexual functioning with regard to suicidality.

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<https://www.tandfonline.com/doi/full/10.1080/15299732.2018.1451973>

**Treatment experiences among LGBT veterans with discrimination-based trauma exposure: A pilot study.**

Jillian C. Shipherd, Mollie A. Ruben, Nicholas A Livingston, Andrew Curreri & Avy A. Skolnik

Journal of Trauma & Dissociation  
2018; 19:4, 461-475  
DOI: 10.1080/15299732.2018.1451973

Past research suggests that rates of trauma exposure and Posttraumatic Stress Disorder (PTSD) are elevated among lesbian, gay, bisexual, and transgender (LGBT) veterans compared to heterosexual and cisgender veterans. Given higher rates of trauma exposure and PTSD, and the culture associated with the Department of Defense's history of policies excluding LGBT people, it is important to understand if LGBT veterans are seeking PTSD treatment following discrimination-based traumatic events, where they seek care, and if they are satisfied with treatment. This study aimed to describe the experiences of discrimination-based trauma-exposed LGBT veterans' (n = 47) experiences with PTSD treatment, including location of treatment (Veterans Health Administration [VHA] versus non-VHA) and satisfaction with care. The majority of veterans had received a PTSD diagnosis from a health-care provider in their lifetimes (78.72%, n = 37), and over half reported currently experiencing PTSD symptoms. Approximately 47% of LGBT veterans with discrimination-based trauma histories preferred to seek PTSD treatment exclusively at VHA (46.81%) or with a combination of VHA and non-VHA services (38.30%). Veterans who received PTSD treatment exclusively from VHA reported higher satisfaction ratings (7.44 on 0–9 scale) than veterans who received PTSD treatment exclusively from outside VHA (5.25 on 0–9 scale). For veterans who sought PTSD treatment at both VHA and non-VHA facilities, there were no significant differences regarding satisfaction ratings for their PTSD treatment in the two settings. Results are discussed in terms of VHA's continued efforts to establish equitable, patient-centered health care for all veterans and the importance of non-VHA facilities to recognize veteran identities.

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<https://academic.oup.com/milmed/article/183/5-6/e153/4840557>

### **Characteristics and Health Needs of Veterans with Other-than-Honorable Discharges: Expanding Eligibility in the Veterans Health Administration.**

Jack Tsai, Ph.D. Robert A Rosenheck, M.D.

Military Medicine  
Volume 183, Issue 5-6, Pages e153–e157  
<https://doi.org/10.1093/milmed/usx110>

## Background

There has been nearly no research on the health of veterans with Other-than-Honorable (OTH) discharges because they have traditionally not been eligible for health care through the Department of Veterans Affairs (VA). However, the Secretary of the VA has recently expanded eligibility provisions to provide access to some VA health care services to veterans with OTH discharges to help address any urgent mental health care needs. It is unknown if veterans with OTH discharges have worse mental health and potentially greater mental health care needs than other veterans.

## Methods

Using data from the 2001 National Survey of Veterans, this study examined the characteristics and health status of veterans with OTH discharges compared with veterans with honorable or general discharges. Physical and mental health was assessed with the 12-item Short Form health survey.

## Findings

Bivariate comparisons revealed that veterans with OTH discharges were younger, reported lower income, were more likely to lack health insurance, and reported more mental health problems than other veterans. After controlling for other factors, veterans with OTH discharges were still younger and reported more mental health problems than other veterans. Post hoc analyses revealed veterans with OTH discharges were significantly more likely to report having accomplished less because of emotional problems, performed activities less carefully because of emotional problems, felt less calm and peaceful, and felt more downhearted and blue in the previous 4 wk than other veterans.

## Discussion

These findings suggest that veterans with OTH discharges have substantial mental health care needs and may benefit from the VA's recent provision granting them increased access to VA care but some may need more comprehensive mental health care services.

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<https://www.sciencedirect.com/science/article/pii/S0005789418300807>

**A Propensity Score Analysis of Homework Adherence-Outcome Relations in Cognitive Behavioral Therapy for Depression.**

Judith A. Callan, Nikolaos Kazantzis, Seo Young Park, Charity G. Moore, Michael E. Thase, Abu Minhajuddin, Sander Kornblith, Greg J. Siegle

Behavior Therapy

Available online 5 June 2018

<https://doi.org/10.1016/j.beth.2018.05.010>

Little is known about whether or not a consistently high level of homework adherence over the course of therapy benefits patients. This question was examined in two samples of patients who were receiving individual Cognitive Behavioral Therapy (CBT) for depression (Ns = 128 [Sequenced Treatment Alternatives to Relieve Depression: STAR-D] and 183 [Continuation Phase Cognitive Therapy Relapse Prevention: C-CT-RP]). Logistic and linear regression and propensity score models were used to identify whether or not clinician assessments of homework adherence differentiated symptom reduction and remission, as assessed by the Hamilton Depression Rating Scale-17 (HDRS-17), the Quick Inventory of Depressive Symptomatology–Self-Reported Scale (QIDS-SR), and the QIDS–Clinician Scale (QIDS-C). CBT-related response and remission were equally likely between both high and low homework adherers in both studies and in all models. But in propensity adjusted models that adjusted for session attendance, for both the STAR-D and C-CT-RP samples, greater homework adherence was significantly associated with greater response and remission from depression in the first and last 8 sessions of CBT. Our results suggest that homework adherence can account for response and remission early and late in treatment, with adequate session attendance.

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<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/imagery-rescripting-of-traumatic-memories-for-panic-disorder-an-exploratory-study/1A5FBA48BB95EA833D4FFC14D2F77232>

### **Imagery rescripting of traumatic memories for panic disorder: an exploratory study.**

Shibuya, T., Seki, Y., Nagata, S., Murata, T., Hiramatsu, Y., Yamada, F., . . . Shimizu, E.

The Cognitive Behaviour Therapist

Published online: 06 June 2018

doi:10.1017/S1754470X18000028

Imagery rescripting (ImRs) is a psychological intervention designed to change the meaning of images and associated memories and reduce emotional distress. Recent studies have shown that ImRs can be successfully applied to many psychological problems and disorders; however, little has been reported on the application of ImRs for panic disorder (PD). Consequently, we explored the therapeutic effects of ImRs on patients with PD. Fifteen patients with PD received 16 individual cognitive behavioural therapy (CBT) sessions weekly, including one ImRs session. Early traumatic memories associated with recurrent images in panic situations were identified and rescripted to alleviate maladaptive encapsulated beliefs. ImRs ratings (vividness and distress of the images and memories and conviction degree of encapsulated beliefs) were measured prior to and after ImRs. Self-negative contents not directly related to symptoms of panic attack were observed as common themes in the worst meaning of the image, the memory, and in the encapsulated belief. Whilst five (33%) patients had anticipatory anxiety, 10 (67%) patients had other self-negative beliefs. ImRs significantly reduced distress from images, memories and encapsulated beliefs; however, it did not change the vividness of images and memories. There was no significant correlation between the reduction in PD severity over the CBT program and the change in each ImRs rating. The results of this study are promising for certain aspects of panic disorder. However, further research is needed to overcome the limitations of this study.

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<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/how-beginning-cognitive-behavioural-therapists-develop-professional-confidence/989D1D69CCCD094FBBC5BA11867F9723>

## **How beginning cognitive behavioural therapists develop professional confidence.**

Lenka Maruniakova and Tomas Rihacek

The Cognitive Behaviour Therapist

Published online: 06 June 2018

doi:10.1017/S1754470X1800003X

Evidence exists that the effectiveness of psychotherapy depends more on therapists' variables than on their theoretical orientation or the techniques they use. Nevertheless, relatively little is known regarding the process of cognitive behavioural psychotherapists' development. The purpose of the study was to explore how beginning cognitive behavioural therapy (CBT) practitioners develop, considering various professional and



personal influences. Eight in-depth interviews with beginning therapists were conducted, and the Grounded Theory Method was used for data analysis. The developmental process was conceptualized as Gaining Professional Confidence, and three phases of this process were identified: (1) Externally Based Confidence in CBT Methods, (2) Internalized Confidence in CBT Methods, and (3) Therapists' Self-Confidence. The results indicate that trainees' self-reflection on their personal qualities, values, attitudes and preferences should be given more attention in CBT training, as this plays a crucial role in their overall professional development.

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Clinical supervision is a central part of psychotherapist training but the empirical support for specific supervision theories or features is unclear. The aims of this study were to systematically review the empirical research literature regarding the effects of clinical supervision on therapists' competences and clinical outcomes within Cognitive Behavior Therapy (CBT). A comprehensive database search resulted in 4103 identified publications. Of these, 133 were scrutinized and in the end 5 studies were included in the review for data synthesis. The five studies were heterogeneous in scope and quality and only one provided firm empirical support for the positive effects of clinical supervision on therapists' competence. The remaining four studies suffered from methodological weaknesses, but provided some preliminary support that clinical supervision may be beneficiary for novice therapists. No study could show benefits from supervision for patients. The research literature suggests that clinical supervision may have some potential effects on novice therapists' competence compared to no supervision but the effects on clinical outcomes are still unclear. While bug-in-the-eye live supervision may be more effective than standard delayed supervision, the effects of specific supervision models or features are also unclear. There is a continued need for high-quality empirical studies on the effects of clinical supervision in psychotherapy.

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<https://www.tandfonline.com/doi/full/10.1080/10926771.2018.1463582>

**Healing from Moral Injury: A Qualitative Evaluation of the *Impact of Killing* Treatment for Combat Veterans.**

Natalie Purcell, Kristine Burkman, Jessica Keyser, Phillip Fucella & Shira Maguen

Journal of Aggression, Maltreatment & Trauma  
Published online: 18 Apr 2018  
DOI: 10.1080/10926771.2018.1463582

This paper evaluates the Impact of Killing (IOK) treatment—a psychological intervention designed to address moral injury and trauma associated with killing in war. Using qualitative data from interviews with 28 combat veterans, we examine IOK’s impact, how it differs from other trauma-focused treatments, and how it can be improved to better meet veterans’ needs. We found that many veterans processed their killing experiences for the first time in IOK, even though all had previously completed evidence-based treatments for posttraumatic stress disorder. Several described killing in war as the most distressing and transformative trauma of their lives, and all affirmed the value of an intervention focused directly and explicitly on moral injury and killing. IOK helped veterans to acknowledge their grief, shame, and distress; gently but critically examine their thoughts and beliefs about killing in war; and make strides toward acceptance, reconciliation, and forgiveness.

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<https://www.tandfonline.com/doi/full/10.1080/15299732.2018.1451975>

### **Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans.**

Jennifer DiMauro, Keith D. Renshaw & Rebecca K. Blais

Journal of Trauma & Dissociation  
2018; 19:4, 403-416  
DOI: 10.1080/15299732.2018.1451975

Trauma in general, and sexual assault in particular, is associated with serious mental health and functional problems. The quality of sexual satisfaction/function may be particularly impacted by sexual assault, and such sexual problems may account for some of the broader mental health and functioning impairments in sexual assault survivors. Accordingly, we examined self-reports of sexual health and mental health in a sample of 255 female veterans in committed, monogamous relationships who provided data regarding sexual assault (n = 153) or nonsexual trauma (n = 102). Trauma type was not associated with differences in sexual function, but sexual trauma was associated with significantly lower sexual satisfaction, greater posttraumatic stress disorder (PTSD) and depressive symptoms, and higher suicidal ideation. Furthermore,

the indirect effect of trauma type on all mental health outcomes was significant via sexual satisfaction but not via sexual function. Finally, trauma type moderated the association of sexual function with suicidality, such that the association was significantly positive in those with a history of sexual assault but nonsignificant in those with nonsexual trauma. These results suggest that (1) female veterans' experience of sexual assault is related to sexual satisfaction, which in turn is related to mental health outcomes, and (2) a history of sexual assault may increase the importance of sexual functioning with regard to suicidality.

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<https://www.tandfonline.com/doi/full/10.1080/15299732.2018.1451976>

**Emotional numbing symptoms partially mediate the association between exposure to potentially morally injurious experiences and sexual anxiety for male service members.**

Arjun Bhalla, Elizabeth Allen, Keith Renshaw, Jessica Kenny & Brett Litz

Journal of Trauma & Dissociation

2018; 19:4, 417-430

DOI: 10.1080/15299732.2018.1451976

Service members (SMs) returning from deployment are at risk of a range of sexual problems, some of which are thought to be related to psychological issues that may arise during deployment or combat. The current study sought to examine whether exposure to potentially morally injurious events (PMIEs) was associated with sexual anxiety (SA) above and beyond combat exposure and whether any such association was mediated by post-traumatic stress disorder (PTSD) symptom clusters. These questions were tested using data from self-report surveys collected from 221 partnered male Army (Active Duty, National Guard, or Reserve) SMs at three separate time points. Findings showed that exposure to PMIEs was significantly related to greater SA, with transgressions by self and perceived betrayal demonstrating unique associations when controlling for all factors of PMIEs. Moreover, total exposure to PMIEs was associated with SA above and beyond general combat exposure. PTSD symptoms partially mediated the association between exposure to PMIEs and SA, with emotional numbing accounting for significant unique indirect effects after controlling for other PTSD symptom clusters. The findings suggest that exposure to PMIEs is associated with SA, even when accounting for either combat exposure or PTSD symptoms,

emphasizing the importance of this issue in understanding post-deployment problems in sexual intimacy.

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<https://www.tandfonline.com/doi/full/10.1080/15299732.2018.1451973>

**Treatment experiences among LGBT veterans with discrimination-based trauma exposure: A pilot study.**

Jillian C. Shipherd, Mollie A. Ruben, Nicholas A Livingston, Andrew Curreri & Avy A. Skolnik

Journal of Trauma & Dissociation

2018; 19:4, 461-475

DOI: 10.1080/15299732.2018.1451973

Past research suggests that rates of trauma exposure and Posttraumatic Stress Disorder (PTSD) are elevated among lesbian, gay, bisexual, and transgender (LGBT) veterans compared to heterosexual and cisgender veterans. Given higher rates of trauma exposure and PTSD, and the culture associated with the Department of Defense's history of policies excluding LGBT people, it is important to understand if LGBT veterans are seeking PTSD treatment following discrimination-based traumatic events, where they seek care, and if they are satisfied with treatment. This study aimed to describe the experiences of discrimination-based trauma-exposed LGBT veterans' (n = 47) experiences with PTSD treatment, including location of treatment (Veterans Health Administration [VHA] versus non-VHA) and satisfaction with care. The majority of veterans had received a PTSD diagnosis from a health-care provider in their lifetimes (78.72%, n = 37), and over half reported currently experiencing PTSD symptoms. Approximately 47% of LGBT veterans with discrimination-based trauma histories preferred to seek PTSD treatment exclusively at VHA (46.81%) or with a combination of VHA and non-VHA services (38.30%). Veterans who received PTSD treatment exclusively from VHA reported higher satisfaction ratings (7.44 on 0–9 scale) than veterans who received PTSD treatment exclusively from outside VHA (5.25 on 0–9 scale). For veterans who sought PTSD treatment at both VHA and non-VHA facilities, there were no significant differences regarding satisfaction ratings for their PTSD treatment in the two settings. Results are discussed in terms of VHA's continued efforts to establish equitable, patient-centered health care for all veterans and the importance of non-VHA facilities to recognize veteran identities.

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<https://academic.oup.com/milmed/article-abstract/183/5-6/e249/4840556>

## **Afghanistan and Iraq War Veterans: Mental Health Diagnoses are Associated with Respiratory Disease Diagnoses.**

Christopher G Slatore, MD MS Michael J Falvo, PhD Shannon Nugent, PhD Kathleen Carlson, PhD

Military Medicine

Volume 183, Issue 5-6, 1 May 2018, Pages e249–e257

<https://doi.org/10.1093/milmed/usx108>

### Introduction

Many veterans of the wars in Afghanistan and Iraq have concomitant respiratory conditions and mental health conditions. We wanted to evaluate the association of mental health diagnoses with respiratory disease diagnoses among post-deployment veterans.

### Methods

We conducted a retrospective cohort study of all Afghanistan and Iraq War veterans who were discharged from the military or otherwise became eligible to receive Veterans Health Administration services. The primary exposure was receipt of a mental health diagnosis and the primary outcome was receipt of a respiratory diagnosis as recorded in the electronic health record. We used multivariable adjusted logistic regression to measure the associations of mental health diagnoses with respiratory diagnoses and conducted several analyses exploring the timing of the diagnoses.

### Results

Among 182,338 post-deployment veterans, 14% were diagnosed with a respiratory condition, 77% of whom had a concomitant mental health diagnosis. The incidence rates were 5,363/100,000 person-years (p-y), 587/100,000 p-y, 1,450/100,000 p-y, and 233/100,000 p-y for any respiratory disease diagnosis, bronchitis, asthma, and chronic obstructive lung disease diagnoses, respectively, after the date of first Veterans Health Administration utilization. Any mental health diagnosis was associated with increased odds for any respiratory diagnosis (adjusted odds ratio 1.41, 95% confidence interval 1.37–1.46). The association of mental health diagnoses and subsequent respiratory disease diagnoses was stronger and more consistent than the converse.

## Conclusion

Many Afghanistan and Iraq War veterans are diagnosed with both respiratory and mental illnesses. Comprehensive plans that include care coordination with mental health professionals and treatments for mental illnesses may be important for many veterans with respiratory diseases.

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<https://academic.oup.com/milmed/article/183/5-6/e258/4840543>

## **Substance Use and Psychological Distress Before and After the Military to Civilian Transition.**

Karen J Derefinko, Troy A Hallsell, Matthew B Isaacs, Francisco I Salgado Garcia, Lauren W Colvin, Zoran Bursac, Meghan E McDevitt-Murphy, James G Murphy, Melissa A Little, Gerald W Talcott, Robert C Klesges

### Military Medicine

Volume 183, Issue 5-6, 1 May 2018, Pages e258–e265

<https://doi.org/10.1093/milmed/usx082>

### Background

Those currently serving in the military constitute a vulnerable population given their high-risk status for substance use, and population data suggest that veterans continue to engage in significant substance use long after their military service ends. Recent research suggests that the separation transition from active duty to civilian life may be critical in terms of the future functioning of the veteran.

### Methods

We sought to explore substance use prevalence, as well as potential emotional distress among veterans by retrospectively assessing substance use during active duty and following separation to examine possible changes in use over this period. This study assessed substance use and emotional distress in veterans (N = 80; 90% male) across the military to civilian transition.

### Findings

Repeated measures tests indicated that endorsement of alcohol use, cigarette use, and prescription drug misuse was similar during active duty and post-separation, and marijuana and hard drug use endorsement increased significantly in the 6-mo period post-separation. Further, comorbid use of different substances was common. Active

duty levels of anxiety/depression and aggressive feelings were maintained from active duty to post-separation, and feeling alone and military-based trauma symptoms increased significantly. Finally, participants indicated that only a minority of the veterans they knew were doing emotionally well or did not have alcohol/substance use issues.

#### Discussion

These findings indicate a clear need for substance use and psychological intervention availability before and after transition to enable veterans to transition to civilian life effectively. Based on the many issues at work during the transition process, programs may do well to focus more specifically on identification of problems and raising awareness, rather than awaiting more severe issues in the future. Validation of the difficulties of the separation transition, veterans' feelings of isolation, and the importance of veteran community support may help newly transitioning veterans find advocates who may help them navigate existing assistance programs.

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<https://academic.oup.com/milmed/article/183/5-6/e140/4838972>

### **Mental Health Across the Reproductive Cycle in Women Veterans.**

Laura J Miller, Nafisa Y Ghadiali

Military Medicine

Volume 183, Issue 5-6, 1 May 2018, Pages e140–e146

<https://doi.org/10.1093/milmed/usx094>

#### Introduction

Premenstrual, perinatal, and/or perimenopausal psychiatric problems require specific screening, assessment, and treatment strategies. The scope of these reproductive-linked psychiatric symptoms among women veterans is unknown. Due to high rates of sexual trauma among women veterans, it is also important to ascertain relationships between sexual trauma experiences and reproductive cycle mood problems. This pilot study investigates the prevalence of self-reported premenstrual, perinatal, and perimenopausal emotional problems and whether these correlate with pre-military sexual abuse, military sexual harassment, and/or military sexual assault, among veterans receiving psychiatric evaluations within a Veterans Administration Women's Health Clinic.



## Materials and Methods

Participants included all women veterans (N = 186) who received psychiatric evaluations within a Veterans Administration Women's Health Clinic over a 13-month period. Evaluations included a clinical questionnaire, a psychiatric interview, and medical record review. De-identified data were extracted from a clinical data repository for this descriptive study.

## Results

High proportions of study participants reported emotional problems premenstrually (43.3%), during pregnancy (35.1%), postpartum (30.4%), or during perimenopause (31.2%). Unintended pregnancy (73.3% of pregnancies) and pregnancy loss (56.6% of women who had been pregnant) were prominent perinatal stressors. Military sexual harassment was significantly associated with emotional problems during pregnancy and postpartum.

## Conclusion

These pilot data suggest the need for further study of the reproductive mental health needs of women veterans and their relationship with sexual trauma. The findings underscore the need for Veterans Administration facilities and other providers of veterans' health care to be prepared to detect, diagnose, and treat premenstrual, perinatal, and perimenopausal mental health problems.

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<https://academic.oup.com/milmed/article-abstract/183/5-6/e232/4838357>

## **Military Personnel Who Seek Health and Mental Health Services Outside the Military.**

Howard Waitzkin, MD, PhD Mario Cruz, MD Bryant Shuey, BS Daniel Smithers, II, BS  
Laura Muncy Marylou Noble, MA

Military Medicine

Volume 183, Issue 5-6, 1 May 2018, Pages e232–e240

<https://doi.org/10.1093/milmed/usx051>

## Background

Although research conducted within the military has assessed the health and mental health problems of military personnel, little information exists about personnel who seek care outside the military. The purpose of this study is to clarify the personal

characteristics, mental health diagnoses, and experiences of active duty U.S. military personnel who sought civilian sector services due to unmet needs for care.

## Materials and Methods

This prospective, multi-method study included 233 clients, based in the United States, Afghanistan, South Korea, and Germany, who obtained care between 2013 and 2016 from a nationwide network of volunteer civilian practitioners. A hotline organized by faith-based and peace organizations received calls from clients and referred them to the network when the clients described unmet needs for physical or mental health services. Intake and follow-up interviews at 2 wk and 2 mo after intake captured demographic characteristics, mental health diagnoses, and reasons for seeking civilian rather than military care. Non-parametric bootstrap regression analyses identified predictors of psychiatric disorders, suicidality, and absence without leave (AWOL). Qualitative analyses of clients' narratives clarified their experiences and reasons for seeking care. The research protocol has been reviewed and approved annually by the Institutional Review Board at the University of New Mexico.

## Results

Depression (72%), post-traumatic stress disorder (62%), alcohol use disorder (27%), and panic disorder (25%) were the most common diagnoses. Forty-eight percent of clients reported suicidal ideation. Twenty percent were absence without leave. Combat trauma predicted post-traumatic stress disorder (odds ratio [OR] = 8.84, 95% confidence interval [CI] 1.66, 47.12,  $p = 0.01$ ) and absence without leave (OR = 3.85, 95% CI 1.14, 12.94,  $p = 0.03$ ). Non-combat trauma predicted panic disorder (OR = 3.64, 95% CI 1.29, 10.23,  $p = 0.01$ ). Geographical region was associated with generalized anxiety disorder (OR 0.70, 95% CI 0.49, 0.99,  $p = 0.05$ ). Significant predictors were not found for major depression, alcohol use disorder, or suicidal ideation. Clients' narrative themes included fear of reprisal for seeking services, mistrust of command, insufficient and unresponsive services, cost as a barrier to care, deception in recruitment, voluntary enlistment remorse, guilt about actual or potential killing of combatants or non-combatant civilians, preexisting mental health disorders, family and household challenges that contributed to distress, and military sexual trauma.

## Conclusions

Our work clarified substantial unmet needs for services among active duty military personnel, the limitations of programs based in the military sector, and the potential value of civilian sector services that are not linked to military goals. We and our institutional review board opted against using a control group that would create ethical problems stemming from the denial of needed services. For future research, an evaluative strategy that can assess the impact of civilian services and that reconciles

ethical concerns with study design remains a challenge. Due to inherent contradictions in the roles of military professionals, especially the double agency that makes professionals responsible to both clients and the military command, the policy alternative of providing services for military personnel in the civilian sector warrants serious consideration, as do preventive strategies such as non-military alternatives to conflict resolution.

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### **Links of Interest**

DoD family council wants answers on dependent medical records

<https://www.militarytimes.com/news/your-military/2018/06/06/dod-family-council-wants-answers-on-dependent-medical-records/>

Military fails to advise victims of sexual assault of civilian court option, advocates say

<https://www.usatoday.com/story/news/politics/2018/06/10/military-sex-assault-victims-not-told-right-civilian-trial/686503002/>

Air Force expands parental leave for new parents

<https://www.airforcetimes.com/news/your-air-force/2018/06/08/air-force-expands-parental-leave/>

Why eight hours a night isn't enough, according to a leading sleep scientist

<https://qz.com/1301123/why-eight-hours-a-night-isnt-enough-according-to-a-leading-sleep-scientist/>

7 Apps Designed to Help Reduce Depression and Anxiety

<http://fortune.com/2018/06/08/apps-for-anxiety-and-depression/>

War widow: Stop using my husband's photo for political memes

<https://www.militarytimes.com/news/your-military/2018/06/07/war-widow-stop-using-my-husbands-photo-for-political-memes/>

How Suicide Quietly Morphed Into a Public Health Crisis

<https://www.nytimes.com/2018/06/08/health/suicide-spade-bordain-cdc.html>

Treating Post-traumatic Nightmares in the Military: Imagery Rehearsal Therapy

<http://www.pdhealth.mil/news/blog/treating-post-traumatic-nightmares-military-imagery-rehearsal-therapy>

As transgender ban looms, Pentagon leaders distance themselves from LGBT pride events

[https://www.washingtonpost.com/world/national-security/as-transgender-ban-looms-pentagon-leaders-distance-themselves-from-lgbt-pride-events/2018/06/11/1551bc1c-6d82-11e8-9ab5-d31a80fd1a05\\_story.html](https://www.washingtonpost.com/world/national-security/as-transgender-ban-looms-pentagon-leaders-distance-themselves-from-lgbt-pride-events/2018/06/11/1551bc1c-6d82-11e8-9ab5-d31a80fd1a05_story.html)

Next month, military spouses on the move can claim a free year of LinkedIn Premium  
<https://www.militarytimes.com/pay-benefits/2018/06/11/next-month-military-spouses-on-the-move-can-claim-a-free-year-of-linkedin-premium/>

Marine Corps Downsizing Family Readiness Support, Cutting Jobs

<https://www.military.com/daily-news/2018/06/12/marine-corps-downsizing-family-readiness-support-cutting-jobs.html>

The Wounds of the Drone Warrior

<https://www.nytimes.com/2018/06/13/magazine/veterans-ptsd-drone-warrior-wounds.html>

A Soldier's Racially Charged Suicide Becomes a Powerful Opera

<https://www.nytimes.com/2018/06/13/arts/music/review-american-soldier-regina-opera-st-louis.html>

The Corps just updated its parental leave policy. Here's what's in it for you.

<https://www.marinecorpstimes.com/news/your-marine-corps/2018/06/13/the-corps-just-updated-its-parental-leave-policy-heres-whats-in-it-for-you/>

Meet this Marine vet's support chickens

<https://www.militarytimes.com/news/your-marine-corps/2018/06/13/meet-this-marine-vets-support-chickens/>

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**Resource of the Week:** [Military Behavioral Health -- Special Issue -- Exploring Moral Injury](#) (June 2018)

Introduction

**Exploring Moral Injury** (Pages: 119-120)

Bruning & Castro

Article

**Moral Injury: What We Know and What We Need to Know** (Pages: 121-126)

Sanela Dursun & Kimberley Watkins

It has become apparent that some combat veterans develop psychiatric problems that do not fit within the prototypical symptoms of PTSD. Rather, certain experiences may transgress deeply held moral beliefs and result in less predictable reactions to trauma, such as guilt and shame, in what has been recently referred to as moral injury. This article describes the current state of moral injury research, as well as the types of events that may lead to a moral injury, and possible symptoms of moral injury. Future research directions in this domain (e.g., assessment instruments, treatment, cultural influences) are discussed.

Article

**Collaborative Commemoration: Narratives as Transactional Memorials to Heal the Wounds of War and Trauma.** (Pages: 127-133)

Pamela Schaff MD

Human beings tell stories to give voice to the indescribable, to make sense, to define themselves and their place in the world, and to convey to others a sense of their lived experience. Unlike granite or stone, war stories or poems or memoirs serve as active, enduring memorials by virtue of the reciprocal work that is required of the reader or receiver of the writing. Although a statue or edifice can symbolize a battle won or lost, or remind its viewers of lives contributed or sacrificed, and evoke collective mourning, a story or poem demands the active work of affiliation with the writer of that poem or story. This intersubjective exchange, forged through bearing witness (even if indirect), can begin the work of healing the wounds of war. Through consideration of memorial studies, trauma studies, and illness narrative theory, the author will explore the transactional nature of the collaborative commemoration that is effected by writing about the Great War. A close reading of Wilfred Owen's poem *Dulce et Decorum Est* will serve to highlight the ways in which a narrative memorial can both evoke the trauma of war and serve as an exhortative gesture toward its healing and possible prevention.

Article

**Trans-Generational Transmission of Traumatic Memory and Moral Injury** (Pages: 134-139)

Edgar Jones

The scale of casualties in World War I and the reinterpretation of the conflict in terms of futility and waste suggest that many veterans experienced moral injury. Memory of the war was in part determined by their experience of the peace. Governments sought to

contain traumatic memory through commemorative rituals such as Armistice Day and homage to the Unknown Soldier, whereas relatives were not permitted to repatriate the dead from military cemeteries on the battlefields. Despite gains in treating psychiatric casualties, many veterans with shell shock never recovered from their psychological wounds. To what extent their symptoms were a consequence of moral injury is not known, though individual accounts suggest that shame and guilt were features of their enduring illness.

#### Review

#### **Private Lives, Public Stories, and Healing from Moral Injury: Commentary on Jones (2018) and Schaff (2018) (Pages: 140-142)**

Sheila B. Frankfurt & Michael L. Russell

#### Article

#### **Children, War, and Moral Injury (Pages: 143-150)**

Madeleine D. Bruning

Moral development, like spiritual development, cannot be defined by one simple statement. It involves several elements and is heavily influenced by cultural norms and contextual experiences within families and communities. The formation of personal morality combines the beliefs and values of individuals in concert with the social, cultural and religious groups to which they belong. Children living in war zones or with political violence experience disruption of their physical and social worlds as well as their moral universe. Because a child's biopsychosocial spiritual development is a dynamic state, the aptitude to cognitively process and interpret events related to good and evil, trust and betrayal, protection and aggression is limited by their developmental capabilities. Although much of the research focuses on the psychological and social impact of war and suffering upon the developing child, this article will explore the intersections of moral development in children in the context of trauma and war, and the intertwining of psychological and spiritual responses as factors in resilience and healing. The use of narratives will be discussed as a method to create memory and intervention towards healing.

#### Article

#### **Today's Exodus and Its Impact on Global Communities: To Stay or not to Stay, That is the Question (Pages: 151-155)**

Jamie Hacker Hughes

This article, by drawing on a number of reports and contemporary studies, reflects on the current state of the refugee influx into Europe and the United States from war zones, particularly from Syria, and, in turn, the role of host communities in accepting more refugees and their obligations (financial, moral, ethical, psychological, and spiritual) to

do so. In addition, the question is also examined as to whether or not refugee communities themselves have a moral obligation to stay in their own countries and, if so, whether or not atrocities increase.

Article

**A Critical Outlook on Combat-Related PTSD: Review and Case Reports of Guilt and Shame as Drivers for Moral Injury** (Pages: 156-164)

Eric Vermetten & Rakesh Jetly

The model of posttraumatic stress disorder (PTSD) that has been dominant for many years has focused on fear conditioning and anxiety-related symptoms as main drivers of the pathology. Yet, the fear based conceptualization fails to consider the rules of modern combat, the culture of combatants, operational stressors and the moral dimension. Recently there is renewed interest in moral distress and moral injury with a focus on guilt, shame, and anger. Accumulating evidence suggests a link between transgression of moral values and symptoms of guilt and shame, anger, suicidal ideation, and PTSD in military servicemen and veterans. Although proper assessment is still in its infancy, there is a need to better understand how moral decisions can affect the mental health of military personnel at any point during their careers, including postrelease. The authors illustrate this with three clinical case reports. They conclude with a call for attention to the relation between the incurrence of moral injurious distress, and the role of guilt and shame as drivers for chronicity of PTSD. Identifying and addressing these issues can contribute to therapy adherence, facilitate successful progression, and contribute to healing and moral repair and reduce overall symptoms of PTSD.

Letter

**Moral Injury—Wounded Souls** (Page: 165)

James L. Heft

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