

# CDP

---



## Research Update -- June 21, 2018

### What's Here:

- Differential Effects of an Evolutionary-Based EMDR Therapy on Depression and Anxiety Symptoms: A Case Series Study.
- Dissociative symptoms mediate the relation between PTSD symptoms and functional impairment in a sample of military members, veterans, and first responders with PTSD.
- Posttraumatic Cognitions and Suicidal Ideation Among Veterans Receiving PTSD Treatment.
- Parenting Needs Among Mothers of Young Children During Military Deployment.
- Impact of cognitive behavioral therapy for insomnia disorder on sleep and comorbid symptoms in military personnel: a randomized clinical trial.
- A network analysis of DSM-5 posttraumatic stress disorder and functional impairment in UK treatment-seeking veterans.
- Factors influencing the adoption of telemedicine for treatment of military veterans with post-traumatic stress disorder.
- Nursing Care of Women Veterans of the Iraq and Afghanistan Wars.
- Observed Emotional Expressivity, Posttraumatic Stress Disorder Symptoms, and Intimate Partner Violence Perpetration Among Community Couples.
- Addressing Patients' Veteran Status: Primary Care Providers' Knowledge, Comfort, and Educational Needs.

- Servicemen's Perceptions of Male Sexual Assault and Barriers to Reporting During Active Component and Reserve/National Guard Military Service.
- Does the Military Make the (Wo)man? An Examination of Gender Differences Among Incarcerated Veterans.
- Moral Injury, Religiosity, and Suicide Risk in U.S. Veterans and Active Duty Military with PTSD Symptoms.
- Empowering nondeployed spouses and children through filial therapy.
- Understanding Mental Health among Military Veterans in the Fire Service.
- Mental health service acceptability for the armed forces veteran community.
- Return to Duty Practices of Army Behavioral Health Providers in Garrison.
- The Effectiveness of Using Neurofeedback in the Treatment of Post-Traumatic Stress Disorder: A Systematic Review.
- Observational study of associations between visual imagery and measures of depression, anxiety and post-traumatic stress among active-duty military service members with traumatic brain injury at the Walter Reed National Military Medical Center.
- Understanding the impact of mild traumatic brain injury on veteran service-connected disability: results from Chronic Effects of Neurotrauma Consortium.
- The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service.
- Transgender Under Fire: Hetero-cis-normativity and Military Students' Attitudes Toward Trans Issues and Trans Service Members Post DADT.
- Increased cognitive control and reduced emotional interference is associated with reduced PTSD symptom severity in a trauma-exposed sample: A preliminary longitudinal study.
- Understanding the impact of mild traumatic brain injury on veteran service-connected disability: results from Chronic Effects of Neurotrauma Consortium.
- Links of Interest
- Resource of the Week: Position Paper for the Treatment of Nightmare Disorder in Adults: An American Academy of Sleep Medicine Position Paper

-----

<https://www.ingentaconnect.com/content/springer/emdr/2018/00000012/00000002/art00001>

**Differential Effects of an Evolutionary-Based EMDR Therapy on Depression and Anxiety Symptoms: A Case Series Study.**

Krupnik, Valery

Journal of EMDR Practice and Research  
Volume 12, Number 2, 2018, pp. 46-57(12)  
<https://doi.org/10.1891/1933-3196.12.2.46>

A novel evolutionary-based therapy, treating depression downhill (TDD), was designed as a specific therapy for depression as a syndrome (Krupnik, 2014) and later integrated with eye movement desensitization and reprocessing (EMDR) therapy into a combined TDD-EMDR treatment. The combined therapy integrates modified EMDR procedures into the theoretical context of TDD. These procedures are applied during the second (acceptance) stage of TDD-EMDR's three-stage protocol with the focus on acceptance of defeat/failure/loss rather than on distressing memories. Here, we report a case series of 21 military personnel diagnosed with depressive disorders, who received a course of TDD-EMDR. Eighty percent of completers ( $n = 15$ ) did not meet the criteria of depressive disorder by the treatment's end. After 12 sessions, they showed a significant reduction on the Beck's Depression Inventory-II (BDI-II) with a large effect size ( $d = 2.8$ ) and an increase in accepting disposition ( $d = 1.8$ ) on the Acceptance and Action Questionnaire. Noncompleters showed similar to completers decrease of BDI-II scores at mid-treatment. We observed no statistically significant decrease of the anxiety symptoms on the Beck's Anxiety Inventory. These results suggest that TDD-EMDR may be an effective treatment for depressive disorders. They also indicate that it may preferentially target depressive over anxiety symptoms, as was previously observed for TDD. Suggestions are made for future research.

-----

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5965037/>

**Dissociative symptoms mediate the relation between PTSD symptoms and functional impairment in a sample of military members, veterans, and first responders with PTSD.**

Boyd, J. E., Protopopescu, A., O'Connor, C., Neufeld, R. W. J., Jetly, R., Hood, H. K., ... McKinnon, M. C.

European Journal of Psychotraumatology

2018; 9(1), 1463794

<http://doi.org/10.1080/20008198.2018.1463794>

**Background:** Posttraumatic Stress Disorder (PTSD) is associated with significant functional impairment in important areas, including interpersonal relationships and occupational or educational roles. Preliminary evidence suggests that the dissociative subtype of PTSD (PTSD+DS), characterized by marked symptoms of depersonalization and derealization, is associated with increased functional impairment and disease severity, including among military members and veterans diagnosed with PTSD. Similarly, first responders (e.g. police, fire, paramedics) have also been found to experience dissociative symptoms. Despite these findings, little work has investigated whether dissociative symptoms are related to heightened functional impairment among these populations.

**Objective:**

We examined the relation between functional impairment and symptom level variables, including dissociative symptoms of depersonalization and derealization among military members, veterans, and first responders with probable PTSD. We further investigated the hypothesis that dissociative symptoms mediate the relation between PTSD symptomatology and functional impairment.

**Method:**

Eighty-one medical charts of inpatients at a residential PTSD treatment programme were accessed via retrospective review. Sixty-two were included in the present analyses. Comparison of means on symptom measures between first responders and military members/veterans were conducted, followed by correlational and mediation analyses.

**Results:**

Compared with first responders, military members and veterans showed higher levels of derealization, functional impairment, alexithymia, anxiety, and depression. Within the total sample, dissociative symptoms emerged as the strongest correlate of functional impairment and, among the dissociative symptom clusters, derealization symptoms demonstrated the strongest relation with impairment. Mediation analyses revealed that total dissociative symptoms and derealization symptoms significantly mediated the relation between PTSD symptoms and functional impairment.

Conclusions:

These findings highlight the importance of assessing and treating dissociative symptoms, consistent with the dissociative subtype of PTSD, among military members, veterans, and first responders with PTSD. Successful recovery on a functional and symptomatic level may necessitate treatment of dissociative symptoms, particularly derealization.

-----

<https://link.springer.com/article/10.1007/s10608-018-9925-6>

### **Posttraumatic Cognitions and Suicidal Ideation Among Veterans Receiving PTSD Treatment.**

Adam G. Horwitz, Philip Held, Brian J. Klassen, Niranjan S. Karnik, Mark H. Pollack, Alyson K. Zalta

Cognitive Therapy and Research

First Online: 24 May 2018

<https://doi.org/10.1007/s10608-018-9925-6>

With approximately 20 veteran suicide deaths per day, suicidal ideation (SI) among veterans is an important concern. Posttraumatic stress disorder (PTSD) is associated with SI among veterans, yet mechanisms of this relationship remain unclear. Negative posttraumatic cognitions contribute to the development and maintenance of PTSD, yet no studies have prospectively examined the relationship between posttraumatic cognitions and SI. Veterans (N = 177; 66% Male) participating in a 3-week intensive outpatient program for PTSD completed assessments of PTSD severity, depressive symptoms, SI, and posttraumatic cognitions. Negative posttraumatic cognitions about the self significantly predicted SI at posttreatment, controlling for pretreatment levels of SI, depression, and PTSD symptom severity. Self-blame and negative posttraumatic cognitions about others/world did not predict SI prospectively. Negative posttraumatic cognitions about the self appear to be an important factor in the manifestation of SI among veterans with PTSD and should be monitored as a potential indicator of suicide risk.

-----

<https://sigmapubs.onlinelibrary.wiley.com/doi/full/10.1111/jnu.12395>

## **Parenting Needs Among Mothers of Young Children During Military Deployment.**

Jennifer Trautmann PhD, RN, FNP-BC; Grace W.K. Ho PhD, RN; Deborah Gross DNSc, RN, FAAN

Journal of Nursing Scholarship

First published: 26 May 2018

<https://doi.org/10.1111/jnu.12395>

### **Purpose**

To examine perceptions of what mothers of young children (birth to 5 years old) need to be a “good parent” while their military spouse is deployed.

### **Design**

Q methodology was used to uncover different views on military spouses’ parenting needs.

### **Methods**

In Phase 1, 18 statements related to military spouses’ parenting needs were elicited based on review of existing literature and seven supplementary qualitative interviews. In Phase 2, 143 military-connected mothers completed an anonymous online Q-sort to rank the importance of the 17 statements from least to most important for being a good parent during deployment. Written comments explaining rankings were also collected.

### **Findings**

Across respondents, the most important needs during deployment were making sure their children were happy and healthy, keeping themselves and their children connected with the deployed parent, and being financially stable. Three unique views were uncovered, which differed by mothers’ reliance on their family versus the military community for support, and the importance of self-care.

### **Conclusions**

Results highlighted the extent to which mothers of young children enter “survival mode” during their spouse’s deployment, and differences were found in what was most important for being a good parent during this stressful period.

### **Clinical Relevance**

Findings underscore the complexity of creating programs to support military parents

whose different backgrounds, experiences, and expectations are likely to affect service uptake and benefit.

-----

<https://academic.oup.com/sleep/article-abstract/41/6/zsy069/4956251>

## **Impact of cognitive behavioral therapy for insomnia disorder on sleep and comorbid symptoms in military personnel: a randomized clinical trial.**

Daniel J Taylor, Alan L Peterson, Kristi E Pruiksma, Willie J Hale, Stacey Young-McCaughan, Allison Wilkerson, Karin Nicholson, Brett T Litz, Katherine A Dondanville, John D Roache, Elisa V Borah, Antoinette Brundige, Jim Mintz, STRONG STAR Consortium

Sleep

Volume 41, Issue 6, 1 June 2018

<https://doi.org/10.1093/sleep/zsy069>

### Study Objectives

To compare the efficacy of cognitive behavioral therapy for insomnia (CBTi) disorder and a Control condition on reducing insomnia and comorbid symptoms in a sample of active duty military personnel.

### Methods

Randomized clinical trial of 151 active duty US Army personnel at Fort Hood, Texas.

### Results

This study replicated Original ( $n = 66$ ) findings (CBTi outperformed Control) in a follow-on sample ( $n = 85$ ) on diary-assessed sleep efficiency ( $d = 1.04$ ), total sleep time ( $d = 0.38$ ), sleep latency ( $d = -0.93$ ), number of awakenings ( $d = -0.56$ ), wake time after sleep onset ( $d = -0.91$ ), sleep quality ( $d = 1.00$ ), and the Insomnia Severity Index ( $d = -1.36$ ) in active duty soldiers. CBTi also outperformed Control in the combined sample ( $N = 151$ ) on four of the five subscales of the Multidimensional Fatigue Inventory ( $d = -0.32$  to  $-0.96$ ) and the mental health subscale on the Veterans RAND 12-Item Health Survey ( $d = 0.37$ ). Exploratory analyses also showed CBTi outperformed Control on nicotine ( $d = -0.22$ ) and caffeine ( $d = -0.47$ ) use reduction. Significant within-group differences were found for both groups on depression, anxiety, and posttraumatic stress disorder symptoms, but there was no group by time interaction for these symptoms or for use of hypnotics or alcohol.

## Conclusions

CBTi was an effective treatment for insomnia and comorbid symptoms including daytime fatigue, general mental health, nicotine, and caffeine use.

## Clinical Trial Registration

Clinicaltrials.gov; Identifier: NCT01549899; “Comparing Internet and In-Person Brief Cognitive Behavioral Therapy of Insomnia”

-----

<https://www.ncbi.nlm.nih.gov/pubmed/29886306>

J Anxiety Disord. 2018 May 28;57:7-15. doi: 10.1016/j.janxdis.2018.05.007. [Epub ahead of print]

## **A network analysis of DSM-5 posttraumatic stress disorder and functional impairment in UK treatment-seeking veterans.**

Ross J, Murphy D, Armour C

Network analysis is a relatively new methodology for studying psychological disorders. It focuses on the associations between individual symptoms which are hypothesized to mutually interact with each other. The current study represents the first network analysis conducted with treatment-seeking military veterans in UK. The study aimed to examine the network structure of posttraumatic stress disorder (PTSD) symptoms and four domains of functional impairment by identifying the most central (i.e., important) symptoms of PTSD and by identifying those symptoms of PTSD that are related to functional impairment. Participants were 331 military veterans with probable PTSD. In the first step, a network of PTSD symptoms based on the PTSD Checklist for DSM-5 was estimated. In the second step, functional impairment items were added to the network. The most central symptoms of PTSD were recurrent thoughts, nightmares, negative emotional state, detachment and exaggerated startle response. Functional impairment was related to a number of different PTSD symptoms. Impairments in close relationships were associated primarily with the negative alterations in cognitions and mood symptoms and impairments in home management were associated primarily with the reexperiencing symptoms. The results are discussed in relation to previous PTSD network studies and include implications for clinical practice.

-----



<https://www.ncbi.nlm.nih.gov/pubmed/29700551>

J Rehabil Med. 2018 May 8;50(5):385-392. doi: 10.2340/16501977-2302

**Factors influencing the adoption of telemedicine for treatment of military veterans with post-traumatic stress disorder.**

Kruse CS, Atkins JM, Baker TD, Gonzales EN, Paul JL, Brooks M.

**BACKGROUND:**

Military veterans returning from a combat zone often face mental health challenges as a result of traumatic experiences. The veteran in the United States has been underdiagnosed and underserved. Since its advancement in the 1990s, telemedicine has become a more prevalent means of delivering services for post-traumatic stress disorder among veterans in the United States, but its adoption is not ubiquitous.

**OBJECTIVE:**

To clarify the association of telemedicine and the treatment of veterans with post-traumatic stress disorder through identification of facilitators and barriers to the adoption of the modality.

**METHODS:**

Reviewers analysed articles from CINAHL and PubMed databases, using relative key words, selecting the 28 most germane to the study objective.

**RESULTS:**

The most common adoption facilitators were: improving access to rural populations of veterans (22%), effective treatment outcomes (16%), and decreased costs related to care (13%). The most prevalent barriers were: veterans lacking access to necessary modalities (25%), availability of physicians competent in post-traumatic stress disorder treatment (20%), and complications with technology (20%). Five themes surfaced for facilitators: accessibility, effectiveness, cost reduction, positive patient perception, and supportive community; and 5 themes for barriers: access to technology, technical complications, physician availability, negative patient perception, and uninformed patients.

**CONCLUSION:**

This literature review identifies cost and outcomes-effectiveness. The association of

telemedicine with the treatment of veterans with post-traumatic stress disorder is feasible, beneficial and effective.

-----

<https://www.ncbi.nlm.nih.gov/pubmed/29628055>

Nurs Womens Health. 2018 Apr;22(2):158-173. doi: 10.1016/j.nwh.2018.02.007

### **Nursing Care of Women Veterans of the Iraq and Afghanistan Wars.**

Conard PL, Armstrong ML.

The Iraq and Afghanistan wars are unlike earlier wars, and the women veterans who have served in them are unlike veterans of earlier wars. Now these veterans are presenting with distinctive general, genitourinary, reproductive, and behavioral health issues. When seeking health care after deployment, they may be accessing multiple health care providers across numerous sites, including the Veterans Health Administration and civilian facilities. Enhanced levels of understanding, respect, and concern for the many combat-related health challenges experienced by these veterans will help civilian nurses and other clinicians provide optimum care. Provision of health care to women veterans should be multidisciplinary and effectively coordinated among various health care providers and facilities to ensure that their post-deployment health and wellness needs are met.

-----

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22296>

### **Observed Emotional Expressivity, Posttraumatic Stress Disorder Symptoms, and Intimate Partner Violence Perpetration Among Community Couples.**

Timothy J. Sullivan, Feea R. Leifker, Amy D. Marshall

Journal of Traumatic Stress

First published: 05 June 2018

<https://doi.org/10.1002/jts.22296>

Impaired emotional processes are related to posttraumatic stress disorder (PTSD) and are implicated in intimate partner violence (IPV) perpetration. To address the

interpersonal context of PTSD, emotion, and IPV, we examined interactions among one's own and one's partner's emotional expressivity and PTSD symptom severity in association with IPV perpetration. Heterosexual couples (N = 56) in which at least one partner met screening criteria for PTSD engaged in two video-recorded discussions about negative and positive aspects of their relationships. Videos were coded for observed emotional expressiveness during moments participants reported experiencing significant emotions. Actor-partner interdependence models revealed few main effects of emotional expressivity, except that women's expressivity of positive emotions was positively associated with men's IPV perpetration,  $r^2_{adj} = .14$ . Emotional expressivity played a larger role among couples managing PTSD symptoms; that is, the association between one's own PTSD symptom severity and more IPV perpetration was stronger among men who expressed more negative emotions,  $r^2_{adj} = .19$ , and women who expressed fewer negative emotions,  $r^2_{adj} = .21$ . Several partner effects suggested the importance of understanding the dyadic nature of these constructs. For example, men's PTSD symptom severity was differentially associated with each partners' IPV perpetration based on women's expressivity of positive emotion,  $r^2_{adj} = .22-.27$ . Understanding of emotional expressivity in the link between PTSD and IPV must include consideration of gender differences in how these constructs operate interpersonally. Strategies to promote moderate and safe communication of positive and negative emotions may prevent IPV escalation, particularly among couples managing PTSD symptoms.

-----

<https://journals.stfm.org/familymedicine/2018/june/vest-2017-0409/>

### **Addressing Patients' Veteran Status: Primary Care Providers' Knowledge, Comfort, and Educational Needs.**

Bonnie M. Vest, PhD | Jessica Kulak, PhD | Victoria M. Hall, RN, MPH | Gregory G. Homish, PhD

Family Medicine

2018;50(6):455-459.

DOI: 10.22454/FamMed.2018.795504

#### **BACKGROUND AND OBJECTIVES:**

The military population is frequently overlooked in civilian primary care due to an assumption that they are treated at the Veterans Health Administration (VA). However, less than 50% of eligible veterans receive VA treatment. Primary care providers (PCPs)

may need support in addressing veterans' needs. This regional pilot study explored the current state of practice among primary care providers as it pertains to assessing patients' veteran status and their knowledge of and comfort with treating common conditions in this population.

#### METHODS:

An electronic survey was administered to PCPs (N=102) in Western New York. Survey questions asked about assessing military status, understanding of military-related health problems, and thoughts on the priority of addressing these issues in practice. Data were analyzed using descriptive summary statistics.

#### RESULTS:

The majority (56%; n=54) of respondents indicated they never or rarely ask their patients about military service, and only 19% (n=18) said they often or always ask. Seventy-one percent (n=68) of providers agreed or strongly agreed it was important to know if their patient was a veteran. Participants indicated limited knowledge about military stressors, resources available for military populations, and common medical conditions impacting veterans.

#### CONCLUSIONS:

Our pilot results demonstrate that in a regional sample of primary care providers, providers rarely ask patients about their military history; however, they feel it is important information for patient care. While further study is needed, it may be necessary to provide education, specifically pertaining to military culture and health-related sequelae, to address barriers that may be limiting PCPs' provision of care for this population.

-----

<http://journals.sagepub.com/doi/abs/10.1177/0886260518780407>

### **Servicemen's Perceptions of Male Sexual Assault and Barriers to Reporting During Active Component and Reserve/National Guard Military Service.**

Anne G. Sadler, PhD, RN, Ann M. Cheney, PhD, Michelle A. Mengeling, PhD, Brenda M. Booth, PhD, James C. Torner, PhD, and Lance Brendan Young, PhD, MBA

Journal of Interpersonal Violence

First Published June 15, 2018

<https://doi.org/10.1177/0886260518780407>

Despite growing recognition of the high rates of sexual violence experienced by men serving in the U.S. military, male victimization, specifically sexual assault in military (SAIM), is an understudied topic. We qualitatively describe servicemen's awareness and perceptions of male SAIM, and their understanding of common barriers to servicemen reporting sexual assault. Participants included Midwestern Active Component and Reserve and National Guard servicemen, actively serving or Veteran, who had returned from Iraq or Afghanistan deployments during Operation Enduring/Iraqi Freedom eras. Eleven focus groups were held with 34 servicemen (20 Reserve/National Guard and 14 Active Component). Qualitative analyses used inductive and deductive techniques. Servicemen reported a lack of awareness of male SAIM, a tendency to blame or marginalize male victims, and substantial barriers to reporting sexual assault. Reserve/National Guard participants emphasized barriers such as a perception of greater stigma due to their unique status as citizen-soldiers, an ethos of unit conformity and leadership modeling, and a lack of confidence in leadership and the SAIM reporting process. In contrast, Active Component servicemen emphasized the deployment location and sex of victim and perpetrator as key reporting barriers. Findings make an important contribution to the scant literature on risk and protective factors for male SAIM and servicemen's perceptions of sexual violence and assault reporting barriers by their service type and location. This work has implications for routine screening for sexual violence experiences of male service members and Veterans. Providers' knowledge of gender stereotypes regarding sexual assault, assault risks and experiences of deployed servicemen, and potential barriers to SAIM disclosure is vital for patient-centered care delivery. Additional research to address factors that influence post-SAIM care engagement of males is indicated.

-----

<http://journals.sagepub.com/doi/abs/10.1177/0011128718779570>

### **Does the Military Make the (Wo)man? An Examination of Gender Differences Among Incarcerated Veterans.**

Erika J. Brooke, Jennifer H. Peck

Crime & Delinquency

First Published June 13, 2018

<https://doi.org/10.1177/0011128718779570>

Drawing upon prior research that has examined participation in the military and criminal justice outcomes, the current study investigates whether service history elements are associated with arrest frequencies, types of criminal behavior, and if certain service components influenced these outcomes in a similar or different manner for male and female veteran inmates. Using data from a nationally representative sample of inmates incarcerated in state prisons, results indicated that various attributes of military service and veteran gender were directly related to lifetime arrests and offense types. Gender disparities also emerged across military experiences depending on the type of behavior examined. The findings lend support for a multifaceted approach to understand and implement gender-specific programming in meeting the needs of justice-involved veterans.

-----

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy148/5038451>

### **Moral Injury, Religiosity, and Suicide Risk in U.S. Veterans and Active Duty Military with PTSD Symptoms.**

Donna Ames, MD, Zachary Erickson, CCRP, Nagy A Youssef, MD, Irina Arnold, MD , Chaplain Sam Adamson, MDiv, Alexander C Sones, BA, Justin Yin, Kerry Haynes, D.Min., BCC Fred Volk, PhD, Ellen J Teng, PhD ...

Military Medicine

Published: 15 June 2018

<https://doi.org/10.1093/milmed/usy148>

Introduction

There is growing evidence that moral injury (MI) is related to greater suicide risk among Veterans and Active Duty Military (V/ADM). This study examines the relationship between MI and suicide risk and the moderating effect of religiosity on this relationship in V/ADM with post-traumatic stress disorder (PTSD) symptoms.

Materials and Methods

This was a cross-sectional multi-site study involving 570 V/ADM from across the USA. Inclusion criteria were having served in a combat theater and the presence of PTSD symptoms. Multidimensional measures assessed MI, religiosity, PTSD symptoms, anxiety, and depression. In this secondary data analysis, a suicide risk index was created based on 10 known risk factors. Associations between MI and the suicide risk

index were examined, controlling for demographic, religious, and military characteristics, and the moderating effects of religiosity were explored.

### Results

MI overall was correlated strongly with suicide risk ( $r = 0.54$ ), as were MI subscales (ranging from  $r = 0.19$  for loss of trust to  $0.48$  for self-condemnation). Controlling for other characteristics had little effect on this relationship ( $B = 0.016$ ,  $SE = 0.001$ ,  $p < 0.0001$ ). Religiosity was unrelated to suicide risk and did not moderate the relationship between suicide risk and MI or any of its subscales.

### Conclusion

MI is strongly and independently associated with risk factors for suicide among V/ADM with PTSD symptoms, and religiosity does not mediate or moderate this relationship. Whether interventions that target MI reduce risk of suicide or suicidal ideation remains unknown and needs further study.

-----

<http://psycnet.apa.org/record/2018-28117-005>

### **Empowering nondeployed spouses and children through filial therapy.**

Myrick, A. C., Green, E. J., Barnes, M., & Nowicki, R.

International Journal of Play Therapy

2018; 27(3), 166-175.

<http://dx.doi.org/10.1037/pla0000071>

Military deployments are highly stressful for nondeployed spouses and their children. Military children often experience a range of internalizing and externalizing symptoms, as well as a decrease in attachment security. Nondeployed parents are challenged during their spouses' deployment cycles, as they assume the role of single parent in addition to all the financial and daily responsibilities. Evidence-based interventions, such as Filial Therapy, can assist the parent-child relationship by allowing for the attachment relationship to strengthen during a difficult time like deployment. Filial Therapy is derived from child-centered play therapy and teaches parents to play with their children to express and gain mastery over difficult and confusing thoughts and feelings. This article aims to educate therapists about the complex experiences of nondeployed spouses and their children and highlight the benefits of using Filial Therapy with this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

-----

[https://www.psy-journal.com/article/S0165-1781\(18\)30188-4/abstract](https://www.psy-journal.com/article/S0165-1781(18)30188-4/abstract)

### **Understanding Mental Health among Military Veterans in the Fire Service.**

Brooke A. Bartlett, Lia J. Smith, Jana K. Tran, Anka A. Vujanovic

Psychiatry Research

Published online: June 13, 2018

<https://doi.org/10.1016/j.psychres.2018.06.020>

Firefighters who have previously served in the military may be at potentially higher risk for worsened mental health outcomes. This investigation examined the mental health of military veterans, as compared to non-veterans, in the fire service. We hypothesized that firefighters who endorsed military veteran status would have higher rates of mental health symptoms, in comparison to firefighters who did not endorse prior service in the military. Age, gender, and race/ethnicity were used as covariates. The sample was comprised of 910 career firefighters, 209 (23.0%) of whom endorsed military veteran status. One-way analyses of covariance were employed. The military veteran subsample reported significantly higher levels of sleep disturbance, depression, and posttraumatic stress symptom severity in comparison to the non-veteran subsample; however, effect sizes were small indicating that between group differences are actually negligible. Results highlight the need to improve our understanding of risk and resilience factors for firefighters who have served in the military, as this line of inquiry has potentially important mental health intervention implications for this exceptionally understudied population.

-----

<https://academic.oup.com/occmed/advance-article-abstract/doi/10.1093/occmed/kqy086/5038504>

### **Mental health service acceptability for the armed forces veteran community.**

P Farrand, A Jeffs, T Bloomfield, N Greenberg, E Watkins, E Mullan



Occupational Medicine

Published: 15 June 2018

<https://doi.org/10.1093/occmed/kqy086>

## Background

Despite developments in mental health services for armed forces veterans and family members, barriers to access associated with poor levels of acceptability regarding service provision remain. Adapting a Step 2 mental health service based on low-intensity cognitive behavioural therapy (CBT) interventions to represent a familiar context and meet the needs of the armed forces veteran community may serve to enhance acceptability and reduce help-seeking barriers.

## Aims

To examine acceptability of a Step 2 low-intensity CBT mental health service adapted for armed forces veterans and family members provided by a UK Armed Forces charity.

## Methods

Qualitative study using individual semi-structured interviews with armed forces veterans and family members of those injured or becoming unwell while serving in the British Armed Forces. Data analysis was undertaken using thematic alongside disconfirming case analysis.

## Results

Adapting a Step 2 mental health service for armed forces veterans and family members enhanced acceptability and promoted help-seeking. Wider delivery characteristics associated with Step 2 mental health services within the Improving Access to Psychological Therapies (IAPT) programme also contributed to service acceptability. However, limitations of Step 2 mental health service provision were also identified.

## Conclusion

A Step 2 mental health service adapted for armed forces veterans and family members enhances acceptability and may potentially overcome help-seeking barriers. However, concerns remain regarding ways to accommodate the treatment of post-traumatic stress disorder and provide support for family members.

-----

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usy103/4999168>

**Return to Duty Practices of Army Behavioral Health Providers in Garrison.**

Coleen Crouch, PhD Justin M Curley, MC USA Jamie T Carreno, MS USA Joshua E Wilk, PhD

Military Medicine

Published: 11 June 2018

<https://doi.org/10.1093/milmed/usy103>

## Introduction

While combat readiness is a top priority for the U.S. Army, there is concern that behavioral health (BH) return to duty (RTD) practices may under-represent the number of soldiers available for deployment. Profiling, the official administrative process by which medical duty limitations are communicated to commanders, was recently found to be significantly under-reporting BH readiness levels in one Army Division. This is a safety issue in addition to a readiness problem, and underscores the importance of better understanding RTD practices in order to offer solutions. This study sought to categorize the information and tools used by Army BH providers in garrison to make decisions about duty limitations that can affect BH readiness.

## Materials and Methods

A qualitative approach was used for this study. Fourteen semi-structured interviews and three focus groups were conducted with a diverse convenience sample of Army BH providers in October 2015, resulting in input from 29 practitioners.

## Results

Through thematic analysis, it was discovered that profile decisions are driven first by safety of the soldier and secondarily by the needs of the unit. To facilitate their clinical decision-making, providers consider an array of data including standardized scales, unit mission, consultation with unit leadership, meetings with other providers, and, when appropriate, discussion with the friends and family of the soldier.

## Conclusions

If the military is to address the concern of under-reporting behavioral health readiness levels in garrison, it is critical to develop more predictability in treatment planning and reporting, as well as access to necessary data to make these clinical decisions. The interviews and focus groups revealed that while the technical process for initiating a profile does not vary, there is great disparity about the amount and type of information that is taken into consideration when making profile decisions. Categorization of the information that supports RTD decisions can lead to a better understanding of the

process and inform leadership about ways to improve the accuracy of BH readiness reporting.

-----

<http://journals.sagepub.com/doi/abs/10.1177/1524838018781103>

## **The Effectiveness of Using Neurofeedback in the Treatment of Post-Traumatic Stress Disorder: A Systematic Review.**

Lisa S. Panisch, Audrey Hang Hai

Trauma, Violence & Abuse

Article first published online: June 11, 2018

<https://doi.org/10.1177/1524838018781103>

Neurofeedback is an innovative treatment for post-traumatic stress disorder (PTSD) that is readily accessible to mental health therapists. As a widespread mental health concern with potentially devastating long-term consequences on psychosocial functioning, PTSD can also adversely impact biophysiological processes, particularly those related to the brain. Neurofeedback has shown promise in alleviating overall PTSD symptoms, including these underlying neurobiological consequences. Successful results have been found among clients with PTSD who have not been responsive to prior treatment modalities. While a strong base of clinical anecdotes and case studies supports its success in treating PTSD, intervention studies on neurofeedback have been critiqued for lack of rigor and poor methodological design. A current systematic review of the literature on the effectiveness of neurofeedback in treating PTSD was conducted. Unlike prior reviews which emphasized neurobiological changes, this study was written for the mental health therapist and focused solely on behavioral outcomes. Ten studies met the criteria for inclusion in this review. Neurofeedback demonstrated salubrious results in at least one outcome measure for the majority of participants across all studies.

Interpretations, however, are limited by wide discrepancies in sample sizes, study designs, outcome measures, and the extent of reported results. Future research in this area would benefit from prioritizing randomized controlled trials with larger sample sizes and longitudinal follow-up results.

-----

<http://bmjopen.bmj.com/content/8/6/e021448>

**Observational study of associations between visual imagery and measures of depression, anxiety and post-traumatic stress among active-duty military service members with traumatic brain injury at the Walter Reed National Military Medical Center.**

Kaimal G, Walker MS, Herres J, et al

BMJ Open

2018;8:e021448

doi: 10.1136/bmjopen-2017-021448

**Objectives**

The study aimed to compare recurring themes in the artistic expression of military service members (SMs) with post-traumatic stress disorder (PTSD), traumatic brain injury and psychological health (PH) conditions with measurable psychiatric diagnoses. Affective symptoms and struggles related to verbally expressing information can limit communication in individuals with symptoms of PTSD and deployment-related health conditions. Visual self-expression through art therapy is an alternative way for SMs with PTSD and other PH conditions to communicate their lived experiences. This study offers the first systematic examination of the associations between visual self-expression and standardised clinical self-report measures.

**Design**

Observational study of correlations between clinical symptoms of post-traumatic stress, depression and anxiety and visual themes in mask imagery.

**Setting**

The National Intrepid Center of Excellence at the Walter Reed National Military Medical Center, Bethesda, Maryland, USA.

**Participants**

Active-duty military SMs (n=370) with a history of traumatic brain injury, post-traumatic stress symptoms and related PH conditions.

**Intervention**

The masks used for analysis were created by the SMs during art therapy sessions in week 1 of a 4-week integrative treatment programme.

## Primary outcomes

Associations between scores on the PTSD Checklist–Military, Patient Health Questionnaire-9 and Generalized Anxiety Disorder 7-item scale on visual themes in depictions of aspects of individual identity (psychological injury, military symbols, military identity and visual metaphors).

## Results

Visual and clinical data comparisons indicate that SMs who depicted psychological injury had higher scores for post-traumatic stress and depression. The depiction of military unit identity, nature metaphors, sociocultural metaphors, and cultural and historical characters was associated with lower post-traumatic stress, depression and anxiety scores. Colour-related symbolism and fragmented military symbols were associated with higher anxiety, depression and post-traumatic stress scores.

## Conclusions

Emergent patterns of resilience and risk embedded in the use of images created by the participants could provide valuable information for patients, clinicians and caregivers.

-----

<https://www.tandfonline.com/doi/abs/10.1080/02699052.2018.1482428>

## **Understanding the impact of mild traumatic brain injury on veteran service-connected disability: results from Chronic Effects of Neurotrauma Consortium.**

Clara Elizabeth Dismuke-Greer, Tracy L. Nolen, Kayla Nowak, Shawn Hirsch, Terri K. Pogoda, Amma A. Agyemang, Kathleen F. Carlson, Heather G. Belanger, Kimbra Kenney, Maya Troyanskaya & William C. Walker

## Brain Injury

Published online: 11 Jun 2018

DOI: 10.1080/02699052.2018.1482428

## Objectives:

Disability evaluation is complex. The association between mild traumatic brain injury (mTBI) history and VA service-connected disability (SCD) ratings can have implications for disability processes in the civilian population. We examined the association of VA SCD ratings with lifetime mTBI exposure in three models: any mTBI, total mTBI number, and blast-related mTBI.

#### Methods:

Participants were 492 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans from four US VA Medical Centers enrolled in the Chronic Effects of Neurotrauma Consortium study between January 2015 and August 2016. Analyses entailed standard covariate-adjusted linear regression models, accounting for demographic, military, and health-related confounders and covariates.

#### Results:

Unadjusted and adjusted results indicated lifetime mTBI was significantly associated with increased SCD, with the largest effect observed for blast-related mTBI. Every unit increase in mTBI is associated with an increase in 3.6 points of percent SCD. However, hazardous alcohol use was associated with lower SCD.

#### Conclusions:

mTBI, especially blast related, is associated with higher VA SCD ratings, with each additional mTBI increasing percent SCD. The association of hazardous alcohol use with SCD should be investigated as it may impact veteran health services access and health outcomes. These findings have implications for civilian disability processes.

-----

<http://bmjopen.bmj.com/content/8/6/e020734>

### **The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service.**

Vogt D, Perkins DF, Copeland LA, et al

BMJ Open

2018;8:e020734

doi: 10.1136/bmjopen-2017-020734

#### Purpose

Efforts to promote the health and well-being of military veterans have been criticised for being inadequately informed of veterans' most pressing needs as they separate from military service, as well as the programmes that are most likely to meet these needs. The current article summarises limitations of the current literature and introduces The Veterans Metrics Initiative (TVMI) study, a longitudinal assessment of US veterans' well-being and programme use in the first three years after they separate from military

service. Veterans were assessed within 3 months of military separation and will complete five additional assessments at 6-month intervals during the subsequent period.

#### Participants

The TVMI study cohort consists of a national sample of 9566 newly separated US veterans that were recruited in the fall of 2016.

#### Findings to date

The TVMI sample includes representation from all branches of service, men and women, and officers and enlisted personnel. Although representative of the larger population on many characteristics, differential response rates were observed for some subgroups, necessitating the development of non-response bias weights. Comparisons between unweighted and weighted results suggest that the weighting procedure adequately adjusts for observed differences.

#### Future plans

Analyses are under way to examine veterans' well-being and programme use in the period following separation after military service, as well as factors associated with poor outcomes. We have also begun to decompose programmes into their core components to facilitate examination of how these components relate to well-being. Once our third data collection is complete, we will examine factors related to different patterns of readjustment over time.

-----

<https://link.springer.com/article/10.1007/s13178-018-0340-2>

### **Transgender Under Fire: Hetero-cis-normativity and Military Students' Attitudes Toward Trans Issues and Trans Service Members Post DADT.**

Meredith G. F. Worthen

Sexuality Research and Social Policy

First Online: 11 June 2018

<https://doi.org/10.1007/s13178-018-0340-2>

The repeal of "Don't Ask, Don't Tell, Don't Pursue" (DADT) was a victory for lesbian, gay, and bisexual (LGB) military members but left most transgender (trans) military members closeted and failed to address trans military inclusion. The purpose of the

current study is to explore military students' attitudes toward trans issues and trans service members in the year 2012 (post DADT) through a framework of hetero-cis-normativity: a system of prejudice whereby it is "normal" to be both heterosexual and cisgender and it is not normal (and therefore acceptable to be prejudiced toward) non-heterosexual and non-cisgender individuals. Specifically, this study utilizes both closed- and open-ended survey responses from a college student sample of active and veteran members of the United States Reserve Officer Training Core (ROTC) and/or United States Armed Forces (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves) enrolled at a southern US university (N = 374) to understand how gender, infantry/combat military occupation, and combat zone deployment (and interactions among these) as well as feminist identity and LGB supportive attitudes play a role in military students' attitudes toward trans men and women, perspectives about gender-affirming surgeries (i.e., "sex change operations"), and opinions about trans individuals serving openly in the U.S. Armed Forces in the immediate aftermath of the DADT repeal. Consistent with the hetero-cis-normativity framework, both the qualitative and quantitative findings revealed that being a woman, being a feminist, being supportive of gay and bisexual men, infantry/combat military occupation, and combat zone deployment were all significantly related to military students' trans perspectives. In addition, the qualitative findings situated military students across a spectrum of support of trans military service, with most students overall in the "do nothing to help trans people serve" category but a large percentage of women and LGB respondents comprising the "do more to help trans people serve" category. Implications for future research and policy recommendations are provided.

-----

<https://www.sciencedirect.com/science/article/pii/S0925492718300957>

**Increased cognitive control and reduced emotional interference is associated with reduced PTSD symptom severity in a trauma-exposed sample: A preliminary longitudinal study.**

Stuart F. White, Michelle E. Costanzo, Laura C. Thornton, Alita M. Mobley, James R. Blair, Michael J. Roy

Psychiatry Research: Neuroimaging  
Volume 278, 30 August 2018, Pages 7-12  
<https://doi.org/10.1016/j.psychresns.2018.06.006>

Individuals with posttraumatic stress disorder (PTSD) show deficits in recruiting neural



regions associated with cognitive control. In contrast, trauma exposed individuals (TEIs) show increased recruitment of these regions. While many individuals who experience a trauma exhibit some PTSD symptoms, relatively few develop PTSD. Despite this, no work has examined the relationship between changes in PTSD symptoms and changes in neural functioning in TEIs longitudinally. This study examined the neural correlates of changing PTSD symptom levels in TEIs. Twenty-one military service members completed the affective stroop task while undergoing fMRI within 2 months of returning from deployment and a second scan 6–12 months later. Participants with PTSD or depression at baseline were excluded. PTSD symptom improvement was associated with greater increase in response to incongruent relative to congruent negative stimuli in dorsal anterior cingulate cortex and inferior frontal gyrus/anterior insula and increased BOLD response over time to emotional relative to neutral stimuli in inferior parietal cortex. Improvement in PTSD symptoms were not associated with changes in amygdala responsiveness to emotional stimuli. In short, the current data indicate that TEIs who become more able to recruit regions implicated in cognitive control show greater reductions in PTSD symptom levels.

-----

<https://www.tandfonline.com/doi/abs/10.1080/02699052.2018.1482428>

**Understanding the impact of mild traumatic brain injury on veteran service-connected disability: results from Chronic Effects of Neurotrauma Consortium.**

Clara Elizabeth Dismuke-Greer, Tracy L. Nolen, Kayla Nowak, Shawn Hirsch, Terri K. Pogoda, Amma A. Agyemang, Kathleen F. Carlson, Heather G. Belanger, Kimbra Kenney, Maya Troyanskaya & William C. Walker

Brain Injury

Published online: 11 Jun 2018

DOI: 10.1080/02699052.2018.1482428

Objectives:

Disability evaluation is complex. The association between mild traumatic brain injury (mTBI) history and VA service-connected disability (SCD) ratings can have implications for disability processes in the civilian population. We examined the association of VA SCD ratings with lifetime mTBI exposure in three models: any mTBI, total mTBI number, and blast-related mTBI.

Methods:

Participants were 492 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans from four US VA Medical Centers enrolled in the Chronic Effects of Neurotrauma Consortium study between January 2015 and August 2016. Analyses entailed standard covariate-adjusted linear regression models, accounting for demographic, military, and health-related confounders and covariates.

#### Results:

Unadjusted and adjusted results indicated lifetime mTBI was significantly associated with increased SCD, with the largest effect observed for blast-related mTBI. Every unit increase in mTBI is associated with an increase in 3.6 points of percent SCD. However, hazardous alcohol use was associated with lower SCD.

#### Conclusions:

mTBI, especially blast related, is associated with higher VA SCD ratings, with each additional mTBI increasing percent SCD. The association of hazardous alcohol use with SCD should be investigated as it may impact veteran health services access and health outcomes. These findings have implications for civilian disability processes.

-----

#### Links of Interest

Judge again blocks transgender military ban from taking effect

<http://thehill.com/policy/defense/392556-judge-again-blocks-transgender-military-ban-from-taking-effect>

How Does Therapy Work? Part of the Brain Which Stores Trauma Might Also Heal, Study Suggests

<http://www.newsweek.com/therapy-works-tapping-part-brain-linked-memories-study-mice-suggests-977229>

EEG can determine if a depressed patient will do better on antidepressants or talk therapy

[https://www.eurekalert.org/pub\\_releases/2018-06/uoia-ecd061418.php](https://www.eurekalert.org/pub_releases/2018-06/uoia-ecd061418.php)

Tale as old as time: The historic bond between the military and whiskey

<https://www.militarytimes.com/off-duty/military-culture/2018/06/14/tale-as-old-as-time-the-bond-between-the-military-and-whiskey/>

6 Therapists, Psychiatrists and Counselors Talk About Treating the Suicidal  
<https://www.nytimes.com/2018/06/13/reader-center/mental-health-therapists-suicide.html>

U.S. Suicide Rates Are Rising Faster Among Women Than Men  
<https://www.npr.org/sections/health-shots/2018/06/14/619338703/u-s-suicides-rates-are-rising-faster-among-women-than-men>

VA hospitals across the country have more than 3,000 unwanted jobs  
("Mental health providers topped the list for the most-needed occupation.")  
<https://www.stripes.com/news/va-hospitals-across-the-country-have-more-than-3-000-unwanted-jobs-1.532922>

The Best News About Insomnia Treatment Just Got Better  
<https://www.psychologytoday.com/intl/blog/think-act-be/201806/the-best-news-about-insomnia-treatment-just-got-better>

Sleep Restriction: Why Sleeping Less May Help You Sleep Better  
<https://blogs.webmd.com/mental-health/2018/06/sleep-restriction-why-sleeping-less-may-help-you-sleep-better.html>

The Mind, the Body, and Trauma: A Place for Complementary and Integrative Health Practices in the Treatment of PTSD  
<http://www.pdhealth.mil/news/blog/mind-body-and-trauma-place-complementary-and-integrative-health-practices-treatment-ptsd>

Addressing Treatment-Resistant Depression: Walking a Clinical Tightrope  
<https://www.psychiatryadvisor.com/depression-advisor/challenges-managing-treatment-resistant-major-depressive-disorder/article/774195/>

Veterans more likely than civilians to die by suicide, VA study finds  
<https://www.nbcnews.com/health/health-news/veterans-more-likely-civilians-die-suicide-va-study-finds-n884471>

VA reveals its veteran suicide statistic included active-duty troops  
<https://www.stripes.com/news/us/va-reveals-its-veteran-suicide-statistic-included-active-duty-troops-1.533992>

-----

## **Resource of the Week: [Position Paper for the Treatment of Nightmare Disorder in Adults: An American Academy of Sleep Medicine Position Paper](#)**

Free full text.

### Introduction

Nightmare disorder affects approximately 4% of adults, occurring in isolation or as part of other disorders such as posttraumatic stress disorder (PTSD), and can significantly impair quality of life. This paper provides the American Academy of Sleep Medicine (AASM) position regarding various treatments of nightmare disorder in adults.

### Methods

A literature search was performed based upon the keywords and MeSH terms from the Best Practice Guide for the Treatment of Nightmare Disorder in Adults that was published in 2010 by the AASM. The search used the date range March 2009 to August of 2017 and sought to find available evidence pertaining to the use of behavioral, psychological, and pharmacologic therapies for the treatment of nightmares. A task force developed position statements based on a thorough review of these studies and their clinical expertise. The AASM Board of Directors approved the final position statements.

### Determination of Position

Positions of “recommended” and “not recommended” indicate that a treatment option is determined to be clearly useful or ineffective/harmful for most patients, respectively, based on a qualitative assessment of the available evidence and clinical judgement of the task force. Positions of “may be used” indicate that the evidence or expert consensus is less clear, either in favor or against the use of a treatment option. The interventions listed below are in alphabetical order within the position statements rather than clinical preference: this is not meant to be instructive of the order in which interventions should be used.

### Position Statements

The following therapy is recommended for the treatment of PTSD-associated nightmares and nightmare disorder: image rehearsal therapy.

The following therapies may be used for the treatment of PTSD-associated nightmares: cognitive behavioral therapy; cognitive behavioral therapy for insomnia; eye movement desensitization and reprocessing; exposure, relaxation, and rescripting therapy; the atypical antipsychotics olanzapine, risperidone and

aripiprazole; clonidine; cyproheptadine; fluvoxamine; gabapentin; nabilone; phenelzine; prazosin; topiramate; trazodone; and tricyclic antidepressants.

The following therapies may be used for the treatment of nightmare disorder: cognitive behavioral therapy; exposure, relaxation, and rescripting therapy; hypnosis; lucid dreaming therapy; progressive deep muscle relaxation; sleep dynamic therapy; self-exposure therapy; systematic desensitization; testimony method; nitrazepam; prazosin; and triazolam.

The following are not recommended for the treatment of nightmare disorder: clonazepam and venlafaxine.

The ultimate judgment regarding propriety of any specific care must be made by the clinician, in light of the individual circumstances presented by the patient, accessible treatment options, and resources.

-----

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