

# CDP



## Research Update -- January 10, 2019

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- Links of Interest
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<https://content.govdelivery.com/accounts/USVHA/bulletins/2258bb3>

## **Ways to Help Your Family Member with PTSD**

PTSD Monthly Update - December 2018  
National Center for PTSD

If you're living with a family member who has PTSD, you're at the frontlines of seeing the effects on your loved one. Sometimes, you might feel alone, scared, or confused. You might wonder how to help your loved one, or if there is anything you can even say or do to make things better.

It is normal to feel frustrated or discouraged. But there are steps you can take to help.

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2704019>

## **Effect of Digital Cognitive Behavioral Therapy for Insomnia on Health, Psychological Well-being, and Sleep-Related Quality of Life: A Randomized Clinical Trial.**

Espie CA, Emsley R, Kyle SD, et al.

JAMA Psychiatry  
2019;76(1):21–30  
doi:10.1001/jamapsychiatry.2018.2745

### **Key Points**

#### **Questions**

Can digital cognitive behavioral therapy for insomnia improve functional health, psychological well-being, and sleep-related quality of life, and does a reduction in insomnia symptoms mediate these potential improvements?

#### **Findings**

In a 2-arm, parallel-group randomized clinical trial that included 1711 persons, digital cognitive behavioral therapy significantly improved insomnia symptoms, functional health, psychological well-being, and sleep-related quality of life at 4, 8, and 24 weeks

after initiation of treatment. Improvements at 8 and 24 weeks were mediated by improvements in insomnia at week 4 and 8, respectively.

### Meaning

Treating insomnia with digital cognitive behavioral therapy could be a therapeutic pathway for addressing self-reported health, well-being, and quality of life.

### Abstract

#### Importance

Digital cognitive behavioral therapy (dCBT) is a scalable and effective intervention for treating insomnia. Most people with insomnia, however, seek help because of the daytime consequences of poor sleep, which adversely affects quality of life.

#### Objectives

To investigate the effect of dCBT for insomnia on functional health, psychological well-being, and sleep-related quality of life and to determine whether a reduction in insomnia symptoms was a mediating factor.

#### Design, Setting, and Participants

This online, 2-arm, parallel-group randomized trial comparing dCBT for insomnia with sleep hygiene education (SHE) evaluated 1711 participants with self-reported symptoms of insomnia. Participants were recruited between December 1, 2015, and December 1, 2016, and dCBT was delivered using web and/or mobile channels plus treatment as usual; SHE comprised a website and a downloadable booklet plus treatment as usual. Online assessments took place at 0 (baseline), 4 (midtreatment), 8 (posttreatment), and 24 (follow-up) weeks. Programs were completed within 12 weeks after inclusion.

#### Main Outcomes and Measures

Primary outcomes were scores on self-reported measures of functional health (Patient-Reported Outcomes Measurement Information System: Global Health Scale; range, 10-50; higher scores indicate better health); psychological well-being (Warwick-Edinburgh Mental Well-being Scale; range, 14-70; higher scores indicate greater well-being); and sleep-related quality of life (Glasgow Sleep Impact Index; range, 1-100; higher scores indicate greater impairment). Secondary outcomes comprised mood, fatigue, sleepiness, cognitive failures, work productivity, and relationship satisfaction. Insomnia was assessed with the Sleep Condition Indicator (range: 0-32; higher scores indicate better sleep).

## Results

Of the 1711 participants included in the intention-to-treat analysis, 1329 (77.7%) were female, mean (SD) age was 48.0 (13.8) years, and 1558 (91.1%) were white. Use of dCBT was associated with a small improvement in functional health compared with SHE (adjusted difference [95% CI] at week 4, 0.90 [0.40-1.40]; week 8, 1.76 [1.24-2.28]; week 24, 1.76 [1.22-2.30]) and psychological well-being (adjusted difference [95% CI] at week 4, 1.04 [0.28-1.80]; week 8, 2.68 [1.89-3.47]; week 24, 2.95 [2.13-3.76]), and with a large improvement in sleep-related quality of life (at week 4, -8.76 [-11.83 to -5.69]; week 8, -17.60 [-20.81 to -14.39]; week 24, -18.72 [-22.04 to -15.41]) (all  $P < .01$ ). A large improvement in insomnia mediated these outcomes (range mediated, 45.5%-84.0%).

## Conclusions and Relevance

Use of dCBT is effective in improving functional health, psychological well-being, and sleep-related quality of life in people reporting insomnia symptoms. A reduction in insomnia symptoms mediates these improvements. These results confirm that dCBT improves both daytime and nighttime aspects of insomnia, strengthening existing recommendations of CBT as the treatment of choice for insomnia.

Trial Registration isrctn.org identifier: ISRCTN60530898

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<https://www.ncbi.nlm.nih.gov/pubmed/30597543>

J Clin Psychol. 2018 Dec 31. doi: 10.1002/jclp.22732. [Epub ahead of print]

## **A systematic review of the psychosocial impact of emotional numbing in US combat veterans.**

Schuman DL, Bricout J, Peterson HL, Barnhart S

### CONTEXT:

Previous studies have linked posttraumatic emotional numbing symptoms in US combat veterans with an adverse impact in multiple important life domains.

### OBJECTIVES:

We updated and evaluated the evidence examining the psychosocial impact of combat-related emotional numbing, including ethnoracial and gender differences.

#### METHOD:

We reviewed 1,209 articles published between January 2012 and 2018 and selected 24 studies for inclusion. We assessed the overall study quality as fair using a national quality assessment tool.

#### RESULTS:

Studies found emotional numbing to yield adverse effects in the areas of symptom nonimprovement, mental health difficulties, increased service utilization, poor relationship functioning, reduced quality of life, substance use disorders, suicidality, and aggression/violence. We also found evidence of ethnoracial and gender differences in veterans' posttraumatic stress disorder-related emotional numbing symptoms.

#### CONCLUSION:

Clinicians should incorporate findings on emotional numbing into assessment, treatment planning, and monitoring, to improve treatment retention and psychosocial outcomes. Implications for ethnoracial and gender differences require further exploration.

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<https://www.ncbi.nlm.nih.gov/pubmed/30588665>

Int J Geriatr Psychiatry. 2018 Dec 26. doi: 10.1002/gps.5055. [Epub ahead of print]

### **Neurocognitive and Psychiatric Comorbidities of Posttraumatic Stress Disorder among Older Veterans: A Systematic Review.**

Kang B, Xu H, McConnell ES

#### OBJECTIVES:

Posttraumatic stress disorder (PTSD) is associated with neurocognitive and psychiatric comorbidities, and older adults experience comorbid illnesses disproportionately. Little is known about the comorbidities of PTSD among older veterans. This systematic review examines the prevalence, incidence, and patterns of neurocognitive and psychiatric comorbidities of PTSD among older veterans and explores the factors associated with these comorbidities.

## METHODS:

A systematic literature review was performed using PubMed, CINAHL, and PsycINFO databases. The search was limited to peer-reviewed articles published in English from January 1980 to October 2018. Eligible studies examined the comorbid neurocognitive and psychiatric disorders of PTSD among veterans aged 60 and older.

## RESULTS:

Twenty-four studies met the criteria for inclusion. The risk for dementia was higher in veterans with PTSD than those without PTSD; hazard ratios ranged from 1.21 to 1.77. Depressive disorder was the most prevalent psychiatric comorbidity with estimates ranging from 33% to 52.3%, followed by generalized anxiety disorder (14%-15%), and substance use disorders (1.9%-11.3%). Factors consistently associated with PTSD comorbidities included age, combat-related exposures, clinical conditions, health-related and psychosocial outcomes.

## CONCLUSIONS:

Despite heterogeneity in research designs and methodological limitations, this review highlights the need to consider comorbid neurocognitive and psychiatric disorders among older veterans with PTSD in order to individualize care approaches. Future research should incorporate factors associated with neurocognitive and psychiatric comorbidities of PTSD into study designs that can help improve prediction of comorbidity and generate evidence for developing and implementing tailored treatments in older veterans.

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<https://www.ncbi.nlm.nih.gov/pubmed/30580807>

Psychosomatics. 2018 Nov 30. pii: S0033-3182(18)30508-5. doi: 10.1016/j.psych.2018.11.008. [Epub ahead of print]

## **Psychiatric Care of the Post-September 11 Combat Veteran: A Review.**

Johnson JM, Capehart BP

## BACKGROUND:

Post-September 11, 2001 combat veterans represent a growing cohort of patients with unique mental health needs, particularly around post-traumatic stress disorder (PTSD)

and traumatic brain injury (TBI). The United States (US) remains engaged in conflicts around the globe, so this patient cohort will continue to grow in number. With around 40% of American combat veterans from Iraq and Afghanistan seeking mental health care outside of the Veterans Affairs, understanding the psychiatric needs of the post-September 11 combat veteran is an important goal for all psychiatrists. These patients are relevant to consultation-liaison (C-L) psychiatrists because of their high comorbidity of conditions such as TBI, obstructive sleep apnea, insomnia, and chronic pain. This article reviews the current literature on mental health care for the post-September 11 combat veteran, emphasizing PTSD and TBI treatment, and culling evidence-based recommendations from randomized controlled trials of combat veterans. Emphasis is also placed on the Veterans Affairs/Department of Defense Clinical Practice Guidelines. The authors also bring unique clinical expertise of having served on active duty as psychiatrists for the US Army, including in a combat zone, and both currently work in a Veterans Affairs Iraq and Afghanistan combat veteran mental health clinic.

#### OBJECTIVE:

This review outlines useful treatment approaches for PTSD and TBI and briefly covers the comorbid conditions of major depression, chronic pain, and substance use disorders. This review will prepare C-L psychiatrists to care for this challenging patient cohort.

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<https://psyarxiv.com/dz7ev/>

### **Moral Decision Making, Religious Strain, and the Experience of Moral Injury.**

Steven Lancaster, Maggie Miller

PsyArXiv Preprints

December 20, 2018

DOI: 10.31234/osf.io/dz7ev

Moral injury is the recognition that acts perpetrated during combat, or other stressful situations, can have lasting psychological impacts. Models of moral injury examine the role of transgressive acts, moral appraisals of these acts, and the symptoms of moral injury. However, little research has examined potential pathways between these elements. The current study examined everyday moral decision making and aspects of



religious functioning as possible mediators of these relationships in a military veteran sample. Our pre-registered structural equation model supported a relationship between acts and appraisals; however, this relationship was not mediated by moral decision making as we had hypothesized. Our results demonstrated that religious strain significantly mediated the relationship between moral appraisals and both self- and other-directed symptoms of moral injury. Additional research is needed to better understand how and which transgressive acts are appraised as morally wrong. Further research is also needed to better integrate moral decision making into our understanding of moral injury.

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<https://journals.sagepub.com/doi/abs/10.1177/0706743718816057>

### **Comorbidity Patterns of Psychiatric Conditions in Canadian Armed Forces Personnel.**

Don Richardson, J., Thompson, A., King, L., Ketcheson, F., Shnaider, P., Armour, C., ... Zamorski, M. A.

The Canadian Journal of Psychiatry  
First Published January 1, 2019  
<https://doi.org/10.1177/0706743718816057>

#### Objective:

Posttraumatic stress disorder (PTSD) is often accompanied by other mental health conditions, including major depressive disorder (MDD), substance misuse disorders, and anxiety disorders. The objective of the current study is to delineate classes of comorbidity and investigate predictors of comorbidity classes amongst a sample of Canadian Armed Forces (CAF) Regular Force personnel.

#### Methods:

Latent class analyses (LCAs) were applied to cross-sectional data obtained between April and August 2013 from a nationally representative random sample of 6700 CAF Regular Force personnel who deployed to the mission in Afghanistan.

#### Results:

MDD was the most common diagnosis (8.0%), followed by PTSD (5.3%) and generalized anxiety disorder (4.7%). Of those with a mental health condition, LCA revealed 3 classes of comorbidity: a highly comorbid class (8.3%), a depressed-only

class (4.6%), and an alcohol use–only class (3.1%). Multinomial logit regression showed that women (adjusted relative risk ratio [ARRR] = 2.77; 95% CI, 2.13 to 3.60;  $P < 0.01$ ) and personnel reporting higher trauma exposure (ARRR = 4.18; 95% CI, 3.13 to 5.57;  $P < 0.01$ ) were at increased risk of membership in the comorbid class compared to those without a mental health condition. When compared to those with no mental health condition, experiencing childhood abuse increased the risk of being in any comorbidity class.

#### Conclusions:

Results provide further evidence to support screening for and treatment of comorbid mental health conditions. The role of sex, childhood abuse, and combat deployment in determining class membership may also prove valuable for clinicians treating military-related mental health conditions.

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<https://jnnp.bmj.com/content/early/2018/12/15/jnnp-2018-319315>

### **SMART-CPT for veterans with comorbid post-traumatic stress disorder and history of traumatic brain injury: a randomised controlled trial.**

Jak AJ, Jurick S, Crocker LD, et al

Journal of Neurology, Neurosurgery, and Psychiatry

First published December 15, 2018

doi: 10.1136/jnnp-2018-319315

#### Objective

To better concurrently address emotional and neuropsychological symptoms common in veterans with comorbid post-traumatic stress disorder (PTSD) and history of traumatic brain injury (TBI), we integrated components of compensatory cognitive training from the Cognitive Symptom Management and Rehabilitation Therapy (CogSMART) programme into cognitive processing therapy (CPT) for PTSD to create a hybrid treatment, SMART-CPT (CogSMART+CPT). This study compared the efficacy of standard CPT with SMART-CPT for treatment of veterans with comorbid PTSD and history of TBI reporting cognitive symptoms.

#### Methods

One hundred veterans with PTSD, a history of mild to moderate TBI and current cognitive complaints were randomised and received individually delivered CPT or

SMART-CPT for 12 weeks. Participants underwent psychological, neurobehavioural and neuropsychological assessments at baseline, on completion of treatment and 3 months after treatment.

### Results

Both CPT and SMART-CPT resulted in clinically significant reductions in PTSD and postconcussive symptomatology and improvements in quality of life. SMART-CPT resulted in additional improvements in the neuropsychological domains of attention/working memory, verbal learning/memory and novel problem solving.

### Conclusion

SMART-CPT, a mental health intervention for PTSD, combined with compensatory cognitive training strategies, reduces PTSD and neurobehavioural symptoms and also provides added value by improving cognitive functioning.

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<https://journals.sagepub.com/doi/10.1177/2378023118813017>

## **Scars: The Long-term Effects of Combat Exposure on Health.**

Jason Schnittker

Socius: Sociological Research for a Dynamic World

2018; Volume 4: 1–13

<https://doi.org/10.1177/2378023118813017>

Although the effects of combat exposure on mental health receive a good deal of attention, less attention has been directed to the long-term effects of combat exposure on physical health, apart from combat injuries. Using the 2010 National Survey of Veterans, the author evaluates the long-term effects of combat generally, as well as more specific dimensions of combat experience, including exposure to the dead and wounded. The results indicate that combat exposure increases the likelihood of poor health and disability years later, though exposure to the dead and wounded is even more powerful and accounts for the entire unadjusted relationship between combat service and health. Furthermore, only a small part of the relationship between combat and health is attributable to service-connected disabilities. More of the relationship can be explained by social and behavioral processes subsequent to combat. Relative to veterans who were not exposed to the dead or wounded, veterans with combat exposure are more likely to smoke, less likely to be married, and more likely to report

being unprepared for the transition to civilian life. Together these factors explain a large part of the relationship between combat and health, even more than is explained by service-connected disabilities. The effects of feeling unprepared on physical health are as large as those of exposure to combat. The results encourage greater appreciation of combat exposure as a source of stress proliferation, with ongoing implications for health channeled through experiences in civilian life.

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<https://www.sciencedirect.com/science/article/pii/S1077722918301019>

### **Military Culture Considerations in Prolonged Exposure Therapy With Active-Duty Military Service Members.**

Brittany N. Hall-Clark, Edward C. Wright, Brooke A. Fina, Tabatha H. Blount, ... Edna B. Foa

Cognitive and Behavioral Practice

Available online 3 January 2019

<https://doi.org/10.1016/j.cbpra.2018.07.009>

#### Highlights

- Strategies to overcome barriers in PE with active duty personnel are discussed.
- Techniques for working through challenges in exposure with military are described.
- Military cultural considerations in the implementation of PE are highlighted.

#### Abstract

Over 15 years of combat deployments to Afghanistan, Iraq, and surrounding locations have increased the risk of posttraumatic stress disorder (PTSD) in active-duty military service members, significantly amplifying the need for effective treatments within the military health care system. While effective evidence-based treatments for PTSD exist, results have not been as robust for service members and veterans as those found with civilians, suggesting that there are unique factors that may make PTSD in active military personnel more challenging to treat. Few clinical articles address military cultural aspects of the delivery of Prolonged Exposure therapy, especially with an active-duty military population. The aim of this paper is to highlight the role of military culture and lifestyle in PTSD symptom expression and recovery, and to provide clinical strategies to successfully conduct Prolonged Exposure with active-duty service members. Strategies to overcome logistical difficulties and clinical techniques to address common themes

that emerge in working with military populations are delineated. Case examples are provided to illustrate concepts.

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<https://aura.antioch.edu/psycpne/2/>

## **Back on the Block: Spousal Transitional Difficulties in Military Retirement.**

Flohr, Rhianna Kelsey

Antioch University  
PsyD Program in Clinical Psychology  
Doctoral Dissertations (New England)  
2018

Service members who serve active duty for 20 years qualify for military retirement with retired pay. This study examined whether sociodemographic and clinical factors are associated with higher levels of transitional difficulty in spouses of retired military service members following at least 20 years of active duty service. Veteran research has shown that a variety of sociodemographic and clinical factors influence the ease with which the service member transitions back into a civilian lifestyle. Factors contributing to greater transitional difficulties for veterans include: (a) experience of a traumatic event, (b) probable post-traumatic stress disorder (PTSD), (c) race and ethnicity, (d) unemployment, (e) time spent in the military, (f) number of deployments. Previous research also suggests that military retirement is a challenging prospect for the service member and service member spouse, as he or she is often inducted into the military lifestyle as much as the service member. Despite these findings, no contemporary research exists regarding transitional difficulties for service member spouses during the transition back into the civilian culture following service members' 20-plus-year military careers. This study aimed to explore whether race, employment, spousal symptoms of PTSD, number of career deployments and relocations, years of military service, and service member rank contribute to higher levels of transitional difficulty for the service member spouse during retirement. Further, it looked to discover which factors contribute most to perceived transitional difficulty. Participants were recruited by snowball sampling through the Facebook social media platform to complete the Military to Civilian Questionnaire (M2C-Q), which determines an overall transitional difficulty score. It was also hypothesized that the sociodemographic and clinical factors that demonstrate the greatest contribution to veteran transitional difficulties upon leaving the military (e.g., race/ethnicity, unemployment, and PTSD diagnosis), will also

contribute to higher levels of transitional difficulties for veteran spouses during the retirement transition from a military to civilian lifestyle. It also hypothesized that a greater number of deployments, relocations, and years of military service will contribute to greater transitional difficulty for spouses of retiring service members.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22871>

## **Frontline Science: Residual symptoms following prolonged exposure and present-centered therapy for PTSD in female veterans and soldiers.**

Paula P. Schnurr Carole A. Lunney

Depression & Anxiety

First published: 21 December 2018

<https://doi.org/10.1002/da.22871>

### Background

Despite the effectiveness of evidence-based treatments for posttraumatic stress disorder (PTSD), some symptoms, such as sleep disturbance, can be difficult to treat regardless of treatment type.

### Methods

We examined residual PTSD symptoms in 235 female veterans and soldiers who were randomized to receive 10 weekly sessions of either Prolonged Exposure (PE) or Present-Centered Therapy (PCT). PTSD symptoms were assessed using the Clinician-Administered PTSD Scale. Analyses examined the effects of PE and the effects of clinically significant improvement (loss of diagnosis, operationalized as meaningful symptom reduction and no longer meeting diagnostic criteria).

### Results

Both treatments resulted in reductions in PTSD symptoms. PE had lower conditional probabilities than PCT of retaining intrusive memories, avoidance of people/places, detachment/estrangement, and restricted range of affect. Loss of diagnosis had lower conditional probabilities of almost all symptoms, although hyperarousal symptoms—especially irritability/anger (60.7%) and sleep difficulties (50.9%)—were the most likely to remain.

## Conclusions

Results are consistent with previous findings on sleep difficulties being difficult to treat, but also show that hyperarousal symptoms overall may not be resolved even after substantial improvement. Additional strategies may be needed to treat the full range of PTSD symptoms in some patients.

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<https://journals.sagepub.com/doi/abs/10.1177/2167702618809370>

## **When Did Posttraumatic Stress Disorder Get So Many Factors? Confirmatory Factor Models Since DSM–5.**

Rasmussen, A., Verkuilen, J., Jayawickreme, N., Wu, Z., & McCluskey, S. T.

Clinical Psychological Science

First Published December 20, 2018

<https://doi.org/10.1177/2167702618809370>

For over three decades confirmatory factor analysis (CFA) has been used to test the construct validity of models of posttraumatic stress disorder (PTSD). The four symptom dimensions of PTSD in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM–5) are based on CFA. Since the publication of DSM–5, the number of proposed factors has grown from four to seven. We review these models, focusing on (a) the number of symptoms per factor, indicating how well factors are identified; (b) correlations between factors, indicating how distinct they are; and (c) their external validation. Of the 27 CFAs published since 2013, almost all included factors composed of only two symptoms, and most relied on more than one. High factor correlations were the norm. Two thirds of models provided external validation. Discussion concerns implications for PTSD’s measurement and construct validity and recommendations for improving CFA in the PTSD literature.

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<https://www.sciencedirect.com/science/article/abs/pii/S0197455618302296>

## **What soldiers can teach therapists who work with trauma: A qualitative examination of contemporary American war writing.**

Craig Haen

The Arts in Psychotherapy

Available online 21 December 2018

<https://doi.org/10.1016/j.aip.2018.12.005>

#### Highlights

- Analysis of memoirs and biographies focused of Americans who served in Iraq and Afghanistan provided 6 qualitative themes that described the impact of combat on soldiers.
- Contemporary American war writing can inform therapists about the experience of military trauma.
- These lessons can be applied in the treatment of other patients with varied forms of trauma.
- Arts-based approaches have promise in addressing the psychological effects of military service and obstacles to help-seeking.

#### Abstract

Eight contemporary memoirs and biographies focused on American soldiers who served in Iraq and Afghanistan were used as data sources for a qualitative investigation of war and its aftermath. Coding of these texts produced 6 themes that captured the experiences of soldiers in combat: Two Worlds (Away and Home); Teach you with Pain; the Ideal of Hero/ Be a Man; Male Intimacy/ Belonging; Old Me, New Me; and the Inevitability of Death. These themes are discussed as they inform an understanding of how soldiers are both similar to and unique from other traumatized populations. Clinical ramifications for trauma-focused psychotherapy are discussed, as are the potential for arts-based approaches in the treatment of soldiers.

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<https://www.sciencedirect.com/science/article/pii/S0165178118310710>

#### **Latent typologies of DSM-5 PTSD symptoms in U.S. military veterans.**

Simon P. Byrne, Ilan Harpaz-Rotem, Jack Tsai, Steven M. Southwick, Robert H. Pietrzak

Psychiatry Research

Available online 19 December 2018

<https://doi.org/10.1016/j.psychres.2018.12.094>



## Highlights

- We used latent class analysis to identify typologies of DSM-5 PTSD in U.S. veterans
- A three-class solution was determined, described as Dysphoric, Threat and High Symptom
- Threat had greater intrusions and avoidance; Dysphoric had greater negative affect
- The High Symptom typology had higher probabilities of all symptoms
- The three typologies were differentially linked to clinical and trauma characteristics

## Abstract

Posttraumatic stress disorder (PTSD) is a heterogeneous condition that can be characterized by unique typologies of symptoms. To date, no study has examined predominant PTSD typologies using DSM-5 criteria. We used latent class analysis (LCA) to identify typologies of DSM-5 PTSD symptoms in 158 U.S. veterans who screened positive for this condition. A three-class solution provided the best fit to the data, described as Dysphoric (36.2%), High Symptom (34.0%) and Threat (29.8%). The Threat class had higher probabilities of intrusions and avoidance compared to the Dysphoric class; the Dysphoric class had higher probabilities of negative affect, anhedonia and externalizing behavior relative to Threat; the High Symptom class had higher probabilities of all symptoms. Compared to the Threat class, the Dysphoric class was more likely to have a lifetime history of major depressive, alcohol and drug use disorders; the High Symptom class was more likely to have a lifetime history of alcohol, drug, and nicotine use disorder, current generalized anxiety, or to have attempted or currently contemplated suicide. The High Symptom class reported greater mental, physical and cognitive impairment and lower quality of life. These findings underscore the importance of a personalized approach to the assessment and treatment of DSM-5 PTSD.

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<https://www.sciencedirect.com/science/article/pii/S0165032718304269>

**Protective correlates of suicidality among veterans with histories of posttraumatic stress disorder and major depressive disorder: Results from the National Health and Resilience in Veterans Study.**

Lorig K. Kachadourian, Jack Tsai, Ilan Harpaz-Rotem, Steven M. Southwick, Robert H. Pietrzak

### Highlights

- Few research studies examine protective factors of suicidality in at-risk Veterans.
- Purpose in life, curiosity, and optimism were related to decreases in suicidal ideation
- Important to examine both risk and protective factors for treatment efforts

### Abstract

#### Background

Although several studies have identified risk factors for suicidal behaviors in general samples of Veterans, fewer studies have examined protective factors, particularly in high-risk samples. To address this gap, we examined protective correlates of suicidal ideation (SI) and suicide attempts (SA) in a sample of Veterans with histories of posttraumatic stress disorder (PTSD) and/or major depressive disorder (MDD).

#### Method

Data were analyzed from a nationally representative sample of 3157 U.S. Veterans who completed the first wave of a web-based survey as part of the National Health and Resilience in Veterans Study (NHRVS). Of this sample, 577 Veterans met criteria for history of PTSD, MDD or both.

#### Results

Multivariable logistic regression analyses were used to examine relationships between protective factors (curiosity, resilience, purpose in life, dispositional gratitude, optimism, and community integration) and suicidal behaviors (SI and SA). The prevalence of any SI during the previous two weeks was 29.4% and the prevalence of lifetime SA was 28.0%. After adjusting for relevant sociodemographic and military characteristics, greater purpose in life, curiosity, and optimism were negatively associated with SI. None of the protective correlates were associated with SA.

#### Limitations

Given the cross-sectional nature of this study, conclusions about causality cannot be made. The assessment of suicidality also was limited to three self-report items.

#### Conclusion

Results provide a characterization of protective factors for suicidality, and may help inform prevention and treatment approaches designed to mitigate suicide risk among high-risk military Veterans.

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<https://www.ncbi.nlm.nih.gov/pubmed/30570307>

J Consult Clin Psychol. 2019 Jan;87(1):118-121. doi: 10.1037/ccp0000352

**Preliminary evidence is promising, but challenges remain in providing service dogs to veterans: Commentary on preliminary efficacy of service dogs as a complementary treatment for posttraumatic stress disorder in military members and veterans (O'Haire & Rodriguez, 2018).**

Stumbo SP, Yarborough BJH

**OBJECTIVE:**

Veterans with posttraumatic stress disorder (PTSD) are interested in service dogs to manage or reduce symptoms. Until recently, evidence was anecdotal with few research studies documenting the feasibility or benefits of service dogs for veterans. In the past year, new studies have presented preliminary evidence on the benefits of service dogs.

**METHOD:**

Comment on O'Haire and Rodriguez (2018).

**RESULTS:**

Positive findings presented in O'Haire and Rodriguez (2018) and Yarborough et al. (2017) included reduced self-reported PTSD symptoms, decreased depression symptoms, improvements in relationships, and increased activity levels. In addition to the benefits, Yarborough, Stumbo, Yarborough, Owen-Smith, and Green (2018) described challenges that veterans had not expected, including the demands of long, intensive training sessions required to receive a service animal, and an increase in unwanted public attention. In light of this preliminary evidence, a critical appraisal and identification of next steps for future research are in order. In this commentary we argue that rigorous randomized controlled trials comparing veterans who receive service dogs with those who do not are due. Such trials should account for self-selection bias and some veterans' overly optimistic expectations for service dogs, both of which have not previously been controlled for in non-randomized studies to date and may present a challenge to trial validity. We also argue that future research needs an adequate long-term follow-up evaluation period and should investigate the specific mechanisms of action at work (i.e. how do service dogs improve PTSD symptoms and quality of life).

## CONCLUSIONS:

Additional trials are needed to establish the efficacy of service dogs for veterans with PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

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<https://jramc.bmj.com/content/early/2018/12/20/jramc-2018-001060>

### **Military psychological trauma and therapy: a review of EMDR treatment and supervision in the UK Ministry of Defence.**

Wendy Frappell-Cooke and M McCauley

Journal of the Royal Army Medical Corps  
Published Online First: 22 December 2018  
doi: 10.1136/jramc-2018-001060

Psychological injury has been associated with military service, and this can result in a variety of mental health symptoms and disorders. A range of barriers to help-seeking have been identified in the military and mental health services have sought to address such factors through effective and efficient care and consultation. The use of eye movement desensitisation and reprocessing forms part of a repertoire of trauma-focused therapies within the UK's Armed Forces. This article will outline the application of this approach within the British military, along with the role of specialist clinical supervision in treating those affected by operational trauma.

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<http://pediatrics.aappublications.org/content/143/1/e20183258>

### **Health and Mental Health Needs of Children in US Military Families.**

CDR, Chadley R. Huebner  
SECTION ON UNIFORMED SERVICES, COMMITTEE ON PSYCHOSOCIAL  
ASPECTS OF CHILD AND FAMILY HEALTH

Pediatrics  
Jan 2019, 143 (1) e20183258;  
DOI: 10.1542/peds.2018-3258

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Children in US military families share common experiences and unique challenges, including parental deployment and frequent relocation. Although some of the stressors of military life have been associated with higher rates of mental health disorders and increased health care use among family members, there are various factors and interventions that have been found to promote resilience. Military children often live on or near military installations, where they may attend Department of Defense–sponsored child care programs and schools and receive medical care through military treatment facilities. However, many families live in remote communities without access to these services. Because of this wide geographic distribution, military children are cared for in both military and civilian medical practices. This clinical report provides a background to military culture and offers practical guidance to assist civilian and military pediatricians caring for military children.

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<https://www.sciencedirect.com/science/article/pii/S016517811830742X>

### **Typologies of PTSD clusters and reckless/self-destructive behaviors: A latent profile analysis.**

Ateka A. Contractor, Nicole H. Weiss

Psychiatry Research  
Volume 272, February 2019, Pages 682-691  
<https://doi.org/10.1016/j.psychres.2018.12.124>

#### Highlights

- We examined nature and construct validity of PTSD-reckless/self-destructive behaviors (RSDBs) typologies.
- We found three subgroups: Low vs. High PTSD-RSDBs, and High PTSD-Low RSDBs.
- Impairment and depression predicted the High PTSD-Low RSDBs vs. Low PTSD-RSDBs classes.
- Impairment, age, gender, and depression predicted the High vs. Low PTSD-RSDBs classes.
- Traumas, gender, age, and depression predicted the High vs. High PTSD-Low RSDBs classes.

## Abstract

Posttraumatic stress disorder (PTSD) is comorbid with diverse reckless and self-destructive behaviors (RSDBs). We examined the nature and construct validity (covariates of age, gender, depression severity, number of trauma types, functional impairment) of the optimal class solution categorizing participants based on PTSD symptom and RSDB endorsement. The sample included 417 trauma-exposed individuals recruited through Amazon's MTurk platform who completed the Life Events Checklist for DSM-5, PTSD Checklist for DSM-5, the Posttrauma Risky Behaviors Questionnaire, and Patient Health Questionnaire-9. Latent profile analyses indicated an optimal three-class solution: the Low PTSD-RSDBs, High PTSD-Low RSDBs, and High PTSD-RSDBs classes. Multinomial logistic regression indicated that impairment and depression predicted the High PTSD-Low RSDBs vs. the Low PTSD-RSDBs classes. Impairment, age, being female, and depression predicted the High vs. Low PTSD-RSDBs classes. Number of trauma types, age, being female, and depression predicted the High PTSD-RSDBs vs. High PTSD-Low RSDBs classes. Results support the presence of a reckless behaviors subtype of PTSD (characterized by greater depression, greater impairment, greater number of trauma types, being male, and being younger), conducting comprehensive assessments of RSDBs for individuals reporting PTSD symptoms and of PTSD symptoms for individuals reporting RSDBs, and the need to tailor interventions to treat PTSD and RSDBs concurrently.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.22151>

### **Informal caregiving experiences in posttraumatic stress disorder: A content analysis of an online community.**

Emily L. Ferrell Sarah E. Russin Rachel M. Hardy

Journal of Community Psychology

First published: 27 December 2018

<https://doi.org/10.1002/jcop.22151>

This study explored the experiences of individuals who self-identify as providing support to a friend, family member, or significant other with posttraumatic stress disorder (PTSD). We analyzed and coded a total of 345 posts from an online support forum, with reference to 13 categories (finances, life interference, venting/emotional expression, maltreatment, sexual behavior, distress, prevented expression, physical health, communication, no personal space, isolation, and compassion fatigue). Categories for

coding were established a priori and based on previous literature about caregiving and supporting. Results suggested that informal PTSD caregivers experience concerns involving interpersonal relations, emotional turmoil, and barriers to care for themselves and the individual they are caring for. This study provides a preliminary examination of the experiences and concerns of PTSD caregivers. Implications and suggestions for future research are discussed.

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<https://www.sciencedirect.com/science/article/pii/S0165178118314902>

### **Why do trauma survivors become depressed? Testing the behavioral model of depression in a nationally representative sample.**

Shannon M. Blakey, Jennifer Y. Yi, Patrick S. Calhoun, Jean C. Beckham, Eric B. Elbogen

Psychiatry Research  
Volume 272, February 2019, Pages 587-594  
<https://doi.org/10.1016/j.psychres.2018.12.150>

#### Highlights

- Exposure to psychological trauma increases major depressive disorder (MDD) risk.
- This study tested the behavioral model of MDD in trauma survivors.
- Traumatic stress-related impairment in daily functioning predicted MDD onset.
- Self-medicating traumatic stress symptoms with alcohol predicted MDD onset.
- MDD prevention/intervention programs should target trauma-related avoidance.

#### Abstract

Despite accumulated evidence linking trauma exposure to major depressive disorder (MDD), there is limited understanding as to why some trauma survivors subsequently develop MDD. The behavioral model of depression points to a negative reinforcement cycle of trauma-related avoidance and depressed mood, but no study has evaluated this framework in trauma survivors. This study tested the hypothesis that traumatic stress symptom-related interference with daily activities and with relationships and self-medicating traumatic stress symptoms with alcohol and with drugs would predict MDD onset in a nationally representative sample after controlling for established risk factors. Data were drawn from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) using two samples: adults reporting lifetime trauma exposure but no history of MDD at Wave 1 (n = 8301) and a subset of those participants

who met criteria for lifetime PTSD prior to Wave 1 (n = 1055). Younger age, female gender, a greater number of different trauma types, traumatic stress-related interference with daily activities, and self-medicating traumatic stress symptoms with alcohol significantly predicted MDD onset in both groups. Findings underscore the role of traumatic stress-related interference and self-medication in the development of MDD.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22720>

### **A portal to healing: Treating military families and veterans through telehealth.**

Laura E. Price Paraskevi Noulas Irina Wen Amanda Spray

Journal of Clinical Psychology

First published: 31 December 2018

<https://doi.org/10.1002/jclp.22720>

This paper explores the triumphs and challenges of providing free, integrative treatment to veterans and military families through secure video connections into their homes. Two case studies of telemental health treatment conducted through the Greater NYC Military Family Consortium in conjunction with the Steven A. Cohen Military Family Center at NYU Langone Health in New York City illustrate the complexities and opportunities that emerge in the course of treatment, most of which was conducted remotely. The access to people's lives through a portal adds new wrinkles to evidence-based practice in military settings while underscoring the overall need to broaden a network of care in partnership with Veterans Affairs hospital (VAs), Vet Centers, and community providers to reach those who might otherwise not seek help.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22732>

### **A systematic review of the psychosocial impact of emotional numbing in US combat veterans.**

Donna L. Schuman John Bricout H. Leona Peterson Sheila Barnhart



Journal of Clinical Psychology  
First published: 31 December 2018  
<https://doi.org/10.1002/jclp.22732>

#### Context

Previous studies have linked posttraumatic emotional numbing symptoms in US combat veterans with an adverse impact in multiple important life domains.

#### Objectives

We updated and evaluated the evidence examining the psychosocial impact of combat-related emotional numbing, including ethnracial and gender differences.

#### Method

We reviewed 1,209 articles published between January 2012 and 2018 and selected 24 studies for inclusion. We assessed the overall study quality as fair using a national quality assessment tool.

#### Results

Studies found emotional numbing to wield adverse effects in the areas of symptom nonimprovement, mental health difficulties, increased service utilization, poor relationship functioning, reduced quality of life, substance use disorders, suicidality, and aggression/violence. We also found evidence of ethnracial and gender differences in veterans' posttraumatic stress disorder-related emotional numbing symptoms.

#### Conclusion

Clinicians should incorporate findings on emotional numbing into assessment, treatment planning, and monitoring, to improve treatment retention and psychosocial outcomes. Implications for ethnracial and gender differences require further exploration.

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<https://www.sciencedirect.com/science/article/pii/S0165178118310047>

### **Depression and PTSD-related Anhedonia Mediate the Association of Military Sexual Trauma and Suicidal Ideation in Female Service Members/Veterans.**

Rebecca K. Blais, Christian Geise

### Highlights

- Mediators of military sexual trauma and suicidal ideation (SI) are under-studied.
- Depression, PTSD-related anhedonia mediated this association in females.
- Reducing anhedonia and depression may lower SI in those with sexual trauma.

### Abstract

Previous research shows a direct link between military sexual trauma and suicide risk. Little is known about mediators of this association, including posttraumatic stress disorder (PTSD) or depression severity, mental health conditions that are correlated with both suicide risk and military sexual trauma. Moreover, existing studies of military sexual trauma do not distinguish between harassment and assault, resulting in a gap in our knowledge regarding suicide risk as a function of sexual trauma type. We explored whether PTSD symptom clusters and depression mediated the association of military sexual trauma type (none, harassment only, assault) and suicidal ideation (SI). Female service members/Veterans (n=1,189) completed a demographic inventory, military sexual trauma history and type screening, and PTSD symptom cluster severity, depression severity, and SI measures. Structural equation modeling revealed that the association of military sexual trauma, particularly assault, with SI was mediated by depression severity and PTSD-related anhedonia. Screening for suicidal ideation among those endorsing a history of military sexual trauma, PTSD-related anhedonia, and depression may help identify those at risk for SI. Therapeutic interventions aimed at reducing PTSD-related anhedonia and depression symptoms may be the most efficient way to mitigate suicide risk in those with histories of assault military sexual trauma.

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<https://www.sciencedirect.com/science/article/pii/S0740547218303672>

**Exploring the association between changes in partner behaviors, perceived service member drinking, and relationship quality: Secondary analysis of a web-based intervention for military partners.**

Thomas E. Trail, Karen Chan Osilla, Lindsey M. Rodriguez, Eric R. Pedersen, Kristie L. Gore

### Highlights

- No effect of training on partners' behaviors toward service member problem drinking.
- Partner drinking associated with less punishment and more support for sobriety.
- Partners drink less when participants decrease negative behaviors with training.
- Participants who decrease negative behaviors with training have better relationships.

### Abstract

Problematic drinking is a serious and persistent problem among U.S. military service members and veterans, who face barriers to seeking help and are less likely to seek help than the civilian population. One way to reach this population is through spouses or partners who are concerned about the service members' drinking (concerned partners [CPs]). CPs of military service members were recruited for a web-based intervention, Partners Connect, that aimed to improve patterns of communication about the service members' drinking. Participants were 234 CPs (95% female; 71% White; 89% married; average age 32 years) who completed a baseline survey, were randomized to a four-session web-based intervention or a waitlist control group, and completed a follow-up assessment 5 months later. Three measures reported by CPs assessed perceived partner drinking (drinks per week, highest number of drinks across a typical week, and frequency of drinking in the past month) and CP behaviors were assessed using the Significant-other Behavior Questionnaire (SBQ) and the State-Trait Anger Expression Inventory (STAXI-2). Results demonstrated that the intervention did not have a main effect on CP behaviors relative to control. However, changes in CP punishment of partner drinking and behaviors supporting sobriety were significantly associated with decreased perceived partner drinking and improved relationship quality over time. Furthermore, compared to the control group, to the extent that CPs in the treatment group reduced their negative behaviors, perceived partner drinking declined and relationship quality improved. The results reinforce the importance of considering CP behaviors when designing interventions to reduce drinking.

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### Links of Interest

Male and female Marine platoons to integrate at recruit training for the first time  
<https://www.marinecorpstimes.com/news/your-marine-corps/2019/01/04/male-and-female-marine-platoons-to-integrate-at-recruit-training-for-the-first-time/>

Circuit Court backs DoD's transgender service policy

<https://www.militarytimes.com/news/your-military/2019/01/04/circuit-court-backs-dod-transgender-service-policy/>

U.S., U.K. Sailors Died Days After Death of Former 5th Fleet CO Stearney

<https://news.usni.org/2019/01/03/u-s-u-k-sailors-died-days-death-former-5th-fleet-co-stearney>

Senators Want Answers on Unspent VA Suicide Prevention Funds

<https://www.military.com/daily-news/2019/01/04/senators-want-answers-misspent-va-suicide-prevention-funds.html>

Veterans' Groups Compete With Each Other, and Struggle With the V.A.

<https://www.nytimes.com/2019/01/04/us/politics/veterans-service-organizations.html>

Special report - U.S. military's new housing plagued by construction flaws

<https://www.euronews.com/2018/12/22/special-report-us-militarys-new-housing-plagued-by-construction-flaws>

'I don't remember': Why sexual abuse victims can't recall details and how therapy can help

<https://www.jacksonsun.com/story/news/local/2019/01/03/sexual-abuse-victims-trauma-dissociation-how-therapy-helps-victims-recall-detailed-memories/2453292002/>

As Teens Born After 9/11 Reach Military Age, Recruiters Face New Challenges

<https://www.military.com/daily-news/2019/01/02/teens-born-after-9-11-reach-military-age-recruiters-face-new-challenges.html>

Looped at Laughlin: Investigation slams booze culture, absentee leadership

<https://www.airforcetimes.com/news/your-air-force/2018/12/21/looped-at-laughlin-investigation-slams-booze-culture-absentee-leadership/>

6 Ways to Reduce Chronic Pain

<https://www.psychologytoday.com/ca/blog/the-addiction-connection/201901/6-ways-reduce-chronic-pain>

Your Ideal Therapist Might Not Be Human

<https://www.outsideonline.com/2377756/woebot-therapy-artificial-emotional-intelligence>

Dolphin Docs: Mental Health Providers Embedded in the Submarine Community  
<https://www.pdhealth.mil/news/blog/dolphin-docs-mental-health-providers-embedded-submarine-community>

DODEA schools to increase average class sizes, shed 300 jobs in bid to free up funds  
<https://www.stripes.com/news/dodea-schools-to-increase-average-class-sizes-shed-300-jobs-in-bid-to-free-up-funds-1.563652>

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**Resource of the Week: [U.S. Periods of War and Dates of Recent Conflicts](#)**

Updated by the Congressional Research Service on December 14, 2018

Many wars or conflicts in U.S. history have federally designated “periods of war,” dates marking their beginning and ending. These dates are important for qualification for certain veterans’ pension or disability benefits. Confusion can occur because beginning and ending dates for “periods of war” in many nonofficial sources are often different from those given in treaties and other official sources of information, and armistice dates can be confused with termination dates. This report lists the beginning and ending dates for “periods of war” found in Title 38 of the Code of Federal Regulations, dealing with the Department of Veterans Affairs (VA). It also lists and differentiates other beginning dates given in declarations of war, as well as termination of hostilities dates and armistice and ending dates given in proclamations, laws, or treaties. The dates for the recent conflicts in Afghanistan and Iraq are included along with the official end date for Operation New Dawn in Iraq on December 15, 2011, and Operation Enduring Freedom in Afghanistan on December 28, 2014. Operation Inherent Resolve continues along the Syrian-Iraqi border effective October 15, 2014.



## **U.S. Periods of War and Dates of Recent Conflicts**

Updated December 14, 2018

Congressional Research Service  
<https://crsreports.congress.gov>  
RS21405

CRS REPORT  
Prepared for Members and  
Committees of Congress

See also: [Instances of Use of United States Armed Forces Abroad, 1798-2018](#) (updated December 28, 2018)

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