CDP Research Update -- June 7, 2012

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http://www.ncbi.nlm.nih.gov/pubmed/22648608?dopt=Abstract

J Gen Intern Med. 2012 May 31. [Epub ahead of print]

Post Deployment Care for Returning Combat Veterans.

Spelman JF, Hunt SC, Seal KH, Burgo-Black AL.

Source: VA Connecticut Health Care System, 950 Campbell Ave 11 ACSL, West Haven, CT, 06511, USA, Juliette.spelman@va.gov.

Abstract

Since September 11, 2001, 2.4 million military personnel have deployed to Iraq and Afghanistan. To date, roughly 1.44 million have separated from the military and approximately 772,000 of these veterans have used VA health care. Combat deployments impact the physical, psychological, and social health of veterans. Given that many veterans are receiving care from non-VA providers, it is important that all community health care workers be familiar with the unique health care needs of this patient population, which include injuries associated with blast exposures (including mild traumatic brain injury), as well as a variety of mental health conditions, such as post-traumatic stress disorder. Other important health concerns are chronic musculoskeletal pain, medically unexplained symptoms, sequelae of environmental exposures, depression, suicide, substance abuse, sleep disturbances, and impairments in family, occupational and social functioning. Elevated rates of hypertension and tobacco use remind us that deployment may result not only in immediate impacts on health, but also increase risk for chronic disease, contributing to a growing public health burden. This paper provides a comprehensive review of these health concerns and offers practical management guidelines for primary care providers. In light of

relationships between physical, psychological and psychosocial concerns in this population, we recommend an interdisciplinary approach to care directed toward mitigating the long-term health impacts of combat.

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http://www.sciencedirect.com/science/article/pii/S0163834312001235

A randomized controlled trial of telephone motivational interviewing to enhance mental health treatment engagement in Iraq and Afghanistan veterans.

Karen H. Seal, Linda Abadjian, Nicole McCamish, Ying Shi, Gary Tarasovsky, Kenneth Weingardt

General Hospital Psychiatry

Available online 25 May 2012

Objective
To test the efficacy of telephone-administered motivational interviewing (MI) to enhance treatment engagement in Iraq and Afghanistan veterans with mental health (MH) problems.

Method
Between April 23, 2008, and February 25, 2011, 73 Iraq and Afghanistan veterans who screened positive for ≥ 1 MH problem(s) on telephone-administered psychometric assessment, but were not engaged in treatment, were randomized to either personalized referral for MH services and four sessions of telephone MI or standard referral and four neutral telephone check-in sessions (control) at baseline, 2, 4 and 8 weeks. Blinded assessment occurred at 8 and 16 weeks.

Results
In intent-to-treat analyses, 62% assigned to telephone MI engaged in MH treatment compared to 26% of controls [relative risk (RR)=2.41, 95% confidence interval (CI)=1.33–4.37, P=.004], which represented a large effect size (Cohen's h= 0.74). Participants in the MI group also demonstrated significantly greater retention in MH treatment than controls [MI mean visits (S.D.)=1.68 (2.73) and control mean visits (S.D.)=0.38 (0.81), incidence rate ratio (IRR)=4.36, 95% CI=1.96–9.68, P<.001], as well as significant reductions in stigma and marijuana use at 8 weeks (P<.05).

Conclusions
Telephone MI enhances MH treatment engagement in Iraq and Afghanistan veterans with MH problems.

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http://www.ncbi.nlm.nih.gov/pubmed/22642382?dopt=Abstract

Brain Inj. 2012 May 29. [Epub ahead of print]

Inference in conversation of adults with traumatic brain injury.

Johnson JE, Turkstra LS.

Source: University of Wisconsin-Madison , Madison, WI , USA.

Abstract

Objective: To examine elaborative and automatic linguistic inferences in conversations between adults with and without traumatic brain injury (TBI) and their frequent communication partners. Design and methods: Participants with TBI were four female and three male adults and seven female communication partners. Comparison peers were two males and five females and one male and six female communication partners. Each participant completed 20-minute video-recorded conversation with his or her frequent communication partner. Conversations were transcribed, implicatures were identified and the percentage of correct inferences was determined. Inferences were categorized as automatic or elaborative and as missed or understood. Results: Participants in both groups made significantly more errors on elaborative inferences than automatic inferences and participants with TBI made significantly more elaborative inference errors than comparison peers. There was no significant between-groups difference in error rates for automatic inferences. Conclusions: Individuals with TBI may show impairments in social language skills not only on standardized tests but also in everyday conversations. This may contribute to everyday partners' perceptions of social communication problems in adults with TBI.

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http://www.ncbi.nlm.nih.gov/pubmed/22642287?dopt=Abstract

J Neurotrauma. 2012 May 29. [Epub ahead of print]

The Effect of Injury Severity on Behavior: A phenotypic study of cognitive and emotional deficits after mild, moderate and severe controlled cortical impact injury in mice.

Washington PM, Forcelli PA, Wilkins T, Zapple D, Parsadanian M, Burns MP.

Source: Georgetown University, Department of Neuroscience, Washington, District of Columbia, United States; pmw37@georgetown.edu.

Abstract

Traumatic brain injury (TBI) can cause a broad array of behavioral problems including cognitive and emotional deficits. Human studies comparing neurobehavioral outcome after TBI suggest that cognitive impairments increase with injury severity, but emotional problems such as anxiety and depression do not. To determine whether cognitive and emotional impairments increase as a function of injury severity we exposed mice to sham, mild, moderate or severe controlled cortical impact (CCI) and evaluated performance in a variety of neurobehavioral tests in the same animals before assessing lesion volume as a histological measure of injury severity. Increasing cortical impact depth successfully produced lesions of increasing severity in our model. We found that cognitive impairments in the Morris water maze

increased with injury severity, as did the degree of contralateral torso flexion, a measure of unilateral striatal damage. TBI also caused deficits in emotional behavior as quantified in the forced swim test, elevated plus maze and prepulse inhibition of acoustic startle - but these deficits were not dependent on injury severity. Stepwise regression analyses revealed that Morris water maze performance and torso flexion predicted the majority of the variability in lesion volume. In summary, we find that cognitive deficits increase in relation to injury severity, but emotional deficits do not. Our data suggest the threshold for emotional changes after experimental TBI is low, with no variation in behavioral deficits between mild and severe brain injury.

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http://www.ncbi.nlm.nih.gov/pubmed/22642523?dopt=Abstract

Psychotherapy (Chic). 2012 Jun;49(2):190-201.

Integrated cognitive-behavioral and psychodynamic psychotherapy for intimate partner violent men.

Lawson DM, Kellam M, Quinn J, Malnar SG.

Source: Department of Human Services.

Abstract

Intimate partner violence (IPV) continue to have widespread negative effects on victims, children who witness IPV, and perpetrators. Current treatments have proven to be only marginally effective in stopping or reducing IPV by men. The two most prominent treatment approaches are feminist sociocultural and cognitive-behavioral therapy (CBT). The feminist sociocultural approach has been criticized for failing to adequately consider the therapeutic alliance, personality factors, and sole focus on patriarchy as the cause for IPV, whereas CBT has been criticized for failing to attend to motivation issues in treatment protocols. This article reviews the effectiveness of current treatments for partner-violent men, examines relationship and personality variables related to IPV and its treatment, and presents an emerging IPV treatment model that combines CBT and psychodynamic therapy. The article addresses how psychodynamic therapy is integrated into the more content-based elements of CBT.

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http://www.ncbi.nlm.nih.gov/pubmed/22642433?dopt=Abstract

Psychiatry. 2012 Summer;75(2):135-49.

The Role of Coping, Resilience, and Social Support in Mediating the Relation Between PTSD and Social Functioning in Veterans Returning from Iraq and Afghanistan.

Tsai J, Harpaz-Rotem I, Pietrzak RH, Southwick SM.

Abstract

Abstract Posttraumatic stress disorder (PTSD) is one of the most common psychiatric disorders among veterans returning tfrom Iraq and Afghanistan. Little research has examined variables that may mediate the relation between PTSD and aspects of social functioning, such as relationship satisfaction and family functioning. In this cross-sectional study, a total of 164 veterans who were seeking VA primary care or mental health care within one year after returning from Iraq and/or Afghanistan were screened for PTSD and completed a series of questionnaires that assessed social functioning, coping, and life satisfaction. Results showed that the 86 (52%) veterans who screened positive for PTSD reported greater difficulties in their relationships with romantic partners, less cohesion in their families, less social support, poorer social functioning, and lower life satisfaction compared to other treatment-seeking veterans. Less social support from the community, excessive worry, decreased acceptance of change, and lower availability of secure relationships mediated the association between PTSD and poor social functioning. The relation between PTSD and lower partner satisfaction was mediated by greater cognitive social avoidance and lower availability of secure relationships. These results suggest that psychotherapeutic interventions that address these mediating variables may help improve social functioning in treatment-seeking veterans with PTSD.

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http://www.rand.org/pubs/technical_reports/TR1159.html

A New Look at Gender and Minority Differences in Officer Career Progression in the Military

Beth J. Asch, Trey Miller, Alessandro Malchiodi

RAND Corporation

2012

Although military accessions of women and minorities have increased over time, the proportions of these groups in the senior officer corps remain relatively low. RAND research conducted in the late 1990s found that, on net, white and Hispanic women entering the officer ranks were less likely to achieve the field grade level (O4) than were white men, while black women had the same likelihood of achieving O4 as white men, and black men had a greater likelihood. This volume updates the earlier RAND study by tracking the promotion and retention of personnel who entered the officer ranks between 1971 and 2002 through the rank of O6, using data from January 1988 through September 2010. The newer data enables the researchers to investigate differences later in the career and to consider differences for Hispanic officers and other minorities. The authors discuss their findings in relation to those of the earlier study.

This updated study also examines the career progression of women serving in military occupations that are partially closed to them — that is, occupations that are deemed open to women but that have some positions for which assignment of women is restricted. The authors find no statistically significant

difference between the career progression of women in partially closed versus open occupations, relative to the differences among men serving in the same occupations.

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http://www.ncbi.nlm.nih.gov/pubmed/22648236?dopt=Abstract

Curr Psychiatry Rep. 2012 May 31. [Epub ahead of print]

How Should Primary Care Doctors Select Which Antidepressants to Administer?

Gartlehner G, Thaler K, Hill S, Hansen RA.

Source: Department of Evidence-based Medicine and Clinical Epidemiology, Danube University, Karl Dorrek-Straße 30, 3500, Krems, Austria, gerald.gartlehner@donau-uni.ac.at.

Abstract

Clinicians can choose among various second-generation antidepressants for treating depressive disorders, such as major depressive disorder, subsyndromal depression, or dysthymia. Systematic reviews indicate that available drugs differ in frequency of administration, costs, and the risks of some adverse events but have similar efficacy for treating major depressive disorder. Furthermore, evidence does not support the choice of one antidepressant over another based on accompanying symptoms, such anxiety, insomnia, or pain. Available studies provide little guidance for clinicians about the benefits of second-generation antidepressants for treating dysthymia and subsyndromal depression. Evidence is also unclear about the comparative risks of serious adverse events, such as suicidality, seizures, fractures, increased bleeding, or serotonin syndrome. This article summarizes the best available evidence regarding comparative benefits and harms of second-generation antidepressants for treating depressive disorders.

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http://www.ncbi.nlm.nih.gov/pubmed/22644169?dopt=Abstract

Neurol Sci. 2012 May;33 Suppl 1:43-6.

Migraine and sleep disorders.

Cevoli S, Giannini G, Favoni V, Pierangeli G, Cortelli P.

Source: Department of Neurological Sciences, IRCCS Institute of Neurological Sciences of Bologna, University of Bologna, Via U. Foscolo 7, 40123, Bologna, Italy, sabina.cevoli@unibo.it.

Abstract

The burden of migraine strongly increases, considering its linkage with sleep disorders. Migraine is positively associated with many sleep-complaint disorders; some are confirmed by several studies, such

as restless leg syndrome, whereas others still remain uncertain or controversial, e.g. narcolepsy. Many studies have investigated the association between headache and other sleep disturbances such as daytime sleepiness, insomnia, snoring and/or apnea, but only a few have focused on migraine. Highlighting the comorbidity between migraine and sleep disorders is important to improve treatment strategies and to extend the knowledge of migraine pathophysiology.

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http://www.ncbi.nlm.nih.gov/pubmed/22648009?dopt=Abstract

Psychiatry Res. 2012 May 28. [Epub ahead of print]

The New York PTSD risk score for assessment of psychological trauma: Male and female versions.

Boscarino JA, Kirchner HL, Hoffman SN, Sartorius J, Adams RE, Figley CR.

Source: Center for Health Research, Geisinger Clinic, 100 North Academy Avenue, Danville, PA 17822-4400, USA; Department of Medicine & Pediatrics, Mount Sinai School of Medicine, New York, NY, USA; Department of Psychiatry, Temple University School of Medicine, Philadelphia, PA, USA.

Abstract

We previously developed a new posttraumatic stress disorder (PTSD) screening instrument-the New York PTSD Risk Score (NYPRS). Since research suggests different PTSD risk factors and outcomes for men and women, in the current study we assessed the suitability of male and female versions of this screening instrument among 3298 adults exposed to traumatic events. Using diagnostic test methods, including receiver operating characteristic (ROC) curve and bootstrap techniques, we examined different prediction domains, including core PTSD symptoms, trauma exposures, sleep disturbances, depression symptoms, and other measures to assess PTSD prediction models for men and women. While the original NYPRS worked well in predicting PTSD, significant interaction was detected by gender, suggesting that separate models are warranted for men and women. Model comparisons suggested that while the overall results appeared robust, prediction results differed by gender. For example, for women, core PTSD symptoms contributed more to the prediction score than for men. For men, depression symptoms, sleep disturbance, and trauma exposure contributed more to the prediction score. Men also had higher cut-off scores for PTSD compared to women. There were other gender-specific differences as well. The NYPRS is a screener that appears to be effective in predicting PTSD status among at-risk populations. However, consistent with other medical research, this instrument appears to require male and female versions to be the most effective.

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http://www.ncbi.nlm.nih.gov/pubmed/22647965?dopt=Abstract

J Head Trauma Rehabil. 2012 May 28. [Epub ahead of print]

The Relation Between Posttraumatic Stress Disorder and Mild Traumatic Brain Injury Acquired During Operations Enduring Freedom and Iraqi Freedom: A Diffusion Tensor Imaging Study.

Bazarian JJ, Donnelly K, Peterson DR, Warner GC, Zhu T, Zhong J.

Source: Departments of Emergency Medicine (Dr Bazarian), Biostatistics and Computational Biology (Dr Peterson), and Imaging Sciences (Dr Zhong), University of Rochester School of Medicine, Rochester; VA Western New York Healthcare System - Buffalo, Buffalo (Dr Donnelly); and Canandaigua VAMC, Canandaigua (Dr Warner), New York.

Abstract

OBJECTIVE:
To understand the relations of mild traumatic brain injury (TBI), blast exposure, and brain white matter structure to severity of posttraumatic stress disorder (PTSD).

DESIGN:
Nested cohort study using multivariate analyses.

PARTICIPANTS:
Fifty-two OEF/OIF veterans who served in combat areas between 2001 and 2008 were studied approximately 4 years after the last tour of duty.

MAIN MEASURES:
PTSD Checklist-Military; Combat Experiences Survey, interview questions concerning blast exposure and TBI symptoms; anatomical magnetic resonance imaging (MRI), and diffusion tensor imaging (DTI) scanning of the brain.

RESULTS:
PTSD severity was associated with higher 1st percentile values of mean diffusivity on DTI (regression coefficient [r] = 4.2, P = .039), abnormal MRI (r = 13.3, P = .046), and the severity of exposure to combat events (r = 5.4, P = .007). Mild TBI was not significantly associated with PTSD severity. Blast exposure was associated with lower 1st percentile values of fractional anisotropy on DTI (odds ratio [OR] = 0.38 per SD; 95% confidence interval [CI], 0.15-0.92), normal MRI (OR = 0.00, 95% likelihood ratio test CI, 0.00-0.09), and the severity of exposure to traumatic events (OR = 3.64 per SD; 95% CI, 1.40-9.43).

CONCLUSIONS:
PTSD severity is related to both the severity of combat stress and underlying structural brain changes on MRI and DTI but not to a clinical diagnosis of mild TBI. The observed relation between blast exposure and abnormal DTI suggests that subclinical TBI may play a role in the genesis of PTSD in a combat environment.

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http://www.ncbi.nlm.nih.gov/pubmed/22647964?dopt=Abstract

J Head Trauma Rehabil. 2012 May 28. [Epub ahead of print]

Identification of Transient Altered Consciousness Induced by Military-Related Blast Exposure and Its Relation to Postconcussion Symptoms.

Walker WC, McDonald SD, Ketchum JM, Nichols M, Cifu DX.

Source: Department of Physical Medicine & Rehabilitation (Drs Walker, McDonald, and Cifu and Mrs Nichols), Department of Psychology, Humanities and Sciences (Dr McDonald), and Department of Biostatistics, Center for Rehabilitation Science and Engineering (Dr Ketchum), Virginia Commonwealth University; McGuire Veterans Affairs Medical Center (Drs Walker and McDonald and Mrs Nichols), Richmond, VA; Defense & Veteran's Brain Injury Center, Rockville, MD (Dr Walker and Mrs Nichols); Henry M. Jackson Foundation for the Advancement of Military Medicine, Bethesda, MD (Mrs Nichols); Office of Rehabilitation Services, Department of Veterans Affairs, Washington, DC (Dr Cifu).

Abstract

BACKGROUND:
The ongoing controversy whether mild traumatic brain injury (TBI) can cause chronic sequel is partly due to diagnostic limitations. Diagnosing mild TBI is particularly challenging when assessment is not immediate, and when informed, first responder documentation or witness corroboration is absent. In this common scenario, the diagnosis is made entirely on self-report of an initial period of alteration of consciousness (AOC) associated with a plausible injury mechanism. Yet, there is scant published empirical guidance on methods for accurately detecting historical AOC.

OBJECTIVES:
To assess the value that recalled AOC symptoms collected via questionnaire have in evaluating individuals exposed to blast during recent military deployment. More specifically, to analyze the concrete AOC items (those signifying unconsciousness and/or posttraumatic amnesia) for their (1) frequency and distribution of positive versus negative responses, (2) interitem agreement, and (3) relation to current neuropsychiatric symptoms including those consistent with postconcussion syndrome (PCS).

PARTICIPANTS:
Eighty-seven active duty or Veteran subjects who experienced acute effects from a blast within the past 2 years while deployed for Operations Enduring and Iraqi Freedom.

RESULTS:
Twenty-nine participants (33.3%) responded positively to at least 1 of 3 concrete AOC items: gap in memory (17.2%), memory not continuous (13.8%), and/or told by observer they had loss of consciousness (20.7%). Alteration of consciousness items were associated with but nondiscriminate of current symptom distress on standardized measures of PCS (Rivermead Postconcussion Symptom

Questionnaire), posttraumatic stress disorder (PTSD; PTSD Checklist), depression (Centers for Epidemiological Studies Depression Scale), and pain (Short Form McGill Pain Questionnaire).

CONCLUSIONS:
The positive association between subjects' questionnaire-based AOC item responses and current symptom complex measures suggests that mild TBI has a role in the development of chronic neuropsychiatric symptoms after blast exposure. The lack of symptom- complex discrimination, and the inconsistencies found in subjects' item responses suggest that a structured interview may improve postacute diagnostic specificity for mild TBI.

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http://www.ncbi.nlm.nih.gov/pubmed/22645876?dopt=Abstract

Mil Med. 2012 May;177(5):511-6.

Impact on mental health of deploying as an individual augmentee in the U.K. Armed Forces.

Sundin J, Mulligan K, Henry S, Hull L, Jones N, Greenberg N, Wessely S, Fear NT.

Source: Academic Centre for Defence Mental Health, King's College London, Weston Education Centre, 10 Cutcombe Road, London SE5 9RJ, United Kingdom.

Abstract

Armed Forces personnel who deploy as individual augmentees (IAs), with a unit other than their formed unit, often fill shortages or provide specialized knowledge or skill sets. This article examined the effect of deploying as an IA on mental health outcomes and unit cohesion. A U.K. military cohort study was used to compare IAs (n = 1352) with personnel who had deployed with a formed unit (n = 2980). Differences between the groups in questionnaire assessed symptoms of post-traumatic stress disorder (PTSD Checklist-Civilian Version), common mental disorders (General Health Questionnaire-12) and alcohol misuse (Alcohol Use Disorders Identification Test) were examined with logistic and negative-binomial regression analyses. There was no difference between IAs and those who deployed with a formed unit in level of unit cohesion, symptoms of post-traumatic stress disorder or common mental disorder. Deployment as an IA was associated with less alcohol misuse (Odds Ratio 0.77, 95% Confidence Interval 0.63-0.94). IAs appeared able to integrate with the group they deployed with as levels of unit cohesion were similar to personnel who deployed with a formed unit. IAs were also at a lower risk of alcohol misuse compared to personnel who deployed with a formed unit.

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http://www.ncbi.nlm.nih.gov/pubmed/22180469?dopt=Abstract

Epidemiol Rev. 2012 Jan;34(1):145-55. Epub 2011 Dec 15.

Humanitarian relief workers and trauma-related mental illness.

Connorton E, Perry MJ, Hemenway D, Miller M.

Source: Department of Health Policy and Management, Harvard School of Public Health and Dana-Farber Cancer Institute, Boston, MA 02215, USA. econnort@hsph.harvard.edu

Abstract

Humanitarian relief work is a growing field characterized by ongoing exposure to primary and secondary trauma, which has implications for workers' occupational mental health. This paper reviews and summarizes research to date on mental health effects of relief work. Twelve studies on relief workers and 5 studies on organizations that employ relief workers are examined to determine whether relief work is a risk factor for trauma-related mental illness. Although studies are inconsistent regarding methods and outcomes documenting trauma-related mental illness among relief workers, it appears that relief workers, compared with the general population, experience elevated trauma rates and suffer from more posttraumatic stress disorder, depression, and anxiety. Organizations that employ relief workers have varying approaches to train for these risks, and more support in the field is needed.

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http://www.ncbi.nlm.nih.gov/pubmed/22647963?dopt=Abstract

J Head Trauma Rehabil. 2012 May 28. [Epub ahead of print]

Self-Reported Mild TBI and Postconcussive Symptoms in a Peacetime Active Duty Military Population: Effect of Multiple TBI History Versus Single Mild TBI.

Miller KJ, Ivins BJ, Schwab KA.

Source: Defense and Veterans Brain Injury Center, Rockville, Maryland (Ms Miller, Mr Ivins, and Dr Schwab); and Department of Neurology, Uniformed Services University of the Health Sciences, Bethesda, Maryland (Dr Schwab).

Abstract

OBJECTIVE:
To investigate the potential cumulative impact of mild traumatic brain injury (MTBI) on postconcussive symptoms.

PARTICIPANTS:
A total of 224 active duty soldiers reporting MTBI within 1 year of testing. For 101, this MTBI was their only reported traumatic brain injury (TBI); 123 had sustained at least 1 additional MTBI during their lifetime. A No TBI control group (n = 224) was included for comparison.

MAIN MEASURE:
Self-report symptoms data via questionnaire. Within time since injury subgroups (≤3 months; Post-3 months), symptom endorsement (no symptoms, 1 or 2 symptoms, 3+ symptoms) among soldiers with 1

MTBI was compared with that of soldiers with 2 or more MTBIs. Injured soldiers' symptom endorsement was compared with that of soldiers who had not sustained a TBI.

RESULTS:
Among the recently injured (≤3 months), those with 2 or more MTBIs endorsed significantly more symptoms than those with 1 MTBI: 67% of soldiers with 2 or more MTBIs reported 3+ symptoms, versus 29% of One MTBI soldiers. Among Post-3 month soldiers, there were no significant differences between MTBI groups. Overall, soldiers with MTBI endorsed significantly more symptoms than those without TBI.

CONCLUSION:
Past experience of MTBI may be a risk factor for increased symptom difficulty for several months postinjury. Clinicians should ascertain lifetime history of brain injury when evaluating patients for MTBI.

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http://www.ncbi.nlm.nih.gov/pubmed/22646489?dopt=Abstract

Brain Inj. 2012 May 30. [Epub ahead of print]

Analysis of US Veterans Health Administration comprehensive evaluations for traumatic brain injury in Operation Enduring Freedom and Operation Iraqi Freedom Veterans.

Scholten JD, Sayer NA, Vanderploeg RD, Bidelspach DE, Cifu DX.

Source: Physical Medicine and Rehabilitation Program Office, Department of Veterans Affairs , Washington, DC , USA.

Abstract

Objective:
To describe neurobehavioural symptoms in Iraq and Afghanistan war veterans evaluated for traumatic brain injury (TBI) through the Veterans Health Administration (VHA) TBI screening and evaluation programme.

Design:
An observational study based on VHA administrative data for all veterans who underwent TBI Comprehensive Evaluation between October 2007 and June 2010.

Results:
55,070 predominantly white, non-Hispanic, male Veterans with a positive TBI screen had comprehensive TBI evaluations completed during the study period. Moderate-to-severe symptoms were common in the entire sample, both in those with and without a clinician-diagnosed TBI. However, the odds of reporting symptoms of this severity were significantly higher in those diagnosed with TBI compared to those without a TBI diagnosis, with odds ratios ranging from 1.35-2.21. TBI-specialty clinicians believed that in the majority of diagnosed TBI cases both behavioural health conditions and TBI contributed to patients' symptom presentation.

Conclusions:
The VHAs TBI screening and evaluation process is identifying individuals with ongoing neurobehavioural symptoms. Moderate-to-severe symptoms were more prevalent in veterans with TBI-specialty clinician determined TBI. However, the high rate of symptom reporting also present in individuals without a confirmed TBI suggest that symptom aetiology may be multi-factorial in nature.

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http://etd.ohiolink.edu/view.cgi/French%20Brent.pdf?antioch1338316378

The Reintegration Myth: An Interpretive Phenomenological Inquiry into the Reentry Experiences of Air Force Reservists Returning from Afghanistan.

French, Brent

Dissertation

Ph.D., Antioch University, Leadership and Change, 2012.

This project documents the 18-month reentry trajectory of nine (including the author) United States Air Force Reservists returning home from a six-month deployment to Afghanistan in 2009 and 2010. Compared with their Active Component peers, members of the Reserve Component are more likely to be diagnosed with adaptive disorders and have an elevated risk of unemployment, substance abuse, and suicide. Since a critical difference between Active and Reserve Component members is the dual-status of reservists as both military members and civilians, this project sought to better understand this duality within the context of nonpathological reentry. This required an interdisciplinary approach that included medical perspectives (psychological trauma), political science, economics, and sociology (the adjustment approach), research by change and transition theorists, and literature on cultural crossings. The author used interpretive phenomenology to a) foreground his own experiences with return, b) explore existing theories relevant to reentry, and c) conduct a deep exploration of reentry over time. Semi-structured interviews occurred six, 12, and 18 months after return. Three main findings emerged from this project. First, participants paradoxically experienced the combat zone as ordered and predictable compared to their civilian lives in which competing demands overwhelmed depleted adaptive capacities. Second, the longitudinal design revealed participants gradually became less certain about their own reintegration prospects. Finally, the method created reflective space for the participants during a period when opportunities for reflection were especially rare. Several potential guidelines for policy merit consideration in light of the data. First, reservist reentry is sudden and spent among civilians, employers, and family members who find it difficult to understand the reservist's experiences. By ramping reentry and making the return more gradual some of the turmoil and isolation experienced after returning from the combat zone can be avoided. The more intractable issue identified in this dissertation concerns the widening gap between the two domains (military and civilian) reservists occupy and broader levels of mutual engagement are needed to reverse this trend.

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http://guilfordjournals.com/doi/abs/10.1521/psyc.2012.75.2.135?journalCode=psyc

The Role of Coping, Resilience, and Social Support in Mediating the Relation Between PTSD and Social Functioning in Veterans Returning from Iraq and Afghanistan.

Jack Tsai, Ilan Harpaz-Rotem, Robert H. Pietrzak, and Steven M. Southwick

Psychiatry: Interpersonal and Biological Processes 2012 75:2, 135-149

Posttraumatic stress disorder (PTSD) is one of the most common psychiatric disorders among veterans returning tfrom Iraq and Afghanistan. Little research has examined variables that may mediate the relation between PTSD and aspects of social functioning, such as relationship satisfaction and family functioning. In this cross-sectional study, a total of 164 veterans who were seeking VA primary care or mental health care within one year after returning from Iraq and/or Afghanistan were screened for PTSD and completed a series of questionnaires that assessed social functioning, coping, and life satisfaction. Results showed that the 86 (52%) veterans who screened positive for PTSD reported greater difficulties in their relationships with romantic partners, less cohesion in their families, less social support, poorer social functioning, and lower life satisfaction compared to other treatment-seeking veterans. Less social support from the community, excessive worry, decreased acceptance of change, and lower availability of secure relationships mediated the association between PTSD and poor social functioning. The relation between PTSD and lower partner satisfaction was mediated by greater cognitive social avoidance and lower availability of secure relationships. These results suggest that psychotherapeutic interventions that address these mediating variables may help improve social functioning in treatment-seeking veterans with PTSD.

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http://www.dovepress.com/getfile.php?fileID=12839 (full text)

Sleep patterns and the risk for unipolar depression: a review.

Sabrina T Wiebe, Jamie Cassoff, Reut Gruber

Attention, Behavior and Sleep Laboratory, Douglas Mental Health University Institute, Montréal; McGill University, Montréal, Quebec, Canada

Psychological disorders, particularly mood disorders, such as unipolar depression, are often accompanied by comorbid sleep disturbances, such as insomnia, restless sleep, and restricted sleep duration. The nature of the relationship between unipolar depression and these sleep disturbances remains unclear, as sleep disturbance may be a risk factor for development, an initial manifestation of the disorder, or a comorbid condition affected by similar mechanisms. Various studies have examined the impact of sleep deprivation on the presence of (or exacerbation of) depressive symptoms, and have examined longitudinal and concurrent associations between different sleep disturbances and unipolar depression. This review examines the evidence for sleep disturbances as a risk factor for the development and presence of depression, as well as examining common underlying mechanisms.

Clinical implications pertaining to the comorbid nature of various sleep patterns and depression are considered. Keywords: sleep, depression, insomnia, sleep deprivation, development.

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http://guilfordjournals.com/doi/abs/10.1521/jscp.2012.31.6.593?journalCode=jscp

Resilience and Chronic Pain.

Ellen WanHeung Yeung, Anne Arewasikporn, Alex J. Zautra

Arizona State University

Journal of Social and Clinical Psychology: Vol. 31, Special Issue: Resilience: Social-Clinical Perspectives, pp. 593-617.

This paper presents a two-factor model to classify biological elements, affective and cognitive characteristics, and social determinants of successful adaptation to chronic pain. The two factors, vulnerability and resilience, identify variables that are further differentiated into stable and modifiable indicators that influence adaptation to chronic pain. Examples of stable and modifiable constructs are presented and used to examine different pathways to resilient responding. The paper concludes with implications of this Stable-Modifiable Model of Vulnerability and Resilience Processes for clinical intervention and suggestions for areas of future research.

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http://www.ncbi.nlm.nih.gov/pubmed/22659156?dopt=Abstract

Behav Res Ther. 2012 May 7;50(7-8):469-478. [Epub ahead of print]

Longitudinal treatment mediation of traditional cognitive behavioral therapy and acceptance and commitment therapy for anxiety disorders.

Arch JJ, Wolitzky-Taylor KB, Eifert GH, Craske MG.

Source: University of Colorado Boulder, Department of Psychology and Neuroscience, 345 UCB Muenzinger, Boulder, CO 80309-0345, USA.

Abstract

OBJECTIVE:
To assess the relationship between session-by-session putative mediators and treatment outcomes in traditional cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT) for mixed anxiety disorders.

METHOD:
Session-by-session changes in anxiety sensitivity and cognitive defusion were assessed in 67 adult outpatients randomized to CBT (n = 35) or ACT (n = 32) for a DSM-IV anxiety disorder.

RESULTS:
Multilevel mediation analyses revealed significant changes in the proposed mediators during both treatments ($p < .001$, $d = .90$-1.93), with ACT showing borderline greater improvements than CBT in cognitive defusion ($p = .05$, $d = .82$). Anxiety sensitivity and cognitive defusion both significantly mediated post-treatment worry; cognitive defusion more strongly predicted worry reductions in CBT than in ACT. In addition, cognitive defusion significantly mediated quality of life, behavioral avoidance, and (secondary) depression outcomes across both CBT and ACT ($p < .05$, $R(2)$ change = .06-.13), whereas anxiety sensitivity did not significantly mediate other outcomes.

CONCLUSIONS:
Cognitive defusion represents an important source of therapeutic change across both CBT and ACT. The data offered little evidence for substantially distinct treatment-related mediation pathways.

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http://www.ncbi.nlm.nih.gov/pubmed/22655333?dopt=Abstract

Am J Clin Hypn. 2012 Apr;54(4):311-30.

Post-traumatic stress disorder: cognitive hypnotherapy, mindfulness, and acceptance-based treatment approaches.

Lynn SJ, Malakataris A, Condon L, Maxwell R, Cleere C.

Source: Psychology Department, Binghamton University (SUNY), Binghamton, New York 13902-6000, USA. stevenlynn100@gmail.com

Abstract

In this article, we describe how cognitive hypnotherapy can be used in conjunction with evidence-based practices for the treatment of post-traumatic stress disorder (PTSD). We review cognitive-behavioral interventions for PTSD, including mindfulness and acceptance-based approaches, and contend that (a) empirical support for the use of hypnosis in treating a variety of conditions is considerable; (b) hypnosis is fundamentally a cognitive-behavioral intervention; (c) psychological interventions with a firm footing in cognitive-behavioral therapy (CBT) are well-suited to treat the symptoms of PTSD; and (d) hypnosis can be a useful adjunct to evidence-based cognitive-behavioral approaches, including mindfulness and acceptance-based interventions, for treating PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/22659471?dopt=Abstract

Neuropharmacology. 2012 May 29. [Epub ahead of print]

Re-exposure and environmental enrichment reveal NPY-Y1 as a possible target for PTSD.

Hendriksen H, Bink DI, Daniels EG, Pandit R, Piriou C, Slieker R, Westphal KG, Olivier B, Oosting RS.

Source: Division of Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht, the Netherlands.

Abstract

Exposure-based cognitive behavioral therapy in PTSD patients relieves symptoms caused by fear association as well as symptoms that are not the result of associative learning. We used the inescapable foot shock model (IFS), an animal model for PTSD, to study the possible involvement of glutamate receptors, the corticotropin-releasing factor (CRF) system, and the neuropeptide Y (NPY) system in the reduction of stress sensitization following repeated re-exposure to the conditioning context. Starting one week after the IFS procedure, the rats were repeatedly re-exposed to the shock environment. Stress sensitivity was measured in a modified open field test (sudden silence was used as a stressor). Selected mRNAs (GluN1,-2A-C, GluA1-4, GluK1-5, CRF, CRF-R1, NPY, NPY-Y1) were quantified in the amygdala. Repeated re-exposure (RE) to the IFS context reduced both trauma-associated anxiety (to the IFS context) and the enhanced stress sensitivity (in the open field). Changes in glutamate receptor subunits (GluN1, GluN2A-B, GluA1, GluA4, GluK3, GluK4) were detected in the amygdala that were normalized by RE. However, infusion of the AMPA/kainate antagonist NBQX in the BLA (basolateral amygdala) did not improve the anxious behavior. RE normalized IFS-induced increases in CRF-R1 mRNA and increased NPY-Y1 mRNA expression in the amygdala. Previously, and repeated here, we showed that environmental enrichment (EE) enhances recovery from IFS. EE led to similar changes in CRF-R1 and NPY-Y1 expression as RE did. Importantly, administration of [Leu31, Pro34]-NPY (Y1 agonist) in the BLA normalized the enhanced sensitivity to stress after IFS. Our data suggest that the NPY-Y1 receptor in the amygdala may serve as a therapeutic target for the treatment of PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/22658646?dopt=Abstract

Cognition. 2012 Jun 1. [Epub ahead of print]

Source memory errors associated with reports of posttraumatic flashbacks: A proof of concept study.

Brewin CR, Huntley Z, Whalley MG.

Source: Clinical, Educational & Health Psychology, University College London, UK.

Abstract

Flashbacks are involuntary, emotion-laden images experienced by individuals with posttraumatic stress disorder (PTSD). The qualities of flashbacks could under certain circumstances lead to source memory errors. Participants with PTSD wrote a trauma narrative and reported the experience of flashbacks. They were later presented with stimuli from flashback and non-flashback parts of their narrative, mixed with foils from the narrative of another participant, and judged whether they belonged to their own narrative. They also reported whether stimuli elicited a flashback during this recognition test. Overall reporting a flashback at test was associated with significantly better recognition performance. Flashbacks were occasionally reported to foil stimuli, which were then likely to be wrongly attributed to the person's own narrative. This provides proof of concept of a cognitive mechanism that could potentially account for some cases of false trauma memories.

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http://www.ncbi.nlm.nih.gov/pubmed/22218399?dopt=Abstract

Transcult Psychiatry. 2012 Feb;49(1):121-39. Epub 2012 Jan 4.

Hybridity and intersubjectivity in the clinical encounter: impact on the cultural formulation.

Aggarwal NK.

Source: Columbia University, NY, USA. aggarwa@nyspi.columbia.edu

Abstract

Most case studies of the cultural formulation have focused on encounters with a single clinician. This article examines the assessment of a patient across different settings in which multiple clinicians developed separate understandings of the patient's identity. The formal cultural formulation prepared by the last clinician to work with the patient revealed a vastly different picture than what was previously recognized, reflecting both the impact of the identity of the clinician and the systematic evaluation process on the nature of the patient's responses. This suggests that cultural hybridity can stimulate new modes of inquiry as people integrate disparate cultural references to fashion a new identity. Intersubjectivity can also alter information elicited by clinicians. The conclusion highlights the need for practice guidelines for use of the cultural formulation across treatment settings.

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http://www.ncbi.nlm.nih.gov/pubmed/22082106?dopt=Abstract

Telemed J E Health. 2012 Jan-Feb;18(1):60-6. Epub 2011 Nov 14.

The diffusion of telehealth in rural American Indian communities: a retrospective survey of key stakeholders.

Brooks E, Manson SM, Bair B, Dailey N, Shore JH.

Source: Centers for American Indian and Alaska Native Health, University of Colorado, Anschutz Medical Campus, Aurora, Colorado 80045, USA. elizabeth.brooks@ucdenver.edu

Abstract

OBJECTIVE:
Mental health issues are a serious concern for many American Indian Veterans, especially for post-traumatic stress disorder and related psychiatric conditions. Yet, acquiring mental health treatment can be a challenge in Native communities where specialized services are largely unavailable. Consequently, telehealth is increasingly being suggested as a way to expand healthcare access on or near reservation lands. In this study, we wanted to understand the factors affecting the diffusion of telehealth clinics that provided mental health care to rural, American Indian Veterans.

MATERIALS AND METHODS:
We surveyed 39 key personnel and stakeholders who were involved in the decision-making process, technological infrastructure, and implementation of three clinics. Using Roger Everett's Diffusion Theory as a framework, we gathered information about specific tasks, factors hindering progress, and personal reactions to telehealth both before and after implementation.

RESULTS:
Many participants expressed initial concerns about using telehealth; however, most became positive over time. Factors that influenced participants' viewpoint largely included patient and staff feedback and witnessing the fulfillment of a community health need. The use of outside information to support the implementation of the clinics and personal champions also showed considerable influence in the clinics' success.

CONCLUSION:
The findings presented here address critical gaps in our understanding of telehealth diffusion and inform research strategies regarding the cultural issues and outcomes related to telemental health services. Information contained in this report serves as a long overdue guide for developing telemental health programs and policies among American Indians, specifically, and rural populations in general.

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http://psycnet.apa.org/journals/fam/26/3/470

Reciprocal pathways between intimate partner violence and sleep in men and women.

Rauer, Amy J.; El-Sheikh, Mona

Journal of Family Psychology, Vol 26(3), Jun 2012, 470-477

Toward explicating associations and directionality of effects between relationship processes and a fundamental facet of health, we examined cross-sectional and longitudinal associations between the

perpetration of intimate partner violence (IPV) and men and women's sleep. During two assessments, a diverse community sample of couples reported on their perpetrated acts of psychological and physical IPV and their sleep quality. Cross-sectional associations between IPV and sleep were evident for both partners, in particular between psychological IPV and sleep. A dyadic path analysis controlling for the autoregressive effects and within-time correlations revealed longitudinal links between men's perpetration of IPV and their sleep quality. Even though high levels of stability in all IPV and sleep measures were observed over time, results indicated that sleep problems predicted increases in the perpetration of psychological IPV over time for both men and women. Cross-partner effects emerged for men, revealing that men's sleep problems were strongly affected by their partner's earlier perpetration of IPV and sleep difficulties. Findings illustrate the significance of contemporaneous, dyadic assessments of relationship processes and sleep for a better understanding of both facets of adaptation, and have implications for those wishing to understand the etiology and consequences of the perpetration of IPV for both men and women.

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http://www.ncbi.nlm.nih.gov/pubmed/22654196?dopt=Abstract

Sleep. 2012 Jun 1;35(6):769-81.

A Randomized, Placebo-Controlled Trial of Online Cognitive Behavioral Therapy for Chronic Insomnia Disorder Delivered via an Automated Media-Rich Web Application.

Espie CA, Kyle SD, Williams C, Ong JC, Douglas NJ, Hames P, Brown JS.

Abstract

STUDY OBJECTIVES:
The internet provides a pervasive milieu for healthcare delivery. The purpose of this study was to determine the effectiveness of a novel web-based cognitive behavioral therapy (CBT) course delivered by an automated virtual therapist, when compared with a credible placebo; an approach required because web products may be intrinsically engaging, and vulnerable to placebo response.

DESIGN:
Randomized, placebo-controlled trial comprising 3 arms: CBT, imagery relief therapy (IRT: placebo), treatment as usual (TAU).

SETTING:
Online community of participants in the UK.

PARTICIPANTS:
One hundred sixty-four adults (120 F: [mean age 49y (18-78y)] meeting proposed DSM-5 criteria for Insomnia Disorder, randomly assigned to CBT (n = 55; 40 F), IRT placebo (n = 55; 42 F) or TAU (n = 54; 38 F).

INTERVENTIONS:
CBT and IRT each comprised 6 online sessions delivered by an animated personal therapist, with automated web and email support. Participants also had access to a video library/back catalogue of session content and Wikipedia style articles. Online CBT users had access to a moderated social network/community of users. TAU comprised no restrictions on usual care and access to an online sleep diary.

MEASUREMENTS AND RESULTS:
Major assessments at baseline, post-treatment, and at follow-up 8-weeks post-treatment; outcomes appraised by online sleep diaries and clinical status. On the primary endpoint of sleep efficiency (SE; total time asleep expressed as a percentage of the total time spent in bed), online CBT was associated with sustained improvement at post-treatment (+20%) relative to both TAU (+6%; d = 0.95) and IRT (+6%: d = 1.06), and at 8 weeks (+20%) relative to IRT (+7%: d = 1.00) and TAU (+9%: d = 0.69) These findings were mirrored across a range of sleep diary measures. Clinical benefits of CBT were evidenced by modest superiority over placebo on daytime outcomes (d = 0.23-0.37) and by substantial improved sleep-wake functioning on the Sleep Condition Indicator (range of d = 0.77-1.20). Three-quarters of CBT participants (76% [CBT] vs. 29% [IRT] and 18% [TAU]) completed treatment with SE > 80%, more than half (55% [CBT] vs. 17% [IRT] and 8% [TAU]) with SE > 85%, and over one-third (38% [CBT] vs. 6% [IRT] and 0% [TAU]) with SE > 90%; these improvements were largely maintained during follow-up.

CONCLUSION:
CBT delivered using a media-rich web application with automated support and a community forum is effective in improving the sleep and associated daytime functioning of adults with insomnia disorder.

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http://www.ncbi.nlm.nih.gov/pubmed/22653834?dopt=Abstract

Clin Psychol Psychother. 2012 Jun 1. doi: 10.1002/cpp.1795. [Epub ahead of print]

Strengths-Based Cognitive-Behavioural Therapy: A Four-Step Model to Build Resilience.

Padesky CA, Mooney KA.

Source: Center for Cognitive Therapy, Huntington Beach, CA, USA. padesky@padesky.com.

Abstract Padesky and Mooney's four-step Strengths-Based cognitive-behavioural therapy (CBT) model is designed to help clients build positive qualities. This article shows how it can be used to build and strengthen personal resilience. A structured search for client strengths is central to the approach, and methods designed to bring hidden strengths into client awareness are demonstrated through therapist-client dialogues. Development of positive qualities requires a shift in therapy perspective and different therapy methods from those employed when therapy is designed to ameliorate distress. Required adjustments to classic CBT are highlighted with specific recommendations for clinical modifications designed to support client development of resilience such as a focus on current strengths, the constructive use of imagery and client-generated metaphors. Although the focus of this article is on

resilience, this Strengths-Based CBT model offers a template that also can be used to develop other positive human qualities. Copyright © 2012 Christine A. Padesky KEY PRACTITIONER MESSAGE: A four-step strengths-based cognitive-behavioral therapy approach is presented. Therapists help clients identify existing strengths that are used to construct a personal model of resilience. Client-generated imagery and metaphors are particularly potent to help the client remember and creatively employ new positive qualities. Behavioral experiments are designed in which the goal is to stay resilient rather than to achieve problem resolution. Therapists are encouraged to use constructive therapy methods and interview practices including increased use of smiling and silence.

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http://www.ncbi.nlm.nih.gov/pubmed/22652617?dopt=Abstract

J Nerv Ment Dis. 2012 Jun;200(6):520-5.

Comparing the Stability of Diagnosis in Full vs. Partial Posttraumatic Stress Disorder.

Shiner B, Bateman D, Young-Xu Y, Zayed M, Harmon AL, Pomerantz A, Watts BV.

Source: VA Medical Center, White River Junction, VT; †Department of Psychiatry, Dartmouth Medical School, Hanover, NH; and ‡VA National Center for Patient Safety, White River Junction, VT.

Abstract

We studied differences in diagnostic stability between patients with full and patients with partial posttraumatic stress disorder (PTSD). We collected self-reported symptoms of PTSD, anxiety, depression, and functioning at a Veterans Affairs mental health clinic (n = 1962). We classified patients as meeting full or partial PTSD based upon their initial assessment. We performed Kaplan-Meier survival analysis to compare stability of diagnosis over time and Cox proportional hazards models to understand how comorbid symptoms and level of functioning confounded the relationship. We performed a chart review to examine differences in treatment received by the two groups. Patients in the partial PTSD group lost their diagnosis significantly faster and at significantly higher rates than did patients with full PTSD. Comorbid symptoms contributed significantly to this difference. Mental health treatments delivered to the two groups were similar. These diagnoses appear to be different, suggesting that people with partial PTSD may benefit from a different clinical approach.

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http://www.ncbi.nlm.nih.gov/pubmed/22662732?dopt=Abstract

Psychol Serv. 2012 May;9(2):185-96.

Assessing daily fluctuations in posttraumatic stress disorder symptoms and substance use with interactive voice response technology: Protocol compliance and reactions.

Possemato K, Kaier E, Wade M, Lantinga LJ, Maisto SA, Ouimette P.

Source: Center for Integrated Healthcare, VA Healthcare Network Upstate New York.

Abstract

PTSD symptoms and substance use commonly co-occur, but information is limited regarding their interplay. We used ecological momentary assessment (EMA) to capture fluctuations in PTSD symptoms and drinking within and across days. Fifty Iraq and Afghanistan War veterans completed four daily Interactive Voice Response (IVR) assessments of PTSD and substance use with cell phones for 28 days. The aims of this study were to (1) describe participant compliance and reactions to the protocol and (2) identify participant characteristics and protocol reactions that predict compliance. Protocol compliance was high, with participants completing an average of 96 out of a total of 112 IVR assessments (86%). While some participants perceived that the IVR assessments increased their drinking (21%) and PTSD symptoms (60%), self-report measures showed significant decreases in PTSD symptoms and nonsignificant decreases in drinking over the assessment period. Analyses revealed demographic (e.g., older than 24, full-time employment, more education), clinical (e.g., less binge drinking, less avoidance symptoms), and perceived benefit from participation predicted better protocol compliance. Results can guide future research on participant predictors of compliance with intensive EMA methods. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/22662741?dopt=Abstract

Psychol Serv. 2012 May;9(2):221-3.

Improving clinical outcomes in psychiatric care with touch-screen technology.

Newnham EA, Doyle EL, Sng AA, Hooke GR, Page AC.

Source: Francois-Xavier Bagnoud Center for Health and Human Rights.

Abstract

Patient-focused research, which uses clinical characteristics to predict outcomes, is a field in which information technology has been effectively integrated with practice. The present research used touch-screen technology to monitor the daily self-report measures of 1,308 consecutive inpatients and day patients participating in a 2-week cognitive-behavioral therapy group. Providing regular feedback was effective in reducing symptoms for patients at risk of poor outcomes (Newnham, Hooke, & Page, 2010b). The use of touch screens in psychiatric monitoring encourages a collaborative dialogue between patients and therapists and promotes engagement in the process of progress monitoring and treatment evaluation. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/22662731?dopt=Abstract

Psychol Serv. 2012 May;9(2):174-84.

Interactive voice response for relapse prevention following cognitive-behavioral therapy for alcohol use disorders: A pilot study.

Rose GL, Skelly JM, Badger GJ, Naylor MR, Helzer JE.

Source: Department of Psychiatry, University of Vermont.

Abstract

Relapse after alcoholism treatment is high. Alcohol Therapeutic Interactive Voice Response (ATIVR) is an automated telephone program for posttreatment self-monitoring, skills practice, and feedback. This pilot study examined feasibility of ATIVR. Participants (n = 21; 57% male) had access to ATIVR for 90 days following outpatient group cognitive-behavioral therapy (CBT) to make daily reports of mood, confidence in sobriety, urges to use substances, and actual use. Reports of relapse or risk were followed with additional questions. Participants received personalized therapist feedback based on responses, and could access recorded CBT skill reviews. Pre-post assessments included: alcohol consumption (Timeline Follow-Back), self-efficacy (Situational Confidence Questionnaire), and perceived coping ability (Effectiveness of Coping Behaviors Inventory). Participants called on 59% of scheduled days and continued making calls for an average of 84 days. Following ATIVR, participants gave feedback that ATIVR was easy to use and increased self-awareness. Participants particularly liked the therapist feedback component. Abstinence rate increased significantly during ATIVR ($p = .03$), and both self-efficacy and coping significantly improved from pre-CBT to post-ATIVR ($p < .01$). Results indicate ATIVR is feasible and acceptable. Its efficacy should be evaluated in a randomized controlled trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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http://jama.jamanetwork.com/article.aspx?articleid=1172045 (full text)

Effect of Telephone-Administered vs Face-to-face Cognitive Behavioral Therapy on Adherence to Therapy and Depression Outcomes Among Primary Care Patients: A Randomized Trial.

David C. Mohr, PhD; Joyce Ho, PhD; Jenna Duffecy, PhD; Douglas Reifler, MD; Leslie Sokol, PhD; Michelle Nicole Burns, PhD; Ling Jin, MS; Juned Siddique, DrPH

Journal of the American Medical Association

June 6, 2012, Vol 307, No. 21

Context
Primary care is the most common site for the treatment of depression. Most depressed patients prefer psychotherapy over antidepressant medications, but access barriers are believed to prevent

engagement in and completion of treatment. The telephone has been investigated as a treatment delivery medium to overcome access barriers, but little is known about its efficacy compared with face-to-face treatment delivery.

Objective
To examine whether telephone-administered cognitive behavioral therapy (T-CBT) reduces attrition and is not inferior to face-to-face CBT in treating depression among primary care patients.

Design, Setting, and Participants
A randomized controlled trial of 325 Chicago-area primary care patients with major depressive disorder, recruited from November 2007 to December 2010.

Interventions
Eighteen sessions of T-CBT or face-to-face CBT.

Main Outcome Measures
The primary outcome was attrition (completion vs noncompletion) at posttreatment (week 18). Secondary outcomes included masked interviewer-rated depression with the Hamilton Depression Rating Scale (Ham-D) and self-reported depression with the Patient Health Questionnaire–9 (PHQ-9).

Results
Significantly fewer participants discontinued T-CBT (n = 34; 20.9%) compared with face-to-face CBT (n = 53; 32.7%; P = .02). Patients showed significant improvement in depression across both treatments (P < .001). There were no significant treatment differences at posttreatment between T-CBT and face-to-face CBT on the Ham-D (P = .22) or the PHQ-9 (P = .89). The intention-to-treat posttreatment effect size on the Ham-D was d = 0.14 (90% CI, −0.05 to 0.33), and for the PHQ-9 it was d = −0.02 (90% CI, −0.20 to 0.17). Both results were within the inferiority margin of d = 0.41, indicating that T-CBT was not inferior to face-to-face CBT. Although participants remained significantly less depressed at 6-month follow-up relative to baseline (P < .001), participants receiving face-to-face CBT were significantly less depressed than those receiving T-CBT on the Ham-D (difference, 2.91; 95% CI, 1.20-4.63; P < .001) and the PHQ-9 (difference, 2.12; 95% CI, 0.68-3.56; P = .004).

Conclusions
Among primary care patients with depression, providing CBT over the telephone compared with face-to-face resulted in lower attrition and close to equivalent improvement in depression at posttreatment. At 6-month follow-up, patients remained less depressed relative to baseline; however, those receiving face-to-face CBT were less depressed than those receiving T-CBT. These results indicate that T-CBT improves adherence compared with face-to-face delivery, but at the cost of some increased risk of poorer maintenance of gains after treatment cessation.

(See: Therapists phone it in and keep more patients - http://www.eurekalert.org/pub_releases/2012-06/nu-tpi053112.php)

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http://www.sleepscience.com.br/pdf/articles/vol5/SleepScience_vol5_issue01_art06.pdf (full text)

Mental health and sleep during basic combat training and beyond.

Shannon K. Crowley, Larrell L. Wilkinson, Stephanie T. Muraca, Lisa T. Wigfall, Tasha Louis-Nance, Alexandria M. Reynolds, Edith M. Williams, Saundra Glover, Matthew P. Herring, Shawn D. Youngstedt

Sleep Sci. 2012;5(1):24-27

There are emerging links between disturbed sleep and mental illness. These associations may have particular relevance for military populations which are often faced with extremely stressful situations and profound sleep deprivation. Indeed, disturbed sleep has been predictive of mental illness following exposure to trauma, and, conversely, treatment of sleep problems has helped alleviate mental illness. There is a need for further investigation of sleep and mental health of soldiers participating in basic combat training (BCT), which is clearly also associated with sleep loss and stress.

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http://journals.lww.com/headtraumarehab/Abstract/publishahead/Self_Reported_Mild_TBI_and_Postconcussive_Symptoms.99905.aspx

Self-Reported Mild TBI and Postconcussive Symptoms in a Peacetime Active Duty Military Population: Effect of Multiple TBI History Versus Single Mild TBI.

Miller, Kelly J. MPH; Ivins, Brian J. MPS; Schwab, Karen A. PhD

Journal of Head Trauma Rehabilitation: POST AUTHOR CORRECTIONS, 28 May 2012

Abstract

Objective:
To investigate the potential cumulative impact of mild traumatic brain injury (MTBI) on postconcussive symptoms.

Participants:
A total of 224 active duty soldiers reporting MTBI within 1 year of testing. For 101, this MTBI was their only reported traumatic brain injury (TBI); 123 had sustained at least 1 additional MTBI during their lifetime. A No TBI control group (n = 224) was included for comparison.

Main Measure:
Self-report symptoms data via questionnaire. Within time since injury subgroups (<=3 months; Post-3 months), symptom endorsement (no symptoms, 1 or 2 symptoms, 3+ symptoms) among soldiers with 1 MTBI was compared with that of soldiers with 2 or more MTBIs. Injured soldiers' symptom endorsement was compared with that of soldiers who had not sustained a TBI.

Results:
Among the recently injured (<=3 months), those with 2 or more MTBIs endorsed significantly more

symptoms than those with 1 MTBI: 67% of soldiers with 2 or more MTBIs reported 3+ symptoms, versus 29% of One MTBI soldiers. Among Post-3 month soldiers, there were no significant differences between MTBI groups. Overall, soldiers with MTBI endorsed significantly more symptoms than those without TBI.

Conclusion:
Past experience of MTBI may be a risk factor for increased symptom difficulty for several months postinjury. Clinicians should ascertain lifetime history of brain injury when evaluating patients for MTBI.

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http://journals.lww.com/headtraumarehab/Abstract/publishahead/Identification_of_Transient_Altered_Consciousness.99901.aspx

Identification of Transient Altered Consciousness Induced by Military-Related Blast Exposure and Its Relation to Postconcussion Symptoms.

Walker, William C. MD; McDonald, Scott D. PhD; Ketchum, Jessica M. PhD; Nichols, Michelle MSN, RN; Cifu, David X. MD

Journal of Head Trauma Rehabilitation: POST AUTHOR CORRECTIONS, 28 May 2012

Abstract

Background:
The ongoing controversy whether mild traumatic brain injury (TBI) can cause chronic sequel is partly due to diagnostic limitations. Diagnosing mild TBI is particularly challenging when assessment is not immediate, and when informed, first responder documentation or witness corroboration is absent. In this common scenario, the diagnosis is made entirely on self-report of an initial period of alteration of consciousness (AOC) associated with a plausible injury mechanism. Yet, there is scant published empirical guidance on methods for accurately detecting historical AOC.

Objectives:
To assess the value that recalled AOC symptoms collected via questionnaire have in evaluating individuals exposed to blast during recent military deployment. More specifically, to analyze the concrete AOC items (those signifying unconsciousness and/or posttraumatic amnesia) for their (1) frequency and distribution of positive versus negative responses, (2) interitem agreement, and (3) relation to current neuropsychiatric symptoms including those consistent with postconcussion syndrome (PCS).

Participants:
Eighty-seven active duty or Veteran subjects who experienced acute effects from a blast within the past 2 years while deployed for Operations Enduring and Iraqi Freedom.

Results:
Twenty-nine participants (33.3%) responded positively to at least 1 of 3 concrete AOC items: gap in memory (17.2%), memory not continuous (13.8%), and/or told by observer they had loss of consciousness (20.7%). Alteration of consciousness items were associated with but nondiscriminate of current symptom distress on standardized measures of PCS (Rivermead Postconcussion Symptom Questionnaire), posttraumatic stress disorder (PTSD; PTSD Checklist), depression (Centers for Epidemiological Studies Depression Scale), and pain (Short Form McGill Pain Questionnaire).

Conclusions:
The positive association between subjects' questionnaire-based AOC item responses and current symptom complex measures suggests that mild TBI has a role in the development of chronic neuropsychiatric symptoms after blast exposure. The lack of symptom- complex discrimination, and the inconsistencies found in subjects' item responses suggest that a structured interview may improve postacute diagnostic specificity for mild TBI.

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http://www.cstsonline.org/wp-content/resources/Joining_Forces_2012_04.pdf (full text)

Joining Forces/Joining Families Spring 2012

Center for the Study of Traumatic Stress

Featured Interview -- Educating Civilian Social Work Professionals about Military Culture and Care: An interview with Mary Ann Forgey, PhD

Civilian providers who understand the unique issues of military service and de- ployment will be better able to assist service members and their families. We have asked Dr. Forgey to share her approach in teaching military social work: the content of her course and how her students have benefitted from it.

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http://www.cdc.gov/PCD/issues/2012/11_0138.htm (full text)

Health-Related Quality of Life Among US Veterans and Civilians by Race and Ethnicity.

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Prev Chronic Dis 2012;9

Abstract

Introduction
Among veterans, having been selected into the military and having easy access to medical care during and after military service may reduce premature mortality but not morbidity from mental distress and

may not improve health-related quality of life. The objective of this study was to determine whether veterans in different racial/ethnic groups differ in their health-related quality of life from each other and from their civilian counterparts.

Methods
Among 800,000 respondents to the 2007–2009 Behavioral Risk Factor Surveillance System surveys, approximately 110,000 identified themselves as veterans and answered questions about their sociodemographic characteristics, self-rated health, and recent health-related quality of life. Nonoverlapping 95% confidence intervals of means distinguished veterans and civilians of different racial/ethnic groups.

Results
Veteran and civilian American Indians/Alaska Natives reported more physically unhealthy days, mentally unhealthy days, and recent activity limitation days than their veteran and civilian counterparts in other racial/ethnic groups. Non-Hispanic white veterans and Hispanic veterans reported more physically unhealthy days, mentally unhealthy days, and recent activity limitation days than their civilian counterparts.

Conclusion
Unlike findings in other studies, our findings show that veterans' health-related quality of life differs from that of civilians both within the same racial/ethnic group and among different racial/ethnic groups. Because once-healthy soldiers may not be as healthy when they return to civilian life, assessing their health-related quality of life over time may identify those who need help to regain their health.

Links of Interest

Military mom 'proud' of breast-feeding in uniform, despite criticism
http://moms.today.msnbc.msn.com/_news/2012/05/30/11955844-military-mom-proud-of-breast-feeding-in-uniform-despite-criticism

Holistic treatments help Soldiers battle PTSD
http://www.army.mil/article/80772/Holistic_treatments_help_Soldiers_battle_PTSD/

GW Supports Education for Veterans: Almost all student vets in GW's Yellow Ribbon Program will be able to earn a degree at little or no cost
http://gwtoday.gwu.edu/aroundcampus/gwsupportseducationforveterans

Can't Sleep? Get Some SHUTi™
http://www.empowher.com/insomnia/content/cant-sleep-get-some-shuti

Video: Academic life after military deployment
http://live.psu.edu/story/59930

Burden of full & subsyndromal PTSD in police who responded to the World Trade Center disaster
http://www.eurekalert.org/pub_releases/2012-06/ehs-bof060512.php

New E-Learning Catalog Offers Courses Related to Health and Medicine
http://www.health.mil/blog/12-06-04/New_E-Learning_Catalog_Offers_Courses_Related_to_Health_and_Medicine.aspx

PTSD psychotherapy is enhanced with D-cycloserine
http://www.eurekalert.org/pub_releases/2012-06/e-ppi060412.php

Leading Psychologist Aims to Flush Away Taboo of Toilet Psychology
http://www.sciencedaily.com/releases/2012/05/120531102116.htm

Suicide Prevention Conference – Back to Basics
http://dcoe.health.mil/NewsArticle.aspx?id=3327

Study Supports Guilt's Role in Depression
http://www.nlm.nih.gov/medlineplus/news/fullstory_125933.html

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Research Tip of the Week: Google World Wonders Project

Warning. Time-sink.

> By using our Street View technology, Google has a unique opportunity to make world heritage sites available to users across the globe. Street View is a hugely popular feature of Google Maps which is already available in dozens of countries. It allows users to virtually explore and navigate a neighborhood through panoramic street-level images. With advancements in our camera technologies we can now go off the beaten track to photograph some of the most significant places in the world so that anyone, anywhere can explore them.
>
> Street View has already proved a real hit for tourists and avid virtual explorers. The World Wonders Project also presents a valuable resource for students and scholars who can now virtually discover some of the most famous sites on earth. The project offers an innovative way to teach history and geography to students all over the world.
>
> Our World Wonders Project is also supported by a broad, connected suite of other Google technologies, bringing wonders of the world within reach of an unprecedented global audience. The project website also provides a window to 3D models, YouTube videos and photography of the famous heritage sites.
>
> Together with partners including UNESCO, the World Monuments Fund and Cyark, the World Wonders Project is preserving the world heritage sites for future generations.

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