



CDP Research Update -- November 7, 2013

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- Prescriptive variables for d-cycloserine augmentation of exposure therapy for posttraumatic stress disorder.

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<http://www.samhsa.gov/data/2012BehavioralHealthUS/Index.aspx>

Behavioral Health United States 2012

Substance Abuse and Mental Health Services Administration

SAMHSA's newly-released publication, Behavioral Health, United States, 2012, the latest in a series of publications issued by SAMHSA biannually since 1980, provides in-depth information regarding the current status of the mental health and substance abuse field. It includes behavioral health statistics at the national and State levels from 40 different data sources. The report includes three analytic chapters:

- Behavioral Health Disorders across the Life Span
- Mental Health and Substance Use Disorders: Impairment in Functioning
- Mental Health and Substance Use Disorders: Treatment Landscape

The volume also includes 172 tables, which are organized into four sections:

- Behavioral Health of the Population: the mental health status of the U.S. population and prevalence of mental illness;
- Behavioral Health Service Utilization: providers and settings for behavioral health services; types of behavioral health services provided; and rates of utilization;
- Behavioral Health Treatment Capacity: number of facilities providing mental health and substance abuse services; numbers of qualified specialty mental health and substance abuse providers; and
- Payer and Payment Mechanisms: expenditures and sources of funding for behavioral health services.

No other HHS publication provides this type of comprehensive information regarding behavioral health services delivery in the U.S. This publication is the only available comprehensive source of national-level

statistical information on trends in both private and public sector behavioral health services, costs, and clients. Drawing on 40 different data sources, this publication also includes State-level data, and information on behavioral health treatment for special populations such as children, military personnel, nursing home residents, and incarcerated individuals.

<http://www.ncbi.nlm.nih.gov/pubmed/24172116>

J Stud Alcohol Drugs. 2013 Nov;74(6):894-901.

Predictors of dropout in an outpatient treatment for problem drinkers including cognitive-behavioral therapy and the opioid antagonist naltrexone.

Vuoristo-Myllys S, Lahti J, Alho H, Julkunen J.

Source: Institute of Behavioural Sciences, University of Helsinki, Finland, Department of Mental Health and Substance Abuse Services, National Institute for Health and Welfare, Helsinki, Finland.

Objective:

This study investigated predictors of dropout in an outpatient treatment program for problem drinking that included individual cognitive-behavioral therapy combined with naltrexone. Specifically, we investigated whether sociodemographic factors, severity of alcohol dependence, history of problem drinking, or intensity of alcohol craving assessed at the beginning of the treatment predicted dropout from an outpatient program among a sample of 372 patients (65% male). We also investigated whether the effectiveness of the treatment (the change in alcohol consumption and symptoms of alcohol craving) or adherence to naltrexone was related to dropout.

Method:

Predictors of dropout were investigated using an analysis of covariance with the number of attended treatment sessions as an independent variable.

Results:

Our results demonstrated that the treatment entry factors predictive of dropout were younger age, lower severity of alcohol dependence, better ability to resist and control alcohol use, and lower obsession with alcohol. In addition, those who dropped out were more likely to begin the program by abstaining from alcohol and had lower adherence to naltrexone use than those who completed the program. The length of stay for treatment was not related to change in alcohol consumption.

Conclusions:

Patients with less severe alcohol-related problems may lack motivation for treatment, specifically cognitive-behavioral therapy and naltrexone. These patients may benefit more from less intensive treatments. (J. Stud. Alcohol Drugs, 74, 894-901, 2013).

<http://www.ncbi.nlm.nih.gov/pubmed/24174890>

Dialogues Clin Neurosci. 2013 Jun;15(2):155-69.

The relationship between borderline personality disorder and bipolar disorder.

Zimmerman M, Morgan TA.

Source: Department of Psychiatry and Human Behavior, Brown Medical School, Providence, Rhode Island, USA.

It is clinically important to recognize both bipolar disorder and borderline personality disorder (BPD) in patients seeking treatment for depression, and it is important to distinguish between the two. Research considering whether BPD should be considered part of a bipolar spectrum reaches differing conclusions. We reviewed the most studied question on the relationship between BPD and bipolar disorder: their diagnostic concordance. Across studies, approximately 10% of patients with BPD had bipolar I disorder and another 10% had bipolar II disorder. Likewise, approximately 20% of bipolar II patients were diagnosed with BPD, though only 10% of bipolar I patients were diagnosed with BPD. While the comorbidity rates are substantial, each disorder is nonetheless diagnosed in the absence of the other in the vast majority of cases (80% to 90%). In studies examining personality disorders broadly, other personality disorders were more commonly diagnosed in bipolar patients than was BPD. Likewise, the converse is also true: other axis I disorders such as major depression, substance abuse, and post-traumatic stress disorder are also more commonly diagnosed in patients with BPD than is bipolar disorder. These findings challenge the notion that BPD is part of the bipolar spectrum.

<http://www.rand.org/pubs/testimonies/CT399-1.html>

Testimony -- Suicide Prevention in California: Strategies from Science

Rajeev Ramchand

RAND Corporation

Testimony presented before the California State Senate Select Committee on Mental Health on September 24, 2013.

<http://www.sciencedirect.com/science/article/pii/S0022395613003300>

Reduction of cognitive concerns of anxiety sensitivity is uniquely associated with reduction of PTSD and depressive symptoms: A comparison of civilians and veterans.

Melissa A. Mitchell, Daniel W. Capron, Amanda M. Raines, Norman B. Schmidt, Ph.D

PTSD and comorbid depression are common among civilians and veterans, resulting in substantial impairment. Anxiety sensitivity (AS) may be a common malleable vulnerability factor for PTSD and depression. The AS cognitive concerns subscale is most strongly related to symptoms of PTSD and depression, and thus, may be an efficient route to reduce these symptoms. The current study evaluated a brief computerized intervention targeting AS cognitive concerns. Specifically, we evaluated whether reduction in AS cognitive concerns was associated with reduction in symptoms of PTSD and depression. Also, we evaluated whether there was a significant difference between civilians and veterans in response to the intervention. The single session intervention utilized psychoeducation and interoceptive exposure to target AS cognitive concerns. This intervention was compared to a health information condition among a sex-matched sample of civilians and veterans with elevated AS cognitive concerns (N = 56). Reduction in AS cognitive concerns over one month was uniquely associated with reduction in PTSD and depressive symptoms in the same time frame. There were no significant differences between civilians and veterans in response to the intervention suggesting the intervention has efficacy for both groups. Treatment implications are discussed.

<http://www.sciencedirect.com/science/article/pii/S0747563213003622>

Integration of peer support and computer-based CBT for veterans with depression.

C. Beau Nelson, Kristen M. Abraham, Heather Walters, Paul N. Pfeiffer, Marcia Valenstein

Computers in Human Behavior, Volume 31, February 2014, Pages 57–64

Depressive disorders are a serious public health concern and treatment priority for the Veterans Health Administration. Computer-based Cognitive Behavioral Therapy (cCBT) is an effective intervention for patients with major depressive disorders; however, rates of program completion are an area of concern, which may be improved through the assistance of peers. This pilot study investigated the feasibility of a Veteran-peer assisted cCBT intervention. Participants were patients diagnosed with depression at an Outpatient Mental Health (OMH) or Primary Care Mental Health (PCMH) clinic at a single VHA facility. Participants were paired with a Veteran-peer and given access to a widely used cCBT program via the Internet. Measures of depressive symptoms were obtained at baseline, 4-, and 8-weeks follow-up. Completion rates and program satisfaction were also assessed. At 8 weeks, symptom reductions and completion rates were comparable to study results of brief individual, group CBT, and staff assisted computerized CBT interventions. Significant reductions in depressive symptoms were observed in patients from both clinics, although ratings of program usefulness, relevance, and ease of use were higher for individuals recruited from the PCMH clinic. Peer-assisted cCBT for depression is feasible but further research is needed to determine the clinical efficacy of this approach.

<http://www.hindawi.com/journals/jar/2013/570407/>

Homeless Aging Veterans in Transition: A Life-Span Perspective.

Carla J. Thompson and Nancy L. Bridier

Journal of Aging Research, vol. 2013, Article ID 570407, 10 pages, 2013

The need for counseling and career/educational services for homeless veterans has captured political and economic venues for more than 25 years. Veterans are three times more likely to become homeless than the general population if veterans live in poverty or are minority veterans. This mixed methods study emphasized a life-span perspective approach for exploring factors influencing normative aging and life-quality of 39 homeless veterans in Alabama and Florida. Seven descriptive quantitative and qualitative research questions framed the investigation. Study participants completed a quantitative survey reflecting their preferences and needs with a subset of the sample (N=12) also participating in individual qualitative interview sessions. Thirty-two service providers and stakeholders completed quantitative surveys. Empirical and qualitative data with appropriate triangulation procedures provided interpretive information relative to a life-span development perspective. Study findings provide evidence of the need for future research efforts to address strategies that focus on the health and economic challenges of veterans before they are threatened with the possibility of homelessness. Implications of the study findings provide important information associated with the premise that human development occurs throughout life with specific characteristics influencing the individual's passage. Implications for aging/homelessness research are grounded in late-life transitioning and human development intervention considerations.

<http://guilfordjournals.com/doi/abs/10.1521/jscp.2013.32.9.917>

Do Combat Exposure and Post-Deployment Mental Health Influence Intent to Divorce?

Heather M. Foran, Kathleen M. Wright, and Michael D. Wood

Journal of Social and Clinical Psychology: Vol. 32, No. 9, pp. 917-938.

The period after returning from combat deployment is a dynamic time for relationships. Anecdotally, some couples report their relationship is stronger after the deployment and others report the onset of marital problems. In a sample of 194 soldiers, we examined the association between combat exposure, mental health symptoms, aggressive behaviors, and intent to divorce or separate during the 4- and 9-month post-deployment period. At Time 1, 37% soldiers reported problems in their marriage and the degree of marital distress was positively associated with PTSD symptoms, depressive symptoms, and aggression. Time 2 intent to divorce or separate was bivariately associated with Time 1 marital distress, relationship psychological aggression, and PTSD re-experiencing symptoms; there were also trends for combat exposure and general aggression to be bivariately associated with Time 2 intent to divorce or separate. Further, there was a significant interaction between marital distress and combat exposure

such that military personnel with a combination of high levels of combat exposure and marital distress were at heightened risk for intent to divorce at Time 2, even after accounting for PTSD symptoms. This finding suggests higher levels of combat exposure may influence willingness to stay in a distressed marriage; possible mechanisms for this, such as changes in life priorities, are discussed.

<http://link.springer.com/article/10.3758/s13415-013-0219-x>

Posttraumatic stress disorder is associated with limited executive resources in a working memory task.

Nikki Honzel, Timothy Justus, Diane Swick

Cognitive, Affective, & Behavioral Neuroscience

October 2013

Patients with posttraumatic stress disorder (PTSD) can show declines in working memory. A dual-task design was used to determine whether these impairments are linked to executive control limitations. Participants performed a Sternberg memory task with either one or four letters. In the dual-task condition, the maintenance period was filled with an arrow flanker task. PTSD patients were less accurate on the working memory task than were controls, especially in the dual-task condition. In the single-task condition, both groups showed similar patterns of brain potentials from 300 to 500 ms when discriminating old and new probes. However, when taxed with an additional task, the event-related potentials (ERPs) of the PTSD group no longer differentiated old and new probes. In contrast, interference resolution processes in both the single- and dual-task conditions of the flanker task were intact. The lack of differentiation in the ERPs reflects impaired working memory performance under more difficult, dual-task conditions. Exacerbated difficulty in performing a working memory task with concurrent task demands suggests a specific limitation in executive control resources in PTSD.

<http://onlinelibrary.wiley.com/doi/10.1111/ajop.12054/abstract>

The Challenges of Reintegration for Service Members and Their Families.

Danish, S. J. and Antonides, B. J.

American Journal of Orthopsychiatry, 83: 550–558.

The ongoing wars in Afghanistan and Iraq have posed a number of reintegration challenges to service members. Much of the research focuses on those service members experiencing psychological problems and being treated at the VA. In this article, we contend that much of the distress service members experience occurs following deployment and is a consequence of the difficulties encountered during their efforts to successfully reintegrate into their families and communities. We propose a new

conceptual framework for intervening in this reintegration distress that is psycho-educational in nature as well as a new delivery model for providing such services. An example of this new intervention framework is presented.

<http://www.sciencedirect.com/science/article/pii/S0924977X13003064>

Mortality Rates between Treated Post Traumatic Stress Disorder Israeli Male Veterans Compared to Non-Diagnosed Veterans.

Joseph Zohar, Leah Fostick, on behalf of the Israeli Consortium on PTSD

European Neuropsychopharmacology, Available online 28 October 2013

The literature suggests that post-traumatic stress disorder (PTSD) is associated with increased mortality. However, to date, mortality rates amongst veterans diagnosed with post-traumatic stress disorder have not been reported for Israeli veterans, who bear a different profile than veterans from other countries. This study aims to evaluate age-adjusted mortality rates amongst Israeli Defense Forces veterans with and without PTSD diagnosis. The study was carried out in a paired sample design with 2,457 male veterans with treated PTSD and 2,457 matched male veterans without a PTSD diagnosis. Data on PTSD and non-PTSD veterans was collected from the Rehabilitation Division of the Israeli Ministry of Defense (MOD) and the Israeli Defense Forces' (IDF) special unit for treatment of combat stress reaction. Mortality data were collected from the Ministry of the Interior (MOI) computerized database. Comparison of mortality rates between PTSD and non-PTSD veterans was done using paired observations survival analysis by applying a proportional hazards regression model. Overall no statistically significant difference in mortality rates was found between veterans with treated PTSD and veterans without PTSD. These findings hold even when excluding veterans who died in battle and including non-PTSD veterans who died before their matched PTSD veteran was diagnosed. However, among pairs with similar military jobs PTSD group had significantly less mortality. The results of this large national cohort suggest that treated PTSD is not associated with increased mortality. We submit that the lack of this association represents the "net" pathophysiology of PTSD due to the unique characteristics of the sample.

<https://www.aamc.org/download/358546/data/oct2013analysisinbrief-awarenessofmilitarystatusofpatients.pdf>

Health Care Provider Awareness of the Military Status of Patients: Asking the Question

American Association of Medical Colleges

October 2013

This Analysis in Brief (AIB) examines whether U.S. health care providers ask about their patients' military service and presents data on health care access for the nation's military personnel and veterans. Information about the prevalence of the "unasked question" may encourage medical educators in U.S. medical schools and teaching hospitals, where many current and former military service personnel receive their care, to introduce curricular or clinical experiences in medical training that address this important issue.

http://link.springer.com/chapter/10.1007/978-1-4614-9087-6_6

Sleep Deprivation and Psychiatric Disorders

Matt T. Bianchi M.D., Ph.D., M.M.Sc., Maren Nyer Ph.D.

Sleep Deprivation and Disease, 2014, pp 65-76

Sleep complaints are core features of many psychiatric disorders, and extensive literature documents the clinical link between sleep complaints and psychiatric disorders. The directionality is likely complex, as existing sleep disorders may predispose individuals to the development of, or vulnerability to, incident psychiatric disorders. Causality may occur on a continuum from more direct links (e.g., poor night-time sleep/insomnia causing anxiety symptoms) to less direct links (e.g., a primary sleep disorder increasing the vulnerability to psychiatric disorders over time). Here we summarize clinical studies linking sleep disturbance and psychiatric disorders, with particular emphasis on epidemiological perspectives.

http://trace.tennessee.edu/utk_graddiss/2458/

Posttraumatic Growth in Female Sexual Assault Survivors

Jessica Renee Mason

Dissertation, Doctor of Philosophy
Psychology

August 2013, University of Tennessee

This study examined factors associated with the development of posttraumatic growth following sexual assault in 11 female survivors, six months to five years after the assault. To broaden our understanding of how survivors cope with the effects and impacts of their assault and how this ultimately leads to the development of posttraumatic growth, this study used grounded theory methodology to develop a causal model of how growth can occur following sexual assault. A mixed-methods qualitative study (utilizing some quantitative features) was used. The data analysis team concluded that participants described a process consisting of four super-clusters that subsumes nine major domains. The four super-

clusters were: Preexisting Traits, Responses or Impact from Assault, Coping Strategies, and Growth and Outcomes. Within those super-clusters the nine major domains were: (a) Traits Prior to Sexual Assault, (b) Negative Affective Responses, (c) Symptom Reactions, (d) Negative Relationship Impact, (e) Negative Coping Strategies, (f) Adaptive Coping Strategies, (g) Seeking Support, (h) Positive Personal Growth, and (i) Increasing Knowledge and Speaking Out. Based on our model of posttraumatic growth development and quantitative analyses, sexual assault survivors appear to rely more on avoidance coping or maladaptive coping strategies immediately following their assault and then tend to turn to more approach coping or adaptive coping strategies. Most participants also described seeking social support as an important domain for making positive changes or developing growth in their lives, except those who described preexisting traits that tended to prevent them from opening up to others (i.e., introversion) or those who were treated negatively by others after their assault (e.g., others responded with disbelief or judgment). All participants reported some growth and/or positive changes as a result of coping with their assault. Implications for research on posttraumatic growth and sexual assault and treatment considerations based on these findings are discussed.

<http://www.biomedcentral.com/1471-2458/13/1019/abstract>

Cross-sectional prevalence survey of intimate partner violence perpetration and victimization in Canadian military personnel.

Mark A Zamorski and Miriam E Wiens-Kinkaid

BMC Public Health 2013, 13:1019

Published: 28 October 2013

Background

Intimate partner violence (IPV) is prevalent and is associated with a broad range of adverse consequences. In military organizations, IPV may have special implications, such as the potential of service-related mental disorders to trigger IPV. However, the Canadian Armed Forces (CAF) have limited data to guide its prevention and control efforts.

Methods

Self-reported IPV perpetration, victimization, and their correlates were assessed on a cross-sectional survey of a stratified random sample of currently-serving Canadian Regular Forces personnel (N = 2157). The four primary outcomes were perpetration or victimization of any physical and/or sexual or emotional and/or financial IPV over the lifespan of the current relationship.

Results

Among the 81% of the population in a current relationship, perpetration of any physical and/or sexual IPV was reported in 9%; victimization was reported in 15%. Any emotional and/or financial abuse was reported by 19% (perpetration) and 22% (victimization). Less physically injurious forms of abuse predominated. Logistic regression modelling showed that relationship dissatisfaction was independently

associated with all four outcomes (OR range = 2.3 to 3.7). Probable depression was associated with all outcomes except physical and/or sexual IPV victimization (OR range = 2.5 -- 2.7). PTSD symptoms were only associated with physical and/or sexual IPV perpetration (OR = 3.2, CI = 1.4 to 7.9). High-risk drinking was associated with emotional and/or financial abuse. Risk of IPV was lowest in those who had recent deployment experience; remote deployment experience (vs. never having deployed) was an independent risk factor for all IPV outcomes (OR range = 2.0 -- 3.4).

Conclusions

IPV affects an important minority of military families; less severe cases predominate. Mental disorders, high-risk drinking, relationship dissatisfaction, and remote deployment were independently associated with abuse outcomes. The primary limitations of this analysis are its use of self-report data from military personnel (not their intimate partners) and the cross-sectional nature of the survey.

Prevention efforts in the CAF need to target the full spectrum of IPV. Mental disorders, high-risk drinking, and relationship dissatisfaction are potential targets for risk reduction. Additional research is needed to understand the association of remote deployment with IPV.

<http://www.sciencedirect.com/science/article/pii/S0005789413000993>

Partners' Attributions for Service Members' Symptoms of Combat-Related Posttraumatic Stress Disorder.

Keith D. Renshaw, Elizabeth S. Allen, Sarah P. Carter, Howard J. Markman, Scott M. Stanley

Behavior Therapy, Available online 29 October 2013

The association of service members' combat-related PTSD with partners' distress is weaker when spouses/partners believe that service members experienced more traumatic events during deployment. Also, when simultaneously examining partners' perceptions of all PTSD symptoms, perceptions of re-experiencing symptoms (the symptoms most obviously connected to traumatic events) are significantly, negatively related to distress in partners. These findings are consistent with the notion that partners may be less distressed if they make external, rather than internal, attributions for service members' symptoms. The present study explicitly tests this possibility. Civilian wives of active duty service members completed measures regarding their own marital satisfaction, their perceptions of service members' combat exposure during deployments, their perceptions of service members' symptoms of PTSD, and their attributions for those symptoms. External attributions were significantly, positively associated with perceptions of combat exposure ($r_p = .31$) and re-experiencing symptoms ($\beta = .33$) and significantly, negatively associated with perceptions of numbing/withdrawal symptoms ($r_p = -.22$). In contrast, internal attributions were significantly, negatively associated with perceptions of re-experiencing symptoms ($\beta = -.18$) and significantly, positively associated with perceptions of numbing/withdrawal symptoms ($\beta = .46$). Internal attributions significantly moderated the negative

association of PTSD symptoms with marital satisfaction, such that the association strengthened as internal attributions increased. These findings are the first explicit support for an attributional understanding of distress in partners of combat veterans. Interventions that alter partners' attributions may improve marital functioning.

<http://www.omicsgroup.org/journals/recommendations-for-counselors-and-community-service-providers-working-with-military-families-2167-1079.1000139.pdf>

Recommendations for Counselors and Community Service Providers Working with Military Families.

Lara-Cinisomo S, Chandra A, Burns RM, Lau J

Primary Health Care 3:139

A growing body of research has identified challenges facing military families, and the evidence suggests that the wars have placed stress on family members. This article synthesizes results from a longitudinal study conducted with non-deployed parents of military children ages 7 to 17. The objective of this article is to provide counselors and community service providers who work with military families, particularly those in the civilian sector who are serving these families as service members return home, recommendations on several key topics relevant to military families. The following topics addressed include: 1) The importance of discussing changes in household responsibilities during and after parental deployment; 2) Family communication plans and how to improve quality of communication between youth, parents, and the military couple; 3) Assessing the non-deployed spouse and parent stress around reintegration with youth and the returning parent; and 4) Alerting parents and families about potential changes in the behavior of children and youth, and possible sources of stress during and after deployment.

<http://bjsm.bmj.com/content/early/2013/10/31/bjsports-2013-092935.short>

Chronic traumatic encephalopathy and risk of suicide in former athletes.

Grant L Iverson

British Journal of Sports Medicine

Published Online First: 31 October 2013

Background

In the initial autopsy case studies of chronic traumatic encephalopathy (CTE), some researchers have concluded that the proteinopathy associated with CTE is the underlying cause of suicidality and completed suicide in former athletes.

Methods

A review of the literature on contact sports and risk of completed suicide revealed only one epidemiological study with direct relevant data.

Results

There are no published cross-sectional, epidemiological or prospective studies showing a relation between contact sports and risk of suicide. One published epidemiological study suggests that retired National Football League players have lower rates of death by suicide than the general population. Outside of sports, there is a mature body of evidence suggesting that the causes of suicide are complex, multifactorial and difficult to predict in individual cases.

Conclusions

Future research might establish a clear causal connection between the proteinopathy of CTE and suicide. At present, however, there is insufficient scientific evidence to conclude that there is a strong causal relationship between the presence of these proteinopathies and suicide in former athletes. Additional research is needed to determine the extent to which the neuropathology of CTE is a possible mediator or moderator variable associated with suicide.

<http://www.tandfonline.com/doi/abs/10.1080/15332691.2013.836053>

The Role of Tele-Mental Health in Therapy for Couples in Long-Distance Relationships.

Megan McCoy, Lyndsey R. Hjelmstad, Morgan Stinson

Journal of Couple & Relationship Therapy

Vol. 12, Iss. 4, 2013

The rates of long distance romantic relationships are increasing, and it is important to realize that many of these couples may face unique challenges compared with geographically close couples. However, because of geographical separation, couples in long distance relationships may not have access to therapy services that could benefit their relationships. Therefore, therapists need to make accommodations for working with them. One way of supporting this population is through videoconferencing. Videoconference services are programs that allow people in different places to talk to each other in real time. One of the more popular videoconferencing services is Skype. This article will explore the use of Skype in therapy with couples in long distance relationships. The current state of the literature on Internet based psychotherapeutic interventions and the ethical considerations associated with this type of treatment will be addressed. Drawing on a clinical case study, implications of Skype therapy for long distance relationships will be discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/24191981>

Nicotine Tob Res. 2013 Nov 5. [Epub ahead of print]

Ecological Momentary Assessment of Posttraumatic Stress Disorder Symptoms During a Smoking Quit Attempt.

Dedert EA, Dennis PA, Swinkels CM, Calhoun PS, Dennis MF, Beckham JC.

Source: Durham Veterans Affairs Medical Center, Durham, NC;

INTRODUCTION:

Smokers with posttraumatic stress disorder (PTSD) tend to lapse more quickly following a quit attempt, which might be explained by changes in PTSD symptoms during a quit attempt. The present study examines changes in PTSD symptoms, negative affect, and craving before and during a quit attempt.

METHODS:

Participants in this study were 52 smokers with PTSD who completed random-alarm ecological momentary assessments of PTSD symptoms, negative affect, cigarette craving, and smoking behavior throughout a prequit phase of ad-hoc smoking, a phase of abstinence from smoking, and a postlapse phase.

RESULTS:

Relative to the prequit phase, the abstinent phase was marked by decreases in PTSD reexperiencing, avoidance, and numbing clusters ($p \leq .01$). The odds of PTSD symptom or negative affect variability from one reading in the ecological momentary assessment (EMA) to the next reading was decreased in PTSD reexperiencing, avoidance, and numbing clusters ($p \leq .02$). Smoking cravings were also mildly decreased in the abstinent and postlapse phases ($p < .01$), although some cravings in both phases were rated at the maximum intensity. Increased craving was predicted by the previous EMA reading of PTSD symptoms.

CONCLUSIONS:

Results suggested that smoking abstinence is not associated with exacerbation of PTSD symptoms, but PTSD symptoms during abstinence were related to craving levels during the quit attempt.

<http://www.ncbi.nlm.nih.gov/pubmed/24191766>

MSMR. 2013 Oct;20(10):2-6.

Anxiety disorders, active component, U.S. Armed Forces, 2000-2012.

Armed Forces Health Surveillance Center (AFHSC).

Anxiety is a normal reaction to stress; however, in individuals with anxiety disorder, the anxiety becomes chronic and exaggerated, and affects the physical and psychological health of the individual.

The main types of anxiety disorders are generalized anxiety disorder, panic disorder, post-traumatic stress disorder (PTSD), phobias, and obsessive-compulsive disorder (OCD). Incident diagnoses of anxiety disorders among active component service members steadily increased from 2000 to 2012. A majority of incident anxiety disorder diagnoses were "non-specific" anxiety disorders (ICD-9-CM codes: 300.0, 300.00, or 300.09) and over 75 percent of service members diagnosed with "non-specific" anxiety disorders did not have a more specific anxiety disorder diagnosis during subsequent medical encounters. Incidence rates of anxiety disorders were highest among females, white, non-Hispanics, in the youngest age groups, and among recruits and junior enlisted service members. About one-third of anxiety disorder cases also had a co-occurring diagnosis of either adjustment or depressive disorder within one year before or after the incident anxiety disorder encounter.

http://www.health.mil/Libraries/HA_Policies_and_Guidelines/13-010.pdf

Memorandum: Statutory Revision to Department of Defense Coverage of Abortions

Assistant Secretary of Defense for Health Affairs

March 12, 2013

The purpose of this memorandum is to update Health Affairs Policy 96-030 regarding the provision of abortion services in military treatment facilities (MTFs). Title 10, United States Code (U.S.C.), Section 1093(a) (Reference (a)), was amended by Section 704 of the National Defense Authorization Act for Fiscal Year 2013 to add an exception to the restriction on the use of DoD funding of abortions "in the case in which the pregnancy is the result of an act of rape or incest." Reference (a) now permits the use of DoD facilities (in the Continental United States and Outside the Continental United States) and appropriated funds to perform abortions under the following circumstances: where the life of the mother would be endangered if the fetus were carried to term or in the case in which the pregnancy is the result of an act of rape or incest.

<http://www.biomedcentral.com/1471-244X/13/296/abstract>

Motivation to persist with internet-based cognitive behavioural treatment using blended care: a qualitative study.

Maja Wilhelmsen, Kjersti Lillevoll, Mette Bech Risør, Ragnhild Høifødt, May-Lill Johansen, Knut Waterloo, Martin Eisemann and Nils Kolstrup

BMC Psychiatry 2013, 13:296

Background

The prevalence of depression is high and results in huge costs for society. Internet-based cognitive behavioural treatment (ICBT) has been suggested for use in primary care and has been shown to be

more effective when combined with human support. However, non-completion rates remain a challenge. Current recommendations state that steps to improve persistence with ICBT should be determined and the impact of therapist support on persistence explored. A few earlier studies have explored motivations to persist with ICBT without face-to-face therapist support. The present study explored the motivation to persist as experienced by a group of patients who sought help in primary care and used "blended care", i.e. ICBT supported by short face-to-face consultations.

Methods

To elucidate motivation in an everyday context and the meaning of patients' experiences we chose a phenomenological hermeneutical approach. We interviewed participants in the intervention group of a randomized controlled trial that evaluated the efficacy of an ICBT programme called MoodGYM, an eHealth intervention used to treat depression. Fourteen participants, both completers and non-completers, went through individual, semi-structured interviews after they ended their treatment.

Results

Hope of recovery and a desire to gain control of one's life were identified as intrinsic motivators. The feeling of being able to freely choose how, when and where to complete the ICBT modules was identified as an important supporting condition and satisfied the participants' need for autonomy. Furthermore, the importance of a sense of belonging towards partners, friends or family was essential for motivation as was the ability to identify with ICBT content. Another supporting condition was the experience of connectedness when met with acknowledgement, flexibility and feedback from a qualified therapist in the face-to-face consultations.

Conclusions

A key finding was that participants were motivated to persist with ICBT when their overall need for relatedness was satisfied. This was achieved through a sense of belonging towards partners, friends and family. Connectedness with the therapist and the participant's ability to identify with the ICBT modules also gave a sense of relatedness. Improving these motivational aspects may increase patients' persistence with ICBT.

<http://www.ncbi.nlm.nih.gov/pubmed/24188509>

J Consult Clin Psychol. 2013 Nov 4. [Epub ahead of print]

Timing Matters: Change Depends on the Stage of Treatment in Cognitive Behavioral Therapy for Panic Disorder With Agoraphobia.

Gloster AT, Klotsche J, Gerlach AL, Hamm A, Ströhle A, Gauggel S, Kircher T, Alpers GW, Deckert J, Wittchen HU.

Objective:

The mechanisms of action underlying treatment are inadequately understood. This study examined 5 variables implicated in the treatment of panic disorder with agoraphobia (PD/AG): catastrophic

agoraphobic cognitions, anxiety about bodily sensations, agoraphobic avoidance, anxiety sensitivity, and psychological flexibility. The relative importance of these process variables was examined across treatment phases: (a) psychoeducation/interoceptive exposure, (b) in situ exposure, and (c) generalization/follow-up.

Method:

Data came from a randomized controlled trial of cognitive behavioral therapy for PD/AG (n = 301). Outcomes were the Panic and Agoraphobia Scale (Bandelow, 1995) and functioning as measured in the Clinical Global Impression scale (Guy, 1976). The effect of process variables on subsequent change in outcome variables was calculated using bivariate latent difference score modeling.

Results:

Change in panic symptomatology was preceded by catastrophic appraisal and agoraphobic avoidance across all phases of treatment, by anxiety sensitivity during generalization/follow-up, and by psychological flexibility during exposure in situ. Change in functioning was preceded by agoraphobic avoidance and psychological flexibility across all phases of treatment, by fear of bodily symptoms during generalization/follow-up, and by anxiety sensitivity during exposure.

Conclusions:

The effects of process variables on outcomes differ across treatment phases and outcomes (i.e., symptomatology vs. functioning). Agoraphobic avoidance and psychological flexibility should be investigated and therapeutically targeted in addition to cognitive variables. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24188510>

J Consult Clin Psychol. 2013 Nov 4. [Epub ahead of print]

Patterns of Therapeutic Alliance: Rupture-Repair Episodes in Prolonged Exposure for Posttraumatic Stress Disorder.

Aguirre McLaughlin A, Keller SM, Feeny NC, Youngstrom EA, Zoellner LA.

Objective:

To better understand the role of therapeutic alliance in posttraumatic stress disorder (PTSD) treatment, we examined patterns of and shifts in alliance. First, we identified individuals with repaired ruptures, unrepaired ruptures, and no ruptures in alliance. Then, we explored group differences in these alliance events for clients with common clinical correlates (i.e., co-occurring depression and childhood abuse history) and whether or not the presence of these events influenced treatment outcome.

Method:

At pretreatment, clients (N = 116)-76.1% female, 66% Caucasian, age M = 36.7 years (SD = 11.3)-completed measures assessing PTSD diagnosis and severity (PTSD Symptom Scale Interview and Self-

Report), depression diagnosis and severity (Structured Clinical Interview for DSM-IV and Beck Depression Inventory), and trauma history. During 10 weeks of prolonged exposure therapy, alliance (California Psychotherapy Alliance Scale) measures were completed. At posttreatment, PTSD and depression were reassessed.

Results:

Ruptures in alliance were quite common (46%). No significant differences emerged in the frequency of repaired ruptures, unrepaired ruptures, or no ruptures between those with and without co-occurring major depressive disorder, $\chi^2(2, N = 82) = 2.69, p = .26$, or those with and without a history of childhood abuse, $\chi^2(2, N = 81) = 0.57, p = .75$. Unrepaired ruptures predicted worse treatment outcome ($\beta = .44, p = .001$).

Conclusions:

The current study underscores the importance of attending to discontinuities in alliance throughout treatment. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24189774>

Curr Psychiatry Rep. 2013 Dec;15(12):418. doi: 10.1007/s11920-013-0418-8.

Insomnia and its impact on physical and mental health.

Fernandez-Mendoza J, Vgontzas AN.

Source: Sleep Research and Treatment Center, Department of Psychiatry, Pennsylvania State University College of Medicine, 500 University Drive H073, Hershey, PA, 17033, USA, jfernandezmendoza@hmc.psu.edu.

In contrast to the association of insomnia with mental health, its association with physical health has remained largely unexplored until recently. Based on findings that insomnia with objective short sleep duration is associated with activation of both limbs of the stress system and other indices of physiological hyperarousal, which should adversely affect physical and mental health, we have recently demonstrated that this insomnia phenotype is associated with a significant risk of cardiometabolic and neurocognitive morbidity and mortality. In contrast, insomnia with normal sleep duration is associated with sleep misperception and cognitive-emotional arousal, but not with signs of physiological hyperarousal or cardiometabolic or neurocognitive morbidity. Interestingly, both insomnia phenotypes are associated with mental health, although most likely through different pathophysiological mechanisms. We propose that objective measures of sleep duration may become part of the routine evaluation and diagnosis of insomnia, and that these two insomnia phenotypes may respond differentially to biological versus psychological treatments.

<http://www.ncbi.nlm.nih.gov/pubmed/24189488>

Pharmacol Ther. 2013 Nov 1. pii: S0163-7258(13)00217-9. doi: 10.1016/j.pharmthera.2013.10.012.
[Epub ahead of print]

Neuroscience-driven discovery and development of sleep therapeutics.

Dresler M, Spoormaker VI, Beitinger P, Czisch M, Kimura M, Steiger A, Holsboer F.

Source: Max Planck Institute of Psychiatry, Munich, Germany.

Until recently, neuroscience has given sleep research and discovery of better treatments of sleep disturbances little attention, despite disturbed sleep has overwhelming impact on human health. Sleep is a complex phenomenon in which specific psychological, electrophysiological, neurochemical, endocrinological, immunological and genetic factors are involved. The brain as both the generator and main object of sleep is obviously of particular interest, which makes a neuroscience-driven view the most promising approach to evaluate clinical implications and applications of sleep research. Polysomnography as the gold standard of sleep research, complemented by brain imaging, neuroendocrine testing, genomics and other laboratory measures can help to create composite biomarkers that allow to maximize the effects of individualized therapies while minimizing adverse effects. Here we review the current state of the neuroscience of sleep, sleep disorders and sleep therapeutics and will give some leads to promote the discovery and development of sleep medicines that are better than those we have today. © 2013.

<http://www.ncbi.nlm.nih.gov/pubmed/24188512>

J Consult Clin Psychol. 2013 Nov 4. [Epub ahead of print]

Change in Negative Cognitions Associated With PTSD Predicts Symptom Reduction in Prolonged Exposure.

Zalta AK, Gillihan SJ, Fisher AJ, Mintz J, McLean CP, Yehuda R, Foa EB.

Objective:

The goal of the current study was to examine mechanisms of change in prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD). Emotional processing theory of PTSD proposes that disconfirmation of erroneous cognitions associated with PTSD is a central mechanism in PTSD symptom reduction; but to date, the causal relationship between change in pathological cognitions and change in PTSD severity has not been established.

Method:

Female sexual or nonsexual assault survivors (N = 64) with a primary diagnosis of PTSD received 10 weekly sessions of PE. Self-reported PTSD symptoms, depression symptoms, and PTSD-related cognitions were assessed at pretreatment, each of the 10 PE treatment sessions, and posttreatment.

Results:

Lagged mixed-effect regression models indicated that session-to-session reductions in PTSD-related cognitions drove successive reductions in PTSD symptoms. By contrast, the reverse effect of PTSD symptom change on change in cognitions was smaller and did not reach statistical significance. Similarly, reductions in PTSD-related cognitions drove successive reductions in depression symptoms, whereas the reverse effect of depression symptoms on subsequent cognition change was smaller and not significant. Notably, the relationships between changes in cognitions and PTSD symptoms were stronger than the relationships between changes in cognitions and depression symptoms.

Conclusions:

To our knowledge, this is the 1st study to establish change in PTSD-related cognitions as a central mechanism of PE treatment. These findings are consistent with emotional processing theory and have important clinical implications for the effective implementation of PE. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24188155>

Psychol Assess. 2013 Nov 4. [Epub ahead of print]

Diagnostic Accuracy of the Posttraumatic Stress Disorder Checklist-Civilian Version in a Representative Military Sample.

Karstoft KI, Andersen SB, Bertelsen M, Madsen T.

This study aimed to assess the diagnostic accuracy of the Posttraumatic Stress Disorder Checklist-Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993) and to establish the most accurate cutoff for prevalence estimation of posttraumatic stress disorder (PTSD) in a representative military sample compared to a clinical interview. Danish soldiers (N = 415; 94.4% male, mean age 26.6 years) were assessed with the PCL-C and the Structured Clinical Interview for the DSM-IV (SCID; First, Spitzer, Gibbon, & Williams, 2002) 2.5 years after their return from deployment to Afghanistan. Diagnostic accuracy of the PCL-C was assessed through receiver operating characteristic curve analysis. The PCL-C displayed high overall accuracy (area under the curve = .95, confidence interval [.92, .98]) and performed well (sensitivity > .70 and specificity ≥ .90), with cutoff scores ranging from 37 to 44. When including sensitivity values a little below .70 (.69), the PCL-C performed well for cutoff levels up to 53. Prevalence of PTSD varied considerably with the application of different cutoff values and scoring methods. Our results show that the PCL-C is a relevant and valid tool for screening for probable PTSD in active military samples. However, it is of great importance that cutoff scores be chosen based on the sample and the purpose of the particular study or screening. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24184430>

Behav Res Ther. 2013 Oct 9;51(12):830-839. doi: 10.1016/j.brat.2013.09.009. [Epub ahead of print]

Long-term stability of cognitive behavioral therapy effects for panic disorder with agoraphobia: A two-year follow-up study.

Gloster AT, Hauke C, Höfler M, Einsle F, Fydrich T, Hamm A, Sthrohle A, Wittchen HU.

Source: Technische Universität Dresden, Institute of Clinical Psychology and Psychotherapy, Germany; University of Basel, Department of Psychology, Division of Clinical Psychology and Epidemiology, Switzerland. Electronic address: andrew.gloster@unibas.ch.

OBJECTIVE:

Cognitive-behavioral therapy (CBT) aims to help patients establish new behaviors that will be maintained and adapted to the demands of new situations. The long-term outcomes are therefore crucial in testing the durability of CBT.

METHOD:

A two-year follow-up assessment was undertaken on a subsample of $n = 146$ PD/AG patients from a multicenter randomized controlled trial. Treatment consisted of two variations of CBT: exposure in situ in the presence of the therapist (T+) or on their own following therapist preparation (T-).

RESULTS:

Both variations of CBT had high response rates and, overall, maintained the level of symptomatology observed at post-treatment with high levels of clinical significance. Effect sizes 24 months following treatment were somewhat lower than at the 6-month follow up. Once patients reached responder status, they generally tended to remain responders at subsequent assessments. Differences were observed for patients that obtained additional treatment during the follow-up period. Expert opinion and subjective appraisal of treatment outcome differed. No robust baseline predictors of 2-year outcome were observed.

CONCLUSION:

Most patients maintain clinically meaningful changes two years following treatment across multiple outcome measures. Approximately 1/3 of patients continued to experience meaningful residual problems.

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<http://www.ncbi.nlm.nih.gov/pubmed/24182626>

J Psychosom Res. 2013 Nov;75(5):401-8. doi: 10.1016/j.jpsychores.2013.08.019. Epub 2013 Aug 31.

Recent randomized controlled trials of psychological interventions in healthcare: A review of their quantity, scope, and characteristics.

Arnberg FK, Alaie I, Parling T, Jonsson U.

Source: Department of Neuroscience, Psychiatry, Uppsala University, Uppsala, Sweden. Electronic address: filip.arnberg@neuro.uu.se.

OBJECTIVE:

This study aimed to describe the quantity, scope, and fundamental characteristics of recently published randomized controlled trials (RCTs) of psychological interventions.

METHODS:

We queried two major databases (PsycINFO and PubMed) for primary reports published in 2010 of RCTs of psychological interventions for participants with a medical condition. We collected data on the characteristics of the trials, participants, interventions, outcomes, and reports.

RESULTS:

Of 3696 retrieved reports 295 primary publications were included. About half (53%) of trials included participants with a mental disorder and more than half evaluated interventions based on a cognitive behavioral therapy (CBT) framework. A majority of trials recruited participants in North America and Europe (79%). A minority of the trials focused on children and adolescents (17%) or the elderly (8%). The median sample size of the intervention arm was n=41. Thirty-nine percent of trials reported solely patient-reported outcomes. Only 5% of reports indicated funding from for-profit organizations. The median 2010 impact factor of the journals in which reports were published was 2.96.

CONCLUSION:

This snapshot of the research on psychological interventions suggests that the evidence base for psychological interventions is expanding mainly for CBT interventions for adults in high-income countries. Although the restrictive inclusion criteria limit the generalizability of these results, researchers and funding agencies might be advised to strive for greater diversity regarding interventions, geographical/cultural settings and age groups. Regularly updated reviews of this research field, with gradually refined methodology and increased scope, may further inform funders and researchers.

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<http://www.ncbi.nlm.nih.gov/pubmed/24184428>

Behav Res Ther. 2013 Oct 7;51(12):817-822. doi: 10.1016/j.brat.2013.09.008. [Epub ahead of print]

Change in sleep symptoms across Cognitive Processing Therapy and Prolonged Exposure: A longitudinal perspective.

Gutner CA, Casement MD, Stavitsky Gilbert K, Resick PA.

Source: National Center for Posttraumatic Stress Disorder, VA Boston Healthcare System, Boston, MA, USA; Boston University School of Medicine, Boston, MA, USA. Electronic address: cassidy.gutner@va.gov.

Sleep disturbance is a core component in posttraumatic stress disorder (PTSD). Although cognitive-behavioral treatments for PTSD reduce the severity of sleep symptoms, they do not lead to complete remission. The present study examines the impact of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) on subjective measures of sleep disturbance from treatment randomization through long-term follow-up (LTFU). Participants were 171 female rape victims with PTSD who were randomly assigned to CPT, PE, or Minimal Attention (MA). After 6-weeks, the MA group was randomized to CPT or PE. Sleep symptoms were assessed at baseline, post-MA, post-treatment, 3-months, 9-months and LTFU using the Pittsburgh Sleep Quality Index (PSQI) and nightmare and insomnia items from the Clinician Administered PTSD Scale. Change in sleep during MA, from pre- to post-treatment for CPT and PE, and from post-treatment through LTFU was assessed using piecewise hierarchical linear modeling with the intent-to-treat sample. Controlling for medication, sleep improved during CPT and PE compared to MA, and treatment gains were maintained through LTFU. CPT and PE were equally efficacious and improvements persist over LTFU, yet, neither produced remission of sleep disturbance. Overall, sleep symptoms do not remit and may warrant sleep-specific treatments.

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<http://www.ncbi.nlm.nih.gov/pubmed/24184029>

Ann Epidemiol. 2013 Oct 5. pii: S1047-2797(13)00372-4. doi: 10.1016/j.annepidem.2013.09.006. [Epub ahead of print]

Correlates of cortisol in human hair: implications for epidemiologic studies on health effects of chronic stress.

Wosu AC, Valdimarsdóttir U, Shields AE, Williams DR, Williams MA.

Source: Multidisciplinary International Research Training Program, Harvard School of Public Health, Boston, MA; Department of Epidemiology, Harvard School of Public Health, Boston, MA. Electronic address: awosu@hsph.harvard.edu.

Assessment of cortisol concentrations in hair is one of the latest innovations for measuring long-term cortisol exposure. We performed a systematic review of correlates of cortisol in human hair to inform the design, analysis, and interpretation of future epidemiologic studies. Relevant publications were identified through electronic searches on PubMed, WorldCat, and Web of Science using keywords, "cortisol," "hair," "confounders," "chronic," "stress," and "correlates." Thirty-nine studies were included in this review. Notwithstanding scarce data and some inconsistencies, investigators have found hair cortisol concentrations to be associated with stress-related psychiatric symptoms and disorders (e.g., post-traumatic stress disorder), medical conditions indicating chronic activation of the hypothalamic-pituitary-adrenal axis (e.g., Cushing's syndrome), and other life situations associated with elevated risk of chronic stress (e.g., shiftwork). Results from some studies suggest that physical activity, adiposity, and substance abuse may be correlates of hair cortisol concentrations. In contrast to measures of short-term cortisol release (saliva, blood, and urine), cigarette smoking and use of oral contraceptives appear not to be associated with hair cortisol concentrations. Studies of pregnant women indicate increased hair cortisol concentrations across successive trimesters. The study of hair cortisol presents a unique opportunity to assess chronic alterations in cortisol concentrations in epidemiologic studies.

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<http://www.ncbi.nlm.nih.gov/pubmed/24183887>

Compr Psychiatry. 2013 Oct 8. pii: S0010-440X(13)00272-1. doi: 10.1016/j.comppsy.2013.09.004.
[Epub ahead of print]

Comorbid depressive symptoms in treatment-seeking PTSD outpatients affect multiple domains of quality of life.

Araújo AX, Berger W, Coutinho ES, Marques-Portella C, Luz MP, Cabizuca M, Fiszman A, Figueira I, Mendlowicz MV.

Source: Department of Psychiatry and Mental Health, Universidade Federal Fluminense (MSM-UFF), Rua Marquês do Paraná, 303-3° andar do Prédio Anexo, Niterói, RJ, Brazil; Institute of Psychiatry, Universidade Federal do Rio de Janeiro (IPUB-UFRJ), Avenida Venceslau Brás, 71 fundos, Rio de Janeiro, RJ, Brazil.

PURPOSE:

No study has examined the impact of the comorbid Axis I conditions on the quality of life (QoL) of patients with a primary diagnosis of PTSD. Our goal was to investigate the influence of comorbid disorders on the QoL of treatment-seeking outpatients with PTSD.

METHODS:

The diagnoses of PTSD and of the comorbid disorders were established using the SCID-I. The 54 volunteers also completed the Posttraumatic Stress Disorder Checklist - Civilian Version, the BDI, the BAI, the Trauma History Questionnaire, and a socio-demographic questionnaire. Quality of life was

assessed by means of the WHOQOL-BREF, a 26-item self-administered scale that measures four domains of QoL: psychological, physical, social, and environmental. Multiple linear regression models were fitted to investigate the relationship between the severity of post-traumatic, mood, and anxiety symptoms; the presence of specific current comorbid disorders and of psychotic symptoms, the number of current comorbid conditions, and a history of child abuse for each of the four domains of QoL, after adjusting for the effect of socio-demographic characteristics.

RESULTS:

The severity of PTSD symptoms impacted negatively on the psychological and physical domains. The severity of depressive symptoms correlated negatively with QoL in all domains, independently of sex, age, occupation, and marital status. The psychotic symptoms impacted negatively on the environmental domain. A history of child abuse was negatively associated with the psychological and the social domains.

CONCLUSIONS:

The severity of comorbid depressive symptoms is one of the most important factors in the determination of the QoL in patients with PTSD. © 2013.

<http://www.ncbi.nlm.nih.gov/pubmed/24183818>

J Psychiatr Res. 2013 Oct 22. pii: S0022-3956(13)00317-8. doi: 10.1016/j.jpsychires.2013.10.008. [Epub ahead of print]

Prescriptive variables for d-cycloserine augmentation of exposure therapy for posttraumatic stress disorder.

de Kleine RA, Hendriks GJ, Smits JA, Broekman TG, van Minnen A.

Source: Radboud University Nijmegen, Behavioural Science Institute, NijCare, The Netherlands; Center for Anxiety Disorders Overwaal, Institution for Integrated Mental Health Care Pro Persona, Nijmegen, The Netherlands. Electronic address: r.de.kleine@propersona.nl.

In recent years, several studies have demonstrated efficacy of d-cycloserine (DCS) enhanced exposure therapy across anxiety disorders. In this study we examined person-level variables that predicted response to DCS enhanced exposure therapy in a chronic, mixed trauma PTSD sample. The sample consisted of 67 treatment-seeking individuals, randomly allocated to receive exposure therapy augmented with DCS (50 mg) or identical looking placebo. We examined the following baseline predictors of treatment response: (1) demographic characteristics (age, gender, marital status, and education); (2) clinical characteristics (initial PTSD symptom severity, Axis I comorbidity, depression symptom severity, and antidepressants use); (3) personality characteristics (openness, conscientiousness, extraversion, agreeableness, and neuroticism). Outcome was measured with the PTSD Symptom Scale, Self-Report, which was assessed weekly during treatment. Two prescriptive variables were identified: conscientiousness and extraversion. For high conscientious participants, those

who received DCS showed better outcome than those who received placebo. And for low extraversion, DCS showed superior outcome relative to placebo. Education was identified as a prognostic variable, it predicted response across both groups: higher education was related to worse outcome. Our results provide support for the influence of personality traits on DCS augmented exposure outcome and give more insight into possible working mechanisms of this novel treatment strategy. Ultimately, this may contribute to treatment matching strategies in order to improve treatment efficacy of exposure therapy for PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24182416>

J Affect Disord. 2013 Oct 17. pii: S0165-0327(13)00740-4. doi: 10.1016/j.jad.2013.10.011. [Epub ahead of print]

Sleep disorders and the interpersonal-psychological theory of suicide: Independent pathways to suicidality?

Nadorff MR, Anestis MD, Nazem S, Claire Harris H, Samuel Winer E.

Source: Department of Psychology, Mississippi State University, P.O. Box 6161, Mississippi State, MS 39762, United States; Menninger Department of Psychiatry, Baylor College of Medicine, Houston, TX, United States. Electronic address: mnadorff@psychology.msstate.edu.

BACKGROUND:

Although sleep disorders are a risk factor for suicidal behavior little research has examined why sleep disorders confer suicide risk. The present study examined the relation between two sleep disorders, insomnia symptoms and nightmares, and suicide risk in the context of Joiner's interpersonal-psychological theory of suicide (IPTs).

METHODS:

The present study utilized two large samples (N=747 and 604) recruited from two large public universities in the Southeast. Both studies included measures of insomnia symptoms, nightmares, depressive symptoms, and prior suicide attempts. In addition, study one contained a measure of suicide risk.

RESULTS:

In study 1, the relations between insomnia symptoms and both suicide risk and prior attempts were not significant after controlling for the IPTs. However, nightmares were related to both suicide risk and suicide attempts independent of the IPTs. Furthermore, nightmares nearly missed significance in the prediction of suicide risk ($p=0.054$) and significantly predicted suicide attempts even after controlling for depressive symptoms. In study 2, both insomnia and nightmares were found to be significantly associated with prior suicide attempts after controlling for the IPTs and depressive symptoms.

LIMITATIONS:

The study is limited by its use of a college sample and cross-sectional design.

CONCLUSIONS:

These studies suggest that the IPTS may not explain the relation between sleep problems and suicidality. More research is needed to understand the mechanism by which sleep disorders confer suicide risk, which is clinically relevant as it may inform specific interventions to reduce the adverse effects of sleep disorders.

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<http://www.ncbi.nlm.nih.gov/pubmed/24176805>

J Anxiety Disord. 2013 Sep 25;27(7):735-741. doi: 10.1016/j.janxdis.2013.09.011. [Epub ahead of print]

The role of sleep disturbance in the relationship between post-traumatic stress disorder and suicidal ideation.

Betts KS, Williams GM, Najman JM, Alati R.

Source: School of Population Health, University of Queensland, Brisbane, Australia. Electronic address: kim.betts@uqconnect.edu.au.

We tested if the risk of suicidal ideation in individuals with PTSD symptoms was dependent on comorbid sleep disturbance. Our cross-sectional sample included 2465 participants with complete data from the 21 year follow-up of the Mater University Study of Pregnancy (MUSP), a birth cohort study of young Australians. Using structural equation modelling with indirect pathways we found that 12 month PTSD symptoms did not directly predict suicidal ideation at 21 when adjusting for major depression symptoms, polyvictimization and gender. However, PTSD symptoms had an indirect effect on suicidal ideation via past-month sleep disturbance. Our results suggest that increased suicidal ideation in those with PTSD may result from the fact that PTSD sufferers often exhibit other comorbid psychiatric conditions which are themselves known to predict suicidal behaviours. Sleep disturbance may be targeted in those who experience PTSD to help prevent suicidal ideation.

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<http://www.ncbi.nlm.nih.gov/pubmed/24176804>

J Anxiety Disord. 2013 Oct 1;27(7):728-734. doi: 10.1016/j.janxdis.2013.09.010. [Epub ahead of print]

Longitudinal course of anxiety sensitivity and PTSD symptoms in cognitive-behavioral therapies for PTSD.

Gutner CA, Nillni YI, Suvak M, Wiltsey-Stirman S, Resick PA.

Source: Department of Psychiatry, Boston University School of Medicine, United States; National Center for Posttraumatic Stress Disorder, Women's Health Sciences Division, VA Boston Healthcare System, United States. Electronic address: cassidy.gutner@va.gov.

Anxiety sensitivity (AS) has been conceptualized as trait-like vulnerability and maintenance factor for PTSD. Although recent literature has demonstrated its malleability during treatment, few have examined its influence on and effect from PTSD treatment. Using multilevel regression analyses we examined: (a) changes in AS during treatment and (b) whether pre-treatment AS predicted PTSD treatment response, in sample of female victims of interpersonal trauma receiving one of three treatments (cognitive processing therapy, cognitive processing therapy-cognitive, and written accounts). Participants exhibited reductions in total ASI scores from pre- to post-treatment. Growth curve modeling revealed slightly different trajectories of PTSD symptoms as a function of pre-treatment AS, and overall decreases in PTSD symptoms during treatment were not associated with pretreatment AS. Pretreatment AS dimensions impacted PTSD total scores and symptoms clusters differentially. Clinical and theoretical implications for these results are discussed.

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Links of Interest

Help Your Child Cope with Deployments

http://www.health.mil/News_And_Multimedia/News/detail/13-11-01/Help_Your_Child_Cope_with_Deployments.aspx

Wives matter more when it comes to calming down marital conflicts

http://www.eurekalert.org/pub_releases/2013-11/uoc--wmm110413.php

Study looks at safety, effectiveness of generics for treating depression

http://www.eurekalert.org/pub_releases/2013-11/wuso-sla110413.php

Living through war leads to in-group solidarity

http://www.eurekalert.org/pub_releases/2013-11/afps-ltw110613.php

Help Your Child Cope with Deployments

http://www.health.mil/News_And_Multimedia/News/detail/13-11-01/Help_Your_Child_Cope_with_Deployments.aspx

Constant overseas missions fray military families, make kids sick: study

<http://ca.news.yahoo.com/constant-overseas-missions-fraying-military-families-making-children-143239762.html>

CWRU study finds mending ruptures in client-therapist relationship has positive benefits

http://www.eurekalert.org/pub_releases/2013-11/cwru-csf110613.php

Personal reflection triggers increased brain activity during depressive episodes

http://www.eurekalert.org/pub_releases/2013-11/uol-prt110613.php

Warriors without a war face challenges at home

<http://www.stripes.com/news/middle-east/warriors-without-a-war-face-challenges-at-home-1.250891>

Vietnam vet wins discharge upgrade in PTSD lawsuit

<http://www.newsdaily.com/health/d35c329f011efb5b4cf8eb08465b59ff/vietnam-vet-wins-discharge-upgrade-in-ptsd-lawsuit>

Resource of the Week: 200+ Search engines all in one easy to find place

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