



CDP Research Update -- November 21, 2013

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- A community-based group-guided self-help intervention for low mood and stress: study protocol for a randomized controlled trial.
- Discrepancies in therapist and client ratings of global improvement following cognitive behavioral therapy for social phobia and their differential relations with symptom improvement at post-treatment and 12-month follow-up.
- Differences in Relationship Conflict, Attachment, and Depression in Treatment-Seeking Veterans With Hazardous Substance Use, PTSD, or PTSD and Hazardous Substance Use.

- Links of Interest
- Resource of the Week: New DoD/VA Military Culture for Healthcare Professionals website

<http://www.cnas.org/expanding-the-net>

Expanding the Net: Building Mental Health Care Capacity for Veterans

Phillip Carter

Center for a New American Security

November 11, 2016

Senior Fellow Phillip Carter calls upon the Department of Veterans Affairs (VA) to expand its mental health care resources to meet the growing needs of veterans across the country in his new report. Although the VA will spend nearly \$7 billion this year on mental health care for veterans, Mr. Carter argues in *Expanding the Net: Building Mental Health Care Capacity for Veterans* that this is not likely to be enough. The report urges the VA to rely more on the private sector and work more closely with local community and private philanthropic organizations.

<http://www.ncbi.nlm.nih.gov/pubmed/24226308>

Med Care. 2013 Dec;51(12):1114-23. doi: 10.1097/MLR.0000000000000007.

Prevalence, risk, and correlates of posttraumatic stress disorder across ethnic and racial minority groups in the United States.

Alegría M, Fortuna LR, Lin JY, Norris FH, Gao S, Takeuchi DT, Jackson JS, Shrout PE, Valentine A.

Source: Center for Multicultural Mental Health Research, Somerville †Cambridge Health Alliance, Cambridge ‡Harvard Medical School, Boston §Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA ||Cooperative Studies Program Coordinating Center, VA Palo Alto Healthcare System, Palo Alto, CA ¶The Giesel School of Medicine at Dartmouth, Hanover, NH #NCPTSD VA Medical Center, White River Junction, VT **Department of Biostatistics and Computational Biology, University of Rochester Medical Center ††University of Rochester Medical Center School of Medicine and Dentistry, Rochester, NY ‡‡School of Social Work, University of Washington, Seattle, WA §§Department of Psychology, University of Michigan, Ann Arbor, MI |||Department of Psychology, New York University, New York, NY.

OBJECTIVES:

We assess whether posttraumatic stress disorder (PTSD) varies in prevalence, diagnostic criteria endorsement, and type and frequency of potentially traumatic events (PTEs) among a nationally

representative US sample of 5071 non-Latino whites, 3264 Latinos, 2178 Asians, 4249 African Americans, and 1476 Afro-Caribbeans.

METHODS:

PTSD and other psychiatric disorders were evaluated using the World Mental Health-Composite International Diagnostic Interview (WMH-CIDI) in a national household sample that oversampled ethnic/racial minorities (n=16,238) but was weighted to produce results representative of the general population.

RESULTS:

Asians have lower prevalence rates of probable lifetime PTSD, whereas African Americans have higher rates as compared with non-Latino whites, even after adjusting for type and number of exposures to traumatic events, and for sociodemographic, clinical, and social support factors. Afro-Caribbeans and Latinos seem to demonstrate similar risk to non-Latino whites, adjusting for these same covariates. Higher rates of probable PTSD exhibited by African Americans and lower rates for Asians, as compared with non-Latino whites, do not appear related to differential symptom endorsement, differences in risk or protective factors, or differences in types and frequencies of PTEs across groups.

CONCLUSIONS:

There appears to be marked differences in conditional risk of probable PTSD across ethnic/racial groups. Questions remain about what explains risk of probable PTSD. Several factors that might account for these differences are discussed, as well as the clinical implications of our findings. Uncertainty of the PTSD diagnostic assessment for Latinos and Asians requires further evaluation.

<http://www.sciencedirect.com/science/article/pii/S0306453013004034>

Cortisol response to cosyntropin administration in military veterans with or without posttraumatic stress disorder.

Julia A. Golier, Kimberly Caramanica, Iouri Makotkine, Leo Sher, Rachel Yehuda

Psychoneuroendocrinology, Available online 9 November 2013

Studies have demonstrated altered sensitivity of the hypothalamic-pituitary-adrenal (HPA) axis to its direct regulators in veterans with posttraumatic stress disorder (PTSD), but little is known about the adrenal response to hormonal stimulation in PTSD. An increased cortisol response to synthetic corticotropin-releasing factor (CRF) was recently found to be associated with war-zone deployment and not PTSD specifically. To more accurately assess whether there is altered adrenocortical responsiveness to hormonal stimulation in relation to war-zone deployment or PTSD, we performed the low-dose cosyntropin stimulation test in a sample of 45 male veterans: 13 war-zone exposed veterans with chronic PTSD (PTSD +), 22 war-zone exposed veterans without chronic PTSD (PTSD-), and 10 veterans not exposed to a war-zone and without chronic PTSD (non-exposed). Plasma cortisol and ACTH were measured at baseline and at intervals over a one hour period following intravenous administration of 1

µg of cosyntropin. A significant main effect of group (PTSD+, PTSD-, non-exposed) on the cortisol response to cosyntropin was observed. Cosyntropin-stimulated plasma cortisol levels were significantly higher in the PTSD+ and PTSD- groups compared to the non-exposed group. A significant main effect of group was also observed on peak cortisol levels. These findings suggest that war-zone exposure itself has persistent effects on adrenocortical activity.

<http://www.sciencedirect.com/science/article/pii/S1936657413001702>

Effectiveness of a Multimedia Outreach Kit for Families of Wounded Veterans.

David Ian Walker, Ph.D., Jean-François Cardin, M.S., Neelu Chawla, M.S., David Topp, Ph.D., Thomaseo Burton, Ph.D., Shelley MacDermid Wadsworth, Ph.D

Disability and Health Journal, Available online 8 November 2013

Background

Young children in military families with a member who has a life changing injury can experience emotional difficulties and behavior changes.

Objective

This study evaluated a Sesame Workshop multimedia kit called: Talk, Listen, Connect: Changes (TLC-II(C); 2008). The kit, which included video and print materials, aimed to help caregivers (i.e. at-home partner, at-home relative or family member of a current or discharged military member) assist young children as they adjusted to their parent's injury. We expected that the materials would be used and their quality evaluated. We hypothesized that use of the materials would produce improvements in caregiver and child outcomes as well as reductions in perceptions of disruption in the home. We also predicted that kit-use would have a positive impact on the family.

Methods

One-hundred and fifty three families with children aged 2 to 8 years were randomly assigned to receive the kit being evaluated (TLC-II(C)) or a control kit (Healthy Habits for Life(HHL)), also developed by Sesame Workshop. Group outcomes were compared four weeks following receipt of the kits using multivariate analysis of variance.

Results

All materials were well used and highly rated. All caregivers reported less social isolation, less child aggression, and significantly less disruptive home environments after kit use. Test group caregivers reported significantly greater reductions in depressive symptoms and significant increases in children's social competence over time in comparison to the control group.

Conclusions

These results signal important improvements among families as a consequence of using either test or

control materials. As a preventative intervention designed for families with an injured member, TLC-II(C) was particularly effective at improving coping.

<http://www.sciencedirect.com/science/article/pii/S0165178113006896>

Acute effects of trauma-focused research procedures on participant safety and distress.

Vanessa M. Brown, Jennifer L. Strauss, Kevin S. LaBar, Andrea L. Gold, Gregory McCarthy, Rajendra A. Morey

Psychiatry Research, Available online 8 November 2013

The ethical conduct of research on posttraumatic stress disorder (PTSD) requires assessing the risks to study participants. Some previous findings suggest that patients with PTSD report higher distress compared to non-PTSD participants after trauma-focused research. However, the impact of study participation on participant risk, such as suicidal/homicidal ideation and increased desire to use drugs or alcohol, has not been adequately investigated. Furthermore, systematic evaluation of distress using pre- and post-study assessments, and the effects of study procedures involving exposure to aversive stimuli, are lacking. Individuals with a history of PTSD (n=68) and trauma-exposed non-PTSD controls (n=68) responded to five questions about risk and distress before and after participating in research procedures including a PTSD diagnostic interview and a behavioral task with aversive stimuli consisting of mild electrical shock. The desire to use alcohol or drugs increased modestly with study participation among the subgroup (n=48) of participants with current PTSD. Participation in these research procedures was not associated with increased distress or participant risk, nor did study participation interact with lifetime PTSD diagnosis. These results suggest some increase in distress with active PTSD but a participant risk profile that supports a favorable risk–benefit ratio for conducting research in individuals with PTSD.

<https://digital.library.txstate.edu/handle/10877/4840>

Texas National Guard and Reserve Members and Veterans: Post-Deployment and Reintegration Problems and the Services to Meet those Needs

Aquino, Genedine Mangloña

An Applied Research Project (Political Science 5397) Submitted to the Department of Political Science, Texas State University in Partial Fulfillment for the Requirements for the Degree of Masters of Public Administration, Fall 2013

The purpose of this research is to review key literature on National Guard and Reserve (NGR) service members and veterans who have returned from combat deployments in Afghanistan (Operation Enduring Freedom [OEF]) and Iraq (Operation Iraqi Freedom [OIF]). This is in an effort to describe the

major issues pertinent to this population and to identify the services readily available to address these areas of concern. Subsequently, this information was used to develop a handbook identifying easily accessible organizations in Texas that strive to reduce and alleviate the effects of war on NGR service members and veterans. This initiative should facilitate the successful reintegration of this population coming from a combat deployment setting and returning to the civilian world. The issues and services are classified in a conceptual framework of descriptive categories. Document analysis is used to analyze pertinent source documents, including scholarly literature and Internet websites on post-deployment and reintegration services available to NGR service members and veterans in Texas.

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

Mental health care training for practitioners in remote and rural areas.

de Mello, G., Fraser, F., Nicoll, P., Ker, J., Green, G. and Laird, C.

The Clinical Teacher

Volume 10, Issue 6, pages 384–388, December 2013

Background:

Rural and island health care staff in Scotland are required to manage patients experiencing mental health crises. To ensure practitioners in remote and rural areas have the necessary skills, the Remote and Rural Healthcare Educational Alliance (RRHEAL) were asked to develop a pre-hospital mental health care course.

Methods:

Several mental health care experts were asked to express an opinion on the essential content of such a course. Stakeholder review informed the development of a survey to identify the priority areas for training. The first round of the survey process involved an expert group of 16; the second round used a survey of over 300 remote and rural practitioners involved with the British Association for Immediate Care, Scotland (BASICS).

Results:

The stakeholder review identified key content, summarised under the following topics: risk assessment; patient assessment; crisis management; handling difficult situations; engagement skills; mental health law; management of retrieval; pharmacology; theory and classification of mental illness; and understanding your network.

Discussion:

This article shares how the needs within a national pre-hospital mental health care programme were identified, and demonstrates how consensus over the content of a national course was achieved through the use of a modified Delphi approach. The Clinical Skills Managed Educational Network (CSMEN), Self-Harm Mitigation Training (STORM®) and BASICS, alongside RRHEAL, contributed to this

development. Using blended learning techniques the resulting course encourages a contextual approach to user needs, specifically teaching generic mental health care skills to staff who are often working single-handed, and are required to respond appropriately, locally and safely as they work towards achieving National Mental Health crisis standards.

<http://www.sciencedirect.com/science/article/pii/S0165032713007969>

Persistence and resolution of suicidal ideation during treatment of depression in patients with significant suicidality at the beginning of treatment: The CRESCEND study.

Ho-Jun Seo, Young-Eun Jung, Seunghee Jeong, Jung-Bum Kim, Min-Soo Lee, Jae-Min Kim, Hyeon Woo Yim, Tae-Youn Jun

Journal of Affective Disorders, Available online 11 November 2013

Background

The appropriate length of time for patients who visit clinics with significant suicidal ideation to be closely monitored is a critical issue for clinicians. We evaluated the course of suicidal ideation and associated factors for persistent suicidality in patients who entered treatment for depression with significant suicidal ideation.

Methods

A total of 565 patients who had both moderate to severe depression (Hamilton Depression Rating Scale (HAMD) score ≥ 14) and significant suicidal ideation (Beck Scale for Suicide Ideation (SSI-B) score ≥ 6) were recruited from 18 hospitals in South Korea. Participants were assessed using the SSI-B, HAMD, Hamilton Anxiety Rating Scale, and Clinical Global Impression Scale-severity during a 12-week naturalistic treatment with antidepressant intervention. Participants were classified into resolved suicidality or persistent suicidality groups according to whether their suicidal ideation improved to SSI-B scores < 6 and were sustained for 12 weeks.

Results

During the 12-week treatment, 206 (36.4%) patients were classified in the resolved suicidality group. Persistent suicidality was associated with intervention with SSRIs, higher SSI-B baseline score, and no HAMD or HAMA remission. The proportions of participants who had persistent suicidal ideation even with HAMD remission or response were 0.25 and 0.34, respectively.

Limitations

This study was observational, and the treatment modality was naturalistic.

Conclusions

A considerable number of patients had persistent suicidal ideation despite 12 weeks of antidepressant treatment. Close monitoring for suicidal ideation may be needed beyond the initial weeks of treatment and even after a response to antidepressants is observed.

<http://tva.sagepub.com/content/early/2013/11/12/1524838013511540.abstract>

Unseen Battles: The Recognition, Assessment, and Treatment Issues of Men With Military Sexual Trauma (MST).

E. Ellen Morris, Julia C. Smith, Sharjeel Yonus Farooqui, and Alina M. Surís

Trauma Violence Abuse 1524838013511540, first published on November 13, 2013

While there is increasing attention on sexual violence in the military, the focus has been primarily on women. There is very little information regarding the effects of and treatment for men who experience military sexual trauma (MST). The aim of this article is to consolidate the known information about men with MST including prevalence rates, factors that affect those rates, gender differences, medical and psychiatric sequelae, and finally a review of two experimental studies. Implications for future research, practice, and policy are also discussed.

<http://jmh.sagepub.com/content/early/2013/11/13/1557988313508304.abstract>

Preferences for Gender-Targeted Health Information: A Study of Male Veterans Who Have Experienced Military Sexual Trauma.

Jessica A. Turchik, Samantha Rafie, Craig S. Rosen, and Rachel Kimerling

Am J Mens Health 1557988313508304, first published on November 14, 2013

No prior research has examined men's opinions or preferences regarding receiving health education materials related to sexual violence. The objective of the current study was to investigate whether male veteran patients who have experienced military sexual trauma (MST) prefer gender-targeted versus gender-neutral printed health information and whether receipt of this information increased utilization of outpatient mental health services in the following 6-month period. In-person 45-minute interviews were conducted with 20 male veterans receiving health care services at a large Veterans Health Administration facility to evaluate opinions on a gender-targeted and a gender-neutral brochure about MST. An additional 153 veterans received psychoeducational materials through the mail and participated in the completion of a survey as part of a psychoeducational intervention. Our results demonstrate that male veterans prefer gender-targeted information about sexual trauma compared to gender-neutral information. Whereas veterans in the study had clear preferences for gender-targeted materials, receipt of information about MST (whether gender-targeted or gender-neutral) did not increase utilization of mental health care in the 6 months following receipt of these materials. These results demonstrated that materials about sexual trauma are acceptable to men and should be gender-targeted. Further research is needed to examine strategies to increase access to mental health care among male Veterans who have experienced MST.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21869/abstract>

Comparing Response to Cognitive Processing Therapy in Military Veterans With Subthreshold and Threshold Posttraumatic Stress Disorder.

Dickstein, B. D., Walter, K. H., Schumm, J. A. and Chard, K. M.

Journal of Traumatic Stress

Article first published online: 15 NOV 2013

Research suggests that subthreshold posttraumatic stress disorder (PTSD) symptomatology is associated with increased risk for psychological and functional impairment, including increased risk for suicidal ideation. However, it does not appear that any studies to date have investigated whether subthreshold PTSD can effectively be treated with evidence-based, trauma-focused treatment. Accordingly, we tested response to cognitive processing therapy (CPT) in 2 groups of military veterans receiving care at a VA outpatient specialty clinic, 1 with subthreshold PTSD at pretreatment (n = 51) and the other with full, diagnostic PTSD (n = 483). Multilevel analysis revealed that both groups experienced a significant decrease in PTSD symptoms over the course of therapy (the full and subthreshold PTSD groups experienced an average decrease of 1.79 and 1.52 points, respectively, on the PTSD Checklist with each increment of time, which was coded from 0 at pretreatment to 13 at posttreatment). After controlling for pretreatment symptom severity, a between-groups difference was not found. These results suggest that CPT is an effective form of treatment among military veterans, and that its effectiveness does not differ between subthreshold and threshold groups.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21867/abstract>

Intimate Partner Violence Among Women Veterans: Previous Interpersonal Violence as a Risk Factor.

Iverson, K. M., Mercado, R., Carpenter, S. L. and Street, A. E.

Journal of Traumatic Stress

Article first published online: 15 NOV 2013

Experiences of abuse during childhood or military service may increase women veterans' risk for intimate partner violence (IPV) victimization. This study examined the relative impact of 3 forms of interpersonal violence exposure (childhood physical abuse [CPA], childhood sexual abuse [CSA], and unwanted sexual experiences during military service) and demographic and military characteristics on past-year IPV among women veterans. Participants were 160 female veteran patients at Veterans Affairs hospitals in New England who completed a paper-and-pencil mail survey that included validated assessments of past-year IPV and previous interpersonal violence exposures. Women who reported CSA

were 3.06 times, 95% confidence interval (CI) [1.14, 8.23], more likely to report past-year IPV relative to women who did not experience CSA. Similarly, women who reported unwanted sexual experiences during military service were 2.33 times, 95% CI [1.02, 5.35], more likely to report past-year IPV compared to women who did not report such experiences. CPA was not associated with IPV risk. Having less education and having served in the Army (vs. other branches) were also associated with greater risk of experiencing IPV in the past year. Findings have implications for assisting at risk women veterans in reducing their risk for IPV through detection and intervention efforts.

<http://www.ncbi.nlm.nih.gov/pubmed/24246209>

Int J Clin Pract. 2013 Dec;67(12):1311-6. doi: 10.1111/ijcp.12211.

Insomnia as a predictor of high-lethality suicide attempts.

Pompili M, Innamorati M, Forte A, Longo L, Mazzetta C, Erbutto D, Ricci F, Palermo M, Stefani H, Seretti ME, Lamis DA, Perna G, Serafini G, Amore M, Girardi P.

Source: Department of Neurosciences, Mental Health and Sensory Organs, Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy.

INTRODUCTION:

Research has demonstrated that patients with insomnia are at an increased risk of experiencing suicidal ideation and/or making a suicide attempt.

OBJECTIVES:

To evaluate the relation between insomnia and suicidal behaviour.

AIMS:

To examine factors associated with a diagnosis of insomnia in patients admitted to an Emergency Department (ED) and assessed by the psychiatrist in charge.

METHODS:

Participants were 843 patients consecutively admitted to the ED of Sant'Andrea Hospital in Rome, between January 2010 and December 2011. All patients admitted were referred to a psychiatrist. A clinical interview based on the Mini International Neuropsychiatric Interview (MINI) and a semi-structured interview was conducted. Patients were asked about 'ongoing' suicidal ideation or plans for suicide.

RESULTS:

Forty-eight percent of patients received a diagnosis of bipolar disorder (BD), major depressive disorder (MDD) or an anxiety disorder; whereas, 17.1% were diagnosed with Schizophrenia or other non-affective psychosis. Patients with insomnia (compared to patients without insomnia) more frequently had a diagnosis of BD (23.9% vs. 12.4%) or MDD (13.3% vs. 9.5%; $p < 0.001$). Moreover, patients with

insomnia less frequently had attempted suicide in the past 24 h (5.3% vs. 9.5%; $p < 0.05$) as compared with other patients, but those patients with insomnia who attempted suicide more frequently used a violent method (64.3% vs. 23.6%; $p < 0.01$) compared to other suicide attempters.

CONCLUSIONS:

Our results do not support an association between insomnia and suicidal behaviour. However, suicide attempters with insomnia more frequently used violent methods, and this phenomenon should be taken into serious consideration by clinicians.

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<http://www.ncbi.nlm.nih.gov/pubmed/24245929>

Neuropsychology. 2013 Nov 18. [Epub ahead of print]

Neuropsychological Outcomes in OEF/OIF Veterans With Self-Report of Blast Exposure: Associations With Mental Health, but not mTBI.

Verfaellie M, Lafleche G, Spiro A, Bousquet K.

Objective:

To examine neuropsychological outcomes in veterans of Operations Enduring and Iraqi Freedom (OEF/OIF) with self-reported histories of blast exposure and determine the contribution of deployment-related mild traumatic brain injury (mTBI), and posttraumatic stress disorder (PTSD) and depression to performance. The effect of number of blast exposures and distance from the blast was also assessed.

Method:

OEF/OIF veterans who reported exposure to blast underwent structured interviews and were assigned to no-TBI ($n = 39$), mTBI without loss of consciousness (LOC; $n = 53$), or mTBI with LOC ($n = 35$) groups. They were administered tests of executive function, memory, and motor function at least 6 months after the index event.

Results:

Neuropsychological outcomes did not differ as a function of mTBI group. Blast load and distance from the blast also did not affect neuropsychological performance. Both PTSD and depression symptoms were significantly associated with neuropsychological outcomes.

Conclusions:

A history of mTBI with or without LOC during deployment does not contribute to objective cognitive impairment in the chronic phase post injury. In contrast, PTSD and depression symptoms are associated with cognitive performance decrements. This finding is thought to reflect at least in part the impact of psychiatric distress on neuropsychological performance. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24080674>

J Nerv Ment Dis. 2013 Oct;201(10):872-6. doi: 10.1097/NMD.0b013e3182a6e76b.

Self-report and longitudinal predictors of violence in Iraq and Afghanistan war era veterans.

Elbogen EB, Johnson SC, Newton VM, Fuller S, Wagner HR, Beckham JC; VA Mid-Atlantic MIRECC Registry Workgroup.

Source: Department of Psychiatry, Forensic Psychiatry Program and Clinic, University of North Carolina-Chapel Hill School of Medicine; †VISN 6 Mental Illness Research, Education, and Clinical Center (MIRECC), Durham VA Medical Center, North Carolina; and ‡Department of Psychiatry, Duke University Medical Center, Durham, NC.

This study, using a longitudinal design, attempted to identify whether self-reported problems with violence were empirically associated with future violent behavior among Iraq and Afghanistan war veterans and whether and how collateral informant interviews enhanced the risk assessment process. Data were gathered from N = 300 participants (n = 150 dyads of Iraq and Afghanistan war veterans and family/friends). The veterans completed baseline and follow-up interviews 3 years later on average, and family/friends provided collateral data on dependent measures at follow-up. Analyses showed that aggression toward others at follow-up was associated with younger age, posttraumatic stress disorder, combat exposure, and a history of having witnessed parental violence growing up. Self-reported problems controlling violence at baseline had robust statistical power in predicting aggression toward others at follow-up. Collateral report enhanced detection of dependent variables: 20% of cases positive for violence toward others would have been missed relying only on self-report. The results identify a subset of Iraq and Afghanistan war veterans at higher risk for problematic postdeployment adjustment and indicate that the veterans' self-report of violence was useful in predicting future aggression. Underreporting of violence was not evidenced by most veterans but could be improved upon by obtaining collateral information.

<http://www.ncbi.nlm.nih.gov/pubmed/22426739>

Adm Policy Ment Health. 2013 Jul;40(4):274-85. doi: 10.1007/s10488-012-0418-8.

Clinicians' perspectives on cognitive therapy in community mental health settings: implications for training and implementation.

Stirman SW, Gutiérrez-Colina A, Toder K, Esposito G, Barg F, Castro F, Beck AT, Crits-Christoph P.

Source: Women's Health Sciences Division, National Center for PTSD, VA Boston Healthcare System, 150 S. Huntington Ave (116B3), Boston, MA 02130, USA. sws@bu.edu

Policymakers are investing significant resources in large-scale training and implementation programs for evidence-based psychological treatments (EBPTs) in public mental health systems. However, relatively little research has been conducted to understand factors that may influence the success of efforts to implement EBPTs for adult consumers of mental health services. In a formative investigation during the development of a program to implement cognitive therapy (CT) in a community mental health system, we surveyed and interviewed clinicians and clinical administrators to identify potential influences on CT implementation within their agencies. Four primary themes were identified. Two related to attitudes towards CT: (1) ability to address client needs and issues that are perceived as most central to their presenting problems, and (2) reluctance to fully implement CT. Two themes were relevant to context: (1) agency-level barriers, specifically workload and productivity concerns and reactions to change, and (2) agency-level facilitators, specifically, treatment planning requirements and openness to training. These findings provide information that can be used to develop strategies to facilitate the implementation of CT interventions for clients being treated in public-sector settings.

<http://www.ncbi.nlm.nih.gov/pubmed/22392348>

Adm Policy Ment Health. 2013 May;40(3):240-54. doi: 10.1007/s10488-012-0410-3.

Building a consumer base for trauma-focused cognitive behavioral therapy in a state system of care.

Grasso DJ, Webb C, Cohen A, Berman I.

Source: University of Delaware, Newark, DE, USA. dgrasso@uchc.edu

This paper documents the scope and limitations of an outreach effort to build a consumer base for Trauma-focused cognitive behavioral therapy in a state public mental health system for children. Three key aspects are discussed: the fostering of an informed referral network, the development of screening and identification services, and the engagement of families. Referral, screening and engagement are each examined against the backdrop of existing literature on implementation and dissemination. Each aspect of the implementation plan is described in detail-as are the barriers encountered and lessons learned during the course of execution. We provide several recommendations to assist other efforts to implement Evidence-Based Treatments into state systems of care.

<http://www.ncbi.nlm.nih.gov/pubmed/24245929>

Neuropsychology. 2013 Nov 18. [Epub ahead of print]

Neuropsychological Outcomes in OEF/OIF Veterans With Self-Report of Blast Exposure: Associations With Mental Health, but not mTBI.

Verfaellie M, Lafleche G, Spiro A, Bousquet K.

Objective:

To examine neuropsychological outcomes in veterans of Operations Enduring and Iraqi Freedom (OEF/OIF) with self-reported histories of blast exposure and determine the contribution of deployment-related mild traumatic brain injury (mTBI), and posttraumatic stress disorder (PTSD) and depression to performance. The effect of number of blast exposures and distance from the blast was also assessed.

Method:

OEF/OIF veterans who reported exposure to blast underwent structured interviews and were assigned to no-TBI (n = 39), mTBI without loss of consciousness (LOC; n = 53), or mTBI with LOC (n = 35) groups. They were administered tests of executive function, memory, and motor function at least 6 months after the index event.

Results:

Neuropsychological outcomes did not differ as a function of mTBI group. Blast load and distance from the blast also did not affect neuropsychological performance. Both PTSD and depression symptoms were significantly associated with neuropsychological outcomes.

Conclusions:

A history of mTBI with or without LOC during deployment does not contribute to objective cognitive impairment in the chronic phase post injury. In contrast, PTSD and depression symptoms are associated with cognitive performance decrements. This finding is thought to reflect at least in part the impact of psychiatric distress on neuropsychological performance. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24238355>

Pain Med. 2013 Nov;14(11):1797-805. doi: 10.1111/pme.12260.

PTSD and Pain: Exploring the Impact of Posttraumatic Cognitions in Veterans Seeking Treatment for PTSD.

Porter KE, Pope EB, Mayer R, Rauch SA.

Source: Mental Health Service, VA Ann Arbor Healthcare System, Ann Arbor, Michigan, USA.

OBJECTIVE:

Previous research has demonstrated a significant relationship between posttraumatic stress disorder (PTSD) and pain. While several models attempt to explain this relationship, significant questions remain regarding factors that may play a role in this interaction. The purpose of this study was to determine whether posttraumatic cognitions mediate the relationship between PTSD and pain.

DESIGN:

The sample comprised 136 veterans who presented to the VA Ann Arbor Health Care System seeking

evaluation and treatment in the PTSD clinic. Participants completed the Clinician-Administered PTSD Scale, the Posttraumatic Cognitions Inventory, and Brief Pain Inventory-Short Form, along with other assessments as part of their evaluation.

RESULTS:

This study showed that the majority of patients (86.8%) reported some problems with pain. Further, the findings indicate that there is a significant relationship between PTSD severity and pain severity. Posttraumatic cognitions were not related to the level of pain experienced, but they were related to pain interference in this population.

CONCLUSIONS:

In particular, negative cognitions regarding the self were associated with the level of pain-related interference, and partially mediated the relationship between PTSD and pain. The clinical implications of these findings are discussed.

Published 2013. This article is a U.S. Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/24237113>

J Neurotrauma. 2013 Nov 17. [Epub ahead of print]

Early Trajectory of Psychiatric Symptoms After Traumatic Brain Injury: Relationship to Patient and Injury Characteristics.

Hart T, Benn EK, Bagiella E, Arenth PM, Dikmen S Ph D, Hesdorffer DC, Novack TA, Ricker J, Zafonte R.

Source: Moss Rehabilitation Research Institute, Elkins Park, Pennsylvania, United States ;
THART@einstein.edu.

Psychiatric disturbance is common and disabling after traumatic brain injury (TBI). Few studies have investigated the trajectory of psychiatric symptoms in the first 6 months post injury, when monitoring and early treatment might prevent persistent difficulties. The objective of this study was to examine the trajectory of psychiatric symptoms 1-6 months post TBI, the patient/ injury characteristics associated with changes, and characteristics predictive of persisting symptoms. A secondary analysis was performed on data from a clinical trial with 3 data collection points. Across 8 centers, 872 participants with complicated-mild to severe TBI were administered the Brief Symptom Inventory (BSI) at 30, 90, and 180 days post injury. Mixed effects models were used to assess longitudinal changes in the BSI Global Severity Index (GSI). Multivariate logistic regression was used to assess predictors of clinically significant GSI elevations persisting to 6 months post TBI. In general, GSI scores improved over time. Women improved faster than men; race/ ethnicity was also significantly associated with rate of change, with Hispanics showing the most and African Americans the least improvement. Clinically significant psychiatric symptoms (caseness) occurred in 42% of the sample at 6 months, and >1 type of symptom was common. Significant predictors of caseness included African American race, age from 30-60 years,

longer post-traumatic amnesia (PTA) duration, pre-TBI unemployment, and pre-TBI risky alcohol use. Findings indicate that psychiatric symptoms are common in the first 6 months post TBI and frequently extend beyond the depression and anxiety symptoms that may be most commonly screened. Patients with longer PTA and pre-injury alcohol misuse may need more intensive monitoring for symptom persistence.

<http://www.biomedcentral.com/1471-244X/13/312/abstract>

Impact of a mobile phone and web program on symptom and functional outcomes for people with mild-to-moderate depression, anxiety and stress: a randomised controlled trial.

Judith Proudfoot, Janine Clarke, Mary-Rose Birch, Alexis E Whitton, Gordon Parker, Vijaya Manicavasagar, Virginia Harrison, Helen Christensen and Dusan Hadzi-Pavlovic

BMC Psychiatry 2013, 13:312

Background

Mobile phone-based psychological interventions enable real time self-monitoring and self-management, and large-scale dissemination. However, few studies have focussed on mild-to-moderate symptoms where public health need is greatest, and none have targeted work and social functioning. This study reports outcomes of a CONSORT-compliant randomised controlled trial (RCT) to evaluate the efficacy of myCompass, a self-guided psychological treatment delivered via mobile phone and computer, designed to reduce mild-to-moderate depression, anxiety and stress, and improve work and social functioning.

Method

Community-based volunteers with mild-to-moderate depression, anxiety and/or stress (N = 720) were randomly assigned to the myCompass program, an attention control intervention, or to a waitlist condition for seven weeks. The interventions were fully automated, without any human input or guidance. Participants' symptoms and functioning were assessed at baseline, post-intervention and 3-month follow-up, using the Depression, Anxiety and Stress Scale and the Work and Social Adjustment Scale.

Results

Retention rates at post-intervention and follow-up for the study sample were 72.1% (n = 449) and 48.6% (n = 350) respectively. The myCompass group showed significantly greater improvement in symptoms of depression, anxiety and stress and in work and social functioning relative to both control conditions at the end of the 7-week intervention phase (between-group effect sizes ranged from $d = .22$ to $d = .55$ based on the observed means). Symptom scores remained at near normal levels at 3-month follow-up. Participants in the attention control condition showed gradual symptom improvement during the post-intervention phase and their scores did not differ from the myCompass group at 3-month follow-up.

Conclusions

The myCompass program is an effective public health program, facilitating rapid improvements in

symptoms and in work and social functioning for individuals with mild-to-moderate mental health problems.

<http://www.ncbi.nlm.nih.gov/pubmed/24229474>

Psychol Med. 2013 Nov 12:1-13. [Epub ahead of print]

Predicting response to cognitive behavioral therapy in contamination-based obsessive-compulsive disorder from functional magnetic resonance imaging.

Olatunji BO, Ferreira-Garcia R, Caseras X, Fullana MA, Wooderson S, Speckens A, Lawrence N, Giampietro V, Brammer MJ, Phillips ML, Fontenelle LF, Mataix-Cols D.

Source: Department of Psychology and Psychiatry, Vanderbilt University, Nashville, TN, USA.

BACKGROUND:

Although cognitive behavioral therapy (CBT) is an effective treatment for obsessive-compulsive disorder (OCD), few reliable predictors of treatment outcome have been identified. The present study examined the neural correlates of symptom improvement with CBT among OCD patients with predominantly contamination obsessions and washing compulsions, the most common OCD symptom dimension.

METHOD:

Participants consisted of 12 OCD patients who underwent symptom provocation with contamination-related images during functional magnetic resonance imaging (fMRI) scanning prior to 12 weeks of CBT.

RESULTS:

Patterns of brain activity during symptom provocation were correlated with a decrease on the Yale-Brown Obsessive Compulsive Scale (YBOCS) after treatment, even when controlling for baseline scores on the YBOCS and the Beck Depression Inventory (BDI) and improvement on the BDI during treatment. Specifically, activation in brain regions involved in emotional processing, such as the anterior temporal pole and amygdala, was most strongly associated with better treatment response. By contrast, activity in areas involved in emotion regulation, such as the dorsolateral prefrontal cortex, correlated negatively with treatment response mainly in the later stages within each block of exposure during symptom provocation.

CONCLUSIONS:

Successful recruitment of limbic regions during exposure to threat cues in patients with contamination-based OCD may facilitate a better response to CBT, whereas excessive activation of dorsolateral prefrontal regions involved in cognitive control may hinder response to treatment. The theoretical implications of the findings and their potential relevance to personalized care approaches are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/23157198>

J Am Coll Health. 2012;60(8):562-73. doi: 10.1080/07448481.2012.721427.

Implications of posttraumatic stress among military-affiliated and civilian students.

Barry AE, Whiteman SD, MacDermid Wadsworth SM.

Source: Department of Health Education and Behavior, University of Florida, Gainesville, Florida 32611, USA. aebarry@ufl.edu

OBJECTIVES:

To determine whether posttraumatic stress (PTS) symptoms are associated with problem drinking and alcohol-related consequences, as well as academic correlates among military-affiliated and civilian students.

PARTICIPANTS:

The final sample (n = 248) included 78 combat-exposed student service members/veterans, 53 non-combat-exposed student service members/ veterans, 38 ROTC (Reserve Officers' Training Corps) students, and 79 civilian students.

METHODS:

Self-report data were collected spring 2011 via a Web-based survey measuring PTS, problem drinking, alcohol-related consequences, grade point average, educational self-efficacy, academic amotivation, and persistence.

RESULTS:

Military students exposed to combat-related trauma reported significantly greater PTS symptoms than other military and civilian groups. PTS symptoms were associated with problem drinking and alcohol-related consequences for all groups, yet unrelated to academic correlates among those exposed to combat-related trauma.

CONCLUSION:

This study adds to the scant literature base exploring the unique characteristics of student service members/veterans in higher education.

<http://www.ncbi.nlm.nih.gov/pubmed/24226807>

Circulation. 2013 Nov 15. [Epub ahead of print]

The Association between Insomnia Symptoms and Mortality: A Prospective Study of US Men.

Li Y, Zhang X, Winkelman JW, Redline S, Hu FB, Stampfer M, Ma J, Gao X.

Source: Brigham and Women's Hospital and Harvard Medical School, Boston, MA.

BACKGROUND:

Insomnia complaints are common in older adults and may be associated with mortality risk. However, evidence regarding this association is mixed. We thus prospectively examined whether men with insomnia symptoms had an increased risk of mortality during 6 years of follow-up.

METHODS AND RESULTS:

A prospective cohort study of 23,447 US men participating in the Health Professionals Follow-up Study and free of cancer, reported on insomnia symptoms in 2004 were followed through 2010. Deaths were identified from state vital statistic records, the National Death Index, family reports, and the postal system. We documented 2025 deaths during 6 years of follow-up (2004-2010). The multivariable-adjusted hazard ratios (HRs) of total mortality were 1.25 (95% confidence interval (CI):1.04-1.50) for difficulty initiating sleep, 1.09 (95%CI:0.97-1.24) for difficulty maintaining sleep, 1.04 (95%CI:0.88-1.22) for early-morning awakenings, and 1.24 (95%CI:1.05-1.46) for non-restorative sleep, comparing men with those symptoms most of the time to men without those symptoms, after adjusting for age, lifestyle factors and presence of common chronic conditions. Men with difficulty initiating sleep and non-restorative sleep most of the time had a 55% (HR:1.55; 95% CI:1.19-2.04; P-trend= 0.01) and 32% (HR:1.32; 95% CI:1.02-1.72; P-trend=0.002) increased risk of CVD mortality, respectively, relative to men without those symptoms.

CONCLUSIONS:

Some insomnia symptoms, especially difficulty initiating asleep and non-restorative sleep, are associated with a modestly higher risk of mortality.

<http://www.ncbi.nlm.nih.gov/pubmed/24225436>

Isr J Psychiatry Relat Sci. 2013;50(2):91-8.

PTSD, Resilience and Posttraumatic Growth Among Ex-Prisoners of War and Combat Veterans.

Zerach G, Solomon Z, Cohen A, Ein-Dor T.

Source: Department of Behavioral Sciences, Ariel University Center of Samaria, Ariel, Israel.

Background:

Past studies have shown that adversity may yield various salutogenic outcomes. Two constructs that have been at the center of this scientific investigation are resilience and posttraumatic growth (PtG). The present study aims to clarify the relations between posttraumatic stress symptoms, resilience and PtG among Israeli war veterans.

Method:

The sample includes former prisoners of war (ex-POWs) (n=103) and comparable veterans (n=106) of the 1973 Yom Kippur War. The veterans were assessed twice: 18 and 30 years after the war with self-report questionnaires.

Results:

resilience, defined as the absence of posttraumatic symptoms, and PtG are negatively correlated. resilient ex- POWs and veterans reported the lowest levels of PtG when compared to participants diagnosed with clinical and sub-clinical posttraumatic stress disorder (PtSd). Furthermore, PtG dimensions were found to be the most differentiating factor between study groups, followed by war exposure measures and clinical reports of depression and anxiety symptoms.

Conclusions:

this study strengthens the understanding that combatants who report high-level PtSd symptoms also report higher levels of positive psychological changes in the face of severe adversity.

<http://www.ncbi.nlm.nih.gov/pubmed/23588380>

Pflugers Arch. 2013 May;465(5):601-26. doi: 10.1007/s00424-013-1271-7. Epub 2013 Apr 16.

Sex differences in anxiety and emotional behavior.

Donner NC, Lowry CA.

Source: Department of Integrative Physiology and Center for Neuroscience, University of Colorado Boulder, 1725 Pleasant Street, 114 Clare Small, Boulder, CO 80309-0354, USA.

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Research has elucidated causal links between stress exposure and the development of anxiety disorders, but due to the limited use of female or sex-comparative animal models, little is known about the mechanisms underlying sex differences in those disorders. This is despite an overwhelming wealth of evidence from the clinical literature that the prevalence of anxiety disorders is about twice as high in women compared to men, in addition to gender differences in severity and treatment efficacy. We here review human gender differences in generalized anxiety disorder, panic disorder, posttraumatic stress disorder and anxiety-relevant biological functions, discuss the limitations of classic conflict anxiety tests to measure naturally occurring sex differences in anxiety-like behaviors, describe sex-dependent manifestation of anxiety states after gestational, neonatal, or adolescent stressors, and present animal models of chronic anxiety states induced by acute or chronic stressors during adulthood. Potential mechanisms underlying sex differences in stress-related anxiety states include emerging evidence supporting the existence of two anatomically and functionally distinct serotonergic circuits that are related to the modulation of conflict anxiety and panic-like anxiety, respectively. We discuss how these serotonergic circuits may be controlled by reproductive steroid hormone-dependent modulation of *crfr1* and *crfr2* expression in the midbrain dorsal raphe nucleus and by estrous stage-dependent alterations of γ -aminobutyric acid (GABAergic) neurotransmission in the periaqueductal gray, ultimately leading to sex differences in emotional behavior.

<http://www.ncbi.nlm.nih.gov/pubmed/24223036>

J Dual Diagn. 2013;9(3). doi: 10.1080/15504263.2013.806111.

Impact of Physical Health on Treatment for Co-occurring Depression and Substance Dependence.

Tripp JC, Skidmore JR, Cui R, Tate SR.

Source: VA San Diego Healthcare System, San Diego, California, USA ; The University of Memphis, Memphis, Tennessee, USA.

OBJECTIVE:

There is a high rate of comorbidity among substance dependence, depression, and physical health problems. This study aimed to examine the impact of pre-treatment physical health stressors (acute and chronic conditions) on outcomes of treatment in a sample of veterans with dual disorders (depression and substance dependence) who were randomized to integrated cognitive behavioral therapy versus 12-Step interventions.

METHODS:

This study included 205 veterans (89.8% male, mean age = 49.5 years) enrolled in a clinical treatment outcomes trial. Chronic health problems (persistent, ongoing conditions lasting 2 weeks or more; e.g., arthritis, diabetes) and acute health events (occurring on a discrete date; e.g., injury, surgery, myocardial infarction) were coded dichotomously (presence versus absence) and evaluated separately. The impact of physical health stressors on abstinence (defined dichotomously), percentage of days abstinent, and depression symptoms were analyzed at the end of 12 and 24 weeks of treatment. Additionally, associations between intake motivation to change, health stressors, and substance use were examined.

RESULTS:

Analyses revealed that participants who had experienced a pretreatment acute health event had higher rates of abstinence at 12-weeks, higher percentage of days abstinent at 24-weeks, and higher depression symptoms at intake. Participants with chronic health difficulties had more severe depression at intake and those participants with severe chronic difficulties had greater depression symptoms across all time points. Chronic health difficulties were related to the Taking Steps factor of motivation to change substance use, but acute health events were not related to motivation to change. Motivation to change was also not related to substance outcomes in our sample.

CONCLUSIONS:

Physical health appears to have a complex relationship with co-occurring depression and substance dependence. Acute health problems predicted lower substance use, whereas chronic health problems were associated with higher depression levels. Explicitly addressing the connection between substance use and health events during treatment may improve addiction treatment outcomes. However, individuals with chronic health problems may benefit from extending treatment or adjunct strategies

focused on addressing chronic health concerns. This is an analysis of data collected as part of a clinical trial registered at www.ClinicalTrials.gov as NCT00108407.

<http://www.ncbi.nlm.nih.gov/pubmed/24224077>

Eur J Psychotraumatol. 2013 Nov 6;4. doi: 10.3402/ejpt.v4i0.21171.

Treatment compliance and effectiveness in complex PTSD patients with co-morbid personality disorder undergoing stabilizing cognitive behavioral group treatment: a preliminary study.

Dorrepaal E, Thomaes K, Smit JH, Veltman DJ, Hoogendoorn AW, van Balkom AJ, Draijer N.

Source: GGZ inGeest, Amsterdam, The Netherlands ; Department of Psychiatry, VU University Medical Center, Amsterdam, The Netherlands ; EMGO Institute, VU University Medical Center, Amsterdam, The Netherlands ; PsyQ, Parnassia Groep, The Hague, The Netherlands.

BACKGROUND:

In the empirical and clinical literature, complex posttraumatic stress disorder (PTSD) and personality disorders (PDs) are suggested to be predictive of drop-out or reduced treatment effectiveness in trauma-focused PTSD treatment.

OBJECTIVE:

In this study, we aimed to investigate if personality characteristics would predict treatment compliance and effectiveness in stabilizing complex PTSD treatment.

METHOD:

In a randomized controlled trial on a 20-week stabilizing group cognitive behavioral treatment (CBT) for child-abuse-related complex PTSD, we included 71 patients of whom 38 were randomized to a psycho-educational and cognitive behavioral stabilizing group treatment. We compared the patients with few PD symptoms (adaptive) (N=14) with the non-adaptive patients (N=24) as revealed by a cluster analysis.

RESULTS:

We found that non-adaptive patients compared to the adaptive patients showed very low drop-out rates. Both non-adaptive patients, classified with highly different personality profiles "withdrawn" and "aggressive," were equally compliant. With regard to symptom reduction, we found no significant differences between subtypes. Post-hoc, patients with a PD showed lower drop-out rates and higher effect sizes in terms of complex PTSD severity, especially on domains that affect regulation and interpersonal problems.

CONCLUSIONS:

Contrary to our expectations, these preliminary findings indicate that this treatment is well tolerated by patients with a variety of personality pathology. Larger sample sizes are needed to study effectiveness for subgroups of complex PTSD patients.

<http://www.ncbi.nlm.nih.gov/pubmed/24252663>

J Med Internet Res. 2013 Nov 19;15(11):e258.

Comparing In-Person to Videoconference-Based Cognitive Behavioral Therapy for Mood and Anxiety Disorders: Randomized Controlled Trial.

Stubbings DR, Rees CS, Roberts LD, Kane RT.

Source: School of Psychology and Speech Pathology, Faculty of Health Sciences, Curtin University of Technology, Perth, Australia.

BACKGROUND:

Cognitive-behavioral therapy (CBT) has demonstrated efficacy and effectiveness for treating mood and anxiety disorders. Dissemination of CBT via videoconference may help improve access to treatment.

OBJECTIVE:

The present study aimed to compare the effectiveness of CBT administered via videoconference to in-person therapy for a mixed diagnostic cohort.

METHODS:

A total of 26 primarily Caucasian clients (mean age 30 years, SD 11) who had a primary Diagnostic and Statistical Manual of Mental Disorders, 4th edition text revision (DSM-IV-TR) diagnosis of a mood or anxiety disorder were randomly assigned to receive 12 sessions of CBT either in-person or via videoconference. Treatment involved individualized CBT formulations specific to the presenting diagnosis; all sessions were provided by the same therapist. Participants were recruited through a university clinic. Symptoms of depression, anxiety, stress, and quality of life were assessed using questionnaires before, after, and 6 weeks following treatment. Secondary outcomes at posttreatment included working alliance and client satisfaction.

RESULTS:

Retention was similar across treatment conditions; there was one more client in the videoconferencing condition at posttreatment and at follow-up. Statistical analysis using multilevel mixed effects linear regression indicated a significant reduction in client symptoms across time for symptoms of depression ($P < .001$, $d = 1.41$), anxiety ($P < .001$, $d = 1.14$), stress ($P < .001$, $d = 1.81$), and quality of life ($P < .001$, $d = 1.17$). There were no significant differences between treatment conditions regarding symptoms of depression ($P = .165$, $d = 0.37$), anxiety ($P = .41$, $d = 0.22$), stress ($P = .15$, $d = 0.38$), or quality of life ($P = .62$, $d = 0.13$). There were no significant differences in client rating of the working alliance ($P = .53$, one-tailed, $d = -0.26$), therapist ratings of the working alliance ($P = .60$, one-tailed, $d = 0.23$), or client ratings of satisfaction ($P = .77$, one-tailed, $d = -0.12$). Fisher's Exact P was not significant regarding differences in reliable change from pre- to posttreatment or from pretreatment to follow-up for symptoms of depression ($P = .41$, $P = .26$), anxiety ($P = .60$, $P = .99$), or quality of life ($P = .65$, $P = .99$) but was significant for symptoms of stress in favor of the videoconferencing condition ($P = .03$, $P = .035$). Difference between conditions regarding

clinically significant change was also not observed from pre- to posttreatment or from pretreatment to follow-up for symptoms of depression ($P=.67$, $P=.30$), anxiety ($P=.99$, $P=.99$), stress ($P=.19$, $P=.13$), or quality of life ($P=.99$, $P=.62$).

CONCLUSIONS:

The findings of this controlled trial indicate that CBT was effective in significantly reducing symptoms of depression, anxiety, and stress and increasing quality of life in both in-person and videoconferencing conditions, with no significant differences being observed between the two.

TRIAL REGISTRATION:

Australian New Zealand Clinical Trials Registry ID: ACTRN12609000819224;
<http://www.anzctr.org.au/ACTRN12609000819224.aspx> (Archived by WebCite at
<http://www.webcitation.org/6Kz5iBMiV>).

<http://www.ncbi.nlm.nih.gov/pubmed/24252475>

Trials. 2013 Nov 19;14(1):392. [Epub ahead of print]

A community-based group-guided self-help intervention for low mood and stress: study protocol for a randomized controlled trial.

McClay CA, Morrison J, McConnachie A, Williams C.

BACKGROUND:

Depression is a mental health condition which affects millions of people each year, with worldwide rates increasing. Cognitive behavioral therapy (CBT) is recommended in the National Institute for Health and Clinical Excellence (NICE) guidelines for the treatment of depression. However, waiting lists can cause delays for face-to-face therapy. Also a proportion of people decline to present for help through the health service -- the so-called treatment gap. Self-referral to CBT using community-based group interventions delivered by a voluntary sector organization may serve to resolve this problem. The aim of this randomized controlled trial (RCT) is to determine the efficacy of such a guided CBT self-help course, the 'Living Life to the Full' (LLTFF) classes delivered by the charity Action on Depression (AOD). The primary outcome is level of depression at 6 months assessed using the patient health questionnaire-9 (PHQ9) depression scale. Secondary measures include levels of anxiety and social functioning. Methods/design: Participants with symptoms of low mood will be recruited from the community through newspaper adverts and also via the AOD website. Participants will receive either immediate or delayed access to guided CBT self-help classes - the eight session LLTFF course. The primary endpoint will be at 6 months at which point the delayed group will be offered the intervention. Levels of depression, anxiety and social functioning will be assessed and an economic analysis will be carried out.

DISCUSSION:

This RCT will test whether the LLTFF intervention is effective and/or cost-effective. If the LLTFF

community-based classes are found to be cost effective, they may be helpful as both an intervention for those already seeking care in the health service, as well as those seeking help outside that setting, widening access to psychological therapy. Trial registration: Current Controlled Trials ISRCTN86292664.

<http://www.ncbi.nlm.nih.gov/pubmed/24252056>

Psychother Res. 2013 Nov 20. [Epub ahead of print]

Discrepancies in therapist and client ratings of global improvement following cognitive behavioral therapy for social phobia and their differential relations with symptom improvement at post-treatment and 12-month follow-up.

Morgan JR, Anderson PL.

Source: Psychology , Georgia State University , Atlanta , GA , USA.

Objective:

This study aimed to examine discrepancies in client and therapist ratings of global improvement and their relations to symptom improvement at post-treatment and 12-month follow-up.

Method:

Participants (N = 59) with social phobia received eight sessions of cognitive behavioral therapy (CBT). Participants and therapists rated improvement following each session. Participants also rated improvement at follow-up. Participants completed symptom severity self-reports at post-treatment and follow-up.

Results:

Clients consistently rated themselves as more improved than therapists. Relative to client ratings, therapist post-treatment ratings of improvement were related to more indices of symptom change at both timepoints.

Conclusions:

Results suggest that therapist ratings have good predictive utility of client-reported change in symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/24255069>

J Interpers Violence. 2013 Nov 18. [Epub ahead of print]

Differences in Relationship Conflict, Attachment, and Depression in Treatment-Seeking Veterans With Hazardous Substance Use, PTSD, or PTSD and Hazardous Substance Use.

Owens GP, Held P, Blackburn L, Auerbach JS, Clark AA, Herrera CJ, Cook J, Stuart GL.

Veterans (N = 133) who were seeking treatment in either the Posttraumatic Stress Program or Substance Use Disorders Program at a Veterans Affairs Medical Center (VAMC) and, based on self-report of symptoms, met clinical norms for posttraumatic stress disorder (PTSD) or hazardous substance use (HSU) completed a survey related to relationship conflict behaviors, attachment styles, and depression severity. Participants were grouped into one of three categories on the basis of clinical norm criteria: PTSD only, HSU only, and PTSD + HSU. Participants completed the PTSD Checklist-Military, Experiences in Close Relationships Scale-Short Form, Center for Epidemiologic Studies-Depression scale, Alcohol Use Disorders Identification Test, Drug Use Disorders Identification Test, and Psychological Aggression and Physical Violence subscales of the Conflict Tactics Scale. Most participants were male and Caucasian. Significant differences were found between groups on depression, avoidant attachment, psychological aggression perpetration and victimization, and physical violence perpetration and victimization. Post hoc analyses revealed that the PTSD + HSU group had significantly higher levels of depression, avoidant attachment, and psychological aggression than the HSU only group. The PTSD + HSU group had significantly higher levels of physical violence than did the PTSD only group, but both groups had similar mean scores on all other variables. Potential treatment implications are discussed.

Links of Interest

Military suicides drop 22 percent; unclear why

http://www.cbsnews.com/8301-35277_162-57611832/military-suicides-drop-22-percent-unclear-why/

Potomac company's behavior program helps veterans learn interview process

<http://www.gazette.net/article/20131113/NEWS/131119733/1007/news&source=RSS&template=gazette>

The Fatigues Off Her Back

<http://www.theatlanticcities.com/arts-and-lifestyle/2013/11/fatigues-her-back/7383/>

Vets miss what's good about military life after exiting the service

<http://www.sacbee.com/2013/11/10/5895292/vets-miss-whats-good-about-military.html>

Military Family Month and Your Kids

http://www.huffingtonpost.com/neale-godfrey/military-family-month-and_b_4258249.html

How the Israeli military is attacking PTSD

<http://www.ottawacitizen.com/health/Israeli+military+attacking+PTSD/9138736/story.html>

Sleep Problems for Soldiers and Vets

http://www.huffingtonpost.com/dr-michael-j-breus/sleep-problems-veterans_b_4250870.html

Sleep Therapy Seen as an Aid for Depression

<http://www.nytimes.com/2013/11/19/health/treating-insomnia-to-heal-depression.html>

Multiple military deployments in families may raise teen suicide risk

<http://www.latimes.com/science/la-me-military-children-20131118,0,3318240.story>

Intrepid Center Mascot Comforts Psychological Trauma

<http://www.defense.gov/news/newsarticle.aspx?id=121159>

Insomnia Linked to Mortality Risk

<http://www.sciencedaily.com/releases/2013/11/131120112002.htm>

Smartphone apps lack proven strategies to help smokers quit

http://www.eurekalert.org/pub_releases/2013-11/gwus-sal111913.php

Are prisoners with military mettle more likely to toe the line or cross it?

http://www.eurekalert.org/pub_releases/2013-11/uoc-apw111813.php

Military Family Research Institute Awarded \$2.4 Million Grant

<http://www.laportecountylife.com/community/government-community-resources/36603-military-family-research-institute-awarded-2-4-million-grant>

PTSD raises risk for obesity in women

http://www.eurekalert.org/pub_releases/2013-11/cums-prr111813.php

Resource of the Week: [New DoD/VA Military Culture for Healthcare Professionals website](#)

Recently launched as part of CDP's own site, the Military Culture for Healthcare Professionals website "was designed by Military Culture experts working as part of a DoD/VA collaborative effort to help healthcare professionals become more culturally aware by providing education, tools and resources for their clinical practice."

As CDP's Dr. Bill Brim explained in a [blog post](#) earlier this week, the site will provide support for a new e-learning course currently under development – Military Culture: Core Competencies for Healthcare Professionals. The first module of this course -- [Self-Awareness and Introduction to Military Ethos](#) – was released earlier this month. The course is free and may be taken for CE credits.

This is an attractive, content-rich website that also functions as a great standalone resource. According to Dr. Brim:

On this site you will have easy access to all of the material from the e-learning course, including the reference list and all publically available resources, a printable rank chart, and a handy interactive listing of all the various military occupational codes. Additionally, all of the videos and clinical vignettes from the course are on the website, as well as additional video footage from our interviews. The self-assessment tool from the course can also be taken online and the healthcare provider can also learn more about working with Service members and Veterans and

their families through links to TRICARE provider network information, volunteer opportunities, and additional continuing education opportunities.

Make some time to browse this comprehensive website, and don't hesitate to inform others who might benefit from it.

The screenshot shows the top navigation bar with links for BLOG, SUPPORT, FAQ, NEWSROOM, CONTACT US, and social media icons. A search bar and a 'SIGN IN / REGISTER' button are also present. The main header features the CDP logo and the text 'CENTER FOR DEPLOYMENT PSYCHOLOGY' with the tagline 'Preparing Professionals to Support Warriors and Families'. Below this is a dark blue navigation menu with categories: TRAINING, TAKE ACTION, DISORDERS, TREATMENTS, RESOURCES, MILITARY CULTURE, and ABOUT CDP. The 'MILITARY CULTURE' section is highlighted, featuring a large image of soldiers in a desert environment. The section title is 'MILITARY CULTURE' with a subtitle 'Core Competencies for Healthcare Professionals'. Below the image is a 'Learn About Military Culture' heading and a 'WELCOME' message. Two buttons, 'Take the Course' and 'Contact Us', are visible. Below the main section are two smaller sections: 'Resources' with an image of a soldier and a description, and 'Videos' with an image of a play button and a description.

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