



**What's Here:**

- Combat & Operational Stress Research Quarterly (Winter 2014)
- 2013 in Review: PTSD Monthly Update - January 2014
- The DSM-5 dissociative-PTSD subtype: Can levels of depression, anxiety, hostility, and sleeping difficulties differentiate between dissociative-PTSD and PTSD in rape victims?
- Recovery from sleep disturbance precedes that of depression and anxiety following mild traumatic brain injury: a 6-week follow-up study.
- Journal of Military and Government Counseling (Sept-Dec 2013)
- Associations Between Perceived Social Reactions to Trauma-Related Experiences With PTSD and Depression Among Veterans Seeking PTSD Treatment.
- Risk of Being Overweight or Obese among Army Spouses: The Impact of Deployment, Distress, and Perceived Social Support
- Student–Instructor Assessments: Examining the Skills and Competencies of Social Work Students Placed in Military-connected Schools.
- Impact of Geographic Mobility on Military Children's Access to Special Education Services.
- The Last Ambush? Aspects of mental health in the British armed forces
- Impact of Combat Deployment on Psychological and Relationship Health: A Longitudinal Study.
- Multiple Deployments and Combat Trauma: Do Homefront Stressors Increase the Risk for Posttraumatic Stress Symptoms?
- Associations Between Perceived Social Reactions to Trauma-Related Experiences With PTSD and Depression Among Veterans Seeking PTSD Treatment.
- Depression sudden gains and transient depression spikes during treatment for PTSD.
- Stresses and Disability in Depression across Gender.
- Developing Good Soldiers: The Problem of Fragmentation Within the Army.
- Altitude is a Risk Factor for Completed Suicide in Bipolar Disorder.

- “Strength at Home” Intervention to Prevent Conflict and Violence in Military Couples: Pilot Findings.
- Sleep and the processing of emotions.
- Childhood Abuse and Women's Use of Intimate Partner Violence: Exploring the Role of Complex Trauma.
- The Role of Lean Process Improvement in Implementation of Evidence-Based Practices in Behavioral Health Care.
- Measuring subjective sleepiness at work in hospital nurses: validation of a modified delivery format of the Karolinska Sleepiness Scale.
- Changes in Sleep Disruption in the Treatment of Co-Occurring Posttraumatic Stress Disorder and Substance Use Disorders.
- Reduced Corpus-Callosum Volume in Posttraumatic Stress Disorder Highlights the Importance of Interhemispheric Connectivity for Associative Memory.
- The Evolving Construct of Posttraumatic Stress Disorder (PTSD): DSM-5 Criteria Changes and Legal Implications.
- Posttraumatic stress symptoms and work-related accomplishment as predictors of general health and medical utilization among special operations forces personnel.
- Determinants of prospective engagement in mental health treatment among symptomatic iraq/afghanistan veterans.
- Psychotic-like Experiences, Symptom Expression, and Cognitive Performance in Combat Veterans With Posttraumatic Stress Disorder.
- Evaluation of a brief treatment program of cognitive behavior therapy for insomnia in older adults.
- Neurobehavioral performance impairment in insomnia: relationships with self-reported sleep and daytime functioning.
- The Natural History of Insomnia: Acute Insomnia and First-onset Depression.
- Impact of sleep complaints and depression outcomes among participants in the standard medical intervention and long-term exercise study of exercise and pharmacotherapy for depression.
- Pretreatment Brain States Identify Likely Nonresponse to Standard Treatments for Depression.
- Outcome predictors for problem drinkers treated with combined cognitive behavioral therapy and naltrexone.

- Residual effects of zopiclone 7.5 mg on highway driving performance in insomnia patients and healthy controls: a placebo controlled crossover study.
- Traumatic brain injury, posttraumatic stress disorder, and pain diagnoses in OIF/OEF/OND Veterans.
- Posttraumatic stress disorder following traumatic injury at 6 months: Associations with alcohol use and depression.
- Deployment and PTSD in the Female Combat Veteran: A Systematic Review.
- Current pharmacological treatment approaches for alcohol dependence.
- Links of Interest
- Resource of the Week: Line Break Removal Tool

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<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/winter2014ResearchQuarterly.pdf>

### **Combat & Operational Stress Research Quarterly**

Vol. 6, No. 1 – Winter 2014

Naval Center for Combat & Operational Stress Control

In this issue:

- High rates of co-occurrence of MDD and PTSD in a meta-analytic sample
- Predictors of new-onset mental health diagnoses among combat-deployed Marines
- OEF/OIF soldiers with a history of adverse childhood experiences are more likely to misuse alcohol post-deployment
- Veterans with current PTSD show smaller hippocampal volume than those without PTSD
- Cognitive Processing Therapy and Prolonged Exposure both significantly reduce PTSD symptoms in veterans
- Paroxetine decreases anxiety and mood symptoms in OEF/OIF veterans with sub-threshold PTSD
- Veterans with symptoms of depression or PTSD are more likely to misuse alcohol than those without mental health symptoms
- Psychiatric disorders, especially PTSD, increase the risk of sexual dysfunction in OEF/OIF veterans, even after controlling for use of psychotropic medications
- Frequency of all types of insomnia increase as incidents of reported TBI increase
- Sleep disturbances characteristic of PTSD have been found to decrease psychological resilience, as well as impair responses to PTSD treatments
- Biological, behavioral and psychosocial risk factors are proposed as links between cardiovascular diseases and PTSD

- Partner support may lower PTSD symptoms through service members disclosure of deployment experience
- Evaluation of Master Resilience Training effectiveness among Army National Guard soldiers and civilians
- Exercise linked to lower suicide risk among veterans with PTSD
- Predictors of VA healthcare utilization among sexual minority veterans
- Prolonged exposure effective in reducing PTSD symptoms regardless of TBI status
- Unethical battlefield conduct is more related to aggression and witnessing atrocities than it is to PTSD
- Cognitive-behavioral group treatment decreases angry and aggressive driving-related behaviors in a military population
- Veterans with PTSD have lower levels of salivary cortisol than those without PTSD
- Mental healthcare utilization in the U.S. Army
- MMPI-2-RF scale useful in detecting over-reported PTSD symptoms
- Physically Fit Soldiers are at Decreased Risk of Mental Health Disorders in First Year of Service
- Co-morbid PTSD and TBI associated with more intense symptoms than PTSD alone
- CBT for insomnia with imagery rehearsal therapy improves sleep among veterans with PTSD
- Test Your Knowledge
- Quarterly Highlight: Analysis of suicides/suicide attempts among U.S. military personnel
- Reviews to Peruse

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<http://content.govdelivery.com/accounts/USVHA/bulletins/a10138>

### **2013 in Review: PTSD Monthly Update - January 2014**

National Center for PTSD

In this issue:

- PTSD Symptoms – Update
- Doctors on How PTSD Treatment Can Help
- PTSD Coach Online
- Mobile PTSD Education
- DSM-5 Criteria for PTSD
- Community Providers Treating Veterans
- Easier Access to Courses
- Mobile Apps to Facilitate Care

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<http://www.sciencedirect.com/science/article/pii/S0887618514000024>

**The DSM-5 dissociative-PTSD subtype: Can levels of depression, anxiety, hostility, and sleeping difficulties differentiate between dissociative-PTSD and PTSD in rape victims?**

Cherie Armour, Ask Elklit, Dean Lauterbach, Jon D. Elhai

The DSM-5 currently includes a dissociative-PTSD subtype within its nomenclature. Several studies have confirmed the dissociative-PTSD subtype in both American Veteran and American civilian samples. Studies have begun to assess specific factors which differentiate between dissociative vs. non-dissociative PTSD. The current study takes a novel approach to investigating the presence of a dissociative-PTSD subtype in its use of European victims of sexual assault and rape (N = 351). Utilizing Latent Profile Analyses, we hypothesised that a discrete group of individuals would represent a dissociative-PTSD subtype. We additionally hypothesised that levels of depression, anger, hostility, and sleeping difficulties would differentiate dissociative-PTSD from a similarly severe form of PTSD in the absence of dissociation. Results concluded that there were four discrete groups termed baseline, moderate PTSD, high PTSD, and dissociative-PTSD. The dissociative-PTSD group encompassed 13.1% of the sample and evidenced significantly higher mean scores on measures of depression, anxiety, hostility, and sleeping difficulties. Implications are discussed in relation to both treatment planning and the newly published DSM-5.

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<http://bmjopen.bmj.com/content/4/1/e004205.full>

**Recovery from sleep disturbance precedes that of depression and anxiety following mild traumatic brain injury: a 6-week follow-up study.**

Hon-Ping Ma, Ju-Chi Ou, Chun-Ting Yeh, Dean Wu, Shin-Han Tsai, Wen-Ta Chiu, Chaur-Jong Hu

BMJ Open 2014;4:1 e004205 doi:10.1136/bmjopen-2013-004205

**Objectives**

The detailed course of mental disorders at the acute and subacute stages of mild traumatic brain injury (mTBI), especially with regard to recovery from sleep disturbances, has not been well characterised. The aim of this study was to determine the course of depression, anxiety and sleep disturbance, following an mTBI.

**Setting**

We recruited patients with mTBI from three university hospitals in Taipei and healthy participants as control group for this study.

**Participants**

100 patients with mTBI (35 men) who were older than 20 years, with a Glasgow Coma Scale score of 13–15 and loss of consciousness for <30 min, completed the baseline and 6-week follow-up assessments. 137 controls (47 men) without TBI were recruited in the study. None of the participants had a history of cerebrovascular disease, mental retardation, previous TBI, epilepsy or severe systemic medical illness.

**Primary outcome measures**

The Beck Anxiety Inventory (BAI), the Beck Depression Inventory II (BDI), the Epworth Sleepiness Scale (ESS) and the Pittsburgh Sleep Quality Index (PSQI) were assessed for the patients with mTBI at baseline and 6 weeks after mTBI and for the controls.

## Results

The ESS scores were not significantly different between the mTBI at baseline or at 6 weeks after mTBI and controls. Although the BAI, BDI and PSQI scores of the mTBI group were significantly different than those of the control group at baseline, all had improved significantly 6 weeks later. However, only the PSQI score improved to a level that was not significantly different from that of the control group.

## Conclusions

Daytime sleepiness is not affected by mTBI. However, mTBI causes depression and anxiety and diminished sleep quality. Although all these conditions improve significantly within 6 weeks post-mTBI, only sleep quality improves to a pre-mTBI level. Thus, recovery from mTBI-induced sleep disturbance occurs more rapidly than that of mTBI-induced depression and anxiety.

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<http://aceonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-3.pdf>

## **Journal of Military and Government Counseling**

Volume 1, Number 3, 2013

In this issue:

- Correlates of Anger Among Operation Enduring Freedom and Operation Iraqi Freedom Veterans  
Laurel Shaler, William Hathaway, James Sells, and Shawn Youngstedt
- Impact of Vocational Counseling and Education on Work Attitudes and Job Placement of Recovering Substance Abusers: Implications for Veterans  
Chanpreet K. Singh and Benjamin V. Noah
- The Lived Combat Experiences of US Army Social Work Officers Who Endure Combat Stress, Trauma, and Psychic Burn-Out  
Samuel Odom and Neil Duchac
- Conquering Ambiguity with Creativity: Using Creative Family Counseling Interventions with Military Families  
Karena J. Heyward, Esther N. Benoit, Katherine M. Hermann, Courtney M. Holmes, and Jessica Lloyd-Hazlett

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21879/abstract>

## **Associations Between Perceived Social Reactions to Trauma-Related Experiences With PTSD and Depression Among Veterans Seeking PTSD Treatment.**

Schumm, J. A., Koucky, E. M. and Bartel, A.

The Social Acknowledgment Questionnaire (SAQ; Maercker & Mueller, ) is a measure of trauma survivors' perceptions of social acknowledgment and disapproval from others, and these factors are shown to be associated with posttraumatic stress disorder (PTSD) among civilian trauma survivors. This study seeks to validate the structure of the SAQ among U.S. military veterans and test the hypothesis that family and general disapproval are associated with PTSD and depression among veterans. Participants were 198 U.S. veterans who experienced military trauma and completed an intake evaluation through a Veterans Affairs PTSD treatment program. Structural equation modeling (SEM) results supported a well-fitting 3-factor model for the SAQ that was similar to prior studies in capturing the constructs of social acknowledgment, general disapproval, and family disapproval. SEM results also showed that all 3 of the SAQ factors were associated with veterans' depression ( $-.31$ ,  $.22$ , and  $.39$ , respectively), whereas only general disapproval was related to veterans' PTSD. This is the first study of which we are aware to investigate the factor structure of the SAQ in a veteran sample and to investigate the relationship between SAQ factors and trauma survivors' depression. Results build upon prior findings by showing the importance of positive and negative social reactions to veterans' traumatic experiences.

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[https://archive.hshsl.umaryland.edu/bitstream/10713/3640/1/Fish\\_umaryland\\_0373D\\_10473.pdf](https://archive.hshsl.umaryland.edu/bitstream/10713/3640/1/Fish_umaryland_0373D_10473.pdf)

### **Risk of Being Overweight or Obese among Army Spouses: The Impact of Deployment, Distress, and Perceived Social Support**

Tammy L. Fish, Doctor of Philosophy, 2013

University of Maryland, School of Social Work

More than half of spouses of U. S. Army active duty soldiers are overweight or obese. In the U.S. almost a half million people die annually because of health related problems to being overweight or obese (Robbins, Chao, Baumgartner, Runyan, Oordt, & Foneseca, 2006). The military spends \$1.1 billion a year on problems related to being overweight or obese for active duty military personnel, retirees, and their families (Dall et al., 2007).

#### **Method:**

Permission was granted from the Department of Defense (DoD) and the University of Maryland Institutional Review Board (IRB) to use the 2008 Active Duty Spouses Survey (ADSS) for the secondary data analyses used in this dissertation. Multiple and logistic regression analyses of U.S. Army spouses ( $n = 1863$ ) examine the association of deployment status within the last year (not deployed, deployed but not to a combat zone, and deployed to a combat zone) with weight status, as measured with body mass index (BMI) scores (healthy weight versus overweight or obese). The independent variables examined were gender, age, race, rank of soldier, education, psychological distress, and perceived social support scores.

#### Results:

Deployment status and weight status were not related ( $p = .097$ ). Three-quarters of the male spouses and almost half of the female spouses were overweight or obese. Spouses of soldiers in the enlisted ranks (E5-E9), minority spouses, and those without at least a four-year college degree are more likely to be overweight or obese. As spouses' age and psychological distress increases and perceived social support decreases their BMI increases.

#### Conclusions:

Findings suggest the risk factors associated with being overweight or obese are minorities; male spouses; the ranks of E5 - E9; less than a four-year degree; as age and psychological distress scores increase so does BMI; and as perceived social support scores increase the BMI decreases. The risk factors may contribute to the Army Surgeon General's Performance Triad of sleep, activity, and nutrition and be used to assist Army personnel and Department of the Army (DA) civilians to teach spouses awareness and methods of changing behaviors that result in choosing healthy options.

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<http://cs.oxfordjournals.org/content/early/2014/01/23/cs.cdt025.abstract>

#### **Student–Instructor Assessments: Examining the Skills and Competencies of Social Work Students Placed in Military-connected Schools.**

Julie A. Cederbaum, Keren Malchi, Rami Benbenishty, Monica C. Esqueda, and Hazel Atuel

Children Schools first published online January 23, 2014

Field education is a vital part of learning and training for students pursuing an MSW degree. Guided by competencies created by the Council on Social Work Education, MSW programs are continuously evaluating the effectiveness of field experiences. U.S.-based public schools lack the training and capacity to provide adequate support to military-connected students. To understand the skills and competencies of MSW students placed in military-connected schools, we collected data from 30 first-year MSW students and their eight field instructors at two time points (fall and spring) during the 2010–2011 academic year. Both students and instructors gave higher-than-midpoint ratings to students on competencies at both time points. At time 1, students rated themselves lowest on application of complex practice models, policy issues, and working on the macro level with military organizations, whereas instructors rated students lowest on items related to systemic monitoring and research in practice. Progress toward competencies during the academic year was noted for more than half of the competencies. Although as groups, students and field instructors provided similar assessments, similarity within student–instructor dyads was low, suggesting opportunities for growth in the context of field instruction and the need for development of individual student–instructor relationships.

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<http://cs.oxfordjournals.org/content/early/2014/01/23/cs.cdt046.abstract>

#### **Impact of Geographic Mobility on Military Children's Access to Special Education Services.**



Jessica Carol Jagger and Suzanne Lederer

Children Schools first published online January 23, 2014

One of the constants of the military lifestyle is geographic mobility, or permanent change of station (PCS). The PCS has a particularly profound effect on military children with disabilities and their families. With each PCS, families choreograph an elaborate dance with losing and gaining schools and providers as they navigate the complexities of a new special education system. In this study, more than 100 individuals, enrollees of a military program for families with dependents with disabilities and providers serving them, participated in focus groups and interviews to identify the challenges that families face and the resources that are available to them. Drawing on relevant research literature and the results of the study, the authors explore some of the common challenges military students with disabilities and their families face and offer resources and recommendations for school staff supporting them. School staff can take steps to assist and support these families, such as proactively planning for the PCS with the families, informing families about ways in which current services may be different from what they have previously experienced or will experience, and joining in the children's circle of support as an ally and a trusted source of information.

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<http://www.forceswatch.net/content/last-ambush>

### **The Last Ambush? Aspects of mental health in the British armed forces**

ForcesWatch (UK) 10/28/13

Post-war mental health problems are most common in young soldiers from disadvantaged backgrounds; also in veterans who left the forces in the last decade.

The report, *The Last Ambush?*, draws on over 150 sources, including 41 British military mental health studies, as well as testimony from veterans. It shows that, compared with older personnel, younger recruits are significantly more likely to suffer post-traumatic stress disorder (PTSD), to drink at levels harmful to health, and to behave violently on their return from war.

- compared with older personnel, younger recruits are significantly more likely to suffer post-traumatic stress disorder (PTSD), to drink at levels harmful to health, and to behave violently on their return from war.
- young recruits from disadvantaged backgrounds are at greatest risk. They are more vulnerable to stress, more likely to be given jobs that are more exposed to traumatically stressful events on the battlefield, and more likely to lack strong social support when they leave the forces in order to manage the effects of a mental health problem they may be experiencing
- mental health problems are also alarmingly common among war veterans who left the forces since 2003.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21890/abstract>

### **Impact of Combat Deployment on Psychological and Relationship Health: A Longitudinal Study.**

Cigrang, J. A., Wayne Talcott, G., Tatum, J., Baker, M., Cassidy, D., Sonnek, S., Snyder, D. K., Balderrama-Durbin, C., Heyman, R. E. and Smith Slep, A. M.

Journal of Traumatic Stress

Article first published online: 24 JAN 2014

Although previous research has indicated an elevated prevalence of posttraumatic stress disorder (PTSD) and other mental health problems among veterans of Operations Iraqi Freedom and Enduring Freedom following deployment, most of this research has been cross-sectional and has focused on a limited range of military groups and outcome criteria. This investigation was a longitudinal study of U.S. Air Force security forces assigned to a year-long high-threat ground mission in Iraq to determine the degree to which airmen's emotional and behavioral health and committed relationships were adversely impacted by an extended deployment to a warzone. Participants were a cohort of 164 security forces airmen tasked to a 365-day deployment to train Iraqi police. Airmen completed study measures both prior to and 6–9 months following deployment. Rates of deterioration in individual and interpersonal adjustment were both significant and medium to large in magnitude of effect,  $d = 0.43$  to  $0.90$ . Results suggest that the negative effects of deployment are related to levels of traumatic experiences and do not spontaneously remit within the first 6–9 months following return from deployment—particularly among those service members having relatively lower levels of social support.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21885/abstract>

### **Multiple Deployments and Combat Trauma: Do Homefront Stressors Increase the Risk for Posttraumatic Stress Symptoms?**

Interian, A., Kline, A., Janal, M., Glynn, S. and Losonczy, M.

Journal of Traumatic Stress

Article first published online: 24 JAN 2014

Multiple deployments are common among military personnel who served in Operation Enduring Freedom and Operation Iraqi Freedom and are associated with greater posttraumatic stress symptoms (PTSS). Homefront stressors (i.e., family, occupational problems) resulting from deployments may increase the risk of PTSS. Moreover, with multiple deployments, a new deployment may occur while still experiencing homefront stressors from previous tours. This prospective study assessed whether homefront stressors from a previous tour increased the risk of PTSS after a new deployment. It also examined the effects of homefront stressors at postdeployment. Survey data were obtained from U.S. National Guard soldiers with previous deployments prior to (Wave 1) and after (Wave 2) a new deployment to Iraq ( $N = 196$ ). Homefront stressors reported at Wave 1 ( $\beta = .154$ ,  $p = .015$ ) and Wave 2

( $\beta = .214$ ,  $p = .002$ ) were both significantly predictive of PTSS at postdeployment, even after adjusting for warzone stressors, predeployment PTSS, and other variables. A pattern of chronic homefront stressors (i.e., homefront stressors at pre- and postdeployment) was associated with higher levels of PTSS at postdeployment ( $\beta = .220$ ,  $p = .002$ ). Service members with multiple deployments are at greater risk for PTSS if deployed with homefront stressors from previous tours and/or face these stressors at postdeployment.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21879/abstract>

### **Associations Between Perceived Social Reactions to Trauma-Related Experiences With PTSD and Depression Among Veterans Seeking PTSD Treatment.**

Schumm, J. A., Koucky, E. M. and Bartel, A.

Journal of Traumatic Stress

Article first published online: 22 JAN 2014

The Social Acknowledgment Questionnaire (SAQ; Maercker & Mueller, ) is a measure of trauma survivors' perceptions of social acknowledgment and disapproval from others, and these factors are shown to be associated with posttraumatic stress disorder (PTSD) among civilian trauma survivors. This study seeks to validate the structure of the SAQ among U.S. military veterans and test the hypothesis that family and general disapproval are associated with PTSD and depression among veterans. Participants were 198 U.S. veterans who experienced military trauma and completed an intake evaluation through a Veterans Affairs PTSD treatment program. Structural equation modeling (SEM) results supported a well-fitting 3-factor model for the SAQ that was similar to prior studies in capturing the constructs of social acknowledgment, general disapproval, and family disapproval. SEM results also showed that all 3 of the SAQ factors were associated with veterans' depression ( $-.31$ ,  $.22$ , and  $.39$ , respectively), whereas only general disapproval was related to veterans' PTSD. This is the first study of which we are aware to investigate the factor structure of the SAQ in a veteran sample and to investigate the relationship between SAQ factors and trauma survivors' depression. Results build upon prior findings by showing the importance of positive and negative social reactions to veterans' traumatic experiences.

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<http://psycnet.apa.org/?fa=main.doiLanding&doi=10.1037/a0035286>

### **Depression sudden gains and transient depression spikes during treatment for PTSD.**

Keller, Stephanie M.; Feeny, Norah C.; Zoellner, Lori A.

Journal of Consulting and Clinical Psychology

Vol 82(1), Feb 2014, 102-111. Current issue feed

#### Objective:

We know little about how change unfolds in depression symptoms during posttraumatic stress disorder (PTSD) treatment or how patient characteristics predict depression symptom change. This study examined critical transition points in depression symptoms during PTSD treatment, namely, depression sudden gains, which are rapid symptom improvements and transient depression spikes, which are transient depression worsenings. Social support, one of the strongest predictors of PTSD development, was examined as a predictor of depression symptom discontinuities.

#### Method:

At pretreatment, 200 participants (76.6% female; 64.9% Caucasian; age  $M = 37.1$ ,  $SD = 11.3$  years) completed measures of PTSD severity (PTSD Symptom Scale—Self-Report), depression severity (Beck Depression Inventory), general social support (Inventory of Socially Supportive Behaviors; Social Support Questionnaire), and trauma-related social support (Social Reactions Questionnaire). During 10 weeks of prolonged exposure (PE) or sertraline, depression was assessed weekly.

#### Results:

Overall, 18.0% of participants experienced a depression sudden gain, and 22.5% experienced a transient depression spike. The presence of a depression sudden gain predicted better treatment outcome,  $\beta = -4.82$ ,  $SE = 1.17$ ,  $p = .001$ , 95% CI  $[-6.79, -2.90]$ . Higher perceptions of negative trauma-related reactions, albeit modestly, were associated with experiencing a transient depression spike ( $r = .18$ ,  $p = .01$ ). There were no differences in rates of depression sudden gains or transient depression spikes between treatments.

#### Conclusions:

Encouragingly, rapid improvements in depression symptoms are beneficial for PTSD treatment outcome, but transient spikes in depressive symptoms do not strongly influence outcome. Understanding symptom discontinuities may help us to personalize current PTSD treatment options. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.hindawi.com/journals/drt/2014/735307/>

#### **Stresses and Disability in Depression across Gender.**

Sharmishtha S. Deshpande, Bhalchandra Kalmegh, Poonam N. Patil, Madhav R. Ghate, Sanjeev Sarmukaddam, and Vasudeo P. Paralikar

Depression Research and Treatment

Volume 2014 (2014), Article ID 735307, 8 pages

Depression, though generally episodic, results in lasting disability, distress, and burden. Rising prevalence of depression and suicide in the context of epidemiological transition demands more attention to social dimensions like gender related stresses, dysfunction, and their role in outcome of depression. Cross-sectional and follow-up assessment of men and women with depression at a psychiatric tertiary centre was undertaken to compare their illness characteristics including suicidal ideation, stresses, and functioning on GAF, SOFAS, and GARF scales. We reassessed the patients on

HDRS-17 after 6 weeks of treatment. Paired t-test and chi-square test of significance were used to compare the two groups, both before and after treatment. Interpersonal and marital stresses were reported more commonly by women and financial stresses by men though relational functioning was equally impaired in both. Women had suffered stresses for significantly longer duration. Men had more impairment in social and occupational functioning compared to females. History of suicide attempts was significantly associated with more severe depression and lower levels of functioning in case of females with untreated depression. Significant cross-gender differences in stresses, their duration, and types of dysfunction mandate focusing on these aspects over and above the criterion-based diagnosis.

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<http://www.tandfonline.com/doi/abs/10.1080/15027570.2013.869389>

### **Developing Good Soldiers: The Problem of Fragmentation Within the Army.**

Paul T. Berghaus, Nathan L. Cartagena

Journal of Military Ethics

Vol. 12, Iss. 4, 2013

Fragmentation – a form of which involves the division of soldiers' lives into professional and personal domains that are insulated from each other – is a significant problem for members of the US Army profession. The past 12 years of combat along with the US Army's posture of persistent conflict seem to have intensified this perennial problem in military service. We argue that the Army Profession campaign – the Army's main program for moral development – fails to recognize the problem of fragmentation. Instead, it seems to further the fragmentation of soldiers' lives. Some might contend that the Comprehensive Soldier Fitness program – which emphasizes the emotional, social, familial and spiritual domains of soldiers – addresses this problem. We maintain that this is not the case. The Comprehensive Soldier Fitness program fails to view the domains of soldier fitness as constitutive of moral development. We conclude by recommending that the Army begin to address the problem of fragmentation by drawing from the resources of its commitment to the virtue tradition. Leaders and soldiers should use the resources that the virtue tradition provides with respect to self-perception, virtue-relevant goals and the emotions to promote soldiers' moral development.

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<http://www.sciencedirect.com/science/article/pii/S0306987714000176>

### **Altitude is a Risk Factor for Completed Suicide in Bipolar Disorder.**

Rebekah S. Huber, MA, Hilary Coon, PhD, Namkug Kim, PhD, Perry F. Renshaw, MD, PhD, MBA, Douglas G. Kondo, MD

Medical Hypotheses, Available online 20 January 2014

Bipolar disorder (BD) is a severe brain disease that is associated with a significant risk for suicide. Recent studies indicate that altitude of residence significantly affects overall rate of completed suicide, and is

associated with a higher incidence of depressive symptoms. Bipolar disorder has shown to be linked to mitochondrial dysfunction that may increase the severity of episodes. The present study used existing data sets to explore the hypothesis that altitude has a greater effect of suicide in BD, compared with other mental illnesses. The study utilized data extracted from the National Violent Death Reporting System (NVDRS), a surveillance system designed by the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC). Data were available for 16 states for the years 2005-2008, representing a total of 35,725 completed suicides in 922 U.S. counties. Random coefficient and logistic regression models in the SAS PROC MIXED procedure were used to estimate the effect of altitude on decedent's mental health diagnosis. Altitude was a significant, independent predictor of the altitude at which suicides occurred ( $F = 8.28$ ,  $p=0.004$  and Wald chi-square=21.67,  $p < 0.0001$ ). Least squares means of altitude, independent of other variables, indicated that individuals with BD committed suicide at the greatest mean altitude. Moreover, the mean altitude at which suicides occurred in BD was significantly higher than in decedents whose mental health diagnosis was major depressive disorder (MDD), schizophrenia, or anxiety disorder. Identifying diagnosis-specific risk factors such as altitude may aid suicide prevention efforts, and provide important information for improving the clinical management of BD.

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<http://www.ingentaconnect.com/content/springer/pa/2014/00000005/00000001/art00003>

### **“Strength at Home” Intervention to Prevent Conflict and Violence in Military Couples: Pilot Findings.**

Taft, Casey T.; Howard, Jamie; Monson, Candice M.; Walling, Sherry M.; Resick, Patricia A.; Murphy, Christopher M.

Partner Abuse

Volume 5, Number 1, January 2014 , pp. 41-57(17)

In this article, we report on a pilot study of Strength at Home-Couples (SAH-C), a 10-session cognitive-behavioral couples-based group intervention designed to prevent intimate partner violence (IPV) in military couples. The primary purposes of this pilot study were to determine feasibility of recruiting, retaining, and assessing SAH-C participants in addition to those participating in a comparison Supportive Therapy (ST) group-based couples intervention. Recruitment was challenging for this pilot study and we report on several barriers to recruitment as well as “lessons learned” for enhancing recruitment and overall intervention efforts. Preliminary pilot data were promising with respect to reductions and prevention of IPV in those receiving the SAH-C intervention. Initial results for the secondary intervention targets were less favorable for the SAH-C intervention, with effect sizes suggesting a trend in which relationship satisfaction increased more in the ST intervention.

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<http://link.springer.com/article/10.1007/s00221-014-3832-1>

### **Sleep and the processing of emotions.**

Gaétane Deliens, Médhi Gilson, Philippe Peigneux

January 2014

How emotions interact with cognitive processes has been a topic of growing interest in the last decades, as well as studies investigating the role of sleep in cognition. We review here evidence showing that sleep and emotions entertain privileged relationships. The literature indicates that exposure to stressful and emotional experiences can induce changes in the post-exposure sleep architecture, whereas emotional disturbances are likely to develop following sleep alterations. In addition, post-training sleep appears particularly beneficial for the consolidation of intrinsically emotional memories, suggesting that emotions modulate the off-line brain activity patterns subtending memory consolidation processes. Conversely, sleep contributes unbinding core memories from their affective blanket and removing the latter, eventually participating to habituation processes and reducing aversive reactions to stressful stimuli. Taken together, these data suggest that sleep plays an important role in the regulation and processing of emotions, which highlight its crucial influence on human's abilities to manage and respond to emotional information.

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<http://www.ingentaconnect.com/content/springer/pa/2014/00000005/00000001/art00007>

**Childhood Abuse and Women's Use of Intimate Partner Violence: Exploring the Role of Complex Trauma.**

Flemke, Kimberly R.; Underwood, Jennifer W.; Allen, Katherine R.

Partner Abuse

Volume 5, Number 1, January 2014 , pp. 98-112(15)

Much research now indicates significant long-term effects for individuals who have experienced various forms of abuse in childhood. Recent research also has examined the role of women as perpetrators of intimate partner violence (IPV), including potential factors that contribute to their use of violence. One trend revealed in the research is that many of the women who engaged in acts of IPV also had a history of experiencing one or more types of childhood abuse (e.g., physical or sexual abuse, or witnessing family violence). This article discusses the specific framework of complex trauma as a theoretical model to understand how unresolved triggers of childhood trauma may potentially serve as ongoing catalysts for women's IPV. Using the lens of complex trauma illuminates the critical interpersonal factor yet to be studied thus far, which suggests that many women's IPV experiences may be rooted in having childhood traumas triggered by their intimate partner. Suggestions for treatment are recommended as exploring the intersection between past trauma and present violence, which seems to be the key for unlocking important answers in treating violent women and decreasing IPV.

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<http://link.springer.com/article/10.1007/s11414-013-9386-3>

## **The Role of Lean Process Improvement in Implementation of Evidence-Based Practices in Behavioral Health Care.**

Bradley Steinfeld PhD, Jennifer Scott MHA, Gavin Vilander MS, Larry Marx MD, Michael Quirk PhD, Julie Lindberg LICSW, Kelly Koerner PhD

The Journal of Behavioral Health Services & Research

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To effectively implement evidence-based practices (EBP) in behavioral health care, an organization needs to have operating structures and processes that can address core EBP implementation factors and stages. Lean, a widely used quality improvement process, can potentially address the factors crucial to successful implementation of EBP. This article provides an overview of Lean and the relationship between Lean process improvement steps, and EBP implementation models. Examples of how Lean process improvement methodologies can be used to help plan and carry out implementation of EBP in mental health delivery systems are presented along with limitations and recommendations for future research and clinical application.

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<http://www.ncbi.nlm.nih.gov/pubmed/24474446>

Sleep Breath. 2014 Jan 29. [Epub ahead of print]

## **Measuring subjective sleepiness at work in hospital nurses: validation of a modified delivery format of the Karolinska Sleepiness Scale.**

Geiger Brown J, Wieroney M, Blair L, Zhu S, Warren J, Scharf SM, Hinds PS.

### **INTRODUCTION:**

Sleepiness during the work shift is common and can be hazardous to workers and, in the case of nurses, to patients under their care. Thus, measuring sleepiness in occupational studies is an important component of workplace health and safety. The Karolinska Sleepiness Scale (KSS) is usually used as a momentary assessment of a respondent's state of sleepiness; however, end-of-shift measurement is sometimes preferred based on the study setting. We assessed the predictive validity of the KSS as an end-of-shift recall measurement, asking for "average" sleepiness over the shift and "highest" level of sleepiness during the shift.

### **METHOD:**

Hospital registered nurses (N = 40) working 12-h shifts completed an end-of-shift diary over 4 weeks that included the National Aeronautical and Space Administration Task Load Index (NASA-TLX) work intensity items and the KSS (498 shifts over 4 weeks). Vigilant attention was assessed by measuring reaction time, lapses, and anticipations using a 10-min performance vigilance task (PVT) at the end of the shift. The Horne-Ostberg Questionnaire, Epworth Sleepiness Scale, General Sleep Disturbance Scale, and



Cleveland Sleep Habits Questionnaire were also collected at baseline to assess factors that could be associated with higher sleepiness. We hypothesized that higher KSS scores would correlate with vigilant attention parameters reflective of sleepiness (slower reaction times and more lapses and anticipations on a performance vigilance task) and also with those factors known to produce higher sleepiness. These factors included the following: (1) working night shifts, especially for those with "morningness" trait; (2) working sequential night shifts; (3) having low physical and mental work demands and low time pressure; (4) having concomitant organic sleep disorders; and (5) having greater "trait" sleepiness (Epworth Sleepiness Scale). Linear mixed models and generalized linear mixed models were used to test associations that could assess the predictive validity of this format of administering the KSS.

#### RESULTS:

Greater sleepiness, as measured by higher KSS scores, was found on shifts with nurses working night shift, the third sequential night compared to the first, those with sleep disorder symptoms (especially insomnia), and in nurses with trait sleepiness on the Epworth scale. Less sleepiness (lower KSS scores) was seen in shifts with a high level of time pressure and in nurses with a biologic predisposition to be more alert in the morning (morningness trait) who worked the day shift.

#### CONCLUSION:

We found partial support for using the Karolinska Sleepiness Scale in the recalled format based on our multiple tests of predictive validity.

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<http://www.ncbi.nlm.nih.gov/pubmed/24473926>

J Trauma Stress. 2014 Jan 28. doi: 10.1002/jts.21878. [Epub ahead of print]

#### **Changes in Sleep Disruption in the Treatment of Co-Occurring Posttraumatic Stress Disorder and Substance Use Disorders.**

McHugh RK, Hu MC, Campbell AN, Hilario EY, Weiss RD, Hien DA.

Sleep disruption appears not only to reflect a symptom of posttraumatic stress disorder (PTSD), but also a unique vulnerability for its development and maintenance. Studies examining the impact of psychosocial treatments for PTSD on sleep symptoms are few and no studies to date of which we are aware have examined this question in samples with co-occurring substance use disorders. The current study is a secondary analysis of a large clinical trial comparing 2 psychological treatments for co-occurring PTSD and substance use disorders. Women (N = 353) completed measures of PTSD at baseline, end of treatment, and 3-, 6-, and 12-month follow-ups. Results indicated that the prevalence of insomnia, but not nightmares, decreased during treatment, and that 63.8% of participants reported at least 1 clinical-level sleep symptom at the end of treatment. Improvement in sleep symptoms during treatment was associated with better overall PTSD outcomes over time,  $\chi^2(1) = 33.81, p < .001$ . These results extend the existing literature to suggest that residual sleep disruption following PTSD treatment is common in women with co-occurring PTSD and substance use disorders. Research on the benefits of adding sleep-specific intervention for those with residual sleep disruption in this population may be a promising future direction.

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<http://www.ncbi.nlm.nih.gov/pubmed/24473965>

J Trauma Stress. 2014 Jan 28. doi: 10.1002/jts.21887. [Epub ahead of print]

**Reduced Corpus-Callosum Volume in Posttraumatic Stress Disorder Highlights the Importance of Interhemispheric Connectivity for Associative Memory.**

Saar-Ashkenazy R, Cohen JE, Guez J, Gasho C, Shelef I, Friedman A, Shalev H.

Memory deficits are a common complaint of patients with posttraumatic stress disorder (PTSD). Despite vivid trauma-related memory, previous studies report memory impairment for nontrauma-related stimuli when compared to controls, specifically in associative memory (Guez et al., 2011). Healthy individuals show hemispheric memory asymmetry with left-prefrontal lateralization of encoding and right-prefrontal lateralization of episodic retrieval, suggesting a role for interhemispheric communication in memory-related tasks (Gazzaniga, ; Ringo, Doty, Demeter, & Simard, ). Because brain magnetic resonance imaging (bMRI) studies in PTSD patients report volume changes in various regions, including white matter and corpus callosum (CC), we aimed to test the relationship between memory deficits and CC volume in PTSD patients. We probed for specific alterations in associative memory in PTSD and measured the volume of subportions within the CC employing bMRI. Our main finding was a reduction in CC white-matter volume in PTSD patients, as compared to controls,  $t(35) = -2.7$ ,  $p = .010$ , that was correlated with lower associative performance ( $r = .76$ ,  $p = .003$ ). We propose that CC volume reduction is a substrate for the associative memory deficits found in PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24470838>

Psychol Inj Law. 2013 Dec 1;6(4):277-289.

**The Evolving Construct of Posttraumatic Stress Disorder (PTSD): DSM-5 Criteria Changes and Legal Implications.**

Zoellner LA, Bedard-Gilligan MA, Jun JJ, Marks LH, Garcia NM.

In the DSM-5, the diagnosis of posttraumatic stress disorder (PTSD) has undergone multiple, albeit minor, changes. These changes include shifting PTSD placement from within the anxiety disorders into a new category of traumatic and stressor-related disorders, alterations in the definition of a traumatic event, shifting of the symptom cluster structure from three to four clusters, the addition of new symptoms including persistent negative beliefs and expectations about oneself or the world, persistent distorted blame of self or others, persistent negative trauma-related emotions, and risky or reckless behaviors, and the addition of a dissociative specifier. The evidence or lack thereof behind each of these changes is briefly reviewed. These changes, although not likely to change overall prevalence, have the potential to increase the heterogeneity of individuals receiving a PTSD diagnosis both by altering what qualifies as a traumatic event and by adding symptoms commonly occurring in other disorders such as depression, borderline personality disorder, and dissociative disorders. Legal implications of these changes include continued confusion regarding what constitutes a traumatic stressor, difficulties with

differential diagnosis, increased ease in malingering, and improper linking of symptoms to causes of behavior. These PTSD changes are discussed within the broader context of DSM reliability and validity concerns.

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<http://www.ncbi.nlm.nih.gov/pubmed/24469521>

J Nerv Ment Dis. 2014 Feb;202(2):105-10. doi: 10.1097/NMD.000000000000076.

**Posttraumatic stress symptoms and work-related accomplishment as predictors of general health and medical utilization among special operations forces personnel.**

Bryan CJ, Stephenson JA, Morrow CE, Staal M, Haskell J.

Research has established clear links among posttraumatic stress disorder (PTSD), somatic symptoms, and general health among conventional force military personnel. It is possible that the same relationships exist among Special Operations Force (SOF) personnel, but there are very few, if any, studies that examine these relationships. This study investigated correlates of general health and medical visits among SOF personnel and found that the interaction of somatic and PTSD symptoms was associated with worse health and more frequent medical visits. Follow-up analyses indicated that the interaction of avoidance symptoms with somatic symptoms was significantly associated with worse health, whereas the interaction of emotional numbing with somatic symptoms significantly contributed to increased medical visits. In addition, the results suggest that a sense of accomplishment among SOF personnel may serve as a protective factor against poor health. The results suggest developing interventions among SOF personnel that promote a sense of achievement to ultimately improve the health of the force.

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<http://www.ncbi.nlm.nih.gov/pubmed/24469520>

J Nerv Ment Dis. 2014 Feb;202(2):97-104. doi: 10.1097/NMD.000000000000078.

**Determinants of prospective engagement in mental health treatment among symptomatic iraq/afghanistan veterans.**

Harpaz-Rotem I, Rosenheck RA, Pietrzak RH, Southwick SM.

There is considerable public and professional concern about the mental health status of veterans deployed to Iraq and Afghanistan as well as how to engage and retain symptomatic veterans in treatment. This study examined demographic, psychiatric, and psychosocial determinants of prospective initiation and retention in mental health services among symptomatic Iraq/Afghanistan veterans. One hundred thirty-seven symptomatic veterans who were referred to mental health screening completed a survey at the time of their first mental health visit. Associations between survey variables and subsequent Veterans Affairs service utilization were evaluated. The most consistent determinants of mental health service initiation and retention were severity of posttraumatic stress disorder (PTSD) and depressive symptoms. Notably, whereas PTSD-related re-experiencing symptoms were independently

associated with initiation of mental health treatment, PTSD-related numbing symptoms were independently associated with retention in treatment. Stigma, barriers to care, and beliefs about mental health treatment were not associated with either mental health initiation or retention.

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<http://www.ncbi.nlm.nih.gov/pubmed/24469519>

J Nerv Ment Dis. 2014 Feb;202(2):91-6. doi: 10.1097/NMD.0000000000000077.

**Psychotic-like Experiences, Symptom Expression, and Cognitive Performance in Combat Veterans With Posttraumatic Stress Disorder.**

Lindley SE, Carlson EB, Hill KR.

Apparent psychotic symptoms are often associated with posttraumatic stress disorder (PTSD), but these symptoms are poorly understood. In a sample of 30 male Vietnam combat veterans with severe and chronic PTSD, we conducted detailed assessments of psychotic symptom endorsement, insight, symptom severity, neurocognitive function, and feigning. Two thirds of the subjects endorsed a psychotic item but did not believe that the experiences were real. Those endorsing psychotic items were higher in PTSD severity, general psychopathology, and dissociation but not depression, functional health, cognitive function, or feigned effort. Severity of psychotic symptoms correlated with dissociation, combat exposure, and attention but not PTSD, depression, or functional health. Those endorsing psychotic items scored higher on a screen but not on a detailed structured interview for malingering. Endorsement of psychotic experiences by combat veterans with PTSD do not seem to reflect psychotic symptoms or outright malingering.

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<http://www.ncbi.nlm.nih.gov/pubmed/24470701>

Sleep. 2014 Jan 1;37(1):117-26. doi: 10.5665/sleep.3320.

**Evaluation of a brief treatment program of cognitive behavior therapy for insomnia in older adults.**

Lovato N, Lack L, Wright H, Kennaway DJ.

**OBJECTIVE:**

To evaluate the efficacy of a brief 4-w group-administered treatment program of cognitive behavior therapy for insomnia (CBT-I) for older adults with sleep maintenance insomnia.

**DESIGN:**

Randomized controlled trial of CBT-I compared to waitlist control with comparisons at pretreatment, posttreatment, and 3-mo follow-up.

**SETTING:**

Flinders University Sleep and Circadian Rhythm Research Laboratory, Adelaide, South Australia.

**PARTICIPANTS:**

One-hundred eighteen adults with sleep maintenance insomnia (mean age = 63.76 y, standard deviation = 6.45 y, male = 55).

**INTERVENTIONS:**

A 4-w, group-based treatment program of CBT-I including bedtime restriction therapy, sleep education, and cognitive restructuring.

**MEASUREMENTS:**

Seven-day sleep diaries, actigraphy, and several self-report measures to assess perceived insomnia severity, daytime functioning, and confidence in and beliefs about sleep.

**RESULTS:**

The brief group-administered CBT-I program produced improvements in the timing and quality of sleep including later bedtimes, earlier out-of-bed times, reduced wake after sleep onset, and improved sleep efficiency. Participants also reported a reduction of the Insomnia Severity Index, Flinders Fatigue Scale, Epworth Sleepiness Scale, Daytime Feeling and Functioning Scale, Sleep Anticipatory Anxiety Questionnaire, the Dysfunctional Beliefs and Attitudes Scale, and increased Sleep Self-Efficacy Scale.

**CONCLUSIONS:**

The treatment program used in the current study has demonstrated potential for a brief, inexpensive, and effective treatment of sleep maintenance insomnia in the older adult population.

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<http://www.ncbi.nlm.nih.gov/pubmed/24470700>

Sleep. 2014 Jan 1;37(1):107-16. doi: 10.5665/sleep.3318.

**Neurobehavioral performance impairment in insomnia: relationships with self-reported sleep and daytime functioning.**

Shekleton JA, Flynn-Evans EE, Miller B, Epstein LJ, Kirsch D, Brogna LA, Burke LM, Bremer E, Murray JM, Gehrman P, Lockley SW, Rajaratnam SM.

**STUDY OBJECTIVES:**

Despite the high prevalence of insomnia, daytime consequences of the disorder are poorly characterized. This study aimed to identify neurobehavioral impairments associated with insomnia, and to investigate relationships between these impairments and subjective ratings of sleep and daytime dysfunction.

**DESIGN:**

Cross-sectional, multicenter study.

**SETTING:**

Three sleep laboratories in the USA and Australia.

**PATIENTS:**

Seventy-six individuals who met the Research Diagnostic Criteria (RDC) for Primary Insomnia, Psychophysiological Insomnia, Paradoxical Insomnia, and/or Idiopathic Childhood Insomnia (44F, 35.8 ± 12.0 years [mean ± SD]) and 20 healthy controls (14F, 34.8 ± 12.1 years).

**INTERVENTIONS:**

N/A.

**MEASUREMENTS AND RESULTS:**

Participants completed a 7-day sleep-wake diary, questionnaires assessing daytime dysfunction, and a neurobehavioral test battery every 60-180 minutes during an afternoon/evening sleep laboratory visit. Included were tasks assessing sustained and switching attention, working memory, subjective sleepiness, and effort. Switching attention and working memory were significantly worse in insomnia patients than controls, while no differences were found for simple or complex sustained attention tasks. Poorer sustained attention in the control, but not the insomnia group, was significantly associated with increased subjective sleepiness. In insomnia patients, poorer sustained attention performance was associated with reduced health-related quality of life and increased insomnia severity.

**CONCLUSIONS:**

We found that insomnia patients exhibit deficits in higher level neurobehavioral functioning, but not in basic attention. The findings indicate that neurobehavioral deficits in insomnia are due to neurobiological alterations, rather than sleepiness resulting from chronic sleep deficiency.

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<http://www.ncbi.nlm.nih.gov/pubmed/24470699>

Sleep. 2014 Jan 1;37(1):97-106. doi: 10.5665/sleep.3316.

**The Natural History of Insomnia: Acute Insomnia and First-onset Depression.**

Ellis JG, Perlis ML, Bastien CH, Gardani M, Espie CA.

**STUDY OBJECTIVES:**

While many studies have examined the association between insomnia and depression, no studies have evaluated these associations (1) within a narrow time frame, (2) with specific reference to acute and chronic insomnia, and (3) using polysomnography. In the present study, the association between insomnia and first-onset depression was evaluated taking into account these considerations.

**DESIGN:**

A mixed-model inception design.

**SETTING:**

Academic research laboratory.

#### PARTICIPANTS:

Fifty-four individuals (acute insomnia [n = 33], normal sleepers [n = 21]) with no reported history of a sleep disorder, chronic medical condition, or psychiatric illness.

#### INTERVENTIONS:

N/A.

#### MEASUREMENTS AND RESULTS:

Participants were assessed at baseline (2 nights of polysomnography and psychometric measures of stress and mood) and insomnia and depression status were reassessed at 3 months. Individuals with acute insomnia exhibited more stress, poorer mood, worse subjective sleep continuity, increased N2 sleep, and decreased N3 sleep. Individuals who transitioned to chronic insomnia exhibited (at baseline) shorter REM latencies and reduced N3 sleep. Individuals who exhibited this pattern in the transition from acute to chronic insomnia were also more likely to develop first-onset depression (9.26%) as compared to those who remitted from insomnia (1.85%) or were normal sleepers (1.85%).

#### CONCLUSION:

The transition from acute to chronic insomnia is presaged by baseline differences in sleep architecture that have, in the past, been ascribed to Major Depression, either as heritable traits or as acquired traits from prior episodes of depression. The present findings suggest that the "sleep architecture stigmata" of depression may actually develop over the course transitioning from acute to chronic insomnia.

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<http://www.ncbi.nlm.nih.gov/pubmed/24469530>

J Nerv Ment Dis. 2014 Feb;202(2):167-71. doi: 10.1097/NMD.0000000000000085.

#### **Impact of sleep complaints and depression outcomes among participants in the standard medical intervention and long-term exercise study of exercise and pharmacotherapy for depression.**

Combs K, Smith PJ, Sherwood A, Hoffman B, Carney RM, Freedland K, Craighead WE, Blumenthal JA.

The aim of this study was to examine the effects of exercise and sertraline on disordered sleep in patients with major depressive disorder (MDD). **Methods** The Standard Medical Intervention and Long-term Exercise study randomized the patients with MDD (n = 202) to one of four arms: a) supervised exercise, b) home-based exercise, c) sertraline therapy, and d) placebo pill. Sleep disturbance was assessed with three sleep-related items from the Hamilton Rating Scale for Depression (HAM-D) before and after 4 months of treatment. The patients were followed for 12 months to assess the prognostic value of sleep disturbance on MDD relapse and recovery. **Results** Comparison of the active treatment and placebo groups showed no treatment differences in HAM-D sleep complaints after 4 months (p = 0.758). However, residual insomnia symptoms after treatment were strongly associated with elevated depressive symptoms assessed by the HAM-D after 4 months ( $\beta = 0.342$ ,  $p < 0.0001$ ) and MDD relapse (odds ratio, 1.55; 95% confidence interval, 1.15-2.10;  $p = 0.004$ ) assessed at 1-year follow-up (16 months after randomization). Neither exercise nor sertraline was associated with greater improvements in sleep disturbance compared with the placebo controls. However, residual symptoms of insomnia after

successful treatment of MDD predicted relapse, highlighting the clinical importance of addressing insomnia in patients with MDD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24462230>

Biol Psychiatry. 2013 Dec 19. pii: S0006-3223(13)01103-7. doi: 10.1016/j.biopsych.2013.12.005. [Epub ahead of print]

### **Pretreatment Brain States Identify Likely Nonresponse to Standard Treatments for Depression.**

McGrath CL, Kelley ME, Dunlop BW, Holtzheimer Iii PE, Craighead WE, Mayberg HS.

#### **BACKGROUND:**

Treatment approaches for major depressive disorder (MDD) result in approximately one third of patients achieving remission after a first treatment. Added treatment generally improves remission rates, but approximately one third of all patients fail to respond after several treatments (sequential monotherapies or combined treatment). A pretreatment biomarker could help identify these patients. Overactivity of the subcallosal cingulate has been associated with failure of response to treatment in MDD, and it is a potential candidate for such a biomarker.

#### **METHODS:**

Investigators enrolled 82 patients with MDD currently not receiving treatment in a two-phase treatment study. Patients underwent a fluorodeoxyglucose positron emission tomography scan. After scanning, patients were randomly assigned to 12 weeks of treatment with either escitalopram or cognitive-behavioral therapy (CBT). Patients not achieving remission after 12 weeks of initial treatment were treated with an additional 12 weeks of escitalopram plus CBT. Subcallosal cingulate metabolism was compared between patients who failed to achieve a response and patients who achieved remission as a result of either phase one or phase two treatment. This analysis was followed by a whole-brain analysis making the same comparison.

#### **RESULTS:**

After two phases of treatment (24 weeks), 36 patients were identified as remitters, 6 patients were responders, and 9 patients were nonresponders. Subcallosal cingulate metabolism was significantly higher in nonresponders than remitters. In the follow-up whole-brain analysis, increased superior temporal sulcus activity was also associated with nonresponse to two treatments.

#### **CONCLUSIONS:**

Patients with MDD who fail to achieve remission as a result of CBT or escitalopram, either alone or in combination, have a distinct brain metabolic pattern compared with patients who achieve remission as a result of CBT, escitalopram, or their combination.

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<http://www.ncbi.nlm.nih.gov/pubmed/24462749>

J Anxiety Disord. 2013 Dec 14;28(1):67-74. doi: 10.1016/j.janxdis.2013.11.010. [Epub ahead of print]

**Posttraumatic stress disorder and alcohol dependence: Individual and combined associations with social network problems.**

Dutton CE, Adams T, Bujarski S, Badour CL, Feldner MT.

People with either posttraumatic stress disorder (PTSD) or alcohol dependence (AD) are apt to report problems in their social networks, including low perceived support and elevated conflict. However, little research has examined social networks among people with comorbid PTSD/AD despite evidence suggesting these two conditions commonly co-occur and are linked to particularly severe problems. To test the hypothesis that people with comorbid PTSD/AD experience particularly elevated social network problems, individuals with lifetime diagnoses of PTSD, AD, comorbid PTSD/AD, or no lifetime history of Axis I psychopathology in the National Comorbidity Survey-Replication were compared on four dimensions of social networks: (1) Closeness, (2) Conflict, (3) Family Support, and (4) Apprehension. Persons with PTSD, AD, or comorbid PTSD/AD endorsed more problems with the Conflict, Family Support, and Apprehension factors compared to people with no history of Axis I psychopathology. Moreover, individuals with comorbid PTSD/AD endorsed greater Apprehension and significantly less Family Support compared to the other three groups. Results suggest people with comorbid PTSD/AD experience increased problems with their family as well as greater concerns about enlisting social support than even people with PTSD or AD alone. Treatments for people suffering from comorbid PTSD/AD should consider assessing for and possibly targeting family support and apprehension about being close to others.

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<http://www.ncbi.nlm.nih.gov/pubmed/24456403>

Am J Drug Alcohol Abuse. 2014 Jan 23. [Epub ahead of print]

**Outcome predictors for problem drinkers treated with combined cognitive behavioral therapy and naltrexone.**

Vuoristo-Myllys S, Lipsanen J, Lahti J, Kalska H, Alho H.

**Background:**

The opioid antagonist naltrexone, combined with cognitive behavioural therapy (CBT), has proven efficacious for patients with alcohol dependence, but studies examining how this treatment works in a naturalistic treatment setting are lacking.

**Objectives:**

This study examined predictors of the outcome of targeted naltrexone and CBT in a real-life outpatient setting. Participants were 315 patients who attended a treatment program providing CBT combined with the targeted use of naltrexone.

#### Methods:

Mixture models for estimating developmental trajectories were used to examine change in patients' alcohol consumption and symptoms of alcohol craving from treatment entry until the end of the treatment (20 weeks) or dropout. Predictors of treatment outcome were examined with analyses of multinomial logistic regression. Minimal exclusion criteria were applied to enhance the generalizability of the findings.

#### Results:

Regular drinking pattern, having no history of previous treatments, and high-risk alcohol consumption level before the treatment were associated with less change in alcohol use during the treatment. The patients with low-risk alcohol consumption level before the treatment had the most rapid reduction in alcohol craving. Patients who drank more alcohol during the treatment had lower adherence with naltrexone.

#### Conclusion:

Medication non-adherence is a major barrier to naltrexone's effectiveness in a real-life treatment setting. Patients with more severe alcohol problems may need more intensive treatment for achieving better treatment outcome in real-world treatment settings.

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<http://www.ncbi.nlm.nih.gov/pubmed/24458443>

Psychopharmacology (Berl). 2014 Jan 24. [Epub ahead of print]

#### **Residual effects of zopiclone 7.5 mg on highway driving performance in insomnia patients and healthy controls: a placebo controlled crossover study.**

Leufkens TR, Ramaekers JG, de Weerd AW, Riedel WJ, Vermeeren A.

#### RATIONALE:

Residual effects of hypnotics on driving performance have been mainly determined in studies using a standardized driving test with healthy good sleepers. Responses to effects may differ, however, between insomniacs and healthy volunteers due to the underlying sleep disorder. In addition, a majority of insomniacs uses hypnotics chronically resulting in the development of tolerance to impairing effects. Impaired driving performance in healthy volunteers may then be an overestimation of the actual effects in insomniacs.

#### OBJECTIVES:

The present study aims to compare the residual effects of zopiclone 7.5 mg on on-the-road driving performance of 16 middle-aged insomniacs chronically using hypnotics (chronic users), 16 middle-aged insomniacs not or infrequently using hypnotics (infrequent users), and 16 healthy, age matched, good sleepers (controls).

#### METHODS:

The study was conducted according to a 3 × 2 double-blind, placebo controlled crossover design, with three groups and two treatment conditions. Treatments were single oral doses of zopiclone 7.5 mg and

placebo administered at bedtime (2330 hours). Between 10 and 11 h after administration subjects performed a standardized highway driving test.

**RESULTS:**

Zopiclone 7.5 mg significantly impaired on-the-road driving performance in both insomnia groups and healthy controls. The magnitude of impairment was significantly less in the chronic users group as compared with the controls.

**CONCLUSIONS:**

The smaller magnitude of effects suggests that investigating residual effects of hypnotics in healthy volunteers may yield a minor overestimation of the actual effects in insomnia patients.

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<http://www.ncbi.nlm.nih.gov/pubmed/24458958?>

J Rehabil Res Dev. 2014 Jan;50(9):1169-76. doi: 10.1682/JRRD.2013.01.0006.

**Traumatic brain injury, posttraumatic stress disorder, and pain diagnoses in OIF/OEF/OND Veterans.**

Cifu DX, Taylor BC, Carne WF, Bidelspach D, Sayer NA, Scholten J, Campbell EH.

To identify the prevalence of traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and pain in Veterans from Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND), Veterans who received any inpatient or outpatient care from Veterans Health Administration (VHA) facilities from 2009 to 2011 were studied. A subset of Veterans was identified who were diagnosed with TBI, PTSD, and/or pain (head, neck, or back) as determined by their International Classification of Diseases-9th Revision-Clinical Modification codes. Between fiscal years 2009 and 2011, 613,391 Veterans accessed VHA services at least once (age: 31.9 +/- 9.6 yr). TBI diagnosis in any 1 year was slightly less than 7%. When data from 3 years were pooled, 9.6% were diagnosed with TBI, 29.3% were diagnosed with PTSD, and 40.2% were diagnosed with pain. The full polytrauma triad expression (TBI, PTSD, and pain) was diagnosed in 6.0%. Results show that increasing numbers of Veterans from OIF/OEF/OND accessed VHA over a 3 year period. Among those with a TBI diagnosis, the majority also had a mental health disorder, with approximately half having both PTSD and pain. While the absolute number of Veterans increased by over 40% from 2009 to 2011, the proportion of Veterans diagnosed with TBI and the high rate of comorbid PTSD and pain in this population remained relatively stable.

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<http://www.ncbi.nlm.nih.gov/pubmed/24458060>

J Trauma Acute Care Surg. 2014 Feb;76(2):517-22. doi: 10.1097/TA.000000000000110.

**Posttraumatic stress disorder following traumatic injury at 6 months: Associations with alcohol use and depression.**

Warren AM, Foreman ML, Bennett MM, Petrey LB, Reynolds M, Patel S, Roden-Foreman K.

#### BACKGROUND:

Posttraumatic stress disorder (PTSD) is progressively recognized as a psychological morbidity in injured patients. Participants in a longitudinal study were identified as PTSD positive or PTSD negative at 6 months following injury. Risky alcohol use, depression, demographic, and injury-related variables were explored.

#### METHODS:

This prospective cohort included patients 18 years or older, admitted to our Level I trauma center. Outcome measures included PTSD Checklist-Civilian Version (PCL-C), Alcohol Use Disorders Identification Test (AUDIT-C), and Patient Health Questionnaire (PHQ-8). Demographic and injury variables were collected.

#### RESULTS:

A total of 211 participants enrolled in the study, and 118 participants completed measures at both baseline and 6 months. Of the participants, 25.4% (n = 30) screened positive for PTSD at 6 months. The entire sample showed a decline in risky alcohol use at 6 months (p = 0.0043). All PTSD-positive participants at 6 months were also positive for depression (p < 0.0001). For the entire sample, there was a 10% increase in depression from baseline to 6 months (p = 0.03). However, for those participants who were PTSD positive at 6 months, there was a 53% increase in depression from baseline (p = 0.0002) as compared with the group at 6 months without PTSD. Statistically significant differences were found between PTSD-positive and PTSD-negative participants regarding age (40.1 [15.9] vs. 50.9 [18.2], p = 0.0047), male (77% vs. 50%, p = 0.0109), penetrating injury (30% vs. 4%, p < 0.0001), PTSD history (17% vs. 4%, p = 0.0246), or other psychiatric condition (63% vs. 19%, p ≤ 0.001).

#### CONCLUSION:

PTSD was not associated with risky alcohol use at 6 months. Surprisingly, risky alcohol use declined in both groups. Incidence of PTSD (25.4%, n = 30) and risky alcohol use (25%, n = 29) were equal at 6 months. Although the American College of Surgeons' Committee on Trauma requires brief screening and intervention for risky alcohol use owing to societal impact, reinjury rates, and cost effectiveness, our study suggests that screening for psychological conditions may be equally important.

#### LEVEL OF EVIDENCE:

Prognostic study, level III.

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<http://www.ncbi.nlm.nih.gov/pubmed/24456548>

Nurs Forum. 2014 Jan;49(1):1-10. doi: 10.1111/nuf.12049. Epub 2013 Jul 8.

#### **Deployment and PTSD in the Female Combat Veteran: A Systematic Review.**

Conard PL, Sauls DJ.

#### BACKGROUND:

The number of females serving in the Gulf War has risen and continues to be a rapidly growing group. Females occupy a wide range of roles and face a myriad of challenges as they serve alongside their male counterparts in almost every role. Females are also facing redeployment, multiple deployments, and/or

extended deployments. The stressors of war and deployments may be putting them at risk for posttraumatic stress disorder (PTSD). If left untreated, PTSD can have devastating and debilitating consequences for veteran's functioning and relationships, their families, and society.

**OBJECTIVE:**

To examine the literature over the past 10 years to determine if there is a relationship between deployments and the incidence of PTSD in female combat veterans as compared with male veterans.

**METHOD:**

Systematic review.

**RESULTS:**

The numbers of veterans screening for PTSD are increasing. Those who have experienced extended or multiple tours have higher screening rates. Females report slightly less combat exposure than males but higher exposures to other stressors of war such as military sexual trauma. Females were at higher risk for depression while males were at higher risk of substance abuse. Females and lower rank were associated with greater utilization of Veterans Administration services.

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<http://www.ncbi.nlm.nih.gov/pubmed/24456374>

Expert Opin Pharmacother. 2014 Jan 23. [Epub ahead of print]

**Current pharmacological treatment approaches for alcohol dependence.**

Müller CA, Geisel O, Banas R, Heinz A.

**Introduction:**

At present, the substances acamprosate, naltrexone and disulfiram are available for pharmacotherapy in alcohol dependence, but clinical studies found only modest effect sizes of these treatment options.

**Areas covered:**

This article focuses on current pharmacological treatment approaches for alcohol dependence, which have been evaluated in randomized, placebo-controlled trials (RCTs).

**Expert opinion:**

Besides the opioid system modulator nalmefene, which has recently been approved as a medication for the reduction of alcohol consumption, several compounds have been investigated in patients with alcohol dependence using a randomized, placebo-controlled design. In these studies, the antiepileptic drugs topiramate and gabapentin were found to be effective in improving several drinking-related outcomes, whereas levetiracetam failed to show efficacy in the treatment of alcohol dependence. Clinical studies using (low-dose) baclofen, a selective GABA-B receptor agonist, produced conflicting results, so that results of further trials are needed. Varenicline has also shown mixed results in two RCTs, but might possibly be useful in patients with comorbid nicotine dependence. The  $\alpha_1$  adrenergic antagonist prazosin is currently under investigation in alcohol dependence with and without comorbid posttraumatic stress disorder (PTSD). Finally, first clinical evidence suggests that the 5-HT<sub>3</sub> antagonist

ondansetron might possibly be used in future within a pharmacogenetic treatment approach in alcohol dependence.

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### **Links of Interest**

School Transition and Deployment Associated With Higher Rates of Victimization and Weapon Carrying Among Military Students

<http://www.imperialvalleynews.com/index.php/news/latest-news/6930-school-transition-and-deployment-associated-with-higher-rates-of-victimization-and-weapon-carrying-among-military-students.html>

Navy Making Positive Progress on Suicide Prevention

<http://navylive.dodlive.mil/2014/01/20/navy-making-positive-progress-on-suicide-prevention/>

Job nobody applies for - military caregiver

<http://www.utsandiego.com/news/2014/jan/24/caregivers-empowering-caregivers-pendleton/>

Murder-suicide at Fort Hood raises questions

Incident forces look at psychological stress on troops' families

<http://www.columbian.com/news/2014/jan/25/murder-suicide-fort-hood-raises-questions/>

Disaster Psychiatry Emerges As DoD Field Of Study

<http://www.dcmilitary.com/article/20140124/NEWS08/140129917/disaster-psychiatry-emerges-as-dod-field-of-study>

Serotonin May Perpetuate Chronic Pain

<http://americannewsreport.com/nationalpainreport/serotonin-may-perpetuate-chronic-pain-8822871.html>

PTSD is a 'cultural phenomena' in U.S., authors say

<http://gazette.com/ptsd-is-a-cultural-phenomena-in-u.s.-authors-say/article/1512897>

Veterans Left Behind on the Battlefield: A New Form of Veteran Discrimination Emerging

[http://www.huffingtonpost.com/tom-aiello/veterans-left-behind-on-t\\_b\\_4596067.html](http://www.huffingtonpost.com/tom-aiello/veterans-left-behind-on-t_b_4596067.html)

Marriage Counseling a Backdoor to PTSD Help

<http://www.military.com/spouse/military-deployment/reintegration/marriage-counseling-a-backdoor-to-ptsd-help.html>

Keeping Your Child Involved During a Deployment

<http://www.military.com/deployment/keeping-your-child-involved-during-a-deployment.html>

Smartphones for Nighttime Work

[http://www.nlm.nih.gov/medlineplus/videos/news/Smartphones\\_012914-1.html](http://www.nlm.nih.gov/medlineplus/videos/news/Smartphones_012914-1.html)

Comprehensive Soldier and Family Fitness launches new social media platform Army-wide

[http://www.army.mil/article/118898/Comprehensive\\_Soldier\\_and\\_Family\\_Fitness\\_launches\\_new\\_social\\_media\\_platform\\_Army\\_wide/](http://www.army.mil/article/118898/Comprehensive_Soldier_and_Family_Fitness_launches_new_social_media_platform_Army_wide/)

Lighting up in uniform

Study looks at what makes soldiers reach for a pack of cigarettes or not

[http://www.eurekalert.org/pub\\_releases/2014-01/s-lui012914.php](http://www.eurekalert.org/pub_releases/2014-01/s-lui012914.php)

Caffeine use disorder: A widespread health problem that needs more attention

Caffeine is the most widely used drug, but little is known about helping those who depend on it

[http://www.eurekalert.org/pub\\_releases/2014-01/au-cud012814.php](http://www.eurekalert.org/pub_releases/2014-01/au-cud012814.php)

CWRU study finds depression symptoms and emotional support impact PTSD treatment progress

[http://www.eurekalert.org/pub\\_releases/2014-01/cwru-csf012314.php](http://www.eurekalert.org/pub_releases/2014-01/cwru-csf012314.php)

'Buzzed' Drivers Who Are Under Legal Limit to Blame in Many Fatal Crashes

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_144177.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_144177.html)

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**Resource of the Week:** [Line Break Removal Tool](#)

Copying and pasting text from PDFs can be frustrating because inserted line breaks in the PDF document cause the pasted text to “space out” weirdly. And as we all know, manually removing the line breaks to justify the text can be very tedious, especially if you’re working with a lengthy document.

With this tool, you copy text from the PDF (or the e-mail message or other document with inserted line breaks) into a box, click the “Remove Line Breaks” button and nice, clean, properly justified text appears in a second box. Simply copy this and paste it into your document.

The tool gives you the option to remove both line breaks and paragraph breaks or to remove line breaks only, retaining the original paragraph spacing.

As you can see on the lower right side of the screen shot, this website features an array of other tools, many of which are particularly useful to those who are creating web documents.



## Line Break Removal Tool

You can remove line breaks from blocks of text but preserve paragraph breaks with this tool.

If you've ever received text that was formatted in a skinny column with line breaks at the end of each line, like text from an email, an XML file or copy and pasted text from a PDF column then this tool is pretty darn handy.

You also have the option of just removing all line breaks from your XML, PDF or whatever text without preserving paragraph breaks.

Use this tool because spending hours manually removing line breaks sucks. Manually removing line breaks really really sucks.

### Remove Line Breaks

Paste your text in the box below and then click the button.

The new text will appear in the box at the bottom of the page.

- Remove line breaks and paragraph breaks
- Remove line breaks only (preserve paragraphs)

### New Text without Line Breaks

Copy your new text without line breaks from the box below.

LIKE US ON FACEBOOK

### ABOUT THIS HERE WEBSITE

Text Fixer is run by Scott (that's me) and has been helping people do stuff online since 2007... [read more.](#)

### Popular Tools and Online Tutorials

- LIST OF ONLINE HTML TOOLS
- CONVERT WORD TO HTML
- TEXT TO HTML
- REMOVE LINE BREAKS
- ALPHABETICAL ORDER
- HTML TABLE GENERATOR
- RANDOM WORD GENERATOR
- TEXT ALPHABETIZER
- CREATE A POP UP WINDOW
- WORD FREQUENCY COUNTER
- LIST OF COMMON WORDS
- COMMON CSS TABLE STYLES
- COUNTRY DROPDOWNS CODE

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