



## CDP Research Update -- May 29, 2014

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- Obesity and deranged sleep are independently associated with increased cancer mortality in 50 US states and the District of Columbia.

- Trauma-related shame and guilt as time-varying predictors of posttraumatic stress disorder symptoms during imagery exposure and imagery rescripting-A randomized controlled trial.
- Efficacy and acceptability of group cognitive behavioral therapy for depression: A systematic review and meta-analysis.
- Blood biomarkers of depression track clinical changes during cognitive-behavioral therapy.
- Effect of alcohol in traumatic brain injury: is it really protective?
- Social class and gender patterning of insomnia symptoms and psychiatric distress: a 20-year prospective cohort study.
- Comparing telehealth-based and clinic-based group cognitive behavioral therapy for adults with depression and anxiety: a pilot study.
- Stress, Arousal, and Sleep. Sanford LD, Suchecki D, Meerlo P
- Use of Stellate Ganglion Block for Refractory Post-Traumatic Stress Disorder: A Review of Published Cases.
- Links of Interest
- Resource of the Week: Where America's veterans live, in 1 map

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<http://www.ncbi.nlm.nih.gov/pubmed/24851056>

J Pain Res. 2014 Apr 25;7:219-26. doi: 10.2147/JPR.S62329. eCollection 2014.

### **From Catastrophizing to Recovery: a pilot study of a single-session treatment for pain catastrophizing.**

Darnall BD, Sturgeon JA, Kao MC, Hah JM, Mackey SC

#### **BACKGROUND:**

Pain catastrophizing (PC) - a pattern of negative cognitive-emotional responses to real or anticipated pain - maintains chronic pain and undermines medical treatments. Standard PC treatment involves multiple sessions of cognitive behavioral therapy. To provide efficient treatment, we developed a single-session, 2-hour class that solely treats PC entitled "From Catastrophizing to Recovery" [FCR].

#### OBJECTIVES:

To determine 1) feasibility of FCR; 2) participant ratings for acceptability, understandability, satisfaction, and likelihood to use the information learned; and 3) preliminary efficacy of FCR for reducing PC.

#### DESIGN AND METHODS:

Uncontrolled prospective pilot trial with a retrospective chart and database review component. Seventy-six patients receiving care at an outpatient pain clinic (the Stanford Pain Management Center) attended the class as free treatment and 70 attendees completed and returned an anonymous survey immediately post-class. The Pain Catastrophizing Scale (PCS) was administered at class check-in (baseline) and at 2, and 4 weeks post-treatment. Within subjects repeated measures analysis of variance (ANOVA) with Student's t-test contrasts were used to compare scores across time points.

#### RESULTS:

All attendees who completed a baseline PCS were included as study participants (N=57; F=82%; mean age =50.2 years); PCS was completed by 46 participants at week 2 and 35 participants at week 4. Participants had significantly reduced PC at both time points ( $P<0001$ ) and large effect sizes were found (Cohen's  $d=0.85$  and  $d=1.15$ ).

#### CONCLUSION:

Preliminary data suggest that FCR is an acceptable and effective treatment for PC. Larger, controlled studies of longer duration are needed to determine durability of response, factors contributing to response, and the impact on pain, function and quality of life.

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<http://www.ncbi.nlm.nih.gov/pubmed/24846078>

J Occup Rehabil. 2014 May 21. [Epub ahead of print]

#### **Returning to Work Following Low Back Pain: Towards a Model of Individual Psychosocial Factors.**

Besen E, Young AE, Shaw WS

##### Purpose

The aim of this paper is to develop and test a model of direct and indirect relationships among individual psychosocial predictors of return-to-work (RTW) outcomes following the onset of low back pain (LBP).

##### Methods

We utilize secondary analysis of a larger study of adults seeking treatment for work-related LBP with recent onset. In total, 241 participants who completed a baseline survey, a short follow-up

survey, and a longer follow-up survey after 3 months were included in our analyses. The participants were required to have LBP with onset of less than 14 days, be 18 years or older, and be fluent in English or Spanish. The analyses utilized structural equation models to test the direct and indirect relationships among the variables and RTW outcomes at 3 months.

### Results

Our results indicated a good fit for our model ( $\chi^2 = 69.59$ ,  $df = 45$ ,  $p < .05$ ; RMSEA = .05; CFI = .95; WRMR = .61). Pain, catastrophizing, fear-avoidance beliefs, organizational support, and RTW confidence were all found to have indirect relationships with the outcomes. RTW confidence and RTW expectations were found to have direct relationships with the outcomes.

### Conclusions

The process of returning to work after an episode of LBP is a complex process involving many interrelated factors. Understanding the relationships among critical individual factors in the RTW process may be important for the treatment and rehabilitation of those with LBP. Results suggest that if injured workers are struggling with fear avoidance, pain catastrophizing and confidence issues, they might benefit from the application of cognitive behavioral therapy techniques.

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<http://tpcjournal.nbcc.org/the-implications-of-attachment-theory-for-military-wives-effects-during-a-post-deployment-period/>

## **The Implications of Attachment Theory for Military Wives: Effects During a Post-Deployment Period.**

Kristin A. Vincenzes, Laura Haddock, Gregory Hickman

The Professional Counselor  
April 2014

Past research has indicated the negative and positive impacts of deployment on military wives. Furthermore, research has indicated the need to further understand the different deployment stages, specifically the post-deployment period. The authors examined Bowlby's and Ainsworth's attachment theories, specifically separation anxiety occurrence as experienced by stay-behind wives during their husbands' post-deployment period. Purposive/volunteer sampling was used to survey 57 military wives currently experiencing the post-deployment period. A linear regression analysis produced a significant positive relationship between duration of deployment and the wife's psychological distress during the post-deployment period. As deployments increased in duration, specifically to longer than 6 months, the levels of psychological distress significantly increased. Implications for counselors and researchers are addressed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24845547>

J Pain Palliat Care Pharmacother. 2014 May 20. [Epub ahead of print]

**Disrupting the Downward Spiral of Chronic Pain and Opioid Addiction With Mindfulness-Oriented Recovery Enhancement: A Review of Clinical Outcomes and Neurocognitive Targets.**

Garland EL

Prescription opioid misuse and addiction among chronic pain patients are problems of growing medical and social significance. Chronic pain patients often require intervention to improve their well-being and functioning, and yet, the most commonly available form of pharmacotherapy for chronic pain is centered on opioid analgesics—drugs that have high abuse liability. Consequently, health care and legal systems are often stymied in their attempts to intervene with individuals who suffer from both pain and addiction. As such, novel, nonpharmacologic interventions are needed to complement pharmacotherapy and interrupt the cycle of behavioral escalation. The purpose of this paper is to describe how the downward spiral of chronic pain and prescription opioid misuse may be targeted by one such intervention, Mindfulness-Oriented Recovery Enhancement (MORE), a new behavioral treatment that integrates elements from mindfulness training, cognitive-behavioral therapy, and positive psychology. The clinical outcomes and neurocognitive mechanisms of this intervention are reviewed with respect to their effects on the risk chain linking chronic pain and prescription opioid misuse. Future directions for clinical and pharmacologic research are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24844847>

PLoS One. 2014 May 20;9(5):e98118. doi: 10.1371/journal.pone.0098118. eCollection 2014.

**Internet-delivered psychological treatments for mood and anxiety disorders: a systematic review of their efficacy, safety, and cost-effectiveness.**

Arnberg FK, Linton SJ, Hultcrantz M, Heintz E, Jonsson U

**BACKGROUND:**

Greater access to evidence-based psychological treatments is needed. This review aimed to evaluate whether internet-delivered psychological treatments for mood and anxiety disorders are efficacious, noninferior to established treatments, safe, and cost-effective for children, adolescents and adults.

## METHODS:

We searched the literature for studies published until March 2013. Randomized controlled trials (RCTs) were considered for the assessment of short-term efficacy and safety and were pooled in meta-analyses. Other designs were also considered for long-term effect and cost-effectiveness. Comparisons against established treatments were evaluated for noninferiority. Two reviewers independently assessed the relevant studies for risk of bias. The quality of the evidence was graded using an international grading system.

## RESULTS:

A total of 52 relevant RCTs were identified whereof 12 were excluded due to high risk of bias. Five cost-effectiveness studies were identified and three were excluded due to high risk of bias. The included trials mainly evaluated internet-delivered cognitive behavioral therapy (I-CBT) against a waiting list in adult volunteers and 88% were conducted in Sweden or Australia. One trial involved children. For adults, the quality of evidence was graded as moderate for the short-term efficacy of I-CBT vs. waiting list for mild/moderate depression ( $d=0.83$ ; 95% CI 0.59, 1.07) and social phobia ( $d=0.85$ ; 95% CI 0.66, 1.05), and moderate for no efficacy of internet-delivered attention bias modification vs. sham treatment for social phobia ( $d=-0.04$ ; 95% CI -0.24, 0.35). The quality of evidence was graded as low/very low for other disorders, interventions, children/adolescents, noninferiority, adverse events, and cost-effectiveness.

## CONCLUSIONS:

I-CBT is a viable treatment option for adults with depression and some anxiety disorders who request this treatment modality. Important questions remain before broad implementation can be supported. Future research would benefit from prioritizing adapting treatments to children/adolescents and using noninferiority designs with established forms of treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/24851120>

Clin Psychopharmacol Neurosci. 2014 Apr;12(1):41-7. doi: 10.9758/cpn.2014.12.1.41. Epub 2014 Apr 24.

## **Comparison of Memory Function and MMPI-2 Profile between Post-traumatic Stress Disorder and Adjustment Disorder after a Traffic Accident.**

Bae SM, Hyun MH, Lee SH

## OBJECTIVE:

Differential diagnosis between post-traumatic stress disorder (PTSD) and adjustment disorder (AD) is rather difficult, but very important to the assignment of appropriate treatment and prognosis. This study investigated methods to differentiate PTSD and AD.

#### METHODS:

Twenty-five people with PTSD and 24 people with AD were recruited. Memory tests, the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), and Beck's Depression Inventory were administered.

#### RESULTS:

There were significant decreases in immediate verbal recall and delayed verbal recognition in the participants with PTSD. The reduced memory functions of participants with PTSD were significantly influenced by depressive symptoms. Hypochondriasis, hysteria, psychopathic deviate, paranoia, schizophrenia, post-traumatic stress disorder scale of MMPI-2 classified significantly PTSD and AD group.

#### CONCLUSION:

Our results suggest that verbal memory assessments and the MMPI-2 could be useful for discriminating between PTSD and AD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24848543>

J Subst Abuse Treat. 2014 Apr 13. pii: S0740-5472(14)00072-5. doi: 10.1016/j.jsat.2014.03.005. [Epub ahead of print]

#### **Perceptions of behavioral health care among veterans with substance use disorders: Results from a national evaluation of mental health services in the Veterans Health Administration.**

Blonigen DM, Bui L, Harris AH, Hepner KA, Kivlahan DR.

Understanding patients' perceptions of care is essential for health care systems. We examined predictors of perceptions of behavioral health care (satisfaction with care, helpfulness of care, and perceived improvement) among veterans with substance use disorders (SUD; n=1,581) who participated in a phone survey as part of a national evaluation of mental health services in the U.S. Veterans Health Administration. In multivariate analyses, SUD specialty care utilization and higher mental health functioning were associated positively with all perceptions of care, and comorbid schizophrenia, bipolar, and PTSD were associated positively with multiple perceptions of care. Perceived helpfulness of care was associated with receipt of SUD specialty care in the prior 12 months (adjusted OR=1.77, p<.001). Controlling for patient characteristics, satisfaction with care exhibited strong associations with perceptions of staff as supportive and empathic, whereas perceived improvement was strongly linked to the perception that staff helped patients develop goals beyond symptom management. Survey responses that account for variation in SUD patients' perceptions of care could inform and guide quality improvement efforts with this population. Published by Elsevier Inc.



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<http://www.ncbi.nlm.nih.gov/pubmed/24846492>

J Anxiety Disord. 2014 Apr 26;28(5):446-453. doi: 10.1016/j.janxdis.2014.04.004. [Epub ahead of print]

**Military unit support, postdeployment social support, and PTSD symptoms among active duty and National Guard soldiers deployed to Iraq.**

Han SC, Castro F, Lee LO, Charney ME, Marx BP, Brailey K, Proctor SP, Vasterling JJ

Research suggests that military unit support and community postdeployment social support are associated with fewer PTSD symptoms following military deployment. This study extended prior research by examining the associations among predeployment unit support and PTSD symptoms before Iraq deployment as well as unit support, PTSD symptoms, and postdeployment social support after deployment among 835 U.S. Army and 173 National Guard soldiers. Multiple regression analyses indicated that predeployment unit support was not significantly associated with postdeployment PTSD severity in either group of soldiers, whereas higher unit support during deployment was significantly associated with lower postdeployment PTSD severity among active duty soldiers only. Among both groups, higher levels of postdeployment social support were associated with lower levels of postdeployment PTSD symptom severity. These findings suggest that postdeployment social support is a particularly strong buffer against postdeployment PTSD symptoms among both groups of soldiers whereas the effects of unit support may be limited. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/24848538>

Neuropsychol Rehabil. 2014 May 21:1-27. [Epub ahead of print]

**An exploration of the experience of self in the social world for men following traumatic brain injury.**

Freeman A, Adams M, Ashworth F

This study explores the lived experience of male survivors of traumatic brain injury (TBI) in relation to perceived changes in their personal and social identity. The aim was to provide an understanding of the individuals' sense of self and sources of emotional distress and growth following injury. Semi-structured interviews were conducted with nine male survivors of TBI (aged 22-59 years). These men were 17 months to 21 years post-injury and were recruited through a UK holistic neuropsychological rehabilitation centre. Transcripts of their accounts were analysed using thematic analysis. Identified dominant themes related to the men's

described experience of changes in self relating to their social world, were titled: "abnormality", "hidden", "the old-me-new-me" and "others treat me differently". In response to these emotional experiences the themes of "self-criticism", "need to be as others want me to be" and "withdrawal" emerged. The identified themes are considered alongside the alternative narrative of "positive growth" in relation to current understanding of identity and "self-conscious" emotions. Future research and clinical implications are suggested.

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<http://psycnet.apa.org/psycinfo/2014-20533-001/>

### **Embedded Behavioral Health Providers: An Assessment With the Army National Guard.**

Russell, Dale W.; Whalen, Ronald J.; Riviere, Lyndon A.; Clarke-Walper, Kristina; Bliese, Paul D.; Keller, Darc D.; Pangelian, Susan I.; Thomas, Jeffrey L.

Psychological Services, May 19 , 2014

Although the Army has recently begun the practice of embedding behavioral health care providers (EBHP) in units in an effort to improve soldier well-being, the efficacy of this practice has not been evaluated. This study assesses 1 of the first programs implemented by the military. Using cross-sectional data obtained from a confidential survey of 12 company-level units in the California Army National Guard (n = 1,132), this study examines differences between units with and without EBHPs across a number of measures. Multilevel analysis of behavioral health symptoms, unit climate, perceptions of stigma, and practical barriers to care failed to detect main effects between units with EBHPs relative to those without. However, cross-level interactions were detected between unit EBHP status and soldiers reporting close relationship (e.g., spouse, girlfriend/boyfriend) impairment. Exploratory findings suggest that, among soldiers reporting close relationship impairment, those belonging to units with EBHPs reported significantly lower behavioral health symptoms and significantly more positive unit climates. Based on these limited exploratory findings, this study suggests that EBHPs in reserve units may have a positive effect on a subset of soldiers (i.e., those reporting close relationship impairment). More assessments of embed programs should be conducted, particularly using prospective longitudinal data among randomized units. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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[http://www.rand.org/pubs/research\\_reports/RR655.html](http://www.rand.org/pubs/research_reports/RR655.html)

### **An Evaluation of the Implementation and Perceived Utility of the Airman Resilience Training Program**

by Gabriella C. Gonzalez, Reema Singh, Terry L. Schell, Robin M. Weinick

RAND Corporation, 2014

Since 2001, the U.S. military has been functioning at an operational tempo that is historically high for the all-volunteer force in which service members are deploying for extended periods on a repeated basis. Even with the drawdown of troops from Iraq in 2011, some service members are returning from deployment experiencing difficulties handling stress, mental health problems, or deficits caused by a traumatic brain injury (TBI). In response to these challenges, the U.S. Department of Defense (DoD) has implemented numerous programs to support service members and their families in these areas. In 2009, the Assistant Secretary of Defense for Health Affairs asked the RAND National Defense Research Institute to develop a comprehensive catalog of existing programs sponsored or funded by DoD to support psychological health and care for TBI, to create tools to support ongoing assessment and evaluation of the DoD portfolio of programs, and to conduct evaluations of a subset of these programs. This report describes RAND's assessment of an Air Force program, Airman Resilience Training (ART), a psychoeducational program designed to improve airmen's reactions to stress during and after deployment and to increase the use of mental health services when needed. ART was initiated in November 2010, replacing a previous program named Landing Gear, which had been in place since April 2008. The RAND study took place from August 2011 through November 2011. This report will be of particular interest to officials within the Air Force who are responsible for the psychological health and well-being of airmen, as well as to others within the military who are developing programs for service members to help them cope with stress while in combat situations and after returning from deployment.

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<http://www.sciencedirect.com/science/article/pii/S0887618514000632>

**Intermittent explosive disorder: Associations with PTSD and other Axis I disorders in a US Military veteran sample.**

Annemarie F. Reardon, Christina L. Hein, Erika J. Wolf, Lauren B. Prince, Karen Ryabchenko, Mark W. Miller

Journal of Anxiety Disorders

Available online 20 May 2014

This study examined the prevalence of intermittent explosive disorder (IED) and its associations with trauma exposure, posttraumatic stress disorder (PTSD), and other psychiatric diagnoses in a sample of trauma-exposed veterans ( $n = 232$ ) with a high prevalence of PTSD. Structural associations between IED and latent dimensions of internalizing and externalizing psychopathology were also modeled to examine the location of IED within this influential structure. Twenty-four percent of the sample met criteria for a lifetime IED diagnosis and those

with the diagnosis were more likely to meet criteria for lifetime PTSD than those without (30.3% vs. 14.3% respectively). Furthermore, regression analyses revealed lifetime PTSD severity to be a significant predictor of IED severity after controlling for combat, trauma exposure, and age. Finally, confirmatory factor analysis revealed significant cross-loadings of IED on both the externalizing and distress dimensions of psychopathology, suggesting that the association between IED and other psychiatric disorders may reflect underlying tendencies towards impulsivity and aggression and generalized distress and negative emotionality, respectively.

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<http://psycnet.apa.org/psycinfo/2014-20531-001/>

### **Validation of the Use of Video Teleconferencing Technology in the Assessment of PTSD.**

Litwack, Scott D.; Jackson, Colleen E.; Chen, May; Sloan, Denise M.; Hatgis, Christina; Litz, Brett T.; Marx, Brian P.

Psychological Services, May 19 , 2014

The Veterans Health Administration (VHA) has promoted the use of telehealth technologies to deliver mental health care to veterans with limited access to services on account of geographic and other barriers. The use of technology to deliver interventions to veterans with posttraumatic stress disorder (PTSD) has been a particular focus within VHA. Much less attention has been paid to the use of telehealth technologies to diagnose veterans with PTSD for both treatment and/or disability compensation purposes, in spite of the need for such services. The literature evaluating the use of video teleconferencing methods in the assessment of PTSD is limited; to our knowledge, only 1 previous study has been published. The current study evaluated the psychometric characteristics of the Clinician Administered PTSD Scale (CAPS) administered by video teleconferencing with a larger and more diverse sample of veterans. The CAPS raters had high interrater reliability and there were strong correlations between face-to-face CAPS assessments and video teleconferencing CAPS assessments for diagnosis and total severity. The results suggest that the CAPS can and should be used via video teleconferencing with veterans who have barriers to face-to-face evaluations. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2014-20532-001/>

### **Predisposing, Enabling, and Need Factors as Predictors of Low and High Psychotherapy Utilization in Veterans.**

Hundt, Natalie E.; Barrera, Terri L.; Mott, Juliette M.; Mignogna, Joseph; Yu, Hong-Jen; Sangsiry, Shubhada; Stanley, Melinda A.; Cully, Jeffrey A.

Psychological Services, May 19 , 2014

This study used national administrative data from the Veterans Health Administration (VHA) to examine predisposing, enabling, and need factors related to multiple levels of psychotherapy utilization in a sample of veterans with posttraumatic stress disorder (PTSD), depression, or anxiety. The database was queried for all veterans who were newly diagnosed with PTSD, depression, or anxiety during the 2010 fiscal year and received at least 1 outpatient psychotherapy session in the year following diagnosis (N = 130,331). Veterans were classified as low (51.0%; 1–3 sessions), moderate (38.3%; 4–18 sessions), high (8.7%; 19–51 sessions), or very high (1.9%; 52 or more sessions) psychotherapy users based on the total number of psychotherapy visits during the 1-year follow-up period. Multinomial logistic regression was used to examine predictors of utilization level. Predisposing factors of gender and marital status were modestly associated with utilization. Several need factors were strongly associated with utilization; very high users had higher rates of PTSD and substance use disorders, more comorbid psychiatric diagnoses, and more inpatient psychiatric visits. Very high users were also more likely to demonstrate enabling factors, including living closer to a VHA facility and seeking care at more complex facilities. Overall, need factors appeared to be most strongly linked to psychotherapy utilization. These results suggest many patients may not receive a clinically optimal dose of psychotherapy, highlighting the need to enhance retention in therapy for low utilizers and examine whether very high utilizers are benefitting from extensive courses of treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0887618514000656>

### **An Analysis of Post-Traumatic Stress Symptoms in United States Air Force Drone Operators.**

Wayne Chappelle, Tanya Goodman, Laura Reardon, William Thompson

Journal of Anxiety Disorders

Available online 17 May 2014

Remotely piloted aircraft (RPA), commonly referred to as “drones,” have emerged over the past decade as an innovative warfighting tool. Given there is a paucity of empirical research assessing drone operators, the purpose of this study was to assess for the prevalence of PTSD symptoms among this cohort. Of the 1084 United States Air Force (USAF) drone operators that participated, a total of 4.3% endorsed a pattern of symptoms of moderate to extreme level of severity meeting criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders-4th Edition. The incidence of PTSD among USAF drone operators in this study was lower than rates of PTSD (10–18%) among military personnel returning from deployment but higher than

incidence rates (less than 1%) of USAF drone operators reported in electronic medical records. Although low PTSD rates may be promising, limitations to this study are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0749379714001184>

## **Reporting Sexual Assault in the Military: Who Reports and Why Most Servicewomen Don't.**

Michelle A. Mengeling, Brenda M. Booth, James C. Torner, Anne G. Sadler

American Journal of Preventive Medicine

Available online 19 May 2014

### **Background**

Public and congressional attention to the Department of Defense's (DoD's) efforts to prevent and respond to sexual assault in-military (SAIM) is increasing. To promote reporting, the DoD offers (1) restricted reporting, allowing confidential reporting to designated military personnel without triggering an official investigation, and (2) unrestricted reporting, which initiates a criminal investigation.

### **Purpose**

To identify factors associated with officially reporting SAIM by examining demographic, military, and sexual assault characteristics and survey reporting perceptions and experiences. Differences between active component (AC) (full-time active duty) and Reserve and National Guard (RNG) were explored.

### **Methods**

A Midwestern community sample of currently serving and veteran servicewomen (1,339) completed structured telephone interviews. RNG interviews were conducted March 2010 to September 2010 and AC interviews from October 2010 to December 2011. Data were analyzed in 2013. Logistic regression analyses examined demographic, military, and SA characteristics related to SAIM reporting. Bivariate statistics tested differences between AC and RNG.

### **Results**

A total of 205 servicewomen experienced SAIM and 25% reported. More AC servicewomen experienced SAIM, but were no more likely to report than RNG servicewomen. Restricted reporting was rated more positively, but unrestricted reporting was used more often. Reporters' experiences corroborated non-reporters' concerns of lack of confidentiality, adverse treatment by peers, and beliefs that nothing would be done. Officers were less likely to report than enlisted servicewomen.

## Conclusions

Actual and perceived reporting consequences deter servicewomen from reporting. SAIM undermines trust in military units, mission readiness, and the health and safety of all service members.

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<http://www.va.gov/oig/publications/report-summary.asp?id=3100>

## **Healthcare Inspection - VA Patterns of Dispensing Take-Home Opioids and Monitoring Patients on Opioid Therapy**

U.S. Department of Veterans Affairs, Office of Inspector General  
5/14/2014

As requested by the Senate Committee on Veterans' Affairs, the VA Office of Inspector General assessed the provision of VA outpatient (take-home) opioids and monitoring of patients on opioid therapy. The population consisted of nearly half a million patients who were not receiving hospice/palliative care and who filled at least 1 oral or transdermal opioid prescription from VA for self-administration at home in FY 2012. The average and the median patient age was 59.4 and 61, respectively, and nearly 94 percent of them had been diagnosed with either pain or mental health issues and 58.4 percent with both. We determined that take-home benzodiazepines were dispensed to 7.4 percent of the study population, and 71 percent were dispensed concurrently with opioids. Take-home acetaminophens were given to 92.3 percent of the patients, and 2.0 percent of them were given an average daily dose that exceeded the maximum recommended daily dose of 4 grams. We found that 38.8 percent of the patients received medication management or pharmacy reconciliation. We determined that 6.4 percent of the new patients received both a urine drug test (UDT) prior to and a follow-up within 30 days of therapy initiation, that 37.0 percent of the existing opioid patients received both an annual UDT and a follow-up contact within 6 months of each filled opioid prescription, and that 10.5 percent of active substance use patients received both treatment for substance use and a UDT within 90 days of each filled opioid prescription. Even for the subpopulation of 19,724 active substance use patients who were on opioids for more than 90 days in FY 2012, we determined that only 18.8 percent of them received both a substance use disorder treatment in the FY and a UDT for each 90 days on opioids. We made six recommendations.

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[http://www.rand.org/pubs/research\\_reports/RR682.html](http://www.rand.org/pubs/research_reports/RR682.html)

## **Racial and Ethnic Differences in Exposure to Suicide Prevention Messaging, Confidence in One's Ability to Intervene with Someone at Risk, and Resource Preferences**

by Rajeev Ramchand, Elizabeth Roth

RAND Corporation, 2014

Report assesses differences in racial and ethnic groups' exposure to suicide prevention messaging, preferences for suicide crisis services, and confidence in their ability to intervene with persons at risk of suicide.

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<http://www.strategicstudiesinstitute.army.mil/pubs/display.cfm?pubID=1203>

**A Soldier's Morality, Religion, and Our Professional Ethic: Does the Army's Culture Facilitate Integration, Character Development, and Trust in the Profession?**

Authored by Dr. Don M. Snider, COL (USA Ret) Alexander P. Shine.

Strategic Studies Institute, U.S. Army War College

Added April 30, 2014

Type: Monograph

55 Pages

The authors argue that an urgent leadership issue has arisen which is strongly, but not favorably, influencing our professional culture--a hostility toward religion and its correct expressions within the military. Setting aside the role of Chaplains as a separate issue, the focus here is on the role religion may play in the moral character of individual soldiers--especially leaders--and how their personal morality, faith-based or not, is to be integrated with their profession's ethic so they can serve in all cases "without reservation" as their oath requires.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21915/abstract>

**Predictors of Using Mental Health Services After Sexual Assault.**

Price, M., Davidson, T. M., Ruggiero, K. J., Acierno, R. and Resnick, H. S.

Journal of Traumatic Stress

Article first published online: 22 MAY 2014

Sexual assault increases the risk for psychopathology. Despite the availability of effective interventions, relatively few victims who need treatment receive care in the months following an



assault. Prior work identified several factors associated with utilizing care, including ethnicity, insurance, and posttraumatic stress disorder (PTSD) symptoms. Few studies, however, have examined predictors of treatment utilization prospectively from the time of assault. The present study hypothesized that White racial status, younger age, being partnered, having health insurance, having previously received mental health treatment, and having more PTSD and depression symptoms would predict utilization of care in the 6 months postassault. This was examined in a sample of 266 female sexual assault victims with an average age of 26.2 years, of whom 62.0% were White and 38.0% were African American assessed at 1.5 and 6 months postassault. Available information on utilizing care varied across assessments (1.5 months, n = 214; 3 months, n = 126; 6 months, n = 204). Significant predictors included having previously received mental health treatment (OR = 4.09), 1 day depressive symptoms (OR = 1.06), and having private insurance (OR = 2.24) or Medicaid (OR = 2.19). Alcohol abuse and prior mental health care were associated with a substantial increase in treatment utilization (OR = 4.07). The findings highlight the need to help victims at risk obtain treatment after sexual assault.

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<http://scholarworks.lib.csusb.edu/etd/24/>

### **Mental Health Services for Military Veterans with Posttraumatic Stress Disorder**

Crystal Lynn Toscano, California State University - San Bernardino

Kanika Aisha Roberts, California State University - San Bernardino

Thesis, Master of Social Work, June 2014

Post-Traumatic Stress Disorder (PTSD) has affected millions of veterans who have served in the United States Military. PTSD causes severe impairments in one's mental health, and is correlated with homelessness, substance abuse, and unemployment. Recently, the United States Department Veterans Affairs has been funded more to improve services of mental health and other health care services. Specifically, this study was interested in exploring the perceptions that veterans have of the quality of services that have been provided for PTSD.

Results indicated that the participants who utilized services felt individual and family therapy services were most helpful in reducing PTSD symptoms. Medication was less helpful suggesting further research on what types of medication are helpful. Participants also reported group therapy and service connected disability financial assistance were not helpful even though a majority of participants did not access it. Research indicates that veterans do not perceive services to be helpful; therefore they do not utilize them.

Additional research can focus on exploring why veterans have not utilized services. Social workers can intervene by educating veterans about PTSD and the services that are provided in addition to other community agencies. Furthermore, social workers can evaluate returning veterans and their perception of the quality of services they have received to further improve services.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21924/abstract>

**Effects of Psychotherapy on Trauma-Related Cognitions in Posttraumatic Stress Disorder: A Meta-Analysis.**

Diehle, J., Schmitt, K., Daams, J. G., Boer, F. and Lindauer, R. J. L.

Journal of Traumatic Stress

Article first published online: 22 MAY 2014

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders criteria for posttraumatic stress disorder (PTSD) incorporate trauma-related cognitions. This adaptation of the criteria has consequences for the treatment of PTSD. Until now, comprehensive information about the effect of psychotherapy on trauma-related cognitions has been lacking. Therefore, the goal of our meta-analysis was to determine which psychotherapy most effectively reduces trauma-related cognitions. Our literature search for randomized controlled trials resulted in 16 studies with data from 994 participants. We found significant effect sizes favoring trauma-focused cognitive-behavioral therapy as compared to nonactive or active nontrauma-focused control conditions of Hedges'  $g = 1.21$ , 95% CI [0.69, 1.72],  $p < .001$  and  $g = 0.36$ , 95% CI [0.09, 0.63],  $p = .009$ , respectively. Treatment conditions with elements of cognitive restructuring and treatment conditions with elements of exposure, but no cognitive restructuring reduced trauma-related cognitions almost to the same degree. Treatments with cognitive restructuring had small advantages over treatments without cognitive restructuring. We concluded that trauma-focused cognitive-behavioral therapy effectively reduces trauma-related cognitions. Treatments comprising either combinations of cognitive restructuring and imaginal exposure and in vivo exposure, or imaginal exposure and in vivo exposure alone showed the largest effects.

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<http://sfaa.metapress.com/content/a25x3334n8754673/>

**Finding Balance: Individuals, Agency, and Dual Belonging in the United States National Guard.**

Bonnie M. Vest

Human Organization (Society for Applied Anthropology)

Volume 73, Number 2 / Summer 2014

Militaries exhibit characteristics of total and "greedy" institutions. However, in the United States National Guard where negotiation of dual belonging in civilian and military worlds is necessary, institutional control of the individual is limited. National Guard service highlights the need to view individuals as agents who possess the ability to monitor and enact their own goals and to understand the immense variation found among individuals within powerful institutions. Negotiating belonging in civilian and military institutions illuminates questions of individual agency, as agency is simultaneously enabled and restricted in different ways. Drawing from qualitative research conducted with 48 National Guard soldiers from 2008-2009, I focus on three areas of the Guard experience particularly relevant to these issues: (1) reasons for choosing Guard participation, (2) work/life balance, and (3) deployment. Based on this analysis, I illuminate how individuals engage in a shifting of the levels at which they successfully exert their agency; a formulation of agency which allows for the mutual existence of structure and individual action. Individuals negotiate and accept limits on their agency in some areas in order to enable their agency in others, preserving a sense of control over the course of their lives and actions.

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<http://informahealthcare.com/doi/abs/10.3109/01612840.2014.881941>

### **Trauma-Informed Care: Keeping Mental Health Settings Safe for Veterans.**

Ursula Kelly, Mary Ann Boyd, Sharon M. Valente, Elizabeth Czekanski

Issues in Mental Health Nursing

June 2014, Vol. 35, No. 6 , Pages 413-419

Veterans, as military personnel returning from wars in Afghanistan and Iraq, are frequently coping with various mental health problems. These veterans are at high risk for posttraumatic stress disorder (PTSD) and associated behavioral consequences, including self-harm, verbal and physical aggression, and violence. In this article, we highlight the physiological, physical, and emotional consequences of trauma. We focus on the unique experiences that affect veterans' mental health and associated behaviors and advocate for veterans to receive evidenced-based treatment using trauma-informed and recovery-oriented care.

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<http://www.tandfonline.com/doi/abs/10.1080/07448481.2014.923430>

### **Student Service Members and Veterans Who Access Pastoral Care for the Purposes of Mental Health Support.**

Marek S. Kopacz MD PhD & Elizabeth Karras PhD

Journal of American College Health

Published online: 21 May 2014

**Objectives:**

- (1) describe the demographic characteristics of student service members and Veterans (SSM/V) who seek pastoral care for mental health support;
- (2) evaluate patterns of access to mental healthcare providers among pastoral care users and non-users.

**Participants:**

Respondents to the Fall 2011 National College Health Assessment who reported a history of military service and ever having sought mental healthcare (n = 331).

**Methods:**

Differences between groups were examined using chi-squared and Student's t-tests. Adjusted odds ratios were estimated using ordinal logistic regression.

**Results:**

One-third of participants used pastoral care. Users were more likely to be male and older. No significant differences were noted for race/ethnicity, sexual orientation, or exposure to hazardous duty. Users had a greater than 6-fold increase in proportional odds of accessing multiple providers.

**Conclusions:**

Many SSM/V look to pastoral care for mental health support. Colleges should consider incorporating a pastoral care component into specialized healthcare programs provided to SSM/V.

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<http://journal.frontiersin.org/Journal/10.3389/fnbeh.2014.00209/abstract>

**Improvement of mood and sleep alterations in posttraumatic stress disorder patients by eye movement desensitization and reprocessing.**

Raboni Mara Regina, Alonso Fabiana Fernanda Dias, Tufik Sergio, Suchecki Deborah

Frontiers in Behavioral Neuroscience

Received: 03 Apr 2014; Accepted: 22 May 2014

Posttraumatic stress disorder (PTSD) patients exhibit depressive and anxiety symptoms, in addition to nightmares, which interfere with sleep continuity. Pharmacologic treatment of these sleep problems improves PTSD symptoms, but very few studies have used psychotherapeutic interventions to treat PTSD and examined their effects on sleep quality. Therefore, in the present study, we sought to investigate the effects of Eye Movement Desensitization and Reprocessing therapy on indices of mood, anxiety, subjective and objective sleep. The sample was composed of 11 healthy controls and 13 PTSD patients that were victims of assault and/or kidnapping. All participants were assessed before, and one day after, the end of treatment for depressive and anxiety profile, general well-being and subjective sleep by filling out specific questionnaires. In addition, objective sleep patterns were evaluated by polysomnographic recording. Healthy volunteers were submitted to the therapy for three weekly sessions, whereas PTSD patients underwent five sessions, on average. Before treatment, PTSD patients exhibited high levels of anxiety and depression, poor quality of life and poor sleep, assessed both subjectively and objectively; the latter was reflected by increased time of waking after sleep onset. After completion of treatment, patients exhibited improvement in depression and anxiety symptoms, and in quality of life; with indices that were no longer different from control volunteers. Moreover, these patients showed more consolidated sleep, with reduction of time spent awake after sleep onset. In conclusion, Eye Movement Desensitization and Reprocessing was an effective treatment of PTSD patients and improved the associated sleep and psychological symptoms.

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<http://psycnet.apa.org/psycinfo/2014-20174-001/>

### **Mental Health Services in the Medical Home in the Department of Veterans Affairs: Factors for Successful Integration.**

Pomerantz, Andrew S.; Kearney, Lisa K.; Wray, Laura O.; Post, Edward P.; McCarthy, John F.

Psychological Services, May 19 , 2014

Since the early 1990s, primary care has been described as the de facto mental health care system in the United States. Most individuals with mental health concerns present in primary care, but the majority are either not identified or do not receive evidence-based services or guideline concordant care. Despite 20 years of research supporting the integration of mental health services into primary care, the translation of this evidence into real-world settings remains limited. The growing impetus to build comprehensive health care systems that provide care for a defined population has recently spurred interest in providing mental health care within primary care. The Department of Veterans Affairs (VA) began to systematically incorporate psychological and other mental health services into primary care in 2007. National evaluation and local program data reviewed here have demonstrated that the initiative has already improved the identification and treatment of mental health disorders in the primary care

population, increased the likelihood of receiving guideline concordant care, and enhanced treatment engagement for patients referred into specialty mental health services. These results provide support for expectations that integrated care enhances access to high-quality mental health care. This article summarizes critical factors for success identified in the VA integrated care rollout. These factors are applicable for other health care organizations that seek to improve mental health services delivery. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S1047279714001896>

### **Use of Alcohol Before Suicide in the United States.**

Mark S. Kaplan, Nathalie Huguet, Bentson H. McFarland, Raul Caetano, Kenneth R. Conner, Norman Giesbrecht, Kurt B. Nolte

Annals of Epidemiology

Available online 23 May 2014

#### **Purpose**

Few studies have compared acute use of alcohol in suicide decedents with that in a nonsuicide group. This study provides the first national analysis of acute use of alcohol prior to suicide compared with an estimate of acute use of alcohol in a living sample.

#### **Methods**

Pooled 2003-2011 National Violent Death Reporting System data were used to estimate the prevalence of postmortem blood alcohol content positivity (BAC > 0.0 g/dl) and intoxication (BAC ≥ 0.08 g/dl). Population estimates of comparable use of alcohol (within the past 48 hours) were based on the National Epidemiologic Survey on Alcohol and Related Conditions.

#### **Results**

Compared to the living sample, male and female suicide decedents showed, respectively, a 1.83- (95% confidence interval [CI], 1.73-1.93) and 2.40-fold (95% CI, 2.24-2.57) increased risk of alcohol ingestion prior to their death after age, race/ethnicity, and chronic alcohol problems were controlled. Furthermore, male and female decedents exhibited, respectively, a 6.18- (95% CI, 5.57-6.86) and a 10.04-fold (95% CI, 8.67-11.64) increased risk of being intoxicated prior to their death after confounders were considered.

#### **Conclusions**

The findings underscore the crucial need to include among the essential components of suicide prevention policies programs that minimize use of alcohol, particularly drinking to intoxication.

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<http://www.sciencedirect.com/science/article/pii/S0165032714003061>

## **Characterization of patients with mood disorders for their prevalent temperament and level of hopelessness.**

Maurizio Pompili, Marco Innamorati, Xenia Gonda, Denise Erbuto, Alberto Forte, Federica Ricci, David Lester, Hagop Akiskal, Gustavo H. Vázquez, Zoltan Rihmer, Mario Amore, Paolo Girardi

Journal of Affective Disorders  
Available online 23 May 2014

### **Background**

Mood disorders (MD) are disabling conditions throughout the world associated with significant psychosocial impairment. Affective temperaments, as well as hopelessness, may play a significant role in the pathophysiology of MD. The present study was designed to characterize patients with MD for their prevalent affective temperament and level of hopelessness.

### **Methods**

Five hundred fifty-nine (253 men and 306 women) consecutive adult inpatients were assessed using the Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Autoquestionnaire version (TEMPS-A), the Gotland Scale for Male Depression (GSMD), the Beck Hopelessness Scale (BHS) and the Mini International Neuropsychiatric Interview (MINI).

### **Results**

Higher cyclothymia and irritable temperaments were found in bipolar disorder-I (BD-I) patients compared to those with other Axis I diagnoses. Major depressive disorder (MDD) patients had lower hyperthymia than BD-I and BD-II patients and higher anxiety than patients with other Axis I diagnoses. Severe “male” depression was more common in BD-II patients compared to BD-I and MDD patients. BD-I patients and those with other axis I diagnoses reported lower BHS  $\geq 9$  scores than those with BD-II and MDD.

### **Limitations**

The study had the limitations of all naturalistic designs, that is, potentially relevant variables were not addressed. Furthermore, the cross-sectional nature of the study did not allow conclusions about causation, and the use of self-report measures could be potentially biased by social desirability.

### **Conclusion**

MDD patients were more likely to have higher anxious temperament, higher hopelessness and lower hyperthymic temperamentscores, while BD-I patients more often had cyclothymic and irritable temperaments than patients with other Axis I diagnoses. The implications of the present results were discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23389836>

Sleep Breath. 2013 Sep;17(3):1117-8. doi: 10.1007/s11325-013-0811-x. Epub 2013 Feb 7.

**Obesity and deranged sleep are independently associated with increased cancer mortality in 50 US states and the District of Columbia.**

Lehrer S, Green S, Ramanathan L, Rosenzweig KE

**INTRODUCTION:**

Proper sleep is associated with reduced cancer risk. For example, multiple studies have found that habitual sleeping pill usage is related to death from cancer, suggesting that sleep derangement may increase cancer mortality. However, other studies have not found a definite connection between sleep and cancer deaths. For this reason, we analyzed US cancer mortality data and sleep quality data to see if there was relationship.

**METHODS:**

Age-adjusted data on sleep disturbance in 50 US states and the District of Columbia are from Perceived insufficient rest or sleep among adults--United States, 2008. Age-adjusted all-cancer mortality data are from American Cancer Society Cancer Facts and Figures. Obesity data are from Vital signs: state-specific obesity prevalence among adults--United States, 2009. Data on race by state are from the 2010 US Census (<http://www.census.gov>).

**RESULTS:**

There was a significant correlation between percentage of persons who reported insufficient sleep every day in the preceding 30 days versus all-cancer mortality in 50 US states and the District of Columbia ( $p < 0.001$ ). Because cancer survival is higher in whites than blacks and lower in obese individuals, multiple linear regression was performed. The association of insufficient sleep every day in the preceding 30 days with all-cancer mortality was significant ( $p = 0.017$ ), independent of the percentage obese ( $p < 0.001$ ), and unrelated to percentage white population ( $p = 0.847$ ).

**CONCLUSION:**

Alterations in endocrine function, perhaps abnormal cortisol metabolism resulting from deranged sleep, may be in part responsible for the increased all-cancer mortality we report here. Further studies would be worthwhile.

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<http://www.ncbi.nlm.nih.gov/pubmed/24856364>

Psychother Res. 2014 May 23:1-15. [Epub ahead of print]

**Trauma-related shame and guilt as time-varying predictors of posttraumatic stress disorder symptoms during imagery exposure and imagery rescripting-A randomized controlled trial.**

Oktedalen T, Hoffart A, Langkaas TF

**Objective:**

The specific aims of this study are to examine trauma-related shame and guilt as time-varying predictors of symptoms of posttraumatic stress disorder (PTSD).

**Method:**

Sixty-five patients were included in the statistical analyses and the multilevel modeling analyses supported three major findings.

**Results:**

(i) Patients with a higher level of shame and guilt at the start of treatment displayed a higher level of PTSD symptoms over the course of treatment compared to other patients. (ii) Time-specific change in shame and guilt predicted the level of PTSD symptoms 3 days later from session to session during treatment. (iii) No significant differences were evident between prolonged exposure (PE) and modified PE to include imagery rescripting in the within-person process of change in PTSD symptoms from session to session during therapy.

**Conclusions:**

This trial reports the first evidence that within-person change in shame and guilt predicts change in PTSD symptoms from session to session during treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/24856569>

J Affect Disord. 2014 Aug 1;164C:155-164. doi: 10.1016/j.jad.2014.04.023. Epub 2014 Apr 19.

**Efficacy and acceptability of group cognitive behavioral therapy for depression: A systematic review and meta-analysis.**

Okumura Y, Ichikura K

**BACKGROUND:**

Despite treatment guidelines for depression placing group cognitive behavioral therapy (group CBT) between low- and high-intensity evidence-based psychological interventions, the validity

of the placement remains unknown. We aimed to systematically review evidence for the efficacy and acceptability of group CBT in patients with depression compared to four intensity levels of psychosocial interventions.

#### METHODS:

We searched the Cochrane Central Register of Controlled Trials, MEDLINE, PsycINFO, and Web of Science and hand-searched the references in identified publications. We selected randomized controlled trials comparing group CBT with four levels of interventions for adult patients with depression. Two authors independently assessed risk of bias.

#### RESULTS:

From 7953 records, we identified 35 studies that compared group CBT to non-active (k=30), low-intensity (k=2), middle-intensity (k=8), and high-intensity (k=1) interventions. Group CBT had a superior efficacy (standardized mean difference [SMD]=-0.68) and a similar acceptability compared to non-active controls. Pooled results showed a small but non-significant excess of group CBT relative to middle-intensity interventions (SMD=-0.21).

#### LIMITATIONS:

Over 60% of studies did not report enough information to judge selection and selective reporting bias.

#### CONCLUSIONS:

These results suggest the need for high-quality trials of group CBT compared to low- and high-intensity interventions. Copyright © 2014 Elsevier B.V. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/24856564>

J Affect Disord. 2014 Aug;164:118-22. doi: 10.1016/j.jad.2014.04.030. Epub 2014 Apr 19.

#### **Blood biomarkers of depression track clinical changes during cognitive-behavioral therapy.**

Kéri S, Szabó C, Kelemen O.

#### BACKGROUND:

Results from convergent genomics indicated new peripheral biomarkers for mood states. We sought to investigate the clinical utility of the BioM-10 Mood Panel, a peripheral biomarker set of low vs. high mood states, in the diagnosis of major depressive episode and to monitor the effectiveness of cognitive-behavioral therapy (CBT).

#### METHOD:

44 patients with a first episode of major depression and 30 healthy control subjects participated

in the study. The BioM-10 panel's gene expression profile was measured from whole peripheral blood with the Affymetrix Human Genome U133 Plus 2.0 Gene Chips, focusing on 10 top genes related to high mood states (MBP, EDG2, FZD3, ATXN1, and EDNRB) and low mood states (FGFR1, MAG, PMP22, UGT8, and ERBB3). We studied gene expression before and after CBT.

#### RESULTS:

The BioM-10 prediction score discriminated patients and controls with high sensitivity (84%) and specificity (90%). There was an increase in the BioM-10 prediction score after CBT relative to the pretreatment value. Clinical improvement was associated with higher prediction scores reflecting a greater ratio of high mood markers relative to low mood markers.

#### LIMITATIONS:

Sample size was small for a genome-wide microarray study. Convergent genomic studies have not been conducted in major depressive disorder. More evidence is needed from patients with severe, recurrent, and chronic forms of depression.

#### CONCLUSIONS:

The BioM-10 panel is a promising tool as a biomarker setup for the evaluation of low and high mood states across diagnostic categories. The panel includes genes related to growth factor pathways and myelination, which may provide new insights into the pathophysiology of mood dysregulation.

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<http://www.ncbi.nlm.nih.gov/pubmed/24857283>

J Surg Res. 2014 May 1. pii: S0022-4804(14)00435-1. doi: 10.1016/j.jss.2014.04.039. [Epub ahead of print]

#### **Effect of alcohol in traumatic brain injury: is it really protective?**

Pandit V, Patel N, Rhee P, Kulvatunyou N, Aziz H, Green DJ, O'Keeffe T, Zangbar B, Tang A, Gries L, Friese RS, Joseph B.

#### BACKGROUND:

Studies have proposed a neuroprotective role for alcohol (ETOH) in traumatic brain injury (TBI). We hypothesized that ETOH intoxication is associated with mortality in patients with severe TBI.

## METHODS:

Version 7.2 of the National Trauma Data Bank (2007-2010) was queried for all patients with isolated blunt severe TBI (Head Abbreviated Injury Score  $\geq 4$ ) and blood ETOH levels recorded on admission. Primary outcome measure was mortality. Multivariate logistic regression analysis was performed to assess factors predicting mortality and in-hospital complications.

## RESULTS:

A total of 23,983 patients with severe TBI were evaluated of which 22.8% ( $n = 5461$ ) patients tested positive for ETOH intoxication. ETOH-positive patients were more likely to have in-hospital complications ( $P = 0.001$ ) and have a higher mortality rate ( $P = 0.01$ ). ETOH intoxication was an independent predictor for mortality (odds ratio: 1.2, 95% confidence interval: 1.1-2.1,  $P = 0.01$ ) and development of in-hospital complications (odds ratio: 1.3, 95% confidence interval: 1.1-2.8,  $P = 0.009$ ) in patients with isolated severe TBI.

## CONCLUSIONS:

ETOH intoxication is an independent predictor for mortality in patients with severe TBI patients and is associated with higher complication rates. Our results from the National Trauma Data Standards differ from those previously reported. The proposed neuroprotective role of ETOH needs further clarification. Copyright © 2014 Elsevier Inc. All rights reserved.

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<http://www.biomedcentral.com/1471-244X/14/152/abstract>

## **Social class and gender patterning of insomnia symptoms and psychiatric distress: a 20-year prospective cohort study.**

Michael J Green, Colin A Espie and Michael Benzeval

BMC Psychiatry 2014, 14:152

### Background

Psychiatric distress and insomnia symptoms exhibit similar patterning by gender and socioeconomic position. Prospective evidence indicates a bi-directional relationship between psychiatric distress and insomnia symptoms so similarities in social patterning may not be coincidental. Treatment for insomnia can also improve distress outcomes. We investigate the extent to which the prospective patterning of distress over 20 years is associated with insomnia symptoms over that period.

### Methods

999 respondents to the Twenty-07 Study had been followed for 20 years from approximately ages 36-57 (73.2% of the living baseline sample). Psychiatric distress was measured using the GHQ-12 at baseline and at 20-year follow-up. Gender and social class were ascertained at baseline. Insomnia symptoms were self-reported approximately every five years. Latent class

analysis was used to classify patterns of insomnia symptoms over the 20 years. Structural Equation Models were used to assess how much of the social patterning of distress was associated with insomnia symptoms. Missing data was addressed with a combination of multiple-imputation and weighting.

## Results

Patterns of insomnia symptoms over 20 years were classified as either healthy, episodic, developing or chronic. Respondents from a manual social class were more likely to experience episodic, developing or chronic patterns than those from non-manual occupations but this was mostly explained by baseline psychiatric distress. People in manual occupations experiencing psychiatric distress however were particularly likely to experience chronic patterns of insomnia symptoms. Women were more likely to experience a developing pattern than men, independent of baseline distress. Psychiatric distress was more persistent over the 20 years for those in manual social classes and this effect disappeared when adjusting for insomnia symptoms. Irrespective of baseline symptoms, women, and especially those in a manual social class, were more likely than men to experience distress at age 57. This overall association for gender, but not the interaction with social class, was explained after adjusting for insomnia symptoms. Sensitivity analyses supported these findings.

## Conclusions

Gender and socioeconomic inequalities in psychiatric distress are strongly associated with inequalities in insomnia symptoms. Treatment of insomnia or measures to promote healthier sleeping may therefore help alleviate inequalities in psychiatric distress.

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<http://www.ncbi.nlm.nih.gov/pubmed/24855345>

Clin Interv Aging. 2014 May 7;9:765-70. doi: 10.2147/CIA.S57832. eCollection 2014.

## **Comparing telehealth-based and clinic-based group cognitive behavioral therapy for adults with depression and anxiety: a pilot study.**

Khatri N, Marziali E, Tchernikov I, Shepherd N

### BACKGROUND:

The primary objective of this pilot study was to demonstrate reliable adherence to a group cognitive behavioral (CBT) therapy protocol when delivered using on-line video conferencing as compared with face-to-face delivery of group CBT. A secondary aim was to show comparability of changes in subject depression inventory scores between on-line and face-to-face delivery of group CBT.

### METHODS:

We screened 31 individuals, 18 of whom met the criteria for a DSM-IV (Diagnostic and

Statistical Manual of Mental Disorders, 4th Edition) diagnosis of mood and/or anxiety disorder. All qualifying participants had the necessary equipment (computer, webcam, Internet) for participation in the study, but could exercise their preference for either the on-line or face-to-face format. Eighteen completed the 13 weekly session intervention program (ten face-to-face; eight video conferencing). We coded adherence to protocol in both intervention formats and generated pre-post changes in scores on the Beck Depression Inventory Second Edition (BDI-II) for each participant.

#### RESULTS:

Application of the CBT protocol coding system showed reliable adherence to the group CBT intervention protocol in both delivery formats. Similarly, qualitative analysis of the themes in group discussion indicated that both groups addressed similar issues. Pre-post intervention scores for the BDI-II were comparable across the two delivery formats, with 60% of participants in each group showing a positive change in BDI-II severity classification (eg, from moderate to low symptoms).

#### CONCLUSION:

This pilot study demonstrates that group CBT could be delivered in a technology-supported environment (on-line video conferencing) and can meet the same professional practice standards and outcomes as face-to-face delivery of the intervention program.

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<http://www.ncbi.nlm.nih.gov/pubmed/24852799>

Curr Top Behav Neurosci. 2014 May 23. [Epub ahead of print]

#### **Stress, Arousal, and Sleep. Sanford LD, Suchecki D, Meerlo P**

Stress is considered to be an important cause of disrupted sleep and insomnia. However, controlled and experimental studies in rodents indicate that effects of stress on sleep-wake regulation are complex and may strongly depend on the nature of the stressor. While most stressors are associated with at least a brief period of arousal and wakefulness, the subsequent amount and architecture of recovery sleep can vary dramatically across conditions even though classical markers of acute stress such as corticosterone are virtually the same. Sleep after stress appears to be highly influenced by situational variables including whether the stressor was controllable and/or predictable, whether the individual had the possibility to learn and adapt, and by the relative resilience and vulnerability of the individual experiencing stress. There are multiple brain regions and neurochemical systems linking stress and sleep, and the specific balance and interactions between these systems may ultimately determine the alterations in sleep-wake architecture. Factors that appear to play an important role in stress-induced wakefulness and sleep changes include various monoaminergic neurotransmitters, hypocretins, corticotropin releasing factor, and prolactin. In addition to the brain regions directly involved in stress responses such as the hypothalamus, the locus coeruleus, and the amygdala, differential

effects of stressor controllability on behavior and sleep may be mediated by the medial prefrontal cortex. These various brain regions interact and influence each other and in turn affect the activity of sleep-wake controlling centers in the brain. Also, these regions likely play significant roles in memory processes and participate in the way stressful memories may affect arousal and sleep. Finally, stress-induced changes in sleep-architecture may affect sleep-related neuronal plasticity processes and thereby contribute to cognitive dysfunction and psychiatric disorders.

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[http://omicsonline.org/2155-6148/2155-6148-abstract.php?abstract\\_id=25919](http://omicsonline.org/2155-6148/2155-6148-abstract.php?abstract_id=25919)

### **Use of Stellate Ganglion Block for Refractory Post-Traumatic Stress Disorder: A Review of Published Cases.**

Maryam Navaie, Morgan S. Keefe, Anita H. Hickey, Robert N. McLay, Elspeth Cameron Ritchie and Salahadin Abdi

Anesthesia & Clinical Research  
2014, 5:4

#### **Introduction:**

The lifetime prevalence of post-traumatic stress disorder (PTSD) is estimated to be 7.3% in the U.S. population, 10-20% among active duty service members and 35-40% among veterans. Overall success rates of evidence-based therapies for PTSD are low, leading clinicians to explore new therapeutic options. This study evaluated all published articles on the use of stellate ganglion block (SGB) as an adjunctive therapy for treatment-refractory PTSD.

#### **Methods:**

EMBASE, PubMed, PsychINFO and Cochrane databases were searched using keyword combinations including stellate ganglion block, SGB, post-traumatic stress disorder, and PTSD. Articles were restricted to English language with no date delimiter. Twelve publications were identified, seven of which were eliminated due to lack of case data, duplicate patient sample, or descriptive reports with no standardized PTSD symptom assessment. Twenty-four cases from five articles were examined further by two independent evaluators who extracted data on sociodemographic and clinical characteristics including PTSD symptoms, comorbidities, and treatment history. Interrater reliability showed complete agreement ( $\kappa=1.0$ ).

#### **Results:**

Cases were predominantly male ( $n=21$ , 88%) and active duty military ( $n=14$ , 58%) or veterans ( $n=8$ , 33%) with combat-related PTSD. The average age was 40.5 years ( $\pm 10.0$  SD). All cases had received >1 year of psychotherapy and pharmacotherapy before SGB. Seventeen cases (71%) received one SGB, seven (29%) received multiple SGBs. Clinically meaningful improvements were observed in 75% ( $n=18$ ) of cases after SGB, with significant differences in

mean PTSD scores pre- ( $69.5 \pm 26.6$ ) and post-SGB ( $34.2 \pm 32.5$ ) across cases ( $p < 0.001$ ). The effect size was relatively large ( $d = 1.2$ ). On average, PTSD improved by 50.4% ( $\pm 30.9$  SD; range: 6.3-98.4) for cases with one SGB and 69.0% ( $\pm 28.0$  SD; range: 9.2-93.5) for cases with multiple SGBs.

#### Conclusions:

Most patients with treatment-refractory PTSD experienced rapid improvement after SGB. Robust clinical trials are needed to determine SGB's treatment efficacy for PTSD.

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#### Links of Interest

A Revolutionary Approach to Treating PTSD

<http://www.nytimes.com/2014/05/25/magazine/a-revolutionary-approach-to-treating-ptsd.html>

Many mental illnesses reduce life expectancy more than heavy smoking

[http://www.eurekalert.org/pub\\_releases/2014-05/uoo-mmi052014.php](http://www.eurekalert.org/pub_releases/2014-05/uoo-mmi052014.php)

Repeated sexual assault victims report more psychological problems than previously thought

[http://www.eurekalert.org/pub\\_releases/2014-05/uom-rsa052214.php](http://www.eurekalert.org/pub_releases/2014-05/uom-rsa052214.php)

Safety in numbers: Moderate drinking in a group reduces attraction to risk

[http://www.eurekalert.org/pub\\_releases/2014-05/uok-sin052214.php](http://www.eurekalert.org/pub_releases/2014-05/uok-sin052214.php)

Aggressive behavior observed after alcohol-related priming

[http://www.eurekalert.org/pub\\_releases/2014-05/sfpa-abo051914.php](http://www.eurekalert.org/pub_releases/2014-05/sfpa-abo051914.php)

These wounded U.S. vets wanted closure. They found it back in Afghanistan

[http://www.washingtonpost.com/world/asia\\_pacific/these-wounded-us-vets-wanted-closure-they-found-it-back-in-afghanistan/2014/05/23/ab34be44-ae2f-11e3-a49e-76adc9210f19\\_story.html](http://www.washingtonpost.com/world/asia_pacific/these-wounded-us-vets-wanted-closure-they-found-it-back-in-afghanistan/2014/05/23/ab34be44-ae2f-11e3-a49e-76adc9210f19_story.html)

Northwest Louisiana Marine faces his time in Vietnam, deals with aftermath

<http://www.shreveporttimes.com/article/20140526/NEWS10/305260010/Northwest-Louisiana-Marine-faces-his-time-Vietnam-deals-aftermath>

Study: VA not following protocols on dispensing narcotic painkillers

<http://www.tampabay.com/news/study-va-not-following-protocols-on-dispensing-narcotic-painkillers/2181485>

America's mental health care crisis: families left to fill the void of a broken system

<http://www.theguardian.com/world/2014/may/27/-sp-americas-mental-health-care-system-crisis>



The Days of Our Lives, One Day at a Time (CBT and SUDs)

[http://www.huffingtonpost.com/wray-herbert/the-days-of-our-lives-one\\_b\\_5389553.html](http://www.huffingtonpost.com/wray-herbert/the-days-of-our-lives-one_b_5389553.html)

Behavioral health: Army, Air Guard resources you should know about

<http://www.dvidshub.net/news/130834/behavioral-health-army-air-guard-resources-you-should-know-about>

Military Plans To Test Brain Implants To Fight Mental Disorders

<http://www.capradio.org/news/npr/story?storyid=316129491>

House passes new mental health screening for recruits

<http://www.stripes.com/news/house-passes-new-mental-health-screening-for-recruits-1.284738>

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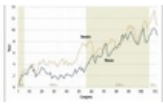
**Resource of the Week:** [Where America's veterans live, in 1 map](#)

The rapidly increasing list of members of Congress calling for the resignation of Veterans Administration Secretary Eric Shinseki follows one predictable pattern. Many of those making the demand are either Republicans or Democrats in swing states or close reelection campaigns. But another factor might also be in play: states where veterans are more likely to live.

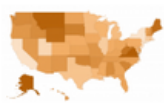
Actually, there are two maps here, in this Washington Post feature. One indicates (by color) the total veteran population of each state. The other indicates (by color) veterans as a percentage of the total population. While California has the largest veteran population by number, Montana's population includes the largest percentage of veterans (at 10%).

# The Fix

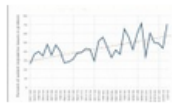
by Chris Cillizza



There are 405 House races where the frontrunner has a 90% chance of winning



Where America's veterans live, in 1 map



Gridlock in Congress? It's probably even worse than you think



The Clintons. So hot right now.



Why Mexico is the new Germany, in 1 map



The greatest moments of the Jerry Brown vs the Clintons feud

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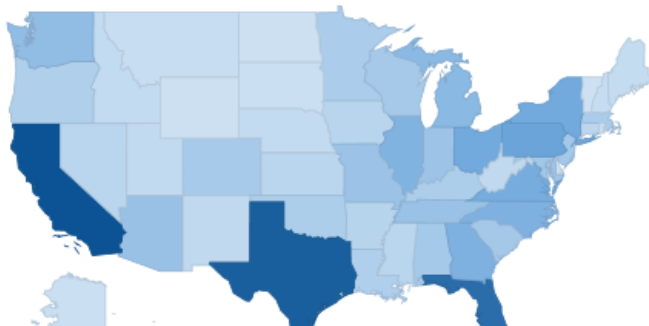
## Where America's veterans live, in 1 map

BY PHILIP BUMP May 29 at 9:00 am

The rapidly increasing list of members of Congress [calling](#) for the resignation of Veterans Administration Secretary Eric Shinseki follows one predictable pattern. Many of those making the demand are either Republicans or Democrats in swing states or close reelection campaigns. But another factor might also be in play: states where veterans are more likely to live.

The VA [tracks veteran residency](#) by state. As of last September, it estimates that no state was home to more veterans than California — which makes sense, given the size of the state's population.

### Veteran population of each state



### The Post Most

The top-read stories of the past four hours

- 1 Army drill sergeant accused of numerous sex assaults in Afghanistan and Missouri
- 2 In New Orleans, major school district closes traditional public schools for good
- 3 1933 news article refutes cherished tale that Redskins were named to honor Indian coach
- 4 There's international drama over the pic of Kate Middleton's bare bum
- 5 Ben Carson, doctor of division



Don't miss a single story!

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### Latest Tweets



Free overseas trip? Yeah, your congressperson has probably taken one. [wapo.st/1jwLICI](#) (from @jjsimonWP)  
— AaronBlakeWP

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