CDP Research Update -- June 19, 2014

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- Proinflammatory milieu in combat-related PTSD is independent of depression and early life stress.
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- Iraq and Afghanistan War Veterans with Reintegration Problems: Differences by Veterans Affairs Healthcare User Status.
- Cognitive Processing Therapy for Veterans With Posttraumatic Stress Disorder: A Comparison Between Outpatient and Residential Treatment.
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- Anticipating the traumatic brain injury-related health care needs of women veterans after the Department of Defense change in combat assignment policy.
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- Diagnostic performance of the PTSD checklist and the Vietnam Era Twin Registry PTSD scale.
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http://www.ncbi.nlm.nih.gov/pubmed/24930048

Addict Behav. 2014 Jun 2;39(10):1414-1417. doi: 10.1016/j.addbeh.2014.05.022. [Epub ahead of print]

Positive posttraumatic stress disorder screens among first-time medical cannabis patients: Prevalence and association with other substance use.

Bohnert KM, Perron BE, Ashrafioun L, Kleinberg F, Jannausch M, Ilgen MA

Twenty-one states and the District of Columbia have passed legislation allowing for the use of medical cannabis for those individuals with qualifying medical conditions, which include posttraumatic stress disorder (PTSD) for a growing number of states. Little information is available regarding PTSD among medical cannabis patients. This study seeks to provide initial data on this topic by examining the prevalence and correlates of positive PTSD screens among a sample of patients seeking medical cannabis certification for the first time (n=186). Twenty-three percent (42/186; 95% confidence interval [CI] =17%-29%) of the patients in the study sample screened positive for PTSD. Moreover, the group that screened positive for PTSD had higher percentages of lifetime prescription opioid, cocaine, prescription sedative, and street opioid use, as well as a higher percentage of recent prescription sedative use, than the group that screened negative for PTSD. These findings highlight the relatively common use of other substances among medical cannabis patients with significant PTSD symptoms, even when compared with other patients seeking medical cannabis for the first time. As a growing number of states include PTSD among the list of qualifying medical conditions for medical cannabis, additional research is needed to better characterize the longitudinal relationship between medical cannabis use and PTSD symptoms. Published by Elsevier Ltd.

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http://www.ncbi.nlm.nih.gov/pubmed/24929195

Brain Behav Immun. 2014 Jun 11. pii: S0889-1591(14)00166-4. doi: 10.1016/j.bbi.2014.06.003. [Epub ahead of print]

Proinflammatory milieu in combat-related PTSD is independent of depression and early life stress.

Lindqvist D, Wolkowitz OM, Mellon S, Yehuda R, Flory JD, Henn-Haase C, Bierer LM, Abu-Amara D, Coy M, Neylan TC, Makotkine I, Reus VI, Yan X, Taylor NM, Marmar CR, Dhabhar FS

BACKGROUND:
Chronic inflammation may be involved in combat-related Post-Traumatic Stress Disorder (PTSD) and may help explain comorbid physical diseases. However, the extent to which combat exposure per se, depression, or early life trauma, all of which are associated with combat PTSD, may confound the relationship between PTSD and inflammation is unclear.

METHODS:
We quantified interleukin (IL)-6, IL-1β, tumor necrosis factor (TNF)-α, interferon (IFN)-γ, and C-reactive protein (CRP) in 51 combat-exposed males with PTSD and 51 combat-exposed males without PTSD, and assessed PTSD and depression severity as well as history of early life

trauma. To decrease the possibility of Type I errors, we summed standardized scores of IL-1β, IL-6, TNFα, IFNγ and CRP into a total "pro-inflammatory score." PTSD symptom severity was assessed with the Clinician Administered PTSD Scale (CAPS) rating scale.

RESULTS:
Subjects with PTSD had significantly higher pro-inflammatory scores compared to combat-exposed subjects without PTSD (p=0.006), and even after controlling for early life trauma, depression diagnosis and severity, body mass index, ethnicity, education, asthma/allergies, time since combat and the use of possibly confounding medications (p=0.002). Within the PTSD group, the pro-inflammatory score was not significantly correlated with depressive symptom severity, CAPS total score, or with the number of early life traumas.

CONCLUSIONS:
Combat-related PTSD in males is associated with higher levels of pro-inflammatory cytokines, even after accounting for depression and early life trauma. These results, from one of the largest studies of inflammatory cytokines in PTSD to date, suggest that immune activation may be a core element of PTSD pathophysiology more so than a signature of combat exposure alone.

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http://onlinelibrary.wiley.com/doi/10.1002/mpr.1446/abstract

The Millennium Cohort Family Study: a prospective evaluation of the health and well-being of military service members and their families.

Crum-Cianflone, N. F., Fairbank, J. A., Marmar, C. R. and Schlenger, W.

International Journal of Methods in Psychiatric Research

Article first published online: 10 JUN 2014

The need to understand the impact of war on military families has never been greater than during the past decade, with more than three million military spouses and children affected by deployments to Operations Iraqi Freedom and Enduring Freedom. Understanding the impact of the recent conflicts on families is a national priority, however, most studies have examined spouses and children individually, rather than concurrently as families. The Department of Defense (DoD) has recently initiated the largest study of military families in US military history (the Millennium Cohort Family Study), which includes dyads of military service members and their spouses (n > 10,000). This study includes US military families across the globe with planned follow-up for 21+ years to evaluate the impact of military experiences on families, including both during and after military service time. This review provides a comprehensive description of this landmark study including details on the research objectives, methodology, survey instrument, ancillary data sets, and analytic plans. The Millennium Cohort Family Study

offers a unique opportunity to define the challenges that military families experience, and to advance the understanding of protective and vulnerability factors for designing training and treatment programs that will benefit military families today and into the future.

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http://link.springer.com/article/10.1007/s10488-014-0564-2/fulltext.html

Iraq and Afghanistan War Veterans with Reintegration Problems: Differences by Veterans Affairs Healthcare User Status.

Sayer NA, Orazem RJ, Noorbaloochi S, Gravely A, Frazier P, Carlson KF, Schnurr PP, Oleson H

Administration and Policy in Mental Health and Mental Health Services Research
2014 Jun 11. [Epub ahead of print]

We studied 1,292 Iraq and Afghanistan War veterans who participated in a clinical trial of expressive writing to estimate the prevalence of perceived reintegration difficulty and compare Veterans Affairs (VA) healthcare users to nonusers in terms of demographic and clinical characteristics. About half of participants perceived reintegration difficulty. VA users and nonusers differed in age and military background. Levels of mental and physical problems were higher in VA users. In multivariate analysis, military service variables and probable traumatic brain injury independently predicted VA use. Findings demonstrate the importance of research comparing VA users to nonusers to understand veteran healthcare needs.

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http://www.tandfonline.com/doi/abs/10.1080/07448481.2014.931282

Mental Health and Self-directed Violence Among Student Service Members/Veterans in Postsecondary Education.

John R. Blosnich, Marek S. Kopacz, Janet McCarten, Robert M. Bossarte

Journal of American College Health

Accepted author version posted online: 11 Jun 2014

Objectives:
Using a sample of student service members/veterans, the current study aimed to examine the prevalence of psychiatric diagnoses and suicide-related outcomes and the association of hazardous duty with mental health.

Participants:
Data are from the Fall 2011 National College Health Assessment (n = 27,774). Methods: Logistic regression was used to examine (1) the association of student service member/veteran status with mental health outcomes and (2) the association of hazardous duty with mental health outcomes among student service members/veterans (n = 706).

Results:
Student service members/veterans had higher odds of self-harm than students without military experience. Among student service members/veterans, hazardous duty was positively associated (OR = 2.00, 95% CI: 1.30–3.07) with having a psychiatric diagnosis but negatively associated (OR = 0.41, 95% CI: 0.20–0.85) with suicidal ideation.

Conclusions:
Self-harm may be a unique phenomenon among service members/veterans. Suicide prevention with this population should include information about self-harm, and future research should explore whether suicidal intent underlies self-harm.

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http://soundideas.pugetsound.edu/history_theses/12/

Have You Hugged a Soldier Today? Veterans Struggle With Invisible Wounds of War From Vietnam to Afghanistan.

Gabe Mora

Dissertation/Thesis
Bachelor of Arts in History
University of Puget Sound
Spring 5-18-2014

The misinformation about Post-traumatic stress disorder (PTSD) in American society has lead to the stigmatization and discrimination of veterans since the war in Vietnam. PTSD was not a formal diagnosis until 1980, resulting in negative public perception of veterans suffering with this mental illness. Even today as research and information about the disorder has become increasingly available to the public, veterans of the Iraq and Afghanistan wars are facing the same discrimination's as the veterans of Vietnam during their transitions back to civilian life.

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http://www.sciencedirect.com/science/article/pii/S0889159114001664

Proinflammatory milieu in combat-related PTSD is independent of depression and early life stress.

Daniel Lindqvist, Owen M. Wolkowitz, Synthia Mellon, Rachel Yehuda, Janine D. Flory, Clare Henn-Haase, Linda M. Bierer, Duna Abu-Amara, Michelle Coy, Thomas C. Neylan, Iouri Makotkine, Victor I. Reus, Xiaodan Yan, Nicole M. Taylor, Charles R. Marmar, Firdaus S. Dhabhar

Brain, Behavior, and Immunity

Available online 12 June 2014

Background
Chronic inflammation may be involved in combat-related post-traumatic stress disorder (PTSD) and may help explain comorbid physical diseases. However, the extent to which combat exposure per se, depression, or early life trauma, all of which are associated with combat PTSD, may confound the relationship between PTSD and inflammation is unclear.

Methods
We quantified interleukin (IL)-6, IL-1β, tumor necrosis factor (TNF)-α, interferon (IFN)-γ, and C-reactive protein (CRP) in 51 combat-exposed males with PTSD and 51 combat-exposed males without PTSD, and assessed PTSD and depression severity as well as history of early life trauma. To decrease the possibility of Type I errors, we summed standardized scores of IL-1β, IL-6, TNFα, IFNγ and CRP into a total “pro-inflammatory score”. PTSD symptom severity was assessed with the Clinician Administered PTSD Scale (CAPS) rating scale.

Results
Subjects with PTSD had significantly higher pro-inflammatory scores compared to combat-exposed subjects without PTSD ($p = 0.006$), and even after controlling for early life trauma, depression diagnosis and severity, body mass index, ethnicity, education, asthma/allergies, time since combat and the use of possibly confounding medications ($p = 0.002$). Within the PTSD group, the pro-inflammatory score was not significantly correlated with depressive symptom severity, CAPS total score, or with the number of early life traumas.

Conclusions
Combat-related PTSD in males is associated with higher levels of pro-inflammatory cytokines, even after accounting for depression and early life trauma. These results, from one of the largest studies of inflammatory cytokines in PTSD to date, suggest that immune activation may be a core element of PTSD pathophysiology more so than a signature of combat exposure alone.

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http://proceedings.spiedigitallibrary.org/proceeding.aspx?articleid=1880674

The military's approach to traumatic brain injury and post-traumatic stress disorder.

Geoffrey S. F. Ling, Jamie Grimes, James M. Ecklund

Uniformed Services Univ. of the Health Sciences (United States)

Proc. SPIE 9112, Sensing Technologies for Global Health, Military Medicine, and Environmental Monitoring IV, 91120J (June 5, 2014); doi:10.1117/12.2058740

Traumatic brain injury (TBI) and Post Traumatic Stress Disorder (PTSD) are common conditions. In Iraq and Afghanistan, explosive blast related TBI became prominent among US service members but the vast majority of TBI was still due to typical causes such as falls and sporting events. PTS has long been a focus of the US military mental health providers. Combat Stress Teams have been integral to forward deployed units since the beginning of the Global War on Terror. Military medical management of disease and injury follows standard of care clinical practice guidelines (CPG) established by civilian counterparts. However, when civilian CPGs do not exist or are not applicable to the military environment, new practice standards are created. Such is the case for mild TBI. In 2009, the VA-DoD CPG for management of mild TBI/concussion was published and a system-wide clinical care program for mild TBI/concussion was introduced. This was the first large scale effort on an entire medical care system to address all severities of TBI in a comprehensive organized way. In 2010, the VA-DoD CPG for management of PTSD was published. Nevertheless, both TBI and PTS are still incompletely understood. Investment in terms of money and effort has been committed by the DoD to their study. The Defense and Veterans Brain Injury Center, National Intrepid Center of Excellence and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury are prominent examples of this effort. These are just beginnings, a work in progress ready to leverage advances made scientifically and always striving to provide the very best care to its military beneficiaries.

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http://www.sciencedirect.com/science/article/pii/S0022395614001708

Cognition, Functional Capacity, and Self-reported Disability in Women with Posttraumatic Stress Disorder: Examining the Convergence of Performance-Based Measures and Self-Reports.

Joanna L. Kaye, Boadie W. Dunlop, Dan V. Iosifescu, Sanjay J. Mathew, Mary E. Kelley, Philip D. Harvey

Journal of Psychiatric Research

Available online 12 June 2014

Individuals with posttraumatic stress disorder (PTSD) experience cognitive impairments and disability in everyday activities. In other neuropsychiatric disorders, impairments in cognition and functional capacity (i.e., the ability to perform everyday tasks) are associated with impairments in real-world functioning, independent of symptom severity. To date, no studies of functional capacity have been conducted in PTSD. Seventy-three women with moderate to severe PTSD underwent assessment with measures of cognition (MATRICS Consensus Cognitive Battery: MCCB), functional capacity (UCSD Performance-Based Skills Assessment-Brief: UPSA-B), PTSD (Clinician-Administered PTSD Scale and PTSD Symptom Scale–Self-report (PSS-SR)), and depression (Montgomery Asberg Depression Rating Scale). Patients also reported their subjective level of disability (Sheehan Disability Scale). Over-reporting of symptom severity was assessed using six validity items embedded within the PSS-SR. Results indicated that on average PTSD patients manifested mild impairments on the functional capacity measure, performing about 1/3 standard deviation below healthy norms, and similar performance on the MCCB. Both clinician-rated and self-rated PTSD symptom severity correlated with self-reported disability but not with functional capacity. Self-reported disability did not correlate with functional capacity or cognition. Greater self-reported disability, depression, and PTSD symptoms all correlated with higher scores on the PSS-SR validity scale. The divergence between objective and subjective measures of disability suggests that individuals' distress, as indexed by symptom validity measures, may be impacting self-reports of disability. Future studies of disability should incorporate objective measures in order to obtain a broad perspective on functioning.

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http://www.sciencedirect.com/science/article/pii/S1552526014001356

Depression and dementias among military veterans.

Amy L. Byers, Kristine Yaffe

Alzheimer's & Dementia

Volume 10, Issue 3, Supplement, June 2014, Pages S166–S173
Military Risk Supplement

Depression is very common throughout the course of veterans' lives, and dementia is common in late life. Previous studies suggest an association between depression and dementia in military veterans. The most likely biologic mechanisms that may link depression and dementia among military veterans include vascular disease, changes in glucocorticoid steroids and hippocampal atrophy, deposition of β-amyloid plaques, inflammatory changes, and alterations of nerve growth factors. In addition, military veterans often have depression comorbid with

posttraumatic stress disorder or traumatic brain injury. Therefore, in military veterans, these hypothesized biologic pathways going from depression to dementia are more than likely influenced by trauma-related processes. Treatment strategies for depression, posttraumatic stress disorder, or traumatic brain injury could alter these pathways and as a result decrease the risk for dementia. Given the projected increase of dementia, as well as the projected increase in the older segment of the veteran population, in the future, it is critically important that we understand whether treatment for depression alone or combined with other regimens improves cognition. In this review, we summarize the principal mechanisms of this relationship and discuss treatment implications in military veterans.

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http://guilfordjournals.com/doi/abs/10.1521/ijgp.2014.64.3.367

Evaluation of a Group Intervention for Veterans Who Experienced Military-Related Trauma.

Daniel W. Cox, Marvin J. Westwood, Stuart M. Hoover, Eric K. H. Chan, Carson A. Kivari, Michael R. Dadson, and Bruno D. Zumbo

International Journal of Group Psychotherapy: Vol. 64, No. 3, pp. 367-380

Military-related trauma and veteran status have been linked with posttraumatic stress symptoms, depressive symptoms, and other personal and interpersonal difficulties. While many treatment evaluations for people with posttraumatic stress exist, few veteran populations or group formats have been evaluated. This report presents an evaluation of the Veterans Transition Program (VTP)–a group-based treatment for veterans who experienced a military-related trauma that is negatively impacting their lives. Fifty-six veterans attended the VTP; all attended every session and completed pre- and post-tests assessing posttraumatic stress and depressive symptoms. Significant pre- to post-test improvement was found on all scales. These findings demonstrate the potential benefit of the VTP and encourage further research.

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http://www.ling.uni-potsdam.de/~koller/aclpub/W14-32/book.pdf#page=13

Predicting military and veteran suicide risk: Cultural aspects.

Paul Thompson, Craig Bryan, Chris Poulin

ACL 2014 Workshop on Computational Linguistics and Clinical Psychology

The Association for Computational Linguistics

This paper describes the three phases of the Durkheim Project. For this project we developed a clinician's dashboard that displays output of models predicting suicide risk of veterans and active duty military personnel. During phase one, we built the clinician's dashboard and completed a Veterans Affairs (VA) predictive risk medical records study, based on an analysis of the narrative, or free text, portions of VA medical records, In phase two, we will predict suicide risk based on opt-in social media postings by patients using social media websites, e.g., Facebook. We describe the software infrastructure that we have completed for this phase two system. During phase three we will provide a three layer intervention strategy. We discuss our methodology for the three phases, including IRB-approved protocols for the first two phases and a soon-to-be approved IRB protocol for phase three.

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http://www.healio.com/journals/psycann/m/past-issues?year=04ee2cc5-1b5e-470b-9134-4d923e23103b&pissue=9b07ad21-b441-41f2-99ca-972fda7bef93

Psychiatric Annals
April 2014
Volume 44 · Issue 4

Special Issue -- Psychiatric Conditions of Women in War

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Carreno-Ponce, PhD; Katheryn Ryan, MPH; Kathryn Holloway, MA; Brianne George, MA

Feature
The Role and Postulated Biochemical Mechanism of L-Methylfolate Augmentation in Major Depression: A Case-Report
Pat Rabjohn, MD, PhD

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http://www.dovepress.com/improving-opioid-prescription-practices-and-reducing-patient-risk-in-t-peer-reviewed-article-JPR

Improving opioid prescription practices and reducing patient risk in the primary care setting.

Martin D Cheatle, Cody Barker

Journal of Pain Research

Published Date June 2014 Volume 2014:7 Pages 301 - 311

Chronic pain is complex, and the patient suffering from chronic pain frequently experiences concomitant medical and psychiatric disorders, including mood and anxiety disorders, and in some cases substance use disorders. Ideally these patients would be referred to an interdisciplinary pain program staffed by pain medicine, behavioral health, and addiction specialists. In practice, the majority of patients with chronic pain are managed in the primary care setting. The primary care clinician typically has limited time, training, or access to resources to effectively and efficiently evaluate, treat, and monitor these patients, particularly when there is the added potential liability of prescribing opioids. This paper reviews the role of opioids in managing chronic noncancer pain, including efficacy and risk for misuse, abuse, and addiction, and discusses several models employing novel technologies and health delivery systems for risk assessment, intervention, and monitoring of patients receiving opioids in a primary care setting.

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http://www.ncbi.nlm.nih.gov/pubmed/24933496

Psychiatr Serv. 2014 Jun 16. doi: 10.1176/appi.ps.201300433. [Epub ahead of print]

RCT of a Brief Phone-Based CBT Intervention to Improve PTSD Treatment Utilization by Returning Service Members.

Stecker T, McHugo G, Xie H, Whyman K, Jones M

OBJECTIVES
Many service members do not seek care for mental health and addiction problems, often with serious consequences for them, their families, and their communities. This study tested the effectiveness of a brief, telephone-based, cognitive-behavioral intervention designed to improve treatment engagement among returning service members who screened positive for posttraumatic stress disorder (PTSD).

METHODS
Service members who had served in Operation Enduring Freedom or Operation Iraqi Freedom who screened positive for PTSD but had not engaged in PTSD treatment were recruited (N=300), randomly assigned to either control or intervention conditions, and administered a baseline interview. Intervention participants received a brief cognitive-behavioral therapy intervention; participants in the control condition had access to usual services. All participants received follow-up phone calls at months 1, 3, and 6 to assess symptoms and service utilization.

RESULTS
Participants in both conditions had comparable rates of treatment engagement and PTSD symptom reduction over the course of the six-month trial, but receiving the telephone-based intervention accelerated service utilization (treatment engagement and number of sessions) and PTSD symptom reduction.

CONCLUSIONS
A one-time brief telephone intervention can engage service members in PTSD treatment earlier than conventional methods and can lead to immediate symptom reduction. There were no differences at longer-term follow-up, suggesting the need for additional intervention to build upon initial gains.

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http://www.ncbi.nlm.nih.gov/pubmed/24931811

Sleep Med Rev. 2014 May 14. pii: S1087-0792(14)00048-3. doi: 10.1016/j.smrv.2014.05.001. [Epub ahead of print]

A meta-analysis of group cognitive behavioral therapy for insomnia.

Koffel EA, Koffel JB, Gehrman PR

Insomnia is the most common sleep disorder among the general population. Although cognitive behavioral therapy for insomnia (CBT-I) is the psychological treatment of choice, the availability of individual therapy is often not sufficient to meet the demand for treatment. Group treatment can increase the efficiency of delivery, but its efficacy has not been well-established. Randomized controlled trials (RCTs) comparing group CBT-I to a control group in patients with

insomnia were identified. A review of 670 unique citations resulted in eight studies that met criteria for analysis. Outcome variables included both qualitative (e.g., sleep quality) and quantitative (e.g., sleep diary) outcomes, as well as depression and pain severity, at both pre- to post-treatment and follow-up (3-12 mo post-treatment). Overall, we found medium to large effect sizes for sleep onset latency, sleep efficiency, and wake after sleep onset and small effect sizes for pain outcomes. Effect sizes remained significant at follow-up, suggesting that treatment gains persist over time. Other variables, including total sleep time, sleep quality, and depression, showed significant improvements, but these findings were limited to the within treatment group analyses. It is clear that group CBT-I is an efficacious treatment. Implications for stepped care models for insomnia are discussed. Published by Elsevier Ltd.

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http://www.ncbi.nlm.nih.gov/pubmed/24933084

Sleep Med. 2014 Apr 30. pii: S1389-9457(14)00153-1. doi: 10.1016/j.sleep.2014.03.014. [Epub ahead of print]

Sleep timing, chronotype, mood, and behavior at an Arctic latitude (69°N).

Friborg O, Rosenvinge JH, Wynn R, Gradisar M

OBJECTIVE:
Daylight is an important zeitgeber for entraining the circadian rhythm to a 24h clock cycle, especially within the Polar circle, which has long Polar nights several months each year. Phase delays in sleep timing may occur, but the mean shift is normally small. However, the individual variation in phase shifts is large, implicating moderating factors. Here we examined the role of several self-regulatory variables (mood and fatigue, behavioral habits, and psychological self-regulation) as moderators of seasonality in sleep timing and chronotype.

METHODS:
A sample of 162 young adults (76% females; mean age: females 23.4years, males 24.3years) participated in a prospective study across three seasons (September, December, March) in Tromsø/Norway at 69°39'N. Sleep diary and sleep/health-related questionnaire data were collected at each time-point.

RESULTS:
Sleep timing and chronotype were delayed during the dark period (December) compared with brighter photoperiods (September and March). Comparable effects were observed for insomnia, fatigue, mood (depression and anxiety), subjective health complaints, physical activity, and school-related stress. Most importantly, depression and fatigue moderated the degree of seasonal shifting in sleep timing, whereas the other self-regulation indicators did not (ie eating habits, physical activity, and psychological self-regulation).

CONCLUSION:
Seasonality in sleep timing and chronotype was confirmed, and it seems that depressive symptoms during the dark period exacerbate phase-shifting problems for people living in sub-Arctic regions.

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http://www.sciencedirect.com/science/article/pii/S1389945714001695

Cognitive Behavior Therapy for Insomnia: State of the Science or a Stated Science?

Jason G. Ellis, Nicola L. Barclay

Sleep Medicine

Available online 14 May 2014

Even a cursory glance over the literature will tell you that Cognitive Behavioral Therapy for Insomnia (CBT-I) is a well-researched intervention. With a myriad of reviews and meta-analyses to draw upon we can also say with a great deal of confidence that CBT-I is largely effective, efficacious, and durable1. In fact CBT-I has long been considered the first line treatment for chronic insomnia amongst several international organisations (eg National Institutes of Health, British Association for Psychopharmacology). What's more, CBT-I has been shown effective for insomnia comorbid with a variety of physical and psychiatric conditions, and appears to be at least comparable to pharmacotherapy in the short-term, and potentially superior in the longer term. With such an abundance of evidence, one question remains - is there a need for more CBT-I studies? The answer is most definitely yes, although with some qualification. To determine the future of this 'much stated science' we must ask ourselves what we know about CBT-I, good and bad, and what we need know to make it even better.

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http://www.ncbi.nlm.nih.gov/pubmed/24931450

J Clin Exp Neuropsychol. 2014 Jun 16:1-10. [Epub ahead of print]

The acute cognitive effects of zopiclone, zolpidem, zaleplon, and eszopiclone: A systematic review and meta-analysis.

Stranks EK, Crowe SF

The "z-drugs" zopiclone, zolpidem, eszopiclone, and zaleplon were introduced in the 1980s for the treatment of insomnia, as it was observed that the side effect profile associated with these medications were more benign than those related to the benzodiazepines. This meta-analysis

set out to ascertain which domains of cognitive function, if any, were affected by the ingestion of these medications. A total of 20 studies met the study inclusion criteria. Results revealed medium effect sizes for zopiclone and zolpidem on measures of verbal memory. An additional medium effect size was observed for zolpidem on attention. Finally, smaller effect sizes were observed for zolpidem speed of processing and for zopiclone on working memory. It is clear from these data that the use of a single dose of the z-drugs in healthy adults as measured in the morning following the exposure does produce a specific rather than a generalized negative effect on cognitive function. However, there were only enough studies to evaluate the individual cognitive effects of the zolpidem and zopiclone medications; the specific effects of zaleplon and eszopiclone cannot be ascertained because only one study met the inclusion and exclusion criteria for the review.

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http://www.ncbi.nlm.nih.gov/pubmed/24933396

Psychol Addict Behav. 2014 Jun 16. [Epub ahead of print]

Risk Pathways Among Traumatic Stress, Posttraumatic Stress Disorder Symptoms, and Alcohol and Drug Problems: A Test of Four Hypotheses.

Haller M, Chassin L

The present study utilized longitudinal data from a community sample (n = 377; 166 trauma-exposed; 54% males; 73% non-Hispanic Caucasian; 22% Hispanic; 5% other ethnicity) to test whether pretrauma substance use problems increase risk for trauma exposure (high-risk hypothesis) or posttraumatic stress disorder (PTSD) symptoms (susceptibility hypothesis), whether PTSD symptoms increase risk for later alcohol/drug problems (self-medication hypothesis), and whether the association between PTSD symptoms and alcohol/drug problems is attributable to shared risk factors (shared vulnerability hypothesis). Logistic and negative binomial regressions were performed in a path analysis framework. Results provided the strongest support for the self-medication hypothesis, such that PTSD symptoms predicted higher levels of later alcohol and drug problems, over and above the influences of pretrauma family risk factors, pretrauma substance use problems, trauma exposure, and demographic variables. Results partially supported the high-risk hypothesis, such that adolescent substance use problems increased risk for assaultive violence exposure but did not influence overall risk for trauma exposure. There was no support for the susceptibility hypothesis. Finally, there was little support for the shared vulnerability hypothesis. Neither trauma exposure nor preexisting family adversity accounted for the link between PTSD symptoms and later substance use problems. Rather, PTSD symptoms mediated the effect of pretrauma family adversity on later alcohol and drug problems, thereby supporting the self-medication hypothesis. These findings make important contributions to better understanding the directions of influence among traumatic stress, PTSD symptoms, and substance use problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/24932642

Psychol Assess. 2014 Jun 16. [Epub ahead of print]

Temporal Stability of DSM-5 Posttraumatic Stress Disorder Criteria in a Problem-Drinking Sample.

Keane TM, Rubin A, Lachowicz M, Brief D, Enggasser JL, Roy M, Hermos J, Helmuth E, Rosenbloom D

The 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) reformulated posttraumatic stress disorder (PTSD) based partially on research showing there were 4 main factors that underlie the symptoms of the disorder. The primary aim of this study was to examine the temporal stability of the DSM-5 factors as measured by the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5; Weathers et al., 2010). Confirmatory factor analyses were conducted to examine the structure of DSM-5 PTSD, and temporal stability over 3 time points was examined to determine if the measure reflects a consistent construct over time. Our sample was 507 combat-exposed veterans of Iraq and Afghanistan who enrolled in an online intervention for problem drinking and combat-related stress (Brief et al., 2013). We administered the PCL-5 at baseline, 8-week postintervention, and 3-month follow-up assessments. The DSM-5 model provided an adequate fit to the data at baseline. Tests of equality of form and equality of factor loadings demonstrated stability of the factor structure over time, indicating temporal stability. This study confirmed the results of previous research supporting the DSM-5 model of PTSD symptoms (Elhai et al., 2012; Miller et al., 2013). This is the 1st study to demonstrate the temporal stability of the PCL-5, indicating its use in longitudinal studies measures the same construct over time. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23570527

Anxiety Stress Coping. 2013;26(6):610-23. doi: 10.1080/10615806.2013.784278. Epub 2013 Apr 9.

The protective role of compassion satisfaction for therapists who work with sexual violence survivors: an application of the broaden-and-build theory of positive emotions.

Samios C, Abel LM, Rodzik AK

Therapists who work with trauma survivors, such as survivors of sexual violence, can

experience compassion satisfaction while experiencing negative effects of trauma work, such as secondary traumatic stress. We examined whether the negative effects of secondary traumatic stress on therapist adjustment would be buffered by compassion satisfaction and whether the broaden-and-build theory of positive emotions could be applied to examine the factors (positive emotions and positive reframing) that relate to compassion satisfaction. Sixty-one therapists who work with sexual violence survivors completed measures of secondary traumatic stress, compassion satisfaction, adjustment, positive emotions and positive reframing. Hierarchical multiple regression analyses found that compassion satisfaction buffered the negative impact of secondary traumatic stress on therapist adjustment when adjustment was conceptualised as anxiety. Using non-parametric bootstrapping, we found that the relationship between greater positive emotions and greater compassion satisfaction was partially mediated by positive reframing. The findings indicate that compassion satisfaction is likely to be helpful in ameliorating the negative effects of secondary traumatic stress on anxiety in therapists who work with sexual violence survivors and that the broaden-and-build theory of positive emotions may provide a strong theoretical basis for the further examination of compassion satisfaction in trauma therapists.

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http://www.ncbi.nlm.nih.gov/pubmed/24924666

Alzheimers Dement. 2014 Jun;10(3 Suppl):S146-54. doi: 10.1016/j.jalz.2014.04.016.

Are hippocampal size differences in posttraumatic stress disorder mediated by sleep pathology?

Mohlenhoff BS, Chao LL, Buckley ST, Weiner MW, Neylan TC

Posttraumatic stress disorder (PTSD) is associated with smaller volumes of the hippocampus, as has been demonstrated by meta-analyses. Proposed mechanistic relationships are reviewed briefly, including the hypothesis that sleep disturbances mediate the effects of PTSD on hippocampal volume. Evidence for this includes findings that insomnia and restricted sleep are associated with changes in hippocampal cell regulation and impairments in cognition. We present results of a new study of 187 subjects in whom neither PTSD nor poor sleep was associated with lower hippocampal volume. We outline a broad research agenda centered on the hypothesis that sleep changes mediate the relationship between PTSD and hippocampal volume.

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http://www.ncbi.nlm.nih.gov/pubmed/24923349

CNS Neurol Disord Drug Targets. 2014 Jun 12. [Epub ahead of print]

Current Pharmacological Interventions in Panic Disorder.

Freire RC, Machado S, Arias-Carrión O, Nardi AE

The aim of this review was to summarize the recent evidences regarding the pharmacological treatment of panic disorder (PD). The authors performed a review of the literature regarding the pharmacological treatment of PD since the year 2000. The research done in the last decade brought strong evidences of effectiveness for paroxetine, venlafaxine, sertraline, fluvoxamine, citalopram, fluoxetine, clonazepam, and the relatively novel agent escitalopram. There are evidences indicating that the other new compounds inositol, duloxetine, mirtazapine, milnacipran, and nefazodone have antipanic properties and may be effective compounds in the treatment of PD. The effectiveness of reboxetine and anticonvulsants is a subject of controversy. In addition to selective serotonin reuptake inhibitors and serotonin and noradrenaline reuptake inhibitors, tricyclic antidepressants, monoamine oxidase inhibitors, benzodiazepines and atypical antipsychotics may be valid alternatives in the treatment of PD. Recent data indicate that augmentation strategies with aripiprazole, olanzapine, pindolol or clonazepam may be effective. D-cycloserine is a promising agent in the augmentation of cognitive behavioral therapy.

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http://www.ncbi.nlm.nih.gov/pubmed/24926418

Clin Psychol Sci. 2014 Mar;2(2):165-173.

Reduced Specificity in Episodic Future Thinking in Posttraumatic Stress Disorder.

Kleim B, Graham B, Fihosy S, Stott R, Ehlers A

Posttraumatic stress disorder (PTSD), one of the most common disorders following trauma, has been associated with a tendency to remember past personal memories in a nonspecific, overgeneral way. The present study investigated whether such a bias also applies to projections of future personal events. Trauma survivors (N = 50) generated brief descriptions of imagined future experiences in response to positive and negative cues in a future-based Autobiographical Memory Test. Survivors with PTSD imagined fewer specific future events in response to positive, but not to negative, cues, compared to those without PTSD. This effect was independent of comorbid major depression. Reduced memory specificity in response to positive cues was related to appraisals of foreshortened future and permanent change. Training to enhance specificity of future projections may be helpful in PTSD and protect against potentially toxic effects of autobiographical memory overgenerality.

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http://www.ncbi.nlm.nih.gov/pubmed/24924680

Alzheimers Dement. 2014 Jun;10(3 Suppl):S97-S104. doi: 10.1016/j.jalz.2014.04.012.

Military traumatic brain injury: A review.

Chapman JC, Diaz-Arrastia R

Military mild traumatic brain injury (mTBI) differs from civilian injury in important ways. Although mTBI sustained in both military and civilian settings are likely to be underreported, the combat theater presents additional obstacles to reporting and accessing care. The impact of blast forces on the nervous system may differ from nonblast mechanisms, mTBI although studies comparing the neurologic and cognitive sequelae in mTBI survivors have not provided such evidence. However, emotional distress appears to figure prominently in symptoms following military mTBI. This review evaluates the extant literature with an eye towards future research directions.

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http://www.ncbi.nlm.nih.gov/pubmed/24924675

Alzheimers Dement. 2014 Jun;10(3 Suppl):S242-53. doi: 10.1016/j.jalz.2014.04.003.

Military-related traumatic brain injury and neurodegeneration.

McKee AC, Robinson ME

Mild traumatic brain injury (mTBI) includes concussion, subconcussion, and most exposures to explosive blast from improvised explosive devices. mTBI is the most common traumatic brain injury affecting military personnel; however, it is the most difficult to diagnose and the least well understood. It is also recognized that some mTBIs have persistent, and sometimes progressive, long-term debilitating effects. Increasing evidence suggests that a single traumatic brain injury can produce long-term gray and white matter atrophy, precipitate or accelerate age-related neurodegeneration, and increase the risk of developing Alzheimer's disease, Parkinson's disease, and motor neuron disease. In addition, repetitive mTBIs can provoke the development of a tauopathy, chronic traumatic encephalopathy. We found early changes of chronic traumatic encephalopathy in four young veterans of the Iraq and Afghanistan conflict who were exposed to explosive blast and in another young veteran who was repetitively concussed. Four of the five veterans with early-stage chronic traumatic encephalopathy were also diagnosed with posttraumatic stress disorder. Advanced chronic traumatic encephalopathy has been found in veterans who experienced repetitive neurotrauma while in service and in others who were

accomplished athletes. Clinically, chronic traumatic encephalopathy is associated with behavioral changes, executive dysfunction, memory loss, and cognitive impairments that begin insidiously and progress slowly over decades. Pathologically, chronic traumatic encephalopathy produces atrophy of the frontal and temporal lobes, thalamus, and hypothalamus; septal abnormalities; and abnormal deposits of hyperphosphorylated tau as neurofibrillary tangles and disordered neurites throughout the brain. The incidence and prevalence of chronic traumatic encephalopathy and the genetic risk factors critical to its development are currently unknown. Chronic traumatic encephalopathy has clinical and pathological features that overlap with postconcussion syndrome and posttraumatic stress disorder, suggesting that the three disorders might share some biological underpinnings.

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http://www.ncbi.nlm.nih.gov/pubmed/24920447

Curr Top Behav Neurosci. 2014 Jun 12. [Epub ahead of print]

Physiological Correlates of Insomnia.

Roehrs T, Gumenyuk V, Drake C, Roth T

Insomnia is a prevalent sleep disorder that is typically comorbid with medical, psychiatric, and other sleep disorders. Yet, it is a disorder with its own course and morbidity that can persist if untreated. This chapter describes the physiological correlates of insomnia expressed during sleep and during the daytime. Together, the data from nighttime and daytime electrophysiologyelectrophysiology , event-related brain potential recordingevent-related brain potential recording , neuroimaging studiesneuroimaging studies , sympathetic nervous systemsympathetic nervous system , and HPA axis monitoringHPA axis monitoring all suggest that insomnia is a 24 h disorder of hyperarousaldisorder of hyperarousal .

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http://www.ncbi.nlm.nih.gov/pubmed/24922484

J Clin Psychiatry. 2014 May;75(5):470-6. doi: 10.4088/JCP.13m08842.

Cognitive processing therapy for posttraumatic stress disorder delivered to rural veterans via telemental health: a randomized noninferiority clinical trial.

Morland LA, Mackintosh MA, Greene CJ, Rosen CS, Chard KM, Resick P, Frueh BC

OBJECTIVE:
To compare clinical and process outcomes of cognitive processing therapy-cognitive only

version (CPT-C) delivered via videoteleconferencing (VTC) to in-person in a rural, ethnically diverse sample of veterans with posttraumatic stress disorder (PTSD).

METHOD:
Randomized clinical trial with noninferiority design was used to determine if providing CPT-C via VTC is effective and "as good as" in-person delivery. Study took place between March 2009 and June 2013. PTSD was diagnosed per DSM-IV. Participants received 12 sessions of CPT-C via VTC (n = 61) or in-person (n = 64). Assessments were administered at baseline, midtreatment, immediately posttreatment, and 3 and 6 mos posttreatment. Primary clinical outcome was posttreatment PTSD severity, as measured by Clinician-Administered PTSD Scale.

RESULTS:
Clinical and process outcomes found VTC to be noninferior to in-person treatment. Significant reductions in PTSD symptoms were identified at posttreatment (Cohen d = 0.78, P < .05) and maintained at 3- and 6-month follow-up (d = 0.73, P < .05 and d = 0.76, P < .05, respectively). High levels of therapeutic alliance, treatment compliance, and satisfaction and moderate levels of treatment expectancies were reported, with no differences between groups (for all comparisons, F < 1.9, P > .17).

CONCLUSIONS:
Providing CPT-C to rural residents with PTSD via VTC produced outcomes that were "as good as" in-person treatment. All participants demonstrated significant reductions in PTSD symptoms posttreatment and at follow-up. Results indicate that VTC can offer increased access to specialty mental health care for residents of rural or remote areas.

TRIAL REGISTRATION:
ClinicalTrials.gov identifier: NCT00879255.

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http://www.ncbi.nlm.nih.gov/pubmed/24922041

J Head Trauma Rehabil. 2014 Jun 11. [Epub ahead of print]

The Relationship Between Postconcussive Symptoms and Quality of Life in Veterans With Mild to Moderate Traumatic Brain Injury.

Schiehser DM, Twamley EW, Liu L, Matevosyan A, Filoteo JV, Jak AJ, Orff HJ, Hanson KL, Sorg SF, Delano-Wood L

OBJECTIVE:
To assess the relationship between postconcussive symptoms and quality of life (QOL) in Veterans with mild to moderate traumatic brain injury (TBI).

METHODS:
Sixty-one Operation Enduring Freedom/Operation Iraqi Freedom/Persian Gulf War Veterans with a history of mild or moderate TBI, more than 6 months postinjury, and 21 demographically matched Veteran controls were administered self-report measures of QOL (World Health Organization Quality of Life-BREF) and postconcussive symptom severity (Neurobehavioral Symptom Inventory).

RESULTS:
Perceived QOL was significantly worse in Veterans with mild-moderate TBI than in controls. In the TBI group, QOL was predominantly associated with affective symptoms, and moderate to strong correlations with fatigue and depression were evident across all QOL areas. Multivariate analyses revealed depression and fatigue to be the best predictors of Psychological, Social, and Environmental QOL, whereas sleep difficulty best predicted Physical QOL in mild-moderate TBI.

CONCLUSION:
Veterans with post-acute mild-moderate TBI evidence worse QOL than demographically matched Veteran controls. Affective symptoms, and specifically those of fatigue, depression, and sleep difficulty, appear to be the most relevant postconcussive symptoms predicting QOL in this population. These findings underscore the importance of examining specific symptoms as they relate to post-acute TBI QOL and provide guidance for treatment and intervention studies.

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http://www.ncbi.nlm.nih.gov/pubmed/24922040

J Head Trauma Rehabil. 2014 Jun 11. [Epub ahead of print]

Evaluation of the Military Functional Assessment Program: Preliminary Assessment of the Construct Validity Using an Archived Database of Clinical Data.

Kelley AM, Ranes BM, Estrada A, Grandizio CM

BACKGROUND:
Several important factors must be considered when deciding to return a soldier to duty after a traumatic brain injury (TBI). Premature return increases risk for not only second-impact syndrome during the acute phase but also permanent changes from repetitive concussions. Thus, there is a critical need for return-to-duty (RTD) assessment criteria that encompass the spectrum of injury and disease experienced by US soldiers, particularly TBI.

OBJECTIVES:
To provide evidence-based standards to eventually serve as criteria for operational competence and performance of a soldier after injury. Specifically, the relationships between clinical assessments and novel military-specific tasks were evaluated.

METHOD:
Exploratory analyses (including nonparametric tests and Spearman rank correlations) of an archived database.

PARTICIPANTS:
A total of 79 patients with TBI who participated in an RTD assessment program at a US Army rehabilitation and recovery center.

MAIN MEASURES:
Military Functional Assessment Program (to determine a soldier's operational competence and performance after TBI) tasks; Dizziness Handicap Inventory; Dynamic Visual Acuity (vestibular function); Sensory Organization Test (postural control); Repeatable Battery for the Assessment of Neuropsychological Status (neuropsychological screening test); Beck Depression Inventory-II; Beck Anxiety Inventory; Comprehensive Trail Making Test (visual search and sequencing); posttraumatic stress disorder checklist military version; Alcohol Use Disorders Identification Test; Epworth Sleepiness Scale; Patient Health Questionnaire; and Military Acute Concussion Evaluation.

RESULTS:
Selected military operational assessment tasks correlated significantly with clinical measures of vestibular function, psychological well-being, and cognitive function. Differences on occupational therapy assessments, a concussion screening tool, and a self-report health questionnaire were seen between those who passed and those who failed the RTD assessment. Specifically, those who passed the RTD assessment scored more favorably on these clinical assessments.

CONCLUSIONS:
This study demonstrated convergent validity between Military Functional Assessment Program tasks and clinical assessment scores. The Military Functional Assessment Program shows promise for augmenting decision making related to RTD and soldier skills. Additional research is needed to determine the effectiveness of this program in predicting RTD success.

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http://www.ncbi.nlm.nih.gov/pubmed/24918226

Pediatrics. 2014 Jun 2. pii: peds.2013-3273. [Epub ahead of print]

Parental Injury and Psychological Health of Children.

Rivara FP, McCarty CA, Shandro J, Wang J, Zatzick D

OBJECTIVE:
To determine how parental injury affects the psychological health and functioning of injured as well as uninjured children.

METHODS:
We recruited 175 parent-child dyads treated at a regional trauma center in 4 groups: parent and child both injured in the same event, child-only injured, parent-only injured, and neither parent nor child met criteria for significant injury. The preinjury health and functioning of parents and children were assessed with follow-up at 5 and 12 months.

RESULTS:
Parents who were injured themselves showed higher levels of impairment in activities of daily living, quality of life, and depression at both follow-up assessments than parents who were not injured. Children in dyads with both parent and child injured had the highest proportion of posttraumatic stress disorder (PTSD) symptoms at both 5 and 12 months. In addition, children with an injured parent but who were not injured themselves were more likely to report PTSD symptoms at 5 months.

CONCLUSIONS:
There were bidirectional effects of parental and child injury on the outcomes of each other. Injuries to the parent negatively affected the health-related quality of life of the injured children, over and above the effect of the injury itself on the child. Of great concern is the effect of parental injury on risk of stress and PTSD among uninjured children in the home.

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http://www.ncbi.nlm.nih.gov/pubmed/24913436

J Clin Psychol. 2014 Jun 9. doi: 10.1002/jclp.22103. [Epub ahead of print]

A Prospective Study of Suicidal Ideation in Posttraumatic Stress Disorder: The Role of Perceptions of Defeat and Entrapment.

Panagioti M, Gooding PA, Tarrier N

OBJECTIVES:
This study aimed to provide the first prospective test of the ability of defeat and entrapment to predict suicidal ideation in posttraumatic stress disorder (PTSD) after controlling for the effects of PTSD severity, comorbid depressive symptoms, and hopelessness on suicidal ideation.

METHODS:
Participants were 52 individuals diagnosed with PTSD. Baseline and follow-up assessments were 13 to 15 months apart. Defeat and entrapment were conceptualized and analyzed as a

unique construct (defeat/entrapment) in this study. Multiple regression analysis was applied to examine the predictive effects of defeat/entrapment on suicidal ideation.

RESULTS:
Defeat/entrapment scores predicted changes in the levels of suicidal ideation at follow-up while controlling for baseline suicidal ideation, PTSD severity, comorbid depressive symptoms, and hopelessness.

CONCLUSIONS:
These outcomes provide support to contemporary models of suicidality that suggest that defeat/entrapment is a strong predictor of suicidality in PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/24912463

Behav Ther. 2014 Jul;45(4):507-16. doi: 10.1016/j.beth.2014.02.012. Epub 2014 Mar 1.

The effect of support on internet-delivered treatment for insomnia: does baseline depression severity matter?

Lancee J, Sorbi MJ, Eisma MC, van Straten A, van den Bout J

Internet-delivered cognitive-behavioral treatment is effective for insomnia. However, little is known about the beneficial effects of support. Recently we demonstrated that motivational support moderately improved the effects of Internet-delivered treatment for insomnia. In the present study, we tested whether depressive symptoms at baseline moderate the effect of support on Internet-delivered treatment for insomnia. We performed a multilevel intention-to-treat analysis on 262 participants in a randomized controlled trial. We found that baseline depressive symptoms moderated the effect of support on sleep efficiency, total sleep time, and sleep onset latency (but not on wake after sleep onset, number of nightly awakenings, or the Insomnia Severity Index). This means that for these variables, people with high levels of depressive symptoms benefit from support, whereas people with low levels of depressive symptoms improve regardless of support. The data show that baseline depression severity plays an important role in the way Internet treatments need to be delivered. These findings open up opportunities to personalize the support offered in Internet-delivered treatments.

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http://www.ncbi.nlm.nih.gov/pubmed/24914414

Curr Addict Rep. 2014 Mar;1(1):41-52.

"Killing Two Birds with One Stone": Alcohol Use Reduction Interventions with Potential Efficacy in Enhancing Self-Control.

Leeman RF, Bogart D, Fucito LM, Boettiger CA

We review interventions with empirical support for reducing alcohol use and enhancing self-control. While any intervention that decreases drinking could improve self-control, we focus here on interventions with evidence of direct benefit for both indications. Although no intervention yet shows strong evidence for dual efficacy, multiple interventions have strong evidence for one indication and solid or suggestive evidence for the other. Among pharmacotherapies, opioid antagonists currently have the best evidence for reducing alcohol use and enhancing self-control. Nicotinic partial agonist varenicline also appears to be efficacious for alcohol use and self-control. Many psychosocial and behavioral interventions (e.g., cognitive behavioral therapy, contingency management, mindfulness training) may have efficacy for both indications based on purported mechanisms of action and empirical evidence. Cognitive bias modification and neurophysiological interventions have promise for alcohol use and self-control as well and warrant further research. We offer several other suggestions for future research directions.

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http://www.ncbi.nlm.nih.gov/pubmed/24912466

Behav Ther. 2014 Jul;45(4):541-52. doi: 10.1016/j.beth.2014.03.003. Epub 2014 Mar 14.

Assessing treatment integrity in cognitive-behavioral therapy: comparing session segments with entire sessions.

Weck F, Grikscheit F, Höfling V, Stangier U

The evaluation of treatment integrity (therapist adherence and competence) is a necessary condition to ensure the internal and external validity of psychotherapy research. However, the evaluation process is associated with high costs, because therapy sessions must be rated by experienced clinicians. It is debatable whether rating session segments is an adequate alternative to rating entire sessions. Four judges evaluated treatment integrity (i.e., therapist adherence and competence) in 84 randomly selected videotapes of cognitive-behavioral therapy for major depressive disorder, social anxiety disorder, and hypochondriasis (from three different treatment outcome studies). In each case, two judges provided ratings based on entire therapy sessions and two on session segments only (i.e., the middle third of the entire sessions). Interrater reliability of adherence and competence evaluations proved satisfactory for ratings based on segments and the level of reliability did not differ from ratings based on entire

sessions. Ratings of treatment integrity that were based on entire sessions and session segments were strongly correlated (r=.62 for adherence and r=.73 for competence). The relationship between treatment integrity and outcome was comparable for ratings based on session segments and those based on entire sessions. However, significant relationships between therapist competence and therapy outcome were only found in the treatment of social anxiety disorder. Ratings based on segments proved to be adequate for the evaluation of treatment integrity. The findings demonstrate that session segments are an adequate and cost-effective alternative to entire sessions for the evaluation of therapist adherence and competence.

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http://www.ncbi.nlm.nih.gov/pubmed/24912462

Behav Ther. 2014 Jul;45(4):495-506. doi: 10.1016/j.beth.2014.02.008. Epub 2014 Feb 24.

Combined Medication and CBT for Generalized Anxiety Disorder With African American Participants: Reliability and Validity of Assessments and Preliminary Outcomes.

Markell HM, Newman MG, Gallop R, Gibbons MB, Rickels K, Crits-Christoph P

Using data from a study of combined cognitive behavioral therapy (CBT) and venlafaxine XR in the treatment of generalized anxiety disorder (GAD), the current article examines the reliability and convergent validity of scales, and preliminary outcomes, for African American compared with European American patients. Internal consistency and short-term stability coefficients for African Americans (n=42) were adequate and similar or higher compared with those found for European Americans (n=164) for standard scales used in GAD treatment research. Correlations among outcome measures among African Americans were in general not significantly different for African Americans compared with European Americans. A subset of patients with DSM-IV-diagnosed GAD (n=24 African Americans; n=52 European Americans) were randomly selected to be offered the option of adding 12 sessions of CBT to venlafaxine XR treatment. Of those offered CBT, 33.3% (n=8) of the African Americans and 32.6% (n=17) of the European Americans accepted and attended at least one CBT treatment session. The outcomes for African Americans receiving combined treatment were not significantly different from European Americans receiving combined treatment on primary or secondary efficacy measures. Copyright © 2014. Published by Elsevier Ltd.

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http://www.ncbi.nlm.nih.gov/pubmed/24912461

Behav Ther. 2014 Jul;45(4):482-94. doi: 10.1016/j.beth.2014.02.007. Epub 2014 Feb 19.

Examination of the core cognitive components of cognitive behavioral therapy and acceptance and commitment therapy: an analogue investigation.

Yovel I, Mor N, Shakarov H

We aimed to examine the core elements of cognitive behavioral therapy and acceptance and commitment therapy that target distressing negative cognitions, cognitive restructuring (CR) and cognitive defusion (CD), respectively. Participants (N=142) recalled a saddening autobiographical event, identified a distressing thought it triggered, and completed a task that induced rumination on these cognitions. They then completed one of four brief interventions that targeted these emotionally charged cognitions: analogue versions of CR and CD, and two control interventions. The personal negative cognitions were then reactivated to examine the protective effects of these interventions. CR and CD were similarly efficacious in alleviating distress, compared to a control intervention that focused on participants' negative thoughts. Mood improvement was associated with state levels of reappraisal and not with acceptance in CR, whereas the reverse was observed in CD. Improvement was associated with perceived efficacy of the intervention in CR but not in CD. The present findings suggest that although CR and CD effectively promote different types of cognitive strategies, they may share important features that set them both apart from maladaptive forms of coping.

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http://www.ncbi.nlm.nih.gov/pubmed/24913102

Adm Policy Ment Health. 2014 Jun 11. [Epub ahead of print]

Iraq and Afghanistan War Veterans with Reintegration Problems: Differences by Veterans Affairs Healthcare User Status.

Sayer N, Orazem R, Noorbaloochi S, Gravely A, Frazier P, Carlson K, Schnurr P, Oleson H

We studied 1,292 Iraq and Afghanistan War veterans who participated in a clinical trial of expressive writing to estimate the prevalence of perceived reintegration difficulty and compare Veterans Affairs (VA) healthcare users to nonusers in terms of demographic and clinical characteristics. About half of participants perceived reintegration difficulty. VA users and nonusers differed in age and military background. Levels of mental and physical problems were higher in VA users. In multivariate analysis, military service variables and probable traumatic brain injury independently predicted VA use. Findings demonstrate the importance of research comparing VA users to nonusers to understand veteran healthcare needs.

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http://www.ncbi.nlm.nih.gov/pubmed/24911422

J Consult Clin Psychol. 2014 Jun 9. [Epub ahead of print]

Cognitive Processing Therapy for Veterans With Posttraumatic Stress Disorder: A Comparison Between Outpatient and Residential Treatment.

Walter KH, Varkovitzky RL, Owens GP, Lewis J, Chard KM

Objective:
Across the Veterans Affairs (VA) Healthcare System, outpatient and residential posttraumatic stress disorder (PTSD) treatment programs are available to veterans of all ages and both genders; however, no research to date has compared these treatment options. This study compared veterans who received outpatient (n = 514) to those who received residential treatment (n = 478) within a VA specialty clinic on demographic and pretreatment symptom variables. Further, the study examined pre- to posttreatment symptom trajectories across the treatment programs.

Method:
All 992 veterans met diagnostic criteria for PTSD and attended at least 1 session of cognitive processing therapy (CPT) in either the outpatient or residential program. Bivariate analyses were utilized to investigate differences between samples on demographic variables and severity of pretreatment symptoms. Multilevel modeling (MLM) was used to investigate the change in symptomatology between the 2 samples from pre- to posttreatment.

Results:
Analyses indicated that the samples differed on all demographic and pretreatment symptom variables, with residential patients reporting higher scores on all assessment measures. MLM results demonstrated that symptom scores improved for all veterans across time, with outpatients consistently reporting fewer symptoms at both time points. The time by program interaction was significant for PTSD-related symptom trajectories, but not for the depression-related symptom trajectory.

Conclusion:
This is the 1st study to compare pretreatment characteristics and treatment outcome between veterans receiving outpatient and residential PTSD treatment. Findings may help clinicians select appropriate care for their patients by identifying relevant pretreatment characteristics and generally informing expectations of treatment outcome. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/24911173

Cogn Behav Ther. 2014 Jun 9:1-13. [Epub ahead of print]

Aerobic Exercise Reduces Symptoms of Posttraumatic Stress Disorder: A Randomized Controlled Trial.

Fetzner MG, Asmundson GJ

Evidence suggests aerobic exercise has anxiolytic effects; yet, the treatment potential for posttraumatic stress disorder (PTSD) and responsible anxiolytic mechanisms have received little attention. Emerging evidence indicates that attentional focus during exercise may dictate the extent of therapeutic benefit. Whether benefits are a function of attentional focus toward or away from somatic arousal during exercise remains untested. Thirty-three PTSD-affected participants completed two weeks of stationary biking aerobic exercise (six sessions). To assess the effect of attentional focus, participants were randomized into three exercise groups: group 1 (attention to somatic arousal) received prompts directing their attention to the interoceptive effects of exercise, group 2 (distraction from somatic arousal) watched a nature documentary, and group 3 exercised with no distractions or interoceptive prompts. Hierarchal linear modeling showed all groups reported reduced PTSD and anxiety sensitivity (AS; i.e., fear of arousal-related somatic sensations) during treatment. Interaction effects between group and time were found for PTSD hyperarousal and AS physical and social scores, wherein group 1, receiving interoceptive prompts, experienced significantly less symptom reduction than other groups. Most participants (89%) reported clinically significant reductions in PTSD severity after the two-week intervention. Findings suggest, regardless of attentional focus, aerobic exercise reduces PTSD symptoms.

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http://www.ncbi.nlm.nih.gov/pubmed/24910478

J Community Psychol. 2014 May 1;42(4):495-508.

Social Reactions to Sexual Assault Disclosure, Coping, Perceived Control and PTSD Symptoms in Sexual Assault Victims.

Ullman SE, Peter-Hagene L

The social reactions that sexual assault victims receive when they disclose their assault have been found to relate to posttraumatic stress disorder (PTSD) symptoms. Using path analysis and a large sample of sexual assault survivors (N = 1863), we tested whether perceived control, maladaptive coping, and social and individual adaptive coping strategies mediated the relationships between social reactions to disclosure and PTSD symptoms. We found that

positive social reactions to assault disclosure predicted greater perceived control over recovery, which in turn was related to less PTSD symptoms. Positive social reactions to assault disclosure were also associated with more adaptive social and individual coping; however, only adaptive social coping predicted PTSD symptoms. Negative social reactions to assault disclosure were related to greater PTSD symptoms both directly and indirectly through maladaptive coping and marginally through lower perceived control over recovery.

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http://www.ncbi.nlm.nih.gov/pubmed/24630421

Womens Health Issues. 2014 Mar-Apr;24(2):e171-6. doi: 10.1016/j.whi.2013.12.004.

Anticipating the traumatic brain injury-related health care needs of women veterans after the Department of Defense change in combat assignment policy.

Amara J, Iverson KM, Krengel M, Pogoda TK, Hendricks A

BACKGROUND:
Female service members' presence in combat zones during Operation Enduring Freedom and Operation Iraqi Freedom is unprecedented both in terms of the number of women deployed and the nature of their involvement. In light of changing Department of Defense policy governing the deployment of women in combat zones, this article intends to set the groundwork for estimating future combat-related injuries and subsequent Veterans Health Administration (VHA) utilization while focusing on traumatic brain injury (TBI).

METHODS:
The article summarizes and presents the results of a study that examines veterans who present to VHA for TBI evaluation. For a national sample of veterans, a dataset including information on post-screening utilization, diagnoses, and location of care was constructed. The dataset included self-reported health symptoms and other information obtained from a standardized national VHA post-screening clinical evaluation, the comprehensive TBI evaluation (CTBIE).

FINDINGS:
Both women and men utilize high levels of VHA health care after a CTBIE. However, there are gender differences in the volume/types of services used, with women utilizing different services than male counterparts and incurring higher costs, including higher overall and outpatient costs.

CONCLUSION:
As women veterans seek more of their health care from the VHA, there will be a need for more coordinated care to identify and manage deployment-related TBI and common comorbidities such as posttraumatic stress disorder, depression, and chronic pain. Deployment-connected injuries are likely to rise because of the rescinding of the ban on women in combat. This in turn has critical implications for VHA strategic planning and budgeting. Published by Elsevier Inc.

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http://www.ncbi.nlm.nih.gov/pubmed/24907686

Neurosci Lett. 2014 Jun 4. pii: S0304-3940(14)00452-2. doi: 10.1016/j.neulet.2014.05.054. [Epub ahead of print]

Connecting combat-related mild traumatic brain injury with posttraumatic stress disorder symptoms through brain imaging.

Costanzo M, Chou YY, Leaman S, Pham D, Keyser D, Nathan DE, Coughlin M, Rapp P, Roy MJ

Mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) may share common symptom and neuropsychological profiles in military service members (SMs) following deployment; while a connection between the two conditions is plausible, the relationship between them has been difficult to discern. The intent of this report is to enhance our understanding of the relationship between findings on structural and functional brain imaging and symptoms of PTSD. Within a cohort of SMs who did not meet criteria for PTSD but were willing to complete a comprehensive assessment within 2 months of their return from combat deployment, we conducted a nested case-control analysis comparing those with combat-related mTBI to age/gender-matched controls with diffusion tensor imaging, resting state functional magnetic resonance imaging and a range of psychological measures. We report degraded white matter integrity in those with a history of combat mTBI, and a positive correlation between the white matter microstructure and default mode network (DMN) connectivity. Higher clinician-administered and self-reported subthreshold PTSD symptoms were reported in those with combat mTBI Our findings offer a potential mechanism through which mTBI may alter brain function, and in turn contribute to PTSD symptoms.

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http://www.ncbi.nlm.nih.gov/pubmed/24907536

J Anxiety Disord. 2014 Jun;28(5):488-94. doi: 10.1016/j.janxdis.2014.05.001. Epub 2014 May 20.

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

Reardon AF, Hein CL, Wolf EJ, Prince LB, Ryabchenko K, Miller MW

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 toward impulsivity and aggression and generalized distress and negative emotionality, respectively. Published by Elsevier Ltd.

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http://www.ncbi.nlm.nih.gov/pubmed/24904701

Transl Behav Med. 2014 Jun;4(2):175-83. doi: 10.1007/s13142-013-0248-6.

Implementing brief cognitive behavioral therapy in primary care: A pilot study.

Mignogna J, Hundt NE, Kauth MR, Kunik ME, Sorocco KH, Naik AD, Stanley MA, York KM, Cully JA

Effective implementation strategies are needed to improve the adoption of evidence-based psychotherapy in primary care settings. This study provides pilot data on the test of an implementation strategy conducted as part of a multisite randomized controlled trial examining a brief cognitive-behavioral therapy versus usual care for medically ill patients in primary care, using a hybrid (type II) effectiveness/implementation design. The implementation strategy was multifaceted and included (1) modular-based online clinician training, (2) treatment fidelity auditing with expert feedback, and (3) internal and external facilitation to provide ongoing consultation and support of practice. Outcomes included descriptive and qualitative data on the feasibility and acceptability of the implementation strategy, as well as initial indicators of clinician adoption and treatment fidelity. Results suggest that a comprehensive implementation strategy to improve clinician adoption of a brief cognitive-behavioral therapy in primary care is feasible and effective for reaching high levels of adoption and fidelity.

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http://www.ncbi.nlm.nih.gov/pubmed/24905756

J Addict Nurs. 2014 Apr-Jun;25(2):74-80. doi: 10.1097/JAN.0000000000000027.

Measuring chronic pain intensity among veterans in a residential rehabilitation treatment program.

Randleman ML, Douglas ME, DeLane AM, Palmer GA

The purpose of this study was to identify whether veterans with chronic pain, substance abuse, and posttraumatic stress disorder (PTSD) diagnoses residing in a Residential Rehabilitation Treatment Program (RRTP) perceived a higher level of pain than those veterans who had chronic pain but did not have active substance abuse issues or PTSD. A sample of veterans (n = 200) with chronic pain undergoing treatment for either chemical dependency and/or PTSD in an RRTP and a Surgical Specialty Care outpatient clinic at a Department of Veterans Affairs medical center took part in the study. Multiple analysis of variance and further univariate statistics were examined to determine the association between groups on the different scales. There was a considerable difference in terms of which group of veterans perceived a higher rate of pain even with the use of the same four pain assessment scales (i.e., Numeric Rating, Visual Analog, Faces, and Mankoski). Scores were significantly higher for the RRTP group than the Surgical Specialty Care group on all screening measures ($p < .001$). Veterans with chronic pain, substance abuse, and/or PTSD diagnoses residing in an RRTP tended to have a higher perception of chronic pain compared to those without substance abuse or PTSD diagnoses.

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http://www.ncbi.nlm.nih.gov/pubmed/24905737

Epidemiol Psychiatr Sci. 2014 Jun 6:1-8. [Epub ahead of print]

Diagnostic performance of the PTSD checklist and the Vietnam Era Twin Registry PTSD scale.

Magruder K, Yeager D, Goldberg J, Forsberg C, Litz B, Vaccarino V, Friedman M, Gleason T, Huang G, Smith N

Aims.
Self-report questionnaires are frequently used in clinical and epidemiologic studies to assess post-traumatic stress disorder (PTSD). A number of studies have evaluated these scales relative to clinician administered structured interviews; however, there has been no formal evaluation of their performance relative to non-clinician administered epidemiologic assessments such as the Composite International Diagnostic Interview (CIDI). We examined the diagnostic performance of two self-report PTSD scales, the PTSD checklist (PCL) and the Vietnam Era Twin Registry (VET-R) PTSD scale, compared to the CIDI.

Methods.
Data were derived from a large epidemiologic follow-up study of PTSD in 5141 Vietnam Era Veterans. Measures included the PCL, VET-R PTSD scale and CIDI. For both the PCL and VET-R PTSD scale, ROC curves, areas under the curve (AUC), sensitivity, specificity, % correctly classified, likelihood ratios, predictive values and quality estimates were generated based on the CIDI PTSD diagnosis.

Results.
For the PCL and VET-R PTSD scale the AUCs were 89.0 and 87.7%, respectively. Optimal PCL cutpoints varied from the 31-33 range (when considering sensitivity and specificity) to the 36-56 range (when considering quality estimates). Similar variations were found for the VET-R PTSD, ranging from 31 (when considering sensitivity and specificity) to the 37-42 range (when considering quality estimates).

Conclusions.
The PCL and VET-R PTSD scale performed similarly using a CIDI PTSD diagnosis as the criterion. There was a range of acceptable cutpoints, depending on the metric used, but most metrics suggested a lower PCL cutpoint than in previous studies in Veteran populations.

Links of Interest

Does the moon affect our sleep?
http://www.eurekalert.org/pub_releases/2014-06/m-dtm061614.php

Pathological gambling runs in families
http://www.eurekalert.org/pub_releases/2014-06/uoih-pgr061614.php

Study: Similar Outcomes From Combat Head Injuries, Regardless of Cause
http://www.nlm.nih.gov/medlineplus/news/fullstory_146831.html

Recession Linked to More Than 10,000 Suicides in North America, Europe
http://www.nlm.nih.gov/medlineplus/news/fullstory_146773.html

Researchers uncover new insights into developing rapid-acting antidepressant for treatment-resistant depression
http://www.eurekalert.org/pub_releases/2014-06/usmc-run061214.php

When good people do bad things: Being in a group makes some people lose touch with their personal moral beliefs
http://www.sciencedaily.com/releases/2014/06/140612104950.htm

A common hypertension treatment may reduce PTSD symptoms
http://www.eurekalert.org/pub_releases/2014-06/e-ach061114.php

Soldiers who kill in combat less likely to abuse alcohol, study finds
http://www.sciencedaily.com/releases/2014/06/140610122010.htm

Sudden Death of Loved One Can Trigger Mental Health Issues
http://www.nlm.nih.gov/medlineplus/news/fullstory_146680.html

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Resource of the Week: Center for the Study of Traumatic Stress -- Resource List

This is a complete catalog of all documents available from the Center for the Study of Traumatic Stress. They are listed in alphabetical order, for browsing; alternately, a text box permits keyword searching. The documents themselves are in PDF format, for optimal printing/display.

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