



## CDP Research Update -- August 7, 2014

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- Resource of the Week: Psychological First Aid Field Operations Guide

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<http://afs.sagepub.com/content/early/2014/07/25/0095327X14543848.abstract>

### **Military Service and Alcohol Use in the United States.**

Jay Teachman, Carter Anderson, and Lucky M. Tedrow

Armed Forces & Society

Published online before print July 31, 2014

It is well known that enlistees and veterans in the United States are more likely to use alcohol than civilians. However, most of this research is potentially biased in that it often does not employ control variables (other than age) and is based on cross-sectional data. Much of this research also fails to consider the relationship between military service and alcohol use among women. Using longitudinal data taken from the 1997 National Longitudinal Study of Youth, we investigate the relationship between military service and alcohol consumption employing a fixed-effects approach. We find that military service appears to encourage young men to consume alcohol. It is also the case that the effect of military service is not limited to the time that men spend in the military given that male veterans are also more likely to consume alcohol than are comparable nonveterans. We find, however, that women who serve, both enlistees and veterans, are less likely to drink than their civilian counterparts.

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<http://afs.sagepub.com/content/early/2014/06/12/0095327X14536710.abstract>

### **Status- and Stigma-related Consequences of Military Service and PTSD: Evidence from a Laboratory Experiment.**

Crosby Hipes, Jeffrey W. Lucas, and Meredith Kleykamp

Armed Forces & Society

Published online before print June 17, 2014

This article describes an experimental study that investigates the status- and stigma-related consequences of military service and of experiences in war resulting in posttraumatic stress disorder (PTSD). In the study, participants interacted with fictitious partners whom they believed were real in four conditions: a control condition, a condition in which the “partner” was in the military, a condition in which the “partner” was a war veteran who had been deployed to Iraq or Afghanistan, and a condition in which the partner was a military veteran with PTSD who had been deployed. Results support predictions that military experience would advantage partners with respect to influence over participants, but that PTSD would be disadvantaging. Previous contact with veterans moderated this relationship, mitigating the loss of influence associated with PTSD. A prediction that PTSD would significantly increase social distance was not supported.

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<http://www.ncbi.nlm.nih.gov/pubmed/25072405>

J Neurotrauma. 2014 Jul 29. [Epub ahead of print]

### **Telephone and In-Person Cognitive Behavioral Therapy for Major Depression after Traumatic Brain Injury: A Randomized Controlled Trial.**

Fann JR, Bombardier CH, Vannoy S, Dyer J, Ludman E, Dikmen S, Marshall K, Barber J, Temkin N

Major depressive disorder (MDD) is prevalent after TBI, yet there is a lack of evidence regarding effective treatment approaches. We conducted a choice-stratified randomized controlled trial in 100 adults with MDD within 10 years of complicated mild to severe TBI to test the effectiveness of brief cognitive behavioral therapy administered over the telephone (CBT-T, n=40) or in-person (CBT-IP, n=18), compared to usual care (UC, n=42). Participants were recruited from clinical and community settings throughout the United States. The main outcomes were change in depression severity on the clinician-rated 17-item Hamilton Depression Rating Scale (HAM-D-17) and the patient-reported Symptom Checklist-20 (SCL-20) over 16 weeks. There was no significant difference between the combined CBT and UC groups over 16 weeks on the HAM-D-17 (Treatment effect=1.2, 95% CI: -1.5 to 4.0; P=0.37) and a non-significant trend favoring CBT on the SCL-20 (Treatment effect= 0.28, 95% CI: -0.03 to 0.59; P=0.074). In follow-up comparisons, the CBT-T group had significantly greater improvement on the SCL-20 compared to the UC group (Treatment effect= 0.36, 95% CI: 0.01 to 0.70; P=0.043) and completers of >8

CBT sessions had significantly improved SCL-20 scores compared to the UC group (Treatment effect = 0.43, 95% CI: 0.10 to 0.76; P=0.011). CBT participants reported significantly greater symptom improvement (P=0.010) and greater satisfaction with depression care (P<0.001), compared to UC. In-person and telephone administered CBT are acceptable and feasible in persons with TBI. Although further research is warranted, telephone CBT holds particular promise for enhancing access and adherence to effective depression treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/25066921>

Contemp Clin Trials. 2014 Jul 24. pii: S1551-7144(14)00114-1. doi: 10.1016/j.cct.2014.07.005. [Epub ahead of print]

### **Design and Rationale of a Comparative Effectiveness Trial Evaluating Transcendental Meditation against Established Therapies for PTSD.**

Rutledge T, Nidich S, Schneider R, Mills PJ, Salerno J, Heppner P, Gomez MA, Gaylord-King C, Rainforth M

#### **BACKGROUND:**

Although meditation therapies such as the Transcendental Meditation (TM) technique are commonly used to assist with stress and stress-related diseases, there remains a lack of rigorous clinical trial research establishing the relative efficacy of these treatments overall and for populations with psychiatric illness. This study uses a comparative effectiveness design to assess the relative benefits of TM to those obtained from a gold-standard cognitive behavioral therapy for posttraumatic stress disorder (PTSD) in a Veteran population.

#### **METHODS AND DESIGN:**

This paper describes the rationale and design of an in progress randomized controlled trial comparing TM to an established cognitive behavioral treatment - Prolonged Exposure (PE) - and an active control condition (health education [HE]) for PTSD. This trial will recruit 210 Veterans meeting DSM-IV criteria for PTSD, with testing conducted at 0 and 3months for PTSD symptoms, depression, mood disturbance, quality of life, behavioral factors, and physiological/biochemical and gene expression mechanisms using validated measures. The study hypothesis is that TM will be noninferior to PE and superior to HE on changes in PTSD symptoms, using the Clinician Administered PTSD Scale (CAPS).

#### **DISCUSSION:**

The described study represents a methodologically rigorous protocol evaluating the benefits of TM for PTSD. The projected results will help to establish the overall efficacy of TM for PTSD among Veterans, identify bio-behavioral mechanisms through which TM and PE may improve PTSD symptoms, and will permit conclusions regarding the relative value of TM against currently established therapies for PTSD. Copyright © 2014. Published by Elsevier Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/25066308>

Psychol Med. 2014 Mar 21:1-13. [Epub ahead of print]

**Neural response during attentional control and emotion processing predicts improvement after cognitive behavioral therapy in generalized social anxiety disorder.**

Klumpp H, Fitzgerald DA, Angstadt M, Post D, Phan KL

**BACKGROUND:**

Individuals with generalized social anxiety disorder (gSAD) exhibit attentional bias to salient stimuli, which is reduced in patients whose symptoms improve after treatment, indicating that mechanisms of bias mediate treatment success. Therefore, pre-treatment activity in regions implicated in attentional control over socio-emotional signals (e.g. anterior cingulate cortex, dorsolateral prefrontal cortex) may predict response to cognitive behavioral therapy (CBT), evidence-based psychotherapy for gSAD.

**METHOD:**

During functional magnetic resonance imaging, 21 participants with gSAD viewed images comprising a trio of geometric shapes (circles, rectangles or triangles) alongside a trio of faces (angry, fearful or happy) within the same field of view. Attentional control was evaluated with the instruction to 'match shapes', directing attention away from faces, which was contrasted with 'match faces', whereby attention was directed to emotional faces.

**RESULTS:**

Whole-brain voxel-wise analyses showed that symptom improvement was predicted by enhanced pre-treatment activity in the presence of emotional face distractors in the dorsal anterior cingulate cortex and dorsal medial prefrontal cortex. Additionally, CBT success was foretold by less activity in the amygdala and/or increased activity in the medial orbitofrontal gyrus during emotion processing.

**CONCLUSIONS:**

CBT response was predicted by pre-treatment activity in prefrontal regions and the amygdala. The direction of activity suggests that individuals with intact attentional control in the presence of emotional distractors, regulatory capacity over emotional faces and/or less reactivity to such faces are more likely to benefit from CBT. Findings indicate that baseline neural activity in the context of attentional control and emotion processing may serve as a step towards delineating mechanisms by which CBT exerts its effects.

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<http://www.ncbi.nlm.nih.gov/pubmed/25065450>

Psychol Med. 2014 Jun 2:1-15. [Epub ahead of print]

**Post-traumatic growth among veterans in the USA: results from the National Health and Resilience in Veterans Study.**

Tsai J, El-Gabalawy R, Sledge WH, Southwick SM, Pietrzak RH

**BACKGROUND:**

There is increasing recognition that, in addition to negative psychological consequences of trauma such as post-traumatic stress disorder (PTSD), some individuals may develop post-traumatic growth (PTG) following such experiences. To date, however, data regarding the prevalence, correlates and functional significance of PTG in population-based samples are lacking.

**METHOD:**

Data were analysed from the National Health and Resilience in Veterans Study, a contemporary, nationally representative survey of 3157 US veterans. Veterans completed a survey containing measures of sociodemographic, military, health and psychosocial characteristics, and the Posttraumatic Growth Inventory-Short Form.

**RESULTS:**

We found that 50.1% of all veterans and 72.0% of veterans who screened positive for PTSD reported at least 'moderate' PTG in relation to their worst traumatic event. An inverted U-shaped relationship was found to best explain the relationship between PTSD symptoms and PTG. Among veterans with PTSD, those with PTSD reported better mental functioning and general health than those without PTG. Experiencing a life-threatening illness or injury and re-experiencing symptoms were most strongly associated with PTG. In multivariable analysis, greater social connectedness, intrinsic religiosity and purpose in life were independently associated with greater PTG.

**CONCLUSIONS:**

PTG is prevalent among US veterans, particularly among those who screen positive for PTSD. These results suggest that there may be a 'positive legacy' of trauma that has functional significance for veterans. They further suggest that interventions geared toward helping trauma-exposed US veterans process their re-experiencing symptoms, and to develop greater social connections, sense of purpose and intrinsic religiosity may help promote PTG in this population.

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<http://www.ncbi.nlm.nih.gov/pubmed/25038401>

J Pain. 2014 Jul 16. pii: S1526-5900(14)00815-3. doi: 10.1016/j.jpain.2014.07.002. [Epub ahead of print]

### **Longitudinal Interactions Of Pain Symptoms And Posttraumatic Stress Disorder In U.S. Military Service Members Following Blast Exposure.**

Stratton KJ, Clark SL, Hawn SE, Amstadter AB, Cifu DX, Walker WC

Military personnel returning from conflicts in Iraq and Afghanistan often endorse pain and posttraumatic stress disorder (PTSD) symptoms, either separately or concurrently. Associations between pain and PTSD may be further complicated by blast exposure from explosive munitions. Although many studies have reported on the prevalence and disability associated with polytraumatic injuries following combat, less is known about symptom maintenance over time. Accordingly, this study examined longitudinal interactive models of co-occurring pain and PTSD symptoms in a sample of 209 military personnel (Mage = 27.4 years, SD = 7.6) who experienced combat-related blast exposure. Autoregressive cross-lagged analysis examined longitudinal associations between self-reported pain and PTSD symptoms over a one-year period. The best-fitting model indicated that pain and PTSD were significantly associated with one another across all assessment periods,  $\chi^2(3) = 3.66$ ,  $p = .30$ ; TLI = .98; CFI = .99; RMSEA = .03, and PTSD had a particularly strong influence on subsequent pain symptoms. The relationship between pain and PTSD is related to older age, race, and traumatic brain injury characteristics. Results further the understanding of complex injuries among military personnel and highlight the need for comprehensive assessment and rehabilitation efforts addressing the interdependence of pain and co-occurring mental health conditions. Copyright © 2014 American Pain Society. Published by Elsevier Inc. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25036540>

Behav Res Ther. 2014 Jun 26;60C:23-33. doi: 10.1016/j.brat.2014.06.003. [Epub ahead of print]

### **The mediational role of panic self-efficacy in cognitive behavioral therapy for panic disorder: A systematic review and meta-analysis.**

Fentz HN, Arendt M, O'Toole MS, Hoffart A, Hougaard E

Cognitive models of panic disorder (PD) with or without agoraphobia have stressed the role of catastrophic beliefs of bodily symptoms as a central mediating variable of the efficacy of cognitive behavioral therapy (CBT). Perceived ability to cope with or control panic attacks, panic self-efficacy, has also been proposed to play a key role in therapeutic change; however, this cognitive factor has received much less attention in research. The aim of the present review is



to evaluate panic self-efficacy as a mediator of therapeutic outcome in CBT for PD using descriptive and meta-analytic procedures. We performed systematic literature searches, and included and evaluated 33 studies according to four criteria for establishing mediation. Twenty-eight studies, including nine randomized waitlist-controlled studies, showed strong support for CBT improving panic self-efficacy (criterion 1); ten showed an association between change in panic self-efficacy and change in outcome during therapy (criterion 2); three tested, and one established formal statistical mediation of panic self-efficacy (criterion 3); while four tested and three found change in panic self-efficacy occurring before the reduction of panic severity (criterion 4). Although none of the studies fulfilled all of the four criteria, results provide some support for panic self-efficacy as a mediator of outcome in CBT for PD, generally on par with catastrophic beliefs in the reviewed studies. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25036539>

Behav Res Ther. 2014 Jun 28;60C:15-22. doi: 10.1016/j.brat.2014.06.005. [Epub ahead of print]

### **Sudden gains in two psychotherapies for posttraumatic stress disorder.**

König J, Karl R, Rosner R, Butollo W

We examined sudden, large, and stable shifts in symptoms from one therapy session to the next in two treatments for posttraumatic stress disorder (PTSD). Shifts in a positive direction (sudden gains) have so far been more frequently analyzed than those in a negative direction (sudden losses). We analyzed data from 102 outpatients suffering from PTSD who received either a cognitive-behavioral or a Gestalt-based intervention. Sudden gains, at 22.5%, were more frequent than sudden losses (3.9% of patients). Participants who had experienced sudden gains had lower PTSD scores at posttreatment, but not at the 6-month follow-up. As sudden losses were so rare, they were not analyzed statistically. Sudden gains accounted for 52% of overall treatment gains or 26% of overall change in a positive direction. Among very successful patients, those with sudden gains were overrepresented, but in absolute terms, there were as many patients without sudden gains in this group. There was no connection between sudden gains and type of intervention or depressive symptoms. Sudden gains and sudden losses occurred in our sample of PTSD patients, but in the light of current results, their clinical importance seems to be limited. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25036523>

Psychol Med. 2014 Jul 18:1-13. [Epub ahead of print]

### **Neural correlates of trauma-unrelated emotional processing in war veterans with PTSD.**

van Rooij SJ, Rademaker AR, Kennis M, Vink M, Kahn RS, Geuze E

#### BACKGROUND:

Post-traumatic stress disorder (PTSD) is thought to be characterized by general heightened amygdala activation. However, this hypothesis is mainly based on specific studies presenting fear or trauma-related stimuli, hence, a thorough investigation of trauma-unrelated emotional processing in PTSD is needed.

#### METHODS:

In this study, 31 male medication-naive veterans with PTSD, 28 male control veterans (combat controls; CC) and 25 non-military men (healthy controls; HC) were included. Participants underwent functional MRI while trauma-unrelated neutral, negative and positive emotional pictures were presented. In addition to the group analyses, PTSD patients with and without major depressive disorder (MDD) were compared.

#### RESULTS:

All groups showed an increased amygdala response to negative and positive contrasts, but amygdala activation did not differ between groups. However, a heightened dorsal anterior cingulate cortex (dACC) response for negative contrasts was observed in PTSD patients compared to HC. The medial superior frontal gyrus was deactivated in the negative contrast in HC, but not in veterans. PTSD+MDD patients showed decreased subgenual ACC (sgACC) activation to all pictures compared to PTSD-MDD.

#### CONCLUSION:

Our findings do not support the hypothesis that increased amygdala activation in PTSD generalizes to trauma-unrelated emotional processing. Instead, the increased dACC response found in PTSD patients implicates an attentional bias that extends to trauma-unrelated negative stimuli. Only HC showed decreased medial superior frontal gyrus activation. Finally, decreased sgACC activation was related to MDD status within the PTSD group.

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<http://www.ncbi.nlm.nih.gov/pubmed/25034907>

Int J Occup Med Environ Health. 2014 Jul 18. [Epub ahead of print]

#### **Temperamental correlates of trauma symptoms in firemen, policemen and soldiers.**

Oniszczenko W

#### OBJECTIVES:

The main goal of the research was to assess temperamental determinants of trauma symptoms in firemen, policemen and soldiers. The temperament traits which were considered were those

postulated by the Regulative Theory of Temperament (briskness, perseveration, sensory sensitivity, emotional reactivity, endurance and activity).

#### MATERIAL AND METHODS:

A cross-sectional study was run on non-clinical samples. The participants were 417 men, White-Caucasian only: 284 firemen (aged 21-55), 58 policemen (aged 22-45), and 75 soldiers (aged 21-42). Temperament was assessed using the Formal Characteristics of Behavior - Temperament Inventory. Intensity of trauma symptoms was assessed with the PTSD-Factorial Version Inventory, a quantitative measure of trauma-related symptoms. The respondents were examined in their place of work. The study included only men reporting at least 1 traumatic event during the year before the trauma diagnosis.

#### RESULTS:

Emotional reactivity had a significant positive effect on the intensity of trauma symptoms only in the group of firemen. Emotional reactivity accounted for 16% of the variance of trauma intensity symptoms in this occupational group. Negative significant effect on trauma symptoms was found for briskness only in the soldiers group (briskness explained 20% trauma intensity variance in this group).

#### CONCLUSIONS:

Emotional reactivity was conducive to the increased trauma symptoms intensity in firemen, whereas briskness tended to reduce symptoms intensity only in the group of soldiers.

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<http://www.ncbi.nlm.nih.gov/pubmed/25031816>

Korean J Pain. 2014 Jul;27(3):285-9. doi: 10.3344/kjp.2014.27.3.285. Epub 2014 Jun 30.

#### **Repetitive transcranial magnetic stimulation to treat depression and insomnia with chronic low back pain.**

Park EJ, Lee SJ, Koh do Y, Han YM2

Transcranial magnetic stimulation (TMS) is a noninvasive and safe technique for motor cortex stimulation. TMS is used to treat neurological and psychiatric disorders, including mood and movement disorders. TMS can also treat several types of chronic neuropathic pain. The pain relief mechanism of cortical stimulation is caused by modifications in neuronal excitability. Depression is a common co-morbidity with chronic pain. Pain and depression should be treated concurrently to achieve a positive outcome. Insomnia also frequently occurs with chronic lower back pain. Several studies have proposed hypotheses for TMS pain management. Herein, we report two cases with positive results for the treatment of depression and insomnia with chronic low back pain by TMS.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12141/abstract>

**Odd one out: social ostracism affects self-reported needs in both sleep-deprived and well-rested persons.**

Liu, J. C. J., Mulick, D. and Chee, M. W. L.

Journal of Sleep Research, 23: 448–457

Previous research suggests that sleep deprivation may heighten normal reactions to an aversive social encounter. In this study, we explored how 24 h of sleep deprivation may influence responses to ostracism. Ninety-six healthy young adults were randomly allocated to either the sleep-deprivation or well-rested condition, wherein they engaged in two rounds of a ball-tossing game (Cyberball) programmed so that they would be included or ostracized. As compared with being included, being ostracized reduced participants' fulfillment of four essential needs (to belong; to have control; to have self-esteem; and to have a meaningful existence); participants also showed poorer mood and had poorer perceptions of their co-players. These effects were not influenced by sleep deprivation. Taken together, our findings suggest that sleep deprivation does not influence immediate distress responses to ostracism.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12197/abstract>

**Effects of sleep/wake history and circadian phase on proposed pilot fatigue safety performance indicators.**

Gander, P. H., Mulrine, H. M., van den Berg, M. J., Smith, A. A. T.

Journal of Sleep Research. doi: 10.1111/jsr.12197

The Karolinska Sleepiness Scale and Samn–Perelli fatigue ratings, and psychomotor vigilance task performance are proposed as measures for monitoring commercial pilot fatigue. In laboratory studies, they are sensitive to sleep/wake history and circadian phase. The present analyses examined whether they reliably reflect sleep/wake history and circadian phase during transmeridian flight operations. Data were combined from four studies (237 pilots, 730 out-and-back flights between 13 city pairs, 1–3-day layovers). Sleep was monitored (wrist actigraphy, logbooks) before, during and after trips. On duty days, sleepiness, fatigue and mean response speed were measured pre-flight and at the top of the descent. Mixed-model analysis of variance examined associations between these measures and sleep/wake history, after controlling for operational factors. Circadian phase was approximated by local (domicile) time in the city where each trip began and ended. More sleep in the 24 h prior to duty was associated with lower pre-

flight sleepiness and fatigue and faster response speed. Sleepiness and fatigue were greater before flights departing during the domicile night and early morning. At the top of the descent, pilots felt less sleepy and fatigued after more in-flight sleep and less time awake. Flights arriving in the early–mid-morning (domicile time) had greater sleepiness and fatigue and slower response speeds than flights arriving later. Subjective ratings showed expected associations with sleep/wake history and circadian phase. The response speed showed expected circadian variation but was not associated with sleep/wake history at the top of the descent. This may reflect moderate levels of fatigue at this time and/or atypically fast responses among pilots.

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<http://onlinelibrary.wiley.com/doi/10.1111/jsr.12174/abstract>

### **Examining the effects of sleep delay on depressed males and females and healthy controls.**

Goldschmied, J. R., Cheng, P., Armitage, R. and Deldin, P. J.

Journal of Sleep Research. doi: 10.1111/jsr.12174

Individuals with major depressive disorder typically exhibit sleep electroencephalography abnormalities which have been shown to vary by sex. Recent research has shown that depressed males display deficits in slow wave sleep and delta electroencephalograph (EEG) activity that are not apparent in depressed females. This may suggest that males and females with depression vary with respect to their homeostatic regulation of sleep. Utilizing archival data, the present study examined the effects of a 3-h sleep delay, which represents a mild sleep challenge, on slow wave activity in healthy controls and individuals with depression. All participants slept in the laboratory for three sequential nights. On the third night in the laboratory, the participants' bedtime was delayed by 3 h. Slow wave activity was calculated utilizing power spectral analysis and compared across groups. Following the sleep delay, males with depression exhibited the lowest slow wave activity compared to all other groups. These results may suggest that males with depression are at a greater risk for homeostatic dysregulation than females, and may require specialized intervention.

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<http://works.gc.cuny.edu/etd/181/>

### **A Parent at War and the "Invisible Wounds" They Carry Home: PTSD in Military Veterans and a Review of Psychosocial Family System Challenges.**

Melina Sofia Calle, City University of New York, Graduate Center

Thesis, M.A., Liberal Studies

6-3-2014

Operation Enduring Freedom and Operation Iraqi Freedom have created a new generation of military veterans and military families, many of which must manage and cope with psychosocial challenges such as posttraumatic stress, depression, anxiety, and alcohol abuse induced by the psychological trauma(s) faced during war. Risk factors, buffering factors, and war zone stressors influencing the development of PTSD following military-related trauma will be reviewed. As many of these affected veterans return to living with spouses and children, these psychosocial issues show to bring forth tension, stress, and friction to the family system. This thesis explores the literature of family system challenges faced by male and female U.S. veterans, and child outcomes.

Through a review of empirical literature, a case will be made that not only does the veteran affect his/her spouse and child(ren) while enduring difficult psychological conditions, but the spouses and child(ren) also have a reciprocal effect on the veteran's coping efficacy and recovery process. Therefore, this text will contend that there is a need to view these mental health challenges as a family systems issue, with implications for a need to develop family system interventions for successful management and recovery for veterans, spouses, and children combined.

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<http://psycnet.apa.org/psycinfo/2014-29806-001/>

### **Hardiness, Parenting Stress, and PTSD Symptomatology in U.S. Afghanistan/Iraq Era Veteran Fathers.**

Tomassetti-Long, Victoria J.; Nicholson, Bonnie C.; Madson, Michael B.; Dahlen, Eric R.

Psychology of Men & Masculinity, Jul 21 , 2014

There has been a call to identify variables that may contribute to positive outcomes in veterans of operations in Iraq and Afghanistan (e.g., Cornum, Matthews, & Seligman, 2011). Hardiness has been identified as a factor that buffers against the development of psychological symptoms in veterans, but has not been studied in relation to parenting. Previous research has demonstrated a link between PTSD symptomatology and parenting problems in male veterans, but has not investigated the role that hardiness may play in predicting parenting stress in this population. The current study assessed the relationships between PTSD symptomatology and hardiness as predictors of parenting stress in a sample of 94 fathers who are U.S. Afghanistan/Iraq era veterans. Results indicated that PTSD symptoms, particularly symptoms of dysphoria, and the commitment component of hardiness were significant predictors of fathers' parenting stress. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://krex.k-state.edu/dspace/handle/2097/18127>

## **Challenges elementary teachers face when teaching military-connected students**

Mittelberg, Julia A.

Dissertation, Doctor of Philosophy, Curriculum and Instruction Programs  
August 2014, Kansas State University

Military-connected students are a highly mobile population who undergo a great deal of stress in their lives. These factors can overflow into life in the elementary classroom, causing challenges for teachers. This study looked at the perceived challenges elementary classroom teachers face when working with military-connected students in one public school district with schools located on a military base and other schools near it. A Likert-type survey of questions was created and administered to teachers using an online survey tool. The survey was sent to elementary teachers working in schools in one public school district in the Midwestern United States with a garnered response rate of 42.2% (n=68). The schools in the district were located in a city near and on a military base. The study used exploratory factor analysis, descriptive statistics, independent samples t-tests, an ANOVA, and step-wise regression analysis procedures to answer the research questions regarding the challenges teachers face when working with military-connected students. The results of the study indicated that the number of years a teacher has been teaching influences their perceptions of challenges regarding military-connected students. In addition, teachers indicated that helping students catch up academically, supporting them emotionally, and family/parent issues are the top challenges when working with elementary military-connected students.

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[http://journals.lww.com/journaladdictionmedicine/Abstract/publishahead/Factors\\_Affecting\\_Noncompliance\\_With\\_Buprenorphine.99745.aspx](http://journals.lww.com/journaladdictionmedicine/Abstract/publishahead/Factors_Affecting_Noncompliance_With_Buprenorphine.99745.aspx)

## **Factors Affecting Noncompliance With Buprenorphine Maintenance Treatment.**

Fareed, Ayman MD; Eilender, Pamela PsyD; Ketchen, Bethany PhD; Buchanan-Cummings, Ann Marie MSN, RN; Scheinberg, Kelly MD; Crampton, Kelli LCSW; Nash, Abigail MD; Shongo-Hiango, Hilaire MD; Drexler, Karen MD

Journal of Addiction Medicine:

Post Author Corrections: July 28, 2014

#### Background:

The current study aimed to identify risk factors for treatment noncompliance in a sample of veterans receiving buprenorphine/naloxone for an opioid use disorder.

#### Methods:

Records from all patients who are currently or had previously been maintained on buprenorphine in the buprenorphine maintenance treatment program at the Atlanta VA Medical Center during the years 2006 to 2013 were evaluated. Of the 209 patients treated in the clinic between 2006 and 2013, 140 were excluded from the study because they did not have a call-back done at the time of data collection. Thus, 69 patient charts were selected for review.

#### Results:

The multiple linear regression analysis of the predictable variables for noncompliance with the buprenorphine pill count showed that positive urine drug screen (UDS) for marijuana, benzodiazepines, and being a smoker ( $F = 3.08$ ;  $P = 0.03$ ) are significantly associated with noncompliance with buprenorphine pill count.

Also, the multiple linear regression analysis of the predictable variables for noncompliance with the buprenorphine pill count showed that the psychiatric comorbidity independently ( $F = 4.88$ ;  $P = 0.03$ ) is significantly associated with noncompliance with buprenorphine pill count.

#### Conclusions:

Patients found to be noncompliant were more likely to suffer from comorbid psychiatric illness. Patients who tested positive for benzodiazepines or cannabis were more likely to be noncompliant with treatment. Although the rate of noncompliance (inaccurate pill count) was high, patients were still found to be taking their prescribed buprenorphine as evidenced by positive UDS for buprenorphine/norbuprenorphine. In addition, our sample had a high rate of negative UDS screens for opioids and cocaine.

(C) 2014 American Society of Addiction Medicine

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<http://psycnet.apa.org/journals/ser/11/3/254/>

#### **Assessing functional impairment in a working military population: The Walter Reed Functional Impairment Scale.**

Herrell, Richard K.; Edens, Edward N.; Riviere, Lyndon A.; Thomas, Jeffrey L.; Bliese, Paul D.; Hoge, Charles W.

Psychological Services, Vol 11(3), Aug 2014, 254-264



Measurement of functional impairment is a priority for the military and other professional work groups routinely exposed to stressful traumatic events as part of their occupation. Standard measures of impairment used in general or chronically ill populations contain many items not suitable for these populations, and include mental health symptoms items that are not true measures of functioning. We created a new, 14-item scale—the Walter Reed Functional Impairment Scale—to assess functioning in 4 domains (physical, occupational, social, and personal). We asked 3,380 soldiers how much difficulty they currently have in each of the 4 domains on a 5-point scale. Behaviorally based psychosocial and occupational performance measures and general health questions were used to validate the scale. The utility of the scale was assessed against clinical measures of psychopathology and physical health (depression, posttraumatic stress disorder [PTSD], general health, generalized physical symptoms). We utilized Cronbach's alpha, item response theory, and the score test for trend to establish consistency of items and the validity of the scale. The scale exhibited excellent reliability (Cronbach's  $\alpha = 0.92$ ) and validity. The individual items and quartiles of sum scores were strongly correlated with negative occupational and social performance, and the utility of the scale was demonstrated by strong correlations with depression, PTSD, and high levels of generalized physical symptoms. This scale exhibits excellent psychometric properties in this sample of U.S. soldiers and, pending future research, is likely to have utility for other healthy occupational groups. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://online.liebertpub.com/doi/abs/10.1089/neu.2014.3423>

### **Telephone and In-Person Cognitive Behavioral Therapy for Major Depression after Traumatic Brain Injury: A Randomized Controlled Trial.**

Dr. Jesse R Fann, Dr. Charles H Bombardier, Dr. Steven Vannoy, Dr. Joshua Dyer, Dr. Evette Ludman, Dr. Sureyya Dikmen, Mr. Kenneth Marshall, Mr. Jason Barber, and Dr. Nancy Temkin.

Journal of Neurotrauma

Online Ahead of Editing: July 29, 2014

Major depressive disorder (MDD) is prevalent after TBI, yet there is a lack of evidence regarding effective treatment approaches. We conducted a choice-stratified randomized controlled trial in 100 adults with MDD within 10 years of complicated mild to severe TBI to test the effectiveness of brief cognitive behavioral therapy administered over the telephone (CBT-T,  $n=40$ ) or in-person (CBT-IP,  $n=18$ ), compared to usual care (UC,  $n=42$ ). Participants were recruited from clinical and community settings throughout the United States. The main outcomes were change in depression severity on the clinician-rated 17-item Hamilton Depression Rating Scale (HAMD-17) and the patient-reported Symptom Checklist-20 (SCL-20) over 16 weeks. There was no significant difference between the combined CBT and UC groups over 16 weeks on the HAMD-17 (Treatment effect=1.2, 95% CI: -1.5 to 4.0;  $P=0.37$ ) and a non-significant trend favoring CBT

on the SCL-20 (Treatment effect= 0.28, 95% CI: -0.03 to 0.59; P=0.074). In follow-up comparisons, the CBT-T group had significantly greater improvement on the SCL-20 compared to the UC group (Treatment effect= 0.36, 95% CI: 0.01 to 0.70; P=0.043) and completers of >8 CBT sessions had significantly improved SCL-20 scores compared to the UC group (Treatment effect = 0.43, 95% CI: 0.10 to 0.76; P=0.011). CBT participants reported significantly greater symptom improvement (P=0.010) and greater satisfaction with depression care (P<0.001), compared to UC. In-person and telephone administered CBT are acceptable and feasible in persons with TBI. Although further research is warranted, telephone CBT holds particular promise for enhancing access and adherence to effective depression treatment.

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[http://journals.lww.com/addictiondisorders/Abstract/publishahead/VA\\_Patients\\_With\\_High\\_Numbers\\_of\\_Opioid.99851.aspx](http://journals.lww.com/addictiondisorders/Abstract/publishahead/VA_Patients_With_High_Numbers_of_Opioid.99851.aspx)

**VA Patients With High Numbers of Opioid Prescriptions: A National Study of Sociodemographic and Diagnostic Characteristics, Health Service, and Psychotropic Medication Use.**

Petrakis, Ismene L. MD; Sofuoglu, Mehmet MD, PhD; Rosenheck, Robert MD

Addictive Disorders & Their Treatment

Post Author Corrections: July 25, 2014

**Background and Objectives:**

Prescription opioid use is a major public health concern, particularly among military personnel and veterans. This study used administrative data on Veterans Health Administration users to identify characteristics associated with high numbers of opioid prescriptions.

**Methods:**

Veterans Health Administration patients (n=5,300,000) who attended  $\geq 1$  outpatient visit during fiscal year 2010 were classified into 5 groups: no opioid prescriptions, 1 to 2, 3 to 10, 10 to 19, and >20 opioid prescriptions filled during the year. Bivariate comparisons and logistic regression were used to identify sociodemographic, diagnostic characteristics, health service, and psychotropic medication usage that differentiated the high opioid group (>20) from those who used none.

**Results:**

On bivariate analysis, the patients in the high opioid group (1% of sample) were more likely to be diagnosed with metastatic cancer, other medical illnesses, and various forms of pain, drug abuse, alcohol abuse, mood disorders, and anxiety. Psychotropic prescriptions were also associated with high opioid use. Logistic regression showed that drug abuse, depressive disorders, and dual diagnosis were independently associated with high prescription opioid use.

Medical outpatient visits but not mental health or emergency room visits, and antidepressant prescriptions but not other psychotropics, were more independently associated with high opioid use. Service during the recent Middle East conflicts was associated with lower risk of high opioid use.

#### Discussion and Conclusions:

Drug use disorders, depression, and antidepressant medication prescriptions were independently associated with extensive opioid use. Providers should be attuned to high rates of comorbid drug use and depression and concomitant antidepressants among patients with high opioid prescription use (C) 2014 by Lippincott Williams & Wilkins

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<http://www.ncbi.nlm.nih.gov/pubmed/24713131>

BMC Med Res Methodol. 2014 Apr 8;14:48. doi: 10.1186/1471-2288-14-48.

#### **Challenges to be overcome using population-based sampling methods to recruit veterans for a study of post-traumatic stress disorder and traumatic brain injury.**

Bayley PJ, Kong JY, Helmer DA, Schneiderman A, Roselli LA, Rosse SM, Jackson JA, Baldwin J, Isaac L, Nolasco M, Blackman MR, Reinhard MJ, Ashford JW, Chapman JC; MIND Study Group.

Collaborators (12)

#### BACKGROUND:

Many investigators are interested in recruiting veterans from recent conflicts in Afghanistan and Iraq with Traumatic Brain Injury (TBI) and/or Post Traumatic Stress Disorder (PTSD).

Researchers pursuing such studies may experience problems in recruiting sufficient numbers unless effective strategies are used. Currently, there is very little information on recruitment strategies for individuals with TBI and/or PTSD. It is known that groups of patients with medical conditions may be less likely to volunteer for clinical research. This study investigated the feasibility of recruiting veterans returning from recent military conflicts--Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF)--using a population-based sampling method.

#### METHODS:

Individuals were sampled from a previous epidemiological study. Three study sites focused on recruiting survey respondents (n = 445) who lived within a 60 mile radius of one of the sites.

#### RESULTS:

Overall, the successful recruitment of veterans using a population-based sampling method was dependent on the ability to contact potential participants following mass mailing. Study enrollment of participants with probable TBI and/or PTSD had a recruitment yield (enrolled/total identified) of 5.4%. We were able to contact 146 individuals, representing a contact rate of 33%.

Sixty-six of the individuals contacted were screened. The major reasons for not screening included a stated lack of interest in the study (n = 37), a failure to answer screening calls after initial contact (n = 30), and an unwillingness or inability to travel to a study site (n = 10). Based on the phone screening, 36 veterans were eligible for the study. Twenty-four veterans were enrolled, (recruitment yield = 5.4%) and twelve were not enrolled for a variety of reasons.

#### CONCLUSIONS:

Our experience with a population-based sampling method for recruitment of recent combat veterans illustrates the challenges encountered, particularly contacting and screening potential participants. The screening and enrollment data will help guide recruitment for future studies using population-based methods.

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<http://journals.psychiatryonline.org/article.aspx?articleid=1893556>

#### **Effect of Rural Residence on Use of VHA Mental Health Care Among OEF/OIF Veterans.**

Teresa J. Hudson, Pharm.D.; John C. Fortney, Ph.D.; James Silas Williams, B.S.; Mark A. Austen, M.S.; Sandra K. Pope, Ph.D.; Corey J. Hayes, Pharm.D., M.P.H.

Psychiatric Services

August 01, 2014

#### Objective

The Veterans Health Administration (VHA) has worked to increase availability of mental health treatment for rural veterans. The objective was to understand the impact of rural residence on screening for, diagnosis of, and treatment for depression and posttraumatic stress disorder (PTSD) among veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) using VHA care.

#### Methods

A cohort of veterans from a five-state region was identified whose first VHA clinic visit occurred between January 1, 2008, and March 17, 2009. The cohort was retrospectively followed for three months to identify a cohort who used VHA care at least twice.

#### Results

The sample included 4,782 OEF/OIF veterans known to be using VHA care; mean age was 31 years (range 18–64); most were male (88%). Screening rates were 85% for depression and 84% for PTSD. Compared with veterans in small or isolated rural towns, those in urban areas were less likely to be diagnosed as having PTSD (odds ratio [OR]=.79, 95% confidence interval [CI]=.66–.95,  $p<.05$ ) and less likely to receive psychotropic medications (OR=.52, CI=.33–.79,  $p<.01$ ) or psychotherapy (OR=.61, CI=.40–.94,  $p<.05$ ) for PTSD. Veterans living in urban areas

were also less likely to receive antidepressants (OR=.56, CI=.32–.98,  $p<.05$ ) or psychotherapy (OR=.61, CI=.40–.93,  $p<.05$ ) for treatment of depression.

#### Conclusions

Among veterans who used VHA care at least twice, those living in urban areas were less likely than those living in rural areas to receive diagnoses of and treatment for PTSD and depression.

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<http://journals.psychiatryonline.org/article.aspx?articleid=1893557>

### **Mental Health Service Use in a Representative Sample of National Guard Soldiers.**

Renee D. Goodwin, Ph.D., M.P.H.; Gregory H. Cohen, M.S.W.; Marijo Tamburrino, M.D.; Joseph R. Calabrese, M.D.; Israel Liberzon, M.D., Ph.D.; Sandro Galea, M.D., Dr.P.H.

Psychiatric Services  
August 01, 2014

#### Objective

With Operation Iraqi Freedom and Operation Enduring Freedom winding down, large numbers of National Guard members have recently returned from active deployment. No prospective, longitudinal studies have examined predictors of mental health service use in a representative sample of National Guard soldiers. This study investigated the prevalence and predictors of mental health service use in a representative sample of National Guard soldiers.

#### Methods

A representative sample (N=1,189) of Ohio Army National Guard participants was enrolled. Demographic characteristics, mental health problems, and deployment status in 2009–2010 and mental health service use during the subsequent one-year period (2010–2011) were assessed.

#### Results

Approximately 16% of National Guard members used mental health services during the one-year period. Among those with depression, posttraumatic stress disorder, anxiety, alcohol use disorders, or suicidal ideation, a little over one-third (37%) reported using services in the subsequent 12 months. Among all National Guard soldiers, being female, black, Hispanic, and insured and having comorbid general medical and mental health problems predicted mental health service use. Among those with mental health problems, only black race predicted mental health service use.

#### Conclusions

Results suggest that there is a substantial level of unmet need for mental health treatment among National Guard soldiers. Efforts to identify National Guard soldiers with a need for mental health services and improving access to care might be warranted.

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<http://journals.psychiatryonline.org/article.aspx?articleid=1893562>

Work Outcomes After Benefits Counseling Among Veterans Applying for Service Connection for a Psychiatric Condition.

Marc I. Rosen, M.D.; Karen Ablondi, M.P.H.; Anne C. Black, Ph.D.; Lisa Mueller, Ph.D.; Kristin L. Serowik, M.A.; Steve Martino, Ph.D.; Ben Hur Mobo, M.D.; Robert A. Rosenheck, M.D.

Psychiatric Services

August 01, 2014

#### Objective

This study's objective was to determine the efficacy of benefits counseling in a clinical trial. There has been concern that disability payments for psychiatric disorders reduce incentives for employment and rehabilitation. Benefits counseling, with education about opportunities to work and the financial implications of work on receipt of disability benefits, may counter these disincentives.

#### Methods

This single-blind, six-month randomized clinical trial enrolled 84 veterans who had applied for service-connected compensation for a psychiatric condition. Veterans were randomly assigned to either four sessions of benefits counseling or of a control condition involving orientation to the U.S Department of Veterans Affairs health care system and services. Days of paid work and work-related activities were assessed at follow-up visits by using a timeline follow-back calendar.

#### Results

Veterans assigned to benefits counseling worked for pay for significantly more days than did veterans in the control group (effect size=.69,  $p<.05$ ), reflecting an average of three more days of paid employment during the 28 days preceding the six-month follow-up. Benefits counseling was associated with increased use of mental health services, but this correlation did not mediate the effect of benefits counseling on working.

#### Conclusions

Barriers to employment associated with disability payments are remediable with basic counseling. More research is needed to understand the active ingredient of this counseling and to strengthen the intervention.

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[http://digitalcommons.pcom.edu/psychology\\_dissertations/314/](http://digitalcommons.pcom.edu/psychology_dissertations/314/)

## **Perceived Parenting Styles of Mothers with Posttraumatic Stress Disorder**

Madina Bakhitova, Philadelphia College of Osteopathic Medicine Follow

Dissertation, Doctor of Psychology (PsyD), 2014

The aim of this study was to examine the relationship between maternal PTSD symptoms and parenting, specifically the authoritarian and permissive parenting styles, and parental dimensions of nurturance, consistency, control, and physical punishment. Participants included a convenience sample of 84 mothers (40% Hispanic, 35% African American, and 25% Caucasian) from a community behavioral-health agency in Philadelphia. The mothers completed a brief demographic questionnaire, the Posttraumatic Stress Disorder Checklist – Civilian Version (PCL – C), the Beck Depression Inventory (BDI), the Parenting Authority Questionnaire – Revised Version (PAQ – R), and the Parenting Dimensions Inventory – Short Version (PDI – S). Based on PCL – C scores, the sample of mothers was divided into two groups: mothers with low levels of PTSD symptoms and mothers with severe to moderate PTSD symptoms. A multivariate analysis of covariance (MANCOVA) was utilized to compare the groups of mothers with low PTSD symptoms with mothers with severe to moderate PTSD symptoms across parenting variables, while controlling for maternal depression. The results of this study indicated that after depression was controlled, maternal PTSD symptom severity was not associated with authoritative, authoritarian, or permissive parenting styles, nor within parenting dimensions of nurturance, consistency, control, and physical punishment.

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<http://www.ajpmonline.org/article/S0749-3797%2814%2900313-4/abstract>

## **Civilian Stressors Associated with Alcohol Use Disorders in the National Guard.**

Magdalena Cerdá, DrPH, MPH , Catherine Richards, MPH , Greg H. Cohen, MSW , Joseph R. Calabrese, MD , Israel Liberzon, MD , Marijo Tamburrino, MD , Sandro Galea, DrPH , Karestan C. Koenen, PhD

American Journal of Preventive Medicine

Published Online: July 30, 2014

### **Background**

Alcohol use disorders are a serious public health concern among soldiers. Although deployment-related exposures have been linked with alcohol use disorders in soldiers, less is understood about the link between modifiable, civilian stressors and post-deployment alcohol use disorders.

## Purpose

To (1) compare the influence of civilian stressors and deployment-related traumatic events and stressors on post-deployment alcohol use disorders among Army National Guardsmen primarily deployed to Afghanistan and Iraq; and (2) evaluate whether civilian stressors influence a different set of alcohol use disorder phenotypes than deployment-related traumatic events and stressors.

## Methods

A cohort of Ohio National Guard soldiers was recruited in 2008–2009 and interviewed three times over 3 years. The analytic sample included Ohio National Guard soldiers who had been deployed by 2008–2009, had participated in at least one follow-up wave, had reported consuming at least one alcoholic drink in their lifetime, and had non-missing data on alcohol use disorders (n=1,095). Analyses were conducted in 2013.

## Results

In a model including measures of civilian stressors and deployment-related traumatic events, only civilian stressors (OR=2.07, 95% CI=1.46, 2.94) were associated with subsequent alcohol use disorder. The effects of civilian stressors were only present among people with no history of alcohol use disorder.

## Conclusions

Independent of deployment-related exposures, post-deployment civilian stressors are associated with the onset of alcohol use disorder among reserve-component soldiers. Concerted investment to address daily civilian difficulties associated with reintegration into civilian life may be needed to prevent new cases of alcohol use disorders among returning military personnel.

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<http://link.springer.com/article/10.1007/s10608-014-9632-x>

## **Group Metacognitive Therapy for Severe Antidepressant and CBT Resistant Depression: A Baseline-Controlled Trial.**

Costas Papageorgiou, Adrian Wells

Cognitive Therapy and Research

August 2014

A significant proportion of individuals experience treatment-resistant depression, defined as a lack of or limited response to current recommended treatments. This study evaluated the effectiveness of group metacognitive therapy (GMCT) for patients who had not responded to



both antidepressants and cognitive-behaviour therapy. Following a no-treatment baseline monitoring period, ten patients received 12 2-h weekly sessions, two post-treatment booster sessions and were followed up at 6 months. All of the patients completed GMCT, suggesting that this treatment was acceptable. GMCT was associated with significant improvements across measures of depression, anxiety, rumination, and positive and negative metacognitive beliefs about rumination. These gains were maintained at follow-up. Analyses of rates of recovery revealed that 70 % of patients were classified as recovered and a further 20 % as improved at both post-treatment and 6 months follow-up. There were also reductions in the frequency of comorbid diagnoses. This preliminary study supports further research into GMCT for treatment-resistant depression as a potential clinical and cost effective intervention.

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<http://online.liebertpub.com/doi/abs/10.1089/cyber.2013.0494>

### **Comparing the Effects of Real Versus Simulated Violence on Dream Imagery.**

Allyson Dale, MA, Anthony Murkar, BSc, Nicolle Miller, MA, and Joshua Black, MA

Cyberpsychology, Behavior, and Social Networking

Volume: 17 Issue 8: July 31, 2014

Participants in the current study were 75 males, including 25 Canadian soldiers, 25 heavy gamers who play military based video games such as "Call of Duty," and a control group comprised of 25 males. One dream per participant was analyzed using Hall and Van de Castle content analysis guidelines, including aggression, threat, and previously established scales for intensity of aggression and emotion. The dreams of soldiers had a higher frequency of both aggression and threat, and were also more intense in aggression and emotion than both the heavy gamers and the controls. These findings suggest that exposure to real life violence and threat (as well as the emotional significance of the experience) is more frequently incorporated into dream imagery than simulated or virtual threat. Limitations and directions for future studies are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24932139>

J Clin Sleep Med. 2014 Jun 15;10(6):603-11. doi: 10.5664/jcsm.3780.

### **Impact of windows and daylight exposure on overall health and sleep quality of office workers: a case-control pilot study.**

Boubekri M, Cheung IN, Reid KJ, Wang CH, Zee PC

#### STUDY OBJECTIVE:

This research examined the impact of daylight exposure on the health of office workers from the perspective of subjective well-being and sleep quality as well as actigraphy measures of light exposure, activity, and sleep-wake patterns.

#### METHODS:

Participants (N = 49) included 27 workers working in windowless environments and 22 comparable workers in workplaces with significantly more daylight. Windowless environment is defined as one without any windows or one where workstations were far away from windows and without any exposure to daylight. Well-being of the office workers was measured by Short Form-36 (SF-36), while sleep quality was measured by Pittsburgh Sleep Quality Index (PSQI). In addition, a subset of participants (N = 21; 10 workers in windowless environments and 11 workers in workplaces with windows) had actigraphy recordings to measure light exposure, activity, and sleep-wake patterns.

#### RESULTS:

Workers in windowless environments reported poorer scores than their counterparts on two SF-36 dimensions--role limitation due to physical problems and vitality--as well as poorer overall sleep quality from the global PSQI score and the sleep disturbances component of the PSQI. Compared to the group without windows, workers with windows at the workplace had more light exposure during the workweek, a trend toward more physical activity, and longer sleep duration as measured by actigraphy.

#### CONCLUSIONS:

We suggest that architectural design of office environments should place more emphasis on sufficient daylight exposure of the workers in order to promote workers' health and well-being.

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<http://www.ncbi.nlm.nih.gov/pubmed/25093485>

J Clin Psychiatry. 2014 Jul;75(7):e695-e704.

#### **A meta-analysis of computerized cognitive-behavioral therapy for the treatment of DSM-5 anxiety disorders.**

Adelman CB, Panza KE, Bartley CA, Bontempo A, Bloch MH

#### OBJECTIVE:

Access to qualified cognitive-behavioral therapy (CBT) remains a major barrier to improving clinical outcomes in anxiety disorders. The current meta-analysis examined the efficacy of computerized CBT (cCBT) for anxiety disorders and the durability of treatment gains during follow-up.

#### DATA SOURCES:

We searched PubMed and references from included trials and previous meta-analyses in the area.

#### STUDY SELECTION:

We included randomized controlled trials assessing the efficacy of cCBT for non-OCD and non-PTSD anxiety disorders.

#### DATA EXTRACTION:

Forty trials involving 2,648 participants were included in this meta-analysis. We used a fixed-effect model to examine standardized mean difference in posttreatment anxiety levels. cCBT was compared to wait-list, in-person CBT, and Internet control. We also examined moderators of cCBT treatment gains over follow-up.

#### RESULTS:

Meta-analysis indicated that cCBT was significantly more effective than wait-list control in the treatment of anxiety disorders (standardized mean difference [SMD] = 0.92 [95% CI, 0.83 to 1.02],  $k = 31$ ,  $z = 18.8$ ,  $P < .001$ ). Moderator analyses also found that cCBT targeting specific anxiety disorders had greater efficacy than that targeting mixed anxiety symptoms. The efficacy of cCBT was equivalent to in-person CBT in studies that compared them head-to-head, for both children and adults (SMD = 0.05 [95% CI, -0.09 to 0.19],  $k = 15$ ,  $z = 0.7$ ,  $P = .46$ ). Longitudinal studies indicate that individuals undergoing cCBT tended to continue to improve after completion of treatment, with longer follow-up periods associated with greater symptom reduction.

#### CONCLUSIONS:

cCBT represents an efficacious intervention for the treatment of anxiety disorders and may circumvent barriers to accessing traditional CBT treatments. Further research is needed to examine the effectiveness of cCBT in real-world settings, for individuals with clinical comorbidities, and in comparison with more ecologically valid comparison conditions. © Copyright 2014 Physicians Postgraduate Press, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/25092377>

Alcohol Clin Exp Res. 2014 Aug 4. doi: 10.1111/acer.12496. [Epub ahead of print]

#### **Topiramate Treatment of Alcohol Use Disorder in Veterans with Posttraumatic Stress Disorder: A Randomized Controlled Pilot Trial.**

Batki SL, Pennington DL, Lasher B, Neylan TC, Metzler T, Waldrop A, Delucchi K, Herbst

## BACKGROUND:

The course of posttraumatic stress disorder (PTSD) is frequently and severely complicated by co-occurring alcohol use disorder (AUD), yet there are few reports of pharmacologic treatments for these comorbid conditions. The objective of this pilot study was to obtain a preliminary assessment of the efficacy and safety of topiramate in reducing alcohol use and PTSD symptoms in veterans with both disorders.

## METHODS:

This was a prospective 12-week, randomized, double-blind, placebo-controlled pilot trial of flexible-dose topiramate up to 300 mg/d in 30 veterans with PTSD and AUD. The primary outcome measure was frequency of drinking. Secondary outcomes consisted of other measures of alcohol use and PTSD symptom severity.

## RESULTS:

Within-group analyses showed that topiramate treatment was associated with significant reductions in frequency and amount of alcohol use and alcohol craving from baseline through week 12. Between-group analyses showed that topiramate reduced frequency of alcohol use and alcohol craving significantly more than placebo and tended to reduce drinking amount. Topiramate treatment was also associated with decreased PTSD symptom severity and tended to reduce hyperarousal symptoms compared with placebo. Topiramate transiently impaired learning and memory, with significant recovery by the end of treatment.

## CONCLUSIONS:

These preliminary results indicate that in veterans with co-occurring PTSD and AUD, topiramate may be effective in reducing alcohol consumption, alcohol craving, and PTSD symptom severity-particularly hyperarousal symptoms. Topiramate was associated with transient cognitive impairment but was otherwise well tolerated. Copyright © 2014 by the Research Society on Alcoholism.

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<http://www.ncbi.nlm.nih.gov/pubmed/25093484>

J Clin Psychiatry. 2014 Jul;75(7):e679-e694.

## **Mood disorders in restless legs syndrome (Willis-Ekbom Disease).**

Becker PM, Sharon D

## OBJECTIVE:

Restless legs syndrome (RLS), also known as Willis-Ekbom disease, is a sensorimotor disorder that can result in considerable sleep disruption. This narrative review provides an overview of RLS diagnosis and reports epidemiologic evidence for an association between RLS and mood disorders. Possible links between RLS, sleep disturbances, and mood disorders are considered,

and theoretical pathophysiologic pathways are discussed. Finally, pharmacologic therapies for RLS are summarized.

#### DATA SOURCES:

A PubMed search was performed using the search term restless legs syndrome in combination with affective/anxiety, antidepressants, anxiety/anxiety disorder, attention deficit hyperactivity disorder, depression/depressive disorder, mood/mood disorder, neuropsychiatric, panic/panic disorder, psychiatric disorder, and psychosis. English-language articles published between January 1993 and May 2013 were retrieved. Additional studies were identified from the reference lists of relevant publications.

#### STUDY SELECTION:

173 publications were retrieved. Articles related to the association between idiopathic RLS and depression, anxiety, and mood disorders were reviewed. In total, 32 epidemiologic studies were identified. These studies were reviewed in detail and ranked according to quality. DATA

#### EXTRACTION:

Data were extracted on the basis of relevance to the topic. Epidemiologic studies were assessed using 3 parameters: methodology, data quality, and generalizability of the results. Each factor was scored from 1 (high quality) to 4 (low quality), giving a total score of between 3 and 12 for each study.

#### RESULTS AND CONCLUSIONS:

RLS and mood disorders are frequently comorbid. Recognition and appropriate treatment of comorbid RLS are particularly important in patients with psychiatric disorders, as RLS is a common medical reason for insomnia, and antidepressant use may exacerbate sensory symptoms. © Copyright 2014 Physicians Postgraduate Press, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/25093001>

Nat Sci Sleep. 2014 Jul 23;6:101-11. doi: 10.2147/NSS.S66696. eCollection 2014.

#### **Impact of middle-of-the-night awakenings on health status, activity impairment, and costs.**

Moline M, DiBonaventura Md, Shah D, Ben-Joseph R

#### STUDY OBJECTIVES:

Middle-of-the-night (MOTN) awakenings with difficulty returning to sleep are among the most common symptoms of insomnia. Despite the epidemiological studies that have been conducted, there is a lack of data on the impact of MOTN awakenings on health status and socioeconomic indicators in comparison with other insomnia symptoms.

## METHODS:

Data were analyzed from the 2011 US National Health and Wellness Survey (adults  $\geq 18$  years old;  $N=60,783$ ), which asked respondents whether they had experienced specific symptoms of insomnia (ie, MOTN awakenings, difficulty falling asleep, waking several times, waking up too early, or poor quality of sleep). Respondents who reported only one insomnia symptom were compared among insomnia subgroups and with no insomnia symptom controls with respect to demographics, health history, and health outcomes (Short Form-12v2, Work Productivity and Activity Impairment questionnaire, and costs). Additional analyses compared respondents with only MOTN awakenings and matched controls on health outcomes.

## RESULTS:

MOTN awakenings without other insomnia symptoms were reported by 3.5% of respondents. Poor quality of sleep was associated with the strongest effects on health status compared with other insomnia symptoms even after adjusting for demographic and health characteristics differences. Differences across insomnia symptoms with respect to cost-related outcomes were generally modest, though all were higher (if not significantly so) than respondents without insomnia. Respondents who experienced only waking several times and only MOTN awakenings had the highest direct costs, while respondents who experienced only poor quality of sleep and only difficulty falling asleep had the highest indirect costs. Respondents with only MOTN awakenings reported significantly worse mental and physical health status and worse health utilities relative to insomnia-free matched controls (all  $P < 0.05$ ). Annual per-employee indirect costs were also significantly higher (\$4,328 vs \$3,000;  $P < 0.05$ ). Among only MOTN awakenings respondents, 74.6% were considered only symptomatic (ie, they did not report having insomnia or having been diagnosed with insomnia).

## CONCLUSION:

These findings collectively highlight the prevalence and socioeconomic impact of specific types of insomnia symptoms, including MOTN awakenings, experienced by adults in the US.

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<http://www.ncbi.nlm.nih.gov/pubmed/25090611>

Fam Syst Health. 2014 Aug 4. [Epub ahead of print]

## **Veterans With Depression in Primary Care: Provider Preferences, Matching, and Care Satisfaction.**

Waltz TJ, Campbell DG, Kirchner JE, Lombardero A, Bolkan C, Zivin K, Lanto AB, Chaney EF, Rubenstein LV

Primary care is often the first point of care for individuals with depression. Depressed patients often have comorbid alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD).

Understanding variations in treatment preferences and care satisfaction in this population can improve care planning and outcomes. The design involved a cross-sectional comparison of veterans screening positive for depression. Veterans receiving primary care during the previous year were contacted (n = 10, 929) and were screened for depression using the PHQ-2/PHQ-9. Those with probable depression (n = 761) underwent a comprehensive assessment including screens for AUD and PTSD, treatment provider preferences, treatments received, and satisfaction with care. Treatment provider preferences differed based on specific mental health comorbidities, and satisfaction with care was associated with receipt of preferred care. Depressed veterans with comorbid PTSD were more likely to prefer care from more than one provider type (e.g., a psychiatrist and a primary care provider) and were more likely to receive treatment that matched their preferences than veterans without comorbid PTSD. Veterans receiving full or partial treatment matches affirmed satisfaction with care at higher rates, and veterans with comorbid PTSD were least satisfied when care did not match their preferences. Patient satisfaction with care is an increasingly important focus for health care systems. This study found significant variations in depressed patients' satisfaction with care in terms of treatment matching, particularly among those with comorbid PTSD. Delivery of care that matches patient treatment preferences is likely to improve depressed patient's satisfaction with the care provided. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

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<http://www.biomedcentral.com/1471-244X/14/218/abstract>

**Rotating night shifts too quickly may cause anxiety and decreased attentional performance, and impact prolactin levels during the subsequent day: a case control study.**

Yu-San Chang, Hsiang-Lan Chen, Yu-Hsuan Wu, Chung-Yao Hsu, Ching-Kuan Liu and Chin Hsu

BMC Psychiatry 2014, 14:218

Published: 5 August 2014

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<http://www.sciencedirect.com/science/article/pii/S1389945714002986>

**Sleep disorders increase the risk of osteoporosis: a nationwide population-based cohort study.**

Chia-Ming Yen, Chi-Ling Kuo, Ming-Chia Lin, Chun-Feng Lee, Kuan-Yu Lin, Cheng-Li Lin, Shih-Ni Chang, Fung-Chang Sung, Chia-Hung Kao

## Sleep Medicine

Available online 1 August 2014

### Background

This study evaluated the relationship between sleep disorders (SDs) and osteoporosis risk in Taiwan.

### Methods

From the Taiwan National Health Insurance data, we identified 44690 newly diagnosed SD patients (846 with apnea and 43844 without) from 1998 to 2001 and 89380 comparisons without SD in the same period frequency matched by sex, age and diagnosis year. Incident osteoporosis was measured by the end of 2010.

### Result

Patients with apnea-SD and nonapnea SD exhibited a higher osteoporosis incidence rate than did the comparisons (9.97 and 13.3 vs. 6.77 per 1000 person-years, respectively). The Cox method estimated adjusted hazard ratio (HR) of osteoporosis was 2.98 (95% confidence interval [CI]: 2.36-3.74) in apnea-SD patients, compared with 2.76(95% CI; 2.64-2.88) in nonapnea-SD patients after controlling for sex, age, comorbidities, and treatment. Greater HRs of osteoporosis were observed for female patients (4.00, 95% CI = 3.72–4.29) and those aged > 64 years (42.0, 95% CI = 33.5–52.7) in the apnea SD sub-cohort. Apnea SD was associated with the highest risk of osteoporosis without fracture compared with both the nonapnea SD sub-cohort and comparisons.

### Conclusion

Patients with sleep disorders have an elevated risk of osteoporosis, especially for women and the elderly.

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<http://link.springer.com/article/10.1007/s10615-014-0500-7>

## **An Application of Family Stress Theory to Clinical Work with Military Families and Other Vulnerable Populations.**

Kathrine Sullivan

Clinical Social Work Journal

August 2014

Growing empirical evidence has suggested an association between deployment experiences and adverse consequences among military families in terms of individual and family functioning.



Military families are increasingly seeking the support of clinical social workers for both preventing and managing these adverse outcomes. The contextual model of family stress and coping, a family stress theory consistent with social work values, provides a clinically useful framework for designing effective interventions for this population. In this article, I apply this model to a case study to illustrate how this perspective can be used to both understand the experiences of military families and develop appropriate treatment plans for family therapy. Based on case information gathered by a social worker during a family assessment, I use the model to organize and understand the issues faced by this family and guide treatment.

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### **Links of Interest**

As disability awards grow, so do concerns with veracity of PTSD claims

<http://www.latimes.com/local/la-me-ptsd-disability-20140804-story.html>

How Virtual Therapy Could Help the Military Fight PTSD

<http://www.nbcnews.com/tech/gadgets/how-virtual-therapy-could-help-military-fight-ptsd-n168746>

A blood test for suicide risk? Alterations to a single gene could predict risk of suicide attempt

<http://www.sciencedaily.com/releases/2014/07/140730043402.htm>

New treatment for depression shows immediate results

<http://news.harvard.edu/gazette/story/2014/07/new-treatment-for-depression-shows-immediate-results/>

Veterans' alcohol problems linked to stress on the home front

[http://www.eurekalert.org/pub\\_releases/2014-07/ehs-vap\\_1072414.php](http://www.eurekalert.org/pub_releases/2014-07/ehs-vap_1072414.php)

Energy Drink 'Cocktails' May Boost Desire to Drink More

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_147377.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_147377.html)

Smoking may contribute to suicide risk

<http://www.sciencedaily.com/releases/2014/07/140715141355.htm>

Validity of Brief Screening Tool to Identify Violent Veterans



<http://www.usmedicine.com/current-issue/validity-of-brief-screening-tool-to-identify-violent-veterans/>

Army civilian develops interview method to help unlock memories, reduce revictimization

[http://www.army.mil/article/130936/Army\\_civilian\\_develops\\_interview\\_method\\_to\\_help\\_unlock\\_memories\\_reduce\\_revictimization/](http://www.army.mil/article/130936/Army_civilian_develops_interview_method_to_help_unlock_memories_reduce_revictimization/)

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## Resource of the Week: [Psychological First Aid Field Operations Guide](#)




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### Trauma Types

- Community Violence
- ▶ Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Medical Trauma
- ▶ Natural Disasters
- Neglect
- Physical Abuse
- Refugee and War Zone Trauma
- School Violence
- Sexual Abuse
- ▶ Terrorism
- ▶ Traumatic Grief

### Psychological First Aid



The National Child Traumatic Stress Network and the National Center for PTSD are pleased to make the Second Edition of Psychological First Aid Field Operations Guide and accompanying hanouts available. Psychological First Aid is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism.

The Psychological First Aid Field Manual is divided into the following sections:

**Introduction and Overview**

**Preparing to Deliver Psychological First Aid**

**The Core Actions**

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services

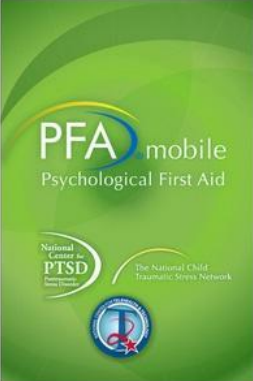
**Appendices**

In addition to the English-language edition of Psychological First Aid (PFA), there are versions in Spanish, Japanese, and Chinese.

*Psychological First Aid—Field Operations Manual- 2nd Edition*

Chapter	Language			
PFA Manual complete with Appendices	English	Spanish	Japanese	Chinese
PFA Manual without Appendices	English	Spanish	Japanese	Chinese
Appendices A—E	English	Spanish	Japanese	Chinese
Appendix A—Overview of PFA	English	Spanish	Japanese	Chinese
Appendix B—Service Delivery Sites and Settings	English	Spanish	Japanese	Chinese
Appendix C—PFA Provider Care	English	Spanish	Japanese	Chinese

### PFA Mobile™



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- Appendices

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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
301-816-4749