**CDP Research Update -- May 28, 2015**

**What's Here:**

- Sexual Assault in the Military.
- Augmentation of Evidence-Based Psychotherapy for PTSD With Cognitive Enhancers.
- Learning to Combat Chronic Pain: Exploring the Effectiveness of a Six-week Patient Psychoeducation Course Teaching Self-management of Chronic Pain
- Pharmacotherapy for posttraumatic stress disorder at a Veterans Affairs facility.
- Types and Number of Traumas Associated With Suicidal Ideation and Suicide Attempts in PTSD: Findings From a U.S. Nationally Representative Sample.
- Post-Traumatic Stress Symptoms in Police Officers Following Violent Assaults: A Study on General and Police-Specific Risk and Protective Factors.
- EMDR therapy for PTSD after motor vehicle accidents: meta-analytic evidence for specific treatment.
- Sleep: Important Considerations in Management of Pain.
- Common factors affecting psychotherapy outcomes: some implications for teaching psychotherapy.
- Characterization of acute stress reaction following an IED blast-related mild traumatic brain injury.
- Pilot study of traumatic brain injury and alcohol misuse among service members.
- Executive Functioning and Suicidal Behavior among Veterans with and without a History of Traumatic Brain Injury.
- Socioeconomic Status and Mental Health Service Use Among National Guard Soldiers.
- Health Care Utilization Patterns Among High-Cost VA Patients With Mental Health Conditions.
- Delivery of self training and education for stressful situations (DESTRESS-PC): a randomized trial of nurse assisted online self-management for PTSD in primary care.
- The state of Veterans Affairs sleep medicine programs: 2012 inventory results.
- Gender Influences on Return to Work Following Mild Traumatic Brain Injury.

- An investigation of client mood in the initial and final sessions of cognitive-behavioral therapy and psychodynamic-interpersonal therapy.
- Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders.
- Sleep and Pain Sensitivity in Adults.
- Vulnerability to Stress-Related Sleep Disturbance and Insomnia: Investigating the Link with Comorbid Depressive Symptoms.
- Smoking Status and Pain Intensity Among OEF/OIF/OND Veterans.
- Patient Activation and Mental Health Care Experiences Among Women Veterans.
- Veterans' Perspectives on Initiating Evidence-Based Psychotherapy for Posttraumatic Stress Disorder.
- Relationships Between Racial/Ethnic Minority Status, Therapeutic Alliance, and Treatment Expectancies Among Veterans With PTSD.
- Effectiveness of a CBT Intervention for Persistent Insomnia and Hypnotic Dependency in an Outpatient Psychiatry Clinic.
- The relation between self-reported PTSD and depression symptoms and the psychological distance of positive and negative events.
- Maximizing Effectiveness Trials in PTSD and SUD Through Secondary Analysis: Benefits and Limitations Using the National Institute on Drug Abuse Clinical Trials Network "Women and Trauma" Study as a Case Example.
- Mental health outreach and screening among returning veterans: are we asking the right questions?
- The consensus sleep diary: quantitative criteria for primary insomnia diagnosis.
- Increased physical activity improves sleep and mood outcomes in inactive people with insomnia: a randomized controlled trial.
- Nonpharmacological Treatments of Insomnia for Long-Term Painful Conditions: A Systematic Review and Meta-analysis of Patient-Reported Outcomes in Randomized Controlled Trials.
- Association of Childhood Complex Trauma and Dissociation with Complex PTSD Symptoms in Adulthood.
- Latest developments in post-traumatic stress disorder: diagnosis and treatment.
- Belonging protects against postdeployment depression in military personnel.
- People with post-traumatic stress disorder at increased risk of sexual dysfunction.
- Updating versus Exposure to Prevent Consolidation of Conditioned Fear.

- An Investigation of Depression, Trauma History, and Symptom Severity in Individuals Enrolled in a Treatment Trial for Chronic PTSD.
- What Did They Learn? Effects of a Brief Cognitive Behavioral Therapy Workshop on Community Therapists' Knowledge.
- Risk for broad-spectrum neuropsychiatric disorders after mild traumatic brain injury in a cohort of US Air Force personnel.
- Alterations in Autobiographical Memory for a Blast Event in Operation Enduring Freedom and Operation Iraqi Freedom Veterans With Mild Traumatic Brain Injury.
- The neurobiology, investigation, and treatment of chronic insomnia.
- Veteran satisfaction and treatment preferences in response to a posttraumatic stress disorder specialty clinic orientation group.
- The relationship between rumination, PTSD, and depression symptoms.
- Neural communication in posttraumatic growth.
- Links of Interest

---

http://link.springer.com/article/10.1007/s11920-015-0596-7

**Sexual Assault in the Military.**

Carl Andrew Castro, Sara Kintzle, Ashley C. Schuyler, Carrie L. Lucas, Christopher H. Warner

Current Psychiatry Reports
May 2015, 17:54

Military sexual assault is a pervasive problem throughout the military services, despite numerous initiatives to end it. No doubt the military's lack of progress stems from the complexity of sexual assaults, yet in order to develop effective strategies and programs to end sexual assault, deep understanding and appreciation of these complexities are needed. In this paper, we describe the root causes and numerous myths surrounding sexual assault, the military cultural factors that may unintentionally contribute to sexual assault, and the uncomfortable issues surrounding sexual assault that are often ignored (such as the prevalence of male sexual assault within the military). We conclude by offering a broad, yet comprehensive set of recommendations that considers all of these factors for developing effective strategies and programs for ending sexual assault within in the military.

---

http://www.ncbi.nlm.nih.gov/pubmed/25894356

Curr Psychiatry Rep. 2015 Jun;17(6):582. doi: 10.1007/s11920-015-0582-0.

**Augmentation of Evidence-Based Psychotherapy for PTSD With Cognitive Enhancers.**

Marin MF, Lonak SF, Milad MR

Exposure-based therapy has proven to be useful to treat various anxiety disorders as well as post-traumatic stress disorder (PTSD). Despite its efficacy, a fair proportion of patients remain symptomatic after treatment. Different lines of research have put considerable efforts to investigate ways to enhance the efficacy of exposure-based therapy, which could ultimately lead to better clinical outcomes for patients. Given that this type of therapy relies on extinction learning principles, neuroscience research has tested different adjuncts that could be used as cognitive enhancers through their impact on extinction learning and its consolidation. The current review will summarize some of the latest compounds that have received attention and show some promise to be used in clinical settings to improve the efficacy of exposure-based therapy.

---

http://digitalcommons.georgefox.edu/psyd/163/

**Learning to Combat Chronic Pain: Exploring the Effectiveness of a Six-week Patient Psychoeducation Course Teaching Self-management of Chronic Pain**

Serita Candra Backstrand
Dissertation
Doctor of Psychology (PsyD)
George Fox University, 2015

Chronic pain is a highly prevalent health problem in the U.S. and poses a large economic and temporal cost to the medical system (Institute of Medicine, 2011; Marcus, 2003). Patients with chronic pain typically report a decrease in emotional, social, and economic functioning (Bair et. al, 2009; Breen, 2002; Kang, Backstrand, & Parker, 2013). This study investigated the efficacy of a 6-week evidence-based group psychoeducation course for the self-management of chronic pain. Pre- and post-test measures were utilized to assess results of the course. Data were analyzed using a paired sample t-test in order to explore the relationship and degree of effect preand post-intervention, as well as comparing the treatment and control group results. Due to the small sample size, many of the results were not statistically significant. However, there was significant improvement in reported wellbeing within the treatment group. Moreover, there were observable changes in the control group- specifically an increased sense of pain disability and decreased sense of wellbeing- but these results were not statistically significant. Through the implementation of this study, several limitations and barriers to intervention were discovered.

These discoveries provide valuable information for future applications of chronic pain management groups. If developers of these groups consider the insights gained in this study, the programs would prove to be a highly valuable resource to the medical and psychological community, in turn reducing the burden on primary care providers and improving patient wellbeing.

---

http://www.ncbi.nlm.nih.gov/pubmed/25991587

Am J Health Syst Pharm. 2015 Jun 1;72(11 Suppl 1):S11-5. doi: 10.2146/ajhp150095.

**Pharmacotherapy for posttraumatic stress disorder at a Veterans Affairs facility.**

Kobayashi TM, Patel M, Lotito M

PURPOSE:
Results of a study of psychotropic prescribing patterns in a Veterans Affairs (VA) population with posttraumatic stress disorder (PTSD) are presented.

METHODS:
VA prescription records were reviewed to identify veterans with PTSD at a large VA healthcare center and evaluate their medication regimens for conformance with a VA practice guideline that calls for the use of selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) as first-line therapies for PTSD; the VA guideline does not recommend second-generation antipsychotics (SGAs) and benzodiazepines for PTSD symptom control. The primary objective was to determine if veterans with PTSD who were receiving an SGA had first received SSRI or SNRI therapy in accordance with VA recommendations.

RESULTS:
Among 308 veterans who met the inclusion criteria, the average number of SSRI or SNRI agents prescribed prior to initiation of SGA therapy was 0.88. Only 19.8% of patients (n = 61) had been prescribed 2 SSRI or SNRI agents, with 48.4% of patients (n = 149) having received 1 agent. All evaluated courses of SSRI and SNRI therapy prior to SGA initiation were of sufficient duration (range, 5-30 months), and mean adherence rates were >80%. Current or past benzodiazepine use was documented in about 55% of patients (n = 170).

CONCLUSION:
SSRIs and SNRIs were under-utilized for the treatment of PTSD at the study site in patients receiving an SGA. The current use of benzodiazepines in these patients was lower than a reported national average for VA patients. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25990916

J Trauma Stress. 2015 May 19. doi: 10.1002/jts.22010. [Epub ahead of print]

**Types and Number of Traumas Associated With Suicidal Ideation and Suicide Attempts in PTSD: Findings From a U.S. Nationally Representative Sample.**

LeBouthillier DM, McMillan KA, Thibodeau MA, Asmundson GJ

Posttraumatic stress disorder (PTSD) is associated with suicidal ideation and suicide attempt; however, research has largely focused on specific samples and a limited range of traumas. We examined suicidal ideation and suicide attempt relating to 27 traumas within a nationally representative U.S. sample of individuals with PTSD. Data were from the National Epidemiologic Survey of Alcohol and Related Conditions (N = 34,653). Participants were assessed for lifetime PTSD and trauma history, suicidal ideation, and suicide attempt. We calculated the proportion of individuals reporting suicidal ideation or suicide attempt for each trauma and for the number of unique traumas experienced. Most traumas were associated with greater suicidal ideation and suicide attempt in individuals with PTSD compared to individuals with no lifetime trauma or with lifetime trauma but no PTSD. Childhood maltreatment, assaultive violence, and peacekeeping traumas had the highest rates of suicidal ideation (49.1% to 51.9%) and suicide attempt (22.8% to 36.9%). There was substantial variation in rates of suicidal ideation and suicide attempt for war and terrorism-related traumas. Multiple traumas increased suicidality, such that each additional trauma was associated with an increase of 20.1% in rate of suicidal ideation and 38.9% in rate of suicide attempts. Rates of suicidal ideation and suicide attempts varied markedly by trauma type and number of traumas, and these factors may be important in assessing and managing suicidality in individuals with PTSD. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25990384

J Interpers Violence. 2015 May 19. pii: 0886260515586358. [Epub ahead of print]

**Post-Traumatic Stress Symptoms in Police Officers Following Violent Assaults: A Study on General and Police-Specific Risk and Protective Factors.**

Ellrich K, Baier D

Based on a study of 681 German police officers who were violently assaulted we analyze first general pre-, peri- and post-traumatic risk factors (e.g. trauma severity, psychological adjustment, social support) of post-traumatic stress symptoms, second police-specific factors (e.g. colleague support) and third differences in the impact of these factors comparing male and

female officers. Using regression analysis we show that risk factors that were found to be important for the general population partly hold for the special group of victimized police officers. Regarding police-specific factors regular preparatory and follow-up sessions reduce post-traumatic stress symptoms, while facing legal action following the assault increases it. The findings also reveal that three factors are significantly more strongly correlated with post-traumatic stress symptoms for female compared to male officers. © The Author(s) 2015.

---

http://www.ncbi.nlm.nih.gov/pubmed/25954183

**EMDR therapy for PTSD after motor vehicle accidents: meta-analytic evidence for specific treatment.**

Boccia M, Piccardi L, Cordellieri P, Guariglia C, Giannini AM

Motor vehicle accident (MVA) victims may suffer both acute and post-traumatic stress disorders (PTSD). With PTSD affecting social, interpersonal and occupational functioning, clinicians as well as the National Institute of Health are very interested in identifying the most effective psychological treatment to reduce PTSD. From research findings, eye movement desensitization and reprocessing (EMDR) therapy is considered as one of the effective treatment of PTSD. In this paper, we present the results of a meta-analysis of fMRI studies on PTSD after MVA through activation likelihood estimation. We found that PTSD following MVA is characterized by neural modifications in the anterior cingulate cortex (ACC), a cerebral structure involved in fear-conditioning mechanisms. Basing on previous findings in both humans and animals, which demonstrate that desensitization techniques and extinction protocols act on the limbic system, the effectiveness of EMDR and of cognitive behavioral therapies (CBT) may be related to the fact that during these therapies the ACC is stimulated by desensitization.

---

http://www.ncbi.nlm.nih.gov/pubmed/25952066

Phys Med Rehabil Clin N Am. 2015 May;26(2):301-308. doi: 10.1016/j.pmr.2015.01.002.

**Sleep: Important Considerations in Management of Pain.**

Fine L

Sleep patterns share common pathways with nociceptive stimuli. Several important factors are reviewed in considering connections between sleep and pain. Causes for sleep fragmentation include sleep disordered breathing; abnormal leg movements, including restless legs syndrome and periodic limb movements; and underlying mood disorder, which may be exacerbated by physical symptoms. Identification and management of insomnia includes the definition of the

condition, pharmacologic interventions, the role of circadian rhythms and clock adjustments, and the use of cognitive behavior therapy for insomnia.


---

http://www.ncbi.nlm.nih.gov/pubmed/25955260

J Psychiatr Pract. 2015 May;21(3):180-9. doi: 10.1097/PRA.0000000000000064.

**Common factors affecting psychotherapy outcomes: some implications for teaching psychotherapy.**

Feinstein R1, Heiman N, Yager J.

The number of psychotherapies classified as "empirically supported treatments" has increased significantly. As the number and scope of empirically supported treatments multiply, it has become impossible to train therapists in all of these specific modalities. Although the current Accreditation Council for Graduate Medical Education requirements for psychiatric residents follow an approach based on specific schools of psychotherapy (emphasizing competency in cognitive-behavioral therapy, psychodynamic therapy, and supportive treatments), evidence suggests that we are failing even in these efforts. In developing a specialized Psychotherapy Scholars Track in the residency program at the University of Colorado School of Medicine, we opted to focus initially on teaching the common factors in psychotherapy that positively affect psychotherapy outcomes. This article reviews 6 such broad common factors.

---

http://www.ncbi.nlm.nih.gov/pubmed/25955118

Brain Inj. 2015 May 8:1-7. [Epub ahead of print]

**Characterization of acute stress reaction following an IED blast-related mild traumatic brain injury.**

Norris JN, Smith S, Harris E, Labrie DW, Ahlers ST

PRIMARY OBJECTIVE:
To characterize an acute stress reaction (ASR) following an improvised explosive device (IED) blast-related mild traumatic brain injury (mTBI).

RESEARCH DESIGN:
Participants were male, US military personnel treated in Afghanistan within 4 days following an IED-related mTBI event (n = 239).

METHODS AND PROCEDURES:
Demographics, diagnosis of ASR, injury history and self-reported mTBIs, blast exposures and psychological health histories were recorded.

MAIN OUTCOMES AND RESULTS:
In total, 12.5% of patients met ASR criteria. Patients with ASR were significantly younger and junior in rank ($p < 0.05$). Patients with ASR were more likely to experience the IED-blast while dismounted, report a loss of consciousness (LOC) and higher pain levels ($p < 0.05$). Adjusting for age and rank, multivariate logistic regression showed an association between mTBI history and ASR (AOR = 1.405; 95% CI = 1.105-1.786, $p < 0.01$). Adjusting for mechanism of injury (dismounted vs. mounted), LOC and pain, multivariate logistic regression showed an association between mTBI history and ASR (AOR = 1.453; 95% CI = 1.132-1.864, $p < 0.01$). Prior blast exposure and past psychological health issues were not associated with ASR.

CONCLUSIONS:
A history of multiple mTBIs is associated with increased risk of ASR. Future research is warranted.

---

http://www.ncbi.nlm.nih.gov/pubmed/25950266

Brain Inj. 2015 May 7:1-10. [Epub ahead of print]

**Pilot study of traumatic brain injury and alcohol misuse among service members.**

Bogner J, French LM, Lange RT, Corrigan JD.

OBJECTIVE:
Explore relationships among traumatic brain injury (TBI), substance misuse and other mental health disorders in US service members and to identify risk factors for substance misuse.

PARTICIPANTS:
Service members (n = 93 in final sample) injured while deployed to Operation Enduring Freedom or Operation Iraqi Freedom.

METHODS AND MATERIALS:
Longitudinal survey at 6 and 12 months post-intake. The following measures were used: problem substance use, Alcohol Expectancies Questionnaire-III, MINI International Neuropsychiatric Interview Substance Abuse Modules, Ohio State University TBI Identification Method, Neurobehavioural Symptom Inventory, Rivermead Post-Concussion Symptoms Questionnaire, Buss-Perry Aggression Questionnaire, Post-Traumatic Stress Disorder Checklist-Civilian Version, Beck Depression Inventory-II, Beck Anxiety Inventory.

RESULTS:
More severe TBI and post-traumatic stress disorder (PTSD) symptoms at 6 months post-enrolment were associated with decreased odds of substance misuse 12 months after study enrolment. Alcohol expectancies and incurring a TBI at a younger age increased the odds of substance misuse.

CONCLUSIONS:
While the ability to generalize the current findings to a larger population is limited, the results provide direction for future studies on the prevention and treatment of substance misuse following TBI. The unexpected protective effect of more severe TBI may result from prospective attention to the injury and its consequences. Greater preventive benefit may result from identifying more service members with elevated risk. Lifetime history of TBI and alcohol expectancies may be candidate indicators for greater attention.

---

http://www.ncbi.nlm.nih.gov/pubmed/25933916

Arch Phys Med Rehabil. 2015 Apr 28. pii: S0003-9993(15)00376-7. doi: 10.1016/j.apmr.2015.04.010. [Epub ahead of print]

**Executive Functioning and Suicidal Behavior among Veterans with and without a History of Traumatic Brain Injury.**

Brenner LA, Bahraini N, Homaifar BY, Monteith LL, Nagamoto H, Dorsey-Holliman B, Forster J

OBJECTIVE:
To examine the relationship between executive dysfunction, as a multidimensional construct (i.e., decision making, impulsivity, aggression, concept formation), and suicide attempt (SA) history in a high-risk sample of Veterans with moderate to severe TBI.

DESIGN:
Observational, 2x2 factorial design. To estimate group differences, linear regression was used to model the primary and secondary outcomes of interest as a function of history of SA, TBI group, and the interaction between these two variables. Additionally, to determine the pattern of performance over the course of the Iowa Gambling Test (IGT), scores were modeled across the 5 IGT blocks, using a varying coefficient model.

SETTING:
Veterans Health Administration (VHA).

PARTICIPANTS:
One hundred and thirty-three Veterans completed study measures (No SA No TBI: n=48, No SA

Yes TBI: n=51, Yes SA No TBI: n = 12, Yes SA Yes TBI: n = 22).

EXPOSURE:
History of moderate to severe TBI; History of SA.

INTERVENTIONS:
Not applicable.

MAIN OUTCOME MEASURES:
IGT, Immediate and Delayed Memory Test (IMT/DMT), State Trait Anger Expression Inventory (STAXI-2), Wisconsin Card Sorting Test (WCST).

RESULTS:
All groups demonstrated learning over the course of the IGT, except for Veterans with a history of both SA and TBI. No group differences were identified on other measures of executive functioning.

CONCLUSIONS:
These findings highlight potential unique decision-making challenges faced by Veterans with a history of TBI and SA. Specialized interventions focused on overall distress reduction and means restriction may be required to prevent future self-directed violence.


---

http://www.ncbi.nlm.nih.gov/pubmed/25930042

Psychiatr Serv. 2015 May 1:appips201400346. [Epub ahead of print]

**Socioeconomic Status and Mental Health Service Use Among National Guard Soldiers.**

Sripada RK, Richards SK, Rauch SA, Walters HM, Ganoczy D, Bohnert KM, Gorman LA, Kees M, Blow AJ, Valenstein M.

OBJECTIVE:

Convergent evidence suggests that low socioeconomic status (SES) may be related to reduced mental health service use. However, this relationship has not been tested in the National Guard (NG) population, in which the prevalence of mental health symptoms is high.

METHODS:
Surveys were completed by 1,262 NG soldiers. SES was measured by education and income.

Adjusted multivariable regression models assessed associations between SES, overall service use, and use of specific types of services.

RESULTS:
SES was not associated with overall use but was associated with use of certain types of services. Higher SES was associated with lower likelihood of psychotropic medication use (odds ratio=.83, 95% confidence interval=.72-.96), and higher SES strengthened the positive relationship between PTSD and use of individual therapy.

CONCLUSIONS:
Higher SES may increase the use of individual therapy among soldiers with PTSD. Barriers to care among individuals with low SES merit continued attention and outreach efforts.
PMID: 25930042 [PubMed - as supplied by publisher]

---

http://www.ncbi.nlm.nih.gov/pubmed/25930040

Psychiatr Serv. 2015 May 1:appips201400286. [Epub ahead of print]

**Health Care Utilization Patterns Among High-Cost VA Patients With Mental Health Conditions.**

Hunter G, Yoon J, Blonigen DM, Asch SM, Zulman DM.

OBJECTIVE:
To inform development of intensive management programs for high-cost patients, this study investigated the relationship between psychiatric diagnoses and patterns of health care utilization among high-cost patients in the Department of Veterans Affairs (VA) health care system.

METHODS:
The costliest 5% of patients who received care in the VA in fiscal year 2010 were assigned to five mutually exclusive hierarchical groups on the basis of diagnosis codes: no mental health condition, serious mental illness, substance use disorder, posttraumatic stress disorder (PTSD), and depression. Multivariable linear regression was used to examine associations between diagnostic groups and use of mental health and non-mental health care and costs of care, with adjustment for sociodemographic characteristics. The proportion of costs generated by mental health care was estimated for each group.

RESULTS:
Among 261,515 high-cost VA patients, rates of depression, substance use disorder, PTSD, and serious mental illness were 29%, 20%, 17%, and 13%, respectively. Individuals in the serious mental illness and substance use disorder groups were younger and had fewer chronic general

medical conditions and higher adjusted rates of mental health care utilization; they also had a greater proportion of costs generated by mental health care (41% and 31%, respectively) compared with individuals in the PTSD and depression groups (18% and 11%, respectively).

CONCLUSIONS:
Optimal management of high-risk, high-cost patients may require stratification by psychiatric diagnoses, with integrated care models for patients with multiple chronic conditions and comorbid mental health conditions and intensive mental health services for patients whose primary needs stem from mental health conditions.

---

http://www.ncbi.nlm.nih.gov/pubmed/25929985

Gen Hosp Psychiatry. 2015 Apr 13. pii: S0163-8343(15)00074-2. doi: 10.1016/j.genhosppsych.2015.04.007. [Epub ahead of print]

**Delivery of self training and education for stressful situations (DESTRESS-PC): a randomized trial of nurse assisted online self-management for PTSD in primary care.**

Engel CC, Litz B, Magruder KM, Harper E, Gore K, Stein N, Yeager D, Liu X, Coe TR

OBJECTIVE:
This randomized controlled trial examined the effectiveness of a nurse assisted online cognitive-behavioral self-management intervention for war-related posttraumatic stress disorder (PTSD), compared to optimized usual primary care PTSD Treatment (OUC) to reduce PTSD symptoms.

METHOD:
Participants were 80 veterans of recent military conflicts with PTSD as assessed by the PTSD Checklist (PCL) seeking primary care treatment at one of three Veterans Affairs (VA) and four Army clinics. DESTRESS-PC consisted of logins to a secure website three times per week for 6 weeks with monitoring by a study nurse. All participants received nurse care management in the form of phone check-ins every two weeks and feedback to their primary care providers. Blinded raters assessed outcomes 6, 12, and 18 weeks post-randomization.

RESULTS:
DESTRESS-PC was associated with a significantly greater decrease in PTSD symptoms compared to OUC ($F(3, 186)=3.72$, $p=.012$). The effect was largest at the 12-week assessment ($\Delta$PCL=12.6±16.6 versus 5.7±12.5, $p<0.05$) with the treatment effect disappearing by the 18-week follow-up. Notably, there was a dose effect; number of logins correlated significantly with PTSD outcomes, with more logins associated with greater PTSD symptom improvement. None of the secondary outcomes (depression, anxiety, somatic symptoms, and functional status) showed statistically significant improvement; however, the treatment effect on depression approached significance ($F(3, 186)=2.17$, $p=.093$).

CONCLUSIONS:
DESTRESS-PC shows promise as a means of delivering effective, early PTSD treatment in primary care. Larger trials are needed. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25924933

Sleep Breath. 2015 Apr 30. [Epub ahead of print]

**The state of Veterans Affairs sleep medicine programs: 2012 inventory results.**

Sarmiento K, Rossettie J, Stepnowsky C, Atwood C, Calvitti A; VA Sleep Network

PURPOSE:
The Veterans Health Administration (VHA) represents one of the largest integrated health-care systems in the country. In 2012, the Veterans Affairs Sleep Network (VASN) sought to identify available sleep resources at VA medical centers (VAMCs) across the country through a national sleep inventory.

METHODS:
The sleep inventory was administered at the annual 2012 VA Sleep Practitioners meeting and by email to sleep contacts at each VAMC. National prosthetics contacts were used to identify personnel at VAMCs without established sleep programs. Follow-up emails and telephone calls were made through March 2013.

RESULTS:
One hundred eleven VA medical centers were included for analysis. Thirty-nine programs did not respond, and 10 were considered "satellites," referring all sleep services to a larger neighboring VAMC. Sleep programs were stratified based on extent of services offered (i.e., in-lab and home testing, sleep specialty clinics, cognitive behavioral therapy for insomnia (CBT-i)): 28 % were complex sleep programs (CSPs), 46 % were intermediate (ISPs), 9 % were standard (SSPs), and 17 % offered no formal sleep services. Overall, 138,175 clinic visits and 90,904 sleep testing encounters were provided in fiscal year 2011 by 112.1 physicians and clinical psychologists, 100.4 sleep technologists, and 115.3 respiratory therapists. More than half of all programs had home testing and CBT-i programs, and 26 % utilized sleep telehealth.

CONCLUSIONS:
The 2012 VA sleep inventory suggests considerable variability in sleep services within the VA. Demand for sleep services is high, with programs using home testing, sleep telehealth, and a growing number of mid-level providers to improve access to care.

---

http://www.ncbi.nlm.nih.gov/pubmed/25921979

Arch Phys Med Rehabil. 2015 Apr 25. pii: S0003-9993(15)00374-3. doi: 10.1016/j.apmr.2015.04.008. [Epub ahead of print]

**Gender Influences on Return to Work Following Mild Traumatic Brain Injury.**

Stergiou-Kita M, Mansfield E, Sokoloff S, Colantonio A

OBJECTIVE:
To examine the influence of gender on the return to work experience of workers who had sustained a work-related mild traumatic brain injury (wrMTBI) DESIGN: Qualitative study using in-depth telephone interviews

SETTING:
Community living adults in Ontario, Canada

PARTICIPANTS:
Purposive sampling was used to recruit participants. Eligibility criteria were mild/moderate TBI diagnosis based on multidisciplinary assessment and workplace injury. Six males and six females with mild TBI participated

INTERVENTIONS AND MAIN OUTCOME MEASURE(S): N/A

RESULTS:
Our findings suggest that gender impacts return to work experiences in multiple ways. Occupational and breadwinner roles were significant for both men and women following wrMTBI. Female participants in this study were more proactive than men in seeking and requesting medical and rehabilitation services; however, the workplace culture may contribute to whether and how health issues are discussed. Among our participants, those who worked in supportive, nurturing (e.g., "feminine") workplaces reported more positive return to work (RTW) experiences than participants employed in traditionally "masculine" work environments. For all participants, employer and co-worker relations were critical elements in RTW outcomes

CONCLUSION:
The application of a gender analysis in this preliminary exploratory study revealed that gender is implicated in the return to work process on many levels for men and women alike. Further examination of the work reintegration processes that takes gender into account is necessary for the development of successful policy and practice for return to work following wrMTBI.


---

http://www.ncbi.nlm.nih.gov/pubmed/25920052

Psychother Res. 2015 Apr 28:1-9. [Epub ahead of print]

**An investigation of client mood in the initial and final sessions of cognitive-behavioral therapy and psychodynamic-interpersonal therapy.**

Mcclintock AS, Stiles WB, Himawan L, Anderson T, Barkham M, Hardy GE.

OBJECTIVE:
Our aim was to examine client mood in the initial and final sessions of cognitive-behavioral therapy (CBT) and psychodynamic-interpersonal therapy (PIT) and to determine how client mood is related to therapy outcomes.

METHODS:
Hierarchical linear modeling was applied to data from a clinical trial comparing CBT with PIT. In this trial, client mood was assessed before and after sessions with the Session Evaluation Questionnaire-Positivity Subscale (SEQ-P).

RESULTS:
In the initial sessions, CBT clients had higher pre-session and post-session SEQ-P ratings and greater pre-to-post session mood change than did clients in PIT. In the final sessions, these pre, post, and change scores were generally equivalent across CBT and PIT. CBT outcome was predicted by pre- and post-session SEQ-P ratings from both the initial sessions and the final sessions of CBT. However, PIT outcome was predicted by pre- and post-session SEQ-P ratings from the final sessions only. Pre-to-post session mood change was unrelated to outcome in both treatments.

CONCLUSIONS:
These results suggest different change processes are at work in CBT and PIT.

---

http://www.ncbi.nlm.nih.gov/pubmed/25919453

Telemed J E Health. 2015 Apr 28. [Epub ahead of print]

**Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders.**

Hermes ED, Tsai J, Rosenheck R

INTRODUCTION:
This study examined interest in computerized psychotherapies (CPTs) and its relation to use of information technology among individuals receiving Veterans Health Administration (VHA) outpatient treatment.

MATERIALS AND METHODS:
Veterans receiving treatment in a VHA substance use disorder outpatient clinic completed a self-report questionnaire. The survey addressed recent experience using information technology and potential interest in using CPTs for symptoms/functional problems associated with substance use and mental health disorders. Demographic, diagnostic, and information technology use data were compared between those expressing interest in CPT and those not expressing an interest, as well as with nationally representative veteran data from the 2010 National Survey of Veterans (NSV).

RESULTS:
Of 151 respondents, 82% were interested in CPT for at least one problem, and 60% were interested for more than one. The most commonly selected CPTs were for substance use (46%), depression (45%), problem solving (43%), and insomnia (42%). None of the 23 measures of information technology use was associated with interest in CPTs. Compared with respondents not interested in any CPTs, those interested in CPT were older ($t_{150}=2.1$, $p=0.042$) and more likely to be African American [$\chi^2(1)=8.8$, $p=0.032$], to have reported a drug use disorder [$\chi^2(1)=4.2$, $p=0.041$], and to have reported more than one substance use or psychiatric disorder [$\chi^2(1)=8.5$, $p=0.014$]. The majority of respondents reported use of Internet and e-mail (65% and 64%, respectively), proportions comparable to respondents to the NSV.

CONCLUSIONS:
Among veterans receiving outpatient substance use treatment, interest in CPT is high and unrelated to information technology use. Efforts to implement CPTs may interest this population.

---

http://www.ncbi.nlm.nih.gov/pubmed/25915149

Pain. 2015 Feb 13. [Epub ahead of print]

**Sleep and Pain Sensitivity in Adults.**

Sivertsen B1, Lallukka T, Petrie KJ, Steingrímsdóttir ÓA, Stubhaug A, Nielsen CS.

Sleep problems and pain are major public health concerns, but the nature of the association between the two conditions is inadequately studied. The aim of this study was to determine whether a range of sleep measures is associated with experimental increased pain sensitivity.A cross-sectional large population-based study from 2007-2008, the Tromsø 6 Study, provided data from 10,412 participants (mean [SD] age, 58 [13] years; 54% women). Self-reported sleep

measures provided information on, sleep duration, sleep onset latency, and sleep efficiency, as well as frequency and severity of insomnia. The main outcome measure was pain sensitivity tests, including assessment of cold-pressor pain tolerance. We found that all sleep parameters, except sleep duration, were significantly associated with reduced pain tolerance. Both the frequency and severity of insomnia, in addition to sleep onset latency and sleep efficiency, were associated with pain sensitivity in a dose-response manner. Adjusting for demographics and psychological distress reduced the strengths of the Hazard Ratios, but most associations remained significant in the fully adjusted models. There was also a synergistic interaction effect on pain tolerance when combining insomnia and chronic pain.We conclude that impaired sleep significantly increases the risk for reduced pain tolerance. As comorbid sleep problems and pain have been linked to elevated disability, the need to improve sleep among chronic pain patients, and vice versa, should be an important agenda for future research.

---

http://www.ncbi.nlm.nih.gov/pubmed/25914895

Trans Issues Psychol Sci. 2015 Mar 1;1(1):57-66.

**Vulnerability to Stress-Related Sleep Disturbance and Insomnia: Investigating the Link with Comorbid Depressive Symptoms.**

Vargas I, Friedman NP, Drake CL

Greater sleep difficulty following a challenging event, or a vulnerability to stress-related sleep disturbance (i.e., sleep reactivity), is characteristic of insomnia. However, insomnia is rarely observed in isolation; rather it is frequently seen in combination with other problems, such as depression. Despite the link between depression and increased sensitivity to stress, relatively little is known about the role sleep reactivity has in explaining variability in depressive symptoms. Therefore, the current study examined whether sleep reactivity was associated with depressive symptoms, and whether this relationship was mediated by insomnia. We assessed sleep reactivity, insomnia, and depressive symptoms among 2250 young adults (1244 female; Mage = 23.1, SDage = 2.97) from the Colorado Longitudinal Twin Study and Community Twin Study. Results indicated that greater sleep reactivity was significantly associated with elevated depressive symptoms, and that this link was partially mediated by insomnia. This is one of the first studies to demonstrate an independent association between sleep reactivity and depressive symptomatology. These findings suggest that a greater sensitivity to stress-related sleep disturbance may also be a predisposing factor to depression, and highlight the need for a better understanding of sleep reactivity, as it may represent a more global vulnerability construct.

---

http://www.ncbi.nlm.nih.gov/pubmed/25917639

Pain Med. 2015 Apr 27. doi: 10.1111/pme.12753. [Epub ahead of print]

**Smoking Status and Pain Intensity Among OEF/OIF/OND Veterans.**

Volkman JE, DeRycke EC, Driscoll MA, Becker WC, Brandt CA, Mattocks KM, Haskell SG, Bathulapalli H, Goulet JL, Bastian LA.

OBJECTIVE:
Pain and smoking are highly prevalent among Veterans. Studies in non-Veteran populations have reported higher pain intensity among current smokers compared with nonsmokers and former smokers. We examined the association of smoking status with reported pain intensity among Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND).

DESIGN:
The sample consisted of OEF/OIF/OND Veterans who had at least one visit to Veterans Affairs (2001-2012) with information in the electronic medical record for concurrent smoking status and pain intensity. The primary outcome measure was current pain intensity, categorized as none to mild (0-3); moderate (4-6); or severe (≥7); based on a self-reported 11-point pain numerical rating scale. Multivariable logistic regression analyses were used to assess the association of current smoking status with moderate to severe (≥4) pain intensity, controlling for potential confounders.

RESULTS:
Overall, 50,988 women and 355,966 men Veterans were examined. The sample mean age was 30 years; 66.3% reported none to mild pain; 19.8% moderate pain; and 13.9% severe pain; 37% were current smokers and 16% former smokers. Results indicated that current smoking [odds ratio (OR) = 1.29 (95% confidence intervals (CI) = 1.27-1.31)] and former smoking [OR = 1.02 (95% CI = 1.01-1.05)] were associated with moderate to severe pain intensity, controlling for age, service-connected disability, gender, obesity, substance abuse, mood disorders, and Post Traumatic Stress Disorder.

CONCLUSIONS:
We found an association between current smoking and pain intensity. This effect was attenuated in former smokers. Our study highlights the importance of understanding reported pain intensity in OEF/OIF/OND Veterans who continue to smoke. Wiley Periodicals, Inc.

---

http://www.ncbi.nlm.nih.gov/pubmed/25917224

Adm Policy Ment Health. 2015 Apr 28. [Epub ahead of print]

**Patient Activation and Mental Health Care Experiences Among Women Veterans.**

Kimerling R, Pavao J, Wong A.

We utilized a nationally representative survey of women veteran primary care users to examine associations between patient activation and mental health care experiences. A dose-response relationship was observed, with odds of high quality ratings significantly greater at each successive level of patient activation. Higher activation levels were also significantly associated with preference concordant care for gender-related preferences (use of female providers, women-only settings, and women-only groups as often as desired). Results add to the growing literature documenting better health care experiences among more activated patients, and suggest that patient activation may play an important role in promoting engagement with mental health care.

---

http://www.ncbi.nlm.nih.gov/pubmed/25915648

Psychol Trauma. 2015 Apr 27. [Epub ahead of print]

**Veterans' Perspectives on Initiating Evidence-Based Psychotherapy for Posttraumatic Stress Disorder.**

Hundt NE, Mott JM, Miles SR, Arney J, Cully JA, Stanley MA.

Evidence-based psychotherapies (EBP) for posttraumatic stress disorder (PTSD) are effective at reducing symptoms and improving quality of life. Despite their effectiveness, few veterans receive EBP. To examine veterans' experiences initiating EBP for PTSD, we conducted qualitative interviews with those who completed at least 8 sessions of prolonged exposure (PE) or cognitive processing therapy (CPT). Veterans reported learning about EBP from therapists, psychiatrists, and other veterans. Ambivalence and delaying EBP initiation were common. Barriers included fears that EBP would increase symptoms, beliefs that avoidance was helpful, disbelief of the therapy rationale, particularly for PE, and less commonly, lack of knowledge about EBP. Facilitators included feeling a "need to talk about it," prior treatment that increased confidence in the ability to handle EBP, prior knowledge of the EBP therapist, provider behaviors that facilitated buy-in, encouragement from other veterans, and desperation for symptom relief. There were few differences in barriers and facilitators between PE and CPT, although veterans in PE were more likely to express skepticism of the therapy rationale. These results highlight the importance of "word of mouth" about EBP among the veteran community

and identifying provider behaviors that may promote EBP initiation. (PsycINFO Database Record (c) 2015 APA, all rights reserved).
---

http://www.ncbi.nlm.nih.gov/pubmed/25915471

Psychol Serv. 2015 Apr 27. [Epub ahead of print]

**Relationships Between Racial/Ethnic Minority Status, Therapeutic Alliance, and Treatment Expectancies Among Veterans With PTSD.**

Koo KH, Tiet QQ, Rosen CS

Our objective was to examine the relationships between veterans' racial/ethnic minority status, components of therapeutic alliance (bond, tasks, and goals) with former outpatient providers, and expectancies for Department of Veterans Affairs (VA) posttraumatic stress disorder (PTSD) residential treatment. Veterans (N = 819; 37% minority, 63% White) completed surveys at intake into VA PTSD residential treatment programs. As hypothesized, racial/ethnic minority status was related to weaker overall alliance, therapeutic bond, and goal agreement with former outpatient provider. Alliance with former provider was also associated with expectancies for residential treatment. After controlling for other variables, task agreement (not therapeutic bond) and racial/ethnic minority status were linked to higher expectancies. However, effect sizes were small. Thus, we found little evidence of clinically significant differences by racial/ethnic minority status on expectancies of VA PTSD residential treatment. Future research should investigate these relationships among veterans with PTSD not admitted to VA PTSD residential treatment and in other treatment settings, as well as nonveteran racial/ethnic minorities with PTSD. (PsycINFO Database Record
(c) 2015 APA, all rights reserved).

---

http://www.ncbi.nlm.nih.gov/pubmed/25907406

J Clin Psychol. 2015 Apr 23. doi: 10.1002/jclp.22186. [Epub ahead of print]

**Effectiveness of a CBT Intervention for Persistent Insomnia and Hypnotic Dependency in an Outpatient Psychiatry Clinic.**

Taylor HL, Rybarczyk BD, Nay W, Leszczyszyn D.

OBJECTIVE:
To test cognitive-behavioral therapy for insomnia (CBT-I) in patients who not only receive psychiatric treatment in a outpatient psychiatry clinic but also continue to experience chronic

insomnia despite receiving pharmacological treatment for sleep. CBT-I included an optional module for discontinuing hypnotic medications.

METHOD:
Patients were randomized to 5 sessions of individual CBT-I (n = 13) or treatment as usual (n = 10). Sleep parameters were assessed using sleep diaries at pre- and posttreatment. Questionnaires measuring depression, anxiety, and health-related quality of life were also administered.

RESULTS:
CBT-I was associated with significant improvement in sleep, with 46% obtaining normal global sleep ratings after treatment. However, no changes in secondary outcomes (depression, anxiety, quality of life) were obtained and no patients elected to discontinue their hypnotic medications.

CONCLUSIONS:
Patients with complex, chronic psychiatric conditions can obtain sleep improvements with CBT-I beyond those obtained with pharmacotherapy alone; however, sleep interventions alone may not have the same effect on mental health outcomes in samples with more severe and chronic psychiatric symptoms and dependency on hypnotic medications.


---

http://www.ncbi.nlm.nih.gov/pubmed/25909450

J Behav Ther Exp Psychiatry. 2015 Sep;48:177-84. doi: 10.1016/j.jbtep.2015.04.002. Epub 2015 Apr 13.

**The relation between self-reported PTSD and depression symptoms and the psychological distance of positive and negative events.**

Janssen SM, Hearne TL, Takarangi MK

BACKGROUND AND OBJECTIVES:
Psychological distance refers to how far and how long ago an event feels to a person and how distant this person feels from their past self who experienced the event. Psychological distance is related to the recollective experience of the memory, but people with PTSD and depression remember positive and negative events differently. Whereas people with depression tend to have over-general memory, people with PTSD often relive traumatic experiences (i.e., intrusive memories). These findings suggest that people with PTSD might feel close to negative events and that people with depression might feel distant from positive events.

METHOD:
In the present study, students (N = 103) reported their PTSD and depression symptoms and the psychological distance of highly positive and highly negative events.

RESULTS:
In line with previous work, participants generally felt close to positive experiences and distant from negative experiences. However, this study is the first one to show that participants with more depression symptoms feel psychologically distant from positive events and participants with more PTSD symptoms feel psychologically close to negative events.

LIMITATIONS:
Although we did not establish whether the negative event was traumatic and whether the participants with many PTSD and depression symptoms suffered from these disorders, these limitations can be addressed in future research.

CONCLUSIONS:
The results emphasize the important role of identifying with positive events in depression and they support the idea that PTSD is caused by the fact that the traumatic event has become central to a person's life story. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25907849

J Subst Abuse Treat. 2015 Apr 7. pii: S0740-5472(15)00082-3. doi: 10.1016/j.jsat.2015.04.001. [Epub ahead of print]

**Maximizing Effectiveness Trials in PTSD and SUD Through Secondary Analysis: Benefits and Limitations Using the National Institute on Drug Abuse Clinical Trials Network "Women and Trauma" Study as a Case Example.**

Hien DA, Campbell AN, Ruglass LM, Saavedra L, Mathews AG, Kiriakos G, Morgan-Lopez A

Recent federal legislation and a renewed focus on integrative care models underscore the need for economical, effective, and science-based behavioral health care treatment. As such, maximizing the impact and reach of treatment research is of great concern. Behavioral health issues, including the frequent co-occurrence of substance use disorders (SUD) and posttraumatic stress disorder (PTSD), are often complex, with a myriad of factors contributing to the success of interventions. Although treatment guides for comorbid SUD/PTSD exist, most patients continue to suffer symptoms following the prescribed treatment course. Further, the study of efficacious treatments has been hampered by methodological challenges (e.g., overreliance on "superiority" designs (i.e., designs structured to test whether or not one treatment statistically surpasses another in terms of effect sizes) and short term interventions). Secondary analyses of randomized controlled clinical trials offer potential benefits to enhance

understanding of findings and increase the personalization of treatment. This paper offers a description of the limits of randomized controlled trials as related to SUD/PTSD populations, highlights the benefits and potential pitfalls of secondary analytic techniques, and uses a case example of one of the largest effectiveness trials of behavioral treatment for co-occurring SUD/PTSD conducted within the National Drug Abuse Treatment Clinical Trials Network (NIDA CTN) and producing 19 publications. The paper concludes with implications of this secondary analytic approach to improve addiction researchers' ability to identify best practices for community-based treatment of these disorders. Innovative methods are needed to maximize the benefits of clinical studies and better support SUD/PTSD treatment options for both specialty and non-specialty healthcare settings. Moving forward, planning for and description of secondary analyses in randomized trials should be given equal consideration and care to the primary outcome analysis. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25830806

US Army Med Dep J. 2014 Oct-Dec:109-17.

**Mental health outreach and screening among returning veterans: are we asking the right questions?**

Bloeser K, McCarron KK, Batorsky B, Reinhard MJ, Pollack SJ, Amdur R.

This study looked at predictors of mental health treatment utilization in a unique cohort of recently separated Veterans coming to the Department of Veterans Affairs (VA) (N=152). This convenience sample voluntarily completed questionnaires, which included mental health screening tools, during an outreach event at a large urban VA Medical Center. Researchers reviewed computerized medical records of these consenting participants to record VA treatment utilization. There is a statistically significant association between posttraumatic stress disorder screening results, functional impairment, and treatment-seeking. Certain functional impairments increase the odds of participation in VA mental health care. These include problems with school and/or work (odds ratio (OR)=2.8), physical fights (OR=2.8), physical health problems (OR=3.0), financial difficulties (OR=3.0), irritability/anger (OR=3.4), isolation (OR=3.8), drug use (OR=5.7), and problems with social support (OR=7.0). This study concluded that asking about symptoms alone may not capture the breadth and nature of Veterans' postdeployment difficulties.

---

http://www.ncbi.nlm.nih.gov/pubmed/25905662

Psychosom Med. 2015 May;77(4):413-8. doi: 10.1097/PSY.0000000000000177.

**The consensus sleep diary: quantitative criteria for primary insomnia diagnosis.**

Natale V, Léger D, Bayon V, Erbacci A, Tonetti L, Fabbri M, Martoni M

OBJECTIVE:
The aim of the study was to put forward quantitative criteria for the Consensus Sleep Diary, to differentiate people with insomnia from normal sleepers.

METHODS:
In this retrospective study, we analyzed 295 sleep diaries of patients with primary insomnia (43% were male, ages ranging between 17 and 76 years) collected in two clinical centers for insomnia and 536 sleep diaries of normal sleepers (47% were male, ages ranging between 15 and 82 years). We considered the following sleep parameters: time in bed, sleep onset latency, total sleep time, wake after sleep onset, sleep efficiency, number of awakenings, terminal wakefulness, and subjective feeling of rest. Using the Youden index, we calculated the quantitative criteria that performed best for each sleep parameter. Finally, we created receiver operating characteristic curves to test the accuracy of each identified criterion.

RESULTS:
Individuals with insomnia significantly differed from controls on all sleep indices ($p < .001$). Differentiation between individuals with insomnia from controls was optimal for terminal wakefulness (>15 minutes, area under the curve [AUC] = 0.83), wake after sleep onset (cutoff >20 minutes, AUC = 0.81), total sleep time (<390 minutes, AUC = 0.80), and particularly sleep efficiency (<87.5%, AUC = 0.92, sensitivity = 0.80, specificity = 0.90). Time in bed was the least differentiating variable (<500 minutes, AUC = 0.57).

CONCLUSIONS:
The quantitative criteria of the sleep diary in this study agree with the few available data in the literature. This confirms that the sleep diary could be a useful screening tool for assessing patients with primary insomnia.
---

http://www.ncbi.nlm.nih.gov/pubmed/25903450

J Sleep Res. 2015 Apr 21. doi: 10.1111/jsr.12297. [Epub ahead of print]

**Increased physical activity improves sleep and mood outcomes in inactive people with insomnia: a randomized controlled trial.**

Hartescu I, Morgan K, Stevinson CD.

While high levels of activity and exercise training have been associated with improvements in sleep quality, minimum levels of activity likely to improve sleep outcomes have not been explored. A two-armed parallel randomized controlled trial (N=41; 30 females) was designed to assess whether increasing physical activity to the level recommended in public health guidelines

can improve sleep quality among inactive adults meeting research diagnostic criteria for insomnia. The intervention consisted of a monitored program of ≥150 min of moderate- to vigorous-intensity physical activity per week, for 6 months. The principal end-point was the Insomnia Severity Index at 6 months post-baseline. Secondary outcomes included measures of mood, fatigue and daytime sleepiness. Activity and light exposure were monitored throughout the trial using accelerometry and actigraphy. At 6 months post-baseline, the physical activity group showed significantly reduced insomnia symptom severity ($F_{8,26} = 5.16$, $P = 0.03$), with an average reduction of four points on the Insomnia Severity Index; and significantly reduced depression and anxiety scores ($F_{6,28} = 5.61$, $P = 0.02$; and $F_{6,28} = 4.41$, $P = 0.05$, respectively). All of the changes were independent of daily light exposure. Daytime fatigue showed no significant effect of the intervention ($F_{8,26} = 1.84$, $P = 0.18$). Adherence and retention were high. Internationally recommended minimum levels of physical activity improve daytime and night-time symptoms of chronic insomnia independent of daily light exposure levels. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25902806

Sleep. 2015 Mar 14. pii: sp-00773-14. [Epub ahead of print]

**Nonpharmacological Treatments of Insomnia for Long-Term Painful Conditions: A Systematic Review and Meta-analysis of Patient-Reported Outcomes in Randomized Controlled Trials.**

Tang NK, Lereya ST, Boulton H, Miller MA, Wolke D, Cappuccio FP

STUDY OBJECTIVES:
Insomnia is a debilitating comorbidity of chronic pain. This study evaluated the effect of nonpharmacological sleep treatments on patient-reported sleep quality, pain, and well-being in people with long-term cancer and non-cancer (e.g., back pain, arthritis, fibromyalgia) pain conditions.

DESIGN:
We systematically searched Cochrane CENTRAL, MEDLINE, Embase, and PsychINFO for relevant studies. Search period was set to inception of these databases to March 2014. Studies were included if they were: original randomized controlled trials (RCTs); testing a nonpharmacological intervention; that targets sleep; in adults; with painful health conditions; that has a control group; includes a measure of sleep quality; and at least one other health and well-being outcome.

MEASUREMENT AND FINDINGS:
Means and standard deviations of sleep quality, pain, fatigue, depression, anxiety, physical and psychological functioning were extracted for the sleep treatment and control groups at baseline,

post-treatment and final follow-up. Methodological details concerning the treatment, participants, and study design were abstracted to guide heterogeneity and subgroup analyses. Eleven RCTs involving 1066 participants (mean age 45-61 years) met the criteria for the meta-analysis. There was no systematic evidence of publication bias. Nonpharmacological sleep treatments in chronic pain patients were associated with a large improvement in sleep quality (Standardized Mean Difference = 0.78, 95% Confidence Interval [0.42, 1.13]; $p < 0.001$), small reduction in pain (0.18 [0, 0.36] $p < 0.05$), and moderate improvement in fatigue (0.38 [0.08, 0.69]; $p < 0.01$) at post-treatment. The effects on sleep quality and fatigue were maintained at follow-up (up to 1 year) when a moderate reduction in depression (0.31, [0.09, 0.53]; $p < 0.01$) was also observed. Both cancer and non-cancer pain patients benefited from nonpharmacological sleep treatments. Face-to-face treatments achieved better outcomes than those delivered over the phone/ internet.

CONCLUSIONS:
Although the body of evidence was small, nonpharmacological sleep interventions may represent a fruitful avenue for optimizing treatment outcomes in patients with chronic pain.

REGISTRATION:
(PROSPERO registration: CRD42013004131).


---

http://www.ncbi.nlm.nih.gov/pubmed/25905664

J Trauma Dissociation. 2015 Apr 23. [Epub ahead of print]

**Association of Childhood Complex Trauma and Dissociation with Complex PTSD Symptoms in Adulthood.**

van Dijke A, Ford JD, Frank LE, van der Hart O.

This study replicates and extends prior research on the relationship of childhood complex trauma with complex post-traumatic stress disorder (cPTSD) in adulthood, examining the role of psychoform and somatoform dissociation as a potential mediator. Childhood Complex Trauma (CCT), dissociation, and cPTSD were assessed in a large sample of adult psychiatric inpatients. Almost two-thirds of participants reported having experienced CCT. Path analyses with bootstrap confidence intervals demonstrated a relationship between CCT, psychoform (but not somatoform) dissociation, and cPTSD. In addition, psychoform dissociation partially mediated the relationship between CCT and adult cPTSD-symptoms. Dissociation (pathological or non-pathological psychoform and somatoform symptoms) warrants further clinical and scientific study as a potential link between childhood complex trauma and the presence of adult cPTSD-symptoms and/ or dissociative subtype of PTSD.

---

http://www.ncbi.nlm.nih.gov/pubmed/25904382

Br Med Bull. 2015 Apr 22. pii: ldv014. [Epub ahead of print]

**Latest developments in post-traumatic stress disorder: diagnosis and treatment.**

Greenberg N, Brooks S, Dunn R

BACKGROUND:
Most people will experience a traumatic event during their lives. However, not all will develop Post-Traumatic Stress Disorder (PTSD). There have been recent changes in diagnostic criteria for PTSD and there are a number of treatment options available.

SOURCES OF DATA:
This review is based on published literature in the field of PTSD, its management and the recently published DSM-V.

AREAS OF AGREEMENT:
The most influential risk factors relate to the post-incident environment rather than pre-incident or the incident itself. There are two established and effective psychological therapies; trauma-focussed cognitive behavioural therapy and eye movement desensitization and reprocessing.

AREAS OF CONTROVERSY:
It is unclear what actually constitutes a traumatic event. Psychological debriefing or counselling interventions, shortly after trauma-exposure are found to be ineffective and may cause harm. Medication, whilst common practice, is not recommended as first line management.

GROWING POINTS:
Future psychotherapies for PTSD may be just as effective if delivered in carefully considered group settings or through remote means.

AREAS TIMELY FOR DEVELOPING RESEARCH:
Research into the most effective ways to prevent individuals at risk of developing PTSD is still at an early stage and development of effective early interventions could substantially reduce the morbidity associated with PTSD. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25903038

Depress Anxiety. 2015 May;32(5):349-55. doi: 10.1002/da.22372.

**Belonging protects against postdeployment depression in military personnel.**

Bryan CJ, Heron EA

BACKGROUND:
Depression among U.S. military personnel has received relatively little empirical attention compared to posttraumatic stress disorder, despite evidence that depression is associated with poor psychosocial outcomes and increased suicide risk. Even less is known about factors that protect against depression in military populations.

METHODS:
A sample of 168 active duty Air Force convoy operators completed self-report measures of depression, posttraumatic stress, and sense of "belonging" before deploying to Iraq, and again at 1, 3, 6, and 12 months following their return. Linear growth modeling was used to test the associations of the variables over time.

RESULTS:
Mean depression scores remained low and stable across the deployment and 12-month follow-up period. Increased depression severity was significantly associated with low belonging ($P < .001$) and with posttraumatic stress symptoms ($P < .001$) at every time point.

LIMITATIONS:
Relatively small, predominantly male sample utilizing self-report methods.

CONCLUSIONS:
A sense of belongingness may protect service members from depression at all stages of the deployment cycle, from predeployment preparations through deployment and postdeployment adjustment. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25902221

Nurs Stand. 2015 Apr 22;29(34):16. doi: 10.7748/ns.29.34.16.s21.

**People with post-traumatic stress disorder at increased risk of sexual dysfunction.**

[No authors listed]

Post-traumatic stress disorder (PTSD) and sexual dysfunction should be regarded as

comorbidities, according to a review of the evidence which suggests a diagnosis of one condition should prompt clinicians to consider whether the other is also present.

---

http://www.ncbi.nlm.nih.gov/pubmed/25902141

PLoS One. 2015 Apr 22;10(4):e0122971. doi: 10.1371/journal.pone.0122971. eCollection 2015.

**Updating versus Exposure to Prevent Consolidation of Conditioned Fear.**

Pile V, Barnhofer T, Wild J

Targeting the consolidation of fear memories following trauma may offer a promising method for preventing the development of flashbacks and other unwanted re-experiencing symptoms that characterise Posttraumatic Stress Disorder (PTSD). Research has demonstrated that performing visuo-spatial tasks after analogue trauma can block the consolidation of fear memory and reduce the frequency of flashbacks. However, no research has yet used verbal techniques to alter memories during the consolidation window. This is surprising given that the most effective treatments for PTSD are verbally-based with exposure therapy and trauma-focused cognitive behavioural therapy gaining the most evidence of efficacy. Psychological therapies aim to reduce the conditioned fear response, which is in keeping with the preliminary finding that an increased propensity for fear conditioning may be a vulnerability factor for PTSD. Our research had two aims. We investigated the degree to which individual differences in fear conditioning predict the development of PTSD symptoms. We also compared the preventative effects of two clinically informed psychological techniques administered during the consolidation window: exposure to the trauma memory and updating the meaning of the trauma. 115 healthy participants underwent a fear conditioning paradigm in which traumatic film stimuli (unconditioned stimuli) were paired with neutral stimuli (conditioned stimuli). Participants were randomly allocated to an updating, exposure or control group to compare the effects on the conditioned fear response and on PTSD symptomatology. The results showed that stronger conditioned responses at acquisition significantly predicted the development of PTSD symptoms. The updating group, who verbally devalued the unconditioned stimulus within the consolidation window, experienced significantly lower levels of PTSD symptoms during follow-up than the exposure and control groups. These findings are consistent with clinical interventions for chronic PTSD and have important implications for identifying those at risk as well as for designing novel early interventions to prevent the development of PTSD.

---

http://www.ncbi.nlm.nih.gov/pubmed/25900026

J Clin Psychol. 2015 Apr 20. doi: 10.1002/jclp.22163. [Epub ahead of print]

**An Investigation of Depression, Trauma History, and Symptom Severity in Individuals Enrolled in a Treatment Trial for Chronic PTSD.**

Bedard-Gilligan M, Duax Jakob JM, Doane LS, Jaeger J, Eftekhari A, Feeny N, Zoellner LA.

OBJECTIVE:
To explore how factors such as major depressive disorder (MDD) and trauma history, including the presence of childhood abuse, influence diverse clinical outcomes such as severity and functioning in a sample with posttraumatic stress disorder (PTSD).

METHOD:
In this study, 200 men and women seeking treatment for chronic PTSD in a clinical trial were assessed for trauma history and MDD and compared on symptom severity, psychosocial functioning, dissociation, treatment history, and extent of diagnostic co-occurrence.

RESULTS:
Overall, childhood abuse did not consistently predict clinical severity. However, co-occurring MDD, and to a lesser extent a high level of trauma exposure, did predict greater severity, worse functioning, greater dissociation, more extensive treatment history, and additional co-occurring disorders.

CONCLUSION:
These findings suggest that presence of co-occurring depression may be a more critical marker of severity and impairment than history of childhood abuse or repeated trauma exposure. Furthermore, they emphasize the importance of assessing MDD and its effect on treatment seeking and treatment response for those with PTSD. 

---

http://www.ncbi.nlm.nih.gov/pubmed/25894649

Community Ment Health J. 2015 Apr 18. [Epub ahead of print]

**What Did They Learn? Effects of a Brief Cognitive Behavioral Therapy Workshop on Community Therapists' Knowledge.**

Scott K, Klech D, Lewis CC, Simons AD.

Knowledge gain has been identified as necessary but not sufficient for therapist behavior change. Declarative knowledge, or factual knowledge, is thought to serve as a prerequisite for

procedural knowledge, the how to knowledge system, and reflective knowledge, the skill refinement system. The study aimed to examine how a 1-day workshop affected therapist cognitive behavioral therapy declarative knowledge. Participating community therapists completed a test before and after training that assessed cognitive behavioral therapy knowledge. Results suggest that the workshop significantly increased declarative knowledge. However, post-training total scores remained moderately low, with several questions answered incorrectly despite content coverage in the workshop. These findings may have important implications for structuring effective cognitive behavioral therapy training efforts and for the successful implementation of cognitive behavioral therapy in community settings.

---

http://www.ncbi.nlm.nih.gov/pubmed/25896331

Occup Environ Med. 2015 Apr 20. pii: oemed-2014-102646. doi: 10.1136/oemed-2014-102646. [Epub ahead of print]

**Risk for broad-spectrum neuropsychiatric disorders after mild traumatic brain injury in a cohort of US Air Force personnel.**

Miller SC, Whitehead CR, Otte CN, Wells TS, Webb TS, Gore RK, Maynard C

BACKGROUND:
Military personnel are at increased risk for traumatic brain injury (TBI) from combat and non-combat exposures. Sequelae of moderate-to-severe TBI are well described, but the literature remains conflicted regarding whether mild TBI (mTBI) results in lasting brain injury and functional impairments. This study assessed risk for a range of neuropsychiatric disorders presenting after mTBI while adjusting for the potential confounds of depression and post-traumatic stress disorder (PTSD).

METHODS:
A historical prospective association study was conducted utilising electronic demographic, medical and military-specific data for over 49 000 active duty US Air Force service members (Airmen). This study utilised diagnostic codes considered by an expert panel to be indicative of mTBI to identify cases. Cox proportional hazards modelling calculated HRs for neuropsychiatric outcomes while controlling for varying lengths of follow-up and potentially confounding variables.

RESULTS:
Airmen with mTBI were at increased risk for specific neuropsychiatric disorders compared with a similarly injured non-mTBI control group. HRs for memory loss/amnesia, cognitive disorders, schizophrenia, PTSD, and depression were significantly elevated and remained so for at least 6 months post-mTBI, even after eliminating those with previous neuropsychiatric diagnoses.

CONCLUSIONS:
mTBI was positively associated with neuropsychiatric disorders in this population of primarily young adult males; with increased HRs 6 months post-mTBI. The results support that mTBI is distinguished from moderate-to-severe TBI in terms of risk for developing neuropsychiatric disorders. Further, these findings suggest the importance of screening for psychiatric and cognitive disorders post-mTBI in general medical practice.



---

http://www.ncbi.nlm.nih.gov/pubmed/25893970

Neuropsychology. 2015 Apr 20. [Epub ahead of print]

**Alterations in Autobiographical Memory for a Blast Event in Operation Enduring Freedom and Operation Iraqi Freedom Veterans With Mild Traumatic Brain Injury.**

Palombo DJ, Kapson HS, Lafleche G, Vasterling JJ, Marx BP, Franz M, Verfaellie M.

OBJECTIVE:
Although loss of consciousness associated with moderate or severe traumatic brain injury (TBI) is thought to interfere with encoding of the TBI event, little is known about the effects of mild TBI (mTBI), which typically involves only transient disruption in consciousness.

METHOD:
Blast-exposed Afghanistan and Iraq War veterans were asked to recall the blast event. Participants were stratified based on whether the blast was associated with probable mTBI (n = 50) or not (n = 25). Narratives were scored for organizational structure (i.e., coherence) using the Narrative Coherence Coding Scheme (Reese et al., 2011) and episodic recollection using the Autobiographical Interview Coding Procedures (Levine et al., 2002).

RESULTS:
The mTBI group produced narratives that were less coherent but contained more episodic details than those of the no-TBI group.

CONCLUSION:
These results suggest that mTBI interferes with the organizational quality of memory in a manner that is independent of episodic detail generation. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

---

http://www.ncbi.nlm.nih.gov/pubmed/25895933

Lancet Neurol. 2015 May;14(5):547-558. doi: 10.1016/S1474-4422(15)00021-6. Epub 2015 Apr 12.

**The neurobiology, investigation, and treatment of chronic insomnia.**

Riemann D, Nissen C, Palagini L, Otte A, Perlis ML, Spiegelhalder K

Chronic insomnia is defined by difficulties in falling asleep, maintaining sleep, and early morning awakening, and is coupled with daytime consequences such as fatigue, attention deficits, and mood instability. These symptoms persist over a period of at least 3 months (Diagnostic and Statistical Manual 5 criteria). Chronic insomnia can be a symptom of many medical, neurological, and mental disorders. As a disorder, it incurs substantial health-care and occupational costs, and poses substantial risks for the development of cardiovascular and mental disorders, including cognitive deficits. Family and twin studies confirm that chronic insomnia can have a genetic component (heritability coefficients between 42% and 57%), whereas the investigation of autonomous and central nervous system parameters has identified hyperarousal as a final common pathway of the pathophysiology, implicating an imbalance of sleep-wake regulation consisting of either overactivity of the arousal systems, hypoactivity of the sleep-inducing systems, or both. Insomnia treatments include benzodiazepines, benzodiazepine-receptor agonists, and cognitive behavioural therapy. Treatments currently under investigation include transcranial magnetic or electrical brain stimulation, and novel methods to deliver psychological interventions.


---

http://www.ncbi.nlm.nih.gov/pubmed/25898342

Behav Res Ther. 2015 Jun;69:75-82. doi: 10.1016/j.brat.2015.04.006. Epub 2015 Apr 16.

**Veteran satisfaction and treatment preferences in response to a posttraumatic stress disorder specialty clinic orientation group.**

Schumm JA, Walter KH, Bartone AS, Chard KM

To maximize accessibility to evidence-based treatments for posttraumatic stress disorder (PTSD), the United States Department of Veterans Affairs (VA) has widely disseminated cognitive processing therapy (CPT) and prolonged exposure (PE) therapy to VA clinicians. However, there is a lack of research on veteran preferences when presented with a range of psychotherapy and medication options. This study uses a mixed-method approach to explore veteran satisfaction with a VA PTSD specialty clinic pre-treatment orientation group, which provides education about available PTSD treatment options. This study also tested differences in treatment preference in response to the group. Participants were 183 US veterans. Most were

White, male, and referred to the clinic by a VA provider. Results indicated high satisfaction with the group in providing an overview of services and helping to inform treatment choice. Most preferred psychotherapy plus medications (63.4%) or psychotherapy only (30.1%). Participants endorsed a significantly stronger preference for CPT versus other psychotherapies. PE was significantly preferred over nightmare resolution therapy and present-centered therapy, and both PE and cognitive-behavioral conjoint therapy were preferred over virtual reality exposure therapy. Results suggest that by informing consumers about evidence-based treatments for PTSD, pre-treatment educational approaches may increase consumer demand for these treatment options. Published by Elsevier Ltd.

---

http://www.ncbi.nlm.nih.gov/pubmed/25898331

J Affect Disord. 2015 Jul 15;180:116-21. doi: 10.1016/j.jad.2015.04.006. Epub 2015 Apr 9.

**The relationship between rumination, PTSD, and depression symptoms.**

Roley ME, Claycomb MA, Contractor AA, Dranger P, Armour C, Elhai JD

BACKGROUND:
Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are highly comorbid (Elhai et al., 2008. J. Clin. Psychiatry, 69, (4), 597-602). Rumination is a cognitive mechanism found to exacerbate and maintain both PTSD and MDD (Elwood et al., 2009. Clin. Psychol. Rev. 29, (1), 87-100; Olatunji et al., 2013. Clin. Psychol.: Sci. Pract. 20, (3), 225-257).

AIMS:
Assess whether four rumination subtypes moderate the relationship between comorbid PTSD and MDD symptoms.

METHOD:
We consecutively sampled patients (N=45) presenting to a mental health clinic using self-report measures of PTSD and MDD symptoms, and rumination in a cross-sectional design.

RESULTS:
Repetitive rumination moderates the relationship between PTSD and MDD symptoms at one standard deviation above the mean (β=.044, p=.016), while anticipatory rumination moderates the relationship between PTSD and MDD symptoms at mean levels and higher levels of anticipatory rumination (mean β=.030, p=.042; higher β=.060, p=.008).

DISCUSSION:
Repetitive and anticipatory rumination should be assessed in the context of comorbid PTSD and MDD and interventions should focus on reducing these rumination subtypes.

LIMITATIONS:
Results should be replicated with other trauma populations because the number and complexity of traumatic events may impact the assessed symptoms. Constructs should also be assessed longitudinally, in order to establish causality. We are unable to confirm why rumination styles moderated the relationship between PTSD and depression or why counterfactual thinking and problem-focused thinking did not moderate the relationship between the two constructs.


---

http://www.ncbi.nlm.nih.gov/pubmed/25893907

Exp Brain Res. 2015 Apr 17. [Epub ahead of print]

**Neural communication in posttraumatic growth.**

Anders SL, Peterson CK, James LM, Engdahl B, Leuthold AC, Georgopoulos AP.

Posttraumatic growth (PTG), or positive psychological changes following exposure to traumatic events, is commonly reported among trauma survivors. In the present study, we examined neural correlates of PTG in 106 veterans with PTSD and 193 veteran controls using task-free magnetoencephalography (MEG), diagnostic interviews and measures of PTG, and traumatic event exposure. Global synchronous neural interactions (SNIs) were significantly modulated downward with increasing PTG scores in controls ($p = .005$), but not in veterans with PTSD ($p = .601$). This effect was primarily characterized by negative slopes in local neural networks, was strongest in the medial prefrontal cortex, and was much stronger and more extensive in the control than the PTSD group. The present study complements previous research highlighting the role of neural adaptation in healthy functioning.

---

**Links of Interest**

Brain Injury Linked to Raised Risk of Road Rage
http://www.nlm.nih.gov/medlineplus/news/fullstory_152504.html

Post-Traumatic Stress Disorder May Be Linked to Accelerated Aging
http://www.nlm.nih.gov/medlineplus/news/fullstory_152450.html

Mindfulness as Effective as CBT in Pain Catastrophizing
http://www.medscape.com/viewarticle/845177

Brief CBT, crisis response plan led to better outcomes vs. usual treatment
http://www.healio.com/psychiatry/ptsd/news/online/%7B04b14f5c-4198-43a2-992d-f548b70e3070%7D/brief-cbt-crisis-response-plan-led-to-better-outcomes-vs-usual-treatment

Can Mental Health Apps Reboot Clinical Practice?
http://odishasamaya.com/news/can-mental-health-apps-reboot-clinical-practice/42396

Subconscious learning shapes pain responses
http://www.eurekalert.org/pub_releases/2015-05/ki-sls052215.php

PTSD Treatment Can Start Early Despite Addiction; Soldiers with less than 90 days sobriety saw benefits from cognitive therapy
http://www.medpagetoday.com/MeetingCoverage/APA/51585

Q&A: Legal Tips for Telehealth Mental Counseling
Part One
http://www.dcoe.mil/blog/15-05-06/Q_A_Legal_Tips_for_Telehealth_Mental_Counseling_Part_One.aspx
Part Two
http://www.dcoe.mil/blog/15-05-12/Q_A_Legal_Tips_for_Telehealth_Mental_Counseling_Part_Two.aspx

Voices: Moral injury is also a war wound
http://www.usatoday.com/story/news/nation/2015/05/13/torture-soldier-ptsd-moral-injury-iraq-special-forces-green-beret/70889282/

---

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749