CDP Research Update -- July 30, 2015

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http://content.govdelivery.com/accounts/USVHA/bulletins/1109e22

PTSD Monthly Update: Medications for PTSD

National Center for PTSD
U.S. Department of Veterans Affairs
July 2015

While psychotherapy, sometimes called "counseling", has been shown to be the most effective treatment for PTSD, certain medications have also been proven to help decrease many of the core symptoms. These medications can be used alone, or in combination with psychotherapy.

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http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v9n3.pdf

Clinician's Trauma Update

National Center for PTSD

Issue 9(3)
June 2015

The National Center for PTSD tries to keep all professionals up-to-date with the latest in trauma research and how it can be applied. CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications. Issues include an ID number so you can find the article in the PILOTS database and a link to the abstract or full article, if you have access through your library privileges.

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http://www.rand.org/pubs/research_reports/RR1031.html

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review

Sean Grant, Susanne Hempel, Benjamin Colaiaco, Aneesa Motala, Roberta M. Shanman, Marika Booth, Whitney Dudley, Melony E. Sorbero

RAND Corporation, 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of Mindfulness-Based Relapse Prevention (MBRP) — used as an adjunctive

therapy or monotherapy — to provide estimates of its efficacy and safety for treating adults diagnosed with alcohol, opioid, stimulant, or cannabis use disorder.

Outcomes of interest included relapse, frequency and quantity of substance use, withdrawal/craving symptoms, treatment dropout, functional status, health-related quality of life, recovery outcomes, and adverse events. When possible, meta-analyses and meta-regressions were conducted using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach.

Six trials (reported in 20 publications) with 685 participants were included. Evidence was insufficient to determine whether MBRP effects differ by type of substance use targeted. There were no significant effects for MBRP as an adjunctive therapy or a stand-alone monotherapy for most outcomes. There were statistically significant effects for MBRP as an adjunctive therapy for health-related quality of life and legal problems, yet this was based on very low quality of evidence from one randomized controlled trial. Effects did not appear to systematically differ by identified comparison group. The available evidence on adverse events is very limited.

There were no statistically significant differences between MBRP and any comparators for substance use outcomes. Given the quality of evidence, there is uncertainty in the magnitude or stability of effect estimates. To provide more firm conclusions about the efficacy and safety of MBRP, future RCTs on this intervention are needed.

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http://www.rand.org/pubs/research_reports/RR1030.html

Needle Acupuncture for Substance Use Disorders: A Systematic Review

Sean Grant, Susanne Hempel, Ryan Kandrack, Aneesa Motala, Roberta M. Shanman, Marika Booth, Jeremy N. V. Miles, Whitney Dudley, Melony E. Sorbero

RAND Corporation, 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of needle acupuncture — used adjunctively or as monotherapy — to provide estimates of its efficacy and safety for treating adults diagnosed with alcohol, opioid, stimulant, or cannabis use disorder. Outcomes of interest included relapse, frequency and quantity of substance use, withdrawal symptoms, treatment dropout, functional status, health-related quality of life, and adverse events. When possible, meta-analyses and meta-regressions were conducted using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach. Forty-one trials (reported in 48 publications) with 5,227 participants were included. The available evidence suggests no consistent effect of acupuncture

versus comparator interventions on substance use outcomes. There were positive effects for withdrawal symptoms and anxiety, yet these results were based on low or very low quality of evidence. Meta-regressions indicated that treatment dropout results differed by substance targeted, and withdrawal/craving symptoms and treatment dropout differed by acupuncture type. We found no evidence to suggest that effects of needle acupuncture differed systematically by acupuncture when offered as adjunctive versus monotherapy or by type of comparator. Only 12 studies provided safety data, and these data suggest that acupuncture is not typically associated with serious adverse events. Given the quality of evidence, there is uncertainty with regard to the magnitude or stability of effect estimates.

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http://occmed.oxfordjournals.org/content/65/5/413.short

Risk-taking behaviours among UK military reservists.

G. Thandi, J. Sundin, C. Dandeker, N. Jones, N. Greenberg, S. Wessely, and N. T. Fear

Occupational Medicine
(2015) 65 (5): 413-416
doi:10.1093/occmed/kqv057

Background
Deploying in a combat role negatively impacts risk-taking behaviours, such as drinking, smoking and risky driving in regular UK military personnel. Little is known about the impact of deployment on the risk-taking behaviours of reservists.

Aims
To explore the impact of deployment on risk-taking behaviours among reservists.

Methods
This was a cross-sectional study. Hazardous drinking, risky driving, physical violence, smoking and attendance at accident and emergency (A&E) departments as a result of risk-taking behaviours were assessed by self-reported questionnaire.

Results
There were 1710 participants in the study; response rate 51%. The overall prevalence of risk-taking behaviours was: hazardous drinking 46%, smoking 18%, risky driving 11%, attending A&E due to risky behaviours 13% and reporting physical violence 3%. Deployment was significantly associated with risky driving [odds ratio (OR) 1.88, 95% confidence interval (CI) 1.25–2.81], smoking (OR 2.02, 95% CI 1.46–2.78) and physical violence (OR 3.63, 95% CI 1.88–7.02).

Conclusions
It is important to consider the impact of deployment and military factors on the prevalence of risk-taking behaviours in reservists as greater numbers than ever before will face the prospect of deployment to overseas conflicts.

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http://www.ncbi.nlm.nih.gov/pubmed/26201054

JAMA Psychiatry. 2015 Jul 22. doi: 10.1001/jamapsychiatry.2015.0803. [Epub ahead of print]

Course of Posttraumatic Stress Disorder 40 Years After the Vietnam War: Findings From the National Vietnam Veterans Longitudinal Study.

Marmar CR, Schlenger W, Henn-Haase C, Qian M, Purchia E, Li M, Corry N, Williams CS, Ho CL, Horesh D, Karstoft KI, Shalev A, Kulka RA

IMPORTANCE:
The long-term course of readjustment problems in military personnel has not been evaluated in a nationally representative sample. The National Vietnam Veterans Longitudinal Study (NVVLS) is a congressionally mandated assessment of Vietnam veterans who underwent previous assessment in the National Vietnam Veterans Readjustment Study (NVVRS).

OBJECTIVE:
To determine the prevalence, course, and comorbidities of war-zone posttraumatic stress disorder (PTSD) across a 25-year interval.

DESIGN, SETTING, AND PARTICIPANTS:
The NVVLS survey consisted of a self-report health questionnaire (n = 1409), a computer-assisted telephone survey health interview (n = 1279), and a telephone clinical interview (n = 400) in a representative national sample of veterans who served in the Vietnam theater of operations (theater veterans) from July 3, 2012, through May 17, 2013. Of 2348 NVVRS participants, 1920 were alive at the outset of the NVVLS, and 81 died during recruitment; 1450 of the remaining 1839 (78.8%) participated in at least 1 NVVLS study phase. Data analysis was performed from May 18, 2013, through January 9, 2015, with further analyses continued through April 13, 2015.

MAIN OUTCOMES AND MEASURES:
Study instruments included the Mississippi Scale for Combat-Related PTSD, PTSD Checklist for DSM-IV supplemented with PTSD Checklist for DSM-5 items (PCL-5+), Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and Structured Clinical Interview for DSM-IV, Nonpatient Version.

RESULTS:
Among male theater veterans, we estimated a prevalence (95% CI) of 4.5% (1.7%-7.3%) based on CAPS-5 criteria for a current PTSD diagnosis; 10.8% (6.5%-15.1%) based on CAPS-5 full plus subthreshold PTSD; and 11.2% (8.3%-14.2%) based on PCL-5+ criteria for current war-zone PTSD. Among female veterans, estimates were 6.1% (1.8%-10.3%), 8.7% (3.8%-13.6%), and 6.6% (3.5%-9.6%), respectively. The PCL-5+ prevalence (95% CI) of current non-war-zone PTSD was 4.6% (2.6%-6.6%) in male and 5.1% (2.3%-8.0%) in female theater veterans. Comorbid major depression occurred in 36.7% (95% CI, 6.2%-67.2%) of veterans with current war-zone PTSD. With regard to the course of PTSD, 16.0% of theater veterans reported an increase and 7.6% reported a decrease of greater than 20 points in Mississippi Scale for Combat-Related PTSD symptoms. The prevalence (95% CI) of current PCL-5+-derived PTSD in study respondents was 1.2% (0.0%-3.0%) for male and 3.9% (0.0%-8.1%) for female Vietnam veterans.

CONCLUSIONS AND RELEVANCE:
Approximately 271 000 Vietnam theater veterans have current full PTSD plus subthreshold war-zone PTSD, one-third of whom have current major depressive disorder, 40 or more years after the war. These findings underscore the need for mental health services for many decades for veterans with PTSD symptoms.

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http://www.ncbi.nlm.nih.gov/pubmed/26198645

J Interpers Violence. 2015 Jul 21. pii: 0886260515596149. [Epub ahead of print]

Borderline Personality Disorder and Military Sexual Trauma: Analysis of Previous Traumatization and Current Psychiatric Presentation.

Williams R, Holliday R, Clem M, Anderson E, Morris EE, Surís A

Military sexual trauma (MST) increases vulnerability for posttraumatic stress disorder (PTSD). Sexual trauma is also associated with increased risk for developing borderline personality disorder (BPD). Research has also documented a significant link between PTSD and BPD; however, there is a paucity of information examining this relationship among veterans with MST-related PTSD. In particular, we sought to examine whether comorbid BPD-PTSD compared with veterans with PTSD and no BPD resulted in increased PTSD and depression symptomatology. We also examined psychiatric, previous sexual trauma, and demographic factors to determine what-if any-factors were associated with comorbid BPD diagnosis. Using data from a recently conducted randomized clinical trial, we examined electronic medical records of the local Veterans Affairs Medical Center. Data from 90 veterans with MST-related PTSD were obtained. More than 22% (n = 20) of the sample had a historical diagnosis of BPD. Participants were administered measures to assess psychiatric symptomatology (PTSD and depression), trauma-related negative cognitions (NCs), and previous sexual traumatization (e.g., childhood and

civilian sexual exposure). An analysis of variance was conducted, which found that veterans with comorbid MST-related PTSD and BPD had significantly greater PTSD criterion B (avoidance) symptoms, depressive symptomatology, and NC scores than participants without comorbid BPD. In addition, a binary stepwise logistic regression found that veterans' BPD was also positively associated with NCs about self and the world; however, self-blame, depression, PTSD, sociodemographic variables (e.g., gender, age), and previous sexual traumatizations were not significant predictors. Implications are discussed with regard to clinical care and future research directions.

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http://www.ncbi.nlm.nih.gov/pubmed/26195653

Am J Health Syst Pharm. 2015 Aug 1;72(15):1279-84. doi: 10.2146/ajhp140523.

Use and effects of cannabinoids in military veterans with posttraumatic stress disorder.

Betthauser K, Pilz J, Vollmer LE

PURPOSE:
Published evidence regarding the use of cannabis and cannabis derivatives by military veterans with posttraumatic stress disorder (PTSD) is reviewed.

SUMMARY:
When inhaled or delivered orally or transdermally, cannabinoids (the psychoactive components of unrefined marijuana and various derivative products) activate endogenous cannabinoid receptors, modulating neurotransmitter release and producing a wide range of central nervous system effects, including increased pleasure and alteration of memory processes. Those effects provide a pharmacologic rationale for the use of cannabinoids to manage the three core PTSD symptom clusters: reexperiencing, avoidance and numbing, and hyperarousal. A literature search identified 11 articles pertaining to cannabis use by military veterans who met standard diagnostic criteria for PTSD. Cross-sectional studies have found a direct correlation between more severe PTSD symptomatology and increased motivation to use cannabis for coping purposes, especially among patients with difficulties in emotional regulation or stress tolerance. Data from 4 small studies suggested that cannabinoid use was associated with global improvements in PTSD symptoms or amelioration of specific PTSD symptoms such as insomnia and nightmares. Large well-designed controlled trials are needed in order to better delineate the potential role of cannabinoids as an adjunct or alternative to conventional approaches to PTSD management.

CONCLUSION:
While further research into cannabinoid treatment effects on PTSD symptoms is required, the evaluated evidence indicates that substantial numbers of military veterans with PTSD use

cannabis or derivative products to control PTSD symptoms, with some patients reporting benefits in terms of reduced anxiety and insomnia and improved coping ability.

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http://www.ncbi.nlm.nih.gov/pubmed/26194844

J Trauma Stress. 2015 Jul 20. doi: 10.1002/jts.22027. [Epub ahead of print]

Sleep Quality and Reexperiencing Symptoms of PTSD Are Associated With Current Pain in U.S. OEF/OIF/OND Veterans With and Without mTBIs.

Powell MA, Corbo V, Fonda JR, Otis JD, Milberg WP, McGlinchey RE

Pain, a debilitating condition, is frequently reported by U.S. veterans returning from Afghanistan and Iraq. This study investigated how commonly reported clinical factors were associated with pain and whether these associations differed for individuals with a history of chronic pain. From the Boston metropolitan area, 171 veterans enrolled in the Veterans Affairs Center of Excellence were assessed for current posttraumatic stress disorder (PTSD) symptom severity, current mood and anxiety diagnoses, lifetime traumatic brain injury, combat experiences, sleep quality, and alcohol use. Hierarchical regression models were used to determine the association of these conditions with current pain. Average pain for the previous 30 days, assessed with the McGill Pain Questionnaire, was 30.07 out of 100 (SD = 25.43). Sleep quality, PTSD symptom severity, and alcohol use were significantly associated with pain (R2 = .24), as were reexperiencing symptoms of PTSD (R2 = .25). For participants with a history of chronic pain (n = 65), only PTSD symptoms were associated with pain (R2 = .19). Current pain severity was associated with increased PTSD severity (notably, reexperiencing symptoms), poor sleep quality, and increased alcohol use. These data support the hypothesis that PTSD symptoms influence pain, but suggest that problems with sleep and alcohol use may exacerbate the relationship. Copyright © 2015 Wiley Periodicals, Inc., A Wiley Company.

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http://www.ncbi.nlm.nih.gov/pubmed/26192755

J Clin Psychol. 2015 Jul 20. doi: 10.1002/jclp.22200. [Epub ahead of print]

An Overview of the Research on Mindfulness-Based Interventions for Treating Symptoms of Posttraumatic Stress Disorder: A Systematic Review.

Banks K, Newman E, Saleem J

OBJECTIVE:
This systematic review aimed to collate and evaluate the existing research for the use of mindfulness-based approaches to treat posttraumatic stress disorder (PTSD). Our primary objectives were to explore the effects of mindfulness-based approaches on PTSD symptoms and associated psychological distress, with secondary objectives to explore the attrition rate, adverse effects, resource implications, and long-term effects of such interventions.

METHOD:
We systematically searched research databases, EMBASE, OVID MedLine, Psycinfo, CINAHL, and PILOTS, contacted relevant authors in the field, and conducted a hand search of relevant papers.

RESULTS:
The search resulted in 12 studies that met eligibility criteria, many of which studies lacked methodological rigor. The majority of the studies indicated positive outcomes with improvements in PTSD symptoms, particularly in reducing avoidance.

CONCLUSIONS:
The preliminary evidence for the use of mindfulness-based approaches to treat PTSD symptoms is encouraging, although further studies with a more robust research design are required.

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http://www.ncbi.nlm.nih.gov/pubmed/26190531

Behav Cogn Psychother. 2015 Jul 20:1-11. [Epub ahead of print]

Clients' Experiences of Returning to the Trauma Site during PTSD Treatment: An Exploratory Study.

Murray H, Merritt C, Grey N

BACKGROUND:
Visits to the location of the trauma are often included in trauma-focused cognitive behavioural therapy (TF-CBT) for post-traumatic stress disorder (PTSD), but no research to date has explored how service users experience these visits, or whether and how they form an effective part of treatment.

AIMS:
The study aimed to ascertain whether participants found site visits helpful, to test whether the functions of the site visit predicted by cognitive theories of PTSD were endorsed, and to create a grounded theory model of how site visits are experienced.

METHOD:
Feedback was collected from 25 participants who had revisited the scene of the trauma as part of TF-CBT for PTSD. The questionnaire included both free text items, for qualitative analysis, and forced-choice questions regarding hypothesized functions of the site visit.

RESULTS:
Overall, participants found the site visits helpful, and endorsed the functions predicted by the cognitive model. A model derived from the feedback illustrated four main processes occurring during the site visit: "facing and overcoming fear"; "filling in the gaps"; "learning from experiences" and "different look and feel to the site", which, when conducted with "help and support", usually from the therapist, led to a sense of "closure and moving on".

CONCLUSIONS:
Therapist-accompanied site visits may have various useful therapeutic functions and participants experience them positively.

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http://www.ncbi.nlm.nih.gov/pubmed/26189337

Clin Psychol Psychother. 2015 Jul 20. doi: 10.1002/cpp.1969. [Epub ahead of print]

Cognitive-Behavioural Therapy and Psychodynamic Psychotherapy in the Treatment of Combat-Related Post-Traumatic Stress Disorder: A Comparative Effectiveness Study.

Levi O, Bar-Haim Y, Kreiss Y, Fruchter E

This study compared the effectiveness of two psychotherapy approaches for treating combat veterans with chronic post-traumatic stress disorder (PTSD): cognitive-behavioural therapy (CBT) and psychodynamic psychotherapy (PDT). These treatments are routinely used by the Unit for Treatment of Combat-Related PTSD of the Israel Defense Forces (IDF). IDF veterans with chronic PTSD were assigned to either CBT (n = 148) or PDT (n = 95) based on the nature of their complaint and symptoms. Psychiatric status was assessed at baseline, post-treatment and 8-12 months follow-up using the Clinician-Administered PTSD Scale, the PTSD Questionnaire, the Montgomery and Asberg Depression Rating Scale and the Psychotherapy Outcome Assessment and Monitoring System-Trauma Version assessment questionnaire. Both treatment types resulted in significant reduction in symptoms and with improved functioning from pre-treatment to post-treatment, which were maintained at follow-up. No differences between the two treatments were found in any the effectiveness measures. At post-treatment, 35% of the CBT patients and 45% of the PDT patients remitted, with no difference between the groups. At follow-up, remission rates were 33% and 36% for the CBT and PDT groups, respectively. The study recommends further randomized controlled trials to determine treatment efficacy.

KEY PRACTITIONER MESSAGE:
Both cognitive-behavioural therapy and psychodynamic psychotherapy have to be treatments offered in clinics for treating PTSD. Therapists who treat PTSD should be familiar with cognitive-behavioural and dynamic methods. The type of treatment chosen should be based on thorough psychosocial assessment.

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http://www.ncbi.nlm.nih.gov/pubmed/26187404

JMIR Res Protoc. 2015 Jul 17;4(3):e87. doi: 10.2196/resprot.3852.

Mobile App-Delivered Cognitive Behavioral Therapy for Insomnia: Feasibility and Initial Efficacy Among Veterans With Cannabis Use Disorders.

Babson KA, Ramo DE, Baldini L, Vandrey R, Bonn-Miller MO

BACKGROUND:
Cannabis is the most frequently used illicit substance in the United States resulting in high rates of cannabis use disorders. Current treatments for cannabis use are often met with high rates of lapse/relapse, tied to (1) behavioral health factors that impact cannabis use such as poor sleep, and (2) access, stigma, supply, and cost of receiving a substance use intervention.

OBJECTIVE:
This pilot study examined the feasibility, usability, and changes in cannabis use and sleep difficulties following mobile phone-delivered Cognitive Behavioral Therapy for Insomnia (CBT-I) in the context of a cannabis cessation attempt.

METHODS:
Four male veterans with DSM-5 cannabis use disorder and sleep problems were randomized to receive a 2-week intervention: CBT-I Coach mobile app (n=2) or a placebo control (mood-tracking app) (n=2). Cannabis and sleep measures were assessed pre- and post-treatment. Participants also reported use and helpfulness of each app. Changes in sleep and cannabis use were evaluated for each participant individually.

RESULTS:
Both participants receiving CBT-I used the app daily over 2 weeks and found the app user-friendly, helpful, and would use it in the future. In addition, they reported decreased cannabis use and improved sleep efficiency; one also reported increased sleep quality. In contrast, one participant in the control group dropped out of the study, and the other used the app minimally and reported increased sleep quality but also increased cannabis use. The mood app was rated as not helpful, and there was low likelihood of future participation.

CONCLUSIONS:
This pilot study examined the feasibility and initial patient acceptance of mobile phone delivery of CBT-I for cannabis dependence. Positive ratings of the app and preliminary reports of reductions in cannabis use and improvements in sleep are both encouraging and support additional evaluation of this intervention.

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http://www.ncbi.nlm.nih.gov/pubmed/26184460

Psychiatry Res. 2015 Jul 2. pii: S0925-4927(15)30023-8. doi: 10.1016/j.pscychresns.2015.06.012. [Epub ahead of print]

Decreased somatosensory activity to non-threatening touch in combat veterans with posttraumatic stress disorder.

Badura-Brack AS, Becker KM, McDermott TJ, Ryan TJ4, Becker MM, Hearley AR, Heinrichs-Graham E, Wilson TW

Posttraumatic stress disorder (PTSD) is a severe psychiatric disorder prevalent in combat veterans. Previous neuroimaging studies have demonstrated that patients with PTSD exhibit abnormal responses to non-threatening visual and auditory stimuli, but have not examined somatosensory processing. Thirty male combat veterans, 16 with PTSD and 14 without, completed a tactile stimulation task during a 306-sensor magnetoencephalography (MEG) recording. Significant oscillatory neural responses were imaged using a beamforming approach. Participants also completed clinical assessments of PTSD, combat exposure, and depression. We found that veterans with PTSD exhibited significantly reduced activity during early (0-125ms) tactile processing compared with combat controls. Specifically, veterans with PTSD had weaker activity in the left postcentral gyrus, left superior parietal area, and right prefrontal cortex in response to nonthreatening tactile stimulation relative to veterans without PTSD. The magnitude of activity in these brain regions was inversely correlated with symptom severity, indicating that those with the most severe PTSD had the most abnormal neural responses. Our findings are consistent with a resource allocation view of perceptual processing in PTSD, which directs attention away from nonthreatening sensory information.

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http://www.ncbi.nlm.nih.gov/pubmed/26204318

Brain Inj. 2015 Jul 23:1-12. [Epub ahead of print]

Resilience and symptom reporting following mild traumatic brain injury in military service members.

Merritt VC, Lange RT, French LM

PRIMARY OBJECTIVE:
The purpose of this study was to examine the relationship between resilience and symptom reporting following mild traumatic brain injury (mTBI). It was hypothesized that, as resilience increases, self-reported symptoms would decrease.

RESEARCH DESIGN:
Cross-sectional design.

METHODS AND PROCEDURES:
Participants were 142 US military service members who sustained a mTBI, divided into three resilience groups based on participants' responses on the Response to Stressful Experiences Scale: Moderate (n = 42); High (n = 51); and Very High (n = 49). Participants completed the Neurobehavioral Symptom Inventory (NSI) and PTSD Checklist-Civilian Version (PCL-C) within 12 months following injury.

MAIN OUTCOMES AND RESULTS:
There were significant main effects for the NSI total score, cognitive cluster and affective cluster, as well as for the PCL-C total score, avoidance cluster and hyperarousal cluster. Pairwise comparisons revealed that there was a negative relationship between resilience and self-reported symptoms overall. Specifically, participants with higher resilience reported fewer post-concussion and PTSD-related symptoms than participants with lower levels of resilience.

CONCLUSIONS:
These findings underscore the important role that resilience plays in symptom expression in military service members with mTBI and suggest that research on targeted interventions to increase resilience in the acute phase following injury is indicated.

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http://www.ncbi.nlm.nih.gov/pubmed/26201688

J Trauma Stress. 2015 Jul 22. doi: 10.1002/jts.22029. [Epub ahead of print]

Prolonged Exposure Therapy With Veterans and Active Duty Personnel Diagnosed With PTSD and Traumatic Brain Injury.

Wolf GK, Kretzmer T, Crawford E, Thors C, Wagner HR, Strom TQ, Eftekhari A, Klenk M, Hayward L, Vanderploeg RD

The present study used archival clinical data to analyze the delivery and effectiveness of prolonged exposure (PE) and ancillary services for posttraumatic stress disorder (PTSD) among

Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn veterans (N = 69) with histories of mild to severe traumatic brain injury (TBI). Data from standard clinical assessments of veterans and active duty personnel treated in both inpatient and outpatient programs at 2 Department of Veteran Affairs medical centers were examined. Symptoms were assessed with self-report measures of PTSD (PTSD Checklist) and depression (Beck Depression Inventory-II) before and throughout therapy. Mixed linear models were utilized to determine the slope of reported symptoms throughout treatment, and the effects associated with fixed factors such as site, treatment setting (residential vs. outpatient), and TBI severity were examined. Results demonstrated significant decreases in PTSD, B = -3.00, 95% CI [-3.22, -2.78]; t(210) = -13.5; p < .001, and in depressive symptoms, B = -1.46, 95% CI [-1.64, -1.28]; t(192) = -8.32; p < .001. The effects of PE treatment by clinical setting and participants with moderate to severe injuries reported more rapid gains than those with a history of mild TBI. The results provide evidence that PE may well be effective for veterans with PTSD and TBI.

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http://www.ncbi.nlm.nih.gov/pubmed/26204466

J Womens Health (Larchmt). 2015 Jul 23. [Epub ahead of print]

Psychosocial Functioning and Health-Related Quality of Life Associated with Posttraumatic Stress Disorder in Male and Female Iraq and Afghanistan War Veterans: The VALOR Registry.

Fang SC, Schnurr PP, Kulish AL, Holowka DW, Marx BP, Keane TM, Rosen R

OBJECTIVES:
Iraq and Afghanistan war veterans suffer from high rates of posttraumatic stress disorder (PTSD). Given the growing number of women in the military, there is a critical need to understand the nature and extent of potential gender differences in PTSD-associated psychosocial functioning and health-related quality of life (HRQOL) in Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans, which has not been studied to date.

METHODS:
We used data from a gender-balanced national patient registry of warzone-deployed OEF/OIF veterans (Project VALOR: Veterans After-Discharge Longitudinal Registry) to determine the impact of gender on PTSD-related psychosocial functioning and HRQOL in 1,530 United States Iraq and Afghanistan war veterans (50% female) with and without PTSD. Overall psychosocial functioning was assessed with the Inventory of Psychosocial Functioning (IPF) and mental and physical HRQOL with the Veterans RAND 12-item Health Survey (VR-12) Mental and Physical Component Summary scores, respectively. Stratified linear regression models estimated gender-specific associations, controlling for demographic, deployment, and postdeployment factors. Interaction models tested for significant effect moderation by gender.

RESULTS:
In gender-stratified models, PTSD was strongly associated with higher IPF scores (greater functional impairment), with similar associations by gender. PTSD was also associated with lower Mental Component Summary scores (lower mental HRQOL) in both men and women, with no evidence of effect moderation by gender. PTSD was associated with lower Physical Component Summery scores in women but not men in adjusted models; however, interactions were not significant.

CONCLUSION:
PTSD among warzone-deployed OEF/OIF veterans is associated with significant impairments in both overall psychosocial functioning and HRQOL, with associations that are largely similar by gender. Findings support the need for thorough and continuous assessment of functional impairment and HRQOL during treatment of PTSD for both male and female OEF/OIF veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/26201304

J Trauma Stress. 2015 Jul 22. doi: 10.1002/jts.22017. [Epub ahead of print]

Social Information Processing in Anger Expression and Partner Violence in Returning U.S. Veterans.

Taft CT, Weatherill RP, Scott JP, Thomas SA, Kang HK, Eckhardt CI

We examined social information processing factors that could represent pathways through which posttraumatic stress disorder (PTSD) symptoms relate to anger expression and intimate partner violence (IPV) perpetration in returning U.S. veterans. The sample included 92 male Operation Enduring Freedom/Operation Iraqi Freedom veterans, primarily Caucasian (77.4%), with smaller numbers of African American, Asian, Hispanic or Latino, American Indian or Alaskan Native, and other minority participants (9.7%, 2.2%, 2.2%, 3.2%, and 5.3% respectively). The average age was 40.37 (SD = 9.63) years. Data were collected through self-report questionnaires (PTSD Checklist, State-Trait Anger Expression Scale, Revised Conflict Tactics Scales) and the Articulated Thoughts in Simulated Situations experimental protocol. Laboratory-based assessment of cognitive biases and hostile attributions were tested as mediators of associations between PTSD symptoms and anger expression and IPV. Among the PTSD symptom clusters, hyperarousal symptoms were most strongly associated with anger expression (r = .50) and IPV perpetration (r = .27). Cognitive biases mediated associations between PTSD total scores and 3 of 4 PTSD cluster scores as well as anger expression. Hostile attribution biases were also associated with IPV perpetration (r = .23). We discuss the implications of these findings for understanding social information processing mechanisms for the relationship between PTSD symptoms and aggression.

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http://www.sciencedirect.com/science/article/pii/S0005791615300124

Military Affective Picture System (MAPS): A new emotion-based stimuli set for assessing emotional processing in military populations.

Adam M. Goodman, Jeffrey S. Katz, Michael N. Dretsch

Journal of Behavior Therapy and Experimental Psychiatry
Available online 21 July 2015
doi:10.1016/j.jbtep.2015.07.006

Background and Objectives
Emotionally-relevant pictorial stimuli utilized in studies to characterize both normal and pathological emotional responses do not include military scenarios. Failures to replicate consistent findings for military populations have led to speculation that these image sets do not capture personally relevant experiences.

Methods
The Military Affective Picture System (MAPS) was developed consisting of 240 images depicting scenes common among military populations. A Self-Assessment Manikin was administered to a 1) U.S. Army soldiers and a 2) non-military population.

Results
Findings revealed gender differences in valence and dominance dimensions, but not arousal, for both samples. Valence scores were higher for the military. Arousal ratings decrease as a product of combat exposure. Civilian females demonstrated stronger correlations of valence and arousal when viewing positive or negative images.

Limitations
Given the limited power achieved for in the current studies' gender comparisons; it would be difficult to draw major conclusions regarding the interaction of combat exposure or military status with gender for each of the categories. Without having included the IAPS ratings for comparison it is difficult to conclude whether effects only pertain to viewing MAPS images, or if there was unintentional selection bias. Additional ratings would provide better assessments for these effects in both males and females.

Conclusions
The MAPS has potential as a screening instrument and clinical evaluation tool for assessing treatment outcomes for individuals with combat-related psychopathology. The MAPS is freely available for research to non-profit groups upon request at http://www.cla.auburn.edu/psychology/military-affective-picture-system/.

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http://www.tandfonline.com/doi/abs/10.1080/13811118.2015.1004494#.VbeLBJNuNl0

Religion and Suicide Risk: A Systematic Review.

Ryan E. Lawrence , Maria A. Oquendo , Barbara Stanley

Archives of Suicide Research
Accepted author version posted online: 20 Jul 2015
DOI: 10.1080/13811118.2015.1004494

Although religion is reported to be protective against suicide, the empirical evidence is inconsistent Research is complicated by the fact that there are many dimensions to religion (affiliation, participation, doctrine) and suicide (ideation, attempt, completion). We systematically reviewed the literature on religion and suicide over the last ten years (89 articles) with a goal of identifying what specific dimensions of religion are associated with specific aspects of suicide. We found that religious affiliation does not necessarily protect against suicidal ideation, but does protect against suicide attempts. Whether religious affiliation protects against suicide attempts may depend on the culture-specific implications of affiliating with a particular religion, since minority religious groups can feel socially isolated. After adjusting for social support measures, religious service attendance is not especially protective against suicidal ideation, but does protect against suicide attempts, and possibly protects against suicide. Future qualitative studies might further clarify these associations.

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http://onlinelibrary.wiley.com/doi/10.1111/ap.12122/abstract

A Systematic Review of Videoconference-Delivered Psychological Treatment for Anxiety Disorders.

Clare S Rees and Ellen Maclaine

Australian Psychologist
Special Issue: Telepsychology: Research and Practice
Volume 50, Issue 4, pages 259–264, August 2015
DOI: 10.1111/ap.12122

Objective
Recently, increasing attention has been given to the issue of limited access to evidence-based psychological treatments. Factors affecting access can include geographical distance from service providers, lack of trained specialists, and prohibitive costs for treatment.

Videoconferencing provides a convenient, low-cost alternative to in-person psychotherapy. Although videoconferencing treatment has been trialled for a vast array of mental health problems, surprisingly little research has been conducted exploring the efficacy of videoconferencing for the treatment of anxiety disorders. Anxiety disorders are highly prevalent and disabling conditions for which effective psychological treatment exists. The aim of the present study was to determine the state of the evidence with regard to the effectiveness of videoconference-delivered treatment for anxiety disorders.

Method
Using preferred reporting items for systematic reviews and meta-analyses guidelines, we conducted a systematic review of all studies that primarily recruited individuals with anxiety disorders, published between 2004 and 2014.

Results
We identified 20 studies involving a total of 613 participants. Of the included studies, 50% were uncontrolled and 50% were controlled trials. The majority of studies conducted to date focused on post-traumatic stress disorder (PTSD; n = 10), followed by obsessive-compulsive disorder (n = 5), mixed anxiety and depression (n = 2), panic disorder (n = 2), and social phobia (n = 1). No studies were located that focused on investigating videoconference-delivered therapy exclusively for generalised anxiety disorder.

Conclusions
Findings are discussed in terms of the accumulating evidence for the effectiveness of videoconference-delivered therapy to treat anxiety disorders and the need for more trials overall, but particularly for generalised anxiety disorder.

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http://scholarworks.umass.edu/masters_theses_2/183/

A "Greedy" Institution with Great Job Benefits: Family Structure and Gender Variation in Commitment to Military Employment

Karen M. Brummond

Thesis, Master of Arts, Sociology
University of Massachusetts - Amherst, 2015

Scholars describe both the military and the family as “greedy institutions,” or institutions that require expansive time and energy commitments, and alter participants’ master status (Segal 1986; Coser 1974). However, the military’s employment benefits may counteract its greedy elements. I use data from the 2008 Survey of Active Duty Members to examine commitment to military employment in wartime, accounting for greedy elements of military service (such as geographic mobility, risk of bodily harm, and separations), job benefits, family structure, and

gender. The results show that women in dual-service marriages, unmarried men, and those who experienced separations reported lower career commitment and affective organizational commitment. In contrast, the use of military job benefits was positively associated with commitment. Counterintuitively, parenthood, geographic mobility, and being stationed in Afghanistan were also positively associated with commitment. These findings complicate the military's label as a greedy institution, and contribute to the literature on work-family conflict and gendered organizations.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22027/abstract

Sleep Quality and Reexperiencing Symptoms of PTSD Are Associated With Current Pain in U.S. OEF/OIF/OND Veterans With and Without mTBIs.

Powell, M. A., Corbo, V., Fonda, J. R., Otis, J. D., Milberg, W. P. and McGlinchey, R. E.

Journal of Traumatic Stress
Article first published online: 20 JUL 2015
DOI: 10.1002/jts.22027

Pain, a debilitating condition, is frequently reported by U.S. veterans returning from Afghanistan and Iraq. This study investigated how commonly reported clinical factors were associated with pain and whether these associations differed for individuals with a history of chronic pain. From the Boston metropolitan area, 171 veterans enrolled in the Veterans Affairs Center of Excellence were assessed for current posttraumatic stress disorder (PTSD) symptom severity, current mood and anxiety diagnoses, lifetime traumatic brain injury, combat experiences, sleep quality, and alcohol use. Hierarchical regression models were used to determine the association of these conditions with current pain. Average pain for the previous 30 days, assessed with the McGill Pain Questionnaire, was 30.07 out of 100 (SD = 25.43). Sleep quality, PTSD symptom severity, and alcohol use were significantly associated with pain (R2 = .24), as were reexperiencing symptoms of PTSD (R2 = .25). For participants with a history of chronic pain (n = 65), only PTSD symptoms were associated with pain (R2 = .19). Current pain severity was associated with increased PTSD severity (notably, reexperiencing symptoms), poor sleep quality, and increased alcohol use. These data support the hypothesis that PTSD symptoms influence pain, but suggest that problems with sleep and alcohol use may exacerbate the relationship.

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http://www.ajhp.org/content/72/15/1279.short

Use and effects of cannabinoids in military veterans with posttraumatic stress disorder.

Kevin Betthauser, Jeffrey Pilz and Laura E. Vollmer

American Journal of Health-System Pharmacy
August 1, 2015 vol. 72 no. 15 1279-1284
doi: 10.2146/ajhp140523

Purpose
Published evidence regarding the use of cannabis and cannabis derivatives by military veterans with posttraumatic stress disorder (PTSD) is reviewed.

Summary
When inhaled or delivered orally or transdermally, cannabinoids (the psychoactive components of unrefined marijuana and various derivative products) activate endogenous cannabinoid receptors, modulating neurotransmitter release and producing a wide range of central nervous system effects, including increased pleasure and alteration of memory processes. Those effects provide a pharmacologic rationale for the use of cannabinoids to manage the three core PTSD symptom clusters: reexperiencing, avoidance and numbing, and hyperarousal. A literature search identified 11 articles pertaining to cannabis use by military veterans who met standard diagnostic criteria for PTSD. Cross-sectional studies have found a direct correlation between more severe PTSD symptomatology and increased motivation to use cannabis for coping purposes, especially among patients with difficulties in emotional regulation or stress tolerance. Data from 4 small studies suggested that cannabinoid use was associated with global improvements in PTSD symptoms or amelioration of specific PTSD symptoms such as insomnia and nightmares. Large well-designed controlled trials are needed in order to better delineate the potential role of cannabinoids as an adjunct or alternative to conventional approaches to PTSD management.

Conclusion
While further research into cannabinoid treatment effects on PTSD symptoms is required, the evaluated evidence indicates that substantial numbers of military veterans with PTSD use cannabis or derivative products to control PTSD symptoms, with some patients reporting benefits in terms of reduced anxiety and insomnia and improved coping ability.

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http://onlinelibrary.wiley.com/doi/10.1002/cpp.1969/abstract

Cognitive–Behavioural Therapy and Psychodynamic Psychotherapy in the Treatment of Combat-Related Post-Traumatic Stress Disorder: A Comparative Effectiveness Study.

Levi, O., Bar-Haim, Y., Kreiss, Y., and Fruchter, E.

Clinical Psychology & Psychotherapy
Article first published online: 20 JUL 2015

DOI: 10.1002/cpp.1969

This study compared the effectiveness of two psychotherapy approaches for treating combat veterans with chronic post-traumatic stress disorder (PTSD): cognitive–behavioural therapy (CBT) and psychodynamic psychotherapy (PDT). These treatments are routinely used by the Unit for Treatment of Combat-Related PTSD of the Israel Defense Forces (IDF). IDF veterans with chronic PTSD were assigned to either CBT (n = 148) or PDT (n = 95) based on the nature of their complaint and symptoms. Psychiatric status was assessed at baseline, post-treatment and 8–12 months follow-up using the Clinician-Administered PTSD Scale, the PTSD Questionnaire, the Montgomery and Asberg Depression Rating Scale and the Psychotherapy Outcome Assessment and Monitoring System-Trauma Version assessment questionnaire. Both treatment types resulted in significant reduction in symptoms and with improved functioning from pre-treatment to post-treatment, which were maintained at follow-up. No differences between the two treatments were found in any the effectiveness measures. At post-treatment, 35% of the CBT patients and 45% of the PDT patients remitted, with no difference between the groups. At follow-up, remission rates were 33% and 36% for the CBT and PDT groups, respectively. The study recommends further randomized controlled trials to determine treatment efficacy.

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http://www.ncbi.nlm.nih.gov/pubmed/26187404

JMIR Res Protoc. 2015 Jul 17;4(3):e87. doi: 10.2196/resprot.3852.

Mobile App-Delivered Cognitive Behavioral Therapy for Insomnia: Feasibility and Initial Efficacy Among Veterans With Cannabis Use Disorders.

Babson KA, Ramo DE, Baldini L, Vandrey R, Bonn-Miller MO

BACKGROUND:
Cannabis is the most frequently used illicit substance in the United States resulting in high rates of cannabis use disorders. Current treatments for cannabis use are often met with high rates of lapse/relapse, tied to (1) behavioral health factors that impact cannabis use such as poor sleep, and (2) access, stigma, supply, and cost of receiving a substance use intervention.

OBJECTIVE:
This pilot study examined the feasibility, usability, and changes in cannabis use and sleep difficulties following mobile phone-delivered Cognitive Behavioral Therapy for Insomnia (CBT-I) in the context of a cannabis cessation attempt.

METHODS:
Four male veterans with DSM-5 cannabis use disorder and sleep problems were randomized to receive a 2-week intervention: CBT-I Coach mobile app (n=2) or a placebo control (mood-

tracking app) (n=2). Cannabis and sleep measures were assessed pre- and post-treatment. Participants also reported use and helpfulness of each app. Changes in sleep and cannabis use were evaluated for each participant individually.

RESULTS:
Both participants receiving CBT-I used the app daily over 2 weeks and found the app user-friendly, helpful, and would use it in the future. In addition, they reported decreased cannabis use and improved sleep efficiency; one also reported increased sleep quality. In contrast, one participant in the control group dropped out of the study, and the other used the app minimally and reported increased sleep quality but also increased cannabis use. The mood app was rated as not helpful, and there was low likelihood of future participation.

CONCLUSIONS:
This pilot study examined the feasibility and initial patient acceptance of mobile phone delivery of CBT-I for cannabis dependence. Positive ratings of the app and preliminary reports of reductions in cannabis use and improvements in sleep are both encouraging and support additional evaluation of this intervention.

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http://psycnet.apa.org/psycinfo/2015-29366-001/

Evidence-Based Trauma Treatment: Problems With a Cognitive Reappraisal of Guilt.

Finlay, Lisa D.

Journal of Theoretical and Philosophical Psychology
Jul 6 , 2015
http://dx.doi.org/10.1037/teo0000021

Across the U.S. Veterans Affairs health care system, there have been programmatic initiatives to implement evidence-based psychotherapies (EBPs) for posttraumatic stress disorder, such as Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) (Chard, Ricksecker, Healy, Karlin, & Resick, 2012). Several thousand clinicians have been trained, which makes these manualized treatments some of the most widespread and influential clinical training tools in the country. This article contends that these approaches are inadequate in responding to what is arguably the most important impact of military trauma: an enduring sense of guilt, remorse, and regret. A dialogue from the CPT training manual is highlighted as an example of how a therapist's assumptions about, inattention to, or underestimation of clients' moral horizons can cause harm. The author situates this critique in a broader discussion of some of the ways that psychology in general has dismissed guilt by divorcing it from the traditional contexts and value systems that give it meaning. This includes the cognitive–behavioral propagation of guilt as the byproduct of an irrational and unhelpful cognitive style, and recent

research on moral injury conceptualization and treatment. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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http://www.tandfonline.com/doi/abs/10.1080/15325024.2015.1067104

Initial Validation of Self-Reported Trajectories in Military Veterans.

Roland Hart , Steven L. Lancaster

Journal of Loss and Trauma
Accepted author version posted online: 22 Jul 2015
DOI: 10.1080/15325024.2015.1067104

Previous research suggests that functioning after potentially traumatic events tends to follow discrete trajectories. This research is limited in that longitudinal data can be difficult to collect. The aim of the current study was to examine self-reported trajectories in military veterans using an online survey. Consistent with longitudinal work, those who reported chronic distress reported higher symptoms of PTSD and Depression, higher negative affect, lower social support and satisfaction with life than those on a resilient trajectory. Two change trajectories demonstrated intermediate scores on relevant measures. These results provide support for a retrospective method to assess trajectories of post-trauma functioning.

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http://archpsyc.jamanetwork.com/article.aspx?articleid=2398181

Measuring the Long-term Impact of War-Zone Military Service Across Generations and Changing Posttraumatic Stress Disorder Definitions. (editorial)

Charles W. Hoge, MD

JAMA Psychiatry
Published online July 22, 2015
doi:10.1001/jamapsychiatry.2015.1066

This issue of JAMA Psychiatry brings another remarkable chapter to understanding the impact of the Vietnam War—a report from the National Vietnam Veterans Longitudinal Study (NVVLS).3 This methodologically superb follow-up of the original NVVRS cohort offers a unique window into the psychiatric health of these veterans 40 years after the war's end. No other study has achieved this quality of longitudinal information, and the sobering findings tell us as much about the Vietnam generation as about the lifelong impact of combat service in general, relevant to all generations. Like the NVVRS, the NVVLS comes at a historic watershed after 14 years of

war in Iraq and Afghanistan and shortly after publication of DSM-5, the first substantial revision of the PTSD definition since DSM-III-R (including marked wording changes, restructuring, and additional symptoms).

The most important NVVLS finding is confirmation of the chronic and debilitating course of war-related PTSD. Using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), Marmar and colleagues3 found lifetime and current war-zone PTSD prevalences of 17.0% and 4.5%, respectively, in male veterans (15.2% and 6.1%, respectively, in female veterans). Although lower than the estimates by Dohrenwend et al,2 these figures likely do not reflect the full disease burden owing to potential psychometric concerns with the CAPS-5 (discussed below) and because nearly a quarter of the cohort died in the interim between the NVVRS and NVVLS (PTSD is strongly associated with mortality).

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22017/abstract

Social Information Processing in Anger Expression and Partner Violence in Returning U.S. Veterans.

Taft, C. T., Weatherill, R. P., Scott, J. P., Thomas, S. A., Kang, H. K. and Eckhardt, C. I.

Journal of Traumatic Stress
Article first published online: 22 JUL 2015
DOI: 10.1002/jts.22017

We examined social information processing factors that could represent pathways through which posttraumatic stress disorder (PTSD) symptoms relate to anger expression and intimate partner violence (IPV) perpetration in returning U.S. veterans. The sample included 92 male Operation Enduring Freedom/Operation Iraqi Freedom veterans, primarily Caucasian (77.4%), with smaller numbers of African American, Asian, Hispanic or Latino, American Indian or Alaskan Native, and other minority participants (9.7%, 2.2%, 2.2%, 3.2%, and 5.3% respectively). The average age was 40.37 (SD = 9.63) years. Data were collected through self-report questionnaires (PTSD Checklist, State-Trait Anger Expression Scale, Revised Conflict Tactics Scales) and the Articulated Thoughts in Simulated Situations experimental protocol. Laboratory-based assessment of cognitive biases and hostile attributions were tested as mediators of associations between PTSD symptoms and anger expression and IPV. Among the PTSD symptom clusters, hyperarousal symptoms were most strongly associated with anger expression (r = .50) and IPV perpetration (r = .27). Cognitive biases mediated associations between PTSD total scores and 3 of 4 PTSD cluster scores as well as anger expression. Hostile attribution biases were also associated with IPV perpetration (r = .23). We discuss the implications of these findings for understanding social information processing mechanisms for the relationship between PTSD symptoms and aggression.

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http://www.tandfonline.com/doi/abs/10.1080/15325024.2015.1072012

Suicide Risk Assessment: Clinicians' Confidence in Their Professional Judgment.

Cheryl Regehr , Marion Bogo , Vicki R. LeBlanc , Stephanie Baird , Jane Paterson , Arija Birze

Journal of Loss and Trauma
Accepted author version posted online: 24 Jul 2015
DOI: 10.1080/15325024.2015.1072012

Suicide risk assessment is a critical component of mental health practice for which the stakes are high and the outcomes uncertain. This research examines the consistency with which clinicians make determinations of suicide risk and factors influencing clinical confidence. Seventy-one social workers interviewed two standardized patients performing in scenarios depicting suicidal ideation, judged whether the patient required hospitalization, and completed standardized suicide risk assessment measures. Self-ratings and qualitative interviews explored participants' confidence in their judgment of risk. Participants had highly divergent views regarding whether or not the risk of suicide was sufficiently high to require hospitalization. However, regardless of the ultimate decision reached, participants were equally confident when recommending either clinical course of action. The variation in risk assessment appraisals in this study, despite at times high rates of confidence in risk appraisals, speaks to the need for ongoing training, consultation and increased decision support strategies.

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http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0165

Patient Perceptions of Telemental Health: Systematic Review of Direct Comparisons to In-Person Psychotherapeutic Treatments.

Jenkins-Guarnieri Michael A., Pruitt Larry D., Luxton David D., and Johnson Kristine

Telemedicine and e-Health
August 2015, 21(8): 652-660
doi:10.1089/tmj.2014.0165

Background:
Although there is growing empirical support for the clinical efficacy of telemental health (TMH) treatments, questions remain about how patient perceptions of the TMH treatment process may compare with those of traditional in-person psychotherapy treatments.

Materials and Methods:
Through a systematic review, we specifically examine measures of patient treatment satisfaction and therapeutic alliance in studies that included direct comparisons of video teleconferencing or telephone-based psychotherapeutic TMH treatments with in-person treatment delivery. We performed a comprehensive search of the PsychINFO and MEDLINE databases for articles published in the last 10 years (2004–2014) on TMH treatments that included in-person comparison groups, yielding 552 initial results with 14 studies meeting our full inclusion criteria.

Results:
The findings generally show comparable treatment satisfaction as well as similar ratings of therapeutic alliance. Some results suggested the potential for decreased patient comfort with aspects of group treatment delivered via TMH.

Conclusions:
We discuss implications for providing psychotherapeutic treatments via TMH and review practice recommendations for assuring and enhancing satisfaction with TMH services.

Links of Interest

How my husband’s deployment has strengthened our marriage
http://www.washingtonpost.com/news/soloish/wp/2015/07/27/how-my-husbands-deployment-has-strengthened-our-marriage/

PTSD Symptoms Persist for Thousands of Vietnam Vets, Study Finds
http://www.nlm.nih.gov/medlineplus/news/fullstory_153719.html

Talk Therapy May Help Ease Insomnia, Even With Other Health Woes
http://www.nlm.nih.gov/medlineplus/news/fullstory_153652.html

Attention-control video game curbs combat vets' PTSD symptoms
http://www.eurekalert.org/pub_releases/2015-07/niom-avg072315.php

Diagnosis of psychiatric disorders not as important as outcomes
http://www.eurekalert.org/pub_releases/2015-07/l-dop072315.php

New insights into the circuitry of PTSD and mild traumatic brain injury
http://www.eurekalert.org/pub_releases/2015-07/e-nii072315.php

In pursuit of precision medicine for PTSD; Brain scans may eventually help tailor therapy
http://www.eurekalert.org/pub_releases/2015-07/varc-ipo072115.php

The traumatic effects reporting on tragedy can have on journalists
http://www.poynter.org/news/mediawire/357001/reporting-on-tragedy-can-have-traumatic-effects-on-journalists/

Military suicide rate 17 percent below 2014 pace, DOD says
http://www.stripes.com/news/us/military-suicide-rate-17-percent-below-2014-pace-dod-says-1.358677

Transgender troops policy change raises many questions
http://www.militarytimes.com/story/military/pentagon/2015/07/18/transgender-troops-policy-change-raises-many-questions/30256249/

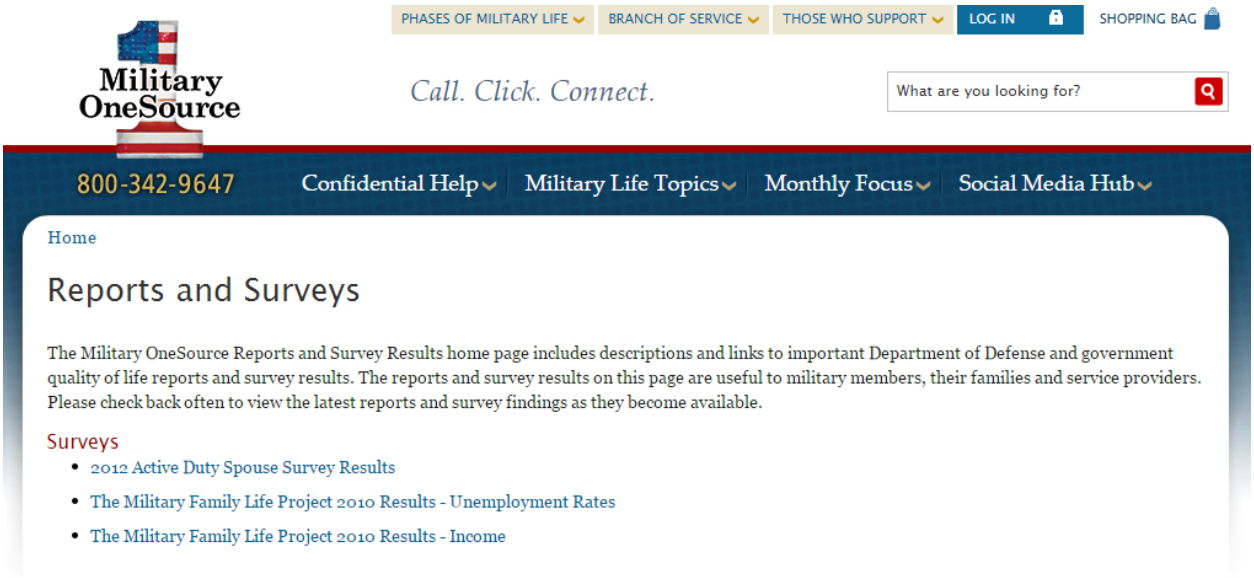
If you have insomnia, pills may not be the answer
http://www.usatoday.com/story/news/2015/07/23/insomnia-treatment-cognitive/30084541/

Lt. Col. Kate Germano on the Marines and Women
http://atwar.blogs.nytimes.com/2015/07/28/lt-col-kate-germano-on-the-marines-and-women/

Resource of the Week: Military OneSource Reports and Survey Results

> The Military OneSource Reports and Survey Results home page includes descriptions and links to important Department of Defense and government quality of life reports and survey results. The reports and survey results on this page are useful to military members, their families and service providers. Please check back often to view the latest reports and survey findings as they become available.

The main problem here is that there doesn't seem to be any way to receive updates when new content is added to this section of the website. The annual Military Demographics Report for 2014 is not yet available here; latest version as of this date is 2013.



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