



## CDP Research Update -- August 27, 2015

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- The Influence of Posttraumatic Stress Disorder on Treatment Outcomes of Patients With Borderline Personality Disorder.
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- Conflicting Notions on Violence and PTSD in the Military: Institutional and Personal Narratives of Combat-Related Illness.
- Cognitive Behavioral and Psychodynamic Therapies: Points of Intersection and Divergence.
- Long-term effects of cognitive therapy on biological rhythms and depressive symptoms: A randomized clinical trial.
- Contemporary Cognitive Behavior Therapy: A Review of Theory, History, and Evidence.
- Suicidal ideation and insomnia symptoms in subjects with obstructive sleep apnea syndrome.
- Animal-Assisted Intervention for trauma: a systematic literature review.
- To reduce or abstain? Substance use goals in the treatment of veterans with substance use disorders and comorbid PTSD.
- Update on TBI and Cognitive Impairment in Military Veterans.
- The diagnosis and management of insomnia in the United Kingdom Armed Forces.
- The Community Balance and Mobility Scale: A Pilot Study Detecting Impairments in Military Service Members With Comorbid Mild TBI and Psychological Health Conditions.
- Links of Interest
- Resource of the Week: A Veteran's Guide to Talking With Kids About PTSD

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<http://www.ncbi.nlm.nih.gov/pubmed/26302248>

J Consult Clin Psychol. 2015 Aug 24. [Epub ahead of print]

**Meta-Analysis of Dropout From Cognitive Behavioral Therapy: Magnitude, Timing, and Moderators.**

Fernandez E, Salem D, Swift JK, Ramtahal N

In this era of insistence on evidence-based treatments, cognitive behavioral therapy (CBT) has emerged as a highly preferred choice for a spectrum of psychological disorders. Yet, it is by no means immune to some of the vagaries of client participation. Special concerns arise when clients drop out from treatment.

**OBJECTIVE:**

The aim of this study was to answer questions about the rate and timing of dropout from CBT, with specific reference to pretreatment versus during treatment phases. Also explored were several moderators of dropout.

**METHOD:**

A meta-analysis was performed on dropout data from 115 primary empirical studies involving 20,995 participants receiving CBT for a range of mental health disorders.

**RESULTS:**

Average weighted dropout rate was 15.9% at pretreatment, and 26.2% during treatment. Dropout was significantly associated with (a) diagnosis, with depression having the highest attrition rate; (b) format of treatment delivery, with e-therapy having the highest rates; (c) treatment setting, with fewer inpatient than outpatient dropouts; and (d) number of sessions, with treatment starters showing significantly reduced dropout as number of sessions increased. Dropout was not significantly associated with client type (adults or adolescents), therapist licensure status, study design (randomized control trial [RCT] vs. non-RCT), or publication recency.

**CONCLUSIONS:**

Findings are interpreted with reference to other reviews. Possible clinical applications include careful choice and supplementing of treatment setting/delivery according to the diagnosis, and use of preparatory strategies. Suggestions for future research include standardization of operational definitions of dropout, specification of timing of dropout, and exploration of additional moderator variables. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26286590>

BMC Fam Pract. 2015 Aug 19;16:103. doi: 10.1186/s12875-015-0314-x.

## **Comparative effectiveness of psychological treatments for depressive disorders in primary care: network meta-analysis.**

Linde K, Rücker G, Sigterman K, Jamil S, Meissner K, Schneider A, Kriston L

### **BACKGROUND:**

A variety of psychological interventions to treat depressive disorders have been developed and are used in primary care. In a systematic review, we compared the effectiveness of psychological treatments grouped by theoretical background, intensity of contact with the health care professional, and delivery mode for depressed patients in this setting.

### **METHODS:**

Randomized trials comparing a psychological treatment with usual care, placebo, another psychological treatment, pharmacotherapy, or a combination treatment in adult depressed primary care patients were identified by database searches up to December 2013. We performed both conventional pairwise meta-analysis and network meta-analysis combining direct and indirect evidence. Outcome measures were response to treatment (primary outcome), remission of symptoms, post-treatment depression scores and study discontinuation.

### **RESULTS:**

A total of 37 studies with 7,024 patients met the inclusion criteria. Among the psychological treatments investigated in at least 150 patients face-to-face cognitive behavioral therapy (CBT; OR 1.80; 95 % credible interval 1.35-2.39), face-to-face counselling and psychoeducation (1.65; 1.27-2.13), remote therapist lead CBT (1.87; 1.38-2.53), guided self-help CBT (1.68; 1.22-2.30) and no/minimal contact CBT (1.53; 1.07-2.17) were superior to usual care or placebo, but not face-to-face problem-solving therapy and face-to-face interpersonal therapy. There were no statistical differences between psychological treatments apart from face-to-face interpersonal psychotherapy being inferior to remote therapist-lead CBT (0.60; 0.37-0.95). Remote therapist-led (0.86; 0.21-3.67), guided self-help (0.93; 0.62-1.41) and no/minimal contact CBT (0.85; 0.54-1.36) had similar effects as face-to-face CBT.

### **CONCLUSIONS:**

The limited available evidence precludes a sufficiently reliable assessment of the comparative effectiveness of psychological treatments in depressed primary care patients. Findings suggest that psychological interventions with a cognitive behavioral approach are promising, and primarily indirect evidence indicates that it applies also when they are delivered with a reduced number of therapist contacts or remotely.

SYSTEMATIC REVIEW REGISTRATION: 01KG1012 at <http://www.gesundheitsforschung-bmbf.de/de/2852.php>.

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<http://www.ncbi.nlm.nih.gov/pubmed/26286351>

Am J Drug Alcohol Abuse. 2015 Aug 18:1-8. [Epub ahead of print]

**Adherence and competence in two manual-guided therapies for co-occurring substance use and posttraumatic stress disorders: clinician factors and patient outcomes.**

Meier A, McGovern MP, Lambert-Harris C, McLeman B, Franklin A, Saunders EC, Xie H

**BACKGROUND:**

The challenges of implementing and sustaining evidence-based therapies into routine practice have been well-documented.

**OBJECTIVES:**

This study examines the relationship among clinician factors, quality of therapy delivery, and patient outcomes.

**METHODS:**

Within a randomized controlled trial, 121 patients with current co-occurring substance use and posttraumatic stress disorders were allocated to receive either manualized Integrated Cognitive Behavioral Therapy (ICBT) or Individual Addiction Counseling (IAC). Twenty-two clinicians from seven addiction treatment programs were trained and supervised to deliver both therapies. Clinician characteristics were assessed at baseline; clinician adherence and competence were assessed over the course of delivering both therapies; and patient outcomes were measured at baseline and 6-month follow-up.

**RESULTS:**

Although ICBT was delivered at acceptable levels, clinicians were significantly more adherent to IAC ( $p < 0.05$ ). At session 1, clinical female gender ( $p < 0.05$ ) and lower education level ( $p < 0.05$ ) were predictive of increased clinician adherence and competence across both therapies. Adherence and competence at session 1 in either therapy were significantly predictive of positive patient outcomes. ICBT adherence ( $p < 0.05$ ) and competence ( $p < 0.01$ ) were predictive of PTSD symptom reduction, whereas IAC adherence ( $p < 0.01$ ) and competence ( $p < 0.01$ ) were associated with decreased drug problem severity.

**CONCLUSIONS:**

The differential impact of adherence and competence for both therapy types is consistent with their purported primary target: ICBT for PTSD and IAC for substance use. These findings also suggest the benefits of considering clinician factors when implementing manual-guided therapies. Future research should focus on diverse clinician samples, randomization of

clinicians to therapy type, and prospective designs to evaluate models of supervision and quality monitoring.

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<http://www.apadivisions.org/division-19/publications/newsletters/military/index.aspx>

The Military Psychologist  
July 2015 | Vol. 30, No. 2

American Psychological Association  
Division 19

Feature article:

**War Stories**

A narrative approach to understanding military decisions.

By Neil Shortland and Laurence J. Alison

**Div. 19 president's message**

Thomas J. Williams, PhD, discusses convention, international partnership and APA independent review.

By Thomas J. Williams

**A vision for the future**

The decision of the U.S. Army surgeon general and her military service and contributions.

By Patrick H. DeLeon, PhD

**Lesbian, gay, bisexual, transgender, questioning (LGBTQ) military family**

The examination of service members' sexuality and "don't ask, don't tell."

By Michael D. Gatson

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<http://cpx.sagepub.com/content/early/2015/08/13/2167702615598756.abstract>

**The Lingering Impact of Resolved PTSD on Subsequent Functioning.**

Richard A. Bryant, Alexander C. McFarlane, Derrick Silove, Meaghan L. O'Donnell, David Forbes, and Mark Creamer

Clinical Psychological Science  
First published on August 13, 2015  
doi:10.1177/2167702615598756

This study investigated whether impairment persists after posttraumatic stress disorder (PTSD) has resolved. Traumatically injured patients (N = 1,035) were assessed during hospital admission and at 3 (85%) and 12 months (73%). Quality of life prior to traumatic injury was measured with the World Health Organization Quality of Life–BREF during hospitalization and at each subsequent assessment. PTSD was assessed using the Clinician-Administered PTSD Scale at 3 and 12 months. After controlling for preinjury functioning, current pain, and comorbid depression, patients whose PTSD symptoms had resolved by 12 months were more likely to have poorer quality of life in psychological (OR = 3.51), physical (OR = 10.17), social (OR = 4.54), and environmental (OR = 8.83) domains than those who never developed PTSD. These data provide initial evidence that PTSD can result in lingering effects on functional capacity even after remission of symptoms.

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400334>

### **Factors Associated With Civilian Employment, Work Satisfaction, and Performance Among National Guard Members.**

C. Beau Nelson, , Ph.D., Kara Zivin, , Ph.D., Heather Walters, , M.S., Dara Ganoczy, , M.P.H., Shelley MacDermid Wadsworth, , Ph.D., Marcia Valenstein, , M.D.

Received: July 28, 2014

Accepted: April 13, 2015

<http://dx.doi.org/10.1176/appi.ps.201400334>

#### **Objective:**

Employment is a vital part of the postdeployment return to civilian life. This study investigated factors associated with employment-related outcomes (employment status, self-reported work performance, and self-reported work satisfaction) among National Guard members returning from Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn deployments.

#### **Methods:**

The sample consisted of 1,151 National Guard service members who had returned from overseas deployments approximately six months earlier. Bivariate and multivariable analyses were performed to examine associations between predictors and employment-related outcome variables.

#### **Results:**

Higher-risk alcohol use was associated with reduced odds of being employed as well as with lower ratings of work satisfaction, whereas psychiatric symptom load was associated with lower self-reported work performance and work satisfaction ratings. Perceived social resources were

associated with higher self-reported work performance and work satisfaction, whereas better physical functioning was associated with better self-reported work performance.

**Conclusions:**

Policy makers and clinicians may need to consider and assess alcohol use among unemployed National Guard members. They may also need to consider psychiatric symptom load and physical functioning among employed service members who perceive poor work performance and have low work satisfaction. Further research is needed on causal links between these predictors and employment outcomes.

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400295>

**Organized Self-Management Support Services for Chronic Depressive Symptoms: A Randomized Controlled Trial.**

Evette J. Ludman, , Ph.D., Gregory E. Simon, , M.D., M.P.H., Louis C. Grothaus, , M.A., Julie Elissa Richards, Ursula Whiteside, , Ph.D., Christine Stewart, , Ph.D.

Received: July 01, 2014

Accepted: April 24, 2015

<http://dx.doi.org/10.1176/appi.ps.201400295>

**Objective:**

This study aimed to determine whether a self-management support service was more effective than treatment as usual in reducing depressive symptoms and major depressive episodes and increasing personal recovery among individuals with chronic or recurrent depressive symptoms.

**Methods:**

The study was a randomized controlled trial of a self-management support service consisting of depression self-management training, recovery coaching, and care coordination. The 18-month intervention included regular telephone or in-person contacts with a care manager and a structured group program co-led by a professional therapist and a trained peer specialist. Intervention (N=150) and control (N=152) participants ages  $\geq 18$  with chronic or recurrent depressive symptoms were recruited from five clinics in Seattle, Washington. Outcome measures included the Hopkins Symptom Checklist depression scale, the Recovery Assessment Scale, the Patient-Rated Global Improvement scale, and the percentage of participants with a major depressive episode. Interviewers were masked to treatment condition.

**Results:**

Repeated-measures estimates of the long-term effect of the intervention versus usual care (average of the six-, 12-, and 18-month outcomes adjusted for age, gender, and site) indicated that intervention participants had less severe symptoms ( $p=.002$ ) and higher recovery scores



( $p=.03$ ), were less likely to be depressed (odds ratio [OR]=.52,  $p=.001$ ), and were more likely to be much improved (OR=1.96,  $p=.001$ ).

#### Conclusions:

These findings support providing regular outreach care management and a self-care group offering a combined behavioral and recovery-oriented approach for people with chronic or recurrent depressive symptoms.

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<http://www.hardiness-resilience.com/docs/Battlebook-129-pages-2AUG2015.pdf>

### **Resilience Research and Training in the U.S. and Canadian Armed Forces.**

“Battlebook” with agenda, participants and supplemental materials

A symposium held at the American Psychological Association Convention Society for Military Psychology Hospitality Suite  
Fairmont Royal York Hotel  
Toronto, Canada  
August 7, 2015

Robert R. Roland  
Paul T. Bartone Co-chairs

Background papers and bios provided by program participants

Zamorski, Guest, Bailey & Gerber (2012). Beyond battlemind: Evaluation of a new mental health training program for Canadian Forces personnel participating in third-location decompression. *Military Medicine*, 177, 1245-1253.

Shwerin, M. J. (7 August 2015). Road to Mental Readiness (R2MR) and Preservation of the Force and Family (POTFF): Incremental Quality Improvement in Outcome-based Program Evaluation (Powerpoint slides)

Publications of the US Army Research Facilitation Laboratory (27 July 2015)

Wiggins, W.J. (2015). Generational resilience in support of the global SOF network. Carlisle, Pennsylvania: US Army War College Strategy Research Project.

Sanden, S., Johnsen, B.H., Eid, J. et al. (2014). Mental readiness for maritime international operation: Procedures developed by the Norwegian navy. *International Maritime Health*, 65, 93-97.

Bartone, P.T. (12 June 2015). The hardiness effect: An invisible shield against stress. Master lecture presented at the Congress on Military Psychology, Rome, Italy.

Bartone, P.T. (in press). Leader influences on resilience and adaptability in organizations. In U. Kumar (Ed.), *The Routledge International Handbook of Psychosocial Resilience*. New Delhi: Sage.

Bartone, P.T., Kelly, D.R. & Matthews, M.D. (2013). Psychological hardiness predicts adaptability in military leaders: A prospective study. *Int'l Journal of Selection and Assessment*, 21, 200-210.

Kelly, D.R., Matthews, M.D. & Bartone, P.T. (2014). Grit and hardiness as predictors of performance among West Point cadets. *Military Psychology*, 26, 327-342.

Matthews, M.D. (2013). *Headstrong: How psychology is revolutionizing war*. Oxford University Press. Reviewed by Major A. B. Stipp in *Military Review*, September-October 2014.

Biographies

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<http://psycnet.apa.org/journals/pac/21/3/395/>

### **Predictors of posttraumatic growth in a multiwar sample of U.S. Combat veterans.**

Hijazi, Alaa M.; Keith, Jessica A.; O'Brien, Carol

*Peace and Conflict: Journal of Peace Psychology*

Vol 21(3), Aug 2015, 395-408.

<http://dx.doi.org/10.1037/pac0000077>

Existing research has extensively investigated the psychologically adverse effects of witnessing and participating in war violence on combat veterans, but few studies have investigated adaptive outcomes such as posttraumatic growth, which refers to positive psychological changes resulting from struggling with traumatic events. This study investigated the prevalence and predictors of posttraumatic growth in a clinical sample of combat veterans (N = 167: 35.9% Vietnam; 37.2% Operation Enduring Freedom/Operation Iraqi Freedom; 26.9% other wars). Veterans completed measures of various personality and psychological functioning as part of a routine screening for admission to a Veteran's Administration (VA) posttraumatic stress disorder (PTSD) treatment program. Sixty-nine percent of the sample endorsed at least a moderate degree of posttraumatic growth on at least 1 dimension, with increased appreciation of life being the most frequently endorsed dimension. Hierarchical multiple regression indicated that minority ethnicity, higher cognitive flexibility, and greater perception of moral wrongdoing were significantly associated with greater posttraumatic growth, whereas greater anger was

marginally associated with lower growth, and PTSD symptoms were not associated with growth in the final model. It is possible that being an ethnic minority is associated with increased discrimination and life adversity, which may facilitate overall benefit finding and posttraumatic growth. Psychological interventions may seek to explicitly promote cognitive flexibility and provide veterans with the opportunity to work through anger, as well as their sense of wrong doing, to help foster growth. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.psychiatrist.com/PCC/article/Pages/2015/v17n03/15r01786.aspx>

## **The Use of Medicinal Marijuana for Posttraumatic Stress Disorder: A Review of the Current Literature.**

Stephanie Yarnell, MD, PhD

The Primary Care Companion for CNS Disorders  
2015;17(3):doi:10.4088/PCC.15r0178610.4088/PCC.15r01786  
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### **Background:**

Medicinal marijuana has already been legalized in over 23 states with more considering legalization. Despite the trend toward legalization, to date, there has been no systematic review of the existing literature for the efficacy of medicinal marijuana for many of the conditions for which it is proposed to treat. This study seeks to understand the current literature regarding the use of medicinal marijuana in the treatment of posttraumatic stress disorder (PTSD).

### **Data Sources:**

PubMed and PsycINFO databases were searched until April 2014 for articles outlining outcomes of case files, control studies, and observational studies regarding the efficacy of medicinal marijuana in treating PTSD. Various combinations of the following search terms were used: marijuana, medicinal marijuana, cannabis, cannabinoid, PTSD, efficacy, trial, and neurobiology.

### **Study Selection:**

Full text of each article was reviewed, and those directly addressing the question of efficacy of medicinal marijuana on PTSD symptomatology were included. Data were extracted from a total of 46 articles.

### **Results:**

Analysis revealed that most reports are correlational and observational in basis with a notable lack of randomized, controlled studies. Many of the published studies suggest a decrease in PTSD symptoms with marijuana use. Though the directionality of cannabis use and PTSD could not be fully differentiated at this time, there appears to also be a correlation between PTSD and

problematic cannabis use. Despite this finding, there is a growing amount of neurobiological evidence and animal studies suggesting potential neurologically based reasons for the reported efficacy.

Conclusions:

Posttraumatic stress disorder is 1 of the approved conditions for medicinal marijuana in some states. While the literature to date is suggestive of a potential decrease in PTSD symptomatology with the use of medicinal marijuana, there is a notable lack of large-scale trials, making any final conclusions difficult to confirm at this time.

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<http://link.springer.com/article/10.1007/s10608-015-9713-5>

### **Linking Sleep Disturbance and Maladaptive Repetitive Thought: The Role of Executive Function.**

Rebecca C. Cox, Chad Ebesutani, Bunmi O. Olatunji

Cognitive Therapy and Research  
August 2015

Although sleep disturbance has been linked to maladaptive repetitive thought, a process commonly observed in anxiety and related disorders, the mechanism that may account for this association has not been fully elucidated. The current study used structural equation modeling to evaluate the relationship between sleep disturbance and maladaptive repetitive thought in a large sample ( $n = 341$ ) to examine whether executive function partially accounts for this relationship. Consistent with predictions, results revealed that executive function accounted for the relationship between sleep disturbance and maladaptive repetitive thought. Furthermore, executive function was found to account for the relationship between sleep disturbance and maladaptive repetitive thought above and beyond the effect of general distress. These results were also found in gender-specific subsamples. The results of this study provide preliminary evidence to suggest that impaired executive function may be a unique mechanism that links sleep disturbance and maladaptive repetitive thought, such as worry and rumination, that is characteristic of anxiety and related disorders.

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<http://www.emeraldinsight.com/doi/abs/10.1108/JCS-05-2015-0017>

### **The effects of military-connected parental absence on the behavioral and academic functioning of children: a literature review.**

Jeremy D Moeller , Erica D. Culler , Mallori D. Hamilton , Keith R. Aronson , Daniel F. Perkins

#### Purpose

Military-connected students experience a high rate of parental absence due to their parents' military obligations. Military work-related parental absences can affect school-aged children's emotional and behavioural health and overall academic functioning.

#### Design/methodology/approach

The current review identified research studies that explored the effects of military-connected parental absence on school-aged children. Specifically, quantitative and qualitative research studies that examine the impact of military parental absences on dependent variables related to internalising and externalising behaviours and academic functioning were of interest. Twenty-six studies were identified for inclusion in the review.

#### Findings

Overall, military-connected students who experience a parental absence due to military service are more likely to exhibit an increase in problem behaviours and a decrease in academic functioning compared to civilian peers or military-connected peers who were not experiencing parental absence.

#### Originality/value

The current review elucidates parental absence within the military context, highlighting key factors that may contribute to increased and decreased behavioural and academic functioning of military-connected students. Results from the review in relation to risk and protective factors for military-connected students, future research and school programming directions are discussed.

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<http://psycnet.apa.org/psycinfo/2015-37272-001/>

### **Broadening the Focus in Supporting Reintegrating Iraq and Afghanistan Veterans: Six Key Domains of Functioning.**

Sherman, Michelle D.; Larsen, Jessica; Borden, Lynne M.

Professional Psychology: Research and Practice

Aug 17 , 2015

<http://dx.doi.org/10.1037/pro0000043>

As the major ground troop presence in the Middle East is reduced, it is time to reflect, maximize lessons learned, and look forward to what lies ahead for the nearly 2.6 million service members

of the United States military who have deployed in support of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. A systematic review of the literature on postdeployment functioning of Iraq and Afghanistan troops was conducted. Findings are described and contextualized in terms of service members' ongoing strengths, needs, and challenges. The corpus of research on deployed personnel indicates that service members demonstrate resilience in the face of war-related stressors. However, postdeployment impairment in 6 functional domains emerged in the literature review, including mental health, social and role functioning, relationship functioning and family life, spirituality, physical health, and financial well-being. Although risk factors and future trajectories vary across these domains, psychiatric difficulties are a consistent predictor of a worsened course. Implications for clinical practice are described based on the review findings. To promote wellbeing in the years ahead, it is important that service members are supported in their various roles (such as in the classroom, the workforce, and the family). In addition, routine assessment of functioning across domains is highly recommended for postdeployment service members. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.psy-journal.com/article/S0165-1781%2815%2930187-6/abstract>

### **Minimally adequate mental health care and latent classes of PTSD Symptoms in female Iraq and Afghanistan veterans.**

Claire L. Hebenstreit, Erin Madden, Kelly H. Koo, Shira Maguen

Psychiatric Services

DOI: <http://dx.doi.org/10.1016/j.psychres.2015.08.028>

Publication stage: In Press Accepted Manuscript

Published online: August 19 2015

Female veterans of Operations Enduring and Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) represent a growing segment of Department of Veterans Affairs (VA) health care users. A retrospective analysis used national VA medical records to identify factors associated with female OEF/OIF/OND veterans' completion of minimally adequate care (MAC) for PTSD, defined as the completion of at least nine mental health outpatient visits within a 15-week period or at least twelve consecutive weeks of medication use. The sample included female OEF/OIF/OND veterans with PTSD who initiated VA health care between 2007–2013, and were seen in outpatient mental health (N=2183). Multivariable logistic regression models examined factors associated with completing MAC for PTSD, including PTSD symptom expression (represented by latent class analysis), sociodemographic, military, clinical, and VA access factors. Within one year of initiating mental health care, 48.3% of female veterans completed MAC. Race/ethnicity, age, PTSD symptom class, additional psychiatric diagnoses, and VA primary care use were significantly associated with completion of MAC for PTSD. Results suggest that veterans presenting for PTSD treatment should be comprehensively

evaluated to identify factors associated with inadequate completion of care. Treatments that are tailored to PTSD symptom class may help to address potential barriers.

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<http://journal.publications.chestnet.org/article.aspx?articleid=2430456>

### **Obstructive sleep apnea syndrome and post-traumatic stress disorder: Clinical outcomes and impact of PAP therapy.**

Christopher J. Lettieri, MD; Scott G. Williams, MD; Jacob F. Collen, MD

Chest

2015; doi:10.1378/chest.15-0693

#### **Purpose:**

We sought to determine the impact of OSAS on symptoms and quality of life (QoL) among patients with PTSD. In addition, we assessed adherence and response to positive airway pressure (PAP) therapy in this population.

#### **Methods:**

Case-controlled observational cohort at the Sleep Disorders Center of an academic military medical center. 200 consecutive patients with PTSD underwent sleep evaluations. PTSD patients with and without OSAS were compared to 50 consecutive age-matched OSAS patients without PTSD and 50 age-matched normal controls. Polysomnographic data, sleep-related symptoms and QoL measures, and objective PAP usage were obtained.

#### **Results:**

Among patients with PTSD over half (56.6%) were diagnosed with OSAS. Patients with PTSD+OSAS had lower QoL and more somnolence compared with the other groups. Patients with PTSD demonstrated significantly lower adherence and response to PAP therapy. Resolution of sleepiness occurred in 82% of patients with OSAS alone, compared with 62.5% of PAP adherent and 21.4% of non-adherent PTSD+OSAS patients ( $p<0.001$ ). Similarly, post-treatment FOSQ $\geq$ 17.9 was achieved in 72% of OSAS patients, compared to only 56.3% of PTSD+OSA patients who were PAP adherent and 26.2% who were non-adherent ( $p<0.03$ ).

#### **Conclusion:**

In patients with PTSD, comorbid OSAS is associated with worsened symptoms, QoL, and adherence and response to PAP. Given the negative impact on outcomes, OSAS should be carefully considered in patients with PTSD. Close follow-up is needed to optimize PAP adherence and efficacy in this at-risk population.

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<http://www.ncbi.nlm.nih.gov/pubmed/26285003>

Sleep. 2015 Aug 12. pii: sp-00710-14. [Epub ahead of print]

**A Collaborative Paradigm for Improving Management of Sleep Disorders in Primary Care: A Randomized Clinical Trial.**

Edinger JD, Grubber J, Ulmer C, Zervakis J, Olsen M.

**CONTEXT:**

Sleep disorders are often unrecognized and/or poorly managed in primary care. Objective: To test a collaborative care model for interfacing sleep specialists with primary care providers to enhance patients' sleep disorders management.

**DESIGN:**

A prospective, randomized, parallel group, clinical intervention trial with patients assigned to an intervention (INT) or waiting-list, usual primary care (UPC) group.

**SETTING:**

One university-affiliated Veterans Affairs (VA) Medical Center.

**PARTICIPANTS:**

A total of 137 adult (29 women) VA outpatients with sleep complaints.

**INTERVENTION:**

A one-time sleep specialty consultation with diagnostic feedback and treatment recommendations provided to the patient and the patient's primary care provider.

**MAIN OUTCOME MEASURES:**

Provider outcomes included rates of adherence to recommended diagnostic procedures and sleep-focused interventions. Patient outcomes included measures taken from sleep diaries and actigraphy; Pittsburgh Sleep Quality Index (PSQI) scores; and self-report measures of sleepiness, fatigue, mood, quality of life, and satisfaction with health care.

**RESULTS:**

The proportions of provider-initiated sleep-focused interventions were significantly higher in the INT group than in the UPC group for polysomnography referrals (49% versus 6%;  $P < 0.001$ ) and mental health clinic referrals (19% versus 6%;  $P = 0.02$ ). At the 10-mo follow up, INT recipients showed greater estimated mean reductions in diary total wake time (-17.0 min; 95% confidence interval [CI]: -30.9, -3.1;  $P = 0.02$ ) and greater increases in sleep efficiency (+3.7%; 95% CI: 0.8, 6.5;  $P = 0.01$ ) than did UPC participants. A greater proportion of the INT group showed  $> 1$  standard deviation decline on the PSQI from baseline to the 10-mo follow-up (41% versus 21%;  $P = 0.02$ ). Moreover, 69% of the INT group had normal ( $< 10$ ) Epworth Sleepiness



Scale scores at the 10-mo follow-up, whereas only 50% of the UPC group fell below this clinical cutoff ( $P = 0.03$ ).

#### CONCLUSIONS:

A one-time sleep consultation significantly increased healthcare providers' attention to sleep problems and resulted in benefits to patients' sleep/wake symptoms.

#### STUDY REGISTRATION:

This study is registered with [clinicaltrials.gov](http://clinicaltrials.gov) with identifier # NCT00390572.

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<http://www.ncbi.nlm.nih.gov/pubmed/26308836>

Community Ment Health J. 2015 Aug 26. [Epub ahead of print]

### **Barriers and Facilitators in Providing Community Mental Health Care to Returning Veterans with a History of Traumatic Brain Injury and Co-occurring Mental Health Symptoms.**

Matarazzo BB, Signoracci GM, Brenner LA, Olson-Madden JH

As Veterans from recent conflicts return from deployments, increasing numbers are seeking care for physical (e.g., history of traumatic brain injury) and mental health (e.g., depression, anxiety) symptoms. Data suggest that only about half of recent Veterans are seeking care within the Veterans Health Administration. As such, providers within the community are likely to require additional training to meet the unique needs of these Veterans and their families. Towards this end, meetings were held with administrators and clinicians at Colorado Community Mental Health Centers (CMHCs) to identify current barriers and facilitators, as they relate to working with Veterans with a history of TBI and co-occurring mental health conditions. On-whole, CMHC employees had limited experience with providing care to the cohort of interest. Additional training will assist with increasing capacity and a web-based toolkit was developed to facilitate the transfer of knowledge ( [www.mirecc.va.gov/visn19/tbi\\_toolkit](http://www.mirecc.va.gov/visn19/tbi_toolkit) ).

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<http://www.ncbi.nlm.nih.gov/pubmed/26309165>

Cogn Emot. 2015 Aug 26:1-8. [Epub ahead of print]

### **Attention training normalises combat-related post-traumatic stress disorder effects on emotional Stroop performance using lexically matched word lists.**

Khanna MM, Badura-Brack AS, McDermott TJ, Shepherd A, Heinrichs-Graham E, Pine DS, Bar-Haim Y, Wilson TW

We examined two groups of combat veterans, one with post-traumatic stress disorder (PTSD) (n = 27) and another without PTSD (n = 16), using an emotional Stroop task (EST) with word lists matched across a series of lexical variables (e.g. length, frequency, neighbourhood size, etc.). Participants with PTSD exhibited a strong EST effect (longer colour-naming latencies for combat-relevant words as compared to neutral words). Veterans without PTSD produced no such effect,  $t < .918$ ,  $p > .37$ . Participants with PTSD then completed eight sessions of attention training (Attention Control Training or Attention Bias Modification Training) with a dot-probe task utilising threatening and neutral faces. After training, participants-especially those undergoing Attention Control Training-no longer produced longer colour-naming latencies for combat-related words as compared to other words, indicating normalised attention allocation processes after treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/26305394>

J Pers Disord. 2015 Aug 25:1-13. [Epub ahead of print]

### **The Influence of Posttraumatic Stress Disorder on Treatment Outcomes of Patients With Borderline Personality Disorder.**

Boritz T, Barnhart R, McMain SF

The aim of this study was to determine the influence of posttraumatic stress disorder (PTSD) on treatment outcomes in patients with borderline personality disorder (BPD). Participants were 180 individuals diagnosed with BPD enrolled in a randomized controlled trial that compared the clinical and cost effectiveness of dialectical behavior therapy (DBT) and general psychiatric management (GPM). Multilevel linear models and generalized linear models were used to compare clinical outcomes of BPD patients with and without PTSD. BPD patients with comorbid PTSD reported significantly higher levels of global psychological distress at baseline and end of treatment compared to their non-PTSD counterparts. Both groups evidenced comparable rates of change on suicide attempts and non-suicidal self-injury (NSSI), global psychological distress, and BPD symptoms over the course of treatment and post-treatment follow-up. DBT and GPM were effective for BPD patients with and without PTSD across a broad range of outcomes.

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<http://www.ncbi.nlm.nih.gov/pubmed/26304694>

Nicotine Tob Res. 2015 Aug 24. pii: ntv175. [Epub ahead of print]

**Smoking to Regulate Negative Affect: Disentangling the Relationship Between Posttraumatic Stress and Emotional Disorder Symptoms, Nicotine Dependence, and Cessation-Related Problems.**

Mahaffey BL, Gonzalez A, Farris SG, Zvolensky MJ, Bromet EJ, Luft BJ, Kotov R

**INTRODUCTION:**

Posttraumatic stress disorder (PTSD) is associated with various aspects of cigarette smoking, including higher levels of nicotine dependence and cessation difficulties. Affect-regulatory smoking motives are thought to, in part, underlie the association between emotional disorders such as PTSD and smoking maintenance, although few studies have empirically tested this possibility.

**METHODS:**

Data were analyzed from 135 treatment-seeking smokers who were directly exposed to the World Trade Center disaster on September 11, 2001. We modeled the direct effect of 9/11 PTSD symptom severity on nicotine dependence, perceived barriers to smoking cessation, and severity of problematic symptoms experienced during prior cessation attempts. We also examined the indirect effect of PTSD on these outcomes via negative affect reduction smoking motives. Parallel models were constructed for additional emotional disorder symptoms, including panic and depressive symptoms.

**RESULTS:**

PTSD symptom severity was associated with nicotine dependence and perceived barriers to cessation, but not problems during prior quit attempts indirectly via negative affect reduction smoking motives. Panic and depressive symptoms both had significant indirect effects, via negative affect reduction smoking motives, on all three criterion variables.

**CONCLUSIONS:**

Affect-regulatory smoking motives appear to underlie associations between the symptoms of emotional disorders such as PTSD, panic, and depression in terms of smoking dependence and certain cessation-related criterion variables.

**IMPLICATIONS:**

Overall, this investigation suggests negative affect reduction smoking motives help to explain the relationship of PTSD, depression, and panic symptoms to nicotine dependence, severity of problems experienced during prior quit attempts and perceived barriers to cessation. These results highlight the importance of assessing motivations for smoking in the context of cessation treatment, especially among those with emotional disorder symptoms. Future interventions might seek to utilize motivational interviewing and cognitive restructuring techniques to address

coping-oriented motives for smoking, in addition to skills for managing negative affect, as a means of improving quit outcomes. © The Author 2015. Published by Oxford University Press on behalf of the Society for Research on Nicotine and Tobacco. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

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<http://www.ncbi.nlm.nih.gov/pubmed/26303315>

Cult Med Psychiatry. 2015 Aug 25. [Epub ahead of print]

**Conflicting Notions on Violence and PTSD in the Military: Institutional and Personal Narratives of Combat-Related Illness.**

Molendijk T, Kramer EH, Verweij D

Research indicates that soldiers struggling with PTSD under-utilize mental health care. Quantitative studies of barriers to care point to the importance of soldiers' beliefs about mental health and mental health interventions in their care-seeking behavior, yet these studies still struggle to understand the particular beliefs involved and the ways they impact care-seeking behavior. This preliminary study makes a start in examining these questions through qualitative literature analysis. It maps out dominant messages surrounding PTSD in military mental health interventions, and explores how they can both shape and conflict with soldiers' personal notions. It does so by analyzing these messages and notions as institutional and personal (illness) narratives. Institutional military PTSD-narratives, which draw on mainstream scientific and clinical models, appear to communicate contradictory notions on the meanings of violence and its psychological consequences, often without acknowledging these contradictions. As such, these narratives seem to shape struggles of soldiers, both within themselves and with the military institution. The identified conflicts indicate, contrary to the individualizing and decontextualizing focus of dominant PTSD-understandings, that soldiers' struggles also have social and moral dimensions. This has important implications for both research into PTSD-interventions and understandings of PTSD as such.

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<http://www.ncbi.nlm.nih.gov/pubmed/26301762>

Psychodyn Psychiatry. 2015 Fall;43(3):463-90. doi: 10.1521/pdps.2015.43.3.463.

**Cognitive Behavioral and Psychodynamic Therapies: Points of Intersection and Divergence.**

Pilecki B, Thoma N, McKay D

Cognitive behavioral therapy (CBT) and psychodynamic therapy (PDT) are two major paradigms in the mental health care field. The present article reviews broad similarities and differences between each tradition while acknowledging that such generalizations may overlook heterogeneity within each. However, it is believed that a comparison between CBT and PDT is beneficial in dispelling myths about each tradition, fostering dialogue, encouraging further scholarship and research. While not an exhaustive account, this article will examine how CBT and PDT differ in how they view several topics such as the unconscious, the therapeutic alliance, the role of homework, symptom reduction, and therapeutic heuristics. Commentary is also offered on how research may be more effectively and collaboratively integrated with clinical work from both traditions. Future directions for partnership and improving mental health treatments are also discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/26300329>

J Affect Disord. 2015 Aug 14;187:1-9. doi: 10.1016/j.jad.2015.08.014. [Epub ahead of print]

**Long-term effects of cognitive therapy on biological rhythms and depressive symptoms: A randomized clinical trial.**

Mondin TC, Cardoso TA, Jansen K, Silva GD, Souza LD, Silva RA

**OBJECTIVE:**

To evaluate the effect of cognitive therapy on biological rhythm and depressive and anxious symptoms in a twelve-month follow-up period. In addition, correlations between the reduction of depression and anxiety symptoms and the regulation of biological rhythm were observed.

**METHODS:**

This was a randomized clinical trial with young adults from 18 to 29 years of age who were diagnosed with depression. Two models of psychotherapy were used: Cognitive Behavioral Therapy (CBT) and Narrative Cognitive Therapy (NCT). Biological rhythm was assessed with the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN). Severity of depressive and anxious symptoms was assessed by the Hamilton Depression Rating Scale (HDRS) and the Hamilton Anxiety Rating Scale (HARS), respectively. The sample included 97 patients who were divided within the protocols of psychotherapy.

**RESULTS:**

There was a significant reduction in depressive and anxious symptoms ( $p < 0.001$ ) and an increase on regulation of biological rhythm ( $p < 0.05$ ) at the twelve-month follow-up. Moreover, we showed a positive correlation between the reduction of depressive symptoms and regulation of biological rhythm ( $r = 0.638$ ;  $p < 0.001$ ) and between the reduction of anxious symptoms and regulation of biological rhythm ( $r = 0.438$ ;  $p < 0.001$ ).

## CONCLUSION:

Both models showed that cognitive therapy was effective on the reduction of depressive and anxious symptoms and on the regulation of biological rhythm at a twelve-month follow-up evaluation. This study highlights the association between biological rhythm and symptoms of depression and anxiety. LIMITATION: We did not assess genetic, hormonal or neurochemical factors and we did not include patients under pharmaceutical treatment or those with severe symptomatology. Copyright © 2015 Elsevier B.V. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/26301761>

Psychodyn Psychiatry. 2015 Fall;43(3):423-61. doi: 10.1521/pdps.2015.43.3.423.

## **Contemporary Cognitive Behavior Therapy: A Review of Theory, History, and Evidence.**

Thoma N, Pilecki B, McKay D

Cognitive behavior therapy (CBT) has come to be a widely practiced psychotherapy throughout the world. The present article reviews theory, history, and evidence for CBT. It is meant as an effort to summarize the forms and scope of CBT to date for the uninitiated. Elements of CBT such as cognitive therapy, behavior therapy, and so-called "third wave" CBT, such as dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT) are covered. The evidence for the efficacy of CBT for various disorders is reviewed, including depression, anxiety disorders, personality disorders, eating disorders, substance abuse, schizophrenia, chronic pain, insomnia, and child/adolescent disorders. The relative efficacy of medication and CBT, or their combination, is also briefly considered. Future directions for research and treatment development are proposed.

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<http://www.ncbi.nlm.nih.gov/pubmed/26298792>

Sleep Med. 2015 Sep;16(9):1146-50. doi: 10.1016/j.sleep.2015.04.026. Epub 2015 Jun 19.

## **Suicidal ideation and insomnia symptoms in subjects with obstructive sleep apnea syndrome.**

Choi SJ, Joo EY, Lee YJ, Hong SB

## OBJECTIVE:

Insomnia symptoms are prevalent in subjects with obstructive sleep apnea syndrome (OSA) and are important risk factors for suicidal ideation (SI). However, the significance of SI has not

been clearly demonstrated in persons with both OSA and insomnia. We aimed to investigate the prevalence of SI and its relationship with insomnia symptoms, mood, and other relevant factors.

#### METHODS:

A total of 117 consecutive subjects with untreated OSA (apnea-hypopnea index  $\geq 5/h$ ) participated in the study. They completed questionnaires regarding SI ([BDI-II], item 9), insomnia symptoms (Insomnia Severity Index [ISI]), depressive mood (modified BDI-II [mBDI-II], which excluded items on SI and sleep disturbances), dysfunctional beliefs and attitudes about sleep (DBAS), social support, and quality of life.

#### RESULTS:

The overall prevalence of SI was 20.5% in subjects with OSA. A total of 32 subjects (27.4%) reported significant insomnia symptoms ( $ISI \geq 15$ ). Higher SI was associated with higher scores on ISI, DBAS, and mBDI-II and lower scores on social support and quality of life questionnaires. The severity of insomnia was positively correlated with depressive mood. The relationship between SI and insomnia severity was insignificant after adjusting for depressive symptom severity.

#### CONCLUSION:

Patients with OSA may have SI and insomnia symptoms. Collinearity was observed between sleep and mood disturbances. Yet, it is remarkable to find a significant association between OSA and SI, which are additional contributions to insomnia. This study suggests the necessity of integrated approaches to SI and related factors for the comprehensive treatment of OSA. Copyright © 2015 Elsevier B.V. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/26300817>

Front Psychol. 2015 Aug 7;6:1121. doi: 10.3389/fpsyg.2015.01121. eCollection 2015.

#### **Animal-Assisted Intervention for trauma: a systematic literature review.**

O'Haire ME, Guérin NA, Kirkham AC

Animals have a long history of inclusion in psychiatric treatment. There has been a recent growth in the empirical study of this practice, known as Animal-Assisted Intervention (AAI). We conducted a systematic review of the empirical literature on AAI for trauma, including posttraumatic stress disorder (PTSD). Ten studies qualified for inclusion, including six peer-reviewed journal articles and four unpublished theses. Participants were predominantly survivors of child abuse, in addition to military veterans. The presentation of AAI was highly variable across the studies. The most common animal species were dogs and horses. The most prevalent outcomes were reduced depression, PTSD symptoms, and anxiety. There was a low level of methodological rigor in most studies, indicating the preliminary nature of this area of

investigation. We conclude that AAI may provide promise as a complementary treatment option for trauma, but that further research is essential to establish feasibility, efficacy, and manualizable protocols.

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<http://www.ncbi.nlm.nih.gov/pubmed/26300219>

Am J Addict. 2015 Aug 24. doi: 10.1111/ajad.12263. [Epub ahead of print]

### **To reduce or abstain? Substance use goals in the treatment of veterans with substance use disorders and comorbid PTSD.**

Lozano BE, Gros DF, Killeen T, Jaconis M, Beylotte FM 3rd, Boyd S, Back SE

#### **BACKGROUND:**

Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) frequently co-occur. Previous research demonstrates the utility of goals in attaining improved SUD outcomes, however, no previous studies have examined goal choices in the context of integrated treatment for comorbid PTSD and SUD.

#### **OBJECTIVES:**

The present study investigated correlates of treatment entry goals to either reduce or abstain from substance use.

#### **METHODS:**

Participants (N = 60) were treatment-seeking veterans with current PTSD and SUD. Participants completed self-report and clinician-rated measures of substance use, PTSD, and affective symptoms as part of a larger randomized controlled trial.

#### **RESULTS:**

Half (30/60) of participants endorsed a treatment entry goal to reduce substance use (reducers). Compared to participants who endorsed a treatment entry goal of abstinence (abstainers), reducers were significantly younger, more likely to be employed, more likely to have served in recent military conflicts (Operations Enduring/Iraqi Freedom), and endorsed significantly fewer symptoms of alcohol dependence.

#### **CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:**

The findings demonstrate clinically relevant differences based on treatment entry goals, suggesting that individuals are often able to choose conceivably appropriate treatment goals based, most notably, on the severity of their SUD. Collaboratively engaging patients in establishing treatment goals that are consistent with their beliefs and desires in conjunction with empirical findings is particularly relevant in the context of treatment for SUD and PTSD where



many patients are ambivalent about treatment and attrition is common. (Am J Addict 2015;XX:XX-XX). © American Academy of Addiction Psychiatry.

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<http://www.ncbi.nlm.nih.gov/pubmed/26299275>

Curr Neurol Neurosci Rep. 2015 Oct;15(10):591. doi: 10.1007/s11910-015-0591-8.

### **Update on TBI and Cognitive Impairment in Military Veterans.**

Elder GA

Traumatic brain injury (TBI) is a common cause of morbidity and mortality in military life. Interest in military TBI has increased recently due to the conflicts in Iraq and Afghanistan. Certain types of TBI are relatively unique to the military, the most prominent being blast-related TBI. Blast-related mild TBI has been of particular concern in veterans from the most recent conflicts although controversy remains concerning its separation from post-traumatic stress disorder. TBI is also a risk factor for the later development of neurodegenerative diseases in which cognitive impairment is prominent putting veterans at risk for disorders including Alzheimer's disease and chronic traumatic encephalopathy. Recent evidence associating TBI with chronic cognitive impairment is reviewed in the context of its relevance to military veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/26292398>

J R Nav Med Serv. 2015;101(1):80-8.

### **The diagnosis and management of insomnia in the United Kingdom Armed Forces.**

Baker LD

Insomnia is a common condition among patients presenting to primary care facilities in both civilian and military populations. This article considers the diagnosis, management and clinical considerations of managing this condition, along with the occupational and operational considerations for the United Kingdom Armed Forces.

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<http://www.ncbi.nlm.nih.gov/pubmed/26291633>

J Head Trauma Rehabil. 2015 Aug 19. [Epub ahead of print]

**The Community Balance and Mobility Scale: A Pilot Study Detecting Impairments in Military Service Members With Comorbid Mild TBI and Psychological Health Conditions.**

Pape MM, Williams K, Kodosky PN, Dretsch M

**OBJECTIVE:**

To compare the capacity of the Community Balance and Mobility Scale (CB&M) to identify balance and mobility deficits in Service Members (SMs) with mild traumatic brain injury and comorbid psychological health conditions to other commonly used balance assessments.

**SETTING:**

A clinical research institute that provides a 4-week, outpatient, interdisciplinary program for active-duty SMs with mTBI/PH.

**DESIGN:**

A nonrandomized, cross-sectional design that compared multiple measures between 2 groups- active duty SMs with (n = 8) and without (n = 8) the dual diagnosis of mTBI/PH.

**MEASURES:**

Gait speed, Activities-specific Balance Confidence scale (ABC), Functional Gait Assessment (FGA), and CB&M to assess functional balance among the community-dwelling, TBI population.

**RESULTS:** Across all measures, the mTBI/PH group performed significantly worse ( $P \leq .01$ ) with the exception of the FGA. The abilities of all objective measures to distinguish participants with mTBI/PH from healthy controls ranged from fair to excellent (area under the curve [AUC] = 0.66-0.94). However, the CB&M showed the largest group differences in effect size ( $d = 2.6$ ) and had the highest discriminate ability (AUC = 0.98; sensitivity 100%; specificity 88%).

**MAIN CONCLUSION:**

The CB&M appears to have higher sensitivity and specificity than other measures of balance in SMs with mTBI/PH. A higher cut score for the CB&M is needed for this population.

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## Links of Interest

Veterans with PTSD praise audio-therapy results

<http://www.heraldtribune.com/article/20150822/ARTICLE/150829944>

Virtual reality machine helps break down PTSD/TBI issues

<http://www.health.mil/News/Articles/2015/08/25/Virtual-reality-machine-helps-break-down-PTSD-TBI-issues>

Veterans live in more diverse neighborhoods than their civilian counterparts of same race

<http://www.sciencedaily.com/releases/2015/08/150822154858.htm>

Academic Accommodations Can Aid Troubled Veterans

<http://www.military.com/daily-news/2015/08/24/academic-accommodations-can-aid-troubled-veterans.html>

Attractions of service obscured by hard costs of war

<http://www.stripes.com/news/us/attractions-of-service-obscured-by-hard-costs-of-war-1.364957>

Political command climate cited in soldier's dismissal of rape conviction

<http://www.stripes.com/news/army/political-command-climate-cited-in-soldier-s-dismissal-of-rape-conviction-1.364826>

VFW Auxiliary opens membership to men

<http://www.navytimes.com/story/veterans/2015/08/26/vfw-auxiliary-men/32409763/>

'Mental armor': New training strategy takes warrior toughness to next level

<http://www.armytimes.com/story/military/careers/2015/08/27/mental-armor-new-training-strategy-takes-warrior-toughness-next-level-pts/30833813/>

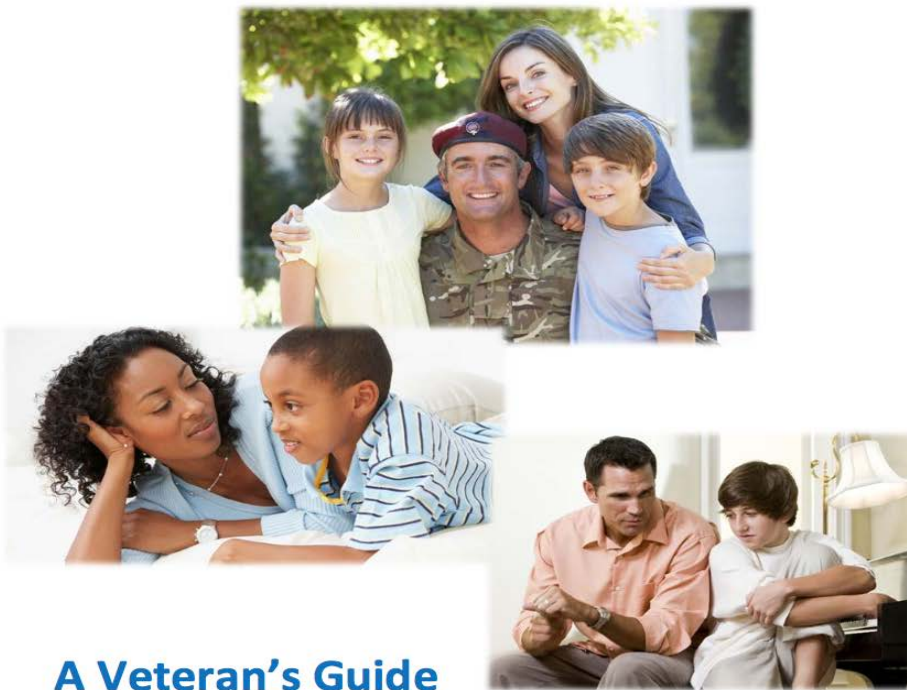
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**Resource of the Week:** [A Veteran's Guide to Talking With Kids About PTSD](#) (South Central MIRECC)

This booklet was written to help Veteran parents living with posttraumatic stress disorder (PTSD) talk about their feelings and experiences with their children. It was written by a group of mental health professionals from across the United States, all of whom are committed to supporting Veterans as parents. We humbly provide this booklet, hoping it may be useful to you and your family. It is filled with information and tips, based on what we have learned from working with Veterans, from our research, and from related research done by others around the world.

Scattered throughout the booklet are quotes from Veteran parents who generously shared their thoughts, feelings, and experiences with us; we thank these men and women for their courage, and hope you find their perspectives to be useful.

Several sections invite you to consider how the information applies to your family. We included some questions and activities that may interest you, and we encourage you to reflect on the topics and jot down your thoughts and feelings. You may also wish to discuss this information with someone you trust, perhaps a partner/spouse, mental health professional, clergy, relative, or close friend.



## **A Veteran's Guide to Talking With Kids About PTSD**



**Michelle D. Sherman, Ph.D.,  
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