



## CDP Research Update -- September 10, 2015

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- Predictors of Response to Web-Based Cognitive Behavioral Therapy With High-Intensity Face-to-Face Therapist Guidance for Depression: A Bayesian Analysis.
- Links of Interest
- Resource of the Week: [Techboomers.com](http://Techboomers.com)

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<http://www.med.navy.mil/sites/nmcsc/nccosc/publications/research-quarterly/2015/summer/print/index.aspx>

## **Combat & Operational Stress Research Quarterly**

Naval Center for Combat & Operational Stress Control (NCCOSC)  
Volume 7 • Number 3 • Summer 2015

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/26337036>

Am J Psychiatry. 2015 Sep 4:appiajp201514121572. [Epub ahead of print]

### **Prospective Longitudinal Evaluation of the Effect of Deployment-Acquired Traumatic Brain Injury on Posttraumatic Stress and Related Disorders: Results From the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

Stein MB, Kessler RC, Heeringa SG, Jain S, Campbell-Sills L, Colpe LJ, Fullerton CS, Nock MK, Sampson NA, Schoenbaum M, Sun X, Thomas ML, Ursano RJ; Army STARRS collaborators.

#### **OBJECTIVE:**

Traumatic brain injury (TBI) is increasingly recognized as a risk factor for deleterious mental health and functional outcomes. The purpose of this study was to examine the strength and specificity of the association between deployment-acquired TBI and subsequent posttraumatic stress and related disorders among U.S. Army personnel.

#### **METHOD:**

A prospective, longitudinal survey of soldiers in three Brigade Combat Teams was conducted 1-2 months prior to an average 10-month deployment to Afghanistan (T0), upon redeployment to the United States (T1), approximately 3 months later (T2), and approximately 9 months later (T3). Outcomes of interest were 30-day prevalence postdeployment of posttraumatic stress disorder (PTSD), major depressive episode, generalized anxiety disorder, and suicidality, as well as presence and severity of postdeployment PTSD symptoms.

## RESULTS:

Complete information was available for 4,645 soldiers. Approximately one in five soldiers reported exposure to mild (18.0%) or more-than-mild (1.2%) TBI(s) during the index deployment. Even after adjusting for other risk factors (e.g., predeployment mental health status, severity of deployment stress, prior TBI history), deployment-acquired TBI was associated with elevated adjusted odds of PTSD and generalized anxiety disorder at T2 and T3 and of major depressive episode at T2. Suicidality risk at T2 appeared similarly elevated, but this association did not reach statistical significance.

## CONCLUSIONS:

The findings highlight the importance of surveillance efforts to identify soldiers who have sustained TBIs and are therefore at risk for an array of postdeployment adverse mental health outcomes, including but not limited to PTSD. The mechanism(s) accounting for these associations need to be elucidated to inform development of effective preventive and early intervention programs.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00626>

### **Adverse Childhood Events and the Risk for New-Onset Depression and Post-Traumatic Stress Disorder Among U.S. National Guard Soldiers.**

Sasha Rudenstine; Greg Cohen; Marta Prescott; Laura Sampson; Israel Liberzon; Marijo Tamburrino; Joseph Calabrese; Sandro Galea

Military Medicine

Volume 180 Issue 9, September 2015, pp. 972-978

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00626>

This article examines the relationship between childhood adversity and postdeployment new-onset psychopathology among a sample of U.S. National Guard personnel deployed during Operation Iraqi Freedom and Operation Enduring Freedom with no history of post-traumatic stress disorder (PTSD) or depression. We recruited a sample of 991 Ohio Army National Guard soldiers and conducted structured interviews to assess traumatic event exposure, a history of childhood adversity, and postdeployment depression, and PTSD, consistent with the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition. We assessed childhood adversity by using questions from the Childhood Adverse Events Survey. In multivariable logistic models, a history of any childhood adversity was significantly associated with new-onset depression, but not PTSD, postdeployment. This finding suggests that a history of childhood adversity is predisposing for new-onset depression, among U.S. National Guard soldiers who were deployed with no prior history of PTSD or depression. This highlights the centrality of childhood experience for the production of mental health among soldiers.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00581>

**Simultaneous Treatment of Neurocognitive and Psychiatric Symptoms in Veterans with Post-Traumatic Stress Disorder and History of Mild Traumatic Brain Injury: A Pilot Study of Mindfulness-Based Stress Reduction.**

Michael A. Cole; James J. Muir; Jennifer J. Gans; Lisa M. Shin; Mark D'Esposito; Brian T. Harel; Adrian Schembri

Military Medicine

Volume 180 Issue 9, September 2015, pp. 956-963

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00581>

Treating patient populations with significant psychiatric and neurocognitive symptomatology can present a unique clinical dilemma: progress in psychotherapy can be significantly fettered by cognitive deficits, whereas neurocognitive rehabilitation efforts can be ineffective because of psychiatric overlay. Application of mindfulness-based interventions to address either cognitive or psychiatric symptoms in isolation appears efficacious in many contexts; however, it remains unclear whether this type of intervention might help address simultaneous neurocognitive and psychiatric symptomatology. In a pre-post mixed methods design pilot study, nine Veterans with post-traumatic stress disorder (PTSD) and a history of mild traumatic brain injury with chronic cognitive complaints participated in Mindfulness-Based Stress Reduction (MBSR). Clinical interview, questionnaires, and attention and PTSD measures were administered immediately before, immediately after, and 3 months after MBSR completion. Qualitative and quantitative findings suggest high levels of safety, feasibility, and acceptability. Measurement of attention revealed significant improvement immediately following MBSR ( $p < 0.05$ ,  $d = 0.57$ ) and largely sustained improvement 3 months after completion of MBSR ( $p < 0.10$ ,  $d = 0.48$ ). Significant reduction in PTSD symptoms was found immediately after MBSR ( $p < 0.05$ ,  $d = -1.56$ ), and was sustained 3 months following MBSR completion ( $p < 0.05$ ,  $d = -0.93$ ). These results warrant a randomized controlled trial follow-up. Potential mechanisms for the broad effects observed will be explored.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00307>

**Comparison of Accelerated Resolution Therapy (ART) for Treatment of Symptoms of PTSD and Sexual Trauma Between Civilian and Military Adults.**

Kevin E. Kip; Diego F. Hernandez; Amy Shuman; Ann Witt; David M. Diamond; Sheryl Davis; Ryan Kip; Alisha Abhayakumar; Trudy Wittenberg; Sue Ann Girling; Steve Witt; Laney Rosenzweig

Military Medicine

Volume 180 Issue 9, September 2015, pp. 964-971

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00307>

**Objective:**

First-line psychotherapies for post-traumatic stress disorder (PTSD) were principally validated in civilian populations. We compared treatment of symptoms of psychological trauma between civilian and military adults by use of Accelerated Resolution Therapy (ART), an emerging, brief exposure-based therapy.

**Methods:**

We pooled individual patient data from two recently completed studies of ART. Treatment response for symptoms of PTSD was compared by civilian versus military status, stratified by gender and history of sexual trauma.

**Results:**

Mean age was 40.7 years in civilians (n = 62) vs. 42.2 years in military participants (n = 51). Mean PCL (PTSD) scores before/after treatment with ART were 53.2/30.2 among civilians compared with 56.0/40.5 among military participants (adjusted p = 0.25). Over follow-up (n = 91), there was an apparent greater reduction among civilians in Intrusive (p = 0.03) and Numbing symptoms (p = 0.01), but not in Arousal (p = 0.99) or Avoidance (p = 0.19) symptoms. Among females with sexual trauma, mean reductions on the PCL were substantial in civilian ( $-22.5 \pm 16.7$ ) and military ( $-21.2 \pm 12.7$ ) participants (p = 0.87).

**Conclusions:**

In an average of <4 treatment sessions, treatment with ART results in meaningful reductions in symptoms of PTSD in civilian and military patients. The suggestion of stronger response among civilians may owe to differential clinical presentation and trauma exposure history among military personnel.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00229>

**Spatial Typologies of Care: Understanding the Implications of the Spatial Distribution of Off-Base Civilian Behavioral Health Providers Who Accept TRICARE Prime to Service Persons and Their Dependents.**

Eric Schultheis , JD; Amy Glasmeier , PhD

Military Medicine

Volume 180 Issue 9, September 2015, pp. 979-985

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00229>

Over the last decade, demand for services from military treatment facilities (MTFs) has frequently exceeded capacity resulting in increased usage of off-base civilian Tricare providers (OCTP). This capacity shortage has been particularly acute for mental health care. At many installations, OCTPs are the main source of mental health care for military personnel and their families. Utilizing data on the location of mental health OCTPs and demographic data, we examine the spatial accessibility of mental health OCTPs around five military installations. Variation exists in the spatial accessibility of mental health OCTPs depending on the geographic context of an installation. There is a mild correlation between the number of mental health OCTPs proximate to a base and the beneficiaries enrolled in an MTF. There is a strong correlation between the size of the general population proximate to an installation and the number of mental health OCTMPs present. Installations located in densely populated areas had high ratios of mental health OCTPs to the MTF beneficiary population but not when the civilian demand on these providers was accounted for. This study's findings open several avenues for future research and policy aimed at increasing the effectiveness of the mental health OCTP network.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00466>

### **Civilian Unemployment and Mental Health: The Moderating Impact of Alcohol Misuse in Returning National Guard.**

Sara Kintzle , PhD, LMSW; Hyunsung Oh , PhD, MSW; Sherrie Wilcox , PhD, CHES; Anthony Hassan , EdD, LCSW; Kathy Ell , DSW, MSW; Carl Castro , PhD, MA

Military Medicine

Volume 180 Issue 9, September 2015, pp. 986-993

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00466>

Postdeployment civilian unemployment has become a common problem and source of additional stress for National Guard (NG) personnel. This study evaluated 126 California NG members, exploring the relationship between immediate postdeployment employment status and self-reported mental health symptoms, including evidence of alcohol misuse. Participants were recruited from a NG unit within the first 3 months after returning home in August 2011. Over one-third of participants reported being unemployed beyond the part-time NG commitment. Mental health symptoms were greater in those participants without civilian employment. Additionally, those participants with comorbid alcohol misuse with either depression or post-traumatic stress disorder were significantly more likely to lack civilian employment. Interaction testing revealed a significant interaction between employment status and alcohol misuse for both depression and post-traumatic stress disorder. Alcohol use was concluded to moderate the relationship between civilian unemployment and mental health symptoms. Results suggest that the part-time employment provided through NG service may

serve as a protective factor in the development of negative psychological outcomes, except for cases where alcohol misuse is present.

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<http://www.sciencedirect.com/science/article/pii/S0005796715300358>

## **Effectiveness of Acceptance and Commitment Therapy in Treating Depression and Suicidal Ideation in Veterans.**

Robyn D. Walser, Donn W. Garvert, Bradley E. Karlin, Mickey Trockel, Danielle M. Ryu, C. Barr Taylor

Behaviour Research and Therapy  
Available online 31 August 2015  
doi:10.1016/j.brat.2015.08.012

### **Objective**

This paper examines the effects of Acceptance and Commitment Therapy for depression (ACT-D), and the specific effects of experiential acceptance and mindfulness, in reducing suicidal ideation (SI) and depression among Veterans.

### **Method**

Patients included 981 Veterans, 76% male, mean age 50.5 years. Depression severity and SI were assessed using the BDI-II. Experiential acceptance and mindfulness were measured with the Acceptance and Action Questionnaire-II (AAQ-II) and the Five Facet Mindfulness Questionnaire, respectively.

### **Results**

Of the 981 patients, 647 (66.0%) completed 10 or more sessions or finished early due to symptom relief. For Veterans with SI at baseline, mean BDI-II score decreased from 33.5 to 22.9. For Veterans with no SI at baseline, mean BDI-II score decreased from 26.3 to 15.9. Mixed models with repeated measurement indicated a significant reduction in depression severity from baseline to final assessment ( $b = -10.52$ ,  $p < .001$ ). After adjusting for experiential acceptance and mindfulness, patients with SI at baseline demonstrated significantly greater improvement in depression severity during ACT-D treatment, relative to patients with no SI at baseline ( $b = -2.81$ ,  $p = .001$ ). Furthermore, increases in experiential acceptance and mindfulness scores across time were associated with a reduction in depression severity across time ( $b = -0.44$ ,  $p < .001$  and  $b = -0.09$ ,  $p < .001$ , respectively), and the attenuating effect of mindfulness on depression severity increased across time ( $b = -0.05$ ,  $p = .042$ ). Increases in experiential acceptance scores across time were associated with lower odds of SI across time (odds ratio = 0.97, 95% CI [0.95, 0.99],  $p = .016$ ) and the attenuating effect of experiential acceptance on SI increased across time (odds ratio = 0.96, 95% CI [0.92, 0.99],  $p = .023$ ). Overall the number of patients with no SI increased from 44.5% at baseline to 65% at follow-up.



## Conclusions

Veterans receiving ACT-D demonstrated decreased depression severity and decreased odds of SI during treatment. Increases in experiential acceptance and mindfulness scores were associated with reduction in depression severity across time and increases in experiential acceptance scores were associated with reductions in SI across time.

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<http://link.springer.com/article/10.1007/s10926-015-9605-2>

## **Interpersonal Responses and Pain Management Within the US Military.**

Cindy A McGeary, Tabatha H. Blount, Alan L. Peterson, Robert J. Gatchel, Willie J. Hale, Donald D. McGeary

Journal of Occupational Rehabilitation  
First online: 02 September 2015

### Purpose

Chronic pain poses a significant problem for the US military. The benefits of self-management treatments for chronic pain are well-documented, but interpersonal responses also influence physical and psychological health and may not be addressed through self-management treatments alone. The current study examines whether perceived interpersonal responses to pain, as measured by the Multidimensional Pain Inventory (MPI), change as a result of participation in an intensive pain management program. It was hypothesized that interpersonal responses to pain would be significantly correlated to psychosocial and physical pain outcomes and that interpersonal responses to pain would change significantly for completers of a functional restoration (FR) program compared to those who were randomized to treatment-as-usual in the military medical system.

### Methods

Forty-four participants were randomly assigned to one of two treatment groups. One treatment group received FR ( $n = 26$ ) and the other group received treatment-as-usual ( $n = 18$ ). Significant other responses to chronic pain were measured by the MPI (Pain 23(4):345–356, 1985). Participants also completed measures of impacted quality of life, reported disability, psychological distress, fear avoidance, pain interference, and physical activity.

### Results

Perceived higher punishing responses from a significant other were significantly related to worse physical health-related quality of life ( $p = .037$ ), work-related fear avoidance ( $p = .008$ ), pain interference ( $p = .026$ ), affective distress ( $p = .039$ ), and pain while lifting ( $p = .017$ ). Perceived higher solicitous responses from significant others were significantly associated with lower mental health-related quality of life ( $p = .011$ ), household activity ( $p = .017$ ), general activity

( $p = .042$ ), self-reported disability ( $p = .030$ ), lifting capacity ( $p = .005$ ), and aerobic capacity ( $p = .009$ ).

### Conclusions

While findings are preliminary and of limited scope, it appears that the perception of significant others' responses may be impacted by psychosocial and physical pain outcomes and may change after treatment. More work in this area is needed to uncover the benefits one might achieve when a significant other is included within the FR treatment framework.

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<http://www.sciencedirect.com/science/article/pii/S0193953X15000805>

### **Recent Advances in the Study of Sleep in the Anxiety Disorders, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder.**

Elaine M. Boland, Richard J. Ross

Psychiatric Clinics of North America

Available online 31 August 2015

doi:10.1016/j.psc.2015.07.005

### KEY POINTS

The information provided in this review is designed to help mental health professionals and researchers understand the following:

- The prevalence of sleep disturbance in anxiety disorders, obsessive-compulsive disorder (OCD), and posttraumatic stress disorder (PTSD).
- Advances in identifying the mechanisms of sleep disturbance in anxiety disorders, OCD, and PTSD.
- The burgeoning research in circadian rhythms in anxiety disorders, OCD, and PTSD and its potential role in treatment advancement.
- The importance of dimensional measurement of cognitive processes related to sleep disturbance across diagnostic boundaries.
- Recent advances in psychotherapeutic and pharmacologic treatments for sleep disturbance in anxiety disorders, OCD, and PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1111/pme.12787/abstract>

### **Prevalence and Trends of Concurrent Opioid Analgesic and Benzodiazepine Use Among Veterans Affairs Patients with Post-traumatic Stress Disorder, 2003–2011.**

Hawkins, E. J., Malte, C. A., Grossbard, J. R. and Saxon, A. J.

Pain Medicine

Article first published online: 1 SEP 2015

DOI: 10.1111/pme.12787

### Background

Patients with post-traumatic stress disorder (PTSD) have complex and multiple symptoms, including anxiety, insomnia, and co-occurring pain, often treated with opioids and benzodiazepines. While concurrent use of these medications poses safety concerns, little is known about the trends of long-term concurrent use and the prevalence of high-risk conditions among those who are prescribed them. Study objectives were to examine the trends in annual prevalence of long-term concurrent opioid and benzodiazepine use among patients with PTSD and prevalence of high-risk conditions in concurrent users of these medications.

### Design

Retrospective review of pharmacy records of the Veteran Affairs Northwest Integrated Network (VISN20).

### Subjects

Patients (n = 66,210) with PTSD receiving care during 2003–2011.

### Methods

Concurrent use was defined as overlapping opioid and benzodiazepine prescriptions for  $\geq 90$  consecutive days. Gender-specific logistic regressions estimated long-term concurrent use of these medications and tested for linear trends over 9-years.

### Results

The trend in age-adjusted long-term concurrent opioid and benzodiazepine use over 9-years increased 52.7%, from 3.6% (95% confidence interval, 3.3–3.9%) to 5.5% (5.3–5.8%), in men and 79.5%, from 3.9% (3.0–5.0%) to 7.0% (6.2–7.9%), in women. In 2011, 17.1% of long-term concurrent users were prescribed morphine-equivalent daily doses of opioids  $\geq 100$  mg and 49.4% had a documented high-risk condition.

### Conclusion

Despite known risks associated with prescribing opioids and benzodiazepines concurrently, the adjusted prevalence of long-term concurrent use rose significantly among men and women with PTSD in VISN20 over a 9-year period. Common use of these medications among patients with high-risk conditions suggests comprehensive strategies are needed to identify and monitor patients at increased risk for adverse outcomes.

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<http://www.sciencedirect.com/science/article/pii/S016383431500198X>

## **Treatment of Veterans with Mental Health Symptoms in VA Primary Care prior to Suicide.**

Lauren M. Denneson, Holly B. Williams, Mark S. Kaplan, Bentson H. McFarland, Steven K. Dobscha

General Hospital Psychiatry

Available online 2 September 2015

doi:10.1016/j.genhosppsych.2015.08.007

### **Objective**

We describe VA primary care received by veterans with mental health symptoms in the year prior to suicide to identify opportunities to improve care.

### **Method**

Death certificate data from 11 states were linked to VA national patient care data for veterans who died by suicide in 2009 and had received VA care. We identified 118 age, sex, and clinician-matched case-control pairs (suicide decedents and living controls) with mental health symptoms. Using McNemar's chi square and paired t-tests we compare primary care follow-up received during the year prior to death.

### **Results**

Cases and controls received similar primary care clinician follow-up and treatment for mental health symptoms. Cases were less likely than controls to fill 90 or more total days of an antidepressant during the year ( $p = .02$ ), despite no differences in prescription orders from clinicians ( $p = .05$ ). Cases and controls were equally likely to fill 90 or more consecutive days of an antidepressant ( $p = .47$ ). Across both groups, 48% ( $n = 113$ ) received assessment for suicidal ideation in primary care.

### **Conclusion**

We identified two areas to improve primary care for veterans at risk for suicide: monitoring antidepressant treatment adherence and improving suicidal ideation assessment and follow-up for veterans with mental health symptoms.

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<http://www.whijournal.com/article/S1049-3867%2815%2900112-7/abstract>

## **Factors Affecting Women's Disclosure of Alcohol Misuse in Primary Care: A Qualitative Study with U.S. Military Veterans.**

Michael A. Cucciare, Eleanor T. Lewis, Katherine J. Hoggatt, Bevanne Bean-Mayberry, Christine Timko, Eva M. Durazo, Andrea L. Jamison, Susan M. Frayne

Women's Health Issues

DOI: <http://dx.doi.org/10.1016/j.whi.2015.07.010>

### Background

One in five women veterans screens positive for alcohol misuse. Women may be less likely than men to disclose alcohol use to a primary care provider (PCP), resulting in women being less likely to receive effective interventions. We sought to qualitatively examine factors that may affect women veterans' willingness to disclose alcohol use to a PCP.

### Methods

Between October 2012 and May 2013, in-depth interviews were conducted with 30 women veterans at two Department of Veterans Affairs (VA) medical facilities. Qualitative data analyses identified common themes representing factors that influence women's decision to disclose alcohol use to a PCP.

### Findings

Nine themes were endorsed by women veterans as influencing their willingness to disclose alcohol use to their PCP. Themes included provider behaviors perceived as encouraging or discouraging disclosure of alcohol misuse, perceived positive relationship with provider, negative emotions such as concerns about being judged or labeled an "alcoholic," health concerns about drinking, non-health-related concerns about drinking, self-appraisal of drinking behavior, social support, and clinic factors.

### Conclusions

Our findings demonstrate the importance of social relationships, comfort with one's provider, and education on the potential harms (especially health related) associated with alcohol in encouraging disclosure of alcohol use in women veterans. Our results also support VA national health care efforts, including the provision of brief alcohol counseling and the use of primary care clinics specializing in the care of women veterans.

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<http://www.whijournal.com/article/S1049-3867%2815%2900107-3/abstract>

### **Special Services for Women in Substance Use Disorders Treatment: How Does the Department of Veterans Affairs Compare with Other Providers?**

Kevin C. Heslin, Alicia Gable, Aram Dobalian

Women's Health Issues

DOI: <http://dx.doi.org/10.1016/j.whi.2015.07.005>

## Background

Gender is an important consideration in the treatment of substance use disorders (SUD). Although the number of women seeking care through the Department of Veterans Affairs (VA) has increased dramatically, little is known about the capacity of the VA to meet the needs of women with SUD. We examined the prevalence of programs and key services for women in VA facilities in a survey of 14,311 SUD treatment facilities.

## Methods

Using data from the 2012 National Survey of Substance Abuse Treatment Services, we calculated the percent of VA facilities offering special programs or groups exclusively for women, compared with facilities under other types of ownership. For each ownership type, we also calculated the mean number of ancillary services offered that are critical for many women in SUD treatment, including child care, domestic violence counseling, and transportation assistance. Multivariable models were used to adjust for differences in other facility characteristics.

## Findings

Approximately 31% of facilities had special programs exclusively for women. The VA had the lowest prevalence of programs for women, at 19.1%; however, the VA offered an average of 5 key services for women, which was significantly higher than the averages for other federal ( $n = 2$ ), local ( $n = 4$ ), and private for-profit ( $n = 2$ ) facilities. Results were generally robust to multivariable adjustments.

## Conclusions

The VA should consider developing more SUD programs and groups exclusively for women, while maintaining ancillary services at their relatively abundant level. Gender-specific programs and groups could serve as points of referral to ancillary services for women veterans.

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<http://link.springer.com/article/10.1007/s11920-015-0621-x>

## **A Review of Transcranial Magnetic Stimulation as a Treatment for Post-Traumatic Stress Disorder.**

Caroline Clark, Jeffrey Cole, Christine Winter, Kathy Williams, Geoffrey Grammer

Military Mental Health (CH Warner, Section Editor)

Current Psychiatry Reports

October 2015, 17:83

Patients with post-traumatic stress disorder (PTSD) may fail to achieve adequate relief despite treatment with psychotherapy, pharmacotherapy, or complementary medicine treatments.

Transcranial magnetic stimulation (TMS) is a non-invasive brain stimulation procedure that can

alter neuronal activity through administration of various pulse sequences and frequencies. TMS may theoretically have promise in correcting alterations observed in patients with PTSD. While the precise treatment location and pulse sequences remain undefined, current evidence suggests two promising targets, the right dorsolateral prefrontal cortex and the medial prefrontal cortex. The beneficial effects may be due to the secondary or indirect regulation of other brain structures that may be involved in the mood regulatory network. TMS may be an effective part of a comprehensive treatment program for PTSD, although significant work remains to define optimal treatment parameters and clarify how it fits within a broader traditional treatment program.

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<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15020262>

### **Prescription Opioid Misuse, Abuse, and Treatment in the United States: An Update.**

Kathleen T. Brady, M.D., Ph.D., Jenna L. McCauley, Ph.D., Sudie E. Back, Ph.D.

American Journal of Psychiatry

<http://dx.doi.org/10.1176/appi.ajp.2015.15020262>

#### Objective:

Prescription opioid abuse and dependence have escalated rapidly in the United States over the past 20 years, leading to high rates of overdose deaths and a dramatic increase in the number of people seeking treatment for opioid dependence. The authors review the scope of the abuse and overdose epidemic, prescription practices, and the assessment, treatment, and prevention of prescription opioid misuse and dependence.

#### Method:

The authors provide an overview of the literature from 2006 to the present, with the twin goals of highlighting advances in prevention and treatment and identifying remaining gaps in the science.

#### Results:

A number of policy and educational initiatives at the state and federal government level have been undertaken in the past 5 years to help providers and consumers, respectively, prescribe and use opioids more responsibly. Initial reports suggest that diversion and abuse levels have begun to plateau, likely as a result of these initiatives. While there is a large body of research suggesting that opioid substitution coupled with psychosocial interventions is the best treatment option for heroin dependence, there is limited research focusing specifically on the treatment of prescription opioid dependence. In particular, the treatment of chronic pain in individuals with prescription opioid use disorders is underexplored.

## Conclusions:

While policy and educational initiatives appear to be effective in decreasing prescription opioid abuse and misuse, research focusing on the development and evaluation of treatments specific to prescription opioid dependence and its common comorbidities (e.g., chronic pain, depression) is critically needed.

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<http://onlinelibrary.wiley.com/doi/10.1111/ggi.12577/abstract>

## **Social participation and self-rated health among older male veterans and non-veterans.**

Choi, N. G., DiNitto, D. M. and Marti, C. N.

Geriatrics & Gerontology International

Article first published online: 3 SEP 2015

DOI: 10.1111/ggi.12577

### Aim

To examine self-rated health (SRH) and its association with social participation, along with physical and mental health indicators, among USA male veterans and non-veterans aged  $\geq 65$  years.

### Methods

The two waves of the National Health and Aging Trend Study provided data ( $n = 2845$  at wave 1;  $n = 2235$  at wave 2). Multilevel mixed effects generalized linear models were fit to test the hypotheses.

### Results

Despite their older age, veterans did not differ from non-veterans in their physical, mental and cognitive health, and they had better SRH. However, black and Hispanic veterans had lower SRH than non-Hispanic white veterans. Formal group activities and outings for enjoyment were positively associated with better SRH for veterans, non-veterans and all veteran cohorts.

### Conclusions

Aging veterans, especially black and Hispanic veterans, require programs and services that will help increase their social connectedness.

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<http://www.ncbi.nlm.nih.gov/pubmed/26352702>

Pain Med. 2015 Sep 9. doi: 10.1111/pme.12903. [Epub ahead of print]

## **The Impact of a Cognitive Behavioral Pain Management Program on Sleep in Patients with Chronic Pain: Results of a Pilot Study.**

Blake C, Cunningham J, Power CK, Horan S, Spencer O, Fullen BM

### **OBJECTIVE:**

To determine the impact of a cognitive behavioral pain management program on sleep in patients with chronic pain.

### **DESIGN:**

Prospective nonrandomized controlled pilot study with evaluations at baseline and 12 weeks

### **SETTING:**

Out-patient multidisciplinary cognitive behavioral pain management program in a university teaching hospital

### **SUBJECTS:**

Patients with chronic pain who fulfilled the criteria for participation in a cognitive behavioral pain management program.

### **METHODS:**

Patients assigned to the intervention group (n = 24) completed a 4 week cognitive behavioral pain management program, and were compared with a waiting list control group (n = 22). Assessments for both groups occurred at baseline and two months post cognitive behavioral pain management program. Outcome measures included self-report (Pittsburgh Sleep Quality Index) and objective (actigraphy) sleep measures, pain and quality of life measures. **RESULTS:** Both groups were comparable at baseline, and all had sleep disturbance. The Pittsburgh Sleep Quality Index correlated with only two of the seven objective sleep measures (fragmentation index  $r = 0.34$ ,  $P = 0.02$ , and sleep efficiency percentage  $r = -0.31$ ,  $P = 0.04$ ). There was a large treatment effect for cognitive behavioral pain management program group in mean number of wake bouts ( $d = 0.76$ ), where a significant group\*time interaction was also found ( $P = 0.016$ ), showing that the CBT-PMP group improved significantly more than controls in this sleep variable

### **CONCLUSIONS:**

Patients attending a cognitive behavioral pain management program have high prevalence of sleep disturbance, and actigraphy technology was well tolerated by the patients. Preliminary analysis of the impact of a cognitive behavioral pain management program on sleep is promising, and warrants further investigation. Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/26349072>

Psychol Serv. 2015 Sep 7. [Epub ahead of print]

**A Pilot Study of Transdiagnostic Group Cognitive-Behavioral Therapy for Anxiety in a Veteran Sample.**

Espejo EP, Castriotta N, Bessonov D, Kawamura M, Werdowatz EA, Ayers CR

High rates of anxiety disorders at Veteran Affairs (VA) health care centers necessitate increased availability of evidence-based treatments for all anxiety disorders. Group-based transdiagnostic cognitive-behavioral therapy (CBT) for anxiety can help to increase the availability of effective treatment for anxiety. The current study examined group-based transdiagnostic CBT for anxiety when implemented in a VA outpatient mental health clinic. Over a 1-year period, 52 veterans with various anxiety disorders completed transdiagnostic group CBT for anxiety. Veterans completing the group treatment reported significant decreases in general distress, anxiety, depression, and individualized fear hierarchy ratings ( $p$ s < .01). Additionally, treatment completers reported high satisfaction with the treatment experience. The current study indicates that transdiagnostic group CBT for anxiety can be effectively implemented in a VA outpatient mental health clinic and holds promise for initiatives aimed at broadly increasing the availability of evidence-based treatment for anxiety disorders in VA health care systems. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26347204>

Br J Health Psychol. 2015 Sep 8. doi: 10.1111/bjhp.12147. [Epub ahead of print]

**The role of emotion dysregulation in insomnia: Longitudinal findings from a large community sample.**

Jansson-Fröjmark M, Norell-Clarke A, Linton SJ

**OBJECTIVES:**

The purpose of this longitudinal investigation was to examine the association between emotion regulation and future insomnia (incidence and persistence).

**DESIGN:**

A longitudinal study in the general population.

## METHODS:

A survey was sent out to 5,000 individuals in the community. To those who returned the baseline questionnaire (n = 2,333), two follow-up surveys, 6 and 18 months later, were sent out and then completed by 1,887 and 1,795 individuals, respectively. The survey contained information about demographic factors, insomnia symptomatology, the Difficulties in Emotion Regulation Scale, anxiety, and depression.

## RESULTS:

The findings suggested that emotion regulation at baseline was not associated with the incidence or persistence of insomnia. Overall, the effect sizes were very small to medium. When examining changes in emotion regulation over time, a different pattern emerged. Partial support was established for the notion that decreases in emotion regulation were related to incident and persistent insomnia, as a decrease in emotion regulation was associated with a higher likelihood of future insomnia. Yet, the effect sizes were very small to small.

## CONCLUSION:

This study does partly point towards a longitudinal association between emotion dysregulation and insomnia. This might have implications for the conceptualization and management of insomnia as well as for future research. Statement of contribution What is already known on this subject? Previous research has indicated that emotion dysregulation might be enhanced in patients with insomnia. A number of limitations have however hindered progress in understanding how emotion dysregulation is related to insomnia, such as limited research on the topic and relying solely on cross-sectional data. What does this study add? The current investigation showed that emotion dysregulation is a risk factor for the development of incident and persistent insomnia. This study also shows that increased emotion dysregulation over time heightens the risk of incident and persistent insomnia. © 2015 The British Psychological Society.

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<http://www.ncbi.nlm.nih.gov/pubmed/26348108>

J Fam Psychol. 2015 Sep 7. [Epub ahead of print]

## **Combat Exposure, Mental Health, and Relationship Functioning Among Women Veterans of the Afghanistan and Iraq Wars.**

Creech SK, Swift R, Zlotnick C, Taft C, Street AE

This study examined associations between warzone exposures to combat with postdeployment relationship and family functioning in 134 women who deployed to the conflicts in Afghanistan and Iraq. Survey invitations were sent by mail to 600 randomly selected women who experienced recent military deployments and were residing in New England. The web-based survey included measures of combat exposure, posttraumatic stress disorder (PTSD)

symptoms, alcohol misuse, postdeployment stress exposure, family functioning, intimate relationship satisfaction, and parenting. Multivariate linear regression with bootstrapping estimates of indirect effects was used to examine whether PTSD symptoms and alcohol misuse accounted for associations between women's combat exposure and their postdeployment relationship and family functioning. Results indicated that women's PTSD symptoms had a direct and negative effect on postdeployment family functioning and on intimate relationship satisfaction. There was no direct association between combat exposure or alcohol misuse with any of the family or relationship functioning variables, however, the indirect association from combat to postdeployment family functioning ( $b = -.13$ ,  $SE = 0.07$ , 95% confidence interval [CI]:  $-.33$ ,  $-.03$ ) and intimate relationship satisfaction ( $b = -.25$ ,  $SE = 0.18$ , 95% CI:  $-.79$ ,  $-.001$ ) was significant and negative through its association with PTSD symptoms. Parenting satisfaction was significantly and negatively associated with postdeployment stress only. This study is among the first to characterize the impact of deployment experiences on women veterans' relationship and family functioning. Findings suggest that women veterans who have been exposed to combat and who have higher levels of PTSD symptoms may benefit from relationship and family focused services after deployment. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/26343486>

Compr Psychiatry. 2015 Oct;62:209-17. doi: 10.1016/j.comppsy.2015.07.013. Epub 2015 Jul 26.

### **Discrepancies between clinical needs and helpseeking behaviors in co-occurring posttraumatic stress and alcohol use disorders.**

Müller M, Rodgers S, Rössler W, Castelao E, Preisig M, Ajdacic-Gross V, Vandeleur C

#### **OBJECTIVE:**

The aim of the study was to compare subjects dually diagnosed with posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) to those with only one or none of these conditions regarding helpseeking needs and behaviors.

#### **METHOD:**

Data from a large community sample ( $N=3694$ ) were used to assess the associations among lifetime PTSD and AUD, other psychiatric disorders, clinical characteristics and lifetime helpseeking behaviors derived from a semi-structured interview.

#### **RESULTS:**

Comorbid individuals had more severe clinical profiles and were more impaired than individuals with either PTSD or AUD alone or those with no/other psychiatric conditions. However, they did not differ in overall helpseeking behavior from any other group. Those with comorbid

PTSD/AUD were even less likely than the other groups to seek help for depression and anxiety disorders through specific treatment facilities or the use of prescribed psychotropic drugs.

#### CONCLUSIONS:

Despite a greater need for treatment the comorbid group did not seek more help than the others. Their lower use of prescribed drugs supports the self-medication hypothesis, suggesting that those individuals relieve their symptoms through higher alcohol use instead. Our findings underline the need for health care facilities to encourage helpseeking behavior in the aftermath of stressful life events. Copyright © 2015 Elsevier Inc. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/26342916>

J Affect Disord. 2015 Aug 29;187:211-217. doi: 10.1016/j.jad.2015.07.047. [Epub ahead of print]

#### **Sex differences in DSM-IV posttraumatic stress disorder symptoms expression using item response theory: A population-based study.**

Rivollier F, Peyre H, Hoertel N, Blanco C, Limosin F, Delorme R

#### BACKGROUND:

Whether there are systematic sex differences in posttraumatic stress disorder (PTSD) symptom expression remains debated. Using methods based on item response theory (IRT), we aimed at examining differences in the likelihood of reporting DSM-IV symptoms of PTSD between women and men, while stratifying for major trauma type and equating for PTSD severity.

#### METHOD:

We compared data from women and men in a large nationally representative adult sample, the National Epidemiologic Survey on Alcohol and Related Conditions. Analyses were conducted in the full population sample of individuals who met the DSM-IV criterion A (n=23,860) and in subsamples according to trauma types.

#### RESULTS:

The clinical presentation of the 17 DSM-IV PTSD symptoms in the general population did not substantially differ in women and men in the full population and by trauma type after equating for levels of PTSD severity. The only exception was the symptom "foreshortened future", which was more likely endorsed by men at equivalent levels of PTSD severity.

#### LIMITATIONS:

The retrospective nature of the assessment of PTSD symptoms could have led to recall bias. Our sample size was too small to draw conclusions among individuals who experienced war-related traumas.

## CONCLUSIONS:

Our findings suggest that the clinical presentation of PTSD does not differ substantially between women and men. We also provide additional psychometric support to the exclusion of the symptom "foreshortened future" from the diagnostic criteria for PTSD in the DSM-5. Copyright © 2015 Elsevier B.V. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/26344200>

Alcohol Clin Exp Res. 2015 Sep 7. doi: 10.1111/acer.12848. [Epub ahead of print]

## **Active Ingredients of Treatment and Client Mechanisms of Change in Behavioral Treatments for Alcohol Use Disorders: Progress 10 Years Later.**

Magill M, Kiluk BD, McCrady BS, Tonigan JS, Longabaugh R

## BACKGROUND:

The current review revisits the article entitled: "Active Ingredients: How and Why Evidence-Based Alcohol Behavioral Treatment Interventions Work" published in *Alcoholism: Clinical and Experimental Research*. This work summarized proceedings from a 2004 Symposium of the same name that was held at the Annual Meeting of the Research Society on Alcoholism (RSA). A decade has passed, which provides occasion for an evaluation of progress. In 2014, an RSA symposium titled *Active Treatment Ingredients and Client Mechanisms of Change in Behavioral Treatments for Alcohol Use Disorders: Progress 10 Years Later* did just that.

## METHODS:

The current review revisits state-of-the-art research on the 3 treatments examined 10 years ago: cognitive behavioral therapy, alcohol behavior couples therapy, and 12-step facilitation. Because of its empirically validated effectiveness and robust research agenda on the study of process outcome, motivational interviewing has been selected as the fourth treatment modality to be discussed. For each of these 4 treatments, the reviewers provide a critical assessment of current theory and research with a special emphasis on key recommendations for the future.

## RESULTS:

Noteworthy progress has been made in identifying active ingredients of treatments and mechanisms of behavior change in these 4 behavioral interventions for alcohol and other drug use disorders. Not only have we established some of the mechanisms through which these evidence-based treatments work, but we have also uncovered some of the limitations in our existing frameworks and methods.

## CONCLUSIONS:

Further progress in this area will require a broader view with respect to conceptual frameworks,

analytic methods, and measurement instrumentation. Copyright © 2015 by the Research Society on Alcoholism.

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<http://www.ncbi.nlm.nih.gov/pubmed/26337053>

Aust N Z J Public Health. 2015 Sep 3. doi: 10.1111/1753-6405.12431. [Epub ahead of print]

**Mental health service use: comparing people who served in the military or received Veterans' Affairs benefits and the general population.**

McGuire A, Dobson A, Mewton L, Varker T, Forbes D, Wade D

**OBJECTIVES:**

To compare the lifetime prevalence of affective, anxiety and substance use disorders and the use of mental health services between people who had served in the Australian Defence Force (ADF) or received Department of Veterans' Affairs (DVA) benefits and the general population.

**METHOD:**

The 2007 National Survey of Mental Health and Wellbeing obtained data from a nationally representative household survey of 8,841 respondents.

**RESULTS:**

Fewer than 20% of men who had served in the ADF reported receiving benefits from DVA. ADF men were older and more likely to report poorer health than other men. They were 50% more likely to be diagnosed with any lifetime mental disorder, any affective disorder, depression, PTSD, any substance use and alcohol disorder. Almost 90% of women who received DVA benefits had not served in the ADF. DVA women were older, and more likely to report moderate/severe psychological distress and less life satisfaction than other women. There was no evidence of greater lifetime use of mental health services by ADF men or DVA women compared to the general population.

**CONCLUSIONS:**

Health care providers should ask their patients if they have connections with the military in order to better detect and treat potential mental health problems. © 2015 Public Health Association of Australia.

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<http://www.ncbi.nlm.nih.gov/pubmed/26333818>

J Med Internet Res. 2015 Sep 2;17(9):e197. doi: 10.2196/jmir.4351.

## **Predictors of Response to Web-Based Cognitive Behavioral Therapy With High-Intensity Face-to-Face Therapist Guidance for Depression: A Bayesian Analysis.**

Høifødt RS, Mittner M, Lillevoll K, Katla SK, Kolstrup N, Eisemann M, Friberg O, Waterloo K.

### **BACKGROUND:**

Several studies have demonstrated the effect of guided Internet-based cognitive behavioral therapy (ICBT) for depression. However, ICBT is not suitable for all depressed patients and there is a considerable level of nonresponse. Research on predictors and moderators of outcome in ICBT is inconclusive.

### **OBJECTIVE:**

This paper explored predictors of response to an intervention combining the Web-based program MoodGYM and face-to-face therapist guidance in a sample of primary care patients with mild to moderate depressive symptoms.

### **METHODS:**

Participants (N=106) aged between 18 and 65 years were recruited from primary care and randomly allocated to a treatment condition or to a delayed treatment condition. The intervention included the Norwegian version of the MoodGYM program, face-to-face guidance from a psychologist, and reminder emails. In this paper, data from the treatment phase of the 2 groups was merged to increase the sample size (n=82). Outcome was improvement in depressive symptoms during treatment as assessed with the Beck Depression Inventory-II (BDI-II). Predictors included demographic variables, severity variables (eg, number of depressive episodes and pretreatment depression and anxiety severity), cognitive variables (eg, dysfunctional thinking), module completion, and treatment expectancy and motivation. Using Bayesian analysis, predictors of response were explored with a latent-class approach and by analyzing whether predictors affected the slope of response.

### **RESULTS:**

A 2-class model distinguished well between responders (74%, 61/82) and nonresponders (26%, 21/82). Our results indicate that having had more depressive episodes, being married or cohabiting, and scoring higher on a measure of life satisfaction had high odds for positively affecting the probability of response. Higher levels of dysfunctional thinking had high odds for a negative effect on the probability of responding. Prediction of the slope of response yielded largely similar results. Bayes factors indicated substantial evidence that being married or cohabiting predicted a more positive treatment response. The effects of life satisfaction and number of depressive episodes were more uncertain. There was substantial evidence that several variables were unrelated to treatment response, including gender, age, and pretreatment symptoms of depression and anxiety.



## CONCLUSIONS:

Treatment response to ICBT with face-to-face guidance may be comparable across varying levels of depressive severity and irrespective of the presence and severity of comorbid anxiety. Being married or cohabiting, reporting higher life satisfaction, and having had more depressive episodes may predict a more favorable response, whereas higher levels of dysfunctional thinking may be a predictor of poorer response. More studies exploring predictors and moderators of Internet-based treatments are needed to inform for whom this treatment is most effective.

## TRIAL REGISTRATION:

Australian New Zealand Clinical Trials Registry number: ACTRN12610000257066;  
[https://www.anzctr.org.au/trial\\_view.aspx?id=335255](https://www.anzctr.org.au/trial_view.aspx?id=335255) (Archived by WebCite at  
<http://www.webcitation.org/6GR48iZH4>).

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## Links of Interest

Ousted as Gay, Aging Veterans Are Battling Again for Honorable Discharges

<http://www.nytimes.com/2015/09/07/us/gay-veterans-push-for-honorable-discharges-they-were-denied.html>

One female veteran's epic quest for a 'foot that fits'

[http://www.washingtonpost.com/politics/one-female-veterans-epic-quest-for-a-foot-that-fits/2015/09/05/b0e226c4-4ff5-11e5-8c19-0b6825aa4a3a\\_story.html](http://www.washingtonpost.com/politics/one-female-veterans-epic-quest-for-a-foot-that-fits/2015/09/05/b0e226c4-4ff5-11e5-8c19-0b6825aa4a3a_story.html)

Military medicine tackles suicide with prevention tools for patients, families and providers

<http://www.health.mil/News/Articles/2015/09/08/Military-medicine-tackles-suicide-with-prevention-tools-for-patients-families-and-providers>

Love, Hate and Suicide

<http://opinionator.blogs.nytimes.com/2015/09/08/love-hate-and-suicide/>

Daniel Wolfe Is Killing Himself Live on Facebook

<http://www.qq.com/story/veteran-suicide-daniel-wolfe?currentPage=all>

Suicide Prevention: How 1 Person Can Make a Difference

<http://www.dodlive.mil/index.php/2015/09/suicide-prevention-how-1-person-can-make-a-difference/>

Primary Blast Traumatic Brain Injury in the Military (part one): The Case for Primary Blast Concussions

<http://arpapsych.com/primary-blast-traumatic-brain-injury-in-the-military-part-one-the-case-for-primary-blast-concussions/>

Primary Blast Traumatic Brain Injury in the Military (part two): Diagnosis, Detection & Treatment

<http://arpapsych.com/primary-blast-traumatic-brain-injury-in-the-military-part-two-diagnosis-detection-treatment/>

Musicians bring healing to wounded warriors

[http://www.army.mil/article/155034/Musicians\\_bring\\_healing\\_to\\_wounded\\_warriors/](http://www.army.mil/article/155034/Musicians_bring_healing_to_wounded_warriors/)

Natick scientists investigate ways to help Soldiers recover from stress

[http://www.army.mil/article/154850/Natick\\_scientists\\_investigate\\_ways\\_to\\_help\\_Soldiers\\_recover\\_from\\_stress/](http://www.army.mil/article/154850/Natick_scientists_investigate_ways_to_help_Soldiers_recover_from_stress/)

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#### **Resource of the Week: [Techboomers.com](http://Techboomers.com)**





Techboomers.com is a free educational website that teaches older adults and other inexperienced Internet users with basic computer skills about websites that can help improve their quality of life. Techboomers provides three main services:

- Techboomers introduces users to trusted new websites and Internet-based applications through an easy-to-navigate directory and targeted emails based on their interests.
- Techboomers provides free video and article tutorials in a language suited to those who may not be the most tech-savvy. These tutorials teach the easiest and most efficient ways to use the websites, as well as how these websites can improve one's quality of life.
- Techboomers keeps its users informed of important news and information about their favourite products via on-site alerts and periodic email newsletters.

Although the description mentions “older adults,” this is a great resource for anyone looking to get more out of popular social media, entertainment and e-commerce websites. Free.



## Top 10 Most Popular Courses

- 
**Facebook**  
 Facebook is a social networking website that allows you to share news, photos, videos, thoughts, and life stories. Join events, play games, and grow your own personal social circle. [Learn Now!](#) 18 tutorials
- 
**Pinterest**  
 Pinterest is a social media tool where people create and organize collections of visual content from their computer, the Internet, and elsewhere on Pinterest. [Learn Now!](#) 10 tutorials
- 
**Netflix**  
 Netflix is a service that plays popular movies and TV shows right on your computer. Watch as much as you want, whenever you want, for a low monthly fee. [Learn Now!](#) 11 tutorials
- 
**Introduction to Internet Safety**  
 This course provides general safety tips for Internet use, as well as advice on handling specific dangers. [Learn Now!](#) 17 tutorials

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