



CDP Research Update -- October 29, 2015

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- Resource of the Week: Brief Interventions and Brief Therapies for Substance Abuse (SAMHSA - Quick Guide for Clinicians Based on Treatment Improvement Protocol 34)

<http://www.sciencedirect.com/science/article/pii/S0272735814000920>

Up-scaling clinician assisted internet cognitive behavioural therapy (iCBT) for depression: A model for dissemination into primary care.

Gavin Andrews, Alishia D. Williams

Clinical Psychology Review
 Volume 41, November 2015, Pages 40–48
 Psychological Interventions for Depression
 doi:10.1016/j.cpr.2014.05.006

Depression is a global health problem but only a minority of people with depression receive even minimally adequate treatment. Internet delivered automated cognitive behaviour therapy (iCBT) which is easily distributed and in which fidelity is guaranteed could be one solution to the problem of increasing coverage. In this review of iCBT for Major Depressive Disorder in adults, we address the concerns of clinicians in utilizing this technology by reviewing the research evidence with reference to efficacy and effectiveness and presenting a model for dissemination and uptake of iCBT into practice. This review includes studies of participants who would meet criteria for major depressive disorder who were supported as they learnt and implemented changes in thoughts, emotions and behaviours by using cognitive behaviour principles. We conclude that this form of treatment is effective and acceptable to both patients and clinicians.

<http://www.sciencedirect.com/science/article/pii/S0272735815000227>

A lifetime approach to major depressive disorder: The contributions of psychological interventions in preventing relapse and recurrence.

Claudi L. Bockting, Steven D. Hollon, Robin B. Jarrett, Willem Kuyken, Keith Dobson

Clinical Psychology Review

Volume 41, November 2015, Pages 16–26

Psychological Interventions for Depression

doi:10.1016/j.cpr.2015.02.003

Major depressive disorder (MDD) is highly disabling and typically runs a recurrent course. Knowledge about prevention of relapse and recurrence is crucial to the long-term welfare of people who suffer from this disorder. This article provides an overview of the current evidence for the prevention of relapse and recurrence using psychological interventions. We first describe a conceptual framework to preventive interventions based on: acute treatment; continuation treatment, or; prevention strategies for patients in remission. In brief, cognitive-behavioral interventions, delivered during the acute phase, appear to have an enduring effect that protects patients against relapse and perhaps others from recurrence following treatment termination. Similarly, continuation treatment with either cognitive therapy or perhaps interpersonal psychotherapy appears to reduce risk for relapse and maintenance treatment appears to reduce risk for recurrence. Preventive relapse strategies like preventive cognitive therapy or mindfulness based cognitive therapy (MBCT) applied to patients in remission protects against subsequent relapse and perhaps recurrence. There is some preliminary evidence of specific mediation via changing the content or the process of cognition. Continuation CT and preventive interventions started after remission (CBT, MBCT) seem to have the largest differential effects for individuals that need them the most. Those who have the greatest risk for relapse and recurrence including patients with unstable remission, more previous episodes, potentially childhood trauma, early age of onset. These prescriptive indications, if confirmed in future research, may point the way to personalizing prevention strategies. Doing so, may maximize the

efficiency with which they are applied and have the potential to target the mechanisms that appear to underlie these effects. This may help make this prevention strategies more efficacious.

<http://www.sciencedirect.com/science/article/pii/S0272735814000737>

A resilience framework for promoting stable remission from depression.

Christian E. Waugh, Ernst H.W. Koster

Clinical Psychology Review
Volume 41, November 2015, Pages 49–60
Psychological Interventions for Depression
doi:10.1016/j.cpr.2014.05.004

A significant proportion of people in remission from depression will experience a recurrence of depression. One theoretical mechanism for this recurrence is that with each additional episode of depression, people become more sensitive to the deleterious effects of less powerful stressors. We propose that research on resilience – the ability to adapt to and recover from stress – can inform interventions to prevent recurrence in people in remission. We conceptualize resilience as a dynamic process that may be deficient in people in remission from depression, rather than as a static personal quality that is unattainable to people who have experienced psychopathology. The three aspects of resilience that we suggest are the most important to target to prevent recurrence are (1) improving stress recovery from minor daily stressors that may aid remitted people in coping with major stressors, (2) increasing positivity, like promoting positive emotions during stress, and (3) and training flexibility—the ability to identify different demands in the environment and employ the appropriate coping strategy to meet those demands. We offer suggestions for the appropriate assessment of changes in resilience in remitted people and provide some examples of effective resilience interventions.

<http://www.sciencedirect.com/science/article/pii/S0272735814001688>

It's complicated: The relation between cognitive change procedures, cognitive change, and symptom change in cognitive therapy for depression.

Lorenzo Lorenzo-Luaces, Ramaris E. German, Robert J. DeRubeis

Clinical Psychology Review
Volume 41, November 2015, Pages 3–15

Psychological Interventions for Depression
doi:10.1016/j.cpr.2014.12.003

Many attempts have been made to discover and characterize the mechanisms of change in psychotherapies for depression, yet no clear, evidence-based account of the relationship between therapeutic procedures, psychological mechanisms, and symptom improvement has emerged. Negatively-biased thinking plays an important role in the phenomenology of depression, and most theorists acknowledge that cognitive changes occur during successful treatments. However, the causal role of cognitive change procedures in promoting cognitive change and alleviating depressive symptoms has been questioned. We describe the methodological and inferential limitations of the relevant empirical investigations and provide recommendations for addressing them. We then develop a framework within which the possible links between cognitive procedures, cognitive change, and symptom change can be considered. We conclude that cognitive procedures are effective in alleviating symptoms of depression and that cognitive change, regardless of how it is achieved, contributes to symptom change, a pattern of findings that lends support to the cognitive theory of depression.

<http://www.sciencedirect.com/science/article/pii/S1389945715008916>

Bad sleep? Don't blame the moon! A population-based study.

José Haba-Rubio, Pedro Marques-Vidal, Nadia Tobback, Daniela Andries, Martin Preisig, Christine Kuehner, Peter Vollenweider, Gérard Waeber, Gianina Luca, Mehdi Tafti, Raphaël Heinzer

Sleep Medicine

Volume 16, Issue 11, November 2015, Pages 1321–1326

doi:10.1016/j.sleep.2015.08.002

Introduction

The aim of this study was to evaluate if there is a significant effect of lunar phases on subjective and objective sleep variables in the general population.

Methods

A total of 2125 individuals (51.2% women, age 58.8 ± 11.2 years) participating in a population-based cohort study underwent a complete polysomnography (PSG) at home. Subjective sleep quality was evaluated by a self-rating scale. Sleep electroencephalography (EEG) spectral analysis was performed in 759 participants without significant sleep disorders. Salivary cortisol levels were assessed at awakening, 30 min after awakening, at 11 am, and at 8 pm. Lunar phases were grouped into full moon (FM), waxing/waning moon (WM), and new moon (NM).

Results

Overall, there was no significant difference between lunar phases with regard to subjective sleep quality. We found only a nonsignificant ($p = 0.08$) trend toward a better sleep quality during the NM phase. Objective sleep duration was not different between phases (FM: 398 ± 3 min, WM: 402 ± 3 min, NM: 403 ± 3 min; $p = 0.31$). No difference was found with regard to other PSG-derived parameters, EEG spectral analysis, or in diurnal cortisol levels. When considering only subjects with apnea/hypopnea index of $<15/h$ and periodic leg movements index of $<15/h$, we found a trend toward shorter total sleep time during FM (FM: 402 ± 4 , WM: 407 ± 4 , NM: 415 ± 4 min; $p = 0.06$) and shorter-stage N2 duration (FM: 178 ± 3 , WM: 182 ± 3 , NM: 188 ± 3 min; $p = 0.05$).

Conclusion

Our large population-based study provides no evidence of a significant effect of lunar phases on human sleep.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1093981>

Suicide Attempt Characteristics Among Veterans and Active-Duty Service Members Receiving Mental Health Services: A Pooled Data Analysis.

Jennifer L. Villatte , Stephen S. O'Connor , Rebecca Leitner , Amanda H. Kerbrat , Lora L. Johnson , Peter M. Gutierrez

Military Behavioral Health

Accepted author version posted online: 18 Sep 2015

DOI:10.1080/21635781.2015.1093981

Past suicidal behaviors are among the strongest and most consistent predictors of eventual suicide and may be particularly salient in military suicide. The current study compared characteristics of suicide attempts in veterans ($N = 746$) and active-duty service members ($N = 1,013$) receiving treatment for acute suicide risk. Baseline data from six randomized controlled trials were pooled and analyzed using robust regression. Service members had greater odds of having attempted suicide relative to veterans, though there were no differences in number of attempts made. Service members also had higher rates of premilitary suicide attempts and nonsuicidal self-injury (NSSI). Veterans disproportionately attempted suicide by means of overdose. In veterans, combat deployment was associated with lower odds of lifetime suicide attempt, while history of NSSI was associated with greater attempt odds. Neither was significantly associated with lifetime suicide attempt in service members. Implications for suicide assessment and treatment are discussed.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1093979>

Perceived Support, Substance Use, Suicidal Ideation, and Psychological Distress Among Military-Connected Adolescents.

Tamika D. Gilreath

Military Behavioral Health

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DOI:10.1080/21635781.2015.1093979

Military-connected adolescents may be at increased risk for poor behavioral health outcomes related to the stressors of war. This study examined the co-occurrence of substance use and mental health problems among military-connected youth compared to their non-military-connected counterparts. Data from youth in ninth- and eleventh-grade classes in six military-connected school districts completed the California Healthy Kids Survey in 2011 (n = 9,122). Latent class analysis was utilized to examine co-occurring substance use and mental health issues. Military connection (parent, sibling, or none) and five measures of perceptions of school and community support were included in the model. The analysis revealed four different groups. As the probability of co-occurrence increased, the chance that youth had a sibling serving and that they perceived lower support from the military and other military families increased. These findings support a need for additional research on the adolescent siblings of military service persons. Clinicians should add questions to ascertain close family member service and screening for co-occurring substance use and mental health to their standards of practice related to working with military connected youth.

<http://jmvfh.utpjournals.press/doi/abs/10.3138/jmvfh.3119>

Coming home: the experiences and implication of reintegration for military families.

Lydia I. Marek, Lyn E. Moore

Journal of Military, Veteran and Family Health

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Introduction:

Although military families are typically resilient in the face of adversity, the current literature suggests that the aftermath of deployment involves numerous stressors and difficulties for these families for a long period.

Method:

Using a sample of 380 US service members, 295 partners of US service members, and 136 adolescents who experienced a full deployment cycle of a service member parent, this study addresses the gaps in knowledge by examining how factors identified in prior research (reintegration stress and coping, preparation and expectations, family functioning and parental satisfaction, perceived adolescent changes between deployment and reintegration, and adolescents' perception of family functioning) affect reintegration stress and coping for US service members, partners of US service members (someone who identifies as being in a significant relationship with a service member), and adolescents.

Results:

Better service member coping, satisfaction with family deployment coping, better preparation, and accurate expectations were all found to be associated with lower reintegration stress.

Discussion:

Findings point to the need for a systemic approach throughout the deployment cycle for better reintegration outcomes for military individuals and families.

<http://www.sciencedirect.com/science/article/pii/S2212144715300156>

Psychological flexibility as a dimension of resilience for posttraumatic stress, depression, and risk for suicidal ideation among Air Force personnel.

Craig J. Bryan, Bobbie Ray-Sannerud, Elizabeth A. Heron

Journal of Contextual Behavioral Science

Available online 19 October 2015

doi:10.1016/j.jcbs.2015.10.002

Rates of psychological disorders and suicide have increased dramatically among military personnel since the onset of combat operations in Iraq and Afghanistan. To date, few studies have identified psychological factors that insulate service members from emotional distress and suicide risk following combat. The current study investigates the protective effects of psychological flexibility on emotional distress and suicidal ideation in 168 active duty Air Force convoy operators. Self-report data were collected before deployment and at 1, 3, 6, and 12 months postdeployment. Robust generalized estimating equations with repeated measurements indicated that, over time, service members with greater psychological flexibility reported less severe posttraumatic stress ($B = -.039$, $SE = .011$, $p = .001$) and depression ($B = -.053$, $SE = .009$, $p < .001$) than subjects with less psychological flexibility. Greater psychological flexibility was also associated with decreased suicide risk ($B = -.035$, $SE = .010$, $p < .001$), significantly moderating the

effects of depression on suicidal ideation over time ($B=.115$, $SE=.044$, $p=.008$). Results suggest that psychological flexibility guards against emotional distress among service members and buffers the effects of depression on suicide risk.

<http://search.informit.com.au/documentSummary;dn=512261776246165;res=IELHEA>

Is there a role for prazosin in the treatment of post-traumatic stress disorder?

Togno, John; Eaton, Scott

Australian Family Physician
Vol. 44, No. 9, Sep 2015: 647-649

Background:

Post-traumatic stress disorder (PTSD) is a common disorder with significant morbidity and associated comorbidities, including mood disorders and substance abuse, and is frequently misdiagnosed or under-diagnosed. Management of PTSD requires combined psychotherapy and pharmacotherapy, but some symptoms, particularly nightmares and sleep disturbance, are often resistant to treatment.

Objective:

The aim of this article is to inform primary healthcare professionals of the prevalence and significance of PTSD, and to review the evidence that prazosin is a useful option for managing PTSD-associated nightmares and sleep disturbance.

Discussion:

PTSD should be considered in patients with treatment-resistant mood disorders. A trauma history should be taken for these patients and in recognised groups of patients who have a high incidence of PTSD. The treatment of PTSD is challenging, frequently requiring specialist input from psychiatrists. Prazosin has been proven to be safe and effective in the management of nightmares and sleep disturbances associated with PTSD and is indicated where these distressing symptoms are present.

<http://www.omicsonline.com/open-access/evidencebased-treatment-of-ptsd-in-a-college-population-1522-4821-1000275.php?aid=61356>

Evidence-Based Treatment of PTSD in a College Population.

Charity Wilkinson, Jill Richards, Katherine O'Leary

There are many compelling reasons for assessment and treatment of Post-Traumatic Stress Disorder (PTSD) in university counseling center (UCC) settings. While sexual assault at college campuses has been a frequent topic in the popular press recently, scholarly literature about evidence-based treatment of PTSD in UCCs is scant. In a recent survey conducted at 27 universities, more than 20 percent of undergraduate, female respondents reported having experienced some type of sexual assault (Anderson, Svruga & Clement, 2015). In addition to rape, college students may present for treatment after other traumatic life events such as childhood abuse, serious accidents, and natural disasters.

<http://www.sciencedirect.com/science/article/pii/S1087079215001471>

Suicide and Sleep: Is It a Bad Thing to be Awake When Reason Sleeps?

Michael L. Perlis, Michael A. Grandner, Subhjit Chakravorty, Rebecca A. Bernert, Gregory K. Brown, Michael E. Thase

Sleep Medicine Reviews
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doi:10.1016/j.smr.2015.10.003

Suicide is the 2nd leading cause of death in the world for those aged 25-44 years. In 2013, more than 41,000 suicides occurred in the United States. These statistics underscore the need to 1) understand why people die by suicide and 2) identify risk factors that are potentially modifiable. While it has been posited that sleep disturbance may represent one such factor, systematic research in this arena did not begin until the 2000s. Since that time, sleep disturbance has been reliably identified as a risk factor for suicidal ideation, suicide attempts, and suicide. While insomnia, nightmares, and other sleep disorders have each been found to contribute to the risk for suicidal ideation and behavior, it is also possible that these factors share some common variance. One possibility is that sleep disturbance results in being awake at night, and being awake at night also confers risk. The hypothesis proffered here is that being awake when one is not biologically prepared to be so results in "hypofrontality" and diminished executive function, and that this represents a common pathway to suicidal ideation and behavior. Such a proposition is highly testable under a variety of possible protocols. The current review summarizes the extant literature on suicide rates by time-of-day, and discusses circadian, psychosocial, and neurocognitive explanations of risk. Such a focus promises to enhance our understanding of how sleep disturbance may confer risk, allows for the identification of future lines of research, and further justifies the need for interventions that promote good sleep continuity among at-risk individuals.

<http://jmvfh.utpjournals.press/doi/abs/10.3138/jmvfh.2996>

Remediation of intrusive symptoms of PTSD in fewer than five sessions: a 30-person pre-pilot study of the RTM Protocol.

Richard M. Gray, Frank Bourke

Journal of Military, Veteran and Family Health

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Introduction:

The Reconsolidation of Traumatic Memories (RTM) Protocol is a brief non-traumatizing intervention for the intrusive symptoms of post-traumatic stress disorder (PTSD). It is supported by nearly 25 years of anecdotal and clinical reports. This study reports the first scientific evaluation of the protocol.

Methods:

A 30-person pilot study using male Veterans with a pre-existing diagnosis of PTSD. Intake criteria included interviews and confirmatory re-diagnosis using the PTSD Checklist–Military version (PCL-M). Of 33 people who met the inclusion criteria, 26 completed treatment using the RTM protocol. A small (n = 5) wait-list control group was included. All participants were reassessed following treatment using the PCL-M.

Results:

Of 26 program completers, 25 (96%) were symptom free at 6-week follow-up. Mean PCL-M score at intake was 61 points. At the 6-week follow-up, the mean PCL-M score was 28.8, with a mean reduction in scores of 33 points. Hedges' g was computed for 6-week follow-up and showed a 2.9 SD difference from intake to follow-up. A wait-list control analysis indicated non-significant symptom changes during the 2-week wait period.

Discussion:

Results suggest that RTM is a promising intervention worthy of further investigation.

[http://www.jad-journal.com/article/S0165-0327\(15\)30538-3/abstract](http://www.jad-journal.com/article/S0165-0327(15)30538-3/abstract)

What are 'good' depression symptoms? Comparing the centrality of DSM and non-DSM symptoms of depression in a network analysis.

Eiko I. Fried, Sacha Epskamp, Randolph M. Nesse, Francis Tuerlinckx, Denny Borsboom

Journal of Affective Disorders

January 1, 2016

Volume 189, Pages 314–320

DOI: <http://dx.doi.org/10.1016/j.jad.2015.09.005>

Background

The symptoms for Major Depression (MD) defined in the DSM-5 differ markedly from symptoms assessed in common rating scales, and the empirical question about core depression symptoms is unresolved. Here we conceptualize depression as a complex dynamic system of interacting symptoms to examine what symptoms are most central to driving depressive processes.

Methods

We constructed a network of 28 depression symptoms assessed via the Inventory of Depressive Symptomatology (IDS-30) in 3,463 depressed outpatients from the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study. We estimated the centrality of all IDS-30 symptoms, and compared the centrality of DSM and non-DSM symptoms; centrality reflects the connectedness of each symptom with all other symptoms.

Results

A network with 28 intertwined symptoms emerged, and symptoms differed substantially in their centrality values. Both DSM symptoms (e.g., sad mood) and non-DSM symptoms (e.g., anxiety) were among the most central symptoms, and DSM criteria were not more central than non-DSM symptoms.

Limitations

Many subjects enrolled in STAR*D reported comorbid medical and psychiatric conditions which may have affected symptom presentation.

Conclusion

The network perspective neither supports the standard psychometric notion that depression symptoms are equivalent indicators of MD, nor the common assumption that DSM symptoms of depression are of higher clinical relevance than non-DSM depression symptoms. The findings suggest the value of research focusing on especially central symptoms to increase the accuracy of predicting outcomes such as the course of illness, probability of relapse, and treatment response.

See: [Depression too often reduced to a checklist of symptoms](#) (Science Daily)

<http://www.ncbi.nlm.nih.gov/pubmed/26324821>

Curr Psychiatry Rep. 2015 Oct;17(10):83. doi: 10.1007/s11920-015-0621-x.

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

Clark C, Cole J, Winter C, Williams K, Grammer G.

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.

<http://www.sciencedirect.com/science/article/pii/S1389945715019875>

The relationship between insomnia and disability in workers with mild traumatic brain injury/concussion : Insomnia and disability in chronic mild traumatic brain injury.

Tatyana Mollayeva, Brandy Pratt, Shirin Mollayeva, Colin M Shapiro, J David Cassidy, Angela Colantonio

Sleep Medicine

Available online 23 October 2015

doi:10.1016/j.sleep.2015.09.008

Objective/Background

The principal aim of this study was to, for the first time, examine the relationship between insomnia and perceived disability among workers with mTBI/ concussion.

Patients/Methods

A cross-sectional study at the Workplace Safety and Insurance Board clinic of the largest rehabilitation teaching hospital in Canada. Data from questionnaires, insurer records, and clinical investigations were analyzed. The insomnia severity index measured the primary

independent variable and the Sheehan disability scale measured disability outcomes, classified as “mild/moderate” or “marked/extreme”. Two-sided t-tests and chi-square tests were utilized for bivariate associations. A binomial logistic regression model was fit using previously identified variables.

Results

The sample comprised of 92 workers (45.1 ± 9.9 years old, 61% male) with mTBI/concussion at median time 196 days after injury. When compared to workers reporting lower disability, those reporting higher disability reported more severe insomnia, depression, anxiety, and pain. In the multivariable analysis, the odds of reporting higher global disability increased with increasing insomnia and pain (adjusted OR 1.16 (95% CI 1.03-1.31) and 1.117 (95% CI 1.01-1.24), respectively). In a fully adjusted work disability model, insomnia was the only significant covariate. None of the variables studied were significant in the social and family life disability models.

Conclusions

Greater attention should be given with regard to the diagnosis and management of insomnia in persons with mTBI/concussion.

<http://www.sciencedirect.com/science/article/pii/S1551714415301087>

Evaluation of a hybrid treatment for Veterans with comorbid traumatic brain injury and posttraumatic stress disorder: Study protocol for a randomized controlled trial.

Amy J. Jak, Robin Aupperle, Carie S. Rodgers, Ariel J. Lang, Dawn Schiehser, Sonya B. Norman, Elizabeth W. Twamley

Contemporary Clinical Trials

Available online 21 October 2015

doi:10.1016/j.cct.2015.10.009

Comorbidity of posttraumatic stress disorder (PTSD) and history of traumatic brain injury (TBI) is high among Veterans of Operation Iraqi Freedom/Enduring Freedom/New Dawn (OIF/OEF/OND). Cognitive processing therapy (CPT) is empirically supported for the treatment of PTSD, but it is not specifically designed to accommodate the memory, attention, or problem solving deficits that are experienced by many Veterans with comorbid PTSD and TBI. Compensatory cognitive rehabilitation, including cognitive symptom management and rehabilitation therapy (CogSMART), is effective for cognitive deficits stemming from a variety of etiologies, including TBI. We have integrated components of CogSMART into CPT in order to address the unique challenges faced by Veterans with ongoing cognitive complaints related to PTSD and a history of mild TBI. Here we describe an ongoing randomized controlled trial investigating the efficacy of our novel hybrid treatment, SMART-CPT, as compared to standard

CPT, for OIF/OEF/OND Veterans with PTSD and a history of mild to moderate TBI. We describe the development of this hybrid treatment as well as implementation of the randomized controlled trial.

<http://www.sciencedirect.com/science/article/pii/S0887618515300268>

Treatment of Active Duty Military with PTSD in Primary Care: A Follow-Up Report.

Jeffrey A. Cigrang, Sheila A.M. Rauch, Jim Mintz, Antoinette Brundige, Laura L. Avila, Craig J. Bryan, Jeffrey L. Goodie, Alan L. Peterson

Journal of Anxiety Disorders
Available online 22 October 2015
doi:10.1016/j.janxdis.2015.10.003

First-line trauma-focused therapies offered in specialty mental health clinics do not reach many veterans and active duty service members with posttraumatic stress disorder (PTSD). Primary care is an ideal environment to expand access to mental health care. Several promising clinical case series reports of brief PTSD therapies adapted for primary care have shown positive results, but the long-term effectiveness with military members is unknown. The purpose of this study was to determine the long-term outcome of an open trial of a brief cognitive-behavioral primary care-delivered protocol developed specifically for deployment-related PTSD in a sample of 24 active duty military (15 men, 9 women). Measures of PTSD symptom severity showed statistically and clinically significant reductions from baseline to posttreatment that were maintained at the 6-month and 1-year follow-up assessments. Similar reductions were maintained in depressive symptoms and ratings of global mental health functioning.

<http://www.tandfonline.com/doi/abs/10.1080/23279095.2015.1012762>

Executive Functioning of Combat Mild Traumatic Brain Injury.

Katy D. Gaines , Henry V. Soper , Gholam R. Berenji

Applied Neuropsychology: Adult
Published online: 23 Oct 2015
DOI:10.1080/23279095.2015.1012762

This study investigates neuropsychological deficits in recently deployed veterans with mild traumatic brain injury (mTBI). Veterans discharged from 2007 to 2012 were recruited from Veterans Affairs clinics. Independent groups of participants with mTBI (n = 57) and those

without TBI (n = 57) were administered the Beck Depression Inventory-II, Combat Exposure Scale, Word Memory Test, and the Self-Awareness of Deficits Interview. Neuropsychological instruments included the Rey-Osterrieth Complex Figure Test, Letter and Category Fluency, Trail-Making Test-Parts A and B, Christiansen H-abbreviated, Soper Neuropsychology Screen, Wechsler Memory Scale subtests Logical Memory I and II, and the Street Completion Test. The mTBI group performed significantly worse on all of the executive and nonexecutive measurements with the exception of Category Fluency, after controlling for age, depression effort, and combat exposure. Depression and combat exposure were greater for the mTBI group. The mTBI group scored poorer on effort, but only the Multiple Choice subtest was significant. The mTBI group had good awareness of their deficits.

<http://online.liebertpub.com/doi/abs/10.1089/acu.2014.1080>

Mindfulness-Based Practices as a Resource for Health and Well-Being.

Fred Zimmermann, MA, PhD(cand), CPT

Medical Acupuncture

October 2015, 27(5): 349-359

doi:10.1089/acu.2014.1080

Background:

Mindfulness-based interventions are becoming increasingly popular in clinical and nonclinical settings. Civilian and Military policy makers responsible for corporate health management and human-resource development are increasingly interested in mindfulness training as a useful tool for reducing stress and enhancing cognitive performance, leadership, and well-being.

Objective:

This article aims to inform readers concisely about the scope, efficacy, and adequate application of mindfulness training. Moreover, particular interest is paid to rehabilitative and preventive applications of mindfulness in a Military environment.

Method:

This overview describes mindfulness training programs that are useful for addressing stress-related conditions for North Atlantic Treaty Organization (NATO) troops during times of peace and conflict.

Conclusions:

Mindfulness has been tested successfully as an applicable measure in the military. This modality remains to be implemented in clinical and the nonclinical, Military environments to enhance the well-being of every soldier. First steps could include basic training and leadership programs as well as pre/post deployment trainings. Targeted populations as educators of

mindfulness include chaplains, clinical personnel, physiotherapists, clinical psychologists, psychiatrists, and general practitioners. Finally, the development of a NATO handbook on practical mindfulness training guidelines is recommended, addressing the most important questions and fundamental aspects of a practice.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4599639/>

Virtual reality exposure-based therapy for the treatment of post-traumatic stress disorder: a review of its efficacy, the adequacy of the treatment protocol, and its acceptability.

Cristina Botella, Berenice Serrano, Rosa M Baños, and Azucena Garcia-Palacios

Neuropsychiatric Disease and Treatment

2015; 11: 2533–2545.

Published online 2015 Oct 3

doi: 10.2147/NDT.S89542

Introduction

The essential feature of post-traumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to one or more traumatic events. According to evidence-based intervention guidelines and empirical evidence, one of the most extensively researched and validated treatments for PTSD is prolonged exposure to traumatic events; however, exposure therapy can present some limitations. Virtual reality (VR) can help to improve prolonged exposure because it creates fictitious, safe, and controllable situations that can enhance emotional engagement and acceptance.

Objective

In addition to carrying out a review to evaluate the efficacy of VR exposure-based therapy (VR-EBT) for the treatment of PTSD, the aim of this study was to contribute to analyzing the use of VR-EBT by: first, evaluating the adequacy of psychological treatment protocols that use VR-EBT to treat PTSD; and second, analyzing the acceptability of VR-EBT.

Method

We performed a replica search with descriptors and databases used in two previous reviews and updated to April 2015. Next, we carried out an evaluation of the efficacy, adequacy, and acceptability of VR-EBT protocols.

Results

Results showed that VR-EBT was effective in the treatment of PTSD. The findings related to adequacy showed that not all studies using VR-EBT reported having followed the clinical guidelines for evidence-based interventions in the treatment of PTSD. Regarding acceptability,

few studies evaluated this subject. However, the findings are very promising, and patients reported high acceptability and satisfaction with the inclusion of VR in the treatment of PTSD.

Conclusion

The main weaknesses identified in this review focus on the need for more controlled studies, the need to standardize treatment protocols using VR-EBT, and the need to include assessments of acceptability and related variables. Finally, this paper highlights some directions and future perspectives for using VR-EBT in PTSD treatment.

<http://www.ingentaconnect.com/content/lyceum/bpmh/2015/00000011/00000002/art00006>

Family Interventions for Combat-Related Posttraumatic Stress Disorder: A Review for Practitioners.

Sensiba, David; Franklin, Cynthia
Best Practices in Mental Health
Volume 11, Number 2, Fall 2015, pp. 47-59(13)

When left untreated, posttraumatic stress disorder (PTSD) can be extremely debilitating for veterans and their families. The impact on families includes decreased communication, increased mental health concerns, and increased acting out by children. This article reviews six family interventions that are currently being practiced and have also been studied with military families. Four of the six family interventions focused on veterans and spouses/significant others as the focus of treatment and two interventions involved the whole family system or multiple families in the treatment process. This article also identified common elements of family interventions that can be used by practitioners to help military families and discusses the limitations of current family approaches.

http://www.researchgate.net/publication/282156631_The_effects_of_military-connected_parental_absence_on_the_behavioural_and_academic_functioning_of_children_A_literature_review

The effects of military-connected parental absence on the behavioural and academic functioning of children: A literature review.

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

Journal of Children's Services
Vol. 10 Iss 3 pp. 291 - 306
<http://dx.doi.org/10.1108/JCS-05-2015-0017>

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. The paper aims to discuss this issue.

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. In all, 26 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.

<http://www.ncbi.nlm.nih.gov/books/NBK321036/>

Mental Imagery in Psychopathology: From The Lab to the Clinic (Chapter 7)

Ian A Clark, Ella L James, Lalitha Iyadurai, and Emily A Holmes

Clinical Perspectives on Autobiographical Memory
Watson LA, Berntsen D, editors.
Cambridge (UK): Cambridge University Press; 2015

Mental imagery is increasingly recognized as having an important role in relation to autobiographical memory and psychopathology. Autobiographical memories frequently take the form of mental images (Conway & Pleydell-Pearce, 2000; Tulving, 1984) and, as mentioned in Bernsten (Chapter 9) can be recalled both voluntarily or involuntarily as a normal part of everyday life (see also Berntsen, 1996; 2010). Autobiographical memory for most individuals

demonstrates a positivity bias. For example, more positive memories are recalled than negative ones; individuals perceive a greater number of positive events than negative events as occurring in their lives; and the emotional affect of negative memories fades faster than for positive ones (Walker et al., 2003b). However, in psychopathology this bias can be disrupted. After trauma, involuntary mental images and memories, for example, of an intrusive image of a car crash or assault, can be distressing and disruptive. In depressed individuals it can become difficult to recall positive memories, creating an automatic bias toward more negative information and increasing negative affect. Mental imagery offers a possible route to alleviating distress in psychopathology by reducing the occurrence of negative imagery or boosting positive imagery and biases toward positive imagery and information.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1980/abstract>

Enhancing CBT for Chronic Insomnia: A Randomised Clinical Trial of Additive Components of Mindfulness or Cognitive Therapy.

Wong, M. Y., Ree, M. J. and Lee, C. W.

Clinical Psychology & Psychotherapy

Article first published online: 26 OCT 2015

DOI: 10.1002/cpp.1980

Although cognitive behavioural therapy (CBT) for insomnia has resulted in significant reductions in symptoms, most patients are not classified as good sleepers after treatment. The present study investigated whether additional sessions of cognitive therapy (CT) or mindfulness-based therapy (MBT) could enhance CBT in 64 participants with primary insomnia. All participants were given four sessions of standard CBT as previous research had identified this number of sessions as an optimal balance between therapist guidance and patient independence. Participants were then allocated to further active treatment (four sessions of CT or MBT) or a no further treatment control. The additional treatments resulted in significant improvements beyond CBT on self-report and objective measures of sleep and were well tolerated as evidenced by no dropouts from either treatment. The effect sizes for each of these additional treatments were large and clinically significant. The mean scores on the primary outcome measure, the Insomnia Severity Index, were 5.74 for CT and 6.69 for MBT, which are within the good-sleeper range. Treatment effects were maintained at follow-up. There were no significant differences between CT and MBT on any outcome measure. These results provide encouraging data on how to enhance CBT for treatment of insomnia. Copyright © 2015 John Wiley & Sons, Ltd.

<http://www.sciencedirect.com/science/article/pii/S1087079215001483>

Efficacy of Internet-delivered cognitive-behavioral therapy for insomnia – a systematic review and meta-analysis of randomized controlled trials.

Robert Zachariae, Marlene S. Lyby, Lee Ritterband, Mia S. O'Toole

Sleep Medicine Reviews

Available online 24 October 2015

doi:10.1016/j.smr.2015.10.004

Cognitive-behavioral therapy for insomnia (CBT-I) has been shown efficacious, but the challenge remains to make it available and accessible in order to meet population needs. Delivering CBT-I over the Internet (eCBT-I) may be one method to overcome this challenge. The objective of this meta-analysis was to evaluate the efficacy of eCBT-I and the moderating influence of various study characteristics. Two researchers independently searched key electronic databases (1991 to June 2015), selected eligible publications, extracted data, and evaluated methodological quality. Eleven randomized controlled trials examining a total of 1460 participants were included. Results showed that eCBT-I improved insomnia severity, sleep efficiency, subjective sleep quality, wake after sleep onset, sleep onset latency, total sleep time, and number of nocturnal awakenings at post-treatment, with effect sizes (Hedges's *g*) ranging from 0.21-1.09. The effects were comparable to those found for face-to-face CBT-I, and were generally maintained at 4-48 week follow-up. Moderator analyses showed that longer treatment duration and higher degree of personal clinical support were associated with larger effect sizes, and that larger study dropout in the intervention group was associated with smaller effect sizes. In conclusion, Internet-delivered CBT-I appears efficacious and can be considered a viable option in the treatment of insomnia.

<http://ebmh.bmj.com/content/18/4/97.full>

Perspective: App-based psychological interventions: friend or foe?

Simon Leigh, Steve Flatt

Evidence Based Mental Health

2015;18:97-99 doi:10.1136/eb-2015-102203

In 2013, there were only 32 published articles regarding depression apps, compared with a total of 1536 available for download. This finding of a high availability but low evidence base is synonymous with results observed for apps dedicated to the treatment of other psychological disorders, including bipolar disorder, bulimia nervosa and post-traumatic stress disorder

(PTSD); bringing into question the scientific credibility, validity and efficacy of the majority of electronic psychological interventions currently available to consumers.

<http://www.mmjournal.org/content/2/1/24>

Primary prevention of posttraumatic stress disorder: drugs and implications.

Joachim C. Burbiel

Military Medical Research
2015, 2:24 doi:10.1186/s40779-015-0053-2

Because posttraumatic stress disorder (PTSD) is a highly debilitating condition, prevention is an important research topic. This article reviews possible prevention approaches that involve the administration of drugs before the traumatic event takes place. The considered approaches include drugs that address the sympathetic nervous system, drugs that interfere with the hypothalamic-pituitary-adrenal (HPA) axis, narcotics and other psychoactive drugs, as well as modulators of protein synthesis. Furthermore, some thoughts on potential ethical implications of the use of drugs for the primary prevention of PTDS are presented. While there are many barriers to overcome in this field of study, this paper concludes with a call for additional research, as there are currently no approaches that are well-suited for regular use.

Links of Interest

Substance abuse coordinator warns of Spice dangers

http://www.army.mil/article/157559/Substance_abuse_coordinator_warns_of_Spice_dangers/

After USA TODAY reveals problems, Army revises drug, alcohol abuse program

<http://www.usatoday.com/story/news/nation/2015/10/20/after-usa-today-reveals-problems-army-revises-drug-alcohol-abuse-program/72244416/>

Fear itself: A mental illness caused by trauma may be one of the first to be understood in physical terms

<http://www.economist.com/news/international/21676772-mental-illness-caused-trauma-may-be-one-first-be-understood-physical>

Golden Gate Guardian talks suicide

<http://www.offutt.af.mil/news/story.asp?id=123461011>

Reduced activity of a brain protein linked to post-traumatic stress disorder
<http://www.sciencedaily.com/releases/2015/10/151027154925.htm>

The Changing Vocabulary of Mental Illness
<http://www.theatlantic.com/health/archive/2015/10/mental-health-words/412630/>

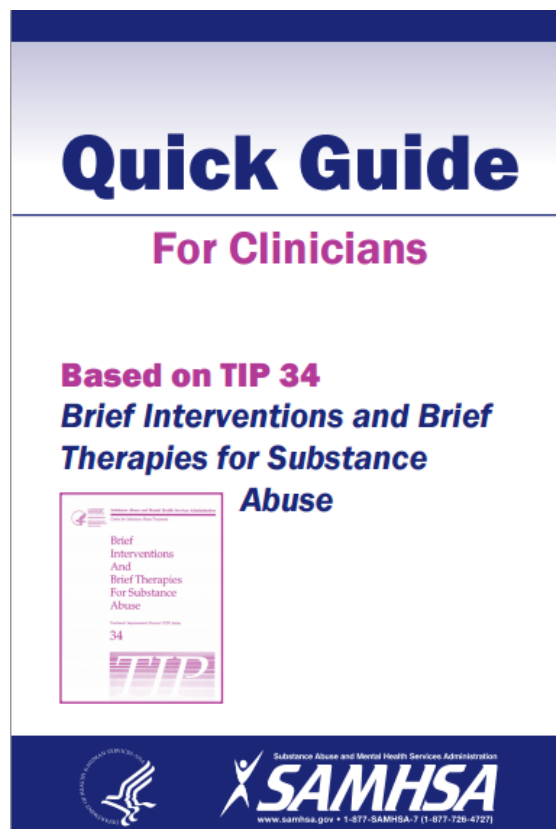
Complete symptom resolution reduces risk of depression recurrence, study finds
<http://www.sciencedaily.com/releases/2015/10/151027143025.htm>

New finding helps explain why many alcohol drinkers also are smokers
<http://www.sciencedaily.com/releases/2015/10/151027154958.htm>

Resource of the Week: [Brief Interventions and Brief Therapies for Substance Abuse](#)
(Quick Guide for Clinicians Based on Treatment Improvement Protocol 34)

New, from the Substance Abuse and Mental Health Services Administration (SAMHSA):

Describes brief intervention and brief therapy techniques for treatment of alcohol abuse and drug abuse, including brief cognitive-behavioral, strategic/ interactional, humanistic and existential, psychodynamic, family, and time-limited group therapies.



See also: [TIP 41: Substance Abuse Treatment: Group Therapy](#)

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