

CDP



Research Update -- March 1, 2018

What's Here:

- Spiritually Integrated Cognitive Processing Therapy: A New Treatment for Post-traumatic Stress Disorder That Targets Moral Injury.
- Identifying Barriers to Usability: Smart Speaker Testing by Military Veterans with Mild Brain Injury and PTSD.
- Measuring Resilience to Operational Stress in Canadian Armed Forces Personnel.
- Investigating the Iatrogenic Effects of Repeated Suicidal Ideation Screening on Suicidal and Depression Symptoms: A Staggered Sequential Study.
- Cognitive Fusion and Post-Trauma Functioning in Veterans: Examining the Mediating Roles of Emotion Dysregulation.
- Assessment and Treatment Considerations for Post Traumatic Stress Disorder at End of Life.
- Military veterans' preferences for incorporating spirituality in psychotherapy or counseling.
- The Darker Side of Military Mental Healthcare Part One: Understanding the Military's Mental Health Dilemma.
- The Darker Side of Military Mental Healthcare Part Two: Five Harmful Strategies to Manage Its Mental Health Dilemma.
- The Darker Side of American Military Mental Healthcare—Part Three: Five More Harmful Strategies to Manage Its Mental Health Dilemma.
- Going Direct to the Consumer: Examining Treatment Preferences for Veterans with Insomnia, PTSD, and Depression.

- Cost-effectiveness of collaborative care for depression and PTSD in military personnel.
- A review of the effects of parental PTSD: A focus on military children.
- Sensory sensitivity and posttraumatic stress disorder in blast exposed veterans with mild traumatic brain injury.
- Diagnosis and Management of Mild Traumatic Brain Injury.
- 21st Century Cognitive Behavioural Therapy for Anger: A Systematic Review of Research Design, Methodology and Outcome.
- Optimism, self-differentiation, and perceived posttraumatic stress disorder symptoms: Predictors of satisfaction in female military partners.
- A randomized controlled trial of an Internet delivered dialectical behavior therapy skills training for suicidal and heavy episodic drinkers.
- Measuring Resilience to Operational Stress in Canadian Armed Forces Personnel.
- The relationship between the therapeutic alliance and clinical outcomes in cognitive behaviour therapy for adults with depression: A meta-analytic review.
- Cognitive Behavioral Therapy (CBT) for Subacute Low Back Pain: a Systematic Review.
- Links of Interest

<http://journals.sagepub.com/doi/full/10.1177/2164956118759939>

Spiritually Integrated Cognitive Processing Therapy: A New Treatment for Post-traumatic Stress Disorder That Targets Moral Injury.

Michelle Pearce, PhD, Kerry Haynes, DMin, BCC, Natalia R Rivera, LCSW, CADCT, Harold G. Koenig, MD

Global Advances in Health and Medicine
First Published February 20, 2018
<https://doi.org/10.1177/2164956118759939>

Background

Post-traumatic stress disorder (PTSD) is a debilitating disorder, and current treatments leave the majority of patients with unresolved symptoms. Moral injury (MI) may be one of the barriers that interfere with recovery from PTSD, particularly among current or former military service members.

Objective

Given the psychological and spiritual aspects of MI, an intervention that addresses MI using spiritual resources in addition to psychological resources may be particularly effective in treating PTSD. To date, there are no existing empirically based individual treatments for PTSD and MI that make explicit use of a patient's spiritual resources, despite the evidence that spiritual beliefs/activities predict faster recovery from PTSD.

Method

To address this gap, we adapted Cognitive Processing Therapy (CPT), an empirically validated treatment for PTSD, to integrate clients' spiritual beliefs, practices, values, and motivations. We call this treatment Spiritually Integrated CPT (SICPT).

Results

This article describes this novel manualized therapeutic approach for treating MI in the setting of PTSD for spiritual/religious clients. We provide a description of SICPT and a brief summary of the 12 sessions. Then, we describe a case study in which the therapist helps a client use his spiritual resources to resolve MI and assist in the recovery from PTSD.

Conclusion

SICPT may be a helpful way to reduce PTSD by targeting MI, addressing spiritual distress, and using a client's spiritual resources. In addition to the spiritual version (applicable for those of any religion and those who do not identify as religious), we have also developed 5 religion-specific manuals (Christianity, Judaism, Islam, Buddhism, and Hinduism) for clients who desire a more religion-specific approach.

https://link.springer.com/chapter/10.1007/978-3-319-75028-6_10

Identifying Barriers to Usability: Smart Speaker Testing by Military Veterans with Mild Brain Injury and PTSD.

Wallace T., Morris J.

Cambridge Workshop on Universal Access and Assistive Technology
CWUAAT 2018: Breaking Down Barriers pp 113-122

Emerging technologies need to be tested for usability and usefulness by target users in the context in which they would likely use these technologies. This is especially true for people with disabilities who may have specific use cases and access needs. This paper describes the research protocol and results from usability testing of smart speakers with home hub capability—Amazon Echo and Google Home—by military combat veterans with mild traumatic brain injury (mTBI) and post-traumatic stress disorder (PTSD). Research was conducted with eight clients in a rehabilitation program for military service members at Shepherd Center in Atlanta, Georgia, USA. Smart speakers and two smart plugs were installed in residences owned by Shepherd Center and occupied by clients undergoing rehabilitation. Participants tested each device for 2 weeks, including set-up and daily use, and completed electronic diary entries about their experience. Additionally, they completed a summative questionnaire interview about their experience at the end of each phase. The goal of the research is to identify usability opportunities and challenges of each device in order to inform development of in-home therapeutic solutions using emerging smart home technologies for this population.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22261/abstract>

Measuring Resilience to Operational Stress in Canadian Armed Forces Personnel.

Sarah C. Hellewell, Ibolja Cernak

Journal of Traumatic Stress

First published: 21 February 2018

DOI: 10.1002/jts.22261

Adaptability to stress is governed by innate resilience, comprised of complex neuroendocrine and immune mechanisms alongside inherited or learned behavioral traits. Based on their capacity to adapt, some people thrive in stressful situations, whereas others experience maladaptation. In our study, we used state-of-the-art tools to assess the resilience level in individuals, as well as their susceptibility to developing military stress-induced behavioral and cognitive deficits. To address this complex

question, we tested Canadian Armed Forces (CAF) personnel in three distinct stress environments (baselines): during predeployment training, deployment in Afghanistan, and readjustment upon return to Canada. Our comprehensive outcome measures included psychometric tests, saliva biomarkers, and computerized cognitive tests that used the Cambridge Neuropsychological Automated Test Battery. Participants were categorized based on initial biomarker measurements as being at low-, moderate-, or high stress-maladaptation risk. Biomarkers showed significant changes ($d_s = 0.56$ to 2.44) between baselines, calculated as “delta” changes. Participants at low stress-maladaptation risk demonstrated minimal changes, whereas those at high stress-maladaptation risk showed significant biomarker variations. The psychometric patterns and cognitive functions were likewise affected across baselines, suggesting that the panel of saliva stress biomarkers could be a useful tool for determining the risk of stress maladaptation that can cause psychological and cognitive decline.

<https://www.sciencedirect.com/science/article/pii/S0165032717322012>

Investigating the Iatrogenic Effects of Repeated Suicidal Ideation Screening on Suicidal and Depression Symptoms: A Staggered Sequential Study.

Melanie A. Hom, Ian H. Stanley, Megan L. Rogers, Austin J. Gallyer, Sean P. Dougherty, Lisa Davis, Thomas E. Joiner

Journal of Affective Disorders

Available online 21 February 2018

<https://doi.org/10.1016/j.jad.2018.02.022>

Background

Research suggests that screening for suicidality does not have iatrogenic effects; however, less is known regarding the impact of repeatedly screening for suicidal ideation among individuals with varying levels of exposure to these screenings. This staggered sequential study evaluated whether suicidal ideation severity increases with repeated screening for suicidal ideation and depression symptoms.

Methods

Undergraduates ($N=207$) were recruited at one of four time points (baseline [$n=37$], 1 month later [$n=61$], 4 months later [$n=55$], and 12 months later [$n=54$]) to complete the self-report Beck Depression Inventory (BDI). Participants completed the BDI at the time point at which they were recruited and all subsequent study time points. Non-parametric

tests were employed to compare suicidal ideation severity (BDI Item 9) and depression symptom severity (BDI total score): (1) within each group across time points and (2) within each time point across groups.

Results

Suicidal ideation severity did not significantly differ within any group across time points, and for two groups, depression symptom severity decreased over time. For analyses between groups, suicidal ideation and depression symptom scores were, at times, significantly lower during subsequent BDI completion time points.

Limitations

This study utilized a relatively small sample size and participants of low clinical severity.

Conclusions

Findings align with prior research indicating that suicidality screening is not iatrogenic. This study also expanded upon previous studies by leveraging a staggered sequential design to compare suicidal ideation and depression symptom severity among individuals with varying exposure to suicidal ideation screenings.

<https://www.sciencedirect.com/science/article/pii/S2212144718300395>

Cognitive Fusion and Post-Trauma Functioning in Veterans: Examining the Mediating Roles of Emotion Dysregulation.

Daniel W. Cox, Thomas C. Motl, A. Myfanwy Bakker, Rachael A. Lunt

Journal of Contextual Behavioral Science

Available online 21 February 2018

<https://doi.org/10.1016/j.jcbs.2018.02.002>

When cognitively fused, people have difficulty accepting and clearly perceiving their internal experiences. Following trauma, emotional non-acceptance and emotional non-clarity have been associated with post-trauma functioning. The aim of the present study was to integrate theory and research on cognitive fusion and post-trauma functioning to evaluate a theory-based model in which emotion dysregulation—specifically, emotional non-acceptance and emotional non-clarity—mediated the association between cognitive fusion and post-trauma functioning in a veteran sample. Participants were 149 veterans with a history of military-related trauma. Veterans completed measures of cognitive

fusion, emotion dysregulation, posttraumatic stress disorder (PTSD) symptoms, and life satisfaction. Overall, emotion dysregulation and PTSD symptoms mediated the fusion-post-trauma functioning association in theoretically consistent ways. More specifically, fusion was related to PTSD through emotional non-clarity and fusion was related to goal dysregulation through emotional non-acceptance and PTSD. Our findings indicate that fusion impacts different aspects of post-trauma functioning through different mediators. How these different pathways could impact clinical decision making are discussed.

<http://journals.sagepub.com/doi/abs/10.1177/1049909118756656>

Assessment and Treatment Considerations for Post Traumatic Stress Disorder at End of Life.

Debra M. Glick, PhD, Joan M. Cook, PhD, Jennifer Moye, PhD, Anica Pless Kaiser, PhD

American Journal of Hospice and Palliative Medicine

First Published February 20, 2018

<https://doi.org/10.1177/1049909118756656>

Post traumatic stress disorder (PTSD) may first emerge, reemerge, or worsen as individuals approach end of life and may complicate the dying process. Unfortunately, lack of awareness of the occurrence and/or manifestation of PTSD at end of life can lead to PTSD going unaddressed. Even if PTSD is properly diagnosed, traditional evidence-based trauma-focused treatments may not be feasible or advisable with this group as many patients at end of life often lack the physical and mental stamina to participate in traditional psychotherapy. This article reviews the clinical and empirical literature on PTSD at end of life, as well as discusses assessment and psychotherapy treatment issues with this neglected population. In addition, it expands on the current reviews of this literature^{1–3} by extrapolating results from nontraditional treatment approaches with other patient populations. Elements of these approaches with patients sharing similar characteristics and/or comorbidities with patients with PTSD at end of life may provide additional benefits for the latter population. Clinical implications and suggestions for interdisciplinary care providers are provided.

<http://psycnet.apa.org/record/2018-05600-004>

Military veterans' preferences for incorporating spirituality in psychotherapy or counseling.

Currier, J. M., Pearce, M., Carroll, T. D., & Koenig, H. G.

Professional Psychology: Research and Practice
(2018) 49(1), 39-47.

<http://dx.doi.org/10.1037/pro0000178>

Amassing research findings suggests that religious faith and/or spirituality (R/S) can both help and hinder recovery from mental health conditions that might prompt military veterans to seek psychotherapy or counseling. As such, there is increasing interest among psychologists and other professionals working with military populations in the helpfulness of addressing the R/S domain. However, research has yet to examine veterans' actual preferences for integrating R/S in their treatment. Drawing on two samples with heterogeneity in R/S backgrounds and military-related experiences, results revealed that veterans generally viewed incorporating R/S in psychotherapy or counseling as "somewhat" important. When compared to more concrete approaches assessed in the study, they also gave greater importance to interventions that assumed an exploratory and affirming approach to R/S. In addition, when focusing on veterans with a probable need for treatment for posttraumatic stress disorder (PTSD) and/or major depressive disorder (MDD) at the time of the study, other results illuminated several factors that might shape these preferences. Namely, veterans from ethnic minority groups and those who were highly religious and/or had a strong belief in God's existence were more interested in a spiritually integrative treatment. This final set of analyses also revealed that veterans with clinical levels of PTSD/MDD symptoms who were experiencing R/S struggles endorsed stronger preferences, particularly with respect to moral struggles. Overall, these findings support the need for a patient-centered approach with veterans in which clinicians are not ignorant of R/S concerns but also do not assume that this domain should be targeted in every case. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://link.springer.com/article/10.1007/s12207-018-9313-2>

The Darker Side of Military Mental Healthcare Part One: Understanding the Military's Mental Health Dilemma.

Russell, M.C., Schaubel, S.R. & Figley, C.R.

Psychological Injury and Law

First Online: 23 February 2018

DOI <https://doi.org/10.1007/s12207-018-9313-2>

The military's primary mission is to prevent, fight, and win wars. A critical key to its success is the military's dual mission of force health protection that translates to preventing and treating the physical and psychological wounds of war in order to preserve the fighting force. To accomplish both missions, the military relies extensively on documenting its lessons learned to build upon its successes and prevent avoidable disasters caused by repeating its failures. The military's commitment to learning battlefield lessons are directly responsible for unparalleled technological and medical, life-saving advances that greatly benefit both military and private sectors. However, the evolution of modern industrialized warfare's capacity to kill, maim, and terrorize has exceeded the limits of human endurance whereby psychiatric casualties have outnumbered the total of combatants, both wounded- and killed-in-action, since the Second World War. Psychiatric attrition and skyrocketing costs associated with psychiatric treatment and disability compensation threaten the military's capacity to accomplish its primary mission as well as risk straining the finances of society, thereby presenting a significant mental health dilemma. Central to the military's mental health dilemma are two competing alternatives: (1) to fulfill its moral, ethical, and legal obligation of preventing and treating war stress injuries by learning from its documented lessons learned, or (2) develop strategies to avoid learning its war trauma lessons in order to avoid psychiatric attrition, treatment, and pensions. The first option conjures deep-seated fears of mass evacuation syndromes should the military treat mental wounds similar to physical injuries. Consequently, the military has embraced the second option that inevitably has been harmful to veterans, their families, and society, in what we refer to as the darker side of military mental healthcare. In this, the first of a three-part review, we examine the contextual factors framing the military's dilemma and 10 strategies utilized to avoid learning its war trauma lessons, which will be explored in-depth in parts two and three. While disturbing, these signs of failures are readily ignored and dismissed by a war wary republic. To our knowledge, such an analysis has never been undertaken before or publicly disclosed. When considered as parts of the whole, the findings point to a critical need for improvement in treating military psychological injuries in the war theater.

<https://link.springer.com/article/10.1007%2Fs12207-017-9311-9>

The Darker Side of Military Mental Healthcare Part Two: Five Harmful Strategies to Manage Its Mental Health Dilemma.

Russell, M.C., Schaubel, S.R. & Figley, C.R.

Psychological Injury and Law

First Online: 11 January 2018

DOI <https://doi.org/10.1007/s12207-017-9311-9>

This is the second part of our analysis of the military's mental health care dilemma. Since the First World War, military and government officials have been quite wary of mass psychiatric attrition and escalating pension costs from warzones. Specifically, the military worries about unknown repercussions should war stress injuries be de-stigmatized and treated equally as physical wounds, as required per the military's own documented lessons learned. Leaders fear that so-called evacuation syndromes would spread, thereby depleting the fighting force for invalid reasons, eroding unit morale, and providing an acceptable escape from one's military duties instead of the disapproval deserved, thus jeopardizing the military's primary mission to fight and win wars, as well as risk possible financial strain in societies dealing with too many psychiatrically disabled veterans. Consequently, the military routinely admits to ignoring its war trauma lessons, resulting in a generational pattern of self-inflicted crises, including suicide epidemics. Moreover, besides neglecting such lessons, the military has adopted various approaches over time to reduce the possibility of evacuation syndromes by aggressively preventing psychiatric attrition, treatment, and disability pensions. After an extensive review of the war stress literature, we identified 10 overarching strategies the military has employed in order to resist fully learning from its lessons on the psychiatric realities of modern warfare by eliminating, minimizing, and/or concealing its mental health problem. Part two of the article series examines the following avoidance strategies intended to prevent psychiatric attrition and disability pensions: (1) Cruel and Inhumane Handling; (2) Legal Prosecution, Incarceration, and Executions; (3) Weaponizing Stigma to Humiliate, Ridicule, and Shame into Submission; (4) Denying the Realities of Mental Health; and (5) Screening and Purging Weakness. We argue that by not accepting the realities of the combat stressors, no effective methods for assessment and treatment of the stress reactions, not to mention prevention methods, have emerged that contributes to alleviating the veteran suicide and mental health crises.

<https://link.springer.com/article/10.1007/s12207-018-9312-3>

The Darker Side of American Military Mental Healthcare—Part Three: Five More Harmful Strategies to Manage Its Mental Health Dilemma.

Russell, M.C., Schaubel, S.R. & Figley, C.R.

Psychological Injury and Law

First Online: 09 February 2018

DOI <https://doi.org/10.1007/s12207-018-9312-3>

As we reported in the previous two articles in this series, the U.S. military has actively attempted to deal with its mental health dilemma by utilizing 10 approaches. These strategies function to help the military avoid learning its war trauma lessons to the contrary, and it appears that their approach is to prevent or reduce mass psychiatric attrition and exorbitant costs associated with psychiatric treatment and disability pensions, to the clear detriment of its fighting force and their families denied adequate mental healthcare. In this final review, we examine the remaining five harmful approaches designed to prevent the so-called evacuation syndromes that the military worries might arise should psychiatric lessons of war ever be implemented, such as eliminating stigma and elevating mental health services on par with medical services. The five avoidance strategies we cover include (6) delay, deception, and delay; (7) faulty diagnosis and “backdoor” discharges; (8) maintaining diffusion of responsibility and unaccountability; (9) provision of inadequate, experimental, or harmful treatment; and (10) perpetuating neglect, indifference, and self-inflicted crises. We conclude our analysis by asserting that the U.S. military has tried every conceivable way to unburden itself from the psychological realities of modern warfare, with the notable exception of actually committing to learning its war trauma lessons and genuinely implementing the required policies for good.

[http://www.psy-journal.com/article/S0165-1781\(17\)31568-8/abstract](http://www.psy-journal.com/article/S0165-1781(17)31568-8/abstract)

Going Direct to the Consumer: Examining Treatment Preferences for Veterans with Insomnia, PTSD, and Depression.

Cassidy A. Gutner, Eric R. Pedersen, Sean P.A. Drummond

Psychiatry Research

Published online: February 22, 2018

DOI: <https://doi.org/10.1016/j.psychres.2018.02.045>

Highlights

- Treatment preferences and modality are rarely considered in dissemination efforts.
- In general, Veterans prefer in-person treatment
- Veterans expressed openness to mobile app-based/self-help treatment.
- There exists a preference for insomnia treatment over other disorders.
- Marginal gender differences were found.

Abstract

Inclusion of consumer preferences to disseminate evidence-based psychosocial treatment (EBPT) is crucial to effectively bridge the science-to-practice quality chasm. We examined this treatment gap for insomnia, posttraumatic stress disorder (PTSD), depression, and comorbid symptoms in a sample of 622 young adult veterans through preference in symptom focus, treatment modality, and related gender differences among those screening positive for each problem. Data were collected from veteran drinkers recruited through targeted Facebook advertisements as part of a brief online alcohol intervention. Analyses demonstrated that veterans reported greater willingness to seek insomnia-focused treatment over PTSD- or depression-focused care. Notably, even when participants screened negative for insomnia, they preferred sleep-focused care to PTSD- or depression-focused care. Although one in five veterans with a positive screen would not consider care, veterans screening for both insomnia and PTSD who would consider care had a preference for in-person counseling, and those screening for both insomnia and depression had similar preferences for in-person and mobile app-based/computer self-help treatment. Marginal gender differences were found. Incorporating direct-to-consumer methods into research can help educate stakeholders about methods to expand EBPT access. Though traditional in-person counseling was often preferred, openness to app-based/computer interventions offers alternative methods to provide veterans with EBPTs.

<https://www.ncbi.nlm.nih.gov/pubmed/29461856>

Am J Manag Care. 2018 Feb;24(2):91-98.

Cost-effectiveness of collaborative care for depression and PTSD in military personnel.

Lavelle TA, Kommareddi M, Jaycox LH, Belsher B, Freed MC, Engel CC.

OBJECTIVES:

Collaborative care is an effective approach for treating posttraumatic stress disorder (PTSD) and depression within the US Military Health System (MHS), but its cost-effectiveness remains unstudied. Our objective was to evaluate the costs and cost-effectiveness of centrally assisted collaborative telecare (CACT) versus optimized usual care (OUC) for PTSD and depression in the MHS.

STUDY DESIGN:

A randomized trial compared CACT with OUC. Routine primary care screening identified active-duty service members with PTSD or depression. Eligible participants (N = 666) were randomized to CACT or OUC and assessed at 3, 6, and 12 months. OUC patients could receive care management and increased behavioral health support. CACT patients could receive these services plus stepped psychosocial treatment and routine centralized team monitoring.

METHODS:

Quality-adjusted life-years (QALYs) were derived from the 12-Item Short Form Health Survey. Claims and case management data were used to estimate costs. Cost-effectiveness analyses were conducted from a societal perspective.

RESULTS:

Data from 629 patients (320 CACT and 309 OUC) with sufficient follow-up were analyzed. CACT patients gained 0.02 QALYs (95% CI, -0.001 to 0.03) relative to OUC patients. Twelve-month costs, including productivity, were \$987 (95% CI, -\$3056 to \$5030) higher for CACT versus OUC. CACT was estimated to cost \$49,346 per QALY gained compared with OUC over 12 months. There is a 58% probability that CACT is cost-effective at a \$100,000/QALY threshold.

CONCLUSIONS:

Despite its higher costs, CACT appears to be a cost-effective strategy relative to OUC for managing PTSD and depression in the MHS.

PMID: 29461856

<http://psycnet.apa.org/record/2018-03183-004>

A review of the effects of parental PTSD: A focus on military children.

Banneyer, K. N., Koenig, S. A., Wang, L. A., & Stark, K. D.

Couple and Family Psychology: Research and Practice
(2017) 6(4), 274-286
<http://dx.doi.org/10.1037/cfp0000093>

Posttraumatic stress disorder (PTSD) is a condition that affects many individuals, especially those who served in the military. Children are especially at risk for experiencing a variety of negative biological, behavioral, social, and psychological effects due to having a parent affected by PTSD. This review has 4 aims: to present a description of the effect of parental PTSD on functioning in children, outline 2 different theories of transmission of PTSD from parents to children, provide an account of researched interventions, and describe the need for future research. An emphasis is given to the negative psychosocial effects on children who have a parent suffering from PTSD after military deployment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.tandfonline.com/doi/abs/10.1080/23279095.2018.1433179>

Sensory sensitivity and posttraumatic stress disorder in blast exposed veterans with mild traumatic brain injury.

Megan L. Callahan & Daniel Storzbach

Applied Neuropsychology: Adult
Published online: 21 Feb 2018
<https://doi.org/10.1080/23279095.2018.1433179>

The purpose of this study was to examine the unique contribution of posttraumatic stress disorder (PTSD) symptoms on sensory sensitivity following mild traumatic brain injury (mTBI) in an Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veteran sample. We hypothesized that the effect of PTSD on noise and light sensitivity following mTBI would be largely driven by PTSD-related hyperarousal symptoms. We compared the relationships between PTSD, noise sensitivity, and light

sensitivity of 49 OEF/OIF Veterans with mTBI to that of 23 OEF/OIF Veterans without mTBI. Results suggest that intrusive experiences were significantly related to noise sensitivity in the mTBI group, while light sensitivity was significantly associated with avoidance. Hyperarousal symptoms significantly accounted for noise sensitivity in the no-blast, non-TBI group, whereas PTSD did not affect light sensitivity in this group. These data suggest that PTSD symptoms may uniquely influence the experience of noise and light sensitivity. As such, treatment targeting specific PTSD symptoms may yield clinically significant improvement in sensory sensitivity.

<https://link.springer.com/article/10.1007/s40719-018-0120-8>

Diagnosis and Management of Mild Traumatic Brain Injury.

Natalie Sandel, Michael W. Collins

Current Trauma Reports

First Online: 24 February 2018

DOI <https://doi.org/10.1007/s40719-018-0120-8>

Purpose of Review

This article summarizes the current literature on the acute and outpatient assessment, management, and treatment of mild traumatic brain injury (mTBI).

Recent Findings

Emerging research indicates that there are different clinical profiles, or patterns of symptoms and deficits, that can occur due to mTBI. Advancements in assessment tools allows for improved detection of mTBI and delineation of the clinical profile after injury. Experts advocate for the development of an individualized treatment plan for specific symptoms and deficits from mTBI, rather than a “one-size-fits-all” approach to managing the injury.

Summary

This review provides a summary of the emerging literature for the evaluation and management of mTBI in the acute and outpatient settings.

<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/21st-century-cognitive-behavioural-therapy-for-anger-a-systematic-review-of-research-design-methodology-and-outcome/B50841332C2F33B666BA18A53DF11892>

21st Century Cognitive Behavioural Therapy for Anger: A Systematic Review of Research Design, Methodology and Outcome.

Fernandez, E., Malvaso, C., Day, A., & Guharajan, D.

Behavioural and Cognitive Psychotherapy

Published online: 21 February 2018

doi:10.1017/S1352465818000048

Background:

Past reviews of cognitive behavioural therapy (CBT) for anger have focused on outcome in specific subpopulations, with few questions posed about research design and methodology. Since the turn of the century, there has been a surge of methodologically varied studies awaiting systematic review.

Aims:

The basic aim was to review this recent literature in terms of trends and patterns in research design, operationalization of anger, and covariates such as social desirability bias (SDB). Also of interest was clinical outcome.

Method:

After successive culling, 42 relevant studies were retained. These were subjected to a rapid evidence assessment (REA) with special attention to design (ranked on the Scientific Methods Scale) measurement methodology (self-monitored behaviour, anger questionnaires, and others' ratings), SDB assessment, and statistical versus clinical significance.

Results:

The randomized controlled trial characterized 60% of the studies, and the State Trait Anger Expression Inventory was the dominant measure of anger. All but one of the studies reported statistically significant outcome, and all but one of the 21 studies evaluating clinical significance laid claim to it. The one study with neither statistical nor clinical significance was the only one that had assessed and corrected for SDB.

Conclusions:

Measures remain relatively narrow in scope, but study designs have improved, and the outcomes suggest efficacy and clinical effectiveness. In conjunction with previous findings of an inverse relationship between anger and SDB, the results raise the possibility that the favourable picture of CBT for anger may need closer scrutiny with SDB and other methodological details in mind.

<http://psycnet.apa.org/record/2018-03183-001>

Optimism, self-differentiation, and perceived posttraumatic stress disorder symptoms: Predictors of satisfaction in female military partners.

Cabrera-Sanchez, P., & Friedlander, M. L.

Couple and Family Psychology: Research and Practice
(2017) 6(4), 235-246.
<http://dx.doi.org/10.1037/cfp0000090>

Female wives/partners of active-duty military personnel, reservists, and veterans (N = 235) who had experienced a combat deployment participated in a study on the contributions of posttraumatic stress disorder (PTSD) symptoms, dispositional optimism, and self-differentiation to romantic relationship satisfaction. Optimism and differentiation were tested as protective factors in the context of PTSD symptoms. As hypothesized, more partner-perceived PTSD symptoms predicted less relationship satisfaction, and optimism contributed uniquely to satisfaction when controlling for symptom severity and the partner's military status (active duty vs. separated). Contrary to prediction, however, self-differentiation was negatively associated with relationship satisfaction, possibly due to the unique experience of military life and/or being partnered with a man who had experienced a combat deployment. Further analyses revealed that participants who indicated that their partners had formally received a PTSD diagnosis reported greater emotional reactivity and less emotional cutoff. The implications of these results are discussed along with the study's limitations and recommendations for future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/pii/S0165032717320785>

A randomized controlled trial of an Internet delivered dialectical behavior therapy skills training for suicidal and heavy episodic drinkers.

Chelsey R. Wilks, Anita Lungu, Sin Yee Ang, Brandon Matsuyama, Qingqing Yin, Marsha M. Linehan

Journal of Affective Disorders

Available online 17 February 2018

<https://doi.org/10.1016/j.jad.2018.02.053>

Background

Given that alcohol misuse elevates risk of suicide death among ideators, the paucity of treatment outcome research for individuals presenting with both suicide ideation and problem drinking is particularly troubling. Dialectical Behavior Therapy (DBT) skills training, which effectively targets behaviors associated with emotion dysregulation including addictive and suicidal behaviors, provides a fitting model amenable to computerization. As stigma and scarcity stand as potential barriers to treatment, online dissemination platforms provide means for efficient treatment delivery that can augment the utility of suitable interventions. This pilot RCT sought to evaluate the feasibility, acceptability, and preliminary efficacy of an Internet-delivered DBT skills training intervention (iDBT-ST) for suicidal individuals who engage in heavy episodic drinking

Methods

Participants (N=59) were randomized to receive iDBT-ST immediately or after an 8-week waiting period. Clinical outcomes were suicide ideation, alcohol use, and emotion dysregulation.

Results

Participants on average saw a significant reduction in all outcomes over the four-month study period. Compared to waitlist controls, individuals who received iDBT-ST immediately showed faster reductions in alcohol consumption.

Conclusions

Preliminary results suggest that iDBT-ST may be a viable resource for the high-risk and underserved group represented in this study, and pathways for future development are suggested.

Limitations

There was difficulty retaining and engaging participants due to technological barriers.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22261/abstract>

Measuring Resilience to Operational Stress in Canadian Armed Forces Personnel.

Sarah C. Hellewell, Ibolja Cernak

Journal of Traumatic Stress

First published: 21 February 2018

DOI: 10.1002/jts.22261

Adaptability to stress is governed by innate resilience, comprised of complex neuroendocrine and immune mechanisms alongside inherited or learned behavioral traits. Based on their capacity to adapt, some people thrive in stressful situations, whereas others experience maladaptation. In our study, we used state-of-the-art tools to assess the resilience level in individuals, as well as their susceptibility to developing military stress-induced behavioral and cognitive deficits. To address this complex question, we tested Canadian Armed Forces (CAF) personnel in three distinct stress environments (baselines): during predeployment training, deployment in Afghanistan, and readjustment upon return to Canada. Our comprehensive outcome measures included psychometric tests, saliva biomarkers, and computerized cognitive tests that used the Cambridge Neuropsychological Automated Test Battery. Participants were categorized based on initial biomarker measurements as being at low-, moderate-, or high stress-maladaptation risk. Biomarkers showed significant changes ($d_s = 0.56$ to 2.44) between baselines, calculated as “delta” changes. Participants at low stress-maladaptation risk demonstrated minimal changes, whereas those at high stress-maladaptation risk showed significant biomarker variations. The psychometric patterns and cognitive functions were likewise affected across baselines, suggesting that the panel of saliva stress biomarkers could be a useful tool for determining the risk of stress maladaptation that can cause psychological and cognitive decline.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.2180/abstract>

The relationship between the therapeutic alliance and clinical outcomes in cognitive behaviour therapy for adults with depression: A meta-analytic review.

Cameron SK, Rodgers J, Dagnan D.

Clinical Psychology and Psychotherapy

First published: 26 February 2018

DOI: 10.1002/cpp.2180

Research consistently provides evidence for the relationship between the therapeutic alliance (TA) and outcome across various therapies and presenting problems. Depression is considered the leading cause of disability worldwide, and there is substantial evidence for the efficacy for Cognitive Behaviour Therapy (CBT) in its treatment. At present, there is lack of clarity specifically about the relationship between the TA and outcome in CBT for depression. The present review is the first meta-analytic review to explore this relationship and also considering moderators. Within a random-effects model, an overall mean effect size of $r = 0.26$ (95% CI [.19–.32]) was found, indicating that the TA was moderately related to outcome in CBT for depression. The mean TA–outcome correlation is consistent with existing meta-analysis that looked across a broad range of presenting problems and psychological therapies. A secondary exploratory analysis of moderators suggested the TA–outcome relationship varied according to the TA rater, where the relationship was weaker for therapist raters compared with clients and observer raters. Additionally, the results indicated that the TA–outcome relationship marginally increased over the course of CBT treatment. The results of the meta-analysis are discussed in reference to the wider body of research, methodological limitations, clinical implications, and future directions for research.

<https://link.springer.com/article/10.1007/s11916-018-0669-5>

Cognitive Behavioral Therapy (CBT) for Subacute Low Back Pain: a Systematic Review.

Mariano, T.Y., Urman, R.D., Hutchison, C.A. et al.

Current Pain and Headache Reports

March 2018, 22:15

DOI <https://doi.org/10.1007/s11916-018-0669-5>

Purpose of Review

Chronic low back pain (CLBP) is a major source of physical and psychiatric morbidity and mortality, and the current overreliance on opioid analgesics has contributed to a burgeoning epidemic in the USA. Cognitive behavioral therapy (CBT) is an empirically supported treatment for CLBP, but little information exists regarding its potential efficacy for CLBP's precursor condition, subacute low back pain (sALBP), defined here as having a 7–12-week duration. Earlier intervention with CBT at the sALBP stage could produce larger clinical benefits. This systematic review was undertaken to characterize and highlight this knowledge gap.

Recent Findings

Of 240 unique articles identified by comprehensive database searches, only six prospective, sALBP-focused, randomized controlled trials (RCTs) published within the past 20 years met criteria for inclusion in this review. These studies varied widely in their sample sizes, precise definition of sALBP, nature of CBT intervention, and outcome measures. Five of the six showed significant improvements associated with CBT, but the heterogeneity of the studies prevented quantitative comparisons.

Summary

CBT has not been adequately studied as a potential early intervention treatment for sALBP patients. None of the six identified papers studied US civilians or leveraged innovations such as teletherapy—able to reach patients in remote or underserved areas—underscoring critical gaps in current back pain treatment. Given the severity of the US opioid epidemic, non-pharmacologic options such as CBT should be rigorously explored in the sALBP population.

Links of Interest

Sleeping less may help those at high risk for depression

<http://www.psypost.org/2018/02/sleeping-less-may-help-high-risk-depression-50775>

Mattis still mulling transgender guidance: 'This is a complex issue'

<https://www.militarytimes.com/news/your-military/2018/02/21/mattis-faces-deadline-today-on-transgender-policy/>

First openly transgender recruit signs military service contract

<https://www.militarytimes.com/news/your-military/2018/02/26/dod-first-openly-transgender-recruit-has-signed-contract/>

This new blood test can detect traumatic brain injury in troops

<https://www.militarytimes.com/news/your-military/2018/02/22/this-new-blood-test-can-detect-traumatic-brain-injury-in-troops/>

Authorities investigate report of drug use at Naval Academy

<https://www.navytimes.com/news/your-navy/2018/02/24/authorities-investigate-report-of-drug-use-at-naval-academy/>

Schools, Spouse Licensure Will Impact Future Basing: Pentagon

<https://www.military.com/daily-news/2018/02/26/schools-spouse-licensure-will-impact-future-basing-pentagon.html>

2 women commanding vets' groups say their historic roles haven't meant big challenges

<https://www.militarytimes.com/veterans/2018/02/27/women-vso-commanders-say-their-historic-roles-havent-meant-big-challenges/>

Shirl Kennedy

Research Editor

Center for Deployment Psychology

www.deploymentpsych.org

skennedy@deploymentpsych.org

240-535-3901