



CDP Research Update -- January 19, 2017

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<https://www.ncbi.nlm.nih.gov/pubmed/28084840>

J Ment Health. 2017 Jan 13;1-7. doi: 10.1080/09638237.2016.1276531. [Epub ahead of print]

Effect of directness of exposure and trauma type on Mental Health Literacy of PTSD.

Lee CY, Furnham A, Merritt C

BACKGROUND:

Research has demonstrated that Post-Traumatic Stress Disorder (PTSD) is one of the most widely recognized mental disorders, but recognition is affected by trauma type.

AIMS:

The current study investigated the effect of direct versus indirect exposure to traumatic event and trauma types on Mental Health Literacy (MHL) of PTSD.

METHODS:

Two hundred and thirty-three participants were asked to identify the mental health problem after presentation of an unlabeled vignette describing a character experiencing PTSD symptoms. The six vignettes described the same symptoms but differed in directness (direct/indirect exposure) and trauma type (rape, military combat or man-made disaster). It was hypothesized that (1) recognition rate would be higher in direct than indirect conditions, and (2) higher in military combat, followed by man-made disaster, and lowest in rape condition.

RESULTS:

Overall, correct recognition of PTSD was 42.5%. Recognition in direct exposure vignettes was significantly higher than indirect, supporting the first hypothesis. The second hypothesis was only partly supported. While PTSD recognition in rape vignettes

was significantly lower than the other two scenarios, no difference was found between combat and man-made disaster trauma types.

CONCLUSIONS:

Our findings implied under-recognition of PTSD, with lack of awareness of different causes of PTSD and of PTSD from indirect trauma exposure. The latter finding is important in the light of DSM-V revisions to diagnostic criteria for PTSD.

http://journals.lww.com/co-psychiatry/Abstract/publishahead/Psychological_and_physical_pain_as_predictors_of.9376.aspx

Psychological and physical pain as predictors of suicide risk: evidence from clinical and neuroimaging findings.

Rizvi, Sakina J.; Iskric, Adam; Calati, Raffaella; Courtet, Philippe

Current Opinion in Psychiatry:

Post Author Corrections: January 6, 2017

doi: 10.1097/YCO.0000000000000314

Purpose of review:

Suicide is a multidimensional clinical phenomenon with complex biological, social and psychological risk factors. Therefore, it is imperative for studies to focus on developing a unified understanding of suicide risk that integrates current clinical and neurobiological findings. A recent line of research has implicated different classifications of pain in understanding suicide risk, including the concepts of psychache and pain tolerance. Although psychache is defined as the experience of unbearable psychological pain, pain tolerance refers to the greatest duration or intensity of painful stimuli that one is able to bear. This review will focus on integrating current clinical and neurobiological findings by which psychache and pain tolerance confer suicide risk.

Recent findings:

Results indicate that psychache has been identified as a significant risk factor for suicide and that psychache may be associated with the neurocircuitry involved in the modulation of physical pain. Converging evidence has also been found linking pain tolerance to self-injurious behaviours and suicide risk. The experience of psychache

and physical pain in relation to other predictors of suicide, including reward processing, hopelessness and depression, are further discussed.

Summary:

Future research examining the pain-suicide connection is required to understand the mechanism behind clinically relevant risk factors for suicide, which can ultimately inform the construction of empirically supported suicide risk assessment and intervention techniques.

<http://www.sciencedirect.com/science/article/pii/S0165178116311994>

Curiosity improves coping efficacy and reduces suicidal ideation severity among military veterans at risk for suicide.

Lauren M. Denneson, Derek J. Smolenski, Nigel E. Bush, Steven K. Dobscha

Psychiatry Research

Volume 249, March 2017, Pages 125–131

<http://dx.doi.org/10.1016/j.psychres.2017.01.018>

Curiosity, the tendency to engage in novel and challenging opportunities, may be an important source of resilience for those at risk for suicide. We hypothesized that curiosity would have a buffering effect against risk conferred by multiple sources of distress, whereby curiosity would be associated with reduced suicidal ideation and increased coping efficacy. As part of a larger intervention trial designed to improve coping skills and reduce suicidal ideation, 117 military veterans with suicidal ideation completed measures of curiosity and distress (perceived stress, depression, anxiety, and sleep disturbances) at baseline, and completed measures of suicidal ideation and coping efficacy (to stop negative thoughts, to enlist support from friends and family) at baseline and 3-, 6-, and 12-week follow up. Growth curve models showed that curiosity moderated the association between distress and suicidal ideation at baseline and that curiosity moderated the association between distress and increased coping efficacy to stop negative thoughts over time. Findings suggest that curiosity may buffer against the effect of heightened levels of distress on suicidal ideation and help facilitate stronger gains in coping efficacy over time. Additional work should further examine the role of curiosity as a protective factor for veterans with suicidal ideation.

<http://militarymedicine.amsus.org/doi/10.7205/MILMED-D-16-00010>

What Are Effective Psychological Interventions for Veterans With Sleep Disturbances? A Rapid Evidence Assessment.

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Military Medicine

Volume 182 Issue 1, January 2017, pp. E1541-e1550

DOI: <http://dx.doi.org/10.7205/MILMED-D-16-00010>

Background:

Insomnia and related sleep disturbances commonly occur in veterans, with prevalence rates as high as 90% reported in some studies. Military-specific factors such as sleep disturbances during military training and deployment, as well as a higher prevalence of post-traumatic stress disorder (PTSD), which is known to poorly impact sleep, may contribute to higher insomnia rates in veterans. Although evidence-based guidelines for the treatment of insomnia exist, the unique nature of veterans sleep problems means they may differ in their response to treatment. The aim of this study was to review the evidence for interventions for veterans with sleep disturbances.

Methods:

This literature review used a rapid evidence assessment methodology, also known as rapid review. The rapid evidence assessment methodology involves rigorously locating, appraising, and synthesising the evidence while making concessions to the breadth or the depth of the process in order to significantly decrease the length of the process. EMBASE, MEDLINE (PubMed), PsychINFO, Cochrane, Clinical Guidelines Portal (Australia), and the National Guideline Clearinghouse (United States) were searched for peer-reviewed literature and guidelines published from 2004 to August 2015 that investigated psychological interventions for veterans with sleep disturbances. The literature was assessed in terms of strength (quality, quantity, and level of evidence), direction, and the consistency, generalizability, and applicability of the findings to the population of interest. These assessments were then collated to determine an overall ranking of level of support for each intervention: “Supported” (clear, consistent evidence of a beneficial effect), “Promising” (evidence suggestive of a beneficial effect but further research is required), “Unknown” (insufficient evidence of beneficial effect and further research is required), and “Not Supported” (clear consistent evidence of no effect or negative harmful effect).

Findings:

From an initial yield of 1,131 articles, 18 studies met the inclusion criteria for review. The majority of the studies investigated the effectiveness of cognitive behavioral therapy for insomnia (CBTi; n = 10). Five studies investigated CBTi with an adjunctive psychotherapy, typically for PTSD-related sleep disturbances. One further study investigated sleep hygiene education (a component of CBTi) with pharmacotherapy. Two final studies investigated hypnotherapy and mind–body bridging, respectively. Overall, the quality of the studies was mixed, with some high and some poor quality studies.

Discussion:

There was sufficient evidence to support CBTi with adjunctive psychotherapy for veterans with PTSD-related sleep disturbances, although the evidence for CBTi in the treatment of general sleep disturbance for veterans was ranked as “promising.” This indicates a beneficial effect, but more research is needed to confidently establish efficacy in a veteran population. There is currently insufficient evidence to support the use of sleep hygiene education and pharmacotherapy, hypnotherapy, or mind–body bridging. Further research dismantling the components of CBTi is needed to identify which are the critical components. Such research has the potential to lead to brief, targeted, and accessible treatments that overcome the time and stigma-related barriers to care that veterans often face.

<http://link.springer.com/article/10.1007/s10597-016-0076-5>

Reduction of Burnout in Mental Health Care Providers Using the Provider Resilience Mobile Application.

Amanda Ernst Wood, Annabel Prins, Nigel E. Bush, Jennifer F. Hsia, Laura E. Bourn, Michael D. Earley, Robyn D. Walser, Josef Ruzek

Community Mental Health Journal
First Online: 10 January 2017
DOI: 10.1007/s10597-016-0076-5

This pilot study examined the usability, acceptability, and effectiveness of a free Provider Resilience (PR) mobile application (app) designed by the National Center for Telehealth and Technology to reduce provider burnout. Outpatient mental health providers (N = 30) used the PR app for 1 month. Participants rated the PR app on the

System Usability Scale with an overall score of 79.7, which is in the top quartile for usability. Results of paired sample t tests on the Professional Quality of Life Scale indicated significant decreases on the Burnout ($t = 3.65$, $p < .001$) and Compassion Fatigue ($t = 4.54$, $p < .001$) subscales. The Provider Resilience app shows promise in reducing burnout and compassion fatigue in mental health care providers.

<http://www.sciencedirect.com/science/article/pii/S0887618516301463>

High Rates of PTSD Treatment Dropout: A Possible Red Herring?

Derek D. Szafranski, Brian N. Smith, Daniel F. Gros, Patricia A. Resick

Journal of Anxiety Disorders

Available online 8 January 2017

<http://dx.doi.org/10.1016/j.janxdis.2017.01.002>

Few studies have examined symptom change among dropouts from posttraumatic stress disorder (PTSD) treatment. However, dropout is widely considered a negative event needing to be addressed. The present study investigated PTSD and depression symptom change in patients with PTSD who discontinued psychotherapy. Female civilians ($n = 321$) diagnosed with PTSD participated in two randomized clinical trials examining PTSD treatment outcomes. Of those, 53 were identified as dropouts and included in this study. Symptom change was assessed by clinically significant change (CSC) criteria and symptom end-state criteria. Results demonstrated that considerable proportions of participants (35.85–55.56%) displayed significant improvement and/or met good end-state criteria for PTSD and depression. Results also revealed that participants who displayed symptom improvement were younger, attended more treatment sessions, were married or partnered, and had higher annual household income. Although preliminary, these findings contradict belief that treatment dropouts do not display symptom improvement.

<http://psycnet.apa.org/journals/adb/30/8/819/>

Drinking motives mediate the relationship between alcohol reward value and alcohol problems in military veterans.

Dennhardt, Ashley A.; Murphy, James G.; McDevitt-Murphy, Meghan E.; Williams, Joah L.

Psychology of Addictive Behaviors
Vol 30(8), Dec 2016, 819-826
<http://dx.doi.org/10.1037/adb0000197>

Elevated alcohol reward value (RV) has been linked to higher levels of drinking and alcohol-related consequences, and there is evidence that specific drinking motives may mediate the relationship between demand and problematic alcohol use in college students, making these variables potentially important indicators of risk for high RV and alcohol problems. The present study evaluated these relationships in a high-risk sample of military veterans. Heavy-drinking (N = 68) veterans of Operations Enduring Freedom or Iraqi Freedom (OEF/OIF) completed the alcohol purchase task (APT) measure of alcohol demand (RV), and standard assessments of alcohol consumption, alcohol-related problems, and drinking motives. RV was associated with overall alcohol consequences, interpersonal alcohol consequences, social responsibility consequences and impulse control consequences. Mediation analyses indicated significant mediation of the relationships between RV and a number of problem subscales by social motives, coping-anxiety motives, coping-depression motives and enhancement motives. This suggests that individuals who have a high valuation of alcohol may have increased motivation to drink in social, mood-enhancement, and coping situations, resulting in increased alcohol-related consequences. Demand and drinking motives should be examined as potential indicators of need for intervention services and as treatment targets in veterans. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0887618516301566>

Self-Disgust as a Potential Mechanism Underlying the Association Between PTSD and Suicide Risk.

C. Alex Brake, Sasha M. Rojas, Christal L. Badour, Courtney E. Dutton, Matthew T. Feldner

Journal of Anxiety Disorders
Available online 8 January 2017
<http://dx.doi.org/10.1016/j.janxdis.2017.01.003>

Suicide risk is highly prevalent among individuals with posttraumatic stress disorder (PTSD). Self-disgust, defined as disgust directed internally and comprised of disgust with oneself (disgusting self) and with one's behaviors (disgusting ways), may impact this increased risk. The present study examined self-disgust as a putative mechanism linking PTSD symptoms with suicide risk. A sample of 347 trauma-exposed undergraduates completed measures of PTSD symptoms, suicide risk, self-disgust, and depressive symptoms. Controlling for depressive symptoms, a process model indicated PTSD symptoms were positively linked to suicide risk via increased disgusting self but not disgusting ways. Process models examining individual PTSD symptom clusters revealed positive, indirect links between all PTSD symptom clusters except alterations in arousal and reactivity and suicide risk via disgusting self. These findings expand on growing literature documenting the importance of self-disgust in trauma-related pathology by identifying connections with suicide risk. Future directions and clinical considerations are discussed.

<http://www.tandfonline.com/doi/full/10.1080/15299732.2016.1267683>

A longitudinal examination of peritraumatic emotional responses and their association with posttraumatic stress disorder and major depressive disorder among veterans.

Eden Engel-Rebitzer, Michelle J. Bovin, Shimrit K. Black, Raymond C. Rosen, Terence M. Keane, and Brian P. Marx

Journal Of Trauma & Dissociation
Published online: 05 Dec 2016
<http://dx.doi.org/10.1080/15299732.2016.1267683>

Research has revealed a significant association between several peritraumatic emotional responses and posttraumatic stress disorder (PTSD). Preliminary research has also linked peritraumatic emotional responses with a diagnosis of major depressive disorder (MDD). The majority of this research has been cross-sectional, thereby making it difficult to determine the extent to which the various peritraumatic emotional responses may increase risk for, or serve as a premorbid marker of, PTSD and MDD. This study examined the longitudinal role of peritraumatic emotional responses on the subsequent development of PTSD and MDD in a sample of US military veterans. Whereas a number of peritraumatic emotional responses were concurrently associated with PTSD, only peritraumatic numbness maintained the association with this diagnosis

longitudinally. For MDD, peritraumatic numbness was the only emotional response related to the diagnosis both concurrently and longitudinally. Study findings are a preliminary proof of concept that peritraumatic numbness may serve as a premorbid marker for the development of PTSD and MDD following a traumatic event. Implications of these findings for the diagnosis, assessment, and treatment of both PTSD and MDD are discussed.

<http://painmedicine.oxfordjournals.org/content/early/2017/01/12/pmw206.abstract>

Rates and Correlates of Pain Specialty Clinic Use Nationally in the Veterans Health Administration.

Caroline A. Arout PhD, Mehmet Sofuoğlu MD, PhD, Robert A. Rosenheck MD

Pain Medicine

First published online: 12 January 2017

DOI: <http://dx.doi.org/10.1093/pmw206>

Objective.

Chronic pain management is a growing focus of attention, in part because of concern over excessive use of opioids for treatment of chronic noncancer pain. In the Veterans Health Administration (VHA), pain specialty clinics have been established to address the needs of patients with challenging pain issues. The current study identified characteristics of such patients in a national sample of VHA service users in fiscal year 2012.

Design.

Bivariate analyses compared patients diagnosed with pain who visited a pain specialty clinic with those who did not on sociodemographic characteristics, medical, pain, and psychiatric diagnoses, health service use, and opioid and psychotropic drug use. Logistic regression identified variables that independently differentiated pain clinic users from nonusers.

Results.

Altogether, 122,240 of 2,025,765 patients with pain diagnoses (5.79%) attended pain specialty clinics. Pain clinic users had higher rates of muscle spasms, neuralgia, neuritis, radiculitis, and fibromyalgia, as well as major depression and personality disorders. Further, a fibromyalgia diagnosis was the strongest independent correlate of

pain clinic attendance, along with the number of medical-surgical clinic visits. Veterans attending a pain clinic also received more opioids than those not attending (10.4 vs 6.7 prescriptions, respectively), but there were no substantial differences in other factors.

Conclusions.

Patients attending pain specialty clinics have more difficult-to-treat pain conditions and comorbid psychiatric disorders that are independent of major medical diagnoses, use more outpatient services, and receive a greater number of opioid prescriptions. These data support the inclusion of mental health care in the specialized treatment of chronic pain.

<http://www.sciencedirect.com/science/article/pii/S000579671730013X>

Verbal memory functioning moderates psychotherapy treatment response for PTSD-Related nightmares.

J. Cobb Scott, Gerlinde Harb, Janeese A. Brownlow, Jennifer Greene, Ruben C. Gur, Richard J. Ross

Behaviour Research and Therapy
Volume 91, April 2017, Pages 24-32
<http://dx.doi.org/10.1016/j.brat.2017.01.004>

Posttraumatic stress disorder (PTSD) is associated with cognitive deficits in attention, executive control, and memory, although few studies have investigated the relevance of cognitive difficulties for treatment outcomes. We examined whether cognitive functioning and history of traumatic brain injury (TBI) were associated with response to cognitive-behavioral therapy (CBT) for PTSD-related sleep problems. In a randomized controlled trial of Imagery Rehearsal (IR) added to components of CBT for Insomnia (IR + cCBT-I) compared to cCBT-I alone for PTSD-related recurrent nightmares, 94 U.S. veterans completed a battery of cognitive tests. TBI was assessed via structured clinical interview. Mixed-effects models examined main effects of cognitive functioning and interactions with time on primary sleep and nightmare outcomes. Significant verbal immediate memory by time interactions were found for nightmare distress, nightmare frequency, and sleep quality, even after controlling for overall cognitive performance and depression. TBI exhibited main effects on outcomes but no interactions with time. Findings indicated that individuals with lower verbal memory performance were less likely to respond to treatment across two sleep interventions. Veterans with TBI

displayed greater symptoms but no altered trajectories of treatment response. Together with prior literature, findings suggest that verbal memory functioning may be important to consider in PTSD treatment implementation.

<http://www.sciencedirect.com/science/article/pii/S0010440X16305077>

Traumatic Brain Injury and PTSD Symptoms as a Consequence of Intimate Partner Violence Among Women Veterans.

Katherine M. Iverson, Christina M. Dardis, Terri K. Pogoda

Comprehensive Psychiatry

Available online 12 January 2017

<http://dx.doi.org/10.1016/j.comppsych.2017.01.007>

Objective

To effectively diagnose and treat women who have experienced intimate partner violence (IPV), it is important to identify the full range of physical and mental health consequences, including hidden wounds such as traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD). We aimed to identify the occurrence of IPV-related TBI and associated PTSD symptoms among women veterans who experienced IPV.

Methods

A web-based survey was administered in 2014 to a national sample of U.S. women veterans. Among 411 respondents (75% participation rate), 55% reported IPV during their lives. These participants ($N = 224$) completed screening measures of IPV-related TBI, PTSD, and past-year IPV and comprised the current sample.

Results

A total of 28.1% ($n = 63$) met criteria for IPV-related TBI history, and 12.5% ($n = 28$) met criteria for IPV-related TBI with current symptoms. When adjusting for race, income, and past-year IPV, women with IPV-related TBI with current symptoms were 5.9 times more likely to have probable IPV-related PTSD than those with no IPV-related TBI history. Despite symptom overlap between TBI and PTSD, women with IPV-related TBI with current symptoms were significantly more likely to meet criteria for all four DSM-5 PTSD symptom clusters compared to women with a IPV-related TBI history without current symptoms (Cramér's V's = .34–.42).

Conclusion

Findings suggest there may be clinical utility in screening women who experience lifetime IPV for both TBI and PTSD symptoms in order to help clinicians better target their examinations, treatment, and referrals.

Links of Interest

Online Insomnia Therapy: A Dream Come True for Some Patients

<https://www.scientificamerican.com/article/online-insomnia-therapy-a-dream-come-true-for-some-patients/>

VA by the numbers: Has the department made progress?

<http://www.militarytimes.com/articles/va-numbers-obama-trump-new-administration>

Air Force: PTSD, other factors led airman to kill commander

<https://www.airforcetimes.com/articles/air-force-ptsd-other-factors-led-airman-to-kill-commander>

Talking therapy changes the brain's wiring, study reveals for first time

<https://www.sciencedaily.com/releases/2017/01/170117101436.htm>

Cannabis: Non-addictive pathway to pain relief?

<https://www.sciencedaily.com/releases/2017/01/170112130145.htm>

Experts Hesitate to Link Florida Airport Attack to PTSD

<https://www.nytimes.com/2017/01/08/us/fort-lauderdale-esteban-santiago schizophrenia-military.html>

Rescuing the rescuer: First responders make moves to combat PTSD

<http://www.miamiherald.com/news/local/community/miami-dade/article123668449.html>

Digital Addiction Therapy Could Be First FDA-Approved App

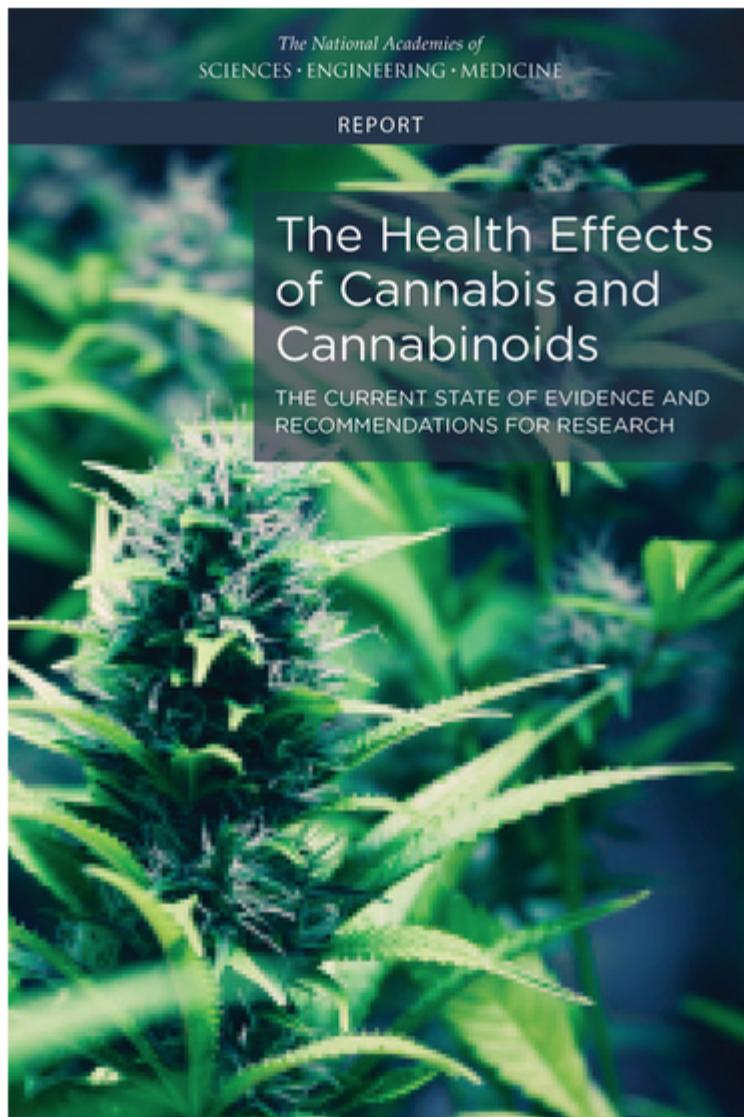
<http://www.medscape.com/viewarticle/874490>

Transformation: When your therapist is a piece of software

<http://www.modernhealthcare.com/article/20170107/TRANSFORMATION03/170109937>

Resource of the Week: [The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research](#)

New, from the National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda



Significant changes have taken place in the policy landscape surrounding cannabis legalization, production, and use. During the past 20 years, 25 states and the District of Columbia have legalized cannabis and/or cannabidiol (a component of cannabis) for medical conditions or retail sales at the state level

and 4 states have legalized both the medical and recreational use of cannabis. These landmark changes in policy have impacted cannabis use patterns and perceived levels of risk.

However, despite this changing landscape, evidence regarding the short- and long-term health effects of cannabis use remains elusive. While a myriad of studies have examined cannabis use in all its various forms, often these research conclusions are not appropriately synthesized, translated for, or communicated to policy makers, health care providers, state health officials, or other stakeholders who have been charged with influencing and enacting policies, procedures, and laws related to cannabis use. Unlike other controlled substances such as alcohol or tobacco, no accepted standards for safe use or appropriate dose are available to help guide individuals as they make choices regarding the issues of if, when, where, and how to use cannabis safely and, in regard to therapeutic uses, effectively.

Shifting public sentiment, conflicting and impeded scientific research, and legislative battles have fueled the debate about what, if any, harms or benefits can be attributed to the use of cannabis or its derivatives, and this lack of aggregated knowledge has broad public health implications. The Health Effects of Cannabis and Cannabinoids provides a comprehensive review of scientific evidence related to the health effects and potential therapeutic benefits of cannabis. This report provides a research agenda—outlining gaps in current knowledge and opportunities for providing additional insight into these issues—that summarizes and prioritizes pressing research needs.

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