CDP Research Update -- February 20, 2014

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- Mood Disorders After TBI.
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- Unique relations among anxiety sensitivity factors and anxiety, depression, and suicidal ideation.
- Quetiapine for insomnia: A review of the literature.
- Implementing an Early Intervention Program for Residential Students Who Present With Suicide Risk: A Case Study.
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- Links of Interest
- Resource of the Week: BibMe: Fast & Easy Bibliography Maker

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http://content.govdelivery.com/accounts/USVHA/bulletins/a53696

Assessment: Is it PTSD? February - PTSD Monthly Update

National Center for PTSD

Includes:

- Assessment: Is it PTSD? (feature story)
- For Providers
- For VA Providers

- Research at the Center
- PTSD in the News

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http://www.nap.edu/catalog.php?record_id=18253

Gulf War and Health, Volume 9: Long-Term Effects of Blast Exposures (2014)

National Research Council
National Academies Press

Since the United States began combat operations in Afghanistan in October 2001 and then in Iraq in March 2003, the numbers of US soldiers killed exceed 6,700 and of US soldiers wounded 50,500. Although all wars since World War I have involved the use of explosives by the enemy, the wars in Afghanistan and Iraq differ from previous wars in which the United States has been involved because of the enemy's use of improvised explosive devices (IEDs). The use of IEDs has led to an injury landscape different from that in prior US wars. The signature injury of the Afghanistan and Iraq wars is blast injury. Numerous US soldiers have returned home with devastating blast injuries and they continue to experience many challenges in readjusting to civilian life.

Gulf War and Health, Volume 9 is an assessment of the relevant scientific information and draws conclusions regarding the strength of the evidence of an association between exposure to blast and health effects. The report also includes recommendations for research most likely to provide VA with knowledge that can be used to inform decisions on how to prevent blast injuries, how to diagnose them effectively, and how to manage, treat, and rehabilitate victims of battlefield traumas in the immediate aftermath of a blast and in the long term.

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http://www.ncbi.nlm.nih.gov/pubmed/24547801

Am Psychol. 2014 Feb-Mar;69(2):153-66. doi: 10.1037/a0035747.

Cognitive-behavioral therapy for individuals with chronic pain: Efficacy, innovations, and directions for research.

Ehde DM, Dillworth TM, Turner JA.

Over the past three decades, cognitive-behavioral therapy (CBT) has become a first-line psychosocial treatment for individuals with chronic pain. Evidence for efficacy in improving pain

and pain-related problems across a wide spectrum of chronic pain syndromes has come from multiple randomized controlled trials. CBT has been tailored to, and found beneficial for, special populations with chronic pain, including children and older adults. Innovations in CBT delivery formats (e.g., Web-based, telephone-delivered) and treatments based on CBT principles that are delivered by health professionals other than psychologists show promise for chronic pain problems. This article reviews (a) the evidence base for CBT as applied to chronic pain, (b) recent innovations in target populations and delivery methods that expand the application of CBT to underserved populations, (c) current limitations and knowledge gaps, and (d) promising directions for improving CBT efficacy and access for people living with chronic pain. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/24548466

Pain Med. 2014 Feb 18. doi: 10.1111/pme.12388. [Epub ahead of print]

Persistent Pain and Comorbidity Among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans.

Higgins DM, Kerns RD, Brandt CA, Haskell SG, Bathulapalli H, Gilliam W, Goulet JL.

OBJECTIVE:
Chronic pain is a significant concern for the Veterans Health Administration (VHA), with chronic pain conditions among those most frequently reported by Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans. The current study examined VHA electronic medical record data to examine variation in demographics and high prevalence and high impact medical and mental health conditions in order to characterize the differences between patients with persistent pain and no pain.

DESIGN:
A conservative operational definition of chronic or "persistent pain" based on multiple indicators of pain (i.e., pain intensity ratings, prescription opioids, pain clinic visits, International Classification of Diseases, Ninth Revision codes) was employed. Analyses included the entire roster of longitudinal clinical data on OEF/OIF/OND veterans who used VHA care to compare those with persistent pain with those with no clinical evidence of pain.

RESULTS:
Results of logistic regression models suggest that sex, race, education, military variables, body mass index (BMI), traumatic brain injury (TBI), and mental health conditions, but not age, reliably discriminate the two groups. Those with persistent pain were more likely to be Black, female, on active duty, enlisted, Army service members, have a high school education or less, and have diagnoses of mood disorders, post-traumatic stress disorder, substance use disorders, anxiety

disorders, TBI, and have a BMI consistent with overweight and obesity.

CONCLUSIONS:
The operational definition of chronic pain used in this study may have research implications for examining predictors of incident and chronic pain. These data have important clinical implications in that addressing comorbid conditions of persistent pain may improve adaptive coping and functioning in these patients. Wiley Periodicals, Inc.

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http://www.ncbi.nlm.nih.gov/pubmed/24374417

Med Care. 2014 Feb;52(2):172-81. doi: 10.1097/MLR.0000000000000059.

Complex Comorbidity Clusters in OEF/OIF Veterans: The Polytrauma Clinical Triad and Beyond.

Pugh MJ, Finley EP, Copeland LA, Wang CP, Noel PH, Amuan ME, Parsons HM, Wells M, Elizondo B, Pugh JA.

BACKGROUND:
A growing body of research on US Veterans from Afghanistan and Iraq [Operations Enduring and Iraqi Freedom, and Operation New Dawn (OEF/OIF)] has described the polytrauma clinical triad (PCT): traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and pain. Extant research has not explored comorbidity clusters in this population more broadly, particularly co-occurring chronic diseases.

OBJECTIVES:
The aim of the study was to identify comorbidity clusters among diagnoses of deployment-specific (TBI, PTSD, pain) and chronic (eg, hypertension, diabetes) conditions, and to examine the association of these clusters with health care utilization and adverse outcomes.

RESEARCH DESIGN:
This was a retrospective cohort study.

SUBJECTS:
The cohort comprised OEF/OIF Veterans who received care in the Veterans Health Administration in fiscal years (FY) 2008-2010.

MEASURES:
We identified comorbidity using validated ICD-9-CM code-based algorithms and FY08-09 data, followed by which we applied latent class analysis to identify the most statistically distinct and clinically meaningful patterns of comorbidity. We examined the association of these clusters with

process measures/outcomes using logistic regression to correlate medication use, acute health care utilization, and adverse outcomes in FY10.

RESULTS:
In this cohort (N=191,797), we found 6 comorbidity clusters. Cluster 1: PCT+Chronic Disease (5%); Cluster 2: PCT (9%); Cluster 3: Mental Health+Substance Abuse (24%); Cluster 4: Sleep, Amputation, Chronic Disease (4%); Cluster 5: Pain, Moderate PTSD (6%); and Cluster 6: Relatively Healthy (53%). Subsequent health care utilization patterns and adverse events were consistent with disease patterns.

CONCLUSIONS:
These comorbidity clusters extend beyond the PCT and may be used as a foundation to examine coordination/quality of care and outcomes for OEF/OIF Veterans with different patterns of comorbidity.

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http://www.ncbi.nlm.nih.gov/pubmed/23816349

J Anxiety Disord. 2013 Dec;27(8):772-80. doi: 10.1016/j.janxdis.2013.04.006. Epub 2013 May 4.

Assessing therapist reservations about exposure therapy for anxiety disorders: the Therapist Beliefs about Exposure Scale.

Deacon BJ, Farrell NR, Kemp JJ, Dixon LJ, Sy JT, Zhang AR, McGrath PB.

Exposure therapy is underutilized in the treatment of pathological anxiety and is often delivered in a suboptimal manner. Negative beliefs about exposure appear common among therapists and may pose a barrier to its dissemination. To permit reliable and valid assessment of such beliefs, we constructed the 21-item Therapist Beliefs about Exposure Scale (TBES) and examined its reliability and validity in three samples of practicing clinicians. The TBES demonstrated a clear single-factor structure, excellent internal consistency (αs=.90-.96), and exceptionally high six-month test-retest reliability (r=.89). Negative beliefs about exposure therapy were associated with therapist demographic characteristics, negative reactions to a series of exposure therapy case vignettes, and the cautious delivery of exposure therapy in the treatment of a hypothetical client with obsessive-compulsive disorder. Lastly, TBES scores decreased markedly following a didactic workshop on exposure therapy. The present findings support the reliability and validity of the TBES.

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http://www.ncbi.nlm.nih.gov/pubmed/23602351

J Anxiety Disord. 2013 Dec;27(8):763-71. doi: 10.1016/j.janxdis.2013.03.007. Epub 2013 Mar 26.

Do negative beliefs about exposure therapy cause its suboptimal delivery? An experimental investigation.

Farrell NR, Deacon BJ, Kemp JJ, Dixon LJ, Sy JT.

Despite its effectiveness, exposure therapy is underutilized and frequently implemented in suboptimal fashion. Research has shown negative beliefs about exposure are related to its underutilization, and these beliefs are held by exposure therapists and may play a causal role in its suboptimal delivery. This study examined the effect of negative beliefs about exposure on treatment delivery. Participants (n=53) received training in basic exposure implementation and were given additional information intended to elicit either positive or negative beliefs about the treatment's safety, tolerability, and ethicality prior to conducting an exposure session with a confederate client. Results indicated that participants with experimentally induced negative beliefs about exposure delivered the treatment more cautiously (e.g. creation of a less ambitious exposure hierarchy, selection of a less anxiety-provoking exposure task, attempts to minimize client anxiety during exposure) compared to participants with positive beliefs who pursued more ambitious delivery of exposure (e.g. encouraging clients' use of oppositional actions). The present findings suggest that therapist reservations about exposure cause suboptimal delivery and may adversely affect client outcomes.

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http://www.annals-general-psychiatry.com/content/13/1/5/abstract

Correlations of interpersonal sensitivity with negative working models of the self and other: evidence for link with attachment insecurity.

Koichi Otani, Akihito Suzuki, Yoshihiko Matsumoto, Naoshi Shibuya, Ryoichi Sadahiro and Masanori Enokido

Annals of General Psychiatry 2014, 13:5

Background
It has been suggested that interpersonal sensitivity, a personality trait associated with depression and anxiety disorders, is linked with attachment insecurity. To confirm this link, we studied the correlations of interpersonal sensitivity with working models of the self and other.

Methods
The subjects were 301 healthy Japanese. Interpersonal sensitivity and working models of the

self and other were assessed by the Interpersonal Sensitivity Measure (IPSM) and the Relationship Scales Questionnaire, respectively. The correlations of the IPSM total scores with the self-model or other-model scores were analyzed by the multiple regression analysis.

Results
The IPSM total scores were correlated negatively with the self-model scores (beta = -0.48, $p < 0.001$) and to a lesser extent with the other-model scores (beta = -0.15, $p < 0.01$).

Conclusions
The present study suggests that interpersonal sensitivity is correlated with negative working models of the self and other, providing evidence for its link with attachment insecurity.

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http://www.ncbi.nlm.nih.gov/pubmed/24520235

J Res Med Sci. 2013 Nov;18(11):1006-7.

Zolpidem dependence, abuse and withdrawal: A case report.

Heydari M, Isfeedvajani MS.

Zolpidem, a nonbenzodiazepine hypnotic, binds to the benzodiazepine binding site on the gamma-aminobutyric acid type A (GABA-A) receptors. Many studies have reported efficacy and safety of zolpidem in treatment of insomnia, low abuse, and dependence capability. However, many cases of zolpidem abuse and dependence were reported around the world. This case showed that zolpidem can exert abuse capability, euphoric mood, tolerance, and withdrawal syndrome.

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http://www.ncbi.nlm.nih.gov/pubmed/24519893

Psychooncology. 2014 Feb 11. doi: 10.1002/pon.3494. [Epub ahead of print]

Cancer-related PTSD symptoms in a veteran sample: association with age, combat PTSD, and quality of life.

Wachen JS, Patidar SM, Mulligan EA, Naik AD, Moye J.

OBJECTIVE:
The diagnosis and treatment of cancer is a potentially traumatic experience that may evoke posttraumatic stress symptoms (PTSS) among survivors. This paper describes the rates of

endorsement of cancer-related PTSS along with the relationship of demographic, cancer, and combat variables on PTSS and quality of life.

METHODS:
Veterans (N = 166) with head and neck, esophageal, gastric, or colorectal cancers were recruited through tumor registries at two regional Veterans Administration Medical Centers. Standardized scales were used to assess self-report of PTSS, combat, and quality of life.

RESULTS:
Most participants (86%) reported experiencing at least some cancer-related PTSS; 10% scored above a clinical cutoff for probable PTSD. In linear regressions, younger age and current combat PTSS were associated with cancer-related PTSS, whereas disease and treatment characteristics were not; in turn, cancer-related PTSS were negatively associated with physical and social quality of life.

CONCLUSIONS:
Individual characteristics and psychosocial factors may play a larger role than disease-related variables in determining how an individual responds to the stress of cancer diagnosis and treatment. Given the rates of reported cancer-related PTSS in this sample, and other non-veteran samples, clinicians should consider screening these following diagnosis and treatment, particularly in younger adults and those with previous trauma histories.

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http://www.ncbi.nlm.nih.gov/pubmed/24516853

Adv Biomed Res. 2013 Jun 29;2:53. doi: 10.4103/2277-9175.114201. eCollection 2013.

Controlled randomized clinical trial of spirituality integrated psychotherapy, cognitive-behavioral therapy and medication intervention on depressive symptoms and dysfunctional attitudes in patients with dysthymic disorder.

Ebrahimi A, Neshatdoost HT, Mousavi SG, Asadollahi GA, Nasiri H.

BACKGROUND:
Due to the controversy over efficacy of cognitive-behavioral therapy for chronic depression, recently, there has been an increasingly tendency toward therapeutic methods based on the cultural and spiritual approaches. The aim of this research was to compare efficacy of spiritual integrated psychotherapy (SIPT) and cognitive-behavioral therapy (CBT) on the intensity of depression symptoms and dysfunctional attitudes of patients with dysthymic disorder.

MATERIALS AND METHODS:
This study had a mixed qualitative and quantitative design. In the first phase, SIPT model was prepared and, in the second phase, a double-blind random clinical trial was performed. Sixty-two patients with dysthymic disorder were selected from several centers include Nour and Alzahra Medical Center, Counseling Centers of Isfahan University of Medical Sciences and Goldis in Isfahan. The participants were randomly assigned to three experimental groups and one control group. The first group received 8 sessions treatment of SIPT, second groups also had 8 sessions of cognitive-behavioral therapy, which was specific to dysthymic disorder and third group were under antidepressant treatment. Beck depression inventory and dysfunctional attitudes scale were used to evaluate all the participants in four measurement stages. The data were analyzed using MANCOVA repeated measure method.

RESULTS:
The results revealed that SIPT had more efficacy than medication based on both scales ($P < 0.01$); however, it was not different from CBT. SIPT was more effective on the modification of dysfunctional attitudes compared with CBT and medication ($P < 0.05$).

CONCLUSION:
These findings supported the efficacy of psychotherapy enriched with cultural capacities and religious teachings.

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http://www.ncbi.nlm.nih.gov/pubmed/24513176?

Neurobiol Learn Mem. 2014 Feb 7. pii: S1074-7427(14)00027-6. doi: 10.1016/j.nlm.2014.02.001. [Epub ahead of print]

Pharmacological Modulation of Acute Trauma Memories to Prevent PTSD: Considerations from a Developmental Perspective.

Hruska B, Cullen PK, Delahanty DL

Estimates of the lifetime prevalence of posttraumatic stress disorder (PTSD) in American adults range from 6.4-6.8%. PTSD is associated with increased risk for comorbid major depression, substance use disorder, suicide, and a variety of other mental and physical health conditions. Given the negative sequelae of trauma/PTSD, research has focused on identifying efficacious interventions that could be administered soon after a traumatic event to prevent or reduce the subsequent incidence of PTSD. While early psychosocial interventions have been shown to be relatively ineffective, early (secondary) pharmacological interventions have shown promise. These pharmacological approaches are largely based on the hypothesis that disruption of altered stress hormone levels and the consequent formation of trauma memories could protect against the development of PTSD. The present manuscript reviews the literature regarding the

role of peri-traumatic stress hormones as risk factors for the development of PTSD and reviews evidence for the efficacy of exogenously modulating stress hormone levels to prevent/buffer the development of PTSD symptoms. Whereas prior literature has focused primarily on either child or adult studies, the present review incorporates both child and adult studies in a developmental approach to understanding risk for PTSD and how pharmacological modulation of acute memories may buffer the development of PTSD symptoms.

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http://www.ncbi.nlm.nih.gov/pubmed/24513668

Behav Res Ther. 2014 Jan 25;54C:38-48. doi: 10.1016/j.brat.2014.01.002. [Epub ahead of print]

Cognitive processes and their association with persistence and remission of insomnia: Findings from a longitudinal study in the general population.

Norell-Clarke A, Jansson-Fröjmark M, Tillfors M, Harvey AG, Linton SJ.

AIM:
Insomnia is a common health problem that affects about 10% of the population. The purpose of this investigation was to examine the association between cognitive processes and the persistence and remission from insomnia in the general population.

METHODS:
In a longitudinal design, 2333 participants completed a survey on night time and daytime symptoms, and cognitive processes. Follow-up surveys were sent out six months and 18 months after the first assessment. Participants were categorised as having persistent insomnia, being in remission from insomnia or being a normal sleeper.

RESULTS:
Cognitive processes distinguished between people with persistent insomnia and normal sleepers. Specifically, worry, dysfunctional beliefs, somatic arousal, selective attention and monitoring, and safety behaviours increased the likelihood of reporting persistent insomnia rather than normal sleep. For people with insomnia, more worry about sleep at baseline predicted persistent insomnia but not remission later on. Lower selective attention and monitoring, and use of safety behaviours over time increased the likelihood of remission from insomnia. In general, these results remained, when psychiatric symptoms and medical complaints were added to the models.

CONCLUSIONS:
The findings support that certain cognitive processes may be associated with persistence and

remission of insomnia. Clinical implications are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/24512477

BMC Complement Altern Med. 2014 Feb 10;14(1):50. [Epub ahead of print]

How mindfulness changed my sleep: focus groups with chronic insomnia patients.

Hubbling A, Reilly-Spong M, Kreitzer MJ, Gross CR.

BACKGROUND:
Chronic insomnia is a major public health problem affecting approximately 10% of adults. Use of meditation and yoga to develop mindful awareness ('mindfulness training') may be an effective approach to treat chronic insomnia, with sleep outcomes comparable to nightly use of prescription sedatives, but more durable and with minimal or no side effects. The purpose of this study was to understand mindfulness training as experienced by patients with chronic insomnia, and suggest procedures that may be useful in optimizing sleep benefits.

METHODS:
Adults (N = 18) who completed an 8-week mindfulness-based stress reduction (MBSR) program as part of a randomized, controlled clinical trial to evaluate MBSR as a treatment for chronic insomnia were invited to participate in post-trial focus groups. Two groups were held. Participants (n = 9) described how their sleep routine, thoughts and emotions were affected by MBSR and about utility (or not) of various mindfulness techniques. Groups were audio-recorded, transcribed and analyzed using content analysis.

RESULTS:
Four themes were identified: the impact of mindfulness on sleep and motivation to adopt a healthy sleep lifestyle; benefits of mindfulness on aspects of life beyond sleep; challenges and successes in adopting mindfulness-based practices; and the importance of group sharing and support. Participants said they were not sleeping more, but sleeping better, waking more refreshed, feeling less distressed about insomnia, and better able to cope when it occurred. Some participants experienced the course as a call to action, and for them, practicing meditation and following sleep hygiene guidelines became priorities. Motivation to sustain behavioral changes was reinforced by feeling physically better and more emotionally stable, and seeing others in the MBSR class improve. The body scan was identified as an effective tool to enable falling asleep faster. Participants described needing to continue practicing mindfulness to maintain benefits.

CONCLUSIONS:
First-person accounts are consistent with published trial results of positive impacts of MBSR on sleep measured by sleep diary, actigraphy, and self-report sleep scales. Findings indicate that mindfulness training in a group format, combined with sleep hygiene education, is important for effective application of MBSR as a treatment for chronic insomnia.

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http://www.sciencedirect.com/science/article/pii/S0165178114000870

Lower health related quality of life in U.S. military personnel is associated with service-related disorders and inflammation.

Jessica Gill, Hyunhwa Lee, Taura Barr, Tristin Baxter, Morgan Heinzelmann, Hannah Rak, Vincent Mysliwiec

Psychiatry Research

Available online 5 February 2014

Objective
Military personnel who have combat exposures are at increased risk for the service-related disorders of post-traumatic stress disorder (PTSD), depression, and sleep disturbances and decreased health related quality of life (HRQOL). Those with a traumatic brain injury (TBI) are at even greater risk. Inflammation is associated with these disorders and may underlie the risk for health declines.

Methods
We evaluated 110 recently deployed, military personnel presenting with sleep disturbances for service-related disorders (TBI, PTSD, depression) as well as HRQOL. ANOVA models were used to examine differences among military personnel with two or more service-related disorders (high comorbid group), or one or no disorders (low comorbid group). Logistic regression models were used to determine associations among interleukin-6 (IL-6) to HRQOL and service-related disorders.

Results
Approximately one-third of the sample had two or more service-related disorders. HRQOL was lower and IL-6 concentrations were higher in military personnel with PTSD or depression, with the most profound differences in those with more service-related disorders, regardless of sleep disorder. Having symptoms of depression and PTSD resulted in a 3.5-fold risk to be in the lower quartile of HRQOL and the highest quartile of IL-6. In a linear regression model, 41% of the relationship between HRQOL and IL-6 concentrations was mediated by PTSD and depression.

Conclusions
Military personnel with PTSD and depression are at high risk for lower HRQOL, and higher IL-6 concentrations. Comprehensive treatment is required to address co-occurring service-related disorders in military personnel to promote health and well-being.

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http://www.sciencedirect.com/science/article/pii/S1077722914000091

Treatment of Anxiety Disorders With Comorbid Depression: A Survey of Expert CBT Clinicians.

Kelsey C. Collimore, Neil A. Rector

Cognitive and Behavioral Practice

Available online 9 February 2014

Cognitive-behavioral therapy (CBT) is an empirically supported psychological treatment for anxiety disorders. These treatments have primarily been developed to target primary anxiety disorders, despite the fact that these disorders frequently co-occur with a diagnosis of depression. Empirical evidence provides guidance regarding how to treat an individual with a primary anxiety disorder with comorbid depression; however, there is limited data regarding how to translate these findings into clinical practice. Improving our understanding of how CBT is currently being used in practice among experts is integral to learning whether modifications to protocols lead to more or less effective treatments. Accordingly, we surveyed expert CBT clinicians about their assessment and treatment approaches and what challenges they face in formulating and treating mood and anxiety comorbidity. Most experts reported that their assessment includes a semistructured interview and self-report measures to determine breadth and hierarchical ordering of comorbidity severity. Symptom severity, client's goals, temporal onset of disorders, presence of suicide risk, and potential for early treatment success were reported as factors to consider when deciding where to begin treatment. Almost three quarters of experts surveyed indicated that they usually take some type of sequential treatment approach when treating primary anxiety disorders with comorbid depression. The top three reported challenges associated with treating comorbid presentations were client's motivation/energy, hopelessness/pessimism, and ongoing need for risk assessment. Implications for the nature and timing of CBT interventions in “real-world” clinical practice are discussed.

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http://jama.jamanetwork.com/article.aspx?articleid=1829827

Focusing Suicide Prevention on Periods of High Risk.

Olfson M, Marcus SC, Bridge JA.

AMA. Published online February 10, 2014. doi:10.1001/jama.2014.501

Although antismoking campaigns, cancer screening programs, and AIDS prevention initiatives can point to lives saved to measure their success, the overall annual suicide rate in the United States from 2000 through 2010 has increased from 10.4 per 100 000 persons to 12.1 per 100 000 persons, resulting in approximately 38 000 deaths.1 Progress in the prevention of suicide has been limited by the large number, high prevalence, and wide distribution of suicide risk factors and the inherent challenges associated with financing and mounting large-scale, coordinated suicide prevention programs. Whether efforts focus on societal targets (such as limiting access to lethal methods) or aim at clinical targets (such as improving the community detection and treatment of mood, anxiety, or substance use disorders), achieving a reduction in the rate of suicide has proven to be an elusive public health goal.
…
In US community practice, there is room for improvement in patient transitions from inpatient to outpatient psychiatric care. Nationally, only about half of psychiatric inpatients receive any outpatient mental health care during the first week following hospital discharge and only about two-thirds receive mental health care during the first month. A focus on improving linkages from inpatient to outpatient psychiatric care could lower suicide risk during this critical period. Yet much remains to be learned concerning which clinical interventions protect these high-risk patients. It is not known, for example, the extent to which clinicians should focus on traditional social work functions (such as case management and outreach) or more specific self-harm reduction strategies (such as motivational interviewing or individualized safety plans). In a variety of contexts, effective approaches to suicide risk reduction involve strengthening patient connectedness and reducing social isolation through engaging outpatient mental health professionals, community organizations, and supportive family members. These lessons may help guide the search for successful care management approaches during the high-risk period immediately following psychiatric hospital discharge.

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http://www.sciencedirect.com/science/article/pii/S1389945714000392

Prevalence, Pharmacotherapy, and Clinical Correlates of Diagnosed Insomnia Among Veterans Health Administration Service Users Nationally.

Eric D.A. Hermes, Robert A. Rosenheck

Sleep Medicine

Available online 8 February 2014

Objective
There is little information on diagnostic rates or treatment correlates of insomnia in real-world practice. Study objectives were to identify the 1-year prevalence, psychotropic pharmacotherapy, and clinical correlates of diagnosed insomnia, nationally in the Veterans Health Administration (VHA).

Method
The study utilized national administrative data on all individuals receiving VHA care in 2010. Receipt of insomnia in addition to comorbid diagnoses were identified using relevant ICD-9 diagnostic codes. The adjusted mean number of psychotropic prescription fills and comorbid conditions associated with insomnia were identified using bivariate and multivariable regression models.

Results
Of the 5,531,379 individuals receiving VHA care in 2010, 190,378 (3.4%) received an insomnia diagnosis. Controlling for clinical characteristics, the presence of an insomnia diagnosis was associated with an average of four additional psychotropic prescription fills over the year. Among demographic characteristics, deployment to recent conflicts in Iraq/Afghanistan (Adjusted Odds Ratio [AOR]=1.62) displayed the strongest independent association, while age, unexpectedly, did not display any association with insomnia. Among diagnostic variables, anxiety disorders other than posttraumatic stress (AOR=2.12) and depressive disorders other than major depression (AOR=2.05) displayed the strongest independent associations with insomnia.

Conclusion
The diagnosis of insomnia is associated with the filling of more psychotropic prescriptions, net of the presence of psychiatric comorbidity in national VHA administrative data, and the prevalence of diagnosed insomnia is lower than that found in systematic surveys of the general population, a potential impediment to optimal treatment.

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http://spr.sagepub.com/content/early/2014/02/06/0265407514521766.abstract

Comfort, cliques, and clashes: Family readiness groups as dilemmatic sites of relating during wartime.

Erin Sahlstein Parcell, Katheryn C. Maguire

Journal of Social and Personal Relationships

February 6, 2014

One important but understudied source of support for Army families is the family readiness group (FRG). The current analysis of relationships with/in FRGs emerged from qualitative interviews conducted with 50 active-duty Army or Army National Guard wives whose husbands were deployed in support of Operation Iraqi Freedom or Operation Enduring Freedom between 2003 and 2005. Through our in-depth reflection and analysis of the transcripts, we recognized how these women's lived experiences reflected complex relationships with/in their FRGs, which in some cases supported but in other cases marginalized spouses, thus constructing them as dilemmatic sites for their members. We identified two sets of contrasting constructions: FRGs as coping resources versus sources of stress and FRGs as confirming versus disconfirming environments. We conclude with practical advice for military communities and suggestions for future research.

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http://journals.lww.com/psychopharmacology/Abstract/publishahead/Baclofen_Add_on_to_Citalopram_in_Treatment_of.99488.aspx

Baclofen Add-on to Citalopram in Treatment of Posttraumatic Stress Disorder.

Manteghi, Ali Akhoundpour MD; Hebrani, Paria MD; Mortezania, Mohammad MD; Haghighi, Mehri Baghban MD; Javanbakht, Arash MD

Journal of Clinical Psychopharmacology

POST AUTHOR CORRECTIONS, 12 February 2014

Objective:
Posttraumatic stress disorder (PTSD) is a chronic disabling illness, resulting from exposure to extreme traumatic event. Although different pharmacologic agents are suggested for treatment of PTSD, none have been completely effective in eliminating symptoms. The purpose of this study was to assess the use of baclofen as an add-on to citalopram in treatment of PTSD.

Methods:
In this double-blind clinical trial, 40 Iranian combat veterans with PTSD were randomly assigned to 2 groups. The first group received a combination treatment of 20 to 60 mg/d citalopram and 40 mg/d baclofen, and the second group received 20 to 60 mg/d citalopram plus placebo. Symptom severity was assessed by Clinician-Administered PTSD Scale at the beginning of the study and after 2, 4, 6, and 8 weeks. Global Assessment of Functioning and Hamilton Rating Scale for Anxiety and Depression were also used at the same periods. Data were analyzed with independent t test and paired t test using SPSS software version 13 (IBM, Armonk, NY).

Results:
Twenty-three male patients (baclofen group, 13 patients; placebo group, 10 patients) completed

the study. Dropout from the treatment was not caused by adverse effects of the new medications in any of the subjects. Baclofen group showed significantly larger improvement in Clinician-Administered PTSD Scale total (P = 0.040), hyperarousal (P = 0.020), and avoidance (0.020) scores, Global Assessment of Functioning score (0.001), depression (P = 0.000), and anxiety (P = 0.000) after 8 weeks of treatment. No intergroup difference was found in improvement of reexperience symptoms (P = 0.740).

Conclusions:
Baclofen showed to be an effective add-on to selective serotonin reuptake inhibitors in treatment of PTSD for better symptom recovery and functional improvement.

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http://www.gahmj.com/doi/abs/10.7453/gahmj.2013.050

Acupuncture and Meditation for Military Veterans: First Steps of Quality Management and Future Program Development.

Amanda Hull, PhD; Matthew Reinhard, PsyD; Kelly McCarron, PsyD; Nathaniel Allen, BS; M. Cory Jecmen, MAc; Jeanette Akhter, MD, MAc; Alaine Duncan, MAc; Karen Soltes, LCSW, RYT

Global Advances in Health and Medicine

Veterans of all war eras have a high rate of chronic disease, mental health disorders, and chronic multisystem illnesses (CMI). The VA is increasingly investigating complementary medicine and integrative health care as resources to enhance its provision of patient-centered, empirically supported care. The War Related Illness and Injury Study Center in Washington, DC (WRIISC-DC) has provided complementary and integrative medicine (CIM) services, including acupuncture and iRest® Yoga Nidra (Integrative Restoration Institute, San Rafael, California), to veterans since 2007. As part of program evaluation, anonymous self-report satisfaction questionnaires were administered periodically throughout a 1-year period (2010) to a random subset of veterans in the acupuncture and iRest Yoga Nidra clinics. Ninety-six percent of survey respondents in the acupuncture clinic (n = 118) reported complete (45%) or partial (51%) improvement in symptoms and good to excellent quality of care (99%), and 99% would recommend acupuncture to another veteran. Ninety-five percent of survey respondents in the iRest yoga nidra clinic (n=186) reported complete (10%) or partial (85%) improvement in symptoms and very good to excellent quality of care (96%), and 100% would recommend this service to another veteran. Further analyses show satisfaction with services and self-reported symptom improvement based on combat era. Satisfaction data suggest that the vast majority of sampled veterans who received acupuncture and iRest Yoga Nidra were satisfied with care quality, noticed symptom improvement, and would recommend these services to other veterans.

Based on these data, the WRIISC-DC has designed a cohesive CIM clinic as well as a pilot study examining the effectiveness of these modalities and how they may best integrate with existing post-deployment healthcare.

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http://www.sciencedirect.com/science/article/pii/S0190740914000401

Parentification in Military Families: Overlapping Constructs and Theoretical Explorations in Family, Clinical, and Military Psychology.

Lisa M. Hooper, Heather Moore, Annie Smith

Children and Youth Services Review

Available online 12 February 2014

This article reviews select literature that describes unique aspects of the challenges, roles, and responsibilities that family members may face as a result of the military culture and military family system. A particular systemic construct and clinical process that may be especially relevant to military families is parentification. Parentification has long been linked with negative outcomes investigated in the family and clinical psychology literature. This article summarizes the overlap in constructs and theoretical frameworks related to parentification, which appear in the family and clinical psychology literature that may have transportability to the youth and family military literature base. Directions for future military psychology research directed toward youth and family functioning are proffered.

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http://www.sciencedirect.com/science/article/pii/S0005796714000151

A pilot randomized controlled trial of Dialectical Behavior Therapy with and without the Dialectical Behavior Therapy Prolonged Exposure protocol for suicidal and self-injuring women with borderline personality disorder and PTSD.

Melanie S. Harned, Kathryn E. Korslund, Marsha M. Linehan

Behaviour Research and Therapy

Available online 11 February 2014

Objective
This study evaluates the efficacy of integrating PTSD treatment into Dialectical Behavior Therapy

(DBT) for women with borderline personality disorder, PTSD, and intentional self-injury.

Methods
Participants were randomized to DBT (n=9) or DBT with the DBT Prolonged Exposure (DBT PE) protocol (n=17) and assessed at 4-month intervals during the treatment year and 3-months post-treatment.

Results
Treatment expectancies, satisfaction, and completion did not differ by condition. In DBT + DBT PE, the DBT PE protocol was feasible to implement for a majority of treatment completers. Compared to DBT, DBT + DBT PE led to larger and more stable improvements in PTSD and doubled the remission rate among treatment completers (80% vs. 40%). Patients who completed the DBT PE protocol were 2.4 times less likely to attempt suicide and 1.5 times less likely to self-injure than those in DBT. Among treatment completers, moderate to large effect sizes favored DBT + DBT PE for dissociation, trauma-related guilt cognitions, shame, anxiety, depression, and global functioning.

Conclusions
DBT with the DBT PE protocol is feasible, acceptable, and safe to administer, and may lead to larger improvements in PTSD, intentional self-injury, and other outcomes than DBT alone. The findings require replication in a larger sample.

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http://www.sciencedirect.com/science/article/pii/S0306460314000288

Integrated Smoking Cessation and Binge Drinking Intervention for Young Adults: A Pilot Efficacy Trial.

Steven C. Ames, Steven B. Pokorny, Darrell R. Schroeder, Winston Tan, Chudley E. Werch

Addictive Behaviors

Available online 12 February 2014

Alcohol consumption is strongly associated with cigarette smoking in young adults. The primary aim of this investigation was to complete a pilot evaluation of the efficacy of an integrated intervention that targets both cigarette smoking and binge drinking on the cigarette smoking and binge behavior of young adults at 6-month follow-up. Participants were 95 young adult (M = 24.3; SD = 3.5 years) smokers (≥ 1 cigarettes per day) who binge drink (≥ 1 times per month) who were randomly assigned to standard treatment (n = 47) involving six individual treatment visits plus eight weeks of nicotine patch therapy or the identical smoking cessation treatment integrated with a binge drinking intervention (integrated intervention; n = 48). Using an

intent-to-treat analysis for tobacco abstinence, at both 3 month end of treatment and 6 month follow-up, more participants who received integrated intervention were biochemically confirmed abstinent from tobacco than those who received standard treatment at 3 months (19% vs. 9%, $p = 0.06$) and 6 months (21% vs. 9%, $p = 0.05$). At 6 months, participants who completed the study and who received integrated intervention consumed fewer drinks per month ($p < 0.05$) and number of binge drinking episodes per month ($p < 0.05$) than those who received standard treatment. Preliminary data supports that integrated intervention enhances smoking cessation and reduces binge drinking compared to standard treatment.

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http://archinte.jamanetwork.com/article.aspx?articleid=1828744

Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism: A Randomized Clinical Trial.

West CP, Dyrbye LN, Rabatin JT, et al.

AMA Intern Med. Published online February 10, 2014

Importance
Despite the documented prevalence and clinical ramifications of physician distress, few rigorous studies have tested interventions to address the problem.

Objective
To test the hypothesis that an intervention involving a facilitated physician small-group curriculum would result in improvement in well-being.

Design, Setting, and Participants
Randomized clinical trial of 74 practicing physicians in the Department of Medicine at the Mayo Clinic in Rochester, Minnesota, conducted between September 2010 and June 2012. Additional data were collected on 350 nontrial participants responding to annual surveys timed to coincide with the trial surveys.

Interventions
The intervention involved 19 biweekly facilitated physician discussion groups incorporating elements of mindfulness, reflection, shared experience, and small-group learning for 9 months. Protected time (1 hour of paid time every other week) for participants was provided by the institution.

Main Outcomes and Measures
Meaning in work, empowerment and engagement in work, burnout, symptoms of depression, quality of life, and job satisfaction assessed using validated metrics.

Results
Empowerment and engagement at work increased by 5.3 points in the intervention arm vs a 0.5-point decline in the control arm by 3 months after the study (P = .04), an improvement sustained at 12 months (+5.5 vs +1.3 points; P = .03). Rates of high depersonalization at 3 months had decreased by 15.5% in the intervention arm vs a 0.8% increase in the control arm (P = .004). This difference was also sustained at 12 months (9.6% vs 1.5% decrease; P = .02). No statistically significant differences in stress, symptoms of depression, overall quality of life, or job satisfaction were seen. In additional comparisons including the nontrial physician cohort, the proportion of participants strongly agreeing that their work was meaningful increased 6.3% in the study intervention arm but decreased 6.3% in the study control arm and 13.4% in the nonstudy cohort (P = .04). Rates of depersonalization, emotional exhaustion, and overall burnout decreased substantially in the trial intervention arm, decreased slightly in the trial control arm, and increased in the nontrial cohort (P = .03, .007, and .002 for each outcome, respectively).

Conclusions and Relevance
An intervention for physicians based on a facilitated small-group curriculum improved meaning and engagement in work and reduced depersonalization, with sustained results at 12 months after the study.

Trial Registration clinicaltrials.gov Identifier: NCT01159977

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http://www.sciencedirect.com/science/article/pii/S1389945714000525

The link between social anxiety disorder, treatment outcome, and sleep difficulties among patients receiving cognitive behavioral group therapy.

Jonathan Kushnir, Sofi Marom, Mika Mazar, Avi Sadeh, Haggai Hermesh

Sleep Medicine

Available online 11 February 2014

Objective
The aim of our study was to examine the association between sleep disturbances and social anxiety disorder (SAD). Another aim was to explore the impact of cognitive behavioral group therapy (CBGT) for SAD on co-occurring sleep difficulties.

Methods
Data were obtained retrospectively from patient files receiving CBGT for SAD. The sample included 63 patients with SAD (mean age, 30.42 years [standard deviation, 6.92 years]). There

were 41 men and 22 women, of whom 41 participants completed the treatment protocol. Before treatment onset participants completed the Liebowitz Social Anxiety Scale (LSAS), the Beck Depression Inventory (BDI), the Pittsburgh Sleep Quality Index, and several sociodemographic questions. On completion of the treatment protocol, the same measures were completed, with the addition of the Sheehan Disabilities Scale (SDS).

Results
The results of our study suggest that: (1) subjective insomnia is associated with SAD severity even after controlling for depression severity and additional variables; (2) participants with SAD with co-occurring clinical levels of subjective insomnia present a more severe clinical picture both at treatment onset and termination; and (3) although CBGT lead to reduction in SAD and depression symptoms severity, it had no significant impact on co-occurring sleep difficulties.

Conclusions
Sleep difficulties predict SAD severity regardless of depressive symptoms and may be linked to a more severe clinical picture. Clinicians should be aware of these sleep difficulties co-occurring with SAD and consider implementing specific sleep interventions. Future studies should incorporate larger samples sizes from clinical populations outside of Israel.

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http://www.sciencedirect.com/science/article/pii/S1087079214000161

The evidence base of sleep restriction therapy for treating insomnia disorder.

Christopher B. Miller, Colin A. Espie, Dana R. Epstein, Leah Friedman, Charles M. Morin, Wilfred R. Pigeon, Arthur J. Spielman, Simon D. Kyle

Sleep Medicine Reviews

Available online 12 February 2014

Sleep restriction therapy is routinely used within cognitive behavioral therapy to treat chronic insomnia. However, the efficacy for sleep restriction therapy as a standalone intervention has yet to be comprehensively reviewed. This review evaluates the evidence for the use of sleep restriction therapy in the treatment of chronic insomnia. The literature was searched using web-based databases, finding 1344 studies. Twenty-one were accessed in full (1323 were deemed irrelevant to this review). Nine were considered relevant and evaluated in relation to study design using a standardized study checklist and levels of evidence. Four trials met adequate methodological strength to examine the efficacy of therapy for chronic insomnia. Weighted effect sizes for self-reported sleep diary measures of sleep onset latency, wake time after sleep onset, and sleep efficiency were moderate-to-large after therapy. Total sleep time indicated a small improvement. Standalone sleep restriction therapy is efficacious for the

treatment of chronic insomnia for sleep diary continuity variables. Studies are insufficient to evaluate the full impact on objective sleep variables. Measures of daytime functioning in response to therapy are lacking. Variability in the sleep restriction therapy implementation methods precludes any strong conclusions regarding the true impact of therapy. A future research agenda is outlined.

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http://www.sciencedirect.com/science/article/pii/S0193953X1300124X

Traumatic Brain Injury and Posttraumatic Stress Disorder.

Nazanin H. Bahraini, Ryan E. Breshears, Theresa D. Hernández, Alexandra L. Schneider, Jeri E. Forster, Lisa A. Brenner,

Psychiatric Clinics of North America

Volume 37, Issue 1, March 2014, Pages 55–75

Individually, traumatic brain injury and posttraumatic stress disorder are complex condi- tions, and symptoms may be more difficult to address when the two co-occur. Evidence-based interventions aimed at treating both conditions simultaneously are limited; however, symptoms, regardless of cause, can be addressed by implementing treatment strategies aimed at ameliorating specific complaints (eg, headaches). Future research regarding the natural history of the co-occurring disorders can best be ascertained using longitudinal methodologies: Cohorts with one, both, or neither of the conditions should be included; Outcomes of interest should be measured via multiple modalities (eg, structured clinical interview, neuroimaging).

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http://link.springer.com/chapter/10.1007/978-94-007-7899-3_2

Malingering: Definitional and Conceptual Ambiguities and Prevalence or Base Rates

Gerald Young

Malingering, Feigning, and Response Bias in Psychiatric/ Psychological Injury

International Library of Ethics, Law, and the New Medicine Volume 56, 2014, pp 25-51

This chapter presents different approaches to the definition of malingering, such as the psychiatric and legal. It builds on the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision; American Psychiatric Association 2000) approach that

involves both conscious, overt malingering and gross exaggeration for external incentives, such as financial gain. Malingering should be attributed only when the evidence is introconvertible. Psychological approaches are described that have conflated exaggeration, in general, with frank malingering. Other psychological approaches are presented that adhere to the traditional approach of pairing only gross exaggerations with outright malingering.

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http://link.springer.com/chapter/10.1007/978-94-007-7899-3_9

Posttraumatic Stress Disorder: Controversies, Diagnosis, and Malingering

Gerald Young

Malingering, Feigning, and Response Bias in Psychiatric/ Psychological Injury

International Library of Ethics, Law, and the New Medicine Volume 56, 2014, pp 229-262

This chapter is exclusively on PTSD (posttraumatic stress disorder). I compare and contrast four recent chapters written simultaneously on the topic of PTSD and its assessment in relation to malingering: in order, (a) Andrikopoulos and Greiffenstein (2012), (b) Rosen and Grunert (2012), (c) Lareau (2011), and (d) Howe (2012). The four works raise both general points and issues related to testing. Three of the four chapters involve assessment of PTSD in the neuropsychological context, but I focus mainly on their presentation of PTSD rather than on their treatment of TBI (traumatic brain injury) and of neuropsychology. There is much agreement over the four sources that I review, and I try not to be redundant in describing them; however, for psychological assessment of PTSD there is disagreement among them on what is effective in detecting malingering. Briefly, for PTSD assessment and the issue of malingering, Andrikopoulos and Greiffenstein (2012) valued the interview process, in particular; Lareau (2011) preferred psychophysiological testing as a quality indicator; and both Howe (2012) and Rosen and Grunert (2012) emphasized the use of several psychological tests in PTSD assessment, although they did not provide identical tests among their lists of recommended instruments.

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http://www.ncbi.nlm.nih.gov/pubmed/24530499

Behav Res Ther. 2014 Jan 31;54C:49-53. doi: 10.1016/j.brat.2014.01.004. [Epub ahead of print]

Why do clinicians exclude anxious clients from exposure therapy?

Meyer JM1, Farrell NR1, Kemp JJ1, Blakey SM1, Deacon BJ2.

Despite research demonstrating the effectiveness of exposure therapy for pathological anxiety, this treatment is underutilized by clinicians. Anecdotal evidence and clinical experience suggest that therapists who possess reservations about exposure therapy tend to exclude clients from this treatment based on client characteristics believed to predict worse response. When exceptions are made based on characteristics that do not reliably predict poor outcomes, clients face the opportunity cost associated with investment in less effective treatments. The present investigation assessed therapists' likelihood of excluding clients from exposure due to different client and therapist characteristics. Exposure therapists (N = 182) completed an online survey that included the Therapist Beliefs about Exposure Scale, Anxiety Sensitivity Index-3, and the Broken Leg Exception Scale (BLES), a novel measure assessing the likelihood of excluding clients from exposure based on 25 different client characteristics. The BLES demonstrated good psychometric properties. Client characteristics most likely to result in exclusion from exposure therapy were comorbid psychosis, emotional fragility, and reluctance to participate in exposure. Greater likelihood of excluding clients from exposure was associated with higher therapist anxiety sensitivity and endorsement of negative beliefs about exposure therapy. Clinical and training implications of these findings are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/24527869

Behav Sleep Med. 2014 Feb 14. [Epub ahead of print]

The Role of Perceived Partner Alliance on the Efficacy of CBT-I: Preliminary Findings from the Partner Alliance in Insomnia Research Study (PAIRS).

Ellis JG, Deary V, Troxel WM

Despite cognitive behavioral therapy for insomnia (CBT-I) being effective, barriers to adherence have been documented. Perceived partner alliance has been shown to influence adherence and treatment outcome across a range of other health conditions. The present study examined patients' perceptions regarding the role of their partner in CBT-I and the impact of perceived partner alliance on treatment outcome. Twenty-one patients were interviewed, following CBT-I, to examine the areas where partners were thought to influence the process of CBT-I. The majority of statements made during interviews explicitly mentioned a partner's influence (65%). Additionally, the production of more positive partner statements was associated with better treatment outcome (using the Insomnia Severity Index). The integration of perceived partner alliance into CBT-I is discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/24532995

J Clin Sleep Med. 2014 Feb 15;10(2):127-35. doi: 10.5664/jcsm.3436.

Impact of brief cognitive behavioral treatment for insomnia on health care utilization and costs.

McCrae CS, Bramoweth AD, Williams J, Roth A, Mosti C.

STUDY OBJECTIVES:
To examine health care utilization (HCU) and costs following brief cognitive behavioral treatment for insomnia (bCBTi).

METHODS:
Reviewed medical records of 84 outpatients [mean age = 54.25 years (19.08); 58% women] treated in a behavioral sleep medicine clinic (2005-2010) based in an accredited sleep disorders center. Six indicators of HCU and costs were obtained: estimated total and outpatient costs, estimated primary care visits, CPT costs, number of office visits, and number of medications. All patients completed ≥ 1 session of bCBTi. Those who attended ≥ 3 sessions were considered completers (n = 37), and completers with significant sleep improvements were considered responders (n = 32).

RESULTS:
For completers and responders, all HCU and cost variables, except number of medications, significantly decreased (ps < 0.05) or trended towards decrease at post-treatment. Completers had average decreases in CPT costs of $200 and estimated total costs of $75. Responders had average decreases in CPT costs of $210. No significant decreases occurred for non-completers.

CONCLUSIONS:
bCBTi can reduce HCU and costs. Response to bCBTi resulted in greater reduction of HCU and costs. While limited by small sample size and non-normal data distribution, the findings highlight the need for greater dissemination of bCBTi for several reasons: a high percentage of completers responded to treatment, as few as 3 sessions can result in significant improvements in insomnia severity, bCBTi can be delivered by novice clinicians, and health care costs can reduce following treatment. Insomnia remains an undertreated disorder, and brief behavioral treatments can help to increase access to care and reduce the burden of insomnia.

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http://www.ncbi.nlm.nih.gov/pubmed/24529045

J Psychosom Res. 2014 Mar;76(3):242-8. doi: 10.1016/j.jpsychores.2013.11.010. Epub 2013 Nov 25.

Interpersonal distress is associated with sleep and arousal in insomnia and good sleepers.

Gunn HE, Troxel WM, Hall MH, Buysse DJ.

OBJECTIVE:
The interpersonal environment is strongly linked to sleep. However, little is known about interpersonal distress and its association with sleep. We examined the associations among interpersonal distress, objective and subjective sleep in people with and without insomnia.

METHODS:
Participants in this cross-sectional observational study included men and women with insomnia (n=28) and good sleeper controls (n=38). Interpersonal distress was measured with the Inventory of Interpersonal Problems. Sleep parameters included insomnia severity, self-reported presleep arousal, and sleep quality; and polysomnographically-assessed sleep latency (SL), total sleep time (TST), wake after sleep onset (WASO), percent delta (stage 3+4 NREM), percent REM, and EEG beta power. Hierarchical linear regression was used to assess the relationship between distress from interpersonal problems and sleep and the extent to which relationships differed among insomnia patients and controls.

RESULTS:
More interpersonal distress was associated with more self-reported arousal and higher percentage of REM. More interpersonal distress was associated with greater insomnia severity and more cognitive presleep arousal for individuals with insomnia, but not for controls. Contrary to expectations, interpersonal distress was associated with shorter sleep latency in the insomnia group. Results were attenuated, but still significant, after adjusting for depression symptoms.

CONCLUSION:
Distress from interpersonal problems is associated with greater self-reported arousal and higher percent REM. Individuals with insomnia who report more distress from interpersonal problems have greater insomnia severity and cognitive presleep arousal, perhaps due to rumination. These findings extend our knowledge of the association between interpersonal stressors and sleep. Assessment and consideration of interpersonal distress could provide a novel target for insomnia treatment.

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http://www.ncbi.nlm.nih.gov/pubmed/24529043

J Psychosom Res. 2014 Mar;76(3):233-6. doi: 10.1016/j.jpsychores.2014.01.001. Epub 2014 Jan 11.

Safety behaviors and sleep effort predict sleep disturbance and fatigue in an outpatient sample with anxiety and depressive disorders.

Fairholme CP, Manber R.

OBJECTIVE:
Theoretical and empirical support for the role of dysfunctional beliefs, safety behaviors, and increased sleep effort in the maintenance of insomnia has begun to accumulate. It is not yet known how these factors predict sleep disturbance and fatigue occurring in the context of anxiety and mood disorders. It was hypothesized that these three insomnia-specific cognitive-behavioral factors would be uniquely associated with insomnia and fatigue among patients with emotional disorders after adjusting for current symptoms of anxiety and depression and trait levels of neuroticism and extraversion.

METHODS:
Outpatients with a current anxiety or mood disorder (N=63) completed self-report measures including the Dysfunctional Beliefs About Sleep Scale (DBAS), Sleep-Related Safety Behaviors Questionnaire (SRBQ), Glasgow Sleep Effort Scale (GSES), Pittsburgh Sleep Quality Index (PSQI), NEO Five-Factor Inventory (FFI), and the 21-item Depression Anxiety and Stress Scale (DASS). Multivariate path analysis was used to evaluate study hypotheses.

RESULTS:
SRBQ (B=.60, p<.001, 95% CI [.34, .86]) and GSES (B=.31, p<.01, 95% CI [.07, .55]) were both significantly associated with PSQI. There was a significant interaction between SRBQ and DBAS (B=.25, p<.05, 95% CI [.04, .47]) such that the relationship between safety behaviors and fatigue was strongest among individuals with greater levels of dysfunctional beliefs.

CONCLUSION:
Findings are consistent with cognitive behavioral models of insomnia and suggest that sleep-specific factors might be important treatment targets among patients with anxiety and depressive disorders with disturbed sleep.

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http://www.ncbi.nlm.nih.gov/pubmed/24531640

Exp Brain Res. 2014 Feb 15. [Epub ahead of print]

Theta frequency activity during rapid eye movement (REM) sleep is greater in people with resilience versus PTSD.

Cowdin N, Kobayashi I, Mellman TA.

Emotional memory consolidation has been associated with rapid eye movement (REM) sleep, and recent evidence suggests that increased electroencephalogram spectral power in the theta (4-8 Hz) frequency range indexes this activity. REM sleep has been implicated in posttraumatic stress disorder (PTSD) as well as in emotional adaption. In this cross-sectional study, thirty young healthy African American adults with trauma exposure were assessed for PTSD status using the Clinician Administered PTSD Scale. Two consecutive night polysomnographic (PSG) recordings were performed and data scored for sleep stages. Quantitative electroencephalographic spectral analysis was used to measure theta frequency components sampled from REM sleep periods of the second-night PSG recordings. Our objective was to compare relative theta power between trauma-exposed participants who were either resilient or had developed PTSD. Results indicated higher right prefrontal theta power during the first and last REM periods in resilient participants compared with participants with PTSD. Right hemisphere prefrontal theta power during REM sleep may serve as a biomarker of the capacity for adaptive emotional memory processing among trauma-exposed individuals.

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http://www.ncbi.nlm.nih.gov/pubmed/24530219

J Psychosoc Nurs Ment Health Serv. 2014 Feb 19:1-8. doi: 10.3928/02793695-20140210-02. [Epub ahead of print]

Afghanistan and Iraq War Veterans' Health Care Needs and Their Underuse of Health Care Resources: Implications for Psychiatric-Mental Health Nurses.

Nworah U, Symes L, Young A, Langford R.

U.S. Veterans who have served in the Afghanistan and Iraq wars have combat-related medical and mental health issues, notably posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), but underuse health care resources. To better understand their health care needs, resource use, and facilitators and barriers to seeking health care, a literature review was conducted. The results suggest high prevalence of mental and medical health issues and disproportionate use of quantitative research design that lacked approaches to understanding the psychosocial, cultural, and contextual factors that affect help-seeking by Veterans. Strategies

to increase the likelihood that Veterans will seek needed health care, gaps in the literature, and the need for further research were discussed. [Journal of Psychosocial Nursing and Mental Health Services, xx(x), xx-xx.]. Copyright 2014, SLACK Incorporated.

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http://www.ncbi.nlm.nih.gov/pubmed/24529422

Psychiatr Clin North Am. 2014 Mar;37(1):31-53. doi: 10.1016/j.psc.2013.12.001.

Emotional and Behavioral Dyscontrol After Traumatic Brain Injury.

Arciniegas DB, Wortzel HS.
Emotional and behavioral dyscontrol are relatively common neuropsychiatric sequelae of traumatic brain injury and present substantial challenges to recovery and community participation. Among the most problematic and functionally disruptive of these types of behaviors are pathologic laughing and crying, affective lability, irritability, disinhibition, and aggression. Managing these problems effectively requires an understanding of their phenomenology, epidemiology, and clinical evaluation. This article reviews these issues and provides clinicians with brief and practical suggestions for the management of emotional and behavioral dyscontrol. Published by Elsevier Inc.

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http://www.ncbi.nlm.nih.gov/pubmed/24529421

Psychiatr Clin North Am. 2014 Mar;37(1):13-29. doi: 10.1016/j.psc.2013.11.005. Epub 2014 Jan 14.

Mood Disorders After TBI.

Jorge RE, Arciniegas DB.
In this article, we examine the epidemiology and risk factors for the development of the most common mood disorders observed in the aftermath of TBI: depressive disorders and bipolar spectrum disorders. We describe the classification approach and diagnostic criteria proposed in the fifth edition of the Diagnostic and Statistical Manual for Mental Disorders. We also examine the differential diagnosis of post-TBI mood disorders and describe the mainstay of the evaluation process. Finally, we place a special emphasis on the analysis of the different therapeutic options and provide guidelines for the appropriate management of these conditions. Published by Elsevier Inc.

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http://www.ncbi.nlm.nih.gov/pubmed/24529090

J Safety Res. 2014 Feb;48C:43-47. doi: 10.1016/j.jsr.2013.11.004. Epub 2013 Dec 7.

Airmen with mild traumatic brain injury (mTBI) at increased risk for subsequent mishaps.

Whitehead CR, Webb TS, Wells TS, Hunter KL.

BACKGROUND:
Little is known regarding long-term performance decrements associated with mild Traumatic Brain Injury (mTBI). The goal of this study was to determine if individuals with an mTBI may be at increased risk for subsequent mishaps.

METHODS:
Cox proportional hazards modeling was utilized to calculate hazard ratios for 518,958 active duty U.S. Air Force service members (Airmen) while controlling for varying lengths of follow-up and potentially confounding variables. Two non-mTBI comparison groups were used; the second being a subset of the original, both without head injuries two years prior to study entrance.

RESULTS:
Hazard ratios indicate that the causes of increased risk associated with mTBI do not resolve quickly. Additionally, outpatient mTBI injuries do not differ from other outpatient bodily injuries in terms of subsequent injury risk.

CONCLUSIONS:
These findings suggest that increased risk for subsequent mishaps are likely due to differences shared among individuals with any type of injury, including risk-taking behaviors, occupations, and differential participation in sports activities. Therefore, individuals who sustain an mTBI or injury have a long-term risk of additional mishaps.

PRACTICAL APPLICATIONS:
Differences shared among those who seek medical care for injuries may include risk-taking behaviors (Cherpitel, 1999; Turner & McClure, 2004; Turner, McClure, & Pirozzo, 2004), occupations, and differential participation in sports activities, among others. Individuals with an mTBI should be educated that they are at risk for subsequent injury. Historical data supported no lingering effects of mTBI, but more recent data suggest longer lasting effects. This study further adds that one of the longer term sequelae of mTBI may be an increased risk for subsequent mishap.

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http://www.ncbi.nlm.nih.gov/pubmed/24527365

J Sleep Disord Ther. 2013 Jun 17;2(122). pii: 1000122.

Sleep Duration, Insomnia Symptoms, and Emotion Regulation among Black Women.

Racine C, Kalra K, Ceide M, Williams NJ, Zizi F, Mendlowicz MV, Jean-Louis G.

INTRODUCTION:
This study explored the associations between sleep duration and emotion regulation among urban black women (mean age=59 ± 7 yrs).

METHOD:
Eligible women (n=523) provided sociodemographic data during face-to-face interviews. We used the Comprehensive Assessment and Referral Examination Physical to measure health status; women also estimated their habitual sleep duration. We utilized a modified version of Weinberger's conceptual model of repression, the Index of Self-Regulation (ISE) to measure emotion regulation. ISE scores were derived by amalgamating the defensive subscale from the Social Desirability Scale and the anxiety subscale from the State-Trait Anxiety Inventory.

RESULTS:
The median habitual sleep duration was 7 hours; 20% of the women were short sleepers (<6 hours) and 6% were long sleepers (>8 hours). Short sleepers, rather than long sleepers, had a greater likelihood of reporting insomnia symptoms than those sleeping 6-8 hours [63.4% vs. 28.1%; X2 = 41.87, p<0.001]. In the first logistic regression model, the odds of being a short sleeper for low regulators were 3 times greater than for high regulators [OR = 3.22 95% CI: 2.05-5.06; p<0.0001]. In multivariate-adjusted analysis, OR was reduced to 2.06, but remained significant. In the second logistic model, the likelihood of being a long sleeper among low regulators were 37% greater than for high regulators, but results were not significant [OR=1.37, 95% CI: 0.62-3.01; NS].

DISCUSSION:
Short and long sleep duration are associated with reduced ability for emotion regulation. Women sleeping 6-8 hrs might be more adept at regulating emotions in their daily lives. Insomnia symptoms might mediate associations between emotion regulations and sleep durations.

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http://www.ncbi.nlm.nih.gov/pubmed/24534564

J Anxiety Disord. 2013 Dec 27. pii: S0887-6185(13)00223-5. doi: 10.1016/j.janxdis.2013.12.004. [Epub ahead of print]

Unique relations among anxiety sensitivity factors and anxiety, depression, and suicidal ideation.

Allan NP, Capron DW, Raines AM, Schmidt NB.

Anxiety sensitivity (AS) is composed of three lower-order dimensions, cognitive concerns, physical concerns, and social concerns. We examined the relations between AS dimensions using a more adequate assessment of subscales (ASI-3) than has previously been used, and measures of anxiety and mood disorders as well as suicidal ideation in a sample of 256 (M age=37.10 years, SD=16.40) treatment-seeking individuals using structural equation modeling. AS cognitive concerns was uniquely associated with generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and suicidal ideation. AS physical concerns was uniquely associated with OCD, social anxiety disorder (SAD), panic disorder (PD), and specific phobia. AS social concerns was uniquely associated with SAD, GAD, OCD, and MDD. These results highlight the importance of considering the lower-order AS dimensions when examining the relations between AS and psychopathology.

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http://www.ncbi.nlm.nih.gov/pubmed/24534594

Am J Health Syst Pharm. 2014 Mar 1;71(5):394-402. doi: 10.2146/ajhp130221.

Quetiapine for insomnia: A review of the literature.

Anderson SL, Vande Griend JP

PURPOSE:
The safety and efficacy of quetiapine for the treatment of insomnia in adults are reviewed.

SUMMARY:
Quetiapine was developed for the treatment of psychiatric disorders, but its antagonism of histamine H1- and serotonin type 2A receptors has the added effect of causing sedation. As such, quetiapine is widely used off-label as a treatment for insomnia. Due to quetiapine's potential adverse effects, guidelines for the treatment of insomnia have recommended the drug's use only in patients with specific comorbid psychiatric disorders. The use of quetiapine for the treatment of insomnia in the absence of comorbid conditions has been evaluated in only two

clinical trials of 31 patients in total, and very few studies have evaluated quetiapine use in patients with insomnia and other comorbidities. No trials have been conducted comparing quetiapine with an active control (e.g., zolpidem); the data that exist compare quetiapine to a placebo or there is no comparison and all patients are treated with quetiapine. Very few studies have evaluated quetiapine's efficacy in the treatment of insomnia using sleep objective testing, another limitation of the available data on quetiapine.

CONCLUSION:
Robust studies evaluating the safety and efficacy of quetiapine for the treatment of insomnia are lacking. Given its limited efficacy data, its adverse-effect profile, and the availability of agents approved by the Food and Drug Administration for the treatment of insomnia, quetiapine's benefit in the treatment of insomnia has not been proven to outweigh potential risks, even in patients with a comorbid labeled indication for quetiapine.

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http://www.tandfonline.com/doi/abs/10.1080/07448481.2014.887574

Implementing an Early Intervention Program for Residential Students Who Present With Suicide Risk: A Case Study.

Estela M. Rivero, M. Dolores Cimini, Joseph E. Bernier, Judith A. Stanley, Andrea D. Murray, Drew A. Anderson, Heidi R. Wright

Journal of American College Health

Published online: 14 Feb 2014

Objective:
This case study examined the effects of an early intervention program designed to respond to residential college students demonstrating risk for suicide.

Participants:
Participants were 108 undergraduates at a large Northeastern public university referred to an early intervention program subsequent to presenting with risk factors for suicide between Fall 2004 and Spring 2011.

Method:
Data were collected from archival records to examine quality of early intervention services, student retention, and GPA during the semester prior to, during, and subsequent to the referral incident.

Results:
Program implementation was timely and responsive to student needs; students successfully completing the early intervention program remained in school and demonstrated small but significant rebounds in GPA the semester subsequent to the incident.

Conclusions:
There are benefits associated with the implementation of early intervention programs designed to respond to students manifesting risk for suicide, such as connecting the student to vital services and support networks.

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http://www.sciencedirect.com/science/article/pii/S1359178914000147

Dialectical Behavior Therapy for the treatment of anger and aggressive behavior: A review.

Savannah N. Frazier, Jamie Vela

Aggression and Violent Behavior

Available online 15 February 2014

Objective
The management of anger and aggression is a public safety issue. Dialectical Behavior Therapy (DBT) is a promising treatment for reducing anger and violent behavior. This mode of therapy addresses maladaptive behavior by teaching emotion regulation, distress tolerance, interpersonal effectiveness, core mindfulness, and self-management skills.

Methods
This paper reviewed DBT treatment for anger and aggressive or violent behavior. The literature search included articles from 1998 to September 2013. A total of 21 peer-reviewed articles studying the effects of DBT on anger and aggressive behavior were reviewed.

Results
Adaptations or modifications were made to standard DBT to accommodate the specific needs of the variety of populations across studies. Nine studies attempted to understand the efficacy of DBT for anger and aggressive behavior while twelve studies measured the efficacy of DBT within the context of a BPD diagnosis. There are nine randomized controlled trials (RCT) assessing DBT to reduce anger and aggressive behavior.

Conclusion
Research has shown there are potentially clinically significant results when using DBT to treat

anger and aggression in various samples. Findings from this review suggest that treatments, even when modified show a positive impact on the reduction of anger and aggressive behaviors.

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http://www.ncbi.nlm.nih.gov/pubmed/24549170

J Psychosoc Nurs Ment Health Serv. 2014 Jan 6:1-4. doi: 10.3928/02793695-20131217-01. [Epub ahead of print]

Gabapentin for Substance Use Disorders: Is it Safe and Appropriate?

Howland RH.

Gabapentin is effective for the treatment of alcohol dependence and can be used for treating anxiety, insomnia, headaches, and/or pain in patients who have comorbid substance use disorders (SUDs) or who are at high risk of substance abuse. Deaths from unintentional drug overdoses are increasing, are the leading cause of injury death in the United States, and are mostly attributable to prescription drugs, in particular opioid agents. Compared to other psychotropic drugs, gabapentin is not especially harmful or lethal. Gabapentin misuse is possible, similar to other medications not typically considered drugs of abuse, but it should be considered safe and appropriate for use in patients with all types of SUDs, including patients who take opioid drugs. [Journal of Psychosocial Nursing and Mental Health Services, xx(x), xx-xx.]. Copyright 2013, SLACK Incorporated.

Links of Interest

Sexual assault prevention trainer makes it personal
http://www.army.mil/article/119903/Sexual_assault_prevention_trainer_makes_it_personal/

Feelings of depression during PTSD treatment not indicative of negative outcomes
http://www.healio.com/psychiatry/ptsd/news/online/%7B22026837-c260-415e-8d66-e51f2dd6f4d9%7D/feelings-of-depression-during-ptsd-treatment-not-indicative-of-negative-outcomes

Alleged military sex assault victims seek to block use of counseling records
http://www.washingtonpost.com/blogs/local/wp/2014/02/14/alleged-military-sex-assault-victims-seek-to-block-use-of-counseling-records/

Mental health patients up to 4 times more likely to be infected with HIV, Penn study finds
http://www.eurekalert.org/pub_releases/2014-02/uops-mhp021114.php

Penn study: Topiramate reduces heavy drinking in patients seeking to cut down on alcohol consumption
http://www.eurekalert.org/pub_releases/2014-02/uops-pst021314.php

Early Treatment for Depression May Be Good for the Hear
http://www.nlm.nih.gov/medlineplus/news/fullstory_144529.html

Working With A Therapist Can Help When Sleeping Pills Don't
http://www.npr.org/blogs/health/2014/02/14/276503025/working-with-a-therapist-can-help-when-sleeping-pills-dont

How Colleges Flunk Mental Health
http://mag.newsweek.com/2014/02/07/colleges-flunk-mental-health.html

Alcoholism Through a Doctor's Eyes
http://well.blogs.nytimes.com/2014/02/13/alcoholism-through-a-doctors-eyes/

Why Does the Brain Remember Dreams?
http://www.sciencedaily.com/releases/2014/02/140217085915.htm

Study uncovers surprising differences in brain activity of alcohol-dependent women
http://www.eurekalert.org/pub_releases/2014-02/iu-sus021714.php

First biological marker for major depression could enable better diagnosis and treatment
http://www.eurekalert.org/pub_releases/2014-02/wt-fbm021414.php

Topiramate reduces heavy drinking among patients seeking to cut down on alcohol consumption
http://www.sciencedaily.com/releases/2014/02/140214075307.htm

Present Traumatic Stress: Death shapes life for teams that prepare bodies of fallen troops for final flight home
http://www.stripes.com/death-shapes-life-for-teams-that-prepare-bodies-of-fallen-troops-for-final-flight-home-1.267704

New depression treatments reported
http://www.sciencedaily.com/releases/2014/02/140214130719.htm

Chronic pain relief more likely when psychological science involved
http://www.eurekalert.org/pub_releases/2014-02/apa-cpr021214.php

Beyond Antidepressants: Taking Stock of New Treatments
http://psychcentral.com/news/2014/02/18/beyond-antidepressants-taking-stock-of-new-treatments/66071.html

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Resource of the Week: [BibMe: Fast & Easy Bibliography Maker]

Need a quick, correctly formatted citation for a book, magazine or news story, scholarly journal article, website, audio/video…? Give BibMe a try. You can enter all of the necessary information manually, or try BibMe's automated version where you provide some basic information and BiBMe does the rest. It supports MLA, APA, Chicago and Turabian formats.

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