



CDP Research Update -- April 24, 2014

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- Reducing the Burden of Suicide in the U.S. The Aspirational Research Goals of the National Action Alliance for Suicide Prevention Research Prioritization Task Force.
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- Predicting Who Benefits Most From Cognitive-Behavioral Therapy for Anxiety and Depression.
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- Dimensional assessment of posttraumatic stress disorder in DSM-5.
- Adaptive and maladaptive emotion regulation strategies: Interactive effects during CBT for social anxiety disorder.
- Links of Interest
- Resource of the Week: [SAMHSA Disaster App](#)

<http://www.ncbi.nlm.nih.gov/pubmed/24752303>

Sleep Breath. 2014 Apr 22. [Epub ahead of print]

Sleep disorders in combat-related PTSD.

Williams SG, Collen J, Orr N, Holley AB, Lettieri CJ

PURPOSE:

We sought to assess the rate of sleep complaints and sleep disorders among active duty soldiers with deployment-related PTSD and to determine whether any clinical features differentiated those with sleep disorders.

METHODS:

Retrospective review of consecutive soldiers diagnosed with PTSD. We recorded subjective measures of sleep and polysomnographic data. We compared clinical and demographic variables including psychoactive medication use, psychiatric comorbidity, and combat-related traumatic injury with the presence of sleep disorders.

RESULTS:

One hundred thirty patients were included (91.5 % male, mean age of 35.1 ± 10.6 years, mean body mass index (BMI) 28.9 ± 4.4 Kg/m²). About 88.5 % had comorbid depression, with the majority (96.2 %) taking psychoactive medications (mean 3.4 ± 1.6 medications per patient). Over half of the cohort suffered combat-related traumatic physical injuries (54.6 %). The obstructive sleep apnea syndrome (OSAS) was diagnosed in 67.3 % (80 % of the cohort underwent polysomnography), with a mean apnea hypopnea index of 24.1 ± 22.8 events/hour

and a mean oxygen saturation nadir of 84.2 ± 5.7 %. OSAS was significantly more common in the non-injured soldiers (72.9 vs. 38.0 %, $p < 0.001$). In multivariate analysis, absence of physical injury showed a trend towards predicting OSAS.

CONCLUSIONS:

Sleep complaints are common among soldiers with PTSD. We observed significantly higher rates of OSAS among those without physical injuries, raising the possibility that underlying sleep-disordered breathing is a risk factor for the development of PTSD. This potential association requires further validation.

<http://www.ncbi.nlm.nih.gov/pubmed/24748826>

Psychol Res Behav Manag. 2014 Apr 10;7:115-124. eCollection 2014.

Psychological therapies for the management of chronic pain.

Sturgeon JA

Pain is a complex stressor that presents a significant challenge to most aspects of functioning and contributes to substantial physical, psychological, occupational, and financial cost, particularly in its chronic form. As medical intervention frequently cannot resolve pain completely, there is a need for management approaches to chronic pain, including psychological intervention. Psychotherapy for chronic pain primarily targets improvements in physical, emotional, social, and occupational functioning rather than focusing on resolution of pain itself. However, psychological therapies for chronic pain differ in their scope, duration, and goals, and thus show distinct patterns of treatment efficacy. These therapies fall into four categories: operant-behavioral therapy, cognitive-behavioral therapy, mindfulness-based therapy, and acceptance and commitment therapy. The current article explores the theoretical distinctiveness, therapeutic targets, and effectiveness of these approaches as well as mechanisms and individual differences that factor into treatment response and pain-related dysfunction and distress. Implications for future research, dissemination of treatment, and the integration of psychological principles with other treatment modalities are also discussed.

<http://online.liebertpub.com/doi/full/10.1089/neu.2013.3173>

Functional Status after Blast-Plus-Impact Complex Concussive Traumatic Brain Injury in Evacuated United States Military Personnel.

Christine L. MacDonald, Ann M. Johnson, Elliot C. Nelson, Nicole J. Werner, Col. Raymond Fang, Col. (ret) Stephen F. Flaherty, and David L. Brody

Fundamental questions remain unanswered about the longitudinal impact of blast-plus-impact complex traumatic brain injuries (TBI) from wars in Iraq and Afghanistan. This prospective, observational study investigated measures of clinical outcome in US military personnel evacuated to Landstuhl Regional Medical Center (LRMC) in Germany after such “blast-plus” concussive TBIs. Glasgow Outcome Scale-Extended assessments completed 6–12 months after injury indicated a moderate overall disability in 41/47 (87%) blast-plus TBI subjects and a substantial but smaller number (11/18, 61%, $p=0.018$) of demographically similar US military controls without TBI evacuated for other medical reasons. Cognitive function assessed with a neuropsychological test battery was not different between blast-plus TBI subjects and controls; performance of both groups was generally in the normal range. No subject was found to have focal neurological deficits. However, 29/47 (57%) of blast-plus subjects with TBI met all criteria for post-traumatic stress disorder (PTSD) versus 5/18 (28%) of controls ($p=0.014$). PTSD was highly associated with overall disability; 31/34 patients with PTSD versus 19/31 patients who did not meet full PTSD criteria had moderate to severe disability ($p=0.0003$). Symptoms of depression were also more severe in the TBI group ($p=0.05$), and highly correlated with PTSD severity ($r=0.86$, $p<0.0001$). Thus, in summary, high rates of PTSD and depression but not cognitive impairment or focal neurological deficits were observed 6–12 months after concussive blast-plus-impact complex TBI. Overall disability was substantially greater than typically reported in civilian non-blast concussive (“mild”) patients with TBI, even with polytrauma. The relationship between these clinical outcomes and specific blast-related aspects of brain injuries versus other combat-related factors remains unknown.

<http://www.ncbi.nlm.nih.gov/pubmed/24000847>

Psychotherapy (Chic). 2013 Sep;50(3):336-40. doi: 10.1037/a0032526.

Integrative approach for the treatment of posttraumatic stress disorder in 9/11 first responders: three core techniques.

Haugen PT, Splaun AK, Evces MR, Weiss DS.

We describe an integrative psychotherapy for first responders to the September 11, 2001 terrorist attack, including those who continue to be psychologically impacted by these events, most of whom meet criteria for a diagnosis of posttraumatic stress disorder. Three core techniques used in this treatment are described: (a) an emphasis on meaning making, particularly regarding the traumatic event; (b) focus on the most affect-laden components of the traumatic exposure; and (c) identifying and challenging the implicit strategies used by

individuals to avoid discussion of components of their traumatic memories and the attendant negative affect. For each intervention, a theoretical rationale and the presumed mechanism of operation are presented. We discuss the clinical and research implications of this intervention.
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<http://www.ncbi.nlm.nih.gov/pubmed/24690957>

Mil Med. 2014 Apr;179(4):348-55. doi: 10.7205/MILMED-D-13-00471.

Casualties of the global war on terror and their future impact on health care and society: a looming public health crisis.

Baker MS.

This article is a primer to understand the medical advances and the future health care consequences of the current conflicts in the Middle East and Southwest Asia, known as the Global War on Terror. There have been significant advances in health care learned in caring for those injured by the conflict-often a polytrauma blast victim, but there are also very high incidence rates of the hidden injuries of war-traumatic brain injury, post-traumatic stress disorder, suicide, and depression. These lead to disruptive behaviors, homelessness, and family violence. Global War on Terror returnees are using medical services and applying for disability at higher rates than in previous conflicts. The costs for veterans' care may peak 30 to 40 years or longer following the conflict, and will inflict an enormous burden on services and resources. The effects of the war will linger for years and impact across generations because of the stress on families and children. We must mobilize government agencies, create public-private partnerships, and invest our resources now to mitigate the approaching tsunami of veterans' health care needs, the impact on our social services, and the devastating costs to society.
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<http://www.ncbi.nlm.nih.gov/pubmed/24740469>

Ann Pharmacother. 2014 Apr 16. [Epub ahead of print]

3,4-Methylenedioxymethamphetamine's (MDMA's) Impact on Posttraumatic Stress Disorder.

White CM

OBJECTIVE:

Review the current literature assessing the role of 3,4-methylenedioxymethamphetamine

(MDMA) on posttraumatic stress disorder (PTSD).

DATA SOURCES:

OVID MEDLINE search (1960-February 2014) using the terms MDMA, 3,4-methylenedioxymethamphetamine, Molly, and Ecstasy crossed with posttraumatic stress disorder with backwards citation tracking using references from procured articles.

STUDY SELECTION AND DATA EXTRACTION:

English language studies assessing MDMA in patients with PTSD.

DATA SYNTHESIS:

Three randomized controlled trials (RCTs) were conducted along with follow-up open-label and extension evaluations. In the 3 RCTs, therapy with MDMA-assisted psychotherapy is promising, with reductions in PTSD rating scale scores (Clinician-Administered PTSD Scale, Severity of Symptoms Scale for PTSD Scale), although 2 of 3 trials did not show significant results, and all three had methodological limitations. The direction of effect for all trials was toward benefit in patients who were refractory to other PTSD therapies; the percentage reductions on rating scores ranged from 23% to 68%; and in 1 trial, the effect was sustained over a long period of time. MDMA ingestion without sustained psychotherapy over a 6- to 8-hour period is unlikely to be beneficial; trying to prolong the duration of effect with supplemental dosing is unlikely to provide additional benefits; and there are adverse effects on blood pressure and heart rate that should be appreciated. These studies used unadulterated MDMA with known and reproducible potency, which may not happen with street purchase of the product.

CONCLUSIONS:

MDMA-assisted psychotherapy may be an effective therapy in refractory PTSD but needs further evaluation to determine its place in contemporary therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/24738563>

Pain Med. 2014 Apr 16. doi: 10.1111/pme.12424. [Epub ahead of print]

Evidence for Acute Central Sensitization to Prolonged Experimental Pain in Posttraumatic Stress Disorder.

Moeller-Bertram T, Strigo IA, Simmons AN, Schilling JM, Patel P, Baker DG.

BACKGROUND:

Post-traumatic stress disorder (PTSD) and pain have a well-documented high comorbidity; however, the underlying mechanisms of this comorbidity are currently poorly understood. The aim of this psychophysical study was to investigate the behavioral response to a prolonged suprathreshold pain stimulus in subjects with combat-related PTSD and combat controls (CC)

for clinical evidence of central sensitization.

METHODS:

Ten male subjects with current PTSD related to combat and 11 CC male subjects underwent baseline quantitative sensory testing (QST), temporal pain summation, and psychological profiling followed by an intramuscular injection of capsaicin into the quadriceps muscle.

RESULTS:

There was no significant between-group difference for the initial maximal pain response or an initial pain reduction for the first 15 minutes postinjection on QST or pain ratings. However, we observed significantly higher scores in the PTSD group for the second 15 minutes postinjection on both pain intensity and pain unpleasantness ratings. Assessment of temporal summation to repetitive pressure stimuli showed significantly higher subjective pain in the PTSD group.

CONCLUSION:

These findings are consistent with a significantly higher degree of acute central sensitization in individuals with PTSD. Increased acute central sensitization may underlie increased vulnerability for developing pain-related conditions following combat trauma.
Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/24000835>

Psychotherapy (Chic). 2013 Sep;50(3):279-83. doi: 10.1037/a0032031.

Working with clients by incorporating their preferences.

Tompkins KA, Swift JK, Callahan JL.

Working with clients by integrating their therapy preferences into the treatment decision-making process has been identified as an important part of evidence-based practice in psychology. Accommodating client preferences has also been demonstrated to lead to fewer treatment dropouts and improved therapy outcomes. In this article, we present a number of clinical interventions or techniques for addressing client preferences in psychotherapy. Clinical examples demonstrating the techniques are also provided.

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<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0092158>

Better Quality Sleep Promotes Daytime Physical Activity in Patients with Chronic Pain? A Multilevel Analysis of the Within-Person Relationship.

Nicole K. Y. Tang, Adam N. Sanborn

PLoS ONE

Published: March 25, 2014

DOI: 10.1371/journal.pone.0092158

Background

Promoting physical activity is key to the management of chronic pain, but little is understood about the factors facilitating an individual's engagement in physical activity on a day-to-day basis. This study examined the within-person effect of sleep on next day physical activity in patients with chronic pain and insomnia.

Methods

119 chronic pain patients monitored their sleep and physical activity for a week in their usual sleeping and living environment. Physical activity was measured using actigraphy to provide a mean activity score each hour. Sleep was estimated with actigraphy and an electronic diary, providing an objective and subjective index of sleep efficiency (A-SE, SE) and a sleep quality rating (SQ). The individual and relative roles of these sleep parameters, as well as morning ratings of pain and mood, in predicting subsequent physical activity were examined in multilevel models that took into account variations in relationships at the 'Day' and 'Participant' levels.

Results

Of the 5 plausible predictors SQ was the only significant within-person predictor of subsequent physical activity, such that nights of higher sleep quality were followed by days of more physical activity, from noon to 11pm. The temporal association was not explained by potential confounders such as morning pain, mood or effects of the circadian rhythm.

Conclusions

In the absence of interventions, chronic pain patients spontaneously engaged in more physical activity following a better night of sleep. Improving nighttime sleep may well be a novel avenue for promoting daytime physical activity in patients with chronic pain.

<http://www.ncbi.nlm.nih.gov/pubmed/24733990>

J Clin Sleep Med. 2014 Apr 15;10(4):433-9. doi: 10.5664/jcsm.3624.

Change in quality of life after brief behavioral therapy for insomnia in concurrent depression: analysis of the effects of a randomized controlled trial.

Shimodera S, Watanabe N, Furukawa TA, Katsuki F, Fujita H, Sasaki M, Perlis ML.

STUDY OBJECTIVES:

The efficacy of cognitive behavioral therapy for insomnia (CBT-I) has been suggested for insomnia concomitant with depression, but its impact on quality of life (QoL) has not been adequately evaluated. The study aimed to determine which aspects of QoL could be affected by CBT-I and how any changes in QoL were mediated by changes in insomnia and depression.

METHODS:

We conducted a 4-week randomized controlled trial with 4-week follow-up in outpatient clinics in Japan. Thirty-seven patients with DSM-IV diagnosis of major depressive disorder concomitant with chronic insomnia were randomly assigned to the treatment-as-usual (TAU) alone arm or the TAU with brief behavioral therapy for insomnia (TAU plus psychotherapy) arm using modified CBT-I consisting of 4 weekly individual sessions. We evaluated QoL using norm-based scoring of the Short Form-36 at baseline and at 8 weeks. We also examined associations between QoL subscales and remission in insomnia or depression while controlling for baseline scores of the entire sample.

RESULTS:

We tested group effects while controlling for baseline scores. TAU plus psychotherapy resulted in significantly better scores on physical functioning ($p = 0.006$), social functioning ($p = 0.002$), and mental health ($p = 0.041$) subscales than TAU alone at 8 weeks. Patients with either remitted insomnia or depression showed higher QoL scores than non-remitted patients; scores approximated those within the normal range.

CONCLUSIONS:

For patients with insomnia in depression, adding CBT-I to TAU can produce substantive benefits in some aspects of QoL.

TRIAL REGISTRATION:

ClinicalTrials.gov Identifier: NCT00610259, <http://www.clinicaltrials.gov/>

<http://www.ncbi.nlm.nih.gov/pubmed/24733559>

Psychiatr Serv. 2014 Apr 15. doi: 10.1176/appi.ps.201300232. [Epub ahead of print]

Sources of the Increasing Number of Vietnam Era Veterans With a Diagnosis of PTSD Using VHA Services.

Hermes ED, Hoff R, Rosenheck RA.

OBJECTIVE

Correlates of the sharp increase in Vietnam era veterans diagnosed as having posttraumatic

stress disorder (PTSD) in the Veterans Health Administration (VHA) were examined.

METHODS

Analyses compared receipt of a PTSD diagnosis and service-connected disability compensation in 2004-2006 and 2007-2009.

RESULTS

Among Vietnam era veterans, the percentage with a PTSD diagnosis in 2007-2009 was 22.2% higher than the percentage with PTSD in 2004-2006; the percentage without PTSD was 6.2% higher than in 2004-2006. Of those with PTSD in 2007-2009, 22.6% were previous VHA service users newly diagnosed ("conversions"); only 12.8% were entirely new to VHA ("recents"). Rates of disability compensation among recents and conversions were almost two and three times higher, respectively, than among those without PTSD.

CONCLUSIONS

The increase in Vietnam era veterans with PTSD is associated with more frequent "conversion" to PTSD among previous VHA users and receipt of disability compensation.

<http://www.ncbi.nlm.nih.gov/pubmed/24733504>

Psychiatr Serv. 2014 Apr 15. doi: 10.1176/appi.ps.201300111. [Epub ahead of print]

Prevalence of Mental Health Problems Among Iraq and Afghanistan Veterans Who Have and Have Not Received VA Services.

Vaughan CA, Schell TL, Tanielian T, Jaycox LH, Marshall GN.

OBJECTIVE

Roughly half of veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) have not received services from the Veterans Health Administration (VHA). This study assessed probable posttraumatic stress disorder (PTSD) and depression among OEF/OIF veterans by receipt of VHA services.

METHODS

In 2010 a mixed-mode survey assessing symptoms and VHA services utilization was fielded in a random sample of 913 New York State OEF/OIF veterans.

RESULTS

Probable PTSD and depression were roughly three times more common among veterans who had received VHA services (N=537) (PTSD, 23%; depression, 21%) than those who had not (N=376) (PTSD, 6%; depression, 8%).

CONCLUSIONS

Studies of veterans receiving VHA services likely overstate the prevalence of mental health problems among the broader OEF/OIF veteran population. However, many veterans with mental health problems are not receiving VHA services. Policies that improve outreach to this population may improve health outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/24733143>

Psychiatr Serv. 2014 Apr 15. doi: 10.1176/appi.ps.201300399. [Epub ahead of print]

Screening and Intervention for Comorbid Substance Disorders, PTSD, Depression, and Suicide: A Trauma Center Survey.

Love J, Zatzick D.

OBJECTIVE

Few investigations have examined screening and intervention procedures for comorbid substance use and mental disorders at trauma centers in the United States, although these disorders are endemic among survivors of traumatic injury. In 2006, the American College of Surgeons (ACS) mandated that level I and level II trauma centers screen for alcohol use problems and that level I centers provide brief intervention for those who screen positive. The ACS is expected to recommend best practice policy guidelines for screening for drug use problems and posttraumatic stress disorder (PTSD). This study examined screening and intervention procedures for the full spectrum of comorbid mental and substance use disorders at U.S. trauma centers.

METHODS

Respondents at all level I and level II trauma centers (N=518) in the United States were asked to complete a survey describing screening and intervention procedures for alcohol and drug use problems, suicidality, depression, and PTSD.

RESULTS

There were 391 (75%) respondents. Over 80% of trauma centers routinely screened for alcohol and drug use problems. Routine screening and intervention for suicidality, depression, and PTSD were markedly less common; in fact, only 7% of centers reported routine screening for PTSD. Consistent with ACS policy, level I centers were significantly more likely than level II centers to provide alcohol intervention.

CONCLUSIONS

Alcohol screening and intervention occurred frequently at U.S. trauma centers and appeared to be responsive to ACS mandates. In the future, efforts to orchestrate clinical investigation and policy could enhance screening and intervention procedures for highly prevalent, comorbid mental disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/24732532>

Stud Health Technol Inform. 2014;196:332-8.

Expansion of a VR Exposure Therapy System for Combat-Related PTSD to Medics/Corpsman and Persons Following Military Sexual Trauma.

Rizzo A, Hartholt A, Rothbaum B, Difede J, Reist C, Kwok D, Leeds A, Spitalnick J, Talbot T, Adamson T, Buckwalter JG.

The stressful experiences that have been characteristic of the combat environments in Iraq and Afghanistan have produced significant numbers of returning service members at risk for developing posttraumatic stress disorder and other psychosocial/behavioral health conditions. This paper describes a set of projects that are expanding the content for inclusion in a newly updated "Virtual Iraq/Afghanistan" Virtual Reality system for the delivery of exposure therapy (VRET) for PTSD with Service Members and Veterans. In addition to the complete rebuilding of this VRET system using the latest version of the Unity Game Engine, the system's content and functionality has been expanded to now support the use of VRET with combat medics/corpsmen and persons who have experienced military sexual trauma (MST). The focus of this paper is to present the rationale and general overview of the progress on these projects that will provide new relevant and customizable options for conducting VRET with a wider range of trauma experiences.

<http://www.ncbi.nlm.nih.gov/pubmed/24731235?>

J Consult Clin Psychol. 2014 Apr 14. [Epub ahead of print]

PTSD diagnostic validity in veterans affairs electronic records of iraq and afghanistan veterans.

Holowka DW, Marx BP, Gates MA, Litman HJ, Ranganathan G, Rosen RC, Keane TM.

Objective:

Administrative planning and policy decisions frequently rely on diagnostic data extracted from

large electronic databases. However, the accuracy of this diagnostic information is uncertain. The present study examined the degree to which various diagnoses of posttraumatic stress disorder (PTSD) within Department of Veterans Affairs (VA) electronic databases were concordant with PTSD diagnostic status determined by standardized diagnostic interview.

Method:

We interviewed 1,649 veterans of the Iraq and Afghanistan wars using the PTSD Module of the Structured Clinical Interview for DSM-IV (SCID). Participants also completed other interview-based and self-report measures of psychopathology and provided consent to access their electronic medical records (EMRs).

Results:

Concordance between database diagnosis and SCID diagnosis was 72.3% for current PTSD and 79.4% for lifetime PTSD. We observed associations between concordance status and combat exposure, PTSD symptom presentation, comorbid anxiety and depression, and psychosocial impairment. Veterans with false-negative PTSD diagnoses in the EMR were more likely to report lower levels of combat exposure, panic, and PTSD avoidance symptoms. Veterans with false-positive PTSD diagnoses in the EMR were more likely to report treatment seeking for emotional problems and less overall functional impairment.

Conclusions:

Although the majority of participants were concordant for PTSD status, over 25% of EMR diagnoses differed from those obtained in the diagnostic interview, with varying proportions of false positives and false negatives. Overall, those individuals with the most and least severe symptom presentations in the diagnostic interview were more likely to be accurately classified. (PsychINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24731112>

Psychol Addict Behav. 2014 Mar;28(1):114-26. doi: 10.1037/a0035725.

Does negative affect mediate the relationship between daily PTSD symptoms and daily alcohol involvement in female rape victims? Evidence from 14 days of interactive voice response assessment.

Cohn A, Hagman BT, Moore K, Mitchell J, Ehlike S.

The negative reinforcement model of addiction posits that individuals may use alcohol to reduce negative affective (NA) distress. The current study investigated the mediating effect of daily NA on the relationship between daily PTSD symptoms and same-day and next-day alcohol involvement (consumption and desire to drink) in a sample of 54 non-treatment-seeking female rape victims who completed 14 days of interactive voice response assessment. The moderating

effect of lifetime alcohol use disorder diagnosis (AUD) on daily relationships was also examined. Multilevel models suggested that NA mediated the relationship between PTSD and same-day, but not next-day alcohol involvement. NA was greater on days characterized by more severe PTSD symptoms, and alcohol consumption and desire to drink were greater on days characterized by higher NA. Furthermore, daily PTSD symptoms and NA were more strongly associated with same-day (but not next-day) alcohol consumption and desire to drink for women with an AUD than without. Results suggest that NA plays an important role in female rape victims' daily alcohol use. Differences between women with and without an AUD indicate the need for treatment matching to subtypes of female rape victims. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24730977>

J Sleep Res. 2014 Apr 15. doi: 10.1111/jsr.12150. [Epub ahead of print]

The incidence and temporal patterning of insomnia: a second study.

Perlis ML, Zee J, Swinkels C, Kloss J, Morgan K, David B, Morales K.

Whether subjects with insomnia exhibit good sleep on some interval basis is unclear. Prior research suggests that patients with insomnia are highly variable with respect to night-to-night sleep continuity, that more than 40% of patients exhibit temporal patterning of good sleep, and that nearly 90% of patients exhibit better than average sleep following 1 to 3 nights of relatively poor sleep. The aim of the present study was to replicate and extend the above-noted findings utilizing: (i) a large sample studied over an extended time interval (ii) absolute standards for 'good' and 'poor' sleep; and (iii) a formal statistical methodology to assess temporal patterning and the association of time in bed with bout duration of poor or average sleep. Thirty-three subjects with insomnia and 33 good sleepers completed sleep diaries over the course of 110 days. It was found that subjects with insomnia (compared to good sleepers) had more poor nights (e.g. about 39 versus 7% of the assessed nights), a higher probability of a having a poor night on any given occasion (60% greater probability than good sleepers) and more consecutive nights of poor sleep between good sleep nights (median bout duration of approximately three versus one night). Lastly, it was found that (as would be predicted by both the Spielman model and the two-process model) time in bed moderated bout duration in the insomnia group. That is, longer times in bed were associated with longer bouts of poor sleep.

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<http://www.ncbi.nlm.nih.gov/pubmed/24726015>

Sleep Med Rev. 2014 Mar 7. pii: S1087-0792(14)00021-5. doi: 10.1016/j.smrv.2014.02.005.
[Epub ahead of print]

The effects of cannabinoid administration on sleep: a systematic review of human studies.

Gates PJ, Albertella L, Copeland J.

This paper reviews the literature regarding the effects of cannabinoid administration on sleep in humans. A literature search using a set of cannabinoid and sleep-related terms was conducted across eight electronic databases. Human studies that involved the administration of cannabinoids and at least one quantitative sleep-related measure were included. Review papers, opinion pieces, letters or editorials, case studies (final N < 7), published abstracts, posters, and non-English papers were excluded. Thirty-nine publications were included in the review. Findings were mixed and showed various effects of cannabinoid administration on several aspects of sleep. Methodological issues in the majority of studies to date, however, preclude any definitive conclusion. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.sciencedirect.com/science/article/pii/S107772291400042X>

A Novel Adaptation of Distress Tolerance Skills Training Among Military Veterans: Outcomes in Suicide-Related Events.

Christy A. Denckla, Robert Bailey, Christie Jackson, John Tatarakis, Cory K. Chen

Cognitive and Behavioral Practice

Available online 13 April 2014

Although clinical services designed to address suicide-related behaviors are available to veterans, some factors may limit their effectiveness. Relevant factors include the presence of barriers to accessing existing services and a lack of interventions that address the unique needs of veterans. In an effort to address this gap, a modified DBT distress tolerance drop-in group was offered to a population of military veterans in an outpatient setting. This exploratory study reports clinical outcomes on this skills training group intervention informed by Dialectical Behavior Therapy (DBT) principles among a population of self- and clinician-referred veterans. Findings suggest a significant reduction in suicide-related behaviors among veterans who attended 8 or more skills training groups. Clinical implications of study findings warrant further research into novel adaptations of evidence-based treatments for this population with unique needs.

<http://www.sciencedirect.com/science/article/pii/S2214782914000074>

**Guided internet-delivered cognitive behavior therapy for post-traumatic stress disorder:
A randomized controlled trial.**

David Ivarsson, Marie Blom, Hugo Hesser, Per Carlbring, Pia Enderby, Rebecca Nordberg,
Gerhard Andersson

Internet Interventions

Available online 12 April 2014

The aim of this randomized controlled trial was to investigate the effects of guided internet-based cognitive behavior therapy (ICBT) for posttraumatic stress disorder (PTSD). Sixty-two participants with chronic PTSD, as assessed by the Clinician-administered PTSD Scale, were recruited via nationwide advertising and randomized to either treatment (n = 31) or delayed treatment attention control (n = 31). The ICBT treatment consisted of 8 weekly text-based modules containing psychoeducation, breathing retraining, imaginal and in vivo exposure, cognitive restructuring, and relapse prevention. Therapist support and feedback on homework assignment were given weekly via an online contact handling system. Assessments were made at baseline, post-treatment, and at 1-year follow-up. Main outcome measures were the Impact of Events Scale — Revised (IES-R) and the Posttraumatic Stress Diagnostic Scale (PDS). Results showed significant reductions of PTSD symptoms (between group effect on the IES-R Cohen's $d = 1.25$, and $d = 1.24$ for the PDS) compared to the control group. There were also effects on depression symptoms, anxiety symptoms, and quality of life. The results at one-year follow-up showed that treatment gains were maintained. In sum, these results suggest that ICBT with therapist support can reduce PTSD symptoms significantly.

<http://www.sciencedirect.com/science/article/pii/S0165178114002856>

**Sleep disturbances and suicidal ideation in a sample of treatment-seeking Canadian
Forces members and veterans.**

J. Don Richardson, Kate St. Cyr, Charles Nelson, Jon D. Elhai, Jitender Sareen

Psychiatry Research

Available online 13 April 2014

This study examines the association between suicidal ideation and sleep disturbances in a sample of treatment-seeking Canadian Forces members and veterans, after controlling for probable posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalised anxiety disorder (GAD), and alcohol use disorder (AUD). Subjects included members and veterans of Canadian Forces seeking treatment at a hospital-based Operational Stress Injury Clinic (n=404). Sleep disturbances and nightmares were measured using individual items on the PTSD Checklist – Military Version (PCL – M), while the suicidality item of the Patient Health Questionnaire (PHQ-9) was used as a stand-alone item to assess presence or absence of suicidal ideation. Regression analyses were used to determine the respective impact of (1) insomnia and (2) nightmares on suicidal ideation, while controlling for presence of probable PTSD, MDD, GAD, and AUD. We found that 86.9% of patients reported having problems falling or staying asleep and 67.9% of patients reported being bothered by nightmares related to military-specific traumatic events. Neither sleep disturbances nor nightmares significantly predicted suicidal ideation; instead, probable MDD emerged as the most significant predictor. The clinical implications of these findings and their potential impact on treatment guidelines are discussed.

<http://www.sciencedirect.com/science/article/pii/S0306460314001129>

Treatment Models for Targeting Tobacco Use During Treatment for Cannabis Use Disorder: Case Series.

Dustin C. Lee, Alan J. Budney, Mary F. Brunette, John R. Hughes, Jean-Francois Etter, Catherine Stanger

Addictive Behaviors

Available online 12 April 2014

Approximately 50% of individuals seeking treatment for cannabis use disorders (CUD) also smoke tobacco, and tobacco smoking is a predictor of poor outcomes for those in treatment for CUD. Quitting tobacco is associated with long-term abstinence from alcohol and illicit drugs, yet there are no established treatments for CUD that also target tobacco smoking. This report highlights issues related to cannabis and tobacco co-use and discusses potential treatment approaches targeting both substances. Data is shared from the first six participants enrolled in an intervention designed to simultaneously target tobacco use in individuals seeking treatment for CUD. The twelve-week program comprised computer-assisted delivery of Motivational Enhancement Therapy, Cognitive-Behavioral Therapy, and Contingency Management, i.e., abstinence-based incentives for CUD. In addition, participants were encouraged to complete an optional tobacco intervention consisting of nicotine-replacement therapy and computer-assisted delivery of a behavioral treatment tailored for tobacco and cannabis users. All participants completed the cannabis intervention and at least a portion of the tobacco intervention: all

completed at least one tobacco computer module (mean = 2.5 modules) and 50% initiated nicotine replacement therapy. Five of six participants achieved abstinence from cannabis. The number of tobacco quit attempts was lower than expected, however all participants attempted to reduce tobacco use during treatment. Simultaneously targeting tobacco during treatment for CUD did not negatively impact cannabis outcomes. Participation in the tobacco intervention was high, but cessation outcomes were poor suggesting that alternative strategies might be needed to more effectively prompt quit attempts and enhance quit rates.

<http://psycnet.apa.org/journals/vio/4/2/128/>

Emotional abuse and its unique ecological correlates among military personnel and spouses.

Foran, Heather M.; Heyman, Richard E.; Smith Slep, Amy M.
United States Air Force Family Advocacy Research Program Lackland Air Force Base San Antonio TX US

Psychology of Violence, Vol 4(2), Apr 2014, 128-142.

Objective:

Identify unique correlates of clinically significant emotional abuse (CS-EA) in a large representative U.S. sample of men and women.

Method:

Active duty members of the U.S. Air Force in relationships (N = 42,744) and civilian spouses (N = 17,266) from 82 bases worldwide completed an anonymous online survey on CS-EA, individual, family, community, and workplace risk factors.

Results:

Relationship dissatisfaction, poor self-efficacy, financial stress, and alcohol problems were among the strongest correlates of emotional abuse among the 21 factors examined. In addition, community factors such as support from neighbors and community cohesion independently related to men's CS-EA, whereas workplace factors were uniquely related to victimization among active duty and civilian women. The strength of bivariate associations with CS-EA for several family, workplace, and community factors differed by military/civilian status, gender, and marital status, but overall ecological models replicated across gender.

Conclusions:

Although many workplace and community factors were related to CS-EA bivariately, only a select few were related after accounting for individual and family factors. CS-EA is an understudied but important public health problem and the current study helps to identify key correlates of CS-EA that can help inform prevention and treatment efforts aimed at reducing

partner violence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0887618514000383>

Partner Accommodation in Posttraumatic Stress Disorder: Initial Testing of the Significant Others' Responses to Trauma Scale (SORTS).

Steffany J. Fredman, Valerie Vorstenbosch, Anne C. Wagner, Alexandra Macdonald, Candice M. Monson

Journal of Anxiety Disorders

Available online 13 April 2014

Posttraumatic stress disorder (PTSD) is associated with myriad relationship problems and psychological distress in partners of individuals with PTSD. This study sought to develop a self-report measure of partner accommodation to PTSD (i.e., ways in which partners alter their behavior in response to patient PTSD symptoms), the Significant Others' Responses to Trauma Scale (SORTS), and to investigate its reliability and construct validity in 46 treatment-seeking couples. The SORTS demonstrated strong internal consistency and associations with individual and relationship distress. Accommodation was positively correlated with partners' ratings of patients' PTSD symptoms, patient self-reported depressive and trait anger severity, and partner self-reported depressive and state anger severity. Accommodation was negatively correlated with patient and partner relationship satisfaction and partners' perceived social support received from patients. Findings suggest that accommodation may be an attempt to adapt to living with a partner with PTSD but may have negative implications for patient and partner well-being.

<http://www.sciencedirect.com/science/article/pii/S0031938414002030>

The effects of caffeine ingestion on the reaction time and short-term maximal performance after 36 h of sleep deprivation.

Makram Souissi, Hamdi Chtourou, Salma Abdelmalek, Imen Ben Ghoulane, Zouhair Sahnoun

Physiology & Behavior

Available online 13 April 2014

The aim of the present study was to investigate the effects of caffeine ingestion on cognitive and physical performances after 36 h of sleep deprivation. In randomized order, thirteen healthy

male physical education students (age: 21.1 ± 1.1 years, body mass: 77.1 ± 7.2 kg, height: 1.77 ± 0.06 m) completed four test sessions at 18:00 h: after placebo or 5 mg·kg⁻¹ of caffeine ingestion during a baseline night (RN) (bed time: from 22:30 h to 07:00 h) or a night of 36 h of sleep deprivation (TSD). During each test session, participants performed the squat jump (SJ), the reaction time, and the 30-s Wingate tests (i.e., for the measurement of the peak (PP) and mean (MP) powers and the fatigue index (FI)). The results showed that PP and MP decreased and FI increased during the TSD compared to RN in the placebo condition ($p < 0.001$). The caffeine ingestion improved PP after TSD compared to RN ($p < 0.001$). SJ decreased significantly after the TSD compared to RN after both placebo and caffeine ingestions ($p < 0.001$). However, SJ increased significantly after caffeine ingestion during RN and TSD ($p < 0.001$). The reaction time increased significantly after TSD compared to RN ($p < 0.001$). However, the reaction time decreased significantly after the caffeine ingestion only during the TSD ($p < 0.001$). Therefore, caffeine is an effective strategy to counteract the effect of 36 h of sleep loss on physical and cognitive performances.

<http://www.sciencedirect.com/science/article/pii/S0022395614001101>

Anger problems and posttraumatic stress disorder in male and female National Guard and Reserve Service members.

Miranda Worthen, Sujit D. Rathod, Gregory Cohen, Laura Sampson, Robert Ursano, Robert Gifford, Carol Fullerton, Sandro Galea, Jennifer Ahern

Journal of Psychiatric Research

Available online 12 April 2014

Anger is a common problem among veterans and has been associated with posttraumatic stress disorder (PTSD). This study aimed to improve understanding of how anger and PTSD co-occur by examining gender differences and differences by whether the triggering traumatic event is deployment-related vs. civilian-related in current service members. A representative cohort of Reserve and National Guard service personnel ($n = 1293$) were interviewed to assess for deployment- or civilian-related traumas, PTSD, and anger. The prevalence of self-reported anger problems was estimated among male ($n = 1036$) and female ($n = 257$) service members. Log Poisson regression models with robust standard errors were used to estimate the associations of problems with anger with PTSD and PTSD symptom severity for men and women. Self-reported anger problems were common among male (53.0%) and female (51.3%) service members. Adjusted prevalence ratios (PR) showed associations between anger and PTSD connected to both civilian- and deployment-related traumas (PR were 1.77 (95% CI 1.52–2.05) and 1.85 (95% CI 1.62–2.12), respectively). PTSD symptom severity was also associated with anger. This study was cross-sectional and so a causal relationship between PTSD and anger cannot be established. Problems with anger are common among male and female current

Guard/Reserve members. These findings suggest anger treatment should be made available to current service members and that clinicians should assess anger problems irrespective of gender. Future research should examine effectiveness of anger treatment protocols by gender.

<http://psycnet.apa.org/psycinfo/2014-12886-001/>

PTSD diagnostic validity in veterans affairs electronic records of iraq and afghanistan veterans.

Holowka, Darren W.; Marx, Brian P.; Gates, Margaret A.; Litman, Heather J.; Ranganathan, Gayatri; Rosen, Raymond C.; Keane, Terence M.

Journal of Consulting and Clinical Psychology, Apr 14 , 2014

Objective:

Administrative planning and policy decisions frequently rely on diagnostic data extracted from large electronic databases. However, the accuracy of this diagnostic information is uncertain. The present study examined the degree to which various diagnoses of posttraumatic stress disorder (PTSD) within Department of Veterans Affairs (VA) electronic databases were concordant with PTSD diagnostic status determined by standardized diagnostic interview.

Method:

We interviewed 1,649 veterans of the Iraq and Afghanistan wars using the PTSD Module of the Structured Clinical Interview for DSM-IV (SCID). Participants also completed other interview-based and self-report measures of psychopathology and provided consent to access their electronic medical records (EMRs).

Results:

Concordance between database diagnosis and SCID diagnosis was 72.3% for current PTSD and 79.4% for lifetime PTSD. We observed associations between concordance status and combat exposure, PTSD symptom presentation, comorbid anxiety and depression, and psychosocial impairment. Veterans with false-negative PTSD diagnoses in the EMR were more likely to report lower levels of combat exposure, panic, and PTSD avoidance symptoms. Veterans with false-positive PTSD diagnoses in the EMR were more likely to report treatment seeking for emotional problems and less overall functional impairment.

Conclusions:

Although the majority of participants were concordant for PTSD status, over 25% of EMR diagnoses differed from those obtained in the diagnostic interview, with varying proportions of false positives and false negatives. Overall, those individuals with the most and least severe symptom presentations in the diagnostic interview were more likely to be accurately classified. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://link.springer.com/article/10.1007%2Fs10935-013-0321-4>

Using Effort-Reward Imbalance Theory to Understand High Rates of Depression and Anxiety Among Clergy.

Rae Jean Proeschold-Bell, Andrew Miles, Matthew Toth, Christopher Adams, Bruce W. Smith, David Toole

The Journal of Primary Prevention

December 2013, Volume 34, Issue 6, pp 439-453

The clergy occupation is unique in its combination of role strains and higher calling, putting clergy mental health at risk. We surveyed all United Methodist clergy in North Carolina, and 95 % (n = 1,726) responded, with 38% responding via phone interview. We compared clergy phone interview depression rates, assessed using the Patient Health Questionnaire (PHQ-9), to those of in-person interviews in a representative United States sample that also used the PHQ-9. The clergy depression prevalence was 8.7 %, significantly higher than the 5.5 % rate of the national sample. We used logistic regression to explain depression, and also anxiety, assessed using the Hospital Anxiety and Depression Scale. As hypothesized by effort-reward imbalance theory, several extrinsic demands (job stress, life unpredictability) and intrinsic demands (guilt about not doing enough work, doubting one's call to ministry) significantly predicted depression and anxiety, as did rewards such as ministry satisfaction and lack of financial stress. The high rate of clergy depression signals the need for preventive policies and programs for clergy. The extrinsic and intrinsic demands and rewards suggest specific actions to improve clergy mental health.

<http://psycnet.apa.org/psycinfo/2014-12887-001/>

The impact of military deployment and reintegration on children and parenting: A systematic review.

Creech, Suzannah K.; Hadley, Wendy; Borsari, Brian

Professional Psychology: Research and Practice, Apr 14 , 2014

Hundreds of thousands of children have had at least 1 parent deploy as part of military operations in Iraq (Operation Iraqi Freedom; OIF; Operation New Dawn; OND) and Afghanistan (Operation Enduring Freedom; OEF). However, there is little knowledge of the impact of deployment on the relationship of parents and their children. This systematic review examines

findings from 3 areas of relevant research: the impact of deployment separation on parenting, and children's emotional, behavioral, and health outcomes; the impact of parental mental health symptoms during and after reintegration; and current treatment approaches in veteran and military families. Several trends emerged. First, across all age groups, deployment of a parent may be related to increased emotional and behavioral difficulties for children, including higher rates of health-care visits for psychological problems during deployment. Second, symptoms of PTSD and depression may be related to increased symptomatology in children and problems with parenting during and well after reintegration. Third, although several treatments have been developed to address the needs of military families, most are untested or in the early stages of implementation and evaluation. This body of research suggests several promising avenues for future research. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.ingentaconnect.com/content/asma/asm/2014/00000085/00000005/art00002>

Attention and Visual Tracking Degradation During Acute Sleep Deprivation in a Military Sample.

Authors: Heaton, Kristin J.; Maule, Alexis L.; Maruta, Jun; Kryskow, Elisabeth M.; Ghajar, Jamshid

Source: Aviation, Space, and Environmental Medicine, Volume 85, Number 5, May 2014 , pp. 497-503(7)

Publisher: Aerospace Medical Association

Background:

Fatigue due to sleep restriction places individuals at elevated risk for accidents, degraded health, and impaired physical and mental performance. Early detection of fatigue-related performance decrements is an important component of injury prevention and can help to ensure optimal performance and mission readiness. This study used a predictive visual tracking task and a computer-based measure of attention to characterize fatigue-related attention decrements in healthy Army personnel during acute sleep deprivation.

Methods:

Serving as subjects in this laboratory-based study were 87 male and female service members between the ages of 18 and 50 with no history of brain injury with loss of consciousness, substance abuse, or significant psychiatric or neurologic diagnoses. Subjects underwent 26 h of sleep deprivation, during which eye movement measures from a continuous circular visual tracking task and attention measures (reaction time, accuracy) from the Attention Network Test (ANT) were collected at baseline, 20 h awake, and between 24 to 26 h awake.

Results:

Increases in the variability of gaze positional errors (46–47%), as well as reaction time-based

ANT measures (9–65%), were observed across 26 h of sleep deprivation. Accuracy of ANT responses declined across this same period (11%).

Discussion:

Performance measures of predictive visual tracking accurately reflect impaired attention due to acute sleep deprivation and provide a promising approach for assessing readiness in personnel serving in diverse occupational areas, including flight and ground support crews.

<http://www.ingentaconnect.com/content/asma/asem/2014/00000085/00000005/art00012>

Mission, Physical, and War Stressors' Impact on Aircrew Psychological Strain.

Authors: Stetz, Thomas A.; Stetz, Melba C.; Turner, David D.

Source: Aviation, Space, and Environmental Medicine, Volume 85, Number 5, May 2014 , pp. 568-572(5)

Publisher: Aerospace Medical Association

Background:

Little is known about the relative impact of the organization of missions on aircrew well-being. Using an occupational stress model we investigate a previously little studied concept of mission stressors and determine its relative impact in comparison to physical and war stressors in the prediction of four strains in deployed aircrews.

Method:

Questionnaires were completed by 272 deployed in-aircraft crewmembers. Three new stressors were developed for this study: mission stressors, physical stressors, and war stressors. In addition, four strains were measured: PTSD, depression, sleepiness, and nervousness. Regression analyses were used to examine the relative impact of each stressor on the four strain measures while controlling for age and occupation.

Results:

All three stressors played a significant role in the prediction strains with the total explained variance in the analyses ranging from 15% and 39%. Interestingly, mission stressors played the most important role in the prediction of strains possessing the largest partial eta squared in each analysis. The second most important stressor was physical stressors followed by war stressors.

Conclusion:

The importance of mission stressors may be because current training is designed to inoculate crewmembers to stressors such as the physical/environmental conditions and violent war actions, but there is no training or acknowledgment of the importance of dealing with mission

stressors. Our findings suggest it might be beneficial for commanders to address these stressors, as it may improve short-term psychological well-being, which may ultimately impact mission success and safety.

<http://journals.psychiatryonline.org/article.aspx?articleid=1863837>

A Randomized, Double-Blind Evaluation of d-Cycloserine or Alprazolam Combined With Virtual Reality Exposure Therapy for Posttraumatic Stress Disorder in Iraq and Afghanistan War Veterans.

Barbara Olasov Rothbaum, Ph.D.; Matthew Price, Ph.D.; Tanja Jovanovic, Ph.D.; Seth D. Norrholm, Ph.D.; Maryrose Gerardi, Ph.D.; Boadie Dunlop, M.D.; Michael Davis, Ph.D.; Bekh Bradley, Ph.D.; Erica J. Duncan, M.D.; Albert Rizzo, Ph.D.; Kerry J. Ressler, M.D., Ph.D.

Am J Psychiatry 2014;:. doi:10.1176/appi.ajp.2014.13121625

Objective

The authors examined the effectiveness of virtual reality exposure augmented with d-cycloserine or alprazolam, compared with placebo, in reducing posttraumatic stress disorder (PTSD) due to military trauma.

Method

After an introductory session, five sessions of virtual reality exposure were augmented with d-cycloserine (50 mg) or alprazolam (0.25 mg) in a double-blind, placebo-controlled randomized clinical trial for 156 Iraq and Afghanistan war veterans with PTSD.

Results

PTSD symptoms significantly improved from pre- to posttreatment across all conditions and were maintained at 3, 6, and 12 months. There were no overall differences in symptoms between d-cycloserine and placebo at any time. Alprazolam and placebo differed significantly on the Clinician-Administered PTSD Scale score at posttreatment and PTSD diagnosis at 3 months posttreatment; the alprazolam group showed a higher rate of PTSD (82.8%) than the placebo group (47.8%). Between-session extinction learning was a treatment-specific enhancer of outcome for the d-cycloserine group only. At posttreatment, the d-cycloserine group had the lowest cortisol reactivity and smallest startle response during virtual reality scenes.

Conclusions

A six-session virtual reality treatment was associated with reduction in PTSD diagnoses and symptoms in Iraq and Afghanistan veterans, although there was no control condition for the virtual reality exposure. There was no advantage of d-cycloserine for PTSD symptoms in primary analyses. In secondary analyses, alprazolam impaired recovery and d-cycloserine enhanced virtual reality outcome in patients who demonstrated within-session learning. d-

Cycloserine augmentation reduced cortisol and startle reactivity more than did alprazolam or placebo, findings that are consistent with those in the animal literature.

<http://www.ajpmonline.org/article/S0749-3797%2814%2900008-7/abstract>

Reducing the Burden of Suicide in the U.S. The Aspirational Research Goals of the National Action Alliance for Suicide Prevention Research Prioritization Task Force.

Cynthia A. Claassen, Jane L. Pearson, Dmitry Khodyakov, Phillip M. Satow, Robert Gebbia, Alan L. Berman, Daniel J. Reidenberg, Saul Feldman, Sherry Molock, Michelle C. Carras, René M. Lento, Joel Sherrill, Beverly Pringle, Siddhartha Dalal, Thomas R. Insel

American Journal of Preventive Medicine

Published online 21 April 2014.

Background

The National Action Alliance for Suicide Prevention Research Prioritization Task Force (RPTF) has created a prioritized national research agenda with the potential to rapidly and substantially reduce the suicide burden in the U.S. if fully funded and implemented.

Purpose

Viable, sustainable scientific research agendas addressing challenging public health issues such as suicide often need to incorporate perspectives from multiple stakeholder groups (e.g., researchers, policymakers, and other end-users of new knowledge) during an agenda-setting process. The Stakeholder Survey was a web-based survey conducted and analyzed in 2011–2012 to inform the goal-setting step in the RPTF agenda development process. The survey process, and the final list of “aspirational” research goals it produced, are presented here.

Methods

Using a modified Delphi process, diverse constituent groups generated and evaluated candidate research goals addressing pressing suicide prevention research needs.

Results

A total of 716 respondents representing 49 U.S. states and 18 foreign countries provided input that ultimately produced 12 overarching, research-informed aspirational goals aimed at reducing the U.S. suicide burden. Highest-rated goals addressed prevention of subsequent suicidal behavior after an initial attempt, strategies to retain patients in care, improved healthcare provider training, and generating care models that would ensure accessible treatment.

Conclusions

The Stakeholder Survey yielded widely valued research targets. Findings were diverse in focus, type, and current phase of research development but tended to prioritize practical solutions over theoretical advancement. Other complex public health problems requiring input from a broad-based constituency might benefit from web-based tools that facilitate such community input.

<http://www.sciencedirect.com/science/article/pii/S0165178114002947>

Anhedonia predicts suicidal ideation in a large psychiatric inpatient sample.

E. Samuel Winer, Michael R. Nadorff, Thomas E. Ellis, Jon G. Allen, Steve Herrera, Taban Salem

Psychiatry Research

Available online 16 April 2014

This study examined the relationship among symptoms of anhedonia and suicidal ideation at baseline, at termination, and over time in 1,529 adult psychiatric inpatients. Anhedonia was associated with suicidality cross-sectionally at baseline and at termination. In addition, change in anhedonia from baseline to termination predicted change in suicidality from baseline to termination, as well as level of suicidality at termination; moreover, anhedonia remained a robust predictor of suicidal ideation independent of cognitive/affective symptoms of depression. Symptom-level analyses also revealed that, even after accounting for the physical aspect of anhedonia (e.g., loss of energy), loss of interest and loss of pleasure were independently associated with higher levels of suicidal ideation at baseline, over time, and at discharge. Loss of interest was most highly predictive of suicidal ideation, providing support for recent differential conceptualizations of anhedonia. Taken together, these findings indicate that the manner in which anhedonia is conceptualized is important in predicting suicidal ideation, and that anhedonia symptoms warrant particular clinical attention in the treatment of suicidal patients.

<http://www.ncbi.nlm.nih.gov/pubmed/24752934>

J Clin Psychol. 2014 Apr 19. doi: 10.1002/jclp.22099. [Epub ahead of print]

Predicting Who Benefits Most From Cognitive-Behavioral Therapy for Anxiety and Depression.

Renaud J, Russell JJ, Myhr G.

OBJECTIVES:

We examined core features of patient suitability for cognitive-behavioral therapy (CBT) and their ability to predict CBT outcomes.

METHOD:

A sample of 256 outpatients diagnosed with depression and anxiety disorders were assessed using the Suitability for Short-Term Cognitive Therapy (SSCT) scale. Therapists rated patients' symptom severity using the Clinical Global Impression scale before and after therapy.

RESULTS:

A factor analysis of the SSCT scale yielded 2 factors: (a) Capacity for Participation in CBT Process and (b) Attitudes Relevant to the CBT Process. A multiple regression analysis revealed that only Capacity for Participation in CBT Process uniquely predicted improvement at termination.

CONCLUSIONS:

These findings highlight the importance of assessing the suitability of CBT for individual patients. Specifically, patients with greater capacity to identify and articulate thoughts and feelings and to share them in a nondefensive, focused way benefit most from CBT. © 2014 Wiley Periodicals

<http://www.ncbi.nlm.nih.gov/pubmed/24752837>

J Clin Psychol. 2014 Apr 17. doi: 10.1002/jclp.22095. [Epub ahead of print]

Predictors of Anger Treatment Outcomes.

Mackintosh MA, Morland LA, Kloezeman K, Greene CJ, Rosen CS, Elhai JD, Frueh BC.

OBJECTIVE:

This study investigated predictors of therapeutic outcomes for veterans who received treatment for dysregulated anger.

METHOD:

Data are from a randomized controlled trial investigating the effectiveness of video teleconferencing compared to in-person delivery of anger management therapy (AMT) among 125 military veterans. Multilevel modeling was used to assess 2 types of predictors (demographic characteristics and mental health factors) of changes in anger symptoms after treatment.

RESULTS:

Results showed that while veterans benefited similarly from treatment across modalities,

veterans who received two or more additional mental health services and who had longer commutes to care showed the greatest improvement on a composite measure of self-reported anger symptoms.

CONCLUSION:

Results highlight that veterans with a range of psychosocial and mental health characteristics benefited from AMT, while those receiving the most additional concurrent mental health services had better outcomes. © 2014 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/24746390>

Psychiatry Res. 2014 Apr 5. pii: S0165-1781(14)00259-5. doi: 10.1016/j.psychres.2014.03.032. [Epub ahead of print]

Dimensional assessment of posttraumatic stress disorder in DSM-5.

Lebeau R, Mischel E, Resnick H, Kilpatrick D, Friedman M, Craske M.

The present paper describes the development of the National Stressful Events Survey for PTSD-Short Scale (NSESSS-PTSD), a new self-report scale for PTSD that is brief (9 items), free of copyright restrictions, and consistent with DSM-5 diagnostic criteria. Study 1 describes the development of the NSESSS-PTSD scale items, which were reduced from a larger pool of items that were administered to a subsample of individuals with probable DSM-5 PTSD diagnoses from a large national sample. The resultant scale included items from each criterion and demonstrated high internal consistency. Study 2 evaluates the psychometric properties of the NSESSS-PTSD in a trauma-exposed non-clinical sample. Strong psychometric properties were observed in the sample, including convergent validity (through comparison to the DSM-IV Posttraumatic Stress Disorder Checklist), internal consistency, and the presence of a single dominant factor. Limitations of the present studies are discussed and specific recommendations for the next steps in the validation process are provided. Copyright © 2014. Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24742755>

J Anxiety Disord. 2014 Mar 31. pii: S0887-6185(14)00037-1. doi: 10.1016/j.janxdis.2014.03.005. [Epub ahead of print]

Adaptive and maladaptive emotion regulation strategies: Interactive effects during CBT for social anxiety disorder.

Aldao A, Jazaieri H, Goldin PR, Gross JJ.

There has been an increasing interest in understanding emotion regulation deficits in social anxiety disorder (SAD; e.g., Hofmann, Sawyer, Fang, & Asnaani, 2012). However, much remains to be understood about the patterns of associations among regulation strategies in the repertoire. Doing so is important in light of the growing recognition that people's ability to flexibly implement strategies is associated with better mental health (e.g., Kashdan et al., 2014). Based on previous work (Aldao & Nolen-Hoeksema, 2012), we examined whether putatively adaptive and maladaptive emotion regulation strategies interacted with each other in the prediction of social anxiety symptoms in a sample of 71 participants undergoing CBT for SAD. We found that strategies interacted with each other and that this interaction was qualified by a three-way interaction with a contextual factor, namely treatment study phase. Consequently, these findings underscore the importance of modeling contextual factors when seeking to understand emotion regulation deficits in SAD. Copyright © 2014 Elsevier Ltd. All rights reserved.

Links of Interest

Teenagers who have had a concussion also have higher rates of suicide attempts

<http://www.sciencedaily.com/releases/2014/04/140415181325.htm>

The wars' toll on female Iraq and Afghanistan veterans

<http://www.washingtonpost.com/news/post-nation/wp/2014/04/14/the-wars-toll-on-female-iraq-and-afghanistan-veterans/>

Social groups alleviate depression

<http://www.sciencedaily.com/releases/2014/03/140319143938.htm>

Stressors in life can result in greater resilience

http://www.army.mil/article/124080/Stressors_in_life_can_result_in_greater_resilience/

Sleep deprivation not uncommon for Soldiers

http://www.army.mil/article/124024/Sleep_deprivation_not_uncommon_for_Soldiers/

Army's Ban on Some Popular Hairstyles Raises Ire of Black Female Soldiers

<http://www.nytimes.com/2014/04/21/us/politics/armys-ban-on-some-popular-hairstyles-raises-ire-of-black-female-soldiers.html>

Better way to deal with bad memories suggested

<http://www.sciencedaily.com/releases/2014/04/140418141121.htm>

A fatal wait: Veterans languish and die on a VA hospital's secret list


<http://www.cnn.com/2014/04/23/health/veterans-dying-health-care-delays/index.html>

Smartphone app helps support recovery after treatment for alcoholism
<http://www.sciencedaily.com/releases/2014/03/140326182232.htm>

People selectively remember the details of atrocities that absolve in-group members
http://www.eurekalert.org/pub_releases/2014-04/afps-psr042114.php

New study links inflammation in those with PTSD to changes in microRNA
http://www.eurekalert.org/pub_releases/2014-04/uosc-nsl042314.php

Resource of the Week: [SAMHSA Disaster App](#)



Access critical, disaster-related behavioral health resources right from your phone with the SAMHSA Disaster App




Available Now

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BlackBerry
App World.



In a disaster, it's essential that behavioral health responders have the resources they need—when and where they need them. The SAMHSA Disaster App makes it easy to provide quality support to survivors. Users can navigate pre-deployment preparation, on-the-ground assistance, post-deployment resources, and more—at the touch of a button from the home screen. Users also can share resources, like tips for helping survivors cope, and find local behavioral health services. And, self-care support for responders is available at all stages of deployment.

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