CDP Research Update -- July 9, 2015

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- Examining the unique relations between anxiety sensitivity factors and suicidal ideation and past suicide attempts.
- Noncommissioned Officers' Perspectives on Identifying, Caring for, and Referring Soldiers and Marines at Risk of Suicide.
- The Impact of Grit on the Relationship Between Hopelessness and Suicidality.
- The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper
- Patterns of Vulnerabilities and Resources in U.S. Military Families.
- Guilt as a Mediator of the Relationship Between Depression and Posttraumatic Stress With Suicide Ideation in Two Samples of Military Personnel and Veterans.
- Cognitive Behavioral Therapy for Insomnia Comorbid With Psychiatric and Medical Conditions: A Meta-analysis.
- Links of Interest
- Resource of the Week: Substance Abuse and Mental Health Services Administration -- Veterans and Military Families

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http://www.ncbi.nlm.nih.gov/pubmed/26125169

J Spec Oper Med. 2015 Summer;15(2):79-85. doi: .

Clinical Guidelines for Stellate Ganglion Block to Treat Anxiety Associated With Posttraumatic Stress Disorder.

Mulvaney SW, Lynch JH, Kotwal RS

Multiple case series published in the peer-reviewed medical literature have demonstrated the safety and efficacy of right-sided stellate ganglion block (SGB) for the treatment of anxiety symptoms associated with posttraumatic stress disorder (PTSD). As this is a new indication for a well-established procedure, there is relatively little information available to assist clinicians in determining the utility of SGB for their patients. Presented are clinical guidelines to assist the provider with patient selection, patient education, and follow-up. Also described is a technique to perform SGB under ultrasound-guidance. Although additional rigorous clinical research is needed to further investigate SGB for the treatment of anxiety symptoms associated with PTSD, these guidelines can also assist clinical investigators in their participant selection, design, and conduct of future research as it pertains to this important topic.

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http://www.ncbi.nlm.nih.gov/pubmed/26120269

Cogn Behav Pract. 2015 Aug 1;22(3):345-358.

A Web-Based Self-Management Program for Recent Combat Veterans With PTSD and Substance Misuse: Program Development and Veteran Feedback.

Possemato K, Acosta MC, Fuentes J, Lantinga LJ, Marsch LA, Maisto SA, Grabinski M, Rosenblum A

Combat veterans from the wars in Iraq and Afghanistan commonly experience posttraumatic stress disorder (PTSD) and substance use problems. In addition, these veterans often report significant barriers to receiving evidence-based mental health and substance use care, such as individual beliefs that treatment will be unhelpful, inconvenient, or that they should be able to handle their problems on their own. To increase access to treatment for this underserved population, a Web-based patient self-management program that teaches cognitive-behavioral therapy (CBT) skills to manage PTSD symptoms and substance misuse was developed. This paper describes and provides results from an iterative, multistage process for developing the Web-based program and seeks to inform clinicians in the field about the preferences of veterans for using a Web-based CBT program. Systematic feedback was gathered from (a) three expert clinicians in the field, (b) focus groups of combat veterans (n = 18), and (c) individual feedback sessions with combat veterans (n = 34). Clinician feedback led to the incorporation of

motivational strategies to increase participant engagement and an optional module that guides written trauma exposure work. Focus group feedback guided the research team to frame the program in a strength-based approach and allows for maximum flexibility, adaptability, interactivity, and privacy for veterans. In individual feedback sessions, veterans generally found the program likable, easy to use, and relevant to their experiences; critiques of the program led to revised content meant to increase clarity and participant interest. Our findings provide specific guidance for clinicians who are interested in developing or providing technology-based treatment, including the need to gather feedback from an intervention's target audience when adapting a psychotherapeutic intervention and that the treatment must be highly interactive and private to engage clients.

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http://www.ncbi.nlm.nih.gov/pubmed/26121496

J Anxiety Disord. 2015 Jun 16;34:76-85. doi: 10.1016/j.janxdis.2015.06.002. [Epub ahead of print]

Anxiety sensitivity and post-traumatic stress reactions: Evidence for intrusions and physiological arousal as mediating and moderating mechanisms.

Olatunji BO, Fan Q

A growing body of research has implicated anxiety sensitivity (AS) and its dimensions in the development of post-traumatic stress disorder (PTSD). However, the mechanism(s) that may account for the association between AS and PTSD remains unclear. Using the "trauma film paradigm," which provides a prospective experimental tool for investigating analog intrusion development, the present study examines the extent to which intrusions mediate the association between AS and the development of posttraumatic stress reactions. After completing a measure of AS and state mood, unselected participants (n=45) viewed a 10min film of graphic scenes of fatal traffic accidents and then completed a second assessment of state mood. Participants then kept a daily diary to record intrusions about the film for a one-week period. Post-traumatic stress reactions about the film were then assessed after the one-week period. The results showed that general AS and physical and cognitive concerns AS predicted greater post-traumatic stress reactions about the film a week later. Furthermore, the number of intrusions the day after viewing the traumatic film, but not fear and disgust in response to the trauma film, mediated the association between general AS (and AS specifically for physical and cognitive concerns) and post-traumatic stress reactions a week later. Subsequent analysis also showed that physiological arousal during initial exposure to the traumatic film moderated the association between general AS and the number of intrusions reported the day after viewing the film. The implications of these analog findings for conceptualizing the mechanism(s) that may interact to explain the role of AS in the development of PTSD and its effective treatment are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/26121495

J Anxiety Disord. 2015 Jun 14;34:63-67. doi: 10.1016/j.janxdis.2015.06.005. [Epub ahead of print]

Extinction learning as a moderator of d-cycloserine efficacy for enhancing exposure therapy in posttraumatic stress disorder.

de Kleine RA, Smits JA, Hendriks GJ, Becker ES, van Minnen A

Augmentation of exposure therapy with d-cycloserine (DCS) has proven efficacious across anxiety disorders, although results in PTSD have been mixed. Work in animals and anxiety-disordered patients suggest that the potentiating effects of DCS are dependent on the level of extinction learning during extinction training and exposure treatment, respectively. The aim of the current study was to replicate and extend previous work by examining the association between the degree of extinction learning and DCS efficacy in our randomized clinical trial on DCS (50mg) versus placebo enhancement of exposure therapy in a chronic mixed-trauma PTSD sample (N=67; de Kleine, Hendriks, Kusters, Broekman, & van Minnen, 2012). The decline in subjective units of distress ratings collected during and across the exposure sessions were evaluated as indices of extinction learning. First, we examined whether extinction learning during an exposure session moderated DCS effects on self-reported PTSD symptoms at the next session. Second, we examined whether averaged extinction learning over the course of treatment interacted with group assignment to predict change over time and post treatment outcome. We did not find evidence that DCS effects were moderated by the degree of extinction learning, although, extinction learning was related to outcome regardless of group assignment. In PTSD, not one extinction-learning index has been consistently linked to DCS enhanced exposure treatment outcome. More (experimental) work needs to been done to unravel the complex interplay between extinction learning and DCS enhancement, especially in PTSD patients.

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http://www.ncbi.nlm.nih.gov/pubmed/26121176

Psychol Trauma. 2015 Jun 29. [Epub ahead of print]

Correlates of Improvement in Substance Abuse Among Dually Diagnosed Veterans With Post-Traumatic Stress Disorder in Specialized Intensive VA Treatment.

Coker KL, Stefanovics E, Rosenheck R

Substantial rates of substance use comorbidity have been observed among veterans with Post-Traumatic Stress Disorder (PTSD), highlighting the need to identify patient and program characteristics associated with improved outcomes for substance abuse. Data were drawn from 12,270 dually diagnosed veterans who sought treatment from specialized intensive Veterans Health Administration PTSD programs between 1993 and 2011. The magnitude of the improvement in Addiction Severity Index (ASI) alcohol and drug use composite scores from baseline was moderate, with effect sizes (ES) of -.269 and -.287, respectively. Multivariate analyses revealed that treatment in longer-term programs, being prescribed psychiatric medication, and planned participation in reunions were all associated with slightly improved outcomes. Reductions in substance use measures were associated with robust improvements in PTSD symptoms and violent behavior. These findings suggest not only synergistic treatment effects linking improvement in PTSD symptoms with substance use disorders among dually diagnosed veterans with PTSD, but also to reductions in violent behavior. Furthermore, the findings indicate that proper discharge planning in addition to intensity and duration of treatment for dually diagnosed veterans with severe PTSD may result in better outcomes. Further dissemination of evidence-based substance abuse treatment may benefit this population.

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http://www.ncbi.nlm.nih.gov/pubmed/26121175

Psychol Trauma. 2015 Jun 29. [Epub ahead of print]

Treatment Initiation and Dropout From Prolonged Exposure and Cognitive Processing Therapy in a VA Outpatient Clinic.

Kehle-Forbes SM, Meis LA, Spoont MR, Polusny MA

Emerging data suggest that few veterans are initiating prolonged exposure (PE) and cognitive processing therapy (CPT) and dropout levels are high among those who do start the therapies. The goal of this study was to use a large sample of veterans seen in routine clinical care to 1) report the percent of eligible and referred veterans who (a) initiated PE/CPT, (b) dropped out of PE/CPT, (c) were early PE/CPT dropouts, 2) examine predictors of PE/CPT initiation, and 3) examine predictors of early and late PE/CPT dropout. We extracted data from the medical records of 427 veterans who were offered PE/CPT following an intake at a Veterans Health Administration (VHA) PTSD Clinical Team. Eighty-two percent (n = 351) of veterans initiated treatment by attending Session 1 of PE/CPT; among those veterans, 38.5% (n = 135) dropped out of treatment. About one quarter of veterans who dropped out were categorized as early dropouts (dropout before Session 3). No significant predictors of initiation were identified. Age was a significant predictor of treatment dropout; younger veterans were more likely to drop out of treatment than older veterans. Therapy type was also a significant predictor of dropout; veterans receiving PE were more likely to drop out late than veterans receiving CPT. Findings demonstrate that dropout from PE/CPT is a serious problem and highlight the need for

additional research that can guide the development of interventions to improve PE/CPT engagement and adherence. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/26121077

Psychol Serv. 2015 Jun 29. [Epub ahead of print]

Addressing the Gender Gap: Prolonged Exposure for PTSD in Veterans.

Mouilso ER, Tuerk PW, Schnurr PP, Rauch SA

As the proportion of women serving in the United States military continues to increase, more female veterans are being treated for posttraumatic stress disorder (PTSD) in Department of Veterans Affairs (VA) health care settings. Prolonged Exposure (PE) therapy is an evidence-based treatment for PTSD and is often used in VA settings. However, only a few studies have investigated the effectiveness of PE specifically for female veterans with appropriate power. Results of these studies have varied, with similar effects between female and male veterans on par with civilian effects, and more recently, better outcomes for female veterans receiving PE compared with male veterans. The current study contextualizes the evidence from those studies and considers new data regarding clinical outcomes pre- and posttreatment for a large (N = 325) sample of male and female veterans treated with PE in a PTSD specialty clinic. Results indicate a large statistically significant decrease in PTSD as measured by PTSD Checklist (PCL) scores for both male and female veterans treated with PE (d = 1.33). No difference in effectiveness and no difference in treatment completion rates were found between male and female veterans. Our findings support the effectiveness of PE for the treatment of PTSD in female as well as male veterans. Results are compared and contrasted to previous findings in the literature taking into account heterogeneity in methodological and ecological factors among the studies. Emphasis is placed on context of care issues to further the empirical conversation regarding meeting the mental health needs of female veterans. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/26115532

J Clin Psychiatry. 2015 Jun 9. [Epub ahead of print]

Treatment preferences of psychotherapy patients with chronic PTSD.

Markowitz JC, Meehan KB, Petkova E, Zhao Y, Van Meter PE, Neria Y, Pessin H, Nazia Y

OBJECTIVE:
Patient treatment preference may moderate treatment effect in major depressive disorder (MDD) studies. Little research has addressed preference in posttraumatic stress disorder (PTSD); almost none has assessed actual patients' PTSD psychotherapy preferences. From a 14-week trial of chronic PTSD comparing prolonged exposure, relaxation therapy, and interpersonal psychotherapy, we report treatment preferences of the 110 randomized patients, explore preference correlates, and assess effects on treatment outcome.

METHOD:
Patients recruited between 2008 and 2013 with chronic DSM-IV PTSD (Clinician-Administered PTSD Scale [CAPS] score ≥ 50) received balanced, scripted psychotherapy descriptions prerandomization and indicated their preferences. Analyses assessed relationships of treatment attitudes to demographic and clinical factors. We hypothesized that patients randomized to preferred treatments would have better outcomes, and to unwanted treatment worse outcomes.

RESULTS:
Eighty-seven patients (79%) voiced treatment preferences or disinclinations: 29 (26%) preferred prolonged exposure, 29 (26%) preferred relaxation therapy, and 56 (50%) preferred interpersonal psychotherapy (Cochran Q = 18.46, P < .001), whereas 29 (26%) were disinclined to prolonged exposure, 18 (16%) to relaxation therapy, and 3 (3%) to interpersonal psychotherapy (Cochran Q = 22.71, P < .001). Several baseline clinical variables correlated with treatment preferences. Overall, treatment preference/disinclination did not predict change in CAPS score, treatment response, or dropout. Comorbidly depressed patients receiving unwanted treatment had worse final CAPS scores.

CONCLUSIONS:
These exploratory findings are the first relating patients' PTSD psychotherapy preferences to outcome. Despite explanations emphasizing prolonged exposure's greater empirical support, patients significantly preferred interpersonal psychotherapy. Preference subtly affected psychotherapy outcome; depression appeared an important moderator of the effect of unwanted treatment on outcome. Potential biases to avoid in future research are discussed.

TRIAL REGISTRATION:
ClinicalTrials.gov identifier: NCT00739765.

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http://www.ncbi.nlm.nih.gov/pubmed/26111649

Neuropsychopharmacology. 2015 Jun 26. doi: 10.1038/npp.2015.190. [Epub ahead of print]

Emotion Regulatory Brain Function and SSRI Treatment in PTSD: Neural Correlates and Predictors of Change.

MacNamara A, Rabinak CA, Kennedy AE, Fitzgerald DA, Liberzon I, Stein MB, Luan Phan K

Post-traumatic stress disorder (PTSD) - a chronic, debilitating condition, broadly characterized by emotion dysregulation - is prevalent among U.S. military personnel who have returned from Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF). Selective serotonin reuptake inhibitors (SSRIs) are a first line treatment for PTSD, but treatment mechanisms are unknown, and patient response varies. SSRIs may exert their effects by remediating emotion regulatory brain activity, and individual differences in patient response might be explained, in part, by pre-treatment differences in neural systems supporting the down-regulation of negative affect. Thirty-four OEF/OIF veterans, 17 with PTSD and 17 without PTSD underwent 2 functional magnetic resonance imaging (fMRI) scans 12 weeks apart. At each scan, they performed an emotion regulation task; in the interim, veterans with PTSD were treated with the SSRI, paroxetine. SSRI treatment increased activation in both the left dorsolateral prefrontal cortex (dlPFC) and supplementary motor area (SMA) during emotion regulation, although only treatment-related change in the SMA differed significantly from veterans without PTSD. Less activation of the right ventrolateral prefrontal cortex (vlPFC)/inferior frontal gyrus (IFG) during pre-treatment emotion regulation was associated with greater reduction in PTSD symptoms with SSRI treatment, irrespective of pre-treatment severity. Patients with the least recruitment of prefrontal emotion regulatory brain regions may benefit most from treatment with SSRIs, which appear to augment activity in these regions.Neuropsychopharmacology accepted article preview online, 26 June 2015. doi:10.1038/npp.2015.190.

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http://www.ncbi.nlm.nih.gov/pubmed/26062135

J Trauma Stress. 2015 Jun;28(3):253-7. doi: 10.1002/jts.22013.

Emotional Activation and Habituation During Imaginal Exposure for PTSD Among Women With Borderline Personality Disorder.

Harned MS, Ruork AK, Liu J, Tkachuck MA

The current study examined patterns and outcomes of emotional activation and habituation during imaginal exposure for posttraumatic stress disorder (PTSD). Participants were 16 women with borderline personality disorder (BPD), PTSD, and recent suicidal and/or self-injurious behavior who received imaginal exposure for PTSD concurrently with dialectical behavior therapy. The intensity of global distress and 6 specific emotions were assessed before and after imaginal exposure trials. Results indicated that significant within-session habituation (WSH) occurred for global distress (Hedge's g effect size = -2.52) and fear (g = -0.80), whereas significant between-session habituation (BSH) occurred for global distress (g = -2.18), fear (g = -1.89), guilt (g = -1.14), shame (g = -0.74), and disgust (g = -0.41). BSH significantly predicted PTSD diagnostic status at posttreatment, whereas activation and WSH were unrelated to

outcome. Clients who remitted from PTSD showed significantly more BSH in global distress than nonremitters (η(2) = .39). In addition, remitters reported reductions in sadness and anger across trials, whereas sadness and anger increased for those who did not remit (η(2) = .54 and .40, respectively). Overall, BPD clients exhibited patterns of activation and habituation during imaginal exposure comparable to other client populations, and there was no evidence of persistent emotional engagement or habituation problems.

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http://www.ncbi.nlm.nih.gov/pubmed/26061771

Nurs Forum. 2015 Jun 10. doi: 10.1111/nuf.12142. [Epub ahead of print]

Deployed Women Veterans: Important Culturally Sensitive Care.

Conard PL, Armstrong ML

PROBLEM:
Today, with almost 23 million veterans in the nation, and currently only about 10 million, or less, of them seeking active services associated with the Veterans Administration (VA) health facilities, these men and women veterans will be seeking some, more, or even all of their health care over their life time in civilian-based facilities.

METHODS:
Pertinent literary sources were reviewed to gather applicable data about the problem.

FINDINGS:
Every patient that enters your health facility should be asked an essential assessment question: "Have you served in the military?" Importantly, to gain effective rapport when they present, civilian nurses will need to anticipate their health needs and provide culturally sensitive care. Specific issues of deployed women veterans are provided in a series of two articles.

CONCLUSION:
This article provides a snapshot of the uniquely entrenched military culture, as well as women service member experiences in wartime, including the Global War on Terror (Iraq and Afghanistan). The next article discusses the various healthcare differences (e.g., post-traumatic stress disorder and military sexual trauma), difficulties (e.g., reproductive, gynecologic, urinary, employment, homelessness issues), and gender disparities (varied treatment patterns) so the civilian nurse can better advocate for women veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/26055675

Sleep Med Clin. 2015 Mar;10(1):77-84. doi: 10.1016/j.jsmc.2014.11.006. Epub 2014 Dec 12.

Application of Cognitive Behavioral Therapies for Comorbid Insomnia and Depression.

Haynes P

This article provides an overview of cognitive behavioral therapy (CBT) for insomnia and depression. Included is a discussion of how CBT for insomnia affects depression symptoms and how CBT for depression affects insomnia symptoms. The extant literature is reviewed on ways that depression/insomnia comorbidity moderates CBT response. The article concludes with an introduction to cognitive behavioral social rhythm therapy, a group therapy that integrates tenets of CBT for both disorders.

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Psychol Trauma. 2015 Jun 8. [Epub ahead of print]

Clinical Treatment Selection for Posttraumatic Stress Disorder: Suggestions for Researchers and Clinical Trainers.

Raza GT, Holohan DR

Posttraumatic stress disorder (PTSD) disrupts the lives of many Veterans and their families, and multiple treatment options exist. Two evidence-based psychotherapies (EBPs)-cognitive processing therapy (CPT) and prolonged exposure (PE)-are specifically identified by Veterans Affairs (VA) and Department of Defense clinical practice guidelines as first-line treatments. Despite the strong emphasis on training clinicians to provide these EBPs, several questions remain unaddressed. We sought to answer 3 main questions: What associated clinical features are clinicians considering as they select PE or CPT to treat a given patient? What exclusionary criteria are clinicians using? How helpful do clinicians find the extant literature on comorbid conditions and associated clinical features when making treatment decisions? We contacted mental health clinicians who were VA-trained in CPT and PE and requested participation in this online survey. We (a) identified several associated factors that clinicians use to help select between these treatments, (b) determined which associated factors or comorbidities clinicians identified as exclusionary criteria for CPT or PE, and (c) evaluated the perceived utility of research to practicing clinicians. We discuss factors for which clinicians reached a consensus, areas of discrepancy (e.g., substance use), and factors for which further research guidance would be beneficial (e.g., dissociation). Findings imply that VA efforts at disseminating best treatment practices and current PTSD research have been effective. Additionally, findings can

help inform treatment guidelines and clinical trainings, as well as highlight gaps in research identified by clinicians. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/26049775

Curr Pain Headache Rep. 2015 Jul;19(7):506. doi: 10.1007/s11916-015-0506-z.

Update on the Epidemiology of Concussion/Mild Traumatic Brain Injury.

Voss JD, Connolly J, Schwab KA, Scher AI

Mild traumatic injuries to the brain (e.g., concussion) are common and have been recognized since antiquity, although definitions have varied historically. Nonetheless, studying the epidemiology of concussion helps clarify the overall importance, risk factors, and at-risk populations for this injury. The present review will focus on recent findings related to the epidemiology of concussion including definition controversies, incidence, and patterns in the population overall and in the military and athlete populations specifically. Finally, as this is an area of active research, we will discuss how future epidemiologic observations hold promise for gaining greater clarity about concussion and mild traumatic brain injury.

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http://www.ncbi.nlm.nih.gov/pubmed/26047362

Depress Anxiety. 2015 Jun 5. doi: 10.1002/da.22383. [Epub ahead of print]

Depression Mediates The Relation Of Insomnia Severity With Suicide Risk In Three Clinical Samples Of U.S. Military Personnel.

Bryan CJ, Gonzales J, Rudd MD, Bryan AO, Clemans TA, Ray-Sannerud B, Wertenberger E, Leeson B, Heron EA, Morrow CE, Etienne N

BACKGROUND:
A growing body of empirical research suggests insomnia severity is directly related to suicide ideation, attempts, and death in nonmilitary samples, even when controlling for depression and other suicide risk factors. Few studies have explored this relationship in U.S. military personnel.

METHODS:
The present study entailed secondary data analyses examining the associations of insomnia severity with suicide ideation and attempts in three clinical samples: Air Force psychiatric outpatients (n = 158), recently discharged Army psychiatric inpatients (n = 168), and Army psychiatric outpatients (n = 54). Participants completed the Beck Scale for Suicide Ideation, the

Beck Depression Inventory-II or Patient Health Questionnaire-9, the Insomnia Severity Index, and the Posttraumatic Stress Disorder Checklist at baseline; two samples also completed these measures during follow-up.

RESULTS:
Sleep disturbance was associated with concurrent (β's > 0.21; P's < 0.059) and prospective (β's > 0.39; P's < 0.001) suicide ideation in all three samples. When adjusting for age, gender, depression, and posttraumatic stress, insomnia severity was no longer directly associated with suicide ideation either concurrently (β's < 0.19; P's > 0.200) or prospectively (β's < 0.26; P's > 0.063), but depression was (β's > 0.22; P's < 0.012). Results of a latent difference score mediation model indicated that depression mediated the relation of insomnia severity with suicide ideation.

CONCLUSIONS:
Across three clinical samples of military personnel, depression explained the relationship between insomnia severity and suicide risk.

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http://www.sciencedirect.com/science/article/pii/S108707921500091X

The Etiology of Delayed Sleep Phase Disorder.

Gorica Micic, Leon Lack, Nicole Lovato, Michael Gradisar, Sally A. Ferguson, Helen J. Burgess

Sleep Medicine Reviews
Available online 3 July 2015
doi:10.1016/j.smrv.2015.06.004

According to classification manuals for sleep disorders, nine disorders are directly related to biological clock timing misalignments. Of all, Delayed Sleep Phase Disorder (DSPD) is the most commonly diagnosed, predominantly affecting adolescents, young adults, and insomnia patients. It is a persistent inability to fall asleep at earlier, more desirable and socially conventional times, coupled with extreme difficulty awakening in the morning. Considerable evidence shows a delay in the circadian clock to be associated with DSPD. Therefore, treatments have mainly focused on advancing the biological clock and sleep timing through pharmacotherapy, phototherapy and behavioral therapies. The clinical evidence indicates that these treatments are efficacious, at least in the short term. However, follow up studies show frequent patient relapse, leading researchers to speculate that alternative etiologies may be contributing to sleep and circadian clock delays in DSPD. The aim of the present paper is to review and collate current literature related to DSPD etiology in order to outline gaps in current knowledge and suggest future research.

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http://www.sciencedirect.com/science/article/pii/S1087079214001300

Assessing cognitive processes related to insomnia: A review and measurement guide for Harvey's cognitive model for the maintenance of insomnia.

Rachel M. Hiller, Anna Johnston, Hayley Dohnt, Nicole Lovato, Michael Gradisar

Sleep Medicine Reviews
Volume 23, October 2015, Pages 46–53
doi:10.1016/j.smrv.2014.11.006

Cognitive processes play an important role in the maintenance, and treatment of sleep difficulties, including insomnia. In 2002, a comprehensive model was proposed by Harvey. Since its inception the model has received >300 citations, and provided researchers and clinicians with a framework for understanding and treating insomnia. The aim of this review is two-fold. First, we review the current literature investigating each factor proposed in Harvey's cognitive model of insomnia. Second, we summarise the psychometric properties of key measures used to assess the model's factors and mechanisms. From these aims, we demonstrate both strengths and limitations of the current knowledge of appropriate measurements associated with the model. This review aims to stimulate and guide future research in this area; and provide an understanding of the resources available to measure, target, and resolve cognitive factors that may maintain chronic insomnia.

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http://www.sciencedirect.com/science/article/pii/S108707921400121X

Posttraumatic stress disorder and sleep-disordered breathing: a review of comorbidity research.

Barry J. Krakow, Victor A. Ulibarri, Bret A. Moore, Natalia D. McIver

Sleep Medicine Reviews
Volume 24, December 2015, Pages 37–45
doi:10.1016/j.smrv.2014.11.001

Posttraumatic stress disorder (PTSD) and sleep-disordered breathing (SDB) are common disorders, but limited data address their co-morbidity. Emerging research indicates PTSD and SDB may co-occur more frequently than expected and may impact clinical outcomes. This review describes historical developments that first raised suspicions for a co-morbid relationship between PTSD and SDB, including barriers to the recognition and diagnosis of this co-morbidity. Objective diagnostic data from polysomnography studies in PTSD patients reveal widely varying prevalence rates for co-morbidity (0–90%). Use of standard, recommended technology (nasal

cannula pressure transducer) versus older, less reliable technology (thermistor/thermocouple) appears to have influenced objective data acquisition and therefore SDB rates in sleep studies on PTSD patients. Studies using higher quality respiratory sensors demonstrated the highest prevalence of SDB in PTSD patients. Clinical relevance, theoretical models and research recommendations are discussed. The lack of widely acknowledged, tested, or proven explanatory models and pathophysiological mechanisms to understand the relationship between these two disorders may prove formidable barriers to further investigations on prevalence and clinical relevance, albeit both conditions are associated with waking or sleeping hyperarousal activity, which may inform future studies.

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http://www.sciencedirect.com/science/article/pii/S1087079214001312

Cognitive behavioral therapy in persons with comorbid insomnia: A meta-analysis.

Jeanne M. Geiger-Brown, Valerie E. Rogers, Wen Liu, Emilie M. Ludeman, Katherine D. Downton, Montserrat Diaz-Abad

Sleep Medicine Reviews
Volume 23, October 2015, Pages 54–67
doi:10.1016/j.smrv.2014.11.007

Cognitive behavioral therapy for insomnia (CBT-I) is effective for treatment of primary insomnia. There has been no synthesis of studies quantifying this effect on insomnia comorbid with medical and psychiatric disorders using rigorous selection criteria. The objective of this study was to quantify the effect of CBT-I in studies including patients with medical or psychiatric disorders. Studies were identified from 1985 through February 2014 using multiple databases and bibliography searches. Inclusion was limited to randomized controlled trials of CBT-I in adult patients with insomnia diagnosed using standardized criteria, who additionally had a comorbid medical or psychiatric condition. Twenty-three studies including 1379 patients met inclusion criteria. Based on weighted mean differences, CBT-I improved subjective sleep quality post-treatment, with large treatment effects for the insomnia severity index and Pittsburgh sleep quality index. Sleep diaries showed a 20 min reduction in sleep onset latency and wake after sleep onset, 17 min improvement in total sleep time, and 9% improvement in sleep efficiency post-treatment, similar to findings of meta-analyses of CBT-I in older adults. Treatment effects were durable up to 18 mo. Results of actigraphy were similar to but of smaller magnitude than subjective measures. CBT-I is an effective, durable treatment for comorbid insomnia.

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http://www.sciencedirect.com/science/article/pii/S1087079215000301

Towards standardisation and improved understanding of sleep restriction therapy for insomnia disorder: A systematic examination of CBT-I trial content.

Simon D. Kyle, Maria Raisa Jessica Aquino, Christopher B. Miller, Alasdair L. Henry, Megan R. Crawford, Colin A. Espie, Arthur J. Spielman

Sleep Medicine Reviews
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Sleep restriction therapy is a core element of contemporary cognitive-behavioural therapy for insomnia and is also effective as a single-component therapeutic strategy. Since its original description, sleep restriction therapy has been applied in several different ways, potentially limiting understanding of key therapeutic ingredients, mode of action, evidence synthesis, and clinical implementation. We sought to examine the quality of reporting and variability in the application of sleep restriction therapy within the context of insomnia intervention trials. Systematic literature searches revealed 88 trials of cognitive-behavioural therapy/sleep restriction therapy that met pre-defined inclusion/exclusion criteria. All papers were coded in relation to their description of sleep restriction therapy procedures. Findings indicate that a large proportion of papers (39%) do not report any details regarding sleep restriction therapy parameters and, for those papers that do, variability in implementation is present at every level (sleep window generation, minimum time-in-bed, sleep efficiency titration criteria, and positioning of sleep window). Only 7% of papers reported all parameters of sleep restriction treatment. Poor reporting and variability in the application of sleep restriction therapy may hinder progress in relation to evidence synthesis, specification of mechanistic components, and refinement of therapeutic procedures for patient benefit. We set out guidelines for the reporting of sleep restriction therapy as well as a research agenda aimed at advancing understanding of sleep restriction therapy.

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http://www.sciencedirect.com/science/article/pii/S1087079214001038

The insomnia and suicide link: toward an enhanced understanding of this relationship.

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Sleep Medicine Reviews
Volume 22, August 2015, Pages 37–46
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Despite current knowledge of risk factors for suicidal behaviors, suicide remains a leading cause of death worldwide. This suggests a strong need to identify and understand additional risk factors. A number of recent studies have identified insomnia as a modifiable, independent suicide risk factor. Although a link between insomnia and suicide is emerging, further research is required in order to understand the nature of the relationship. Accordingly, this paper presents an overview of the insomnia and suicide literature to-date, and a discussion of two major limitations within this literature that hinder its progress. First, the classification and assessment of insomnia and suicide-related thoughts and behaviors are inconsistent across studies; and second, there is a lack of empirical studies focused on investigating mediators of the insomnia and suicide relationship. Suggestions are offered within this paper for future studies to address these issues and facilitate new developments in this important research area. Following these suggested lines of research will ultimately inform whether insomnia treatments, particularly cognitive-behavioral therapy for insomnia, can be used to target suicide risk prevention and intervention.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00597

Excessive Video Game Use, Sleep Deprivation, and Poor Work Performance Among U.S. Marines Treated in a Military Mental Health Clinic: A Case Series.

Erin Eickhoff; Kathryn Yung; Diane L. Davis; Frank Bishop; Warren P. Klam; Andrew P. Doan

Military Medicine
Volume 180 Issue 7, July 2015, pp. e839-e843
DOI: http://dx.doi.org/10.7205/MILMED-D-14-00597

Excessive use of video games may be associated with sleep deprivation, resulting in poor job performance and atypical mood disorders. Three active duty service members in the U.S. Marine Corps were offered mental health evaluation for sleep disturbance and symptoms of blunted affect, low mood, poor concentration, inability to focus, irritability, and drowsiness. All three patients reported insomnia as their primary complaint. When asked about online video games and sleep hygiene practices, all three patients reported playing video games from 30 hours to more than 60 hours per week in addition to maintaining a 40-hour or more workweek. Our patients endorsed sacrificing sleep to maintain their video gaming schedules without insight into the subsequent sleep deprivation. During the initial interviews, they exhibited blunted affects and depressed moods, but appeared to be activated with enthusiasm and joy when discussing their video gaming with the clinical provider. Our article illustrates the importance of asking about online video gaming in patients presenting with sleep disturbances, poor work performance, and depressive symptoms. Because excessive video gaming is becoming more prevalent worldwide, military mental health providers should ask about video gaming when patients report problems with sleep.

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http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00436

Assessment of Sleep Disruption and Sleep Quality in Naval Special Warfare Operators.

Erica Harris; Marcus K. Taylor; Sean P.A. Drummond; Gerald E. Larson; Eric G. Potterat

Military Medicine
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Little is known about sleep in elite military populations who are exposed to higher operational demands, unpredictable training, deployment, and mission cycles. Twenty-nine Naval Special Warfare (NSW) Operators wore an actiwatch for an 8-day/7-night period for objective sleep assessment and completed a nightly sleep log. A total of 170 nights of actigraphically recorded sleep were collected. When comparing objectively versus subjectively recorded sleep parameter data, statistically significant differences were found. Compared with sleep log data, actigraphy data indicate NSW Operators took longer to fall asleep (an average of 25.82 minutes), spent more time awake after sleep onset (an average of 39.55 minutes), and demonstrated poorer sleep efficiency (83.88%) (ps < 0.05). Self-reported sleep quality during the study period was 6.47 (maximum score = 10). No relationships existed between the objectively derived sleep indices and the self-reported measure of sleep quality (rs = −0.29 to 0.09, all ps > 0.05). Strong inter-relationships existed among the subjectively derived sleep indices (e.g., between self-reported sleep quality and sleep efficiency; r = 0.61, p < 0.001). To our knowledge, this is the first study to objectively and subjectively quantify sleep among NSW Operators. These findings suggest sleep maintenance and sleep efficiency are impaired when compared to normative population data.

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http://online.liebertpub.com/doi/abs/10.1089/tmj.2014.0152

A Comparison of Mental Health Diagnoses Treated via Interactive Video and Face to Face in the Veterans Healthcare Administration.

Grubbs Kathleen M., Fortney John C., Dean Tisha, Williams James S., and Godleski Linda

Telemedicine and e-Health
July 2015, 21(7): 564-566
doi:10.1089/tmj.2014.0152

Objective:
This study compares the mental health diagnoses of encounters delivered face to face and via interactive video in the Veterans Healthcare Administration (VHA).

Materials and Methods:
We compiled 1 year of national-level VHA administrative data for Fiscal Year 2012 (FY12). Mental health encounters were those with both a VHA Mental Health Stop Code and a Mental Health Diagnosis (n=11,906,114). Interactive video encounters were identified as those with a Mental Health Stop Code, paired with a VHA Telehealth Secondary Stop Code. Primary diagnoses were grouped into posttraumatic stress disorder (PTSD), depression, anxiety, bipolar disorder, psychosis, drug use, alcohol use, and other.

Results:
In FY12, 1.5% of all mental health encounters were delivered via interactive video. Compared with face-to-face encounters, a larger percentage of interactive video encounters was for PTSD, depression, and anxiety, whereas a smaller percentage was for alcohol use, drug use, or psychosis.

Conclusions:
Providers and patients may feel more comfortable treating depression and anxiety disorders than substance use or psychosis via interactive video.

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http://guilfordjournals.com/doi/abs/10.1521/ijct.2015.8.2.172

Impulsivity and Suicidal Behavior: How You Define It Matters.

Samantha A. Chalker, Katherine Anne Comtois, Amanda H. Kerbrat

International Journal of Cognitive Therapy
Vol. 8, Special Issue: Recent Advances in Suicide Research: Mediators and Moderators of Risk and Resilience, pp. 172-192
doi: 10.1521/ijct.2015.8.2.172

Impulsivity is inconsistently defined in the literature. While there are some clear operationalizations of the trait of impulsivity, there is no consensus about the impulsivity of a specific suicidal behavior. Using a sample of 131 suicide attempters identified in a county emergency room, we used interviewer ratings from the Suicide Attempt Self-Injury Interview (SASII) and the Borderline Personality Disorder (BPD) trait impulsivity criterion from the Structured Clinical Interview for the DSM-IV Axis-II (SCID-II) to examine seven core constructs most commonly used in the literature on impulsivity of suicidal behavior. These constructs are resisting the urge/delaying, planning, trait impulsivity, communication to others, leaving a suicide note, the ability to be rescued, and intoxication. Comparison of these constructs shows relatively

small relationships between them, and they clearly do not represent the same underlying concept. The ability of these constructs to predict intent and lethality of the index attempt and a future attempt in the following 6 months varied as well. Planning predicted greater suicidal intent of the index attempt. Chance of rescue predicted lower lethality and less suicidal intent of the index attempt. The presence of a suicide note at the index attempt decreased the odds of a re-attempt in the next 6 months. This study demonstrates that the conceptualization of impulsivity of suicide attempts needs further consideration, and perhaps underlying constructs such as delay, planning, ability to be rescued, and the presence of a suicide note should be studied separately.

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http://link.springer.com/article/10.1007/s10608-015-9704-6

Autobiographical Memory Perspectives in Task and Suicide Attempt Recall: A Study of Young Adults With and Without Symptoms of Suicidality.

Carol Chu, Jennifer M. Buchman-Schmitt, Thomas E. Joiner

Cognitive Therapy and Research
June 2015
DOI 10.1007/s10608-015-9704-6

Memories recalled from the field, or first person, perspective tend to be specific, more detail-oriented, and emotional. In contrast, memories from the observer, or third person, perspective, tend to be more general, less detail-oriented and emotional. Research suggests that individuals with a history of suicidality exhibit over-general autobiographical memories (i.e., lacking in detail). We propose that individuals with a history of suicidality may encode and recall memories more from the observer perspective, which is associated with recalling fewer details about events. This hypothesis was tested by examining the memory perspectives of 107 young adults with and without symptoms of suicidality during task and event recall. Compared to controls, suicide attempters recalled tasks and neutral events significantly less from the observer perspective and more from the field perspective; suicide ideators and controls were not significantly different on recall perspectives. No significant differences in negative event and suicide attempt recall were found across groups. Results indicated that suicide attempters exhibited a recall bias towards first person, internally focused memories. Limitations and future directions are discussed.

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http://www.sciencedirect.com/science/article/pii/S0165178115003716

Examining the unique relations between anxiety sensitivity factors and suicidal ideation and past suicide attempts.

Nicholas P. Allan, Aaron M. Norr, Jay W. Boffa, Daphne Durmaz, Amanda M. Raines, Norman B. Schmidt

Psychiatry Research
Available online 29 June 2015
doi:10.1016/j.psychres.2015.05.066

Anxiety sensitivity (AS) has recently been linked to suicidality. Specifically, AS cognitive concerns has been implicated as a risk factor, and AS physical concerns as a protective factor, for suicidal ideation and suicide attempts. However, no studies have used structural equation modeling (SEM) to address issues of skewed suicide variables and bifactor modeling of AS to address the high degree of overlap between the lower-order dimensions of AS that limit interpretation of these past findings. AS, suicidal ideation, past suicide attempts, and depression were assessed in a clinical sample of 267 individuals (M age=35.45 years, SD=16.53; 52.1% female). The global AS and AS cognitive concerns factors were positively, significantly associated with suicidal ideation, though these effects were nonsignificant controlling for depression. The global AS factor was positively, significantly associated with suicide attempts, controlling for depression. The current study demonstrated that the relations between AS and suicidal ideation are not maintained when accounting for depression, suggesting that the relation between AS and suicidal ideation may be mediated by depression. The positive relation between global AS and suicide attempts is consistent with theories positing suicide attempts as a consequence of an inability to cope with intolerable distress.

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http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400408

Noncommissioned Officers' Perspectives on Identifying, Caring for, and Referring Soldiers and Marines at Risk of Suicide.

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Psychiatric Services
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Accepted: February 04, 2015
http://dx.doi.org/10.1176/appi.ps.201400408

Objective:
Noncommissioned officers (NCOs) in the U.S. Army and U.S. Marine Corps were surveyed to identify their ability and willingness to identify, intervene on behalf of, and refer fellow soldiers and marines at risk of suicide.

Methods:
A total of 1,184 Army soldiers and 796 marines completed surveys. Descriptive statistics were collected, and regression analyses comparing the groups were conducted.

Results:
Thirty-seven percent of marines and 40% of Army soldiers reported that they could use more suicide prevention training. Compared with trained civilians, NCOs reported greater efficacy to intervene with at-risk peers, but they also reported relatively more reluctance to intervene. Close to 40% of NCOs believed that they would be held responsible for a service member's suicide if they had asked the service member about suicidal thoughts before the suicide occurred. Chaplains were the preferred referral source, primarily because of the confidentiality they afford.

Conclusions:
Suicide prevention training for NCOs should focus on strategies for asking about suicide risk, assuring soldiers and marines that they will not be blamed for the suicides of fellow service members, and encouraging referrals. These results can help improve suicide prevention programs in the Army and Marine Corps, including whether current policies may need to be changed to optimize NCOs' ability to identify, intervene on behalf of, and refer service members at risk of suicide.

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http://guilfordjournals.com/doi/abs/10.1521/ijct.2015.8.2.130

The Impact of Grit on the Relationship Between Hopelessness and Suicidality.

Stephanie M. Pennings, Keyne C. Law, Bradley A. Green, Michael D. Anestis

International Journal of Cognitive Therapy
Vol. 8, Special Issue: Recent Advances in Suicide Research: Mediators and Moderators of Risk and Resilience, pp. 130-142
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Researchers have recently emphasized the need to develop a greater understanding of factors and contexts that facilitate the progression from suicidal thoughts to suicidal behavior. Hopelessness has been implicated in numerous studies as one of the primary cognitive vulnerabilities associated with heightened suicide risk. This study aimed to address the extent to which grit moderates the association between hopelessness and both suicidal ideation and resolved plans and preparations for suicide within an understudied and high-risk population of United States military personnel. Results were consistent with the authors' hypotheses. Specifically, the relationship between hopelessness and current suicidal ideation decreased in magnitude at higher levels of grit. Similarly, whereas the relationship between hopelessness and resolved plans and preparations for suicide was significant and positive at low levels of grit, it was nonsignificant at mean levels of grit and significant and negative at high levels of grit.

Overall, these results highlight grit as a potential protective factor against suicidal ideation and resolved plans and preparations, even in individuals experiencing elevated levels of hopelessness. The conditional nature of the relationship between hopelessness and both outcomes further highlights the need to consider contextual factors that extend beyond main effects models. These findings may contribute to the advancement of suicide research, prevention, and intervention methods by providing more clarity on trait and contextual risk factors that differentiate individuals who do and do not develop proximal risk factors for suicide.

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http://annals.org/article.aspx?articleid=2362310

The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper

Crowley RA, Kirschner N, for the Health and Public Policy Committee of the American College of Physicians

Annals of Internal Medicine
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Behavioral health care includes care for patients around mental health and substance abuse conditions, health behavior change, life stresses and crises, and stress-related physical symptoms. Mental and substance use disorders alone have been estimated to surpass all physical diseases as a major cause of disability worldwide by 2020. The literature recognizes the importance of the health care system effectively addressing behavioral health conditions. Recently, there has been a call for the use of the primary care delivery platform and the related patient-centered medical home model to effectively address these conditions.

This position paper focuses on the issue of better integration of behavioral health into the primary care setting. It provides an environmental scan of the current state of conditions included in the concept of behavioral health and examines the arguments for and barriers to increased integration into primary care. It also examines various approaches of integrated care delivery and offers a series of policy recommendations that are based on the reviewed information and evidence to inform the actions of the American College of Physicians and its members regarding advocacy, research, and practice.

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http://jfi.sagepub.com/content/early/2015/06/29/0192513X15592660.abstract

Patterns of Vulnerabilities and Resources in U.S. Military Families.

Thomas E. Trail, Sarah O. Meadows, Jeremy N. Miles, and Benjamin R. Karney

Journal of Family Issues
first published on June 30, 2015
doi:10.1177/0192513X15592660

The appropriate format for services supporting military families depends on how vulnerabilities and resources are distributed across and within those families. If different types of vulnerabilities cluster together, then programs supporting families should combine multiple services rather than targeting specific concerns. Yet scant data exist about how vulnerabilities and resources covary within military families. The current study addressed this issue through a latent class analysis of data on a wide range of domains obtained from a stratified random sample of 1,981 deployable, active component, married servicemembers and their spouses. Within married deployable servicemembers, results indicated that vulnerabilities and resources cluster together within individuals; servicemembers at high risk in one domain are likely to be high risk in multiple domains. This is less the case for spouses. One or both spouses are vulnerable in 39% of couples. These results support programs that provide vulnerable military families with more comprehensive services.

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http://guilfordjournals.com/doi/abs/10.1521/ijct.2015.8.2.143

Guilt as a Mediator of the Relationship Between Depression and Posttraumatic Stress With Suicide Ideation in Two Samples of Military Personnel and Veterans.

Craig J. Bryan, Erika Roberge, AnnaBelle O. Bryan, Bobbie Ray-Sannerud, Chad E. Morrow, and Neysa Etienne

International Journal of Cognitive Therapy
2015 8, 2, 143-155
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Depression, posttraumatic stress (PTS), and guilt have been implicated as risk factors for suicide ideation (SI) among military personnel and veterans. Conceptual and empirical work suggests that guilt may mediate the relationship of depression and PTS with SI. The current study explored this hypothesis in two cross-sectional samples of military personnel and veterans (n = 464 and n = 158). Path analyses showed good fit for both samples [Sample 1: $\chi 2(1) = 2.18$, $p = .140$; CFI = 1.00; RMSEA = .05; WRMR = .23; Sample 2: $\chi 2(2) = 1.39$, $p = .499$; CFI = 1.00; RMSEA = .00; SRMR = .02] and indicated that depression was indirectly related to SI through guilt for both samples (ps < .038). Furthermore, guilt partially mediated the relationship of PTS with SI ($p = .033$) in Sample 1 and fully mediated the relationship ($p = .016$) in Sample 2. The present findings suggest that guilt may be a mechanism for increased risk among suicidal military personnel and veterans with depression and PTS.

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http://www.ncbi.nlm.nih.gov/pubmed/26147487

JAMA Intern Med. 2015 Jul 6. doi: 10.1001/jamainternmed.2015.3006. [Epub ahead of print]

Cognitive Behavioral Therapy for Insomnia Comorbid With Psychiatric and Medical Conditions: A Meta-analysis.

Wu JQ, Appleman ER, Salazar RD, Ong JC

IMPORTANCE:
Cognitive behavioral therapy for insomnia (CBT-I) is the most prominent nonpharmacologic treatment for insomnia disorders. Although meta-analyses have examined primary insomnia, less is known about the comparative efficacy of CBT-I on comorbid insomnia.

OBJECTIVE:
To examine the efficacy of CBT-I for insomnia comorbid with psychiatric and/or medical conditions for (1) remission from insomnia; (2) self-reported sleep efficiency, sleep onset latency, wake after sleep onset, total sleep time, and subjective sleep quality; and (3) comorbid symptoms.

DATA SOURCES:
A systematic search was conducted on June 2, 2014, through PubMed, PsycINFO, the Cochrane Library, and manual searches. Search terms included (1) CBT-I or CBT or cognitive behavioral [and its variations] or behavioral therapy [and its variations] or behavioral sleep medicine or stimulus control or sleep restriction or relaxation therapy or relaxation training or progressive muscle relaxation or paradoxical intention; and (2) insomnia or sleep disturbance.

STUDY SELECTION:
Studies were included if they were randomized clinical trials with at least one CBT-I arm and had an adult population meeting diagnostic criteria for insomnia as well as a concomitant condition. Inclusion in final analyses (37 studies) was based on consensus between 3 authors' independent screenings.

DATA EXTRACTION AND SYNTHESIS:
Data were independently extracted by 2 authors and pooled using a random-effects model. Study quality was independently evaluated by 2 authors using the Cochrane risk of bias assessment tool.

MAIN OUTCOMES AND MEASURES:
A priori main outcomes (ie, clinical sleep and comorbid outcomes) were derived from sleep diary and other self-report measures. RESULTS: At posttreatment evaluation, 36.0% of patients who

received CBT-I were in remission from insomnia compared with 16.9% of those in control or comparison conditions (pooled odds ratio, 3.28; 95% CI, 2.30-4.68; P < .001). Pretreatment and posttreatment controlled effect sizes were medium to large for most sleep parameters (sleep efficiency: Hedges g = 0.91 [95% CI, 0.74 to 1.08]; sleep onset latency: Hedges g = 0.80 [95% CI, 0.60 to 1.00]; wake after sleep onset: Hedges g = 0.68; sleep quality: Hedges g = 0.84; all P < .001), except total sleep time. Comorbid outcomes yielded a small effect size (Hedges g = 0.39 [95% CI, 0.60-0.98]; P < .001); improvements were greater in psychiatric than in medical populations (Hedges g = 0.20 [95% CI, 0.09-0.30]; $\chi 2$ test for interaction = 12.30; P < .001).

CONCLUSIONS AND RELEVANCE:
Cognitive behavioral therapy for insomnia is efficacious for improving insomnia symptoms and sleep parameters for patients with comorbid insomnia. A small to medium positive effect was found across comorbid outcomes, with larger effects on psychiatric conditions compared with medical conditions. Large-scale studies with more rigorous designs to reduce detection and performance bias are needed to improve the quality of the evidence.

Links of Interest

Leader in military family research takes on major role in veterans study
http://news.psu.edu/story/361728/2015/06/30/research/leader-military-family-research-takes-major-role-veterans-study

Sleep Problems May Contribute to Health Disparities in America
http://www.nlm.nih.gov/medlineplus/news/fullstory_153279.html

FDA clears new traumatic brain injury assessment device
http://www.army.mil/article/151149/FDA_clears_new_traumatic_brain_injury_assessment_device/

Twitter data may help shed light on sleep disorders
http://www.sciencedaily.com/releases/2015/06/150611114544.htm

Two Marines, One Deployment And The End Of A Marriage
http://www.npr.org/2015/07/04/419569854/two-marines-one-deployment-and-the-end-of-a-marriage

Cognitive behavioral therapy for insomnia with psychiatric, medical conditions
http://medicalxpress.com/news/2015-07-cognitive-behavioral-therapy-insomnia-psychiatric.html

Researchers: PTSD is factor in troop, vet violence
http://www.militarytimes.com/story/military/benefits/veterans/2015/06/26/ptsd-violence-troops-risk-factors/29284169/

Scientists see a pattern in brain injuries that lead to depression/anxiety
http://www.northjersey.com/news/health-news/scientists-see-a-pattern-in-brain-injuries-that-lead-to-depression-anxiety-1.1365533

Effective Concussion Treatment Remains Frustratingly Elusive, Despite a Booming Industry
http://www.nytimes.com/2015/07/05/business/effective-concussion-treatment-remains-frustratingly-elusive-despite-a-booming-industry.html

Mindfulness-based stress reduction finds a place in the military
http://www.army.mil/article/151787/Mindfulness_based_stress_reduction_finds_a_place_in_the_military/

Resource of the Week: Substance Abuse and Mental Health Services Administration -- Veterans and Military Families

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, "leads public health efforts to advance the behavioral health of the nation." The site is rich with data, and publications, manuals, etc., for both clinicians and the public.

Among so many other things, the site offers a comprehensive section of information for and about veterans and military families. Don't miss the Publications and Resources collection.

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