



## CDP Research Update -- February 18, 2016

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- Links of Interest
- Resource of the Week: Report -- Tour Lengths, Permanent Changes of Station, and Alternatives for Savings and Improved Stability (RAND Corporation)

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<http://content.govdelivery.com/accounts/USVHA/bulletins/136bb43>

### **PTSD Monthly Update - Self-Help for PTSD**

National Center for PTSD  
February 2016

Online self-help tools offer education and coping skills to those affected by trauma. These tools can also be useful for everyday stress management.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2491947>

## **True Evidence-Based Care for Posttraumatic Stress Disorder in Military Personnel and Veterans.**

Maria M. Steenkamp, PhD

JAMA Psychiatry

February 17, 2016

doi:10.1001/jamapsychiatry.2015.2879

This Viewpoint discusses true evidence-based practice and using it to personalize treatment for military veterans and servicemembers with posttraumatic stress disorder.

As the longest wars in US history draw to a close, treating the psychosocial sequelae of military trauma has become an important public health challenge. In contrast to previous wars, mental health care is for the first time leveraging science to treat deployment-related conditions such as posttraumatic stress disorder (PTSD). Evidence-based practice has become a driving principle behind the treatment of military-related PTSD and is considered a necessary safeguard against the use of unproven and ineffective interventions. However, a truly evidence-based approach to treating military-related PTSD differs from what it has come to mean in the recent clinical and research literature.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2491946>

## **The Meaning of Evidence-Based Treatments for Veterans With Posttraumatic Stress Disorder.**

Rachel Yehuda, PhD; Charles W. Hoge, MD

JAMA Psychiatry

Published online February 17, 2016

doi:10.1001/jamapsychiatry.2015.2878

This Viewpoint suggests that the assertion that prolonged exposure or cognitive processing therapy should be the dominant evidence-based treatments for war-related PTSD is simplistic and may at times be unhelpful or contraindicated.

Steenkamp's Viewpoint<sup>1</sup> reminds us that "evidence-based" psychotherapy for posttraumatic stress disorder (PTSD) encompasses clinical judgment and patient preferences as much as it

does evidence from randomized clinical trials. This is a welcome perspective for clinicians working in settings such as Veterans Affairs (VA), where they are mandated by policy to provide prolonged exposure or cognitive processing therapy (CPT) as first-line treatments for veterans with PTSD.2

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<http://www.sciencedirect.com/science/article/pii/S027273581530091X>

**The use of safety-seeking behavior in exposure-based treatments for fear and anxiety: Benefit or burden? A meta-analytic review.**

Ann Meulders, Tom Van Daele, Stéphanie Volders, Johan W.S. Vlaeyen

Clinical Psychology Review  
Available online 10 February 2016  
doi:10.1016/j.cpr.2016.02.002

There is a longstanding debate whether allowing safety-seeking behaviors (SSBs) during cognitive-behavioral treatment hampers or facilitates the reduction of fear. In this meta-analysis, we evaluate the impact of SSBs on exposure-based fear reduction interventions.

After filtering 409 journal articles, 23 studies were included for systematic review of which 20 studies were coded for meta-analysis. For each study, the Standardized Mean Difference (SMD or Hedges' g) of self-reported fear was calculated at post-intervention. Two comparisons were distinguished: I) exposure without safety-seeking behavior (SSB-) versus baseline behavior (BL), and II) exposure with safety-seeking behavior (SSB +) versus BL.

The results showed that average effect sizes were in favor of SSB-, (I: SMD = 0.31, 95% CI [-0.04, 0.66]), and in favor of BL, (II: SMD = -0.13, 95% CI [-0.37, 0.11]). Neither of the effect sizes were statistically significant (I: Z = 1.75, p = .08; II: Z = 1.07, p = .28). The current meta-analysis could not provide compelling evidence supporting either the removal or addition of SSB during exposure. More systematic and statistically empowered replications, using comparable research methods, in (non-)clinical settings are needed. Novel insights from fear conditioning research may also shed light on the role of SSB in fear reduction.

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<http://www.ncbi.nlm.nih.gov/pubmed/25864136>

Addict Behav. 2015 Aug;47:55-60. doi: 10.1016/j.addbeh.2015.03.013. Epub 2015 Mar 21.

**Emotion dysregulation facets as mediators of the relationship between PTSD and alcohol misuse.**

Tripp JC, McDevitt-Murphy ME

#### INTRODUCTION:

Posttraumatic stress disorder (PTSD) and alcohol misuse, which frequently co-occur among combat veterans, have been linked to emotion dysregulation. Emotion dysregulation may explain the link between PTSD and alcohol misuse, and this investigation tested emotion dysregulation as a mediator of that relationship.

#### METHOD:

Correlations between PTSD symptoms and cluster symptoms, emotion dysregulation full and subscales, and alcohol misuse were examined in a sample of 139 combat Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans (45% African American; 89% men). Emotion dysregulation full scale and subscales were examined as mediators of the relationship between PTSD symptoms and alcohol misuse for the full sample and men only.

#### RESULTS:

PTSD symptoms and symptom clusters, emotion dysregulation, and alcohol misuse showed positive correlations for the full sample and men only. Neither the full scale of emotion dysregulation nor the facets of emotion dysregulation mediated the relationship between PTSD symptoms and alcohol misuse for the full sample; among men, the Impulse Control Difficulties when Upset and Lack of Emotional Clarity subscales were mediators of that relationship.

#### CONCLUSIONS:

Impulse control difficulties and lack of emotional clarity may play an important role in the link between PTSD and alcohol misuse for male veterans and should be an important target in treatment for individuals with both disorders. Addressing impulse control difficulties and lack of emotional clarity in those with PTSD and alcohol misuse may improve outcomes by helping individuals identify and describe upsetting emotions and develop healthy coping alternatives to alcohol misuse. Copyright © 2015 Elsevier Ltd. All rights reserved.

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<http://www.sciencedirect.com/science/article/pii/S0278584616300148>

#### **Treatment-refractory posttraumatic stress disorder (TRPTSD): a review and framework for the future.**

Ralph J. Koek, Holly N. Schwartz, Stephenie Scully, Jean-Philippe Langevin, Shana Spangler, Arkady Korotinsky, Kevin Jou, Andrew Leuchter

Progress in Neuro-Psychopharmacology and Biological Psychiatry

Available online 6 February 2016

doi:10.1016/j.pnpbp.2016.01.015

Post-traumatic stress disorder (PTSD) is a serious psychiatric consequence of trauma that occurs in a proportion of individuals exposed to life-threatening events. Trauma-focused psychotherapy is often recommended as first choice for those who do not recover spontaneously. But many individuals require medications. In the US, only paroxetine (PRX) and sertraline (SRT) are FDA approved for PTSD. But response and remission rates with these medications are low, so numerous other pharmacologic interventions have been tried. To date, there has not been a systematic review of the data on what are the best next-step pharmacologic strategies for individuals who fail standard treatments. To that end, we review 167 published trials of medications other than PRX or SRT and provide a detailed analysis of the 88/167 studies that describe alternative pharmacologic interventions in patients refractory to other treatment. We also review clinical factors relevant to treatment-refractory PTSD; the neurobiology of extinction, as well as evidence-based psychotherapy and neuromodulation strategies for this condition.

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<http://www.omicsonline.org/open-access/why-does-mindfulness-create-resilience-in-patients-with-ptsd-and-addictions-a-summary-of-3000-years-of-wisdom-and-current-evidence-2155-6105-1000e134.php?aid=65755>

### **Why Does Mindfulness Create Resilience in Patients with PTSD and Addictions: A Summary of 3,000 Years of Wisdom and Current Evidence Based Science.**

Keerthy R Sunder

Journal of Addiction Research & Therapy

Published: January 07, 2016

doi:0.4172/2155-6105.1000e134

Resilience is the capacity to withstand stress and catastrophe. Psychologists and philosophers have long recognized the innate capabilities of humans to adapt and overcome risk and adversity. Being resilient does not mean passing through life without experiencing stress and distress. Humans naturally experience grief, sadness, and a range of other emotions after adversity and loss. However, when the right social support structures are in place, individuals and communities are able to rebuild their lives even after devastating events including addiction and PTSD.

The characteristics of resiliency include intellectual mastery and curiosity, compassion with detachment, and the ability to conceptualize and attain the conviction of one's own right to survive [1]. Further, an ability to imagine, remember and invoke positive images, as well as having a goal to strive toward is also identified as resiliency characteristics. Other such characteristics include attracting and utilizing appropriate support, creating a vision to restore

moral order, possessing the ability and willingness to assist others, having a sense of true self and developing a heart-centred fighting spirit [2].

Mindfulness is usually regarded as involving two concepts: awareness of and attention to the present moment and acceptance without judgment. Creating an awareness of present moment means that an individual observes his or her feelings, thoughts and sensations and directs these to the current moment. Attending to a current moment requires adopting a stance of willingness and acceptance so that one can experience emotions and thoughts without judgment [3].

While, on the whole, humans are capable of exhibiting great resilience to adversity, exposure to the ravages of war places soldiers in a particularly high-risk category for developing and addiction or PTSD. Recent statistics on the Iraq and Afghanistan wars show that PTSD and other mental health issues pose some of the most significant health challenges for veterans. Currently, prevalence of PTSD among Iraq War veterans is estimated to be as high as 20% [4].

However, since symptoms often take months or years to appear, that figure is expected to rise and future projections place the rate of PTSD in this group of veterans in the range of 35% [4]. This would closely correlate with, and potentially surpass, the 30.9% lifetime prevalence of PTSD among male Vietnam War veterans.

Untreated, PTSD leads to tragic and costly consequences including addiction. Army suicide rates reached a 30-year high in 2008, having more than doubled since 2001 [5]. This trend, which has been claiming more lives than those lost in combat, is expected to continue into the foreseeable future. Among Vietnam veterans with PTSD, 34.2% have been arrested or jailed at least once and 11.5% have been convicted of a felony [5]. PTSD has also been found to impair cognitive function. Substance abuse and addiction are rampant among veterans with PTSD; with lifetime alcohol abuse among male Vietnam veterans running at 39.2% [4]. The two conditions occurring simultaneously confound clinicians' efforts to effectively treat either one [6].

These illustrate just a few of the long and growing list of physical and mental health effects of PTSD, including addiction, all of which urgently require more accurate identification as well as more effective treatment approaches in order to bring much-needed hope and healing to veterans with PTSD. The purpose of this paper is to conduct a qualitative research review on how mindfulness has been used as a way to help veterans with PTSD or addiction build resilience. To achieve this objective, this paper will examine a variety of published studies, experiments and notable developments on the subject.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22077/abstract>

**A Meta-Analysis of Hypnotherapeutic Techniques in the Treatment of PTSD Symptoms.**

O'Toole, S. K., Solomon, S. L. and Bergdahl, S. A.

Journal of Traumatic Stress

Article first published online: 8 FEB 2016

DOI: 10.1002/jts.22077

The efficacy of hypnotherapeutic techniques as treatment for symptoms of posttraumatic stress disorder (PTSD) was explored through meta-analytic methods. Studies were selected through a search of 29 databases. Altogether, 81 studies discussing hypnotherapy and PTSD were reviewed for inclusion criteria. The outcomes of 6 studies representing 391 participants were analyzed using meta-analysis. Evaluation of effect sizes related to avoidance and intrusion, in addition to overall PTSD symptoms after hypnotherapy treatment, revealed that all studies showed that hypnotherapy had a positive effect on PTSD symptoms. The overall Cohen's *d* was large ( $-1.18$ ) and statistically significant ( $p < .001$ ). Effect sizes varied based on study quality; however, they were large and statistically significant. Using the classic fail-safe *N* to assess for publication bias, it was determined it would take 290 nonsignificant studies to nullify these findings.

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<http://www.ncbi.nlm.nih.gov/pubmed/26118832>

Drug Alcohol Depend. 2015 Aug 1;153:37-42. doi: 10.1016/j.drugalcdep.2015.06.013. Epub 2015 Jun 19.

### **Associations between deployment, military rank, and binge drinking in active duty and Reserve/National Guard US servicewomen.**

Cucciare MA, Sadler AG, Mengeling MA, Torner JC, Curran GM, Han X, Booth BM

#### **BACKGROUND:**

Prior studies of mostly male U.S. service members suggest service characteristics such as deployment with combat exposure and lower rank may be a risk factor for alcohol misuse. However, these relationships have not been examined among servicewomen who may be at high risk for experiencing deployment-related stressors and associated health consequences. This cross-sectional report of US servicewomen in the Reserve or National Guard (RNG) and active component (AC) sought to examine these associations.

#### **METHODS:**

A Midwestern community sample of currently serving and veteran servicewomen ( $N=1339$ ) completed structured telephone interviews. The Generalized Linear Model was used to examine associations between service characteristics, any binge drinking, and frequency of recent binge drinking after adjusting for demographics.



## RESULTS:

After adjusting for demographics, deployment to Iraq or Afghanistan was associated with greater odds of reporting a binge drinking episode, compared to no deployment, among servicewomen in the AC but not RNG. Deployment to Iraq or Afghanistan was also associated with more days binge drinking in both groups compared to servicewomen not deployed. Lower ranking servicewomen also reported higher odds of a binge drinking episode and higher frequency of binge drinking in both the RNG and AC.

## CONCLUSIONS:

Service characteristics including deployment to Iraq or Afghanistan (vs. those not deployed) and lower rank (vs. officers) may be a risk factor for recent binge drinking and higher frequency of binge drinking among servicewomen, after adjusting for demographic covariates. Public health and clinical implications are discussed. Published by Elsevier Ireland Ltd.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22472/abstract>

### **Effectiveness of dialectical behavior therapy versus collaborative assessment and management of suicidality treatment for reduction of self-harm in adults with borderline personality traits and disorder—a randomized observer-blinded clinical trial.**

Andreasson, K., Krogh, J., Wenneberg, C., Jessen, H. K. L., Krakauer, K., Gluud, C., Thomsen, R. R., Randers, L. and Nordentoft, M.

Depression and Anxiety

Article first published online: 8 FEB 2016

DOI: 10.1002/da.22472

#### Background

Many psychological treatments have shown effect on reducing self-harm in adults with borderline personality disorder. There is a need of brief psychotherapeutical treatment alternative for suicide prevention in specialized outpatient clinics.

#### Methods/Design

The DiaS trial was designed as a pragmatic single-center, two-armed, parallel-group observer-blinded, randomized clinical superiority trial. The participants had at least two criteria from the borderline personality disorder diagnosis and a recent suicide attempt (within a month). The participants were offered 16 weeks of dialectical behavior therapy (DBT) versus up to 16 weeks of collaborative assessment and management of suicidality (CAMS) treatment. The primary composite outcome was the number of participants with a new self-harm (nonsuicidal self-injury [NSSI] or suicide attempt) at week 28 from baseline. Other exploratory outcomes were: severity of borderline symptoms, depressive symptoms, hopelessness, suicide ideation, and self-esteem.

## Results

At 28 weeks, the number of participants with new self-harm in the DBT group was 21 of 57 (36.8%) versus 12 of 51 (23.5%) in the CAMS treatment (OR: 1.90; 95% CI: 0.80–4.40;  $P = .14$ ). When assessing the effect of DBT versus CAMS treatment on the individual components of the primary outcome, we observed no significant differences in the number of NSSI (OR: 1.60; 95% CI: 0.70–3.90;  $P = .31$ ) or number of attempted suicides (OR: 2.24; 95% CI: 0.80–7.50;  $P = .12$ ).

## Conclusion

In adults with borderline personality traits and disorder and a recent suicide attempt, DBT does not seem superior compared with CAMS for reduction of number of self-harm or suicide attempts. However, further randomized clinical trials may be needed.

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<https://journals.macewan.ca/index.php/shcsjournal/article/view/285>

## **Consequences of Post-Traumatic Stress Disorder: Proneness to Interpersonal Conflict or Depression.**

Olha Denefil, Iryna Prokop, Maria Bobak

Social, Health, and Communication Studies Journal  
Vol 2, No 1 (2015)

Post-traumatic stress disorders (PTSDs) are reported to be among the most prevalent and unfavourable mental disorders in the individuals who have gone through life-threatening situations. For the late decades, they have been standing out against the background of marginal mental disorders. PTSDs are caused by an individual's direct involvement in the stress event, fraught with grave consequences and accompanied by mortal fear, horror and sensation of powerlessness. The problem is pressing for the today's Ukraine in view of the Donbas warfare, mass resettlement, changes of job and forms of activity. The disease may be diagnosed as PTSD in the case the groups of symptoms persist more than a month since a traumatic event has occurred.

For a long time, a good many of soldiers have been reported to reveal anxiety-phobic and behavioural disorders, as well as the signs of organic cerebral lesion. Some of them occur during combat operations, whereas the most of symptoms develop and aggravate 1-2 years after coming home. The PTSD patients mostly develop insomnia, anxiety, depression, and increased aggressiveness, which cause conflicts. An individual may become wicked, aggressive, discontented and cynical on a social basis. Depressive symptoms are hypothesized to mediate the relationship between PTSD and aggression. The ATO men with PTSD, who do not take alcohol, develop depression 1-1.5 year after coming back and, with alcohol added, the

problem of aggression arises. Based on this, we suggest that a staff of personnel, trained in psychological aid to the combatants with PTSD, should be formed. Besides, our cases prove that, with friendly support and compassion as well as active stand in life and adequate social work, aggression and proneness to conflict are unlikely to develop. On the contrary, lack of support results in excessive alcohol consumption and, thereof, increased proneness to conflict.

The system of treatment and rehabilitation measures for survivors should involve combination of psychotherapy, psychological correction, and medicines.

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<http://www.cmaj.ca/content/early/2016/02/08/cmaj.150790.abstract>

### **Risk of suicide after a concussion.**

Michael Fralick, Deva Thiruchelvam, Homer C. Tien, Donald A. Redelmeier

Canadian Medical Association Journal

First published February 8, 2016

doi: 10.1503/cmaj.150790

#### Background:

Head injuries have been associated with subsequent suicide among military personnel, but outcomes after a concussion in the community are uncertain. We assessed the long-term risk of suicide after concussions occurring on weekends or weekdays in the community.

#### Methods:

We performed a longitudinal cohort analysis of adults with diagnosis of a concussion in Ontario, Canada, from Apr. 1, 1992, to Mar. 31, 2012 (a 20-yr period), excluding severe cases that resulted in hospital admission. The primary outcome was the long-term risk of suicide after a weekend or weekday concussion.

#### Results:

We identified 235 110 patients with a concussion. Their mean age was 41 years, 52% were men, and most (86%) lived in an urban location. A total of 667 subsequent suicides occurred over a median follow-up of 9.3 years, equivalent to 31 deaths per 100 000 patients annually or 3 times the population norm. Weekend concussions were associated with a one-third further increased risk of suicide compared with weekday concussions (relative risk 1.36, 95% confidence interval 1.14–1.64). The increased risk applied regardless of patients' demographic characteristics, was independent of past psychiatric conditions, became accentuated with time and exceeded the risk among military personnel. Half of these patients had visited a physician in the last week of life.

Interpretation:

Adults with a diagnosis of concussion had an increased long-term risk of suicide, particularly after concussions on weekends. Greater attention to the long-term care of patients after a concussion in the community might save lives because deaths from suicide can be prevented.

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<http://www.tandfonline.com/doi/abs/10.1080/10668926.2015.1123202>

**“The military taught me how to study, how to work hard”: Helping student-veterans transition by building on their strengths.**

Mark Blaauw-Hara

Community College Journal of Research and Practice

Published online: 11 Feb 2016

DOI:10.1080/10668926.2015.1123202

Community colleges are experiencing growing numbers of student veterans. Unfortunately, much training for faculty and staff tends to stem from a deficit mindset: the focus is on remediating what student veterans lack rather than building on their unique strengths. Training programs, courses, and college interventions that acknowledge and build on the strengths student veterans bring from the military to the academy will likely be more effective than those that focus solely on lack. This article identifies three key strengths characteristic to student veterans, connects them to current research on student success, and recommends ways colleges can build upon these strengths to support student-veterans' transition to college.

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<http://link.springer.com/article/10.1007/s10880-016-9449-8>

**Prevalence, Detection and Correlates of PTSD in the Primary Care Setting: A Systematic Review.**

Talya Greene , Yuval Neria, Raz Gross

Journal of Clinical Psychology in Medical Settings

First online: 11 February 2016

DOI 10.1007/s10880-016-9449-8

Research suggests that posttraumatic stress disorder (PTSD) is common, debilitating and frequently associated with comorbid health conditions, including poor functioning, and increased health care utilization. This article systematically reviewed the empirical literature on PTSD in primary care settings, focusing on prevalence, detection and correlates. Twenty-seven studies

were identified for inclusion. Current PTSD prevalence in primary care patients ranged widely between 2 % to 39 %, with significant heterogeneity in estimates explained by samples with different levels of trauma exposure. Six studies found detection of PTSD by primary care physicians (PCPs) ranged from 0 % to 52 %. Studies examining associations between PTSD and sociodemographic variables yielded equivocal results. High comorbidity was reported between PTSD and other psychiatric disorders including depression and anxiety, and PTSD was associated with functional impairment or disability. Exposure to multiple types of trauma also raised the risk of PTSD. While some studies indicated that primary care patients with PTSD report higher levels of substance and alcohol abuse, somatic symptoms, pain, health complaints, and healthcare utilization, other studies did not find these associations. This review proposes that primary care settings are important for the early detection of PTSD, which can be improved through indicated screening and PCP education.

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<http://onlinelibrary.wiley.com/doi/10.1002/hup.2522/abstract>

### **Pharmacology for sleep disturbance in PTSD.**

Lipinska, G., Baldwin, D. S., and Thomas, K. G. F.

Human Psychopharmacology: Clinical and Experimental

Article first published online: 8 FEB 2016

DOI: 10.1002/hup.2522

Symptoms of sleep disturbance, particularly nightmares and insomnia, are a central feature of post-traumatic stress disorder (PTSD). Emerging evidence suggests that specific treatment of PTSD-related sleep disturbance improves other symptoms of the disorder, which in turn suggests that such disturbance may be fundamental to development and maintenance of the disorder. This mini-review focuses on pharmacological treatment of sleep disturbance in adult PTSD (specifically, studies testing the efficacy of antidepressants, adrenergic inhibiting agents, antipsychotics and benzodiazepine and non-benzodiazepine hypnotics). We conclude that only prazosin, an adrenergic inhibiting agent, has had its efficacy established by multiple randomised controlled trials. There is also high-level evidence supporting use of eszopiclone, as well as risperidone and olanzapine as adjunct therapy. Antidepressants such as sertraline, venlafaxine and mirtazapine, benzodiazepines such as alprazolam and clonazepam and non-benzodiazepine hypnotics such as zolpidem appear ineffective in treating PTSD-related sleep disturbance. Most studies that report reduced frequency of nightmares and insomnia also report decreases in overall symptom severity. Such findings suggest that (i) sleep disruption is central to PTSD; (ii) treating sleep disruption may be an effective way to address other symptoms of the disorder and (iii) PTSD symptoms tend to cluster together in predictable ways. Copyright © 2016 John Wiley & Sons, Ltd.

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<http://www.tandfonline.com/doi/abs/10.3109/01612840.2015.1114057>

**The Relationship Between Exercise Intensity and Sleep Quality in People Hospitalised Due to Affective Disorders: A Pilot Study.**

Robert Stanton , Trish Donohue , Michelle Garnon , Brenda Happell

Issues in Mental Health Nursing

Vol. 37, Iss. 2, 2016

DOI: 10.3109/01612840.2015.1114057

Individuals with mental illness experience poorer sleep quality compared to the general population. Exercise may improve sleep quality through a reduction in arousal, however the association between perceived exercise intensity and sleep quality for this population is largely unknown. Forty inpatient mental health consumers reported perceived exertion prior to, and immediately following, a morning session of combined aerobic and strengthening exercise. Self-reported sleep quality was reported immediately upon waking the day following the acute exercise session. Pearson's correlations examined the relationship between exercise intensity and sleep quality. A significant negative correlation was observed between post-exercise exertion and sleep quality ( $r = -0.32$ ,  $p = 0.045$ ). A reduction in arousal may explain the observed effects for people with anxiety disorders.

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<http://www.sciencedirect.com/science/article/pii/S0010440X15302017>

**Suicidal Ideation, Suicide Attempt, and Occupations among Employed Adults Aged 18-64 years in the United States.**

Beth Han, Alex E. Crosby, LaVonne A.G. Ortega, Sharyn E. Parks, Wilson M. Compton, Joseph Gfroerer

Comprehensive Psychiatry

Available online 10 February 2016

doi:10.1016/j.comppsy.2016.02.001

Objective

Approximately 70 percent of all US suicides are among working-age adults. This study was to determine whether and how 12-month suicidal ideation and suicide attempt were associated with specific occupations among currently employed adults aged 18-64 in the U.S.

Methods

Data from 184,300 currently employed adults who participated in the 2008-2013 National

Surveys on Drug Use and Health (NSDUH). NSDUH provides nationally representative data on suicidal ideation and suicide attempt. Descriptive analyses and multivariable logistic regressions were conducted.

## Results

Among currently employed adults aged 18-64 in the U.S., 3.5% had suicidal ideation in the past 12 months (3.1% had suicidal ideation only, and 0.4% had suicidal ideation and attempted suicide). Compared with adults in farming, fishing, and forestry occupations (model adjusted prevalence (MAP)=1.6%), adults in the following occupations were 3.0-3.6 times more likely to have suicidal ideation in the past year (model adjusted relative risks (MARRs)=3.0-3.6): lawyers, judges, and legal support workers (MAP = 4.8%), social scientists and related workers (MAP = 5.4%), and media and communication workers (MAP = 5.8%).

## Conclusions

Among employed adults aged 18-64 in the U.S., the 12-month prevalence of suicidal ideation varies by occupations. Adults in occupations that are at elevated risk for suicidal ideation may warrant focused suicide prevention.

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<http://link.springer.com/article/10.1007/s10608-016-9763-3>

## **Catastrophic Thinking: A Transdiagnostic Process Across Psychiatric Disorders.**

Resham Gellatly , Aaron T. Beck

Cognitive Therapy and Research

First online: 11 February 2016

DOI 10.1007/s10608-016-9763-3

Since the description of catastrophizing by Ellis (Reason and emotion in psychotherapy. Lyle Stuart, Oxford, 1962) as a general factor in psychopathology, numerous studies have explored this construct and its association with many common disorders. This paper investigates the role of catastrophic thinking across psychiatric disorders. We conducted a comprehensive review of the literature on the role of catastrophic beliefs as a predictor and correlate of psychopathological disorders including panic, phobia, health anxiety, obsessive-compulsive disorder, posttraumatic stress disorder, pain, and traumatic brain injury. The literature suggests that catastrophic thinking has been demonstrated to play a role in a wide variety of disorders and has been a focal point for prevention and psychotherapeutic intervention. While the process of catastrophic thinking is transdiagnostic, content is unique for each disorder. We propose a model for the catastrophic cycle and discuss the utility of including catastrophic beliefs in an alternative diagnostic scheme based on cognitive theory. We offer recommendations for prevention and psychotherapeutic interventions that have targeted catastrophic thinking and led to improvement in each particular disorder. We conclude with recommendations for further

research on the role of mediation, as well further investigation of disorders such as psychosis and irritable bowel syndrome, which emerging evidence suggests may be related to catastrophic beliefs.

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<http://link.springer.com/article/10.1007/s11896-016-9192-y>

**An Exploratory Study of the Mental Toughness Psychological Skills Profile Psychometrics, and the Mediating Effect of Social Support Sources on Mental Toughness and Suicidal Ideation Among Military Police.**

Hilary A. Smith , Andrea L. Wolfe-Clark, Craig J. Bryan

Journal of Police and Criminal Psychology

First online: 10 February 2016

DOI 10.1007/s11896-016-9192-y

Research suggests that social support and mental toughness (i.e., the ability to effectively cope with stress despite adversity and/or failure) may be associated with decreased suicide risk, although methods for measuring mental toughness remain largely undeveloped. The relationship remains largely unknown. In response to this research gap, the psychometric properties of the Mental Toughness Psychological Skills Profile (MTPSP; Asken 2005), and its association with suicide ideation, were evaluated in a sample of active duty U.S. Air Force Security Forces personnel, a subpopulation especially vulnerable to suicide risk. 273 participants from two Air Force bases completed self-report scales including the MTPSP. Results indicated that the MTPSP is comprised of five subscales: Negative Mindset, Positive Mindset, Confidence, Achievement, and Health Behaviors. All five MTPSP factors were independently correlated with general distress, somatic anxiety, positive affect, presence of meaning in life, search for meaning in life, positive self-bias, social support sources, and suicide ideation. The Confidence factor was the only factor that had a significant association with suicide ideation when all five factors were considered simultaneously ( $\beta = -0.18$ ,  $p = .016$ ), but was fully mediated by social support ( $\beta = -0.17$ ,  $p = .033$ ). Self-confidence may be associated with reduced suicide risk because those individuals tend to report higher social support.

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<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15040492>

**Divergent Outcomes in Cognitive-Behavioral Therapy and Pharmacotherapy for Adult Depression.**

Jeffrey R. Vittengl, Ph.D., Robin B. Jarrett, Ph.D., Erica Weitz, M.A., Steven D. Hollon, Ph.D., Jos Twisk, Ph.D., Ioana Cristea, Ph.D., Daniel David, Ph.D., Robert J. DeRubeis, Ph.D., Sona



Dimidjian, Ph.D., Boadie W. Dunlop, M.D., M.S., Mahbobeh Faramarzi, Ph.D., Ulrich Hegerl, M.D., Ph.D., Sidney H. Kennedy, M.D., Farzan Kheirkhah, M.D., Roland Mergl, Ph.D., Jeanne Miranda, Ph.D., David C. Mohr, Ph.D., A. John Rush, M.D., Zindel V. Segal, Ph.D., Juned Siddique, Dr.P.H., Anne D. Simons, Ph.D., Pim Cuijpers, Ph.D.

American Journal of Psychiatry

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#### Objective:

Although the average depressed patient benefits moderately from cognitive-behavioral therapy (CBT) or pharmacotherapy, some experience divergent outcomes. The authors tested frequencies, predictors, and moderators of negative and unusually positive outcomes.

#### Method:

Sixteen randomized clinical trials comparing CBT and pharmacotherapy for unipolar depression in 1,700 patients provided individual pre- and posttreatment scores on the Hamilton Depression Rating Scale (HAM-D) and/or Beck Depression Inventory (BDI). The authors examined demographic and clinical predictors and treatment moderators of any deterioration (increase  $\geq 1$  HAM-D or BDI point), reliable deterioration (increase  $\geq 8$  HAM-D or  $\geq 9$  BDI points), extreme nonresponse (posttreatment HAM-D score  $\geq 21$  or BDI score  $\geq 31$ ), superior improvement (HAM-D or BDI decrease  $\geq 95\%$ ), and superior response (posttreatment HAM-D or BDI score of 0) using multilevel models.

#### Results:

About 5%–7% of patients showed any deterioration, 1% reliable deterioration, 4%–5% extreme nonresponse, 6%–10% superior improvement, and 4%–5% superior response. Superior improvement on the HAM-D only (odds ratio=1.67) and attrition (odds ratio=1.67) were more frequent in pharmacotherapy than in CBT. Patients with deterioration or superior response had lower pretreatment symptom levels, whereas patients with extreme nonresponse or superior improvement had higher levels.

#### Conclusions:

Deterioration and extreme nonresponse and, similarly, superior improvement and superior response, both occur infrequently in randomized clinical trials comparing CBT and pharmacotherapy for depression. Pretreatment symptom levels help forecast negative and unusually positive outcomes but do not guide selection of CBT versus pharmacotherapy. Pharmacotherapy may produce clinician-rated superior improvement and attrition more frequently than does CBT.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22476/abstract>

**Behavioral activation and therapeutic exposure for posttraumatic stress disorder: a noninferiority trial of treatment delivered in person versus home-based telehealth.**

Acierno, R., Gros, D. F., Ruggiero, K. J., Hernandez-Tejada, B. M. A., Knapp, R. G., Lejuez, C. W., Muzzy, W., Frueh, C. B., Egede, L. E. and Tuerk, P. W.

Depression and Anxiety

Article first published online: 10 FEB 2016

DOI: 10.1002/da.22476

**Objective**

Combat veterans returning to society with impairing mental health conditions such as PTSD and major depression (MD) report significant barriers to care related to aspects of traditional psychotherapy service delivery (e.g., stigma, travel time, and cost). Hence, alternate treatment delivery methods are needed. Home-based telehealth (HBT) is one such option; however, this delivery mode has not been compared to in person, clinic-based care for PTSD in adequately powered trials. The present study was designed to compare relative noninferiority of evidence-based psychotherapies for PTSD and MD, specifically Behavioral Activation and Therapeutic Exposure (BA-TE), when delivered via HBT versus in person, in clinic delivery.

**Method**

A repeated measures (i.e., baseline, posttreatment, 3-, 6-month follow-up) randomized controlled design powered for noninferiority analyses was used to compare PTSD and MD symptom improvement in response to BA-TE delivered via HBT versus in person, in clinic conditions. Participants were 232 veterans diagnosed with full criteria or predefined subthreshold PTSD.

**Results**

PTSD and MD symptom improvement following BA-TE delivered by HBT was comparable to that of BA-TE delivered in person at posttreatment and at 3- and 12-month follow-up.

**Conclusion**

Evidence-based psychotherapy for PTSD and depression can be safely and effectively delivered via HBT with clinical outcomes paralleling those of clinic-based care delivered in person. HBT, thereby, addresses barriers to care related to both logistics and stigma.

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<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12135/abstract>

**The Importance of Temporal Dynamics in the Transition From Suicidal Thought to Behavior.**

Craig J. Bryan and M. David Rudd

Clinical Psychology: Science and Practice

Article first published online: 11 FEB 2016

DOI: 10.1111/cpsp.12135

May and Klonsky's (2016) meta-analysis highlights a critical limitation of suicide-focused research, the conflation of risk factors for suicide ideation with risk factors for suicidal behavior, and calls for new research aimed at predicting which suicidal individuals will transition to suicide attempts. A critical limitation of existing models of suicide is the lack of attention to nonlinear change processes among relevant risk variables, which could conceal the true nature of the transition from suicidal thought to action. The fluid vulnerability of theory of suicide provides a working model for conceptualizing static versus dynamic aspects of suicide risk over time. Future research focused on understanding the transition from suicidal thought to action should incorporate theoretical models and analytic methods capable of quantifying and describing nonlinear change processes.

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<http://www.sciencedirect.com/science/article/pii/S0887618516300160>

**The Class-Dimensional Structure of PTSD Before and After Deployment to Iraq: Evidence from Direct Comparison of Dimensional, Categorical, and Hybrid Models.**

Mark D. Kramer, Paul A. Arbisi, Paul D. Thuras, Robert F. Krueger, Christopher R. Erbes, Melissa A. Polusny

Journal of Anxiety Disorders

Available online 11 February 2016

doi:10.1016/j.janxdis.2016.02.004

The assumption of specific etiology in posttraumatic stress disorder (PTSD) differentiates the disorder from most other psychiatric conditions. A 'risky test' of the assumption of specific etiology and resultant trauma-related symptom dimensions was conducted through structural modeling of PTSD symptoms in soldiers before (N = 522) and after (n = 423) a combat deployment to Iraq. If PTSD represents a discrete diagnostic entity that emerges after trauma exposure, we hypothesized either the number of latent classes should increase from pre- to post-deployment or symptom dimensions should qualitatively distinguish affected from unaffected classes following trauma exposure. Comparison of latent structural models revealed best fitting hybrid models for PTSD and depression with strong invariance of symptom dimensions across classes both before and after deployment and only quantitative (i.e., severity) differences between classes. These findings suggest PTSD is generally well-

conceptualized as a dimensional syndrome worsened but not necessarily elicited by trauma exposure.

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201500302>

### **Use of ICD-9-CM Diagnosis Code V62.89 (Other Psychological or Physical Stress, Not Elsewhere Classified) Following a Suicide Attempt.**

Marek S. Kopacz, M.D., Ph.D., Cathleen P. Kane, M.S., Brady Stephens, M.S., Wilfred R. Pigeon, Ph.D.

Psychiatric Services

Accepted: October 26, 2015

<http://dx.doi.org/10.1176/appi.ps.201500302>

#### Objective:

This study examined the demographic, diagnostic, and service characteristics of veterans who received services for “other psychological or physical stress, not elsewhere classified” (ICD-9-CM V62.89) in the month following a suicide attempt.

#### Methods:

An electronic search of a Veterans Health Administration (VHA) suicide event reporting system identified 22,701 veterans who were survivors of a suicide attempt. Their clinical service encounter records were extracted from a VHA administrative database to identify those who received services related to V62.89.

#### Results:

Services related to V62.89 were provided to N=2,173 (9.6%) of the sample. Chaplains were the predominant service provider, identified in N=1,745 (80%) of the service encounters. Differences were noted between those who received services related to V62.89 from a chaplain or from another service provider.

#### Conclusions:

V62.89 appears to be a focus of clinical concern for some veteran suicide attempt survivors. Additional research is needed to better understand any implications for suicide “postvention.”

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2491944>

### **Cannabis Use and Risk of Psychiatric Disorders: Prospective Evidence From a US National Longitudinal Study.**

Carlos Blanco, MD, PhD; Deborah S. Hasin, PhD; Melanie M. Wall, PhD; Ludwing Flórez-Salamanca, MD; Nicolas Hoertel, MD, MPH; Shuai Wang, PhD; Bradley T. Kerridge, PhD, PhD; Mark Olfson, MD, MPH

JAMA Psychiatry

February 17, 2016

doi:10.1001/jamapsychiatry.2015.3229

### Importance

With rising rates of marijuana use in the general population and an increasing number of states legalizing recreational marijuana use and authorizing medical marijuana programs, there are renewed clinical and policy concerns regarding the mental health effects of cannabis use.

### Objective

To examine prospective associations between cannabis use and risk of mental health and substance use disorders in the general adult population.

### Design, Setting, and Participants

A nationally representative sample of US adults aged 18 years or older was interviewed 3 years apart in the National Epidemiologic Survey on Alcohol and Related Conditions (wave 1, 2001-2002; wave 2, 2004-2005). The primary analyses were limited to 34 653 respondents who were interviewed in both waves. Data analysis was conducted from March 15 to November 30, 2015.

### Main Outcomes and Measures

We used multiple regression and propensity score matching to estimate the strength of independent associations between cannabis use at wave 1 and incident and prevalent psychiatric disorders at wave 2. Psychiatric disorders were measured with a structured interview (Alcohol Use Disorder and Associated Disabilities Interview Schedule—DSM-IV). In both analyses, the same set of wave 1 confounders was used, including sociodemographic characteristics, family history of substance use disorder, disturbed family environment, childhood parental loss, low self-esteem, social deviance, education, recent trauma, past and present psychiatric disorders, and respondent's history of divorce.

### Results

In the multiple regression analysis of 34 653 respondents (14 564 male [47.9% weighted]; mean [SD] age, 45.1 [17.3] years), cannabis use in wave 1 (2001-2002), which was reported by 1279 respondents, was significantly associated with substance use disorders in wave 2 (2004-2005) (any substance use disorder: odds ratio [OR], 6.2; 95% CI, 4.1-9.4; any alcohol use disorder: OR, 2.7; 95% CI, 1.9-3.8; any cannabis use disorder: OR, 9.5; 95% CI, 6.4-14.1; any other drug use disorder: OR, 2.6; 95% CI, 1.6-4.4; and nicotine dependence: OR, 1.7; 95% CI, 1.2-2.4), but not any mood disorder (OR, 1.1; 95% CI, 0.8-1.4) or anxiety disorder (OR, 0.9; 95% CI, 0.7-1.1). The same general pattern of results was observed in the multiple regression analyses of wave 2

prevalent psychiatric disorders and in the propensity score–matched analysis of incident and prevalent psychiatric disorders.

#### Conclusions and Relevance

Within the general population, cannabis use is associated with an increased risk for several substance use disorders. Physicians and policy makers should take these associations of cannabis use under careful consideration.

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#### Links of Interest

Sleep apnea takes a toll on brain function

<http://www.sciencedaily.com/releases/2016/02/160212102347.htm>

Meditation + Exercise = Depression Relief

<http://psychcentral.com/news/2016/02/11/meditation-exercise-depression-relief/98956.html>

Blocking stress protein relieves chronic pain in mice

<http://www.sciencedaily.com/releases/2016/02/160210165713.htm>

Report: Calls to VA suicide hotline went to voicemail

<http://wtop.com/national/2016/02/report-calls-to-va-suicide-hotline-went-to-voicemail/>

Cognitive behavioral therapy similarly effective to antidepressants, new guidelines say

<http://www.phillyvoice.com/cognitive-behavioral-therapy-similarly-effective-antidepressants-new-guidelines-say/>

Veterans, guilt, and suicide risk: An opportunity to collaborate with chaplains?

<http://www.ccjm.org/current-issue/issue-single-view/veterans-guilt-and-suicide-risk-an-opportunity-to-collaborate-with-chaplains/c1c97c5df6b19cc147ba27ed2dc1c413.html>

DoD Expands Telemedicine Access for Military, Families

<http://mhealthintelligence.com/news/dod-expands-telemedicine-access-for-military-families>

Special Report: What Might Have Saved These Veterans

<http://www.sandiegouniontribune.com/news/2016/feb/05/veterans-suicide-special-report/>

Virtual reality therapy could help people with depression

<https://www.sciencedaily.com/releases/2016/02/160215090140.htm>

Aerobic fitness may protect liver against chronic alcohol use

<https://www.sciencedaily.com/releases/2016/02/160216123453.htm>

Marijuana smokers 5 times more likely to develop an alcohol problem  
<https://www.sciencedaily.com/releases/2016/02/160217112847.htm>

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**Resource of the Week: Report -- [Tour Lengths, Permanent Changes of Station, and Alternatives for Savings and Improved Stability](#) (RAND Corporation)**

The U.S. Department of Defense (DoD) moves about one-third of its military servicemembers each year. This study was designed in part to support DoD in preparing a report for Congress on its permanent change of station (PCS) programs. It examined the workings of those programs with the goal of determining the potential for savings that could accrue from reducing the total number of PCS moves by increasing the average amount of time between them. The research covered current policies and programs, looking particularly at incentive programs designed to encourage servicemembers to stay longer at their current stations. The authors collaborated with the Defense Manpower Data Center to develop survey questions designed to collect responses on individual propensities to extend tours and the factors that influence such decisions, with emphasis on overseas tours, which are the most expensive. The analysis suggests that a substantial fraction of those serving overseas would be willing to extend their tour of service if a sufficiently attractive incentive package were offered. The authors recommend implementation of an auction mechanism that would allow servicemembers to bid for extensions to their current overseas tours. The estimated average annual savings could range from \$19 million to \$84 million.



# Tour Lengths, Permanent Changes of Station, and Alternatives for Savings and Improved Stability

Craig A. Bond, Jennifer Lamping Lewis, Henry A. Leonard, Julia Pollak,  
Christopher Guo, Bernard D. Rostker

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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
301-816-4749