CDP Research Update -- June 16, 2016

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http://onlinelibrary.wiley.com/doi/10.1002/cpp.1952/abstract

Expert Insight into the Assessment of Competence in Cognitive–Behavioural Therapy: A Qualitative Exploration of Experts' Experiences, Opinions and Recommendations.

Muse, K., and McManus, F.

Clinical Psychology & Psychotherapy
Volume 23, Issue 3, pages 246–259, May 2016
DOI: 10.1002/cpp.1952

To offer insight into how cognitive–behavioural therapy (CBT) competence is defined, measured and evaluated and to highlight ways in which the assessment of CBT competence could be further improved, the current study utilizes a qualitative methodology to examine CBT experts' (N = 19) experiences of conceptualizing and assessing the competence of CBT therapists. Semi-structured interviews were used to explore participants' experiences of assessing the competence of CBT therapists. Interview transcripts were then analysed using interpretative phenomenological analysis in order to identify commonalities and differences in the way CBT competence is evaluated. Four superordinate themes were identified: (i) what to assess, the complex and fuzzy concept of CBT competence; (ii) how to assess CBT competence, selecting from the toolbox of assessment methods; (iii) who is best placed to assess CBT competence, expertise and independence; and (iv) pitfalls, identifying and overcoming assessment biases. Priorities for future research and ways in which the assessment of CBT competence could be further improved are discussed in light of these findings.

Key Practitioner Message:

- A qualitative exploration of experts' experiences, opinions and recommendations for assessing the competence of CBT therapists.
- Semi-structured interviews were conducted and analysed using interpretive

phenomenological analysis.
- Themes identified shed light on (i) what to assess; (ii) how to assess; (iii) who is best placed to assess; and (iv) common pitfalls.
- Priorities for future research and ways in which the assessment of CBT competence could be further improved are discussed in light of these findings.

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http://www.sciencedirect.com/science/article/pii/S221503661630030X

Suicide prevention strategies revisited: 10-year systematic review.

Gil Zalsman, Keith Hawton, Danuta Wasserman, Kees van Heeringen, Ella Arensman, Marco Sarchiapone, Vladimir Carli, Cyril Höschl, Ran Barzilay, Judit Balazs, György Purebl, Jean Pierre Kahn, Pilar Alejandra Sáiz, Cendrine Bursztein Lipsicas, Julio Bobes, Doina Cozman, Ulrich Hegerl, Joseph Zohar

The Lancet Psychiatry
Available online 8 June 2016
doi:10.1016/S2215-0366(16)30030-X

Background
Many countries are developing suicide prevention strategies for which up-to-date, high-quality evidence is required. We present updated evidence for the effectiveness of suicide prevention interventions since 2005.

Methods
We searched PubMed and the Cochrane Library using multiple terms related to suicide prevention for studies published between Jan 1, 2005, and Dec 31, 2014. We assessed seven interventions: public and physician education, media strategies, screening, restricting access to suicide means, treatments, and internet or hotline support. Data were extracted on primary outcomes of interest, namely suicidal behaviour (suicide, attempt, or ideation), and intermediate or secondary outcomes (treatment-seeking, identification of at-risk individuals, antidepressant prescription or use rates, or referrals). 18 suicide prevention experts from 13 European countries reviewed all articles and rated the strength of evidence using the Oxford criteria. Because the heterogeneity of populations and methodology did not permit formal meta-analysis, we present a narrative analysis.

Findings
We identified 1797 studies, including 23 systematic reviews, 12 meta-analyses, 40 randomised controlled trials (RCTs), 67 cohort trials, and 22 ecological or population-based investigations. Evidence for restricting access to lethal means in prevention of suicide has strengthened since 2005, especially with regard to control of analgesics (overall decrease of 43% since 2005) and hot-spots for suicide by jumping (reduction of 86% since 2005, 79% to 91%). School-based awareness programmes have been shown to reduce suicide attempts (odds ratio [OR] 0·45, 95% CI 0·24–0·85; p=0·014) and suicidal ideation (0·5, 0·27–0·92; p=0·025). The anti-suicidal effects of clozapine and lithium have been substantiated, but might be less specific than previously thought. Effective pharmacological and psychological treatments of depression are important in prevention. Insufficient evidence exists to assess the possible benefits for suicide prevention of screening in primary care, in general public education and media guidelines. Other approaches that need further investigation include gatekeeper training, education of physicians, and internet and helpline support. The paucity of RCTs is a major limitation in the evaluation of preventive interventions.

Interpretation
In the quest for effective suicide prevention initiatives, no single strategy clearly stands above the others. Combinations of evidence-based strategies at the individual level and the population level should be assessed with robust research designs.

Funding
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http://onlinelibrary.wiley.com/doi/10.1002/jts.22103/abstract

Evidence of Shared Genome-Wide Additive Genetic Effects on Interpersonal Trauma Exposure and Generalized Vulnerability to Drug Dependence in a Population of Substance Users.

Palmer, R. H. C., Nugent, N. R., Brick, L. A., Bidwell, C. L., McGeary, J. E., Keller, M. C. and Knopik, V. S.

Journal of Traumatic Stress
Volume 29, Issue 3, pages 197–204, June 2016
DOI: 10.1002/jts.22103

Exposure to traumatic experiences is associated with an increased risk for drug dependence and poorer response to substance abuse treatment (Claus & Kindleberger, 2002; Jaycox, Ebener, Damesek, & Becker, 2004). Despite this evidence, the reasons for the observed associations of trauma and the general tendency to be dependent upon drugs of abuse remain unclear. Data (N = 2,596) from the Study of Addiction: Genetics and Environment were used to analyze (a) the degree to which commonly occurring single nucleotide polymorphisms (SNPs; minor allele frequency > 1%) in the human genome explains exposure to interpersonal traumatic experiences, and (b) the extent to which additive genetic effects on trauma are shared with additive genetic effects on drug dependence. Our results suggested moderate additive genetic influences on interpersonal trauma, h2SNP-Interpersonal = .47, 95% confidence interval (CI) [.10, .85], that are partially shared with additive genetic effects on generalized vulnerability to drug dependence, h2SNP-DD = .36, 95% CI [.11, .61]; rG-SNP = .49, 95% CI [.02, .96]. Although the design/technique does not exclude the possibility that substance abuse causally increases risk for traumatic experiences (or vice versa), these findings raise the possibility that commonly occurring SNPs influence both the general tendency towards drug dependence and interpersonal trauma.

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22097/abstract

Sexual Health in Male and Female Iraq and Afghanistan U. S. War Veterans With and Without PTSD: Findings From the VALOR Cohort.

Breyer, B. N., Fang, S. C., Seal, K. H., Ranganathan, G., Marx, B. P., Keane, T. M. and Rosen, R. C.

Journal of Traumatic Stress
Volume 29, Issue 3, pages 229–236, June 2016
DOI: 10.1002/jts.22097

We sought to determine whether posttraumatic stress disorder (PTSD) was associated with sexual health in returned warzone-deployed veterans from the recent Iraq and Afghanistan conflicts. We studied 1,581 males and females from the Veterans After-Discharge Longitudinal Registry, a gender-balanced U.S. Department of Veterans Affairs registry of health care-seeking veterans with and without PTSD. Approximately one quarter (25.1%) of males (n = 198) and 12.7% of females (n = 101) had a sexual dysfunction diagnosis and/or prescription treatment for sexual dysfunction. Both

genders were more likely to have a sexual dysfunction diagnosis and/or prescription treatment if they had PTSD compared with those without PTSD (male: 27.3% vs. 21.1%, p = .054; female: 14.9% vs. 9.4%, p = .022). Among the 1,557 subjects analyzed here, males with PTSD had similar levels of sexual activity compared to those without PTSD (71.2% vs. 75.4%, p = .22), whereas females with PTSD were less likely to be sexually active compared to females without PTSD (58.7% vs. 72.1%, p < .001). Participants with PTSD were also less likely to report sex-life satisfaction (male: 27.6% vs. 46.0%, p < .001; female: 23.0% vs. 45.7%, p < .001) compared with those without PTSD. Although PTSD was not associated with sexual dysfunction after adjusting for confounding factors, it was significantly negatively associated with sex-life satisfaction in female veterans with a prevalence ratio of .71, 95% confidence interval [.57, .90].

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http://onlinelibrary.wiley.com/doi/10.1002/jts.22100/abstract

PTSD and Romantic Relationship Satisfaction: Cluster- and Symptom-Level Analyses.

LeBlanc, N. J., Dixon, L., Robinaugh, D. J., Valentine, S. E., Bosley, H. G., Gerber, M. W. and Marques, L.

Journal of Traumatic Stress
Volume 29, Issue 3, pages 259–267, June 2016
DOI: 10.1002/jts.22100

Previous studies have demonstrated bidirectional associations between posttraumatric stress disorder (PTSD) and romantic relationship dissatisfaction. Most of these studies were focused at the level of the disorder, examining the association between relationship dissatisfaction and having a diagnosis of PTSD or the total of PTSD symptoms endorsed. This disorder-level approach is problematic for trauma theorists who posit symptom-level mechanisms for these effects. In the present study, we examined the prospective, bidirectional associations between PTSD symptom clusters (e.g., reexperiencing) and relationship satisfaction using the data from 101 previously studied individuals who had had a recent motor vehicle accident. We also conducted exploratory analyses examining the prospective, bidirectional associations between individual PTSD symptoms and relationship satisfaction. Participants had completed the PTSD Checklist-Civilian Version and the Relationship Assessment Scale at 4, 10, and 16 weeks after the MVA. We performed time-lagged mixed-effects regressions to examine the effect of lagged relationship satisfaction on PTSD clusters and symptoms,

and vice versa. No cluster effects were significant after controlling for a false discovery rate. Relationship satisfaction predicted prospective decreases in reliving the trauma (d = 0.42), emotional numbness (d = 0.46), and irritability (d = 0.49). These findings were consistent with the position that relationship satisfaction affects PTSD through symptom-level mechanisms.

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http://www.sciencedirect.com/science/article/pii/S0005789416300326

Interpersonal Problems Predict Differential Response to Cognitive Versus Behavioral Treatment in a Randomized Controlled Trial.

Michelle G. Newman, Nicholas C. Jacobson, Thane M. Erickson, Aaron J. Fisher

Behavior Therapy
Available online 6 June 2016
doi:10.1016/j.beth.2016.05.005

Objective
We examined dimensional interpersonal problems as moderators of cognitive behavioral therapy (CBT) versus its components (cognitive therapy [CT] and behavioral Therapy [BT]). We predicted that people with generalized anxiety disorder (GAD) whose interpersonal problems reflected more dominance and intrusiveness would respond best to a relaxation-based BT compared to CT or CBT, based on studies showing that people with personality features associated with a need for autonomy respond best to treatments that are more experiential, concrete, and self-directed compared to therapies involving abstract analysis of one's problems (e.g., containing CT).

Method
This was a secondary analysis of Borkovec, Newman, Pincus, and Lytle (2002). Forty-seven participants with principal diagnoses of GAD were assigned randomly to combined CBT (n = 16), CT (n = 15), or BT (n = 16).

Results
As predicted, compared to participants with less intrusiveness, those with dimensionally more intrusiveness responded with greater GAD symptom reduction to BT than to CBT at post-treatment and greater change to BT than to CT or CBT at all follow-up points. Similarly, those with more dominance responded better to BT compared to CT and CBT at all follow-up points. Additionally, being overly nurturant at baseline was associated

with GAD symptoms at baseline, post, and all follow-up time-points regardless of therapy condition.

Conclusions
Generally anxious individuals with domineering and intrusive problems associated with higher need for control may respond better to experiential behavioral interventions than to cognitive interventions, which may be perceived as a direct challenge of their perceptions.

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http://content.iospress.com/articles/work/wor2301

Personal resilience and coping Part II: Identifying resilience and coping among U.S. military service members and veterans with implications for work.

Rice, Valerie; Liu, Baoxiab

Work
Preprint 27 May 2016
DOI: 10.3233/WOR-162301

BACKGROUND:
U.S. military personnel face challenging situations including frequent deployments, family separations, and exposure to war. Identifying coping strategies used by the most resilient service members and veterans could positively influence military resiliency training programs.

OBJECTIVE:
The purposes of this paper are to investigate the relationship between coping and resilience among U.S. military active service members and veterans, to identify the coping strategies used by those considered most resilient, and to discuss coping and resilience as they relate to the workplace.

METHODS:
U.S. military active service members and veterans (N = 191) completed a demographic survey and two self-report questionnaires: The 14-Item Resilience Scale [1] and the Brief COPE [2].

RESULTS:
Active duty service members had higher resilience scores than veterans ($p<0.05$), but both fell into the moderate range. Coping strategies were not significantly different between the two groups ($p>0.05$). Active service members' resilience was predicted by their use of positive reframing and less use of self-blame as coping strategies, accounting for 52.3% of the variance ($R2=0.523$, $F(2, 60)=32.92$, $p=0.000$). Veterans' resilience was predicted by longer time-in-service, greater use of humor, and less use of self-blame as coping strategies, explaining 44.8% of the variance ($R2=0.448$, $F(3, 116)=31.408$, $p=0.000$).

CONCLUSIONS:
This research identifies the positive coping strategies, and least-used negative coping strategies, of the U.S. service members and veterans in our study population with higher resilience scores. Incorporating this information into military- or veteran-based resilience training is likely to increase training effectiveness.

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http://psycnet.apa.org/journals/pro/47/3/171/

Moral stress and job burnout among frontline staff conducting clinical research on affective and anxiety disorders.

Fried, Adam L.; Fisher, Celia B.

Professional Psychology: Research and Practice
Vol 47(3), Jun 2016, 171-180
http://dx.doi.org/10.1037/pro0000060

There has been increased attention on job-related stress and burnout experienced by clinicians working with vulnerable and at-risk populations, including effects on personal mental health, therapeutic decision-making, and job effectiveness. Little is known, however, about the job-related stressors and symptoms of burnout experienced by clinical research staff working with similar populations, especially in terms of moral stress they may experience when adherence to scientific procedures appears to conflict with their personal commitment to address the clinical needs of their research participants or role as health care provider. In this national study, 125 frontline research workers conducting clinical research studies with individuals diagnosed with affective and anxiety disorders completed an online survey including measures assessing research work–related moral stress, job burnout, organizational ethics climate, and

organizational research support. Results indicated that younger research workers, those whose research work was part of a graduate assistantship, and perceptions of higher participant research risk were associated with higher levels of moral stress and job burnout. Supportive organizational climates were associated with lower levels of moral stress and job burnout. Recommendations for clinical research workers, supervisors, and clinical training directors are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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http://www.tandfonline.com/doi/abs/10.1080/14659891.2016.1177613

Pre-military abuse, mental health, and hazardous alcohol use among military personnel.

Brittany Hollis , Michelle L. Kelley , Adrian J. Bravo

Journal of Substance Use
Published online: 06 Jun 2016
DOI:10.1080/14659891.2016.1177613

The present study examined whether pre-military sexual and physical abuse and negative mental health symptoms prior to military service contributed to hazardous alcohol use (i.e., alcohol-related consequences, dependency symptoms, and consumption) controlling for combat exposure. Participants were a community sample of 506 (183 women) active duty, National Guard/reservists, and veterans who completed an online survey assessing pre-military abuse, pre-military mental health symptoms, combat exposure, and hazardous drinking. Results using structural equation modeling showed that while controlling for gender and combat exposure, pre-military sexual abuse was associated with higher negative mental health symptoms prior to joining the military, which in turn was associated with higher reports of current alcohol consumption. Our findings suggest that hazardous alcohol use may not be strictly related to experiences on the battlefield and that mental health prior to military enlistment may be associated with later alcohol consumption. Limitations and future directions are discussed.

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http://psycnet.apa.org/journals/trm/22/2/122/

Defining and assessing moral injury: A syndrome perspective.

Jinkerson, Jeremy D.

Traumatology
Vol 22(2), Jun 2016, 122-130
http://dx.doi.org/10.1037/trm0000069

Moral injury is a particular type of trauma characterized by guilt, existential crisis, and loss of trust that may develop following a perceived moral violation. The present article reviews phenomenological descriptions, incidence, etiology, and symptoms of moral injury, with a view toward providing an updated conceptual definition. Moral injury's existing definition (Litz et al., 2009) is updated to emphasize its empirically and theoretically recognized symptoms. Guilt, shame, spiritual/existential conflict, and loss of trust are identified as core symptoms. Depression, anxiety, anger, reexperiencing, self-harm, and social problems are identified as secondary symptoms. Based upon the updated syndrome definition, recommendations are given for quantitative assessment of moral injury, which involves assessing both event history and symptoms. The updated definition and assessment strategy will aid providers in recognizing moral injury and allow for quantitative moral injury research. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12266/abstract

Trauma-Related Guilt Mediates the Relationship between Posttraumatic Stress Disorder and Suicidal Ideation in OEF/OIF/OND Veterans.

Jessica C. Tripp MS and Meghan E. McDevitt-Murphy PhD

Suicide and Life-Threatening Behavior
Version of Record online: 7 JUN 2016
DOI: 10.1111/sltb.12266

Posttraumatic stress disorder (PTSD) and trauma-related guilt are risk factors for suicidal ideation (SI) in veterans. Components of trauma-related guilt were examined as serial mediators of the relationship between PTSD and SI. In a sample of 53

OEF/OIF/OND combat veterans, PTSD had an indirect effect on SI through a serial mediation chain of guilt cognitions, distress, and global guilt, suggesting that trauma-related guilt via cognitions, distress, and global guilt is a pathway from PTSD to SI. Attention should be given to assessing and addressing trauma-related guilt in veterans experiencing PTSD to prevent SI.

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http://www.sciencedirect.com/science/article/pii/S2451902216300386

Sleep Deprivation Disrupts Recall of Conditioned Fear Extinction.

Laura D. Straus, Dean T. Acheson, Victoria B. Risbrough, Sean P.A. Drummond

Biological Psychiatry: Cognitive Neuroscience and Neuroimaging
Available online 3 June 2016
doi:10.1016/j.bpsc.2016.05.004

Background
Learned fear is crucial in the development and maintenance of posttraumatic stress disorder (PTSD) and other anxiety disorders, and extinction of learned fear is necessary for response to exposure-based treatments. In humans, research suggests disrupted sleep impairs consolidation of extinction, though no studies have examined this experimentally using total sleep deprivation.

Methods
Seventy-one healthy controls underwent a paradigm to acquire conditioned fear to a visual cue. Twenty-four hours after fear conditioning, participants underwent extinction learning. Twenty-four hours after extinction learning, participants underwent extinction recall. Participants were randomized to three groups: 1) well-rested throughout testing (“normal sleep”; n = 21); 2) 36 hours total sleep deprivation before extinction learning (“pre-extinction deprivation”; n = 25); or 3) 36 hours total sleep deprivation after extinction learning and before extinction recall (“post-extinction deprivation”; n = 25). The groups were compared on blink EMG reactivity to the condition stimulus during extinction learning and recall.

Results
There were no differences among the three groups during extinction learning. During extinction recall, the pre-extinction deprivation group demonstrated significantly less extinction recall than the normal sleep group. There was no significant difference

between the normal sleep and post-extinction deprivation group during extinction recall. Results indicated sleep deprivation prior to extinction training significantly disrupts extinction recall.

Conclusions
These findings suggest that (1) sleep deprivation in the immediate aftermath of trauma could be a potential contributor to PTSD development and maintenance via interference with natural extinction processes and (2) management of sleep symptoms should be considered during extinction-based therapy.

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http://www.tandfonline.com/doi/abs/10.1080/19371918.2016.1160335

A Value-Critical Choice Analysis of a Policy to Prevent Suicide in Veterans and Service Members.

Donna L. Schuman , Donald L. Schuman

Social Work in Public Health
Published online: 02 Jun 2016
DOI:10.1080/19371918.2016.1160335

A few years after the advent of the Global War on Terror, veteran and service member suicide emerged on the national forefront as a public health issue of significant concern. This social policy analysis applies a value-critical choice model to the military suicide prevention provisions mandated by Section 2 of Exec. Order No. 13625 (2012): Improving Access to Mental Health Services for Veterans, Service Members, and Military Families. Results reveal that the suicide prevention provisions mandated by the order have not been fully and effectively implemented and the goal of reducing military suicide remains elusive.

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http://link.springer.com/article/10.1007/s10608-016-9787-8

An Examination of the Specific Associations Between Facets of Difficulties in Emotion Regulation and Posttraumatic Stress Symptom Clusters.

Nicole A. Short, Aaron M. Norr, Brittany M. Mathes, Mary E. Oglesby, Norman B. Schmidt

Cognitive Therapy and Research
First online: 03 June 2016
DOI 10.1007/s10608-016-9787-8

Prior research has shown that difficulties in emotion regulation is associated with overall levels of posttraumatic stress symptoms (PTSS). However, it is currently unclear which facets of difficulties in emotion regulation (e.g., lack of emotion regulation strategies, impulse control problems, non-acceptance of emotional responses) are associated with specific PTSS clusters. This information may be valuable in refining treatment approaches in PTSS. The aim of the current study was to use structural equation modeling to test the relationships between Difficulties in Emotion Regulation Scale (DERS) subfactors and PTSS in a trauma-exposed community sample (N = 746). Results indicated that impulse control difficulties were most consistently associated across PTSS clusters (i.e., re-experiencing, avoidance, and hyperarousal), while lack of emotion regulation strategies and emotional clarity were uniquely associated with numbing symptoms, after covarying for neuroticism. However, other facets of difficulties in emotion regulation (i.e., non-acceptance of emotional responses and difficulties engaging in goal-directed behavior while upset) were not associated with PTSS. These findings provide further support for the role of difficulties in emotion regulation in specific PTSS clusters. Additionally, they suggest that impulse control problems may be important in the development of most PTSS and thus most beneficial to target clinically, while lack of emotional clarity and effective emotion regulation strategies may be specific to numbing symptoms.

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http://onlinelibrary.wiley.com/doi/10.1002/cpp.1953/abstract

Redefining Outcome Measurement: A Model for Brief Psychotherapy.

McGuinty, E., Nelson, J., Carlson, A., Crowther, E., Bednar, D., and Foroughe, M.

Clinical Psychology & Psychotherapy
Volume 23, Issue 3, pages 260–271, May 2016
DOI: 10.1002/cpp.1953

Context
The zeitgeist for short-term psychotherapy efficacy has fundamentally shifted away from evidence-based practices to include evidence-informed practices, resulting in an equally important paradigm shift in outcome measurement designed to reflect change in this short-term modality.

Objective
The present article delineates a short-term psychotherapy structure which defines four fundamental stages that all brief therapies may have in common, and are represented through Cognitive Behavioral Therapy, Solution-Focused Brief Therapy, Narrative Therapy, and Emotion-Focused Therapy.

Method
These four theoretical approaches were analyzed via a selected literature review through comparing and contrasting specific and common tasks as they relate to the process of psychotherapy and change. Once commonalities were identified within session, they were categorized or grouped into themes or general stages of change within the parameters of a four to six session model of short-term therapy. Commonalities in therapeutic stages of change may more accurately and uniformly measure outcome in short-term work, unlike the symptom-specific psychometric instruments of longer-term psychotherapy.

Results
A systematic framework for evaluating the client and clinician adherence to 20 specific tasks for these four short-term therapies is presented through the newly proposed, Brief Task Acquisition Scale (BTAS). It is further proposed that the client–clinicians' adherence to these tasks will track and ultimately increase treatment integrity.

Conclusion
Thus, when the client–clinician relationship tracks and evaluates the three pillars of (1) stage/process change, (2) task acquisition, and (3) treatment integrity, the culmination of these efforts presents a new way of more sensitively measuring outcome in short-term psychotherapy. Data collection is suggested as a first step to empirically evaluate the testable hypotheses suggested within this current model.

Key Practitioner Message

- The clinician practitioner will note that the proposed Brief Services model removes the subjectivity of client satisfaction as a reliable outcome measure, and

relies upon client and therapist adherence to specific tasks and stages of change within and across short-term psychotherapy.

- The clinical significance of the BTAS for the practitioner is three fold. The psychometric instrument (1) tracks stage or process change, (2) guides task acquisition, and (3) incorporates greater treatment integrity unlike other outcome measures.
- The BTAS present a new way of conceptualizing change in short-term psychotherapy regardless of modality or presenting issue, making it a more flexible and usable instrument for the clinician.
- The BTAS may measure outcome more sensitively and accurately, thus offering the client, therapist and client-therapist more information regarding change at each stage and at the end of short-term psychotherapy.

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http://onlinelibrary.wiley.com/doi/10.1002/cpp.1956/abstract

Assertive Anger Mediates Effects of Dialectical Behaviour-informed Skills Training for Borderline Personality Disorder: A Randomized Controlled Trial.

Kramer, U., Pascual-Leone, A., Berthoud, L., de Roten, Y., Marquet, P., Kolly, S., Despland, J-N., and Page, D.

Clinical Psychology & Psychotherapy
Volume 23, Issue 3, pages 189–202, May 2016
DOI: 10.1002/cpp.1956

Dialectical behaviour therapy (DBT)-informed skills training for borderline personality disorder (BPD) aims at the development of specific emotion regulation skills in patients, particularly with regard to the regulation of problematic anger. While the effects of dialectical behaviour skills training have been shown, their processes of change are rarely examined. Neacsiu, Rizvi and Linehan (2010) found that patient's self-reported use of emotion regulation skills was a mediator of therapeutic change in these treatments; however, they found no effect for problematic anger. From an integrative perspective on anger (Pascual-Leone & Greenberg, 2007; Pascual-Leone & Paivio, 2013), there are several forms of anger, varying in their degree of therapeutic productivity. The present add-on randomized controlled trial included n = 41 patients with BPD (n = 21 DBT-informed skills training versus n = 20 treatment as usual). The first study examined the outcome of the DBT-informed skills training encompassing basic components of training in mindfulness, distress tolerance, interpersonal

effectiveness and emotion regulation. Results showed that symptom reduction was significantly greater in the DBT-informed skills training, compared with the treatment as usual. The second study used process assessment, for which all patient completers underwent a 50-min-long psychological interview both early and late in treatment, which was rated using the Classification of Affective Meaning States. DBT-informed skills training produced increased levels of primary 'assertive' anger, as compared with the treatment as usual, whereas no effect was found for 'rejecting' secondary anger. Most importantly, we showed that changes in assertive anger mediated the reported symptom reduction, in particular in patient's social roles. We discuss these results in the context of underlying mechanisms of change in DBT skills group treatments, in particular towards developing more productive forms of anger in this patient population.

Key Practitioner Message

- A 20-session dialectical behaviour therapy (DBT)-informed skills training is a promising adjunct intervention for patients with borderline personality disorder, in particular for reducing problems related to social role.
- Increases in assertive anger mediate the effects of DBT-informed skills training, whereas rejecting anger remains unchanged over the course of treatment.
- Short-term objectives for intervention might involve the specific increase of assertive anger in BPD, by using DBT-informed skills training; long-term objectives for intervention might involve a specific decrease of rejecting anger in BPD.

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http://www.sciencedirect.com/science/article/pii/S000578941630034X

Daily Stress, Coping, and Negative and Positive Affect in Depression: Complex Trigger and Maintenance Patterns.

David M. Dunkley, Maxim Lewkowski, Ihno A. Lee, Kristopher J. Preacher, David C. Zuroff, Jody-Lynn Berg, J. Elizabeth Foley, Gail Myhr, Ruta Westreich

Behavior Therapy
Available online 9 June 2016
doi:10.1016/j.beth.2016.06.001

Major depressive disorder is characterized by emotional dysfunction, but mood states in daily life are not well understood. This study examined complex explanatory models of

daily stress and coping mechanisms that trigger and maintain daily negative affect and (lower) positive affect in depression. Sixty-three depressed patients completed perfectionism measures, and then completed daily questionnaires of stress appraisals, coping, and affect for seven consecutive days. Multilevel structural equation modeling (MSEM) demonstrated that, across many stressors, when the typical individual with depression perceives more criticism than usual, he/she uses more avoidant coping and experiences higher event stress than usual, and this is connected to daily increases in negative affect as well as decreases in positive affect. In parallel, results showed that perceived control, less avoidant coping, and problem-focused coping commonly operate together when daily positive affect increases. MSEM also showed that avoidant coping tendencies and ongoing stress, in combination, explain why people with depression and higher self-critical perfectionism maintain daily negative affect and lower positive affect. These findings advance a richer and more detailed understanding of specific stress and coping patterns to target in order to more effectively accomplish the two predominant therapy goals of decreasing patients' distress and strengthening resilience.

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http://www.tandfonline.com/doi/full/10.1080/16506073.2016.1183037

An examination of the roles of trauma exposure and posttraumatic stress disorder on emotion regulation strategies of Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn veterans.

Lauren M. Sippel , Alicia M. Roy , Steven M. Southwick , Harlan M. Fichtenholtz

Cognitive Behaviour Therapy
Published online: 19 May 2016
DOI:10.1080/16506073.2016.1183037

Theories of posttraumatic stress disorder (PTSD) implicate emotional processes, including difficulties utilizing adaptive emotion regulation strategies, as critical to the etiology and maintenance of PTSD. Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn (OIF/OEF/OND) veterans report high levels of combat exposure and PTSD. We aimed to extend findings suggesting that emotion regulation difficulties are a function of PTSD, rather than combat trauma exposure or common comorbidities, to OIF/OEF/OND veterans, in order to inform models of PTSD risk and recovery that can be applied to returning veterans. We tested differences in emotion regulation, measured with the Difficulties in Emotion Regulation Scale and Emotion Regulation Questionnaire, among trauma-exposed veterans with (n = 24) or

without PTSD (n = 22) and healthy civilian comparison participants (n = 27) using multivariate analyses of covariance, adjusting for major depressive disorder, anxiety disorders, and demographic variables (age, sex, and ethnicity). Veterans with PTSD reported more use of expressive suppression and more difficulties with emotion regulation than veterans without PTSD and healthy comparison participants. Groups did not differ on cognitive reappraisal. Findings suggest the key role of PTSD above and beyond trauma exposure, depression, and anxiety in specific aspects of emotion dysregulation among OIF/OEF/OND veterans. Interventions that help veterans expand and diversify their emotion regulation skills may serve as helpful adjunctive treatments for PTSD among OIF/OEF/OND veterans.

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http://guilfordjournals.com/doi/abs/10.1521/jscp.2016.35.6.510

Hide or Seek? The Effect of Causal and Treatability Information on Stigma and Willingness to Seek Psychological Help.

Cynthia Elizabeth Gangi, Erica K. Yuen, Hannah Levine, Erin McNally

Journal of Social and Clinical Psychology
Vol. 35, No. 6, pp. 510-524.
doi: 10.1521/jscp.2016.35.6.510

Many individuals suffering from psychological disorders do not receive professional help, partly due to the highly stigmatizing nature of mental illness. The current research examined whether the informational model of mental illness, specifically perceived causal attributions and treatability, impacts stigma and willingness to seek professional help. The results indicate that biological attributions, regardless of the presence or absence of treatability information, can reduce stereotypes about the mentally ill, lower help-seeking stigma, and increase willingness to seek a psychiatrist, compared to psychosocial attributions. The decrease in help-seeking stigma accounts for the effect of attributions on willingness to seek help. Furthermore, an individual's mental health history interacts with the type of informational model to impact the likelihood of managing symptoms on one's own without professional help.

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http://www.sciencedirect.com/science/article/pii/S0029655416300744

“I Serve 2”: Meeting the Needs of Military Children in Civilian Practice.

Alicia Gill Rossiter, Mary Anne Dumas, Margaret C. Wilmoth, Patricia A. Patrician

Nursing Outlook
Available online 9 June 2016
doi:10.1016/j.outlook.2016.05.011

Highlights

1. According to the White House, approximately 2.1 million military children have had at least one parent deploy since the onset of the military action in Iraq and Afghanistan in 2001 and 2003, respectively. An unprecedented number of military children experience stress and anxiety not only secondary to the deployment of a parent, but also from the wounding or death of a parent.
2. While strides have been made to improve identification and treatment of the wounds of war impacting combat veterans, as well as supporting the service member in their transition of warrior to parent. There has been a gap in the literature on the multifaceted physical, psychological and behavioral health problems of military members who are or have been deployed.
3. In light of the tremendous sacrifices made by military children, the Military/Veterans Health Expert Panel of the AAN has proposed to close this gap through the "I Serve 2" campaign which will highlight the unique needs of children whose parents have served in the military.
4. Expanding the “Have You Ever Served in the Military?” campaign would provide policy recommendations in regards to improving identification of military children in primary and emergent care settings and providing health care providers with the knowledge and expertise to identify and treatment the unique physical, psychological, and behavioral health care needs of military children which is vital to ensuring the stability and resiliency of the military family.

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http://pcc.sagepub.com/content/70/2/128.short

Pastoral Care and Counseling with Military Families.

Zachary Moon

Journal of Pastoral Care & Counseling
June 2016 70: 128-135
doi:10.1177/1542305016633663

The complex human experience of military service and the stress suffered by millions of military families each time a loved one deploys present unique challenges and opportunities in providing pastoral care and counseling. War and military service impact many facets of our society, as well as generational and interpersonal relationships. This article speaks to both academic and practitioner communities, and provides a vision for effective pastoral care and counseling with military families drawing on resources from family systems theory.

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http://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1406&context=etd

Treating posttraumatic stress disorder among aging veterans: what works?

Heather Renee O'Dell Lewis

California State University - San Bernardino
Electronic Theses, Projects, and Dissertations. Paper 350
June 2016

Posttraumatic stress disorder (PTSD) is a serious condition with debilitating symptoms which affects military veterans and has been understudied in the older population. Aside from treating the veterans of the Vietnam War and World War II, as service members from more recent conflicts age, the mental healthcare system needs to be able to treat them with empathy and effective therapies. As there is a need for future research focusing on this population, this paper reviews the current literature and utilizes Grounded theory to further the research related to PTSD in aging veterans. A selection of mental health clinicians with experience treating this population were interviewed and the results discussed. Those therapists who work for the Department of Veterans Affairs (VA) most often use Cognitive Behavioral Therapy to treat their clients, with Prolonged Exposure Therapy being the next most popular therapeutic modality. Those clinicians who are separate from the VA are able to employ therapies such as Cognitive Restructuring or blend theories to meet the precise needs of individual veterans. Also addressed are the differences and commonalities in PTSD symptoms between veterans

of different conflict eras. Based upon these interviews, suggestions were made for changes to the treatment of military-related PTSD.

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http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1199985#.V2K24VfCzdk

Psychosocial and healthcare experiences of OEF/OIF veterans prior to suicide: Qualitative analysis of VA medical records.

Lauren M. Denneson , Holly B. Williams , Laura E. Jacobson , Dan Nguyen , Steven K. Dobscha

Military Behavioral Health
Published online: 10 Jun 2016
DOI:10.1080/21635781.2016.1199985

To identify priority areas for future research, this study sought to describe the psychosocial and healthcare experiences of a sample of OEF/OIF veterans prior to suicide. This was a qualitative analysis of Veterans Affairs (VA) medical records of the 38 OEF/OIF veterans from 11 states who died by suicide between 2007 and 2009 and received VA healthcare in the six months prior to death. The average age was 35 at the time of death, the majority was male (90%) and white, non-Hispanic (76%), and many were diagnosed with depression (58%), post-traumatic stress disorder (48%), or pain (34%). Investigators coded the following categories: social, education/occupation, supports, stressors, health context, and healthcare received. Multiple stressors were common, including residuals of combat trauma, anger and aggression, relationship concerns, and financial stressors. Findings revealed some instances of under- or un-treated mental health conditions, care coordination difficulties, and polypharmacy, especially involving sedative hypnotics and benzodiazepines. Findings suggest priority areas for examination within the OEF/OIF veteran treatment-seeking population: the relationship between trauma from military experiences and aggression, satisfaction of basic needs, enhancing patient motivation to prioritize treatment, prescription rates of sedative hypnotics, and initiatives to enhance treatment intensity for substance use and other mental health disorders.

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http://www.tandfonline.com/doi/abs/10.1080/13218719.2016.1168721

Risk Management and the Suicidal Patient.

Russ Scott

Psychiatry, Psychology and Law
Vol. 23, Iss. 3, 2016
DOI:10.1080/13218719.2016.1168721

In the management of the suicidal patient, fear of criticism or adverse findings by coroners' courts can inappropriately influence a clinician's decision-making. The management particularly of the patient with borderline personality disorder, who deliberately self-harms or is suicidal, is made more challenging by the negative transference these patients may evoke.

Adherence to evidence-based practice – excluding comorbid or differential diagnoses, crisis management, judicious hospital admissions, targeted medication and appropriate outpatient therapies – as well as detailed contemporaneous documentation of the decision-making are the mainstays of risk management of the patient with borderline personality disorder. The management plan should be informed by cross-sectional risk assessments and serial risk-benefit analyses. After providing illness education, the scenario planning and crisis intervention plan should be agreed with the patient and the patient's family and supports. Maintaining continuing professional development and peer review will also best approximate the "peer professional opinion" which is mandated by the various Civil Liability Act provisions in all Australian jurisdictions.

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http://www.sciencedirect.com/science/article/pii/S0029655416300732

Answering the Call to Address Chronic Pain in Military Service Members and Veterans: Progress in Improving Pain Care and Restoring Health.

Bruce A. Schoneboom, Susan M. Perry, W. Keith Barnhill, Nicholas A. Giordano, Kelly L. Wiltse Nicely, Rosemary C. Polomano

Nursing Outlook
Available online 9 June 2016
doi:10.1016/j.outlook.2016.05.010

Chronic noncancer pain (CNCP) in military and veteran populations mirrors the experience of chronic pain in America; however, these two populations have unique characteristics and comorbid conditions such as traumatic brain injuries, post-concussive syndrome, post-traumatic stress disorder, and behavioral health disorders that complicate the diagnosis and treatment of chronic pain. Military members and veterans may also be stigmatized about their conditions and experience problems with integration back into healthy lifestyles and society as a whole following deployments and after military service. The military and veteran health care systems have made chronic pain a priority, and have made substantial strides in addressing this condition through advances in practice, education, research and health policy. Despite this progress, significant challenges remain in responding to the wide-spread problem of chronic pain. The purpose of this paper is to: (a) examine the state of CNCP in military and veteran populations; (b) discuss progress made in pain practice, education, research, and health policy; and (c) examine research, evidence-based practice guidelines, and expert consensus reports that are foundational to advancing pain care and improving health for military service members and veterans with CNCP. Additionally, recommendations are proposed to address this widespread health problem through the expanded use of advanced practice registered nurses (APRNs), the implementation of models of care, and use of national resources to educate healthcare providers, support practice, and promote effective pain care.

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http://www.sciencedirect.com/science/article/pii/S1077722916300335

A Case Study of Cognitive-Behavioral Conjoint Therapy for Combat-Related PTSD in a Same-Sex Military Couple.

Tabatha H. Blount, Alan L. Peterson, Candice M. Monson

Cognitive and Behavioral Practice
Available online 9 June 2016
doi:10.1016/j.cbpra.2016.05.004

Military deployments to Iraq and Afghanistan are associated with increased risk for posttraumatic stress disorder (PTSD), depression, and relationship impairment. Unfortunately, the perceived stigma associated with seeking deployment-related behavioral health care in military settings has been a significant barrier to care. Historically, active-duty military service members involved in same-sex intimate

relationships have experienced further stressors and barriers to care related to additional stigma and lack of social support. Prior federal regulations excluded sexual minorities from openly serving in the military, thereby limiting the available behavioral health services for same-sex couples. Since this ban was lifted after the repeal of the U.S. policy known as "Don't Ask, Don't Tell" in 2010, gay and lesbian service members have increased opportunities to obtain behavioral health care. One therapy that is newly available to sexual minority military couples is Cognitive-Behavioral Conjoint Therapy (CBCT), which effectively addresses co-occurring PTSD and relationship dysfunction. This case study illustrates the use of CBCT for the treatment of deployment-related PTSD in a same-sex active-duty military couple. After completing all 15 CBCT sessions, the couple reported clinically meaningful changes in the service member's PTSD symptoms, which was maintained at the 2-month follow-up. The results of this case study indicate that CBCT for PTSD can have positive treatment outcomes with military same-sex couples. Further clinical implications are discussed.

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http://www.tandfonline.com/doi/pdf/10.1080/14656566.2016.1199686

How and why does the pharmaceutical management of PTSD differ between men and women?

Nancy C. Bernardy & Matthew J. Friedman

Expert Opinion on Pharmacotherapy
Published online: 08 Jun 2016
DOI: 10.1080/14656566.2016.1199686

It is possible that gender – related differences in co-occurring disorders may contribute to a difference in provider specialty. Primary care physicians may be more willing to treat women with PTSD with antidepressant pharmacotherapy, especially when they also present with insomnia, depressive or anxiety symptoms. On the other hand, primary care physicians may be more likely to refer men, than women, to mental health specialists, because they present more often with co-occurring substance use disorders (SUD). Such a referral may be more likely to result in psychotherapy, an option increasingly seen as the most effective treatment recommendation for PTSD.

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http://link.springer.com/article/10.1007/s11920-016-0709-y

Concurrent Treatment of Substance Use and PTSD.

Julianne C. Flanagan, Kristina J. Korte, Therese K. Killeen, Sudie E. Back

Disaster Psychiatry: Trauma, PTSD, And Related Disorders (E Foa And A Asnaani, Section Editors)
Current Psychiatry Reports
August 2016, 18:70
DOI 10.1007/s11920-016-0709-y

Substance use disorders (SUD) and posttraumatic stress disorder (PTSD) are chronic, debilitating conditions that frequently co-occur. Individuals with co-occurring SUD and PTSD suffer a more complicated course of treatment and less favorable treatment outcomes compared to individuals with either disorder alone. The development of effective psychosocial and pharmacological interventions for co-occurring SUD and PTSD is an active and critically important area of investigation. Several integrated psychosocial treatments for co-occurring SUD and PTSD have demonstrated promising outcomes. While recent studies examining medications to treat co-occurring SUD and PTSD have yielded encouraging findings, there remain substantial gaps in the evidence base regarding the treatment of co-occurring SUD and PTSD. This review will summarize the findings from clinical trials targeting a reduction in SUD and PTSD symptoms simultaneously. These results may improve our knowledge base and subsequently enhance our ability to develop effective interventions for this complex comorbid condition.

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http://www.tandfonline.com/doi/abs/10.1080/23279095.2016.1189426

Detecting feigned postconcussional and posttraumatic stress symptoms with the structured inventory of malingered symptomatology (SIMS).

Adam C. Parks , Jeffrey Gfeller , Natalie Emmert , Hannah Lammert

Applied Neuropsychology: Adult
Published online: 10 Jun 2016
DOI:10.1080/23279095.2016.1189426

The Structured Inventory of Malingered Symptomatology (SIMS) is a standalone symptom validity test (SVT) designed as a screening measure to detect a variety of exaggerated psychological symptoms. A number of studies have explored the accuracy of the SIMS in litigious and clinical populations, yet few have examined the validity of the SIMS in detecting feigned symptoms of postconcussional disorder (PCD) and posttraumatic stress disorder (PTSD). The present study examined the sensitivity of the SIMS in detecting undergraduate simulators (N = 78) feigning symptoms of PCD, PTSD, and the comorbid presentation of both PCD and PTSD symptomatologies. Overall, the SIMS Total score produced the highest sensitivities for the PCD symptoms and PCD+PTSD symptoms groups (.89 and .85, respectively), and to a lesser extent, the PTSD symptoms group (.69). The Affective Disorders (AF) subscale was most sensitive to the PTSD symptoms group compared to the PCD and PCD+PTSD symptoms groups. Additional sensitivity values are presented and examined at multiple scale cutoff scores. These findings support the use of the SIMS as a SVT screening measure for PCD and PTSD symptom exaggeration in neuropsychological assessment.

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http://online.liebertpub.com/doi/abs/10.1089/tmj.2016.0032

Feasibility of Group Cognitive-Behavioral Treatment of Insomnia Delivered by Clinical Video Telehealth.

Gehrman Philip, Shah Mauli T., Miles Ashley, Kuna Samuel, and Godleski Linda

Telemedicine and e-Health
June 2016, ahead of print
doi:10.1089/tmj.2016.0032

Background:
Clinical video telehealth provides a means for increasing access to psychotherapy. Insomnia is prevalent, is associated with a number of negative sequelae, and can be effectively managed with cognitive behavioral treatment of insomnia (CBT-I). Telehealth technologies can provide a means for increasing access to CBT-I. Materials and

Methods:
The Tele-Insomnia program is a Veterans Health Administration (VHA) initiative in which CBT-I is delivered in a group format by telehealth. Veterans received six weekly sessions of group CBT-I, completing the Insomnia Severity Index (ISI) and daily sleep

diaries throughout treatment. Paired-samples t-tests were used to examine differences in each measure from the first to the last session of treatment.

Results:
There were statistically and clinically significant improvements in the ISI and all sleep diary variables with the exception of total sleep time. Video quality was excellent, and there were few connectivity problems.

Conclusions:
Clinical video telehealth technology can be used to deliver group CBT-I in a manner that produces clinically significant improvement. This model is scalable and has been used to develop a national clinical telehealth program.

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http://www.tandfonline.com/doi/abs/10.1080/10926771.2016.1157842

Racial Differences in Posttraumatic Stress Disorder in Military Personnel: Intergenerational Transmission of Trauma as a Theoretical Lens.

Jennifer A. Coleman

Journal of Aggression, Maltreatment & Trauma
Published online: 07 Jun 2016
DOI:10.1080/10926771.2016.1157842

Various theorists have explored how intergenerational transmission of trauma impacts minority groups. Intergenerational trauma theories suggest that trauma(s) endured by a community have long-standing effects that can be passed on through generations. However, much of the research has focused on indigenous populations or Holocaust survivors despite the historical experiences of the African American community. The minority stress model adds support to intergenerational trauma theories, in that racial minority groups might suffer worse health due to a variety of stressors. Racial minorities are also at greater risk of developing posttraumatic stress disorder (PTSD). Within military populations, PTSD is one of many mental health issues and has been labeled one of the signature injuries of the recent wars in Iraq and Afghanistan. However, the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) criteria for PTSD do not take into account the effects of intergenerational trauma, discrimination, or racism. This article proposes that intergenerational trauma theories and the minority stress model provide explanations for why many studies have found that African American military

personnel have higher rates of PTSD compared to their White peers. Indeed, African American military personnel with PTSD might be better understood through more culturally inclusive frameworks (e.g., complex trauma, race-based traumatic stress), because the stressors they experience as racial minorities might exacerbate or lead to symptoms of PTSD.

Links of Interest

War veteran saves dozens during Orlando nightclub shooting
http://www.cbsnews.com/news/war-veteran-imran-yousef-saves-dozens-during-orlando-nightclub-shooting-omar-mateen/

What if PTSD Is More Physical Than Psychological?
http://www.nytimes.com/2016/06/12/magazine/what-if-ptsd-is-more-physical-than-psychological.htm

Web, mobile technology helps MHS beneficiaries assess, improve mental health
http://www.health.mil/News/Articles/2016/05/25/Web-mobile-technology-helps-MHS-beneficiaries-assess-improve-mental-health

Not quite PTSD: Still quite a mental health problem
http://news.yale.edu/2016/06/01/not-quite-ptsd-still-quite-mental-health-problem

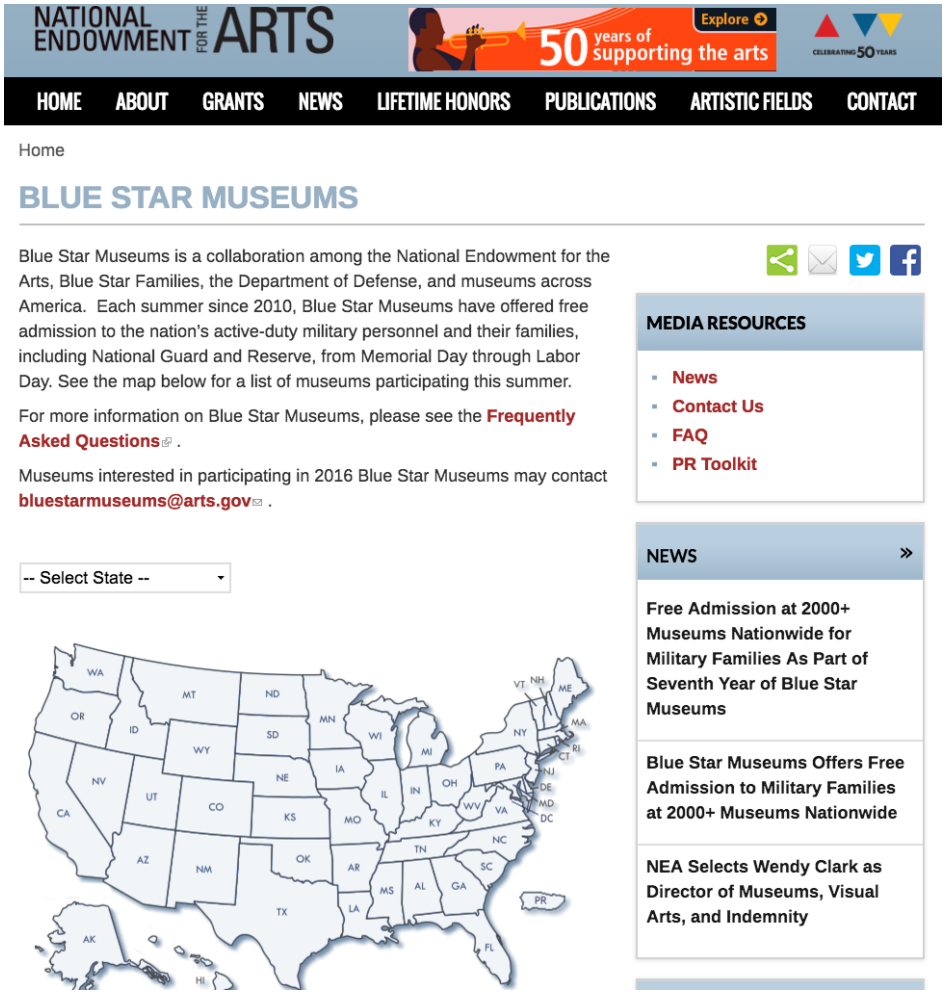
Senate enhances chances of removing certain military discharges
http://www.detroitnews.com/story/news/politics/2016/06/07/senate-dishonorable-discharges/85571506/

$275M pledge will fund free mental health facilities for veterans, families
http://www.militarytimes.com/story/veterans/2016/06/08/275m-pledge-fund-free-mental-health-facilities-veterans-families/85516792/

Resource of the Week: Blue Star Museums

> Blue Star Museums is a collaboration among the National Endowment for the Arts, Blue Star Families, the Department of Defense, and museums across America. Each summer since 2010, Blue Star Museums have offered free

admission to the nation's active-duty military personnel and their families, including National Guard and Reserve, from Memorial Day through Labor Day. See the map below for a list of museums participating this summer.



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