



## CDP Research Update -- March 16, 2017

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- Understanding the relationship between suicidality, current depressed mood, personality, and cognitive factors.
- Links of Interest
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<http://www.sciencedirect.com/science/journal/00057894/48/2>

## **Behavior Therapy**

### **Special Issue: Treating Posttraumatic Stress Disorder (PTSD): Innovations and Understanding Processes of Change**

Special issue edited by Reginald D.V. Nixon and Denise Sloan

Volume 48, Issue 2  
March 2017

- *Treating PTSD: Innovations and Understanding Processes of Change* (Reginald D.V. Nixon, Denise M. Sloan)
- *Investigating Relationships Between PTSD Symptom Clusters Within Virtual Reality Exposure Therapy for OEF/OIF Veterans* (Jessica L. Maples-Keller, Matthew Price, Sheila Rauch, Maryrose Gerardi, Barbara O. Rothbaum)
- *Temporal Sequencing of Change in Posttraumatic Cognitions and PTSD Symptom Reduction During Prolonged Exposure Therapy* (Mandy J. Kumpula, Kimberly Z. Pentel, Edna B. Foa, Nicole J. LeBlanc, Eric Bui, Lauren B. McSweeney, Kelly Knowles, Hannah Bosley, Naomi M. Simon, Sheila A.M. Rauch)
- *Constructive and Unproductive Processing of Traumatic Experiences in Trauma-Focused Cognitive-Behavioral Therapy for Youth* (Adele M. Hayes, Carly Yasinski, Damion Grasso, C. Beth Ready, Elizabeth Alpert, Thomas McCauley, Charles Webb, Esther Deblinger)
- *Homework "Dose," Type, and Helpfulness as Predictors of Clinical Outcomes in Prolonged Exposure for PTSD* (Andrew A. Cooper, Alexander C. Kline, Belinda Graham, Michele Bedard-Gilligan, Patricia G. Mello, Norah C. Feeny, Lori A. Zoellner)
- *Fidelity to the Cognitive Processing Therapy Protocol: Evaluation of Critical Elements* (Courtney C. Farmer, Karen S. Mitchell, Kelly Parker-Guilbert, Tara E. Galovski)
- *Compassion-Based Therapy for Trauma-Related Shame and Posttraumatic Stress: Initial Evaluation Using a Multiple Baseline Design* (Teresa M. Au, Shannon Sauer-Zavala, Matthew W. King, Nicola Petrocchi, David H. Barlow, Brett T. Litz)
- *A Daily Diary Study of Posttraumatic Stress Symptoms and Romantic Partner Accommodation* (Sarah B. Campbell, Keith D. Renshaw, Todd B. Kashdan, Timothy W. Curby, Sarah P. Carter)
- *Longitudinal Associations Between PTSD Symptoms and Dyadic Conflict Communication Following a Severe Motor Vehicle Accident* (Steffany J. Fredman, J. Gayle Beck, Philippe Shnaider, Yunying Le, Nicole D. Pukay-Martin, Kimberly Z. Pentel, Candice M. Monson, Naomi M. Simon, Luana Marques)
- *Battling on the Home Front: Posttraumatic Stress Disorder and Conflict Behavior Among Military Couples* (Lynne M. Knobloch-Fedders, Catherine Caska-Wallace, Timothy W. Smith, Keith Renshaw)
- *Web-Delivered CBT Reduces Heavy Drinking in OEF-OIF Veterans in Primary Care With Symptomatic Substance Use and PTSD* (Michelle C. Acosta, Kyle Possemato, Stephen A. Maisto, Lisa A. Marsch, Kimberly Barrie, Larry Lantinga, Chunki Fong, Haiyi Xie, Michael Grabinski, Andrew Rosenblum)

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<https://www.ncbi.nlm.nih.gov/pubmed/28273371>

J Trauma Stress. 2017 Mar 8. doi: 10.1002/jts.22168. [Epub ahead of print]

### **Sleep-Disordered Breathing Impact on Efficacy of Prolonged Exposure Therapy for Posttraumatic Stress Disorder.**

Reist C, Gory A, Hollifield M.

There is growing evidence that sleep disturbances may impede the utility of existing therapeutic interventions for people with posttraumatic stress disorder (PTSD). This retrospective medical record review examined the hypothesis that sleep disturbance affects the outcome of prolonged exposure (PE) therapy for PTSD. We identified 18 combat veterans with PTSD who had completed PE therapy. There were 6 subjects who had sleep-disordered breathing, 5 of whom were documented by sleep polysomnography. All subjects in the sleep-disordered group took part in a minimum of 10 sessions; the mean number of sessions was comparable between the sleep-disordered group and the group without a sleep disorder. Posttreatment PTSD Checklist scores were significantly reduced in those without a sleep disorder (-28.25; 58.0% reduction,  $F(1, 11) = 59.04$ ,  $p < .001$ ), but were not reduced in those with sleep-disordered breathing (-7.17; 13.5% reduction,  $dIGPP = 2.25$  [independent groups pretest-posttest design]). These observations supported the hypothesis that the efficacy of PE therapy is affected by sleep quality. If these findings are replicated, treatment algorithms may need to incorporate the presence or absence of sleep disorders as a factor in treatment choice. Copyright © 2017 Int'l Society for Traumatic Stress Studies.

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<http://online.liebertpub.com/doi/abs/10.1089/tmj.2016.0114>

### **A Study of Asynchronous Mobile-Enabled SMS Text Psychotherapy.**

Hull Thomas D. and Mahan Kush

Telemedicine and e-Health  
March 2017, 23(3): 240-247  
doi:10.1089/tmj.2016.0114

#### Background:

Many obstacles to obtaining psychotherapy continue to diminish its reach despite its documented positive effects. Using short message service (SMS) texting and Web platforms to enable licensed psychotherapists to deliver therapy directly to the lived context of the client is one possible solution. Introduction: Employing a feasibility study design, this pilot trial further evaluated the external validity for treatment outcomes of text therapy and extended findings to include mobile-enabled text platforms.

#### Materials and Methods:

Adults seeking text therapy treatment for a variety of disorders were recruited from a text therapy service (N = 57). Clinical outcomes were measured using the General Health Questionnaire-12 (GHQ-12) through 15 weeks of treatment. A process variable, the therapeutic alliance, was measured with the Working Alliance Inventory. Treatment acceptability was assessed with ratings of satisfaction for several aspects of the treatment, including affordability, effectiveness, convenience, wait times to receiving treatment, and cost-effectiveness.

#### Results:

Results indicate evidence for the effectiveness of the intervention (GHQ-12, Cohen's  $d = 1.3$ ). Twenty-five (46%) participants experienced clinically significant symptom remission. Therapeutic alliance scores were lower than those found in traditional treatment settings, but still predicted symptom improvement ( $R^2 = 0.299$ ). High levels of satisfaction with text therapy were reported on dimensions of affordability, convenience, and effectiveness. Cost-effectiveness analyses suggest that text therapy is 42.2% the cost of traditional services and offers much reduced wait times.

#### Conclusion:

Mobile-enabled asynchronous text therapy with a licensed therapist is an acceptable and clinically beneficial medium for individuals with various diagnoses and histories of psychological distress.

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<https://academic.oup.com/sleep/article-abstract/40/3/zsx002/2962427/Long-Term-Maintenance-of-Therapeutic-Gains>

**Long-Term Maintenance of Therapeutic Gains Associated With Cognitive-Behavioral Therapy for Insomnia Delivered Alone or Combined With Zolpidem.**

Simon Beaulieu-Bonneau, PhD Hans Ivers, PhD Bernard Guay, MD Charles M. Morin, PhD

Sleep (2017) 40 (3): zsx002

DOI: <https://doi.org/10.1093/sleep/zsx002>

#### Study objectives:

To document the long-term sleep outcomes at 12 and 24 months after patients with chronic insomnia were treated with cognitive-behavioral therapy (CBT), either singly or combined with zolpidem medication.

#### Methods:

Participants were 160 adults with chronic insomnia. They were first randomized for a six-week acute treatment phase involving CBT alone or CBT combined with nightly zolpidem, and randomized for a six-month extended treatment phase involving CBT, no additional treatment, CBT combined with zolpidem as needed, or CBT with zolpidem tapered. This paper reports results of the 12- and 24-month follow-ups on the main outcome measures derived from the Insomnia Severity Index and sleep diaries.

#### Results:

Clinical improvements achieved 6 months following the end of treatment were well-maintained in all four conditions, with insomnia remission rates ranging from 48% to 74% at the 12-month follow-up, and from 44% to 63% at the 24-month follow-up. Participants receiving CBT with zolpidem taper in the extended treatment phase had significantly better results than those receiving CBT with continued zolpidem as needed. The magnitude of improvements on sleep diary parameters was similar between conditions, with a slight advantage for the CBT with zolpidem taper condition. The addition of extended CBT did not alter the long-term outcome over improvements obtained during the initial 6-week CBT.

#### Conclusions:

The results suggest that CBT for insomnia, when delivered alone or in combination with medication, produce durable sleep improvements up to two years after completion of treatment. These long-term results indicate that even if a combined CBT plus medication approach provide an added benefit immediately after treatment, extending CBT while tapering medication produce better sustained improvements compared to continued use of medication as needed.

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<http://www.sciencedirect.com/science/article/pii/S0165032716318043>

## **PTSD symptoms and suicide risk in veterans: Serial indirect effects via depression and anger.**

Jessica M. McKinney, Jameson K. Hirsch, Peter C. Britton

Journal of Affective Disorders  
Volume 214, May 2017, Pages 100-107  
<http://dx.doi.org/10.1016/j.jad.2017.03.008>

### Background

Suicide rates are higher in veterans compared to the general population, perhaps due to trauma exposure. Previous literature highlights depressive symptoms and anger as contributors to suicide risk. PTSD symptoms may indirectly affect suicide risk by increasing the severity of such cognitive-emotional factors.

### Method

A sample of community dwelling veterans (N=545) completed online surveys, including the PTSD Checklist-Military Version, Suicidal Behaviors Questionnaire-Revised, Multidimensional Health Profile-Psychosocial Functioning, and Differential Emotions Scale –IV. Bivariate and serial mediation analyses were conducted to test for direct and indirect effects of PTSD symptoms on suicide risk.

### Results

In bivariate analyses, PTSD symptoms, depression, anger, and internal hostility were positively related to suicide risk. In serial mediation analyses, there was a significant total effect of PTSD symptoms on suicide risk in both models. PTSD symptoms were also indirectly related to suicidal behavior via depression and internal hostility, and via internal hostility alone. Anger was not a significant mediator.

### Limitation

Our cross-sectional sample was predominantly White and male; prospective studies with diverse veterans are needed.

### Discussion

Our findings may have implications for veteran suicide prevention. The effects of PTSD and depression on anger, particularly internal hostility, are related to suicide risk, suggesting a potential mechanism of action for the PTSD-suicide linkage. A multi-faceted therapeutic approach, targeting depression and internal hostility, via cognitive-

behavioral techniques such as behavioral activation and cognitive restructuring, may reduce suicide risk in veterans who have experienced trauma.

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<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2607494>

## **An Integrated Neuroscience Perspective on Formulation and Treatment Planning for Posttraumatic Stress Disorder: An Educational Review.**

Ross DA, Arbuckle MR, Travis MJ, Dwyer JB, van Schalkwyk GI, Ressler KJ.

JAMA Psychiatry

Published online March 08, 2017

doi:10.1001/jamapsychiatry.2016.3325

### Importance

Posttraumatic stress disorder (PTSD) is a common psychiatric illness, increasingly in the public spotlight in the United States due its prevalence in the soldiers returning from combat in Iraq and Afghanistan. This educational review presents a contemporary approach for how to incorporate a modern neuroscience perspective into an integrative case formulation. The article is organized around key neuroscience “themes” most relevant for PTSD. Within each theme, the article highlights how seemingly diverse biological, psychological, and social perspectives all intersect with our current understanding of neuroscience.

### Observations

Any contemporary neuroscience formulation of PTSD should include an understanding of fear conditioning, dysregulated circuits, memory reconsolidation, epigenetics, and genetic factors. Fear conditioning and other elements of basic learning theory offer a framework for understanding how traumatic events can lead to a range of behaviors associated with PTSD. A circuit dysregulation framework focuses more broadly on aberrant network connectivity, including between the prefrontal cortex and limbic structures. In the process of memory reconsolidation, it is now clear that every time a memory is reactivated it becomes momentarily labile—with implications for the genesis, maintenance, and treatment of PTSD. Epigenetic changes secondary to various experiences, especially early in life, can have long-term effects, including on the regulation of the hypothalamic-pituitary-adrenal axis, thereby affecting an individual’s ability to regulate the stress response. Genetic factors are surprisingly relevant: PTSD has been shown to be highly heritable despite being definitionally linked to specific



experiences. The relevance of each of these themes to current clinical practice and its potential to transform future care are discussed.

#### Conclusions and Relevance

Together, these perspectives contribute to an integrative, neuroscience-informed approach to case formulation and treatment planning. This may help to bridge the gap between the traditionally distinct viewpoints of clinicians and researchers.

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<http://www.tandfonline.com/doi/full/10.1080/16506073.2017.1286517>

#### **Linking attentional control and PTSD symptom severity: the role of rumination.**

Rebecca C. Cox and Bunmi O. Olatunji

Cognitive Behaviour Therapy  
Published online: 03 Mar 2017

Although deficits in attentional control have been linked to posttraumatic stress disorder (PTSD), the mechanism that may account for this association has not been fully elucidated. The present study examined rumination as a mediator of the relationship between attentional control and PTSD symptoms. Veterans with PTSD and trauma-exposed veterans without PTSD completed measures of attentional control, rumination, and PTSD symptom severity. As predicted, the findings showed that veterans with PTSD reported significantly lower levels of attentional control than veterans without PTSD. Veterans with PTSD also reported significantly higher levels of rumination than veterans without PTSD. Subsequent analysis of the total sample revealed that the relationship between attentional control and PTSD symptom severity was accounted for by excessive rumination. Attentional control may contribute to PTSD symptoms through excessive rumination. Attentional control and rumination may be important targets for PTSD interventions.

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<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12341/full>

#### **Posttraumatic Stress Disorder Symptom Clusters and Acquired Capability for Suicide: A Reexamination Using DSM-5 Criteria.**

Spitzer, E. G., Zuromski, K. L., Davis, M. T., Witte, T. K. and Weathers, F.

Suicide and Life-Threatening Behavior

First published: 6 March 2017

DOI: 10.1111/sltb.12341

This study used the interpersonal–psychological theory of suicide to explore the relationships among DSM-5 posttraumatic stress disorder (PTSD) symptom clusters derived from the six-factor anhedonia model and facets of acquired capability for suicide (ACS). In a sample of 373 trauma-exposed undergraduates, most PTSD symptom clusters were negatively associated with facets of ACS in bivariate correlations, but the anhedonia cluster was positively associated with ACS in regression models. Structure coefficients and commonality analysis indicated that anhedonia served as a suppressor variable for the other symptom clusters. Our findings further elucidate the complex relationship between specific PTSD symptom clusters and ACS.

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<http://onlinelibrary.wiley.com/doi/10.1111/famp.12285/full>

### **Trauma Symptoms, Communication, and Relationship Satisfaction in Military Couples.**

Bakhurst, M., McGuire, A. and Halford, W. K.

Family Process

First published: 8 March 2017

DOI: 10.1111/famp.12285

Trauma symptoms are negatively correlated with couple relationship satisfaction, which is of particular importance in the relationships of military personnel who are often exposed to trauma whilst on overseas deployment. This study tested a model in which communication mediated an association between trauma symptoms and low relationship satisfaction. Thirty-one Australian military couples were observationally assessed during a communication task, and assessed on their relationship satisfaction and individual functioning. As expected, trauma symptoms in the male military spouse were associated with low satisfaction in both spouses. Females' low positive communication fully mediated the relationship between males' trauma symptoms and low female satisfaction, but not male relationship satisfaction. Unexpectedly, males' negative communication behaviors were associated with high male relationship

satisfaction, and partially mediated the association between trauma symptoms and male satisfaction. Discussion focused on how some communication usually thought of as negative might be associated with relationship satisfaction in military couples.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22473/abstract>

### **The Associations Between Army National Guard Versus Active Duty Soldier Status and Perceived Burdensomeness, Thwarted Belongingness, and Acquired Capability.**

Podlogar, M. C., Houtsma, C., Khazem, L. R., Ringer, F., Mofield, T., Green, B. A., Anestis, M. D., Lim, I. C. and Joiner, T. E.

Journal of Clinical Psychology  
First published: 10 March 2017  
DOI: 10.1002/jclp.22473

#### **Objective**

This study aimed to examine if levels of thwarted belongingness, perceived burdensomeness, and acquired capability significantly differed between guardsmen and active duty soldiers.

#### **Method**

Multivariate analysis of covariance was used to test for differences between active duty Army (n = 1,393) and Army National Guard (n = 623) groups, before and after controlling for the effects of age, gender, race, marital status, level of education, and deployment history.

#### **Results**

Guardsmen reported significantly higher mean levels of thwarted belongingness and perceived burdensomeness than did active duty soldiers, even after adjusting for demographic differences. Guardsmen also reported slightly lower levels of acquired capability, though this effect was accounted for by demographic differences.

#### **Conclusion**

These findings support the notion that National Guard and active duty soldiers differ on perceived burdensomeness and thwarted belongingness. Additional research

investigating sources of perceived burdensomeness and thwarted belongingness among guardsmen is needed.

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<http://www.tandfonline.com/doi/full/10.1080/07481187.2017.1284956>

### **Opportunities to Intervene? “Warning Signs” for Suicide in the Days before Dying.**

Rajeev Ramchand, Enchanté Franklin, Elizabeth Thornton, Sarah Deland, and Jeffrey Rouse

Death Studies

Accepted author version posted online: 27 Jan 2017

<http://dx.doi.org/10.1080/07481187.2017.1284956>

To validate warning signs for suicide, researchers interviewed 20 respondents, representing 17 suicides in Orleans Parish, Louisiana, about characteristics of the decedent in the year, month, and days preceding the death. Decedents did exhibit behaviors consistent with existing warning signs, but these were rarely new behaviors present 7 days prior to the suicide but not previously. Research is needed to continue to test warning signs for suicide, and education campaigns that teach warning signs may not be relevant for preventing suicide among those in mental health treatment or involved in the criminal justice system.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22166/abstract>

### **The Amplification of Common Somatic Symptoms by Posttraumatic Stress Disorder in Firefighters.**

Milligan-Saville, J. S., Paterson, H. M., Harkness, E. L., Marsh, A. M., Dobson, M., Kemp, R. I., Bryant, R. A. and Harvey, S. B.

Journal of Traumatic Stress

First published: 8 March 2017

DOI: 10.1002/jts.22166

Posttraumatic stress disorder (PTSD) in emergency service personnel and other trauma-exposed populations is known to be associated with a variety of physical health problems. However, little attention has been paid to the health of ageing emergency service personnel, who may be forced into early medical retirement because of a combination of these issues. Currently employed (N = 274) Australian firefighters completed a cross-sectional survey using validated, self-report measures of PTSD and somatic symptoms. Analyses examined the association between probable PTSD and a range of common somatic symptoms, and whether any association differed depending on the age of the firefighters. Firefighters with PTSD reported greater levels of neurological ( $p = .024$ ), gastrointestinal ( $p = .015$ ), and cardiorespiratory ( $p = .027$ ) symptoms compared to those without PTSD. After adjusting for sex, age, and rank, linear regression analysis demonstrated that PTSD was significantly associated with increased total somatic symptom severity ( $p = .024$ ), with PTSD accounting for 9.8% of the variance in levels of somatic symptoms. There was no interaction between age and the association between PTSD and somatic symptom severity. These results suggest that PTSD is associated with a significant increase in a wide range of somatic symptoms among firefighters, regardless of age. The implications for the identification and treatment of PTSD are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0165178116310800>

### **Insomnia and Suicidal Ideation and Behaviors in Former and Current U.S. Service Members: Does Depression Mediate the Relations?**

Nicholas P. Allan, Kenneth R. Conner, Wilfred R. Pigeon, Daniel F. Gros, Temilola K. Salami, Tracy Stecker

Psychiatry Research

Available online 8 March 2017

<http://dx.doi.org/10.1016/j.psychres.2017.03.009>

Insomnia is a risk factor for suicidal ideation (SI) and behavior (SB), yet the nature of the relations is unclear, including the potential mediating role of cognitive and affective/somatic symptoms of depression. It was hypothesized that the impact of insomnia on SI would be mediated through depressive symptoms and that insomnia would directly impact SB. Current and former military service members (N = 405; M age = 31.6 years, SD = 7.3; 90.4% male, 76.5% White) who endorsed recent suicidal ideation and/or a history of suicide attempt completed measures of insomnia,

depression, SI, and SB at baseline and at month 12 follow-up. Mediation models were conducted using structural equation modeling. Significant mediation from insomnia to baseline SI and month 12 SI was found through cognitive/affective depression. Insomnia was directly related to SB occurring between baseline and month 12 follow-up. These findings suggest that cognitive/affective depression mediates the association with SI but not SB. Results build on research showing the importance of depressive symptoms in SI in particular. The direct and indirect pathways from insomnia to SI/SB suggest that clinicians should be aware of these relations when treating patients reporting insomnia.

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<https://link.springer.com/article/10.1007/s10608-017-9833-1>

### **The Hopelessness Theory of Depression: Clinical Utility and Generalizability.**

Gerald J. Haeffel, Rachel Hershenberg, Jason T. Goodson, Sascha Hein, Amanda Square, Elena L. Grigorenko, John Chapman

Cognitive Therapy and Research

First Online: 09 March 2017

DOI: 10.1007/s10608-017-9833-1

To date, “basic” research has dominated the empirical literature on hopelessness theory. The next logical step in this area of research is to determine if the theory can be used to help people. We conducted three studies to determine if the cognitive vulnerability factor featured in hopelessness theory could be reliably measured in diverse samples in a treatment context and if it could predict depressive therapeutic outcomes. Study 1 used a sample of male juvenile detainees (n = 296; 70% from underrepresented groups) and found that cognitive vulnerability moderated the effectiveness of a social problem solving training intervention. Study 2 used a clinical sample of U.S. Veterans (n = 16; 56% from underrepresented groups) enrolled in a cognitive behavioral therapy group for depression and found that cognitive vulnerability predicted post-therapy depressive outcomes. In both Study 1 and Study 2, higher levels of cognitive vulnerability resulted in poorer treatment outcomes (i.e., greater post-treatment levels of depressive symptoms). Study 3 used a clinical sample of U.S. Veterans (n = 76; 67% from underrepresented groups) enrolled in a behavior activation group and found no effect of cognitive vulnerability on post-therapy depressive outcomes. The results of the three studies indicate that hopelessness theory’s cognitive vulnerability construct can be reliably measured in diverse samples in real world clinical

contexts and that it has the potential to be a useful predictor of clinical outcomes in the context of cognitively focused treatments.

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<http://www.healio.com/psychiatry/journals/psycann/2017-3-47-3/{1bb28d51-4539-4fff-96fd-ed4757ad55d1}/a-reexamination-of-military-sexual-trauma-and-posttraumatic-stress-disorder>

### **A Reexamination of Military Sexual Trauma and Posttraumatic Stress Disorder.**

Meredith L. C. Williamson, PhD; Ryan Holliday, MA; Nicholas Holder, BS; Carol S. North, MD, MPE; Alina Surís, PhD, ABPP

Psychiatric Annals

March 2017 - Volume 47 · Issue 3: 134-138

DOI: 10.3928/00485713-20170206-01

Military sexual trauma (MST) is a term that has been formally defined by the United States Congress. However, policymakers, clinicians, and researchers often use different definitions of the term, which hampers efforts to provide accurate MST prevalence estimates, document its medical and psychological consequences, project need for resources to address the problem, identify cases, and provide appropriate treatment. MST covers unwelcome sexual advances, including sexual harassment and/or sexual assault, experienced by military personnel during military duty. Unfortunately, the term MST can easily be misapplied as a diagnosis, and is sometimes even incorrectly used interchangeably with posttraumatic stress disorder (PTSD). This article clarifies the importance of accurate definitions of MST and PTSD in assessing and managing the mental health consequences of these stressful life events. It also outlines the kinds of problems that may arise from unclear definitions and incorrect application of these constructs. [Psychiatr Ann. 2017;47(3):134–138.]

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<http://www.jabfm.org/content/30/2/150.short>

### **Prediction of Suicide Ideation and Attempt Among Substance-Using Patients in Primary Care.**

Kevin A. Hallgren, PhD, Richard K. Ries, MD, David C. Atkins, PhD, Kristin Bumgardner, BS and Peter Roy-Byrne, MD

Journal of the American Board of Family Medicine

April 2017 vol. 30 no. 2 150-160

doi: 10.3122/jabfm.2017.02.160264

**Background:**

Suicide is a major public health concern, particularly among people who use illicit substances and/or non-prescribed medications.

**Methods:**

The present study prospectively assessed the incidence and predictors of suicidal ideation (SI) and suicide attempt (SA) among 868 substance-using patients over 12 months after receiving primary care within seven public primary care clinics.

**Results:**

Participants reported a high incidence of SI (25.9%) and SA (7.1%) over the year following primary care visits. Suicidality was elevated in patients who were female; lacked a high school diploma; were unemployed; reported depression, anxiety, hallucinations, concentration difficulty, or violent behavior; used nicotine or stimulants; used the emergency department or mental health services in the past 90 days; reported current quality-of-life impairment in mobility or usual activities; or reported recent SI or lifetime SA at baseline. In multiple regression analyses, only past 30-day SI, any lifetime SA, past 90-day violent behavior, and current impairment due to anxiety or depression at baseline uniquely predicted SI or SA beyond other variables.

**Conclusions:**

Results support the need for screening for suicidality among primary care patients who use illicit substances and identify key of these patients who are at particularly elevated risk for suicidality.

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<https://link.springer.com/article/10.1007/s11916-017-0624-x>

**Behavioral Treatments for Post-Traumatic Headache.**

Felicia Fraser, Yuka Matsuzawa, Yuen Shan, Christine Lee, Mia Minen



## Current Pain and Headache Reports

First Online: 10 March 2017

DOI: 10.1007/s11916-017-0624-x

### Purpose of Review

Post-traumatic headache (PTH) is a common headache type after traumatic brain injury (TBI). There are no FDA approved medications for PTH, and it is unknown how medications can affect the brain's ability to recover from TBI. Thus, we sought to examine the biopsychosocial factors that influence PTH and the non-pharmacologic treatments studied for headache treatment. We also sought to determine if there is literature examining whether the non-pharmacologic treatments influence the biopsychosocial factors. The non-pharmacologic treatments assessed included cognitive behavioral therapy (CBT), biofeedback, progressive muscle relaxation therapy (PMR), acupuncture, and physical therapy (PT).

### Recent Findings

Factors associated with prognosis in PTH may include the following: severity of TBI, stress, post-traumatic stress disorder, other psychiatric comorbidities, sociocultural and psychosocial factors, litigation, base rate misattribution, expectation as etiology, and chronic pain. There are few high quality studies on the non-pharmacologic treatments for PTH. Thermal and EMG biofeedback appear to have been examined the most followed by CBT. Studies did not have secondary outcomes examining the psychosocial factors related to PTH.

### Summary

Most of the behavioral studies involved a multi-modality intervention limiting the ability to assess the individual non-pharmacologic interventions we sought to study. There were very few randomized clinical trials evaluating the efficacy of non-pharmacologic interventions. Therefore, future research, which considers the noted biopsychosocial factors, is needed in the field to determine if these interventions reduce PTH.

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<https://www.ncbi.nlm.nih.gov/pubmed/28182456>

Psychol Trauma. 2017 Feb 9. doi: 10.1037/tra0000260. [Epub ahead of print]

**The Impact of Service-Connected Disability and Therapist Experience on Outcomes From Prolonged Exposure Therapy With Veterans.**

Goodson JT, Helstrom AW, Marino EJ, Smith RV.

**OBJECTIVE:**

Although prolonged exposure therapy (PE) has been shown to be effective in treating posttraumatic stress disorder (PTSD), a sizable minority do not benefit. Examining patient and therapist characteristics that impact treatment outcome may improve treatment delivery and identify individuals who are less likely to respond to treatment or are at risk to prematurely discontinue treatment. The current study uses a sample from a large urban Veterans' Affairs (VA) hospital to build on a previous report that identified correlates of treatment outcome for Veterans who received PE.

**METHOD:**

Two hundred eighty-seven veterans completed measures of PTSD, depression, and quality of life at the beginning and end of treatment. Veterans' service-connected disability rating, therapist experience, benzodiazepine prescription, and traumatic brain injury diagnosis were investigated as predictors of treatment outcome in linear regression analyses.

**RESULTS:**

Results showed that Veterans with a service-connected disability for a mental health condition had smaller treatment gains than those without service connection ( $p < .01$ ). Additionally, results showed that patients treated by certified PE therapists had larger treatment gains than those treated by noncertified PE therapists ( $p < .01$ ). Finally, younger age and therapist certification were associated with dropout from treatment ( $p < .05$ ).

**CONCLUSION:**

Veterans treated by PE-certified therapists and Veterans who were not service-connected for a mental health condition fared better in treatment. Results suggest that additional study of both the national effort to train VA clinicians in PE and the impact of service connection on PTSD treatment outcome may be helpful for future research. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

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<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0544-5>

**Improving and sustaining delivery of CPT for PTSD in mental health systems: a cluster randomized trial.**

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Implementation Science

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## Background

Large-scale implementation of evidence-based psychotherapies (EBPs) such as cognitive processing therapy (CPT) for posttraumatic stress disorder can have a tremendous impact on mental and physical health, healthcare utilization, and quality of life. While many mental health systems (MHS) have invested heavily in programs to implement EBPs, few eligible patients receive EBPs in routine care settings, and clinicians do not appear to deliver the full treatment protocol to many of their patients. Emerging evidence suggests that when CPT and other EBPs are delivered at low levels of fidelity, clinical outcomes are negatively impacted. Thus, identifying strategies to improve and sustain the delivery of CPT and other EBPs is critical. Existing literature has suggested two competing strategies to promote sustainability. One emphasizes fidelity to the treatment protocol through ongoing consultation and fidelity monitoring. The other focuses on improving the fit and effectiveness of these treatments through appropriate adaptations to the treatment or the clinical setting through a process of data-driven, continuous quality improvement. Neither has been evaluated in terms of impact on sustained implementation.

## Methods

To compare these approaches on the key sustainability outcomes and provide initial guidance on sustainability strategies, we propose a cluster randomized trial with mental health clinics ( $n = 32$ ) in three diverse MHSs that have implemented CPT. Cohorts of clinicians and clinical managers will participate in 1 year of a fidelity oriented learning collaborative or 1 year of a continuous quality improvement-oriented learning collaborative. Patient-level PTSD symptom change, CPT fidelity and adaptation, penetration, and clinics' capacity to deliver EBP will be examined. Survey and interview data will also be collected to investigate multilevel influences on the success of the two learning collaborative strategies. This research will be conducted by a team of investigators with expertise in CPT implementation, mixed method research strategies, quality improvement, and implementation science, with input from stakeholders in each participating MHS.

## Discussion

It will have broad implications for supporting ongoing delivery of EBPs in mental health and healthcare systems and settings. The resulting products have the potential to significantly improve efforts to ensure ongoing high quality implementation and consumer access to EBPs.

## Trial registration

NCT02449421. Registered 02/09/2015

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<https://www.ncbi.nlm.nih.gov/pubmed/28151093>

J Trauma Dissociation. 2017 Feb 2:1-20. doi: 10.1080/15299732.2017.1289493. [Epub ahead of print]

## **Acupuncture for the Treatment of Adults with Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis.**

Grant S, Colaiaco B, Motala A, Shanman R, Sorbero M, Hempel S

Acupuncture has been suggested as a treatment for posttraumatic stress disorder (PTSD), yet its clinical effects are unclear. This review aims to estimate effects of acupuncture on PTSD symptoms, depressive symptoms, anxiety symptoms, and sleep quality for adults with PTSD. We searched 10 databases in January 2016 to identify eligible randomized controlled trials (RCTs). We performed random effects meta-analyses and examined quality of the body of evidence (QoE) using the GRADE approach to rate confidence in meta-analytic effect estimates. Seven RCTs with 709 participants met inclusion criteria. We identified very low QoE indicating significant differences favoring acupuncture (versus any comparator) at post-intervention on PTSD symptoms (standardized mean difference [SMD] = -0.80, 95% confidence interval [CI] [-1.59, -0.01], 6 RCTs), and low QoE at longer follow-up on PTSD (SMD = -0.46, 95% CI [-0.85, -0.06], 4 RCTs) and depressive symptoms (SMD = -0.56; 95% CI [-0.88, -0.23], 4 RCTs). No significant differences were observed between acupuncture and comparators at post-intervention for depressive symptoms (SMD = -0.58, 95% CI [-1.18, 0.01], 6 RCTs, very low QoE), anxiety symptoms (SMD = -0.82, 95% CI [-2.16, 0.53], 4 RCTs, very low QoE), and sleep quality (SMD = -0.46, 95% CI [-3.95, 3.03], 2 RCTs, low QoE). Safety data (7 RCTs) suggest little risk of serious adverse events, though some participants experienced minor/moderate pain, superficial bleeding, and hematoma at needle insertion sites. To increase confidence in findings, sufficiently

powered replication trials are needed that measure all relevant clinical outcomes and dedicate study resources to minimizing participant attrition.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22471/full>

## **Impact of Killing in War: A Randomized, Controlled Pilot Trial.**

Maguen, S., Burkman, K., Madden, E., Dinh, J., Bosch, J., Keyser, J., Schmitz, M. and Neylan, T. C.

Journal of Clinical Psychology  
First published: 10 March 2017  
DOI: 10.1002/jclp.22471

### **Objective**

The purpose of this pilot study was to test the effectiveness of Impact of Killing (IOK), a novel, cognitive-behavioral treatment (CBT) aimed at reducing mental health symptoms and functional impairment.

### **Method**

Participants were 33 combat Veterans with a posttraumatic stress disorder (PTSD) diagnosis who had completed trauma-focused psychotherapy and reported distress regarding killing or feeling responsible for the deaths of others in war. Veterans were randomized to either IOK treatment or a 6-week waitlist condition, after which Veterans could receive IOK. IOK is a 6- to 8-session, weekly, individual, CBT, lasting 60–90 minutes, and focused on key themes, including physiology of killing responses, moral injury, self-forgiveness, spirituality, making amends, and improved functioning.

### **Results**

We found that compared to controls (N = 16), the IOK group (N = 17) experienced a significant improvement in PTSD symptoms, general psychiatric symptoms, and quality of life functional measures. Veterans who received IOK reported that the treatment was acceptable and feasible.

### **Conclusion**

These results provide preliminary evidence that Veterans can benefit from a treatment focused on the impact of killing after initial trauma therapy.

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<http://www.sciencedirect.com/science/article/pii/S0145213417300868>

**Victimization and adversity among children experiencing war-related parental absence or deployment in a nationally representative US sample.**

Heather A. Turner, David Finkelhor, Sherry Hamby, Megan Henly

Child Abuse & Neglect

Volume 67, May 2017, Pages 271–279

<http://dx.doi.org/10.1016/j.chiabu.2017.02.039>

This study compares children and youth who have experienced lifetime war-related parental absence or deployment with those having no such history on a variety of victimization types, non-victimization adversity, trauma symptoms, and delinquency; and assesses whether cumulative adversity and victimization help to explain elevated emotional and behavioral problems among children of parents who have experienced war-related absence or deployment. The National Surveys of Children's Exposure to Violence (NatSCEV) are comprised of three cross-sectional telephone surveys conducted in 2008, 2011, and 2014. Data were collected on the experiences of children aged one month to seventeen years. In each survey, interviews were conducted with youth 10–17 years old and with caregivers of children 0–9 years old. The analyses use pooled data from all three U.S. nationally-representative samples (total sample size of 13,052). Lifetime parental war-related absence or deployment was a marker for elevated childhood exposure to a wide array of victimization and adversity types. Cumulative past year exposure to multiple forms of victimization and adversity fully explained elevated trauma symptoms and delinquency in this population of children. Given the breadth of victimization and adversity risk, children with histories of parental war-related absence or deployment, as well as their families, represent important target groups for broad-based prevention and interventions to reduce exposure and ameliorate consequences when it does occur.

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<http://onlinelibrary.wiley.com/doi/10.1111/papt.12123/full>

**Understanding the relationship between suicidality, current depressed mood, personality, and cognitive factors.**

Cameron, S., Brown, V. J., Dritschel, B., Power, K. and Cook, M.

Psychology and Psychotherapy

First published: 11 March 2017

DOI: 10.1111/papt.12123

### Objectives

Links between suicidality and depressed mood are well established. There is, however, little information about the emotional regulation processes that underlie the relationship between suicidality and current low mood, and how these processes differ between groups of never-suicidal (NS), suicidal ideators, and suicide attempters. As suicidality and depression are heterogeneous constructs, this study aimed to conduct within- and between-group comparisons of known suicide risk factors that are associated with emotion regulation (neuroticism, trait aggression, brooding, impulsivity, and overgeneral autobiographical memories).

### Design

Correlational design using between- and within-group comparisons from self-report measures.

### Methods

Inter- and intragroup differences were identified using Pearson's correlation coefficients and tests of difference. An analysis of indirect effects was used to investigate whether the relationship between suicidality and current low mood was mediated by neuroticism, trait aggression, brooding, impulsivity, and overgeneral autobiographical memories, and if this relationship varied according to group type.

### Results

Brooding appeared to be a consistent feature of all three groups and was closely related to current low mood. Compared to the NS group, the relationship between suicide attempts and current low mood showed greater associations with brooding, trait aggression, and overgeneral autobiographical memories. Compared to the NS group, the suicidal ideation group showed stronger associations with neuroticism and impulsivity, but these factors did not correlate with low mood.

### Conclusion

These results suggest a need for larger studies to focus on heterogeneity within suicidal populations and consider how different combinations of risk factors may heighten or reduce suicide risk.

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## Links of Interest

Strategies for Coping with Flashbacks

<http://www.realwarriors.net/veterans/treatment/coping-with-flashbacks.php>

Yes, Your Sleep Schedule Is Making You Sick

<https://www.nytimes.com/2017/03/10/opinion/sunday/can-sleep-deprivation-cure-depression.html>

U.S. Soldiers Heading to Poland Face a Grim Ordeal: No Burger King

<https://www.wsj.com/articles/u-s-soldiers-heading-to-poland-face-a-grim-ordeal-no-burger-king-1489419924>

Back pain and bureaucracy: One injured soldier's quest to prove his injuries

<http://www.militarytimes.com/articles/injured-soldier-quest-to-prove-his-injuries>

Unemployment dips in February for post-9/11 vets

<http://www.militarytimes.com/articles/february-brings-big-dip-in-unemployment-for-post-9-11-vets>

DoD expands drug testing for military applicants

<http://www.militarytimes.com/articles/dod-expands-drug-testing-for-military-applicants>

Senior enlisted: Child care, spouse employment among troops' top quality-of-life concerns

<http://www.militarytimes.com/articles/senior-enlisted-child-care-spouse-employment-among-troops-top-quality-of-life-concerns>

The Costs of Poor Sleep Are Staggering

<https://www.rand.org/blog/rand-review/2017/03/the-costs-of-poor-sleep-are-staggering.html>

Relief from the freeze: DoD schools now hiring teachers, school nurses and others

<http://www.militarytimes.com/articles/relief-from-the-freeze-dod-schools-now-hiring-teachers-school-nurses-and-others>



Sailors targeted at more than a dozen Navy commands in growing military nude photo sharing scandal

<https://www.navytimes.com/articles/sailors-targeted-at-more-than-a-dozen-navy-commands-in-growing-military-nude-photo-sharing-scandal>

Sex assault reports up at Navy, Army academies

<http://www.militarytimes.com/articles/sex-assault-reports-up-at-navy-army-academies>

When the Combat Switch Is Broken: The dangerous effects of the military's embrace of energy drinks

<http://mwi.usma.edu/combat-switch-broken-dangerous-effects-militarys-embrace-energy-drinks/>

VA plans to help 'bad paper' veterans don't go far enough

<http://www.militarytimes.com/articles/commentary-va-plans-to-help-bad-paper-veterans-dont-go-far-enough>

Bereaved families lose far more than a beloved parent

<http://www.forcessupport.org.uk/get-support/research/bereaved-families-lose-far-more-than-a-beloved-parent-paper/>

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### **Resource of the Week: [What Kind of Sleeper Are You?](#)**

This interactive quiz (chronotype assessment) from The New York Times “can help you find out how the clock in your brain measures up to the clock on the wall. It will provide feedback about your natural sleep cycle by estimating when your melatonin production begins. It will also tell you whether you might benefit from changing that cycle through chronotherapy — a regimen of exposing yourself to bright light at specific times.”

# What Kind of Sleeper Are You?

By MICHAEL TERMAN MARCH 10, 2017 [RELATED ARTICLE](#)

We each have an inner clock that influences when we feel like sleeping and waking and how tired we are. This clock in the brain tends to run slower than the 24-hour clock tied to the solar day — in fact, depending on genetics, it could be off by an hour or more. The inner, or circadian, clock controls the production of the hormone melatonin, which promotes sleepiness. When melatonin is delayed, you may suffer from insomnia. It

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