



## RETHINKING HYPNOSIS AS AN EFFECTIVE THERAPEUTIC TOOL

**Barbara McCann, PhD**, Professor, Department of Psychiatry and Behavioral Sciences, was recently appointed to a UW Endowed Chair—the first of its kind—in Mental Health Counseling and Hypnosis within the department. The position was established by an anonymous gift of a generous couple who were motivated by the goal to develop teaching and clinical opportunities emphasizing the use of hypnosis as a tool for psychiatry and psychology practitioners.

Dr. McCann comes to the appointment with years of experience conducting psychotherapy with people with serious mental illness, including depression, anxiety, and related mood disorders. She describes the community she treats at Harborview Medical Center as “people who can’t work, are underemployed, and are often homeless.”

“What appeals to me about this particular position,” Dr. McCann asserts, “is that it was established to promote clinical work specifically with our underserved

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# AWARDS & ACHIEVEMENTS

**Clemen Katiraie**, Patient Care Coordinator, was awarded UW Medicine Employee of the year for her outstanding customer service at the UWMC Psychiatry Central Intake.

**Dr. Elizabeth McCauley**, Professor, was awarded the Mentorship Award from the UW School of Medicine.

**Dr. Frank Seitz**, Clinical Associate Professor, has been chosen as the first recipient of the Lucille Logan Award for Excellence in Medical School Teaching.

**Dr. Sherry Willis** will serve as member of the Cognition and Perception Study Section,

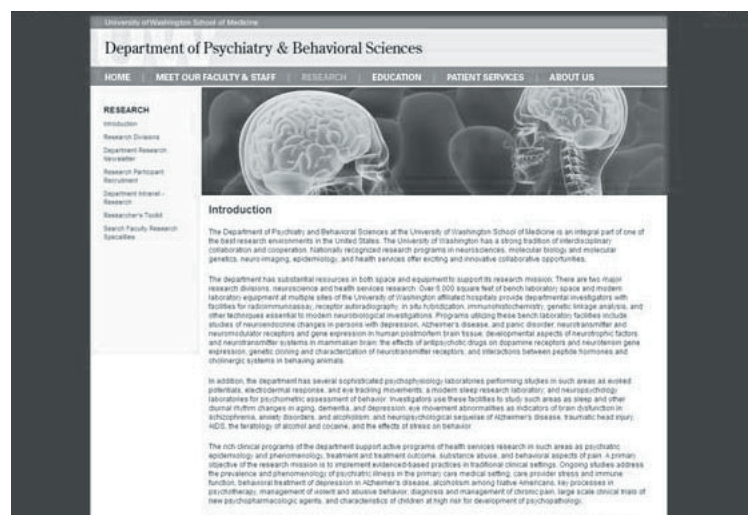
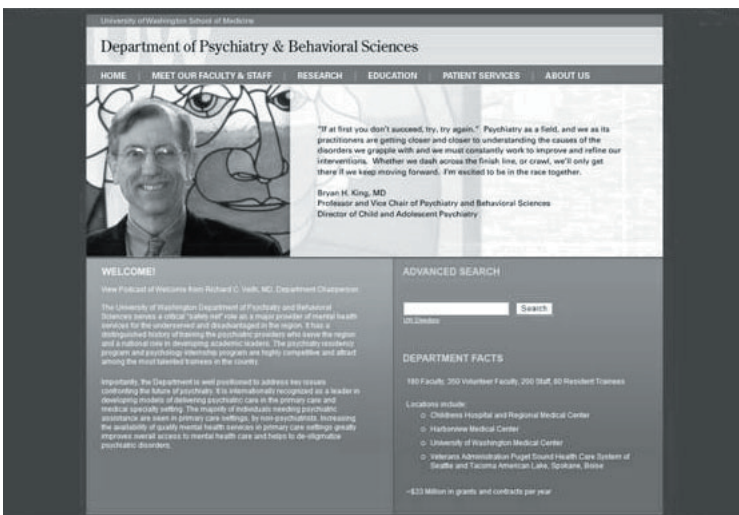
Center for Scientific Review for the term beginning July 1, 2008 and ending June 30, 2012. Members are selected on the basis of their demonstrated competence and achievement in their scientific discipline as evidenced by quality of research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors.

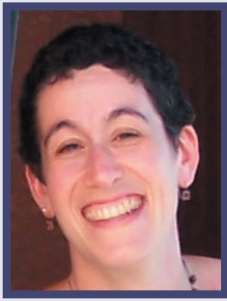
Congratulations to the following faculty who are being promoted 7/1/08: **John Neumier, MD, PhD**, and **Jon McClellan, MD** to Professor; **Eric Bruns, PhD**, **Monique Cherrier, PhD**, **Michael Storck, MD**, and **Jagoda Pasic, MD, PhD** to Associate Professor.

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# DEPARTMENT SPOTLIGHT

The Department of Psychiatry & Behavioral Sciences is proud to announce the launch of a new designed website with advanced usability features for August 2008. You can expect an updated design, more resources, easier navigation, and more advanced search features.





## TRAILBLAZERS: DEBRA KAYSEN, PHD

### Research on Trauma: Exploring cognitive mechanisms to prevent Post Traumatic Stress Disorder

**Debra Kaysen, PhD**, Assistant Professor in the Department of Psychiatry and Behavioral Sciences, has immersed herself since the beginning of her career, in the study of interpersonal violence and posttraumatic stress disorder (PTSD). She earned her doctorate in psychology at the University of Missouri, where she had the opportunity to work with Dr. Patricia Resick, now director of the Women's Health Sciences Division for the National Center for PTSD in Boston, Massachusetts. Dr. Kaysen "fell" into the field of traumatic stress studies when Dr. Resick invited her to serve as a research assistant on a treatment outcome study assessing cognitive processing therapy, a cognitive behavioral therapy for PTSD.

#### The Study of Mechanisms of Post-trauma Symptomatology

Throughout her graduate studies and post-graduate work Dr. Kaysen has focused on mechanisms explaining the development of PTSD and comorbid disorders. This is an especially intriguing area of investigation given that the majority of those who are exposed to interpersonal violence do not go on to develop PTSD. Approximately 20% of women who experience a traumatic event develop PTSD. To try to explain why some people recover naturally, while others do not, Dr. Kaysen has focused predominantly on *cognitive* mechanisms: how people make meaning from these types of traumatic events and how this influences symptoms. For example, she examined how beliefs about self and others in the context of childhood abuse influence response to adult victimization. Dr. Kaysen and colleagues found that the relationship between childhood abuse and adult depression following a recent assault was fully mediated by maladaptive beliefs about self and others (that is, extreme and inaccurate negative beliefs about the self and others as bad, unworthy, damaged, or malign), suggesting that the *meaning* of traumatic events may have as much importance in understanding later psychopathology as the events themselves.

#### Interpersonal Violence, PTSD, and Co-occurring Alcohol Use

Dr. Kaysen began her research at the University of Washington as an intern in the 2002 pre-doctoral internship training program in the Department of Psychiatry and Behavioral Sciences. Highly motivated to continue her academic career at UW, she pursued her post-doctoral training

with Dr. Mary Larimer, Professor in the department and Associate Director of the Addictive Behaviors Research Center. In 2003, Dr. Kaysen was awarded an F32 grant and a grant from the Alcohol Beverage Medical Research Foundation (ABMRF)

**Approximately 20% of women who experience a traumatic event develop PTSD.**

## TRAILBLAZERS CONTINUED



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**“The two-year study tests the “self-medication hypothesis,” whereby researchers and clients assume that people with PTSD consume alcohol to manage their PTSD-related symptoms.**”

in collaboration with Associate Professor Tracy Simpson, PhD, to study cognitive mechanisms as a means to explain the relationship between PTSD and alcohol problems. Little research had been done that focused on the role of cognitions on the bidirectional relationships between substance use and PTSD symptoms.

“Most of my recent research is about the overlap between trauma exposure, PTSD, and addictive behavior,” Dr. Kaysen points out. The majority of people with PTSD do not develop substance abuse problems, although they *are* at an increased risk. Dr. Kaysen expounded on her interest, “Not everybody turns to substance abuse, and I wanted to make sense of that—focusing on early responses and cognitive mechanisms”.

For the F32 and ABMRF grants, Dr. Kaysen and her team assessed 65 women who had experienced a first-degree physical or sexual assault within five weeks of the assault. The team completed assessments five weeks, three months, and six months post-assault, examine predictors of PTSD and drinking problems. The primary interest was in how PTSD symptom severity and alcohol use influence each other, including how beliefs about alcohol and its effects may change the course of drinking following trauma exposure. The team was also interested in the role peritraumatic intoxication, intoxication during the trauma, plays on initial PTSD symptoms and the course of recovery.

In November 2007, Dr. Kaysen and her team presented the results of examining the role of peritraumatic

intoxication on PTSD symptoms at the 41<sup>st</sup> Annual Meeting of the Association for Cognitive and Behavioral Therapies. Explaining the results of the study, Dr. Kaysen says, “We found that women who had used alcohol on the day of the assault, initially, had fewer intrusive symptoms, such as nightmares, and fewer hyperarousal responses.” However, in examining the course of recovery over time, the results showed that both intrusive and hyperarousal symptoms were associated with a slower path to recovery. In a paper published last year in the *Journal of Traumatic Stress*, the team examined the influence of previous alcohol problems on PTSD recovery, and had very similar findings: Women with alcohol problems exposed to assault did not improve as fast.

## TRAILBLAZERS CONTINUED

Identifying individuals to participate in this sensitive study was challenging. The team first developed a relationship with several of the women's shelters in Seattle, which referred many of the women in to the study; in turn, women who had already participated referred other women. Limitations with the sample include the small sample sizes and the low-income, high-risk sample. Dr. Kaysen hopes to run the study again, this time getting a broader sample of women, to expand on the results.

### More Detailed Examinations of PTSD and Alcohol Use

Dr. Kaysen and her research team are now involved in a small R21 study that is designed to test whether PTSD symptoms actually do increase alcohol use and whether these relationships are dependent on beliefs about drinking, using repeated and intensive monitoring of these behaviors. The study will include female college students both with and without histories of sexual assault or abuse. "We are looking at the relationship between PTSD symptoms and negative affect and alcohol use," Dr. Kaysen says, "using what is known as 'experience sampling methodology'—which is getting multiple assessments of someone's behavior and mood in the moment," she explains.

The objective is to look at PTSD symptoms and negative affect on a given day and see how that predicts drinking behavior the next day or even later that same day. The two-year study tests the "self-medication hypothesis," whereby researchers and clients assume that people with PTSD consume alcohol to manage their PTSD-related symptoms.

The study will determine whether these college-age women with increased PTSD symptoms do,

in fact, drink as a consequence of these symptoms, or whether that hypothesis does not hold up when examining the mechanisms at work in the moment. "We are trying to tease apart how these relationships fit together," Dr. Kaysen says.

### Looking to the Future

Would someone who experiences a traumatic event have alcohol problems afterwards? Would someone who had alcohol problems before a traumatic event be more likely to develop PTSD symptoms? These and other questions are where Dr. Kaysen is taking her research – integrating the methodologies she has used to date to further delineate how PTSD and alcohol use fit together. She envisions assessing women soon after trauma exposure, using the intensive daily monitoring methodology and then tracking them longitudinally to see how these relationships change over time. Most importantly, the study would examine how beliefs about the meaning of the event and of the PTSD symptoms may affect the course of recovery.

Traumatic experiences are difficult to prevent and often leave victims with the scars of PTSD and comorbid drinking problems. Dr. Kaysen's initial interest in treatments for PTSD has led to a passionate research mission to treat trauma through its cognitive meaning to victims and prevent PTSD.



## BARBARA MCCANN, PHD HYPNOSIS CONTINUED FROM PAGE 1

### Hypnosis is an effective therapy tool

population at Harborview and to make the hypnosis and hypnotic treatments available to them.”

Dr. McCann received her PhD in Clinical Psychology at Rutgers, the State University of New Jersey. She did her internship in Clinical Psychology at the University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, where she also served as a postdoctoral fellow. She joined the Department of Psychiatry and Behavioral Sciences faculty in 1986.

#### Hypnosis as a Tool in Therapy

Dr. McCann emphasizes that hypnosis is not a therapy itself but is a technique or tool that therapists have to utilize. She describes hypnosis as a particular form of communication with patients to get them involved and absorbed in the change process and therapy; the hypnotic state is one of “focused absorption” in which patients are more readily able to consider modifying their subjective worldview.

Dr. McCann’s orientation to psychotherapy is cognitive behavioral. In traditional cognitive behavioral therapy (CBT), therapists use logic, reasoning, guided discovery, Socratic questioning, and behavioral experiments to help patients modify their worldview and change their behavior. Hypnosis is an additional tool in which patients can be encouraged to more fully engage in new subjective realities that promote adaptive behavioral and affective functioning.

Consider, for example, a fairly common CBT task of encouraging patients to challenge all-or-nothing, perfectionistic thinking. In traditional CBT, patients will often acknowledge, on an intellectual level, that true perfection is unattainable, but argue that it still “feels” like something they should be able to achieve. With hypnosis, the clinician is able to help patients access those parts of experience in which they have been able to tolerate, quite successfully, more ambiguous situations in which “good enough” was easily tolerated, and in fact desirable.

“Part of the value of hypnosis,” Dr. McCann explains, “is it allows people to achieve a state of therapeutic dissociation so that some parts of their conscious awareness can be “dialed down” while they attend more fully to other parts. By “quieting a few channels” and distilling things down, hypnosis can lead to a briefer course of therapy wherein one session with hypnosis can take the place of two or three sessions without hypnosis.

#### Hypnosis in Practice

The people Dr. McCann sees at Harborview Medical Center face enormous difficulties as basic as

## HYPNOSIS CONTINUED

finding housing, food, clothing. To access and navigate resources they need to be skilled at problem solving, something that is particularly challenging. As a cognitive behavioral therapist, Dr. McCann could take a standard approach to the therapeutic process, teaching people how to problem solve by describing the steps involved in problem solving, getting patients to describe a particular problem, and then working through the steps with them.

Using hypnosis, however, Dr. McCann can take a different, subtler approach, showing people that they already have the resources necessary to problem solve on their own. “For example, if I engage them in thinking, while in hypnosis, about the problem of how to get to my office at Harborview and the steps they went through to do that—figuring out the best time to come, whether to drive or take the bus, the cost of getting themselves here—they can see that they already have some level of problem solving skills.”

### Research Studies

While relatively few medical schools offer hypnosis training as an elective, the rich tradition that hypnosis has in surgery, obstetrics, and in psychiatry and psychology, makes it important to examine and investigate. At one time,, hypnosis was frequently included in training in medical schools; today, however, “research and interest in the clinical application of hypnosis is not taught that often and is no longer a standard part of the curriculum,” Dr. McCann explains. While a fairly large body of research exists today on hypnosis in connection with the treatment of pain, when it comes to addressing mental illness, relatively little solid research is available.

When it comes to empirical support for its use in treating psychiatric conditions, hypnosis is in

its nascent stage. Only two meta-analyses have examined the use of hypnosis in conjunction with cognitive behavior therapy, for example. Both of these studies are limited by the lack of high quality, randomized controlled trials. One of the additional shortcomings in many of these research studies, in McCann’s view, is over-reliance on scripted hypnosis sessions. This is a “one size fits all” approach to hypnosis, rather than tailoring the content of the session to the individual patient. Often, in such studies, graduate students read scripted hypnosis sessions to patients; in some cases, patients simply listen to an audiotape of a hypnosis session. The use of scripts and recordings, while helpful for some people, in many cases does not deliver the most effective hypnosis sessions.

### Hypnosis Research and Training

Developing tools and measurements for delivering quality, non-scripted hypnotic sessions in randomized trials is one of Dr. McCann’s goals. “One of the things I hope to do with programs for trainees in the department and throughout this region is to explore how we go about ensuring treatment fidelity using an approach more tailored to the individual patient—and to couple this with research,” she emphasizes.

Based on her own theoretical framework, Dr. McCann is designing a rigorous study that will examine whether cognitive behavioral therapy for mood and anxiety disorders can be enhanced using hypnosis. A key element of this study will be the use of measureable indicators that the clinician conducting the hypnosis session has delivered a rigorous intervention tailored to the patient. This will require, that the clinician selects an appropriate problem to focus on in the session, conducts a hypnotic induction that builds toward problem resolution, makes therapeutic use

## HYPNOSIS CONTINUED

of the hypnotic state, and bridges the content of the session to real life experience and behavior change through use of post-hypnotic suggestions.

For the training aspect, Dr. McCann has been collaborating with Dr. Ronald Schneeweiss, UW Professor of Family Medicine in the Department of Family Medicine. For the past two years, they have offered a spring elective to medical students, graduate students in nursing, and clinical psychology graduate students. The 10-session course, which Dr. McCann describes as “a smorgasbord of ways in which hypnosis is used in clinical practice,” teaches the fundamentals of doing hypnosis and covers hypnosis for pain management, for management of acute pain during medical procedures, and for psychotherapy.

In addition to the elective, Dr. McCann has taught a 15-hour didactic on hypnosis to the fourth-year residents who are in their final year of training. The focus of the didactic is on helping residents develop basic knowledge about hypnosis and how to use it. These residents are in their final year of training, are comfortable doing psychotherapy, have identified their particular therapeutic modality, and are at a good point to begin to enrich their depth of training in therapy by learning new methods of delivering

those interventions. Recently, she presented this material to Spokane psychiatry residents using a two-day weekend workshop approach.

“Ultimately, where I’m going with this,” Dr. McCann explains, “is to make in-depth training available to residents in the department; this would include ongoing supervision of cases and good training opportunities.”

### **The Endowed Chair in Mental Health Counseling and Hypnosis seeks to:**

- 1) Use hypnosis in the care and treatment of individuals with *serious* mental health disorders—by providing patient care at Harborview Medical Center, employing hypnosis and related counseling techniques in an appropriate clinical setting, establishing and directing a Mental Health Counseling and Hypnotherapy Clinic at Harborview Medical Center, and supervising clinical trainees in the use of hypnosis in this setting.
- 2) Increase awareness of and training in hypnosis—through the establishment of a steering committee, the development of training curricula, and the introduction of an annual continuing education course.

Trainees would include resident physicians of various specialties, psychology interns and post-doctoral fellows, medical students, nursing students and allied health students—in social work, physical therapy, and occupational therapy.

Although it is not a primary goal of this endowment to sponsor or promote research into the use of hypnosis in the setting of serious mental illness, it is expected that this would be a likely and desirable outcome of this effort.

### **Challenges in the Field**

In introducing hypnosis as a tool for therapy practice, some challenges exist. For one, people within the profession of psychiatry and psychology share many of the same misconceptions about hypnosis that laypeople have—due to the way hypnosis is portrayed in the media. In addition to misconceptions about contraindications for using hypnosis in certain

## HYPNOSIS CONTINUED

patients, some people find it frightening and intimidating.

Another challenge is that doing hypnosis effectively requires closer attention to the details and subtleties of language than is required for most other forms of communication. Being a more advanced form of communication, hypnosis takes a great deal of practice and training in order for people to achieve proficiency.

The other area that presents a challenge is certification and whether it is necessary for the practice of hypnosis. The American Society of Clinical Hypnosis is a professional society that offers certification, and while there are some positive reasons for getting certified from a credibility standpoint, the downside is it makes it a bit of a guild and makes it feel much less accessible for people to use including residents in psychiatry.

As an alternative to certification, Dr. McCann asks, “Why not build this skill into what you learn to do as a psychiatrist or a psychologist in training?” Then, it is recognized as an advanced skill—with the practitioner learning to understand and appreciate what it means to sit with a patient and be very observant about what is occurring with them and to communicate effectively and therapeutically with them.

### **Motivational Interviewing and the Case for Hypnosis**

Regarding the advancement of hypnosis as a legitimate treatment tool, Dr. McCann is encouraged by the recent attention to “motivational interviewing”—an approach that

inspires people to examine their behavior, think about ways in which they are uncomfortable with what they are currently doing, and get motivated to make changes. Developed at the University of New Mexico in Albuquerque and popularized by William Miller and Steve Rolnick, like hypnosis, motivational interviewing requires highly skilled communication.

**“Doing hypnosis effectively requires closer attention to the details and subtleties of language than is required for most other forms of communication.”**

Motivational interviewing is built on the principal that people do not respond well to a demand for change or an attack on current behavior. Instead, change can occur by listening very carefully for the patient’s own statements about the desire to change and building the interview around the individual’s perspective.

“Motivational interviewing and hypnosis are very similar; I see them as more finely tuned methods of change communication. That’s what we’re about—getting people to change.”

### **The Outlook for Hypnosis**

Dr. McCann has established a hypnosis clinic at Harborview, with the explicit goal of making hypnosis available to the community of patients who go there. In sessions with patients, Dr. McCann explores whether hypnosis is an appropriate treatment tool and whether there’s likely to be a benefit from it—to enhance what she is communicating to the patient.

“Hypnosis is not simply about relaxation and bodily comfort. It is also about building a forward momentum so that people can have some hope for

## RECENT PUBLICATIONS

**Al-Noori S, Sanders NM, Taborsky GJ Jr, Wilkinson CW, Figlewicz DP.** Acute THPVP inactivation decreases the glucagon and sympathoadrenal responses to recurrent hypoglycemia. *Brain Res* 1194:65-72, 2008.

**Aylward E.** Change in MRI striatal volumes as a biomarker in presymptomatic Huntington's disease. *Brain Research Bulletin. Brain Res Bull*; 72:152-158, 2007.

**Barot SK, Ferguson SM, Neumaier JF.** 5-HT1B receptors in nucleus accumbens efferents enhance both rewarding and aversive effects of cocaine. *Eur J Neurosci* 25(10):3125-31, 2007.

**Bauer M, Beaulieu S, Dunner DL, Lafer B, Kpka R.** Rapid cycling bipolar disorder—diagnostic concepts. *Bipolar Disorders*;10 :153-162, 2008.

**Lee JH, Dunner DL.** The effect of anxiety disorder comorbidity on treatment resistant bipolar disorders. *Depression and Anxiety*; 25:91-97, 2008.

**Ghaemi SN, Bauer M, Cassidy F, Malhi GS, Mitchell P, Phelps J, Vieta E, Youngstrom E** for the ISBD Diagnostic Guidelines Task Force. Diagnostic guidelines for bipolar disorder: a summary of the International Society for Bipolar Disorders Diagnostic Guidelines Task Force Report. *Bipolar Disorders*;10:117-128, 2008.

**Dunner DL, Thase ME.** Drs. Dunner and Thase reply. (Response to a letter to the editor). *J Clin Psychiatry*;69:502-503, 2008.

**Neumaier JF, Dunner DL.** "Toward a pathophysiology of bipolar disorder" in Soares JC and Young AH, eds, *Bipolar Disorders, Basic Mechanisms and Therapeutic Implications*, 2nd Edition, Informa Healthcare, New York, pp. 545-553, 2007.

**Belmonte MK, Mazziotta JC, Minshew NJ, Evans AC, Courchesne E, Dager SR, Bookheimer SY, Aylward EH, Amaral DG, Cantor RM, Chugani DC, Dale AM, Davatzikos C, Gerig G, Herbert MR, Lainhart JE, Murphy DG, Piven J, Reiss AL, Schultz RT, Zeffiro TA, Levi-Pearl S, Lajonchere C, Colamarino SA.** Offering to Share: How to Put Heads Together in Autism Neuroimaging. *J Autism Dev Disord.*; 38:2-13, 2008.

**Bernier R, Dawson, G.** The role of mirror neuron dysfunction in autism. In J. Pineda (Ed.) *The Role of Mirroring Processes in Social Cognition*. Totowa, NJ: The Humana Press, Inc., 2008.

**Bruns EJ, Hoagwood KE.** State Implementation of Evidence-Based Practice for Youth: Responses to the State of the Evidence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 369-373, 2008.

**Bruns EJ, Walker JS, Penn M.** Individualized services in systems of care: The wraparound process. In B. Stroul & G. Blau (Eds.). *The System of Care Handbook: Transforming Mental Health Services for Children, Youth, and Families*. Baltimore: Brookes. 2008.

**Bruns EJ, Walrath CM, Sheehan A.** Implementing wraparound within the Context of Evidence-Based Practices for Children and Families: A Survey of Providers. *Journal of Emotional and Behavioral Disorders*, 15(3), 156-168, 2007.

**Calkins ME, Dobie DJ, Cadenhead KS, Olincy A, Freedman R, Green MF, Greenwood TA, Gur RE, Light GA, Mintz J, Nuechterlein KH, Schork NJ, Seidman LJ, Siever LJ, Silverman JM, Stone WS, Swerdlow NR, Tsuang DW, Tsuang MT, Turetsky BI, Braff DL.** The Consortium on the Genetics of Endophenotypes in Schizophrenia (COGS): Model Recruitment, Assessment, and Endophenotyping Methods for a Multi-Site Collaboration. *Schizophr Bull*; 33 (1):33-48, 2007.

**Carpenter LL, Carvalho JP, Tyrka AR, Wier LM, Mello AF, Mello MF, Anderson GM, Wilkinson CW, Price LH.** Decreased adrenocorticotropic hormone and cortisol responses to stress in healthy adults reporting significant childhood maltreatment. *Biol Psychiatry* 62:1080-1087, 2007.

**Clark MS, McDevitt R, Neumaier JF.** Chronic low dose corticotropin releasing factor infusion exploratory behavior and serotonergic gene expression in subregions of the rat dorsal raphe nucleus. *Neuroscience* 146(4):1888-905, 2007.

**Collett BR, Speltz ML.** A developmental approach to mental health for children and adolescents with orofacial clefts. *Orthod Craniofacial Research*, 10,1-12, 2007.

**Davydow DS, Desai SV, Needham DM, Bienvenu OJ.** Psychiatric Morbidity in survivors of the Acute Respiratory Distress Syndrome: A Systematic Review. *Psychosomatic Medicine*;70:512-519, 2008.

## RECENT PUBLICATIONS

Druss B, Rask K, **Katon W**: Major depression and quality of primary medical care: results from a national survey. *Gen Hosp Psychiatry* 30:20-25, 2008

**Dyck DG**, Rodger ML, Norell D. (2007) *Clinical Applications of Multiple Family Group Treatment*. In *Innovations in Clinical Practice*. Leon VandeCreek (ed.) Professional Resources Press.

Faja S, **Aylward E**, **Bernier R**, **Dawson G**. Becoming a face expert: a computerized face-training program for high-functioning individuals with autism spectrum disorders. *Dev Neuropsychol*; 33(1):1-24, 2008.

**Fann JR**, Berry DL, Wolpin S, Austin-Seymour M, Bush N, Halpenny B, Lober WB, McCorkle R. Depression screening using the Patient Health Questionnaire-9 administered on a touch screen computer. *Psycho-Oncology*; May 6, 2008 [Epub ahead of print]

**Fann JR**, **Thomas-Rich AM**, **Katon WJ**, **Cowley D**, **Pepping M**, McGregor BA, Gralow J. Major depression after breast cancer: a review of epidemiology and treatment. *General Hospital Psychiatry* 30:112-126, 2008

**Fann J**, **Thomas-Rich A**, **Katon W**, **Cowley D**, **Pepping M**, McGregor B, Gralow J: Major depression after breast cancer: epidemiology and treatment. *Gen Hosp*

**Ferguson SM**, **Neumaier JF**. Overexpression of 5-HT6 receptors in the nucleus accumbens blocks the rewarding but not psychomotor activating properties of cocaine. *Biol Psych* 63(2):207-13, 2007.

**Figlewicz DP**. The selective serotonin reuptake inhibitor sertraline enhances counterregulatory responses to hypoglycemia. *Am J Physiol Endocrinol Metab* 294:E853-E860, 2008.

Franklin GM, Stover BD, **Turner JA**, Fulton-Kehoe D, Wickizer TM.: Early opioid prescription and subsequent disability among workers with low back injury: The Disability Risk Identification Study Cohort. *Spine*, 33:199-204, 2008.

**Glew G**, **Fan M**, **Katon W**, Rivara F, Kernic M: Guns, grades and bullying: Are our youth safe at school? *J Pediatrics* 152:123-128, 2008.

Grenell G. "Affect Integration in Dreams and Dreaming" *Journal of the American Psychoanalytic Association*. V. 56 #1, 2008.

Hart T, **Fann JR**, Novack TA. The dilemma of the control condition in experience-based cognitive and behavioral treatment research. *Neuropsychological Rehabilitation*; 18:1-21, 2008.

**Hilt RJ**, Woodward, TA. "Agitation Treatment for Pediatric Emergency Patients. *JAACAP*, 47:2, 132-138, February 2008.

Hodes M, **Calderon R**, Breuner C, **Varley CK**: Eating disorders: anorexia nervosa and bulimia nervosa. In: *The Cambridge Handbook of Effective Treatments in Psychiatry*, P Tyrer and K Silk (Eds), Cambridge Press. Oxford, England, 58:841-854, 2008.

Hodes M, **Varley CK**. Associated Editors, Child Psychiatry Section. *Child and Adolescent Psychiatric Treatments In: The Cambridge Handbook of Effective Treatments in Psychiatry*, P. Tyrer and K. Silk (Eds.), Cambridge Press. Oxford, England, 2008.

Hubbard R, Inoue LYT, **Fann JR**. Modeling non-homogeneous Markov processes via time transformation. *Biometrics*; Nov 28, 2007 [Epub ahead of print]

**Huggins JE**, **Grant T**, **O'Malley K**, **Streissguth AP**. Suicide attempts among adults with fetal alcohol spectrum disorders: Clinical considerations. *Mental Health Aspects of Developmental Disabilities*, 11(2):33-41, 2008.

Jeffery RW, Finch EA, Linde JA, **Simon GE**, Ludman EJ, Operskalski B, Rohde P, Ichikawa, L. Does clinical depression affect the accuracy of self-reported height and weight in obese women? *Obesity*, 16(2): 473-475, 2008.

Johnson SA, Stout JC, Solomon AC, Langbehn DR, **Aylward EH**, Cruce CB, Ross CA, Nance M, Kayson E, Julian-Baros E, Hayden MR, Kiebertz K, Guttman M, Oakes D, Shoulson I, Beglinger L, Duff K, Penziner E, Paulsen JS; Predict-HD Investigators of the Huntington Study Group. Beyond disgust: impaired recognition of negative emotions prior to diagnosis in Huntington's disease. *Brain*;130: 1732-1744, 2007.

## RECENT PUBLICATIONS

Juul SE, **Aylward E**, Richards T, McPherson RJ. Prenatal cord clamping in newborn macaca nemestrina: a model of perinatal asphyxia. *Developmental Neuroscience*;29:311-312, 2007.

Kapp-Simon KA, **Speltz ML**, Cunningham ML, Patel PK, Tomita T. Neurodevelopment of children with single suture craniosynostosis: A review. *Childs Nervous System*, 23, 269-281, 2007.

**Kaysen D**, Pantalone D, Chawla N, **Lindgren K**, Clum G, Lee C, Resick PA. Posttraumatic Stress Disorder, Alcohol Use, and Physical Health Concerns. *Journal of Behavioral Medicine*, 31, 115-125, 2008.

**Kerns SE**, **Bruns EJ**. Treating and preventing adolescent mental health disorders. *Clinical Psychology Review*, 27, 676-678, 2008.

Kinder L, Bradley K, **Katon W**, **Ludman E**, McDonnell M, Bryson C. Depression, posttraumatic stress disorder and mortality. *Psychosomatic Medicine*, 70(1):20-26, 2008.

Kinney LM, **Bruns EJ**, Bradley P, Dantzer J, Weist MD. Sexual assault training of law enforcement officers: Results of a statewide survey. *Women and Criminal Justice*, 18, 81-100, 2007.

Kleinhans N, Richards T, Stegbauer KC, Mahurin R, Johnson LC, Greenson J, **Aylward E**. Abnormal functional connectivity in autism spectrum disorders during face processing. *Brain*; 131(Pt 4):1000-12, 2008 Apr.

Kleinhans NM, Johnson LC, Mahurin R, Richards T, Stegbauer KC, Greenson J, **Dawson G**, **Aylward E**. Increased amygdala activation to neutral faces is associated with better face memory performance. *Neuroreport*; 18:987-991, 2007.

**Leverenz JB**, Umar I, Wang Q, Montine TJ, **McMillan PJ**, **Tsuang DW**, Jin J, Pan C, Shin J, Zhu D, Zhang J. Proteomic identification of novel proteins in cortical Lewy bodies. *Brain Path*; 17(2):139-45, 2007 Apr.

Lewis FM, Fletcher KA, Cochrane BB, **Fann JR**. Predictors of depressed mood in spouses of women with breast cancer. *Journal of Clinical Oncology* 26:1289-1295, 2008

Martin BI, Deyo RA, Mirza SK, **Turner JA**, Comstock BA, Hollingworth W, **Sullivan SD**: Expenditures and health status among adults with spine problems. *JAMA*, 299:656-664, 2008.

**McDonnell MG**, Rodgers ML, Short RA, Norell D, Pinter L, **Dyck DG**. Clinician integrity in multiple family groups: psychometric properties and relationship with schizophrenia client and caregiver Outcomes. *Cognitive Therapy & Research*; 31, Number 6; published on line May, 2007.

Mitchell ES, **Sexton TJ**, **Neumaier JF**. Increased expression of 5 HT6 receptors in rat dorsomedial striatum impairs instrumental learning. *Neuropsychopharmacol* 32(7):1520-30, 2007.

Moorman AJ, Mozaffarian D, **Wilkinson CW**, Lawler RL, McDonald GB, Crane BA, Spertus JA, **Russo JE**, Stempien-Otero AS, Sullivan MD, Levy WC. In patients with heart failure elevated soluble TNF-receptor 1 is associated with higher risk of depression. *J Card Fail* 13:738-743, 2007.

**Pasic J**, **Zarkowski P**. Anxiety in the ED. Managing Acute Presentations of Anxiety Disorder. *Psychiatric Issues in Emergency Care Settings*, 7 (1) 12-20, 2008.

**Pasic J**, **Zarkowski P**. Anxiety. In: Glick, RL, Berlin, J.S., Fishkind, A., Zeller, S. (Eds) *Emergency Psychiatry: Principles and Practice*, Lippincott, Williams and Wilkins, pp201-211, 2008.

Peer J, **Strachan E**, Spaulding W. Heterogeneity in behavioral treatment response in severe mental illness. *Journal of Nervous and Mental Disease*, 196, 198-206, 2008.

Penzel T, Hirshkowitz M, Harsh J, Chervin RD, Butkov N, Kryger M, Malow B, **Vitiello MV**, Silber MH, Kushida CA, Chesson AL Jr. Digital analysis and technical specifications. *J Clin Sleep Med*; 3(2):109-20. Review. PMID: 17557421 [PubMed - indexed for MEDLINE], 2007 Mar 15. PMID: 16736080 [PubMed - indexed for MEDLINE], 2006 Jul. *Psychiatry* 30:112-126, 2008.

**Katon W**, Seelig M: Population-based care of depression: team care approaches to improved outcomes. *J Occup Environ Med* 50:459-467, 2008.

Seelig M, **Katon W**: Gaps in depression care: why primary care physicians should hone their depression screening, diagnosis and management skills. *J Occup Environ Med* 50:451-458, 2008.

## RECENT PUBLICATIONS

**Radant AD, Dobie DJ**, Calkins ME, Olincy A, Braff DL, Cadenhead KS, Freedman R, Green MF, Greenwood TA, Gur RE, Light GA, Meichle SP, Mintz J, Nuechterlein KH, Schork NJ, Seidman LJ, Siever LJ, Silverman KM, Stone WS, Swerdlow NR, Tsuang MT, Turetsky BI, **Tsuang DW**. Successful multi-site measurement of antisaccade performance deficits in schizophrenia. *Schizophr Res*; 89 (1-3): 320-9, 2007.

Rizvi S, **Kaysen D**, Gunter C, Griffin M, Resick PA. Beyond Fear: The Role of Peritraumatic Responses in Posttraumatic Stress and Depressive Symptoms in Female Crime Victims. *Journal of Interpersonal Violence*, 23, 853-868, 2008.

Rizvi S, **Monroe-DeVita M**, Dimeff L. Evaluating your dialectical behavior therapy program. In L. Dimeff, & K. Koerner (Eds.), *Dialectical behavior therapy in clinical practice: Applications across disorders and settings* (pp. 326-350). New York: Guilford Publications, Inc., 2007.

Rodgers M.L, Strode A.D, Norell DM., Short RA, Becker B, **Dyck DG**. Adapting Multiple-Family Group Treatment for Brain and Spinal Cord Injury: Intervention development and preliminary outcomes. *American Journal of Physical Medicine and Rehabilitation*, 86, 482-492, 2007.

Rodgers ML, Norell DM, Roll JR, **Dyck DG**. An overview of mental health recovery. *Primary Psychiatry*, 14 (12), 76-85, 2007.

**Romm S**: Joy of Giving. *American Journal Psychiatry*. (March, 2008)

**Combs H, Romm S**: Psychiatric Inpatient Suicide: A Review. *Primary Psychiatry*;14(12):47-54, 2007.

Ruiz-Correa S, Starr JR, Lin HJ, Kapp-Simon KA, Cunningham ML, **Speltz ML**. Severity of skull malformation is unrelated to pre-surgery neurobehavioral status of infants with sagittal synostosis. *Cleft Palate-Craniofacial Journal*. 44 (5), 548-554, 2007.

**Sanders NM, Wilkinson CW**, Taborsky GJ Jr, **Al-Noori S**, Daumen W, **Zavosh A**, Santosh P, **Henry AJ, Varley CK**: Hyperkinetic disorder. In: *The Cambridge Handbook of Effective Treatments in Psychiatry*, P Tyrer and K Silk (Eds), Cambridge Press. Oxford, England, 53:782-795, 2008.

**Schaie KW**. A lifespan developmental perspective of psychological aging. In K. Laidlaw & B. G. Knight (Eds.), *The handbook of emotional disorders in late life: Assessment and treatment* (pp. 3-32). Oxford, UK: Oxford University Press, 2008.

**Schaie KW**. Historical processes and patterns of cognitive aging. In S. M Hofer & D. F. Alwin (Eds.), *Handbook on cognitive aging: Interdisciplinary perspective* (pp. 368-383). Thousand Oaks, CA: Sage, 2008.

**Schloretdt K**, Gershenson R, Goodyer I, Wilkinson P, **Varley CK**: Treatment of depressive disorders in children and adolescents. In: *The Cambridge Handbook of Effective Treatments in Psychiatry*, P Tyrer and K Silk (Eds), Cambridge Press. Oxford, England, 55:808-818, 2008

Seto ML, Hing AV, Chang J, Hu M, Kapp-Simon KA, Patel PK, Burton B, Avellino AM, Ellenbogen R, Hopper R, Hudgins R, Kane A, Reisner A, Smyth MD, Stevenson L, **Speltz ML**, Cunningham ML. TWIST box mutations in TWIST1: A new phenotype-genotype correlation for isolated sagittal synostosis? *Journal of Medical Genetics*, 143A, 678-686, 2007.

**Simon G, Ludman E**, Linde J, Operskalski O, Ichikawa, L, Rohde P, Finch EA, Jeffery R. Association between obesity and depression in middle-aged women. *General Hospital Psychiatry*, 30(1):32-39, 2008.

Solomon AC, Stout JC, Johnson SA, Langbehn DR, **Aylward EH**, Brandt J, Ross CA, Beglinger L, Hayden MR, Kiebertz K, Kayson E, Julian-Baros E, Duff K, Guttman M, Nance M, Oakes D, Shoulson I, Penziner E, Paulsen JS; Predict-HD investigators of the Huntington Study Group. Verbal episodic memory declines prior to diagnosis in Huntington's disease. *Neuropsychologia*;45:1767-1776, 2007.

Starr JR, Kapp-Simon K, Cloonan YK, **Collett BR**, Craddock MM, Buono L, Cunningham ML, **Speltz ML**. Pre- and post-surgery neurodevelopment of infants with single-suture craniosynostosis: Comparison with controls. *Journal of Neurosurgery (Pediatrics)*, 107 (2), 103-110, 2007.

Sterling RC, Weinstein S, Hill P, **Gottheil E**, Gordon SM, Shorie K. Levels of spirituality and treatment outcome: a preliminary examination. *J Stud Alcohol*;67 (4):600-606..

## RECENT PUBLICATIONS

Sterling RC, Weinstein S, Losardo D, Raively K, Hill P, Petrone A, **Gottheil E**. A retrospective case control study of alcohol relapse and spiritual growth. *Am J Addict*;16(1):56-61. PMID: 17364423 [PubMed - indexed for MEDLINE], 2007 Jan-Feb.

Suzuki S, Zhou H, **Neumaier JF**, Pham TA. Opposing Functions of CREB and MKK1 Synergistically Regulate the Geometry of Dendritic Spines in Visual Cortex. *J Comp Neurol* 503(5):605-17, 2007.

Swerdlow NR, Sprock J, Light GA, Cadenhead K, Calkins ME, **Dobie DJ**, Freedman RR, Green MF, Greenwood TA, Gur RE, Mintz J, Olincy A, Nuechterlein KH, Radant AD, Schork NJ, Seidman LJ, Siever LJ, Silverman JM, Stone WS, **Tsuang DW**, Tsuang MT, Turetsky BI, Braff DL. Multi-site studies of acoustic startle and prepulse inhibition in humans: Initial experience and methodological considerations based on studies by the Consortium on the Genetics of Schizophrenia. *Schizophr Res*, May;92(1-3):237-51. Epub 2007 Mar 8.

Taibi DM, Landis CA, Petry H, **Vitiello MV**. A systematic review of valerian as a sleep aid: safe but not effective. *Sleep Med Rev*;11(3):209-30. Review. PMID: 17517355 [PubMed - indexed for MEDLINE], 2007 Jun.

Toth K, **Collett B**, Kapp-Simon K, Cloonan Y, Gaither R, Craddock M, Buono L, Cunningham M, **Dawson G**, Starr J, **Speltz ML**. Memory and response inhibition in young children with single-suture craniosynostosis. *Child Neuropsychology*, September, 1-14, 2007.

Tyrka AR, Wier LM, Price LH, Rikhye K, Ross NS, Anderson GM, Wilkinson CW, Carpenter LL. Cortisol and ACTH responses to the Dex/CRH test: influence of temperament. *Horm Behav* 53:518-525, 2008.

**Varley CK**, Diaz-Caneja A, Garralda E: Anxiety disorders: separation anxiety disorder (SAD), generalised anxiety disorder (GAD), specific phobias, social phobia, panic disorder, post traumatic stress disorder (PTSD), adjustment disorder and obsessive compulsive disorder (OCD). In: *The Cambridge Handbook of Effective Treatments in Psychiatry*, P Tyrer and K Silk (Eds), Cambridge Press. Oxford, England, 57:380-340, 2008.

**Vitiello MV**. Growing old should not mean sleeping poorly: recognizing and properly treating sleep disorders in older adults. *J Am Geriatr Soc*; 55(11):1882-3. No abstract available. PMID: 17979904 [PubMed - indexed for MEDLINE], 2007 Nov.

Walsh T, **McClellan JM**, McCarthy SE, Addington AM, Pierce SB, Cooper GM, Nord AS, Kusenda M, Malhotra D, Bhandari A, Stray SM, Rippey CF, Rocanova P, Makarov V, Lakshmi B, Findling RL, Sikich L, Stromberg T, Merriman B, Gogtay N, Butler P, Eckstrand K, Noory L, Gochman P, Long R, Chen Z, Davis S, Baker C, Eichler EE, Meltzer PS, Nelson SF, Singleton AB, Lee MK, Rapoport JL, King MC, Sebat J. Rare structural variants disrupt multiple genes in neurodevelopmental pathways in schizophrenia. *Science*; 320(5875):539-43, 2008 Apr 25.

Watson NF, **Vitiello MV**. Management of obstructive sleep apnea in acromegaly. *Sleep Med*. 2007 Aug;8(5):539-40. No abstract available. PMID: 17581779 [PubMed - indexed for MEDLINE], Epub 2007 Jun 19.

**Wilkinson CW**. Circadian clocks: showtime for the adrenal cortex. *Endocrinology* 149:1451-1453, 2008.

Young B, **Lin E**, Von Korff M, **Simon G**, **Ciechanowski P**, **Ludman E**, Everson-Stewart S, Kinder L, Oliver M, Boiko E, **Katon W**: Diabetes complications severity index (DCSI) and risk on mortality, hospitalization and health care utilization. *Am J Managed Care* 14:15-23, 2008.

Gjerdingen D, **Katon W**, Rich D: Stepped care treatment of postpartum depression: A primary-care based management model. *Women's Health Issues*,18:44-52, 2008

**Unützer J**, **Katon W**, **Fan MY**, Schoenbaum M, **Lin EHB**, Della Penna R, **Powers D**: Long-term cost effects of collaborative care for late-life depression. *Am J Managed Care* 14:95-100, 2008

Yu CE, Seltman H, **Peskind ER**, Galloway N, Zhou PX, Rosenthal E, Wijsman E, **Tsuang DW**, Devlin B, **Schellenberg GD**. Comprehensive Analysis of APOE and Selected Proximate Markers for Late-onset Alzheimer Disease: Pattern of Linkage Disequilibrium. *Genomics*. 2007 Jun;89(6):655-665. Epub 2007 Apr 16.

**Zarkowski P**, **Pasic J**. Clinical Case Presentations. Acute Anxiety in the Emergency Cares Setting. *Psychiatric Issues in Emergency Care Settings*, 7 (1) 21-26, 2008.

## GRANTS AWARDED

PI: **Bernier R.** The Mirror Neuron System in Children with Autism. Simons Foundation. The goal of this project is to explore the role of experience and expertise in the mirror neuron system in a sample of children with autism.

PI: **Grant T.** The Parent-Child Assistance Program (PCAP), a home visitation intervention for substance-abusing pregnant women has been funded by Washington State DSHS to open new sites in Clallam and Kitsap Counties, bringing the number of PCAP sites in the state to nine. PCAP is part of the Department's Fetal Alcohol and Drug Unit.

PI: Henderson C, Department of Defense (**Dyck D**, Collaborator/Consultant) 08-10 Multi Family Group Intervention for OEF/OIF Traumatic Brain Injury Survivors and their Families. The goal is to adapt a multi-family group psycho-education for traumatic brain injury treatment for injured military persons returning from OIF/OEF.

PI: **Hlastala S**; NIMH; University of Washington; Seattle Children's Hospital Research Institute; Adjunctive Psychotherapy for Teens with Bipolar Disorder. This preliminary randomized trial contrasts an adolescent version of Interpersonal and Social Rhythm Therapy (an empirically-supported psychosocial treatment for adults with bipolar disorder) with community treatment as usual. The project is currently enrolling 36 teens (12-18 years) with bipolar disorder.

PI: **Katon W.** NIMH/NRSA (National Research Scientist Award) T-32. Primary Care-Psychiatry Fellowship Grant, effective 7/01/08 - 6/30/13.

PI: **King B**; Neuropharm LTD; University of Washington; Seattle Children's Hospital Research Institute; Study of Fluoxetine in Autism (SOFIA); A Study to Investigate the Effect of Fluoxetine Orally Dissolving Tablet (ODT) on Repetitive Behaviors in Childhood and Adolescent Autistic Disorder (ages 5-17). The project is currently enrolling.

PI: **Vander Stoep A**, Co-PI: **McClauley E.** National Institute of Mental Health R01MH079402 Adolescent Psychopathology: Implications of Comorbidity, April 1, 2008.

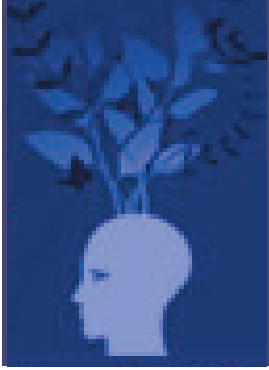
PI: **Strachan E**, Co-PI: Strachan E "Pro-Inflammatory Cytokines, Perceived Stress, and Health Outcomes: A Twin Study." UW Institute of Translational Health Sciences Small Pilot Project Grant.

PI: **Wald.** "Host and Viral Factors in Oral HSV-1 Infection and Disease: A Twin Study." Cold Sore Research Foundation.

## HYPNOSIS CONTINUED

the future." Through the course of several sessions, Dr. McCann also teaches people how to produce that inner focus on their own. It also makes the therapy session more portable. "When I'm using hypnosis with someone, I'm doing virtually all of the talking, and I record that on a digital recorder and burn that onto a CD that they can have and listen to at home."

When it comes to therapeutic success with hypnosis, Dr. McCann has seen results, crediting the sheer immediacy of the process as a big factor. "You take people who are struggling all the time, who are feeling anxious, depressed, and hopeless. You sit them down and, in the course of 20 or 30 minutes, show them that they can feel very different, that they can feel good."



Produced by the Department of Psychiatry & Behavioral Sciences

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