



CDP Research Update -- April 12, 2012

What's Here:

- Problem Solving Tendencies, Coping Styles and Self-Efficacy Among Israeli Veterans Diagnosed with PTSD and Depression.
- Association of Perceived Barriers With Prospective Use of VA Mental Health Care Among Iraq and Afghanistan Veterans.
- Life stressors, emotional distress, and trauma-related thoughts occurring in the 24 h preceding active duty U.S. Soldiers' suicide attempts.
- Assessment of Acute Concussion in the Combat Environment.
- Outcomes of 98,609 U.S. Department of Veterans Affairs Patients Enrolled in Telemental Health Services, 2006–2010.
- The Implicit Relational Assessment Procedure as a Measure of Implicit Depression and the Role of Psychological Flexibility.
- Comparing Marital Status and Divorce Status in Civilian and Military Populations.
- A meta-analysis of the association between posttraumatic stress disorder and suicidality: the role of comorbid depression.
- Overgeneral autobiographical memory recollection in Iranian combat veterans with posttraumatic stress Disorder.
- Suicide Risk Factors and Risk Assessment Tools: A Systematic Review.
- A Pain Education School for Veterans: Putting Prevention Into VA Practice.
- REM Sleep Rebound as an Adaptive Response to Stressful Situations.
- Alcohol Use after Combat-Acquired Traumatic Brain Injury: What We Know and Don't Know.
- Examining impelling and disinhibiting factors for intimate partner violence in veterans.
- The relationship between posttraumatic stress disorder symptoms and paternal parenting of adult children among ex-prisoners of war: A longitudinal study.

- A Randomized Placebo-Controlled Trial of d-Cycloserine to Enhance Exposure Therapy for Posttraumatic Stress Disorder.
- Sleep-dependent memory consolidation in patients with sleep disorders.
- Personality and the latent structure of PTSD comorbidity.
- Reliability and validity of the PDS and PSS-I among participants with PTSD and alcohol dependence.
- Web-based post-traumatic stress disorder education for military family members.
- Association of Perceived Barriers With Prospective Use of VA Mental Health Care Among Iraq and Afghanistan Veterans.
- An open-label pilot study of aripiprazole for male and female Veterans with chronic post-traumatic stress disorder who respond suboptimally to antidepressants.
- Cerebral asymmetry in insomnia sufferers.
- Predictors of PTSD trajectories following captivity: A 35-year longitudinal study.
- Work-related stress and posttraumatic stress in emergency medical services.
- An Exploratory Examination of Risk-Taking Behavior and PTSD Symptom Severity in a Veteran Sample.
- An Epidemiologic Investigation of Homicides at Fort Carson, Colorado: Summary of Findings.
- Postdeployment Mental Health Screening: An Application of the Soldier Adaptation Model .
- A Noncognitive Temperament Test to Predict Risk of Mental Disorders and Attrition in U.S. Army Recruits.
- Links of Interest
- Research Tip of the Week: Buy now or wait?

<http://www.tandfonline.com/doi/abs/10.1080/15325024.2012.674440>

Problem Solving Tendencies, Coping Styles and Self-Efficacy Among Israeli Veterans Diagnosed with PTSD and Depression.

Dr. Sharon Galora & Dr.Dr.h.c.Prof. Uwe Hentschelb

Journal of Loss and Trauma: International Perspectives on Stress & Coping

Available online: 21 Mar 2012.

This research aspired to differentiate between PTSD, depressed veterans and the controls by examining field dependency/independency, active and avoidant coping styles and self-efficacy. Differences within groups were also tested. It was hypothesized that PTSD group will present the worst scores on all variables and that differences will be visible within groups, related to the severity of the respective disturbances. Respondents were presented with self-reported questionnaires and a cognitive test. The hypotheses were partially supported. PTSD veterans demonstrate the poorest scores on all variables. Differences within group were only found in the depressed group and for the variable self-efficacy and field dependency. Significant differences between the depressed group and the PTSD group were only found for the variables field dependency and avoidant coping style.

<http://journals.psychiatryonline.org/article.aspx?articleid=1090304>

Association of Perceived Barriers With Prospective Use of VA Mental Health Care Among Iraq and Afghanistan Veterans.

Katherine D. Hoerster, Ph.D., M.P.H.; Carol A. Malte, M.S.W.; Zachary E. Imel, Ph.D.; Zeba Ahmad, Ph.D.; Stephen C. Hunt, M.D.; Matthew Jakupcak, Ph.D.

Psychiatric Services, Vol. 63, No. 4

Objective:

The relationship between perceived barriers and prospective use of mental health care among veterans was examined.

Methods:

The sample included Iraq and Afghanistan veterans (N=305) who endorsed symptoms of depression or posttraumatic stress disorder (PTSD) or alcohol misuse at intake to a postdeployment clinic between May 2005 and August 2009. Data on receipt of adequate treatment (nine or more mental health visits in the year after intake) were obtained from a VA database.

Results:

Adequate treatment was more likely for women (odds ratio [OR]=4.82, 95% confidence interval [CI]=1.37–16.99, $p=.014$) and for those with more severe symptoms of PTSD (OR=1.03, CI=1.01–1.05, $p=.003$) and depression (OR=1.06, CI=1.01–1.11, $p=.01$). Perceived barriers were not associated with adequate treatment.

Conclusions:

Male veterans with mental health problems should be targeted with outreach to reduce unmet need. Research is needed to identify perceived barriers to treatment among veterans.

<http://www.sciencedirect.com/science/article/pii/S0022395612000945>

Life stressors, emotional distress, and trauma-related thoughts occurring in the 24 h preceding active duty U.S. Soldiers' suicide attempts.

Craig J. Bryan and M. David Rudd

Journal of Psychiatric Research

Available online 31 March 2012

Abstract

External life events and internal experiences (i.e., emotional distress and trauma-related thoughts) occurring in the 24 h preceding suicide attempts were examined in a sample of active duty U.S. Soldiers. Seventy-two Soldiers (66 male, 6 female; 65.3% Caucasian, 9.7% African-American, 2.8% Asian, 2.8% Pacific Islander, 4.2% Native American, and 9.7% "other"; age $M = 27.34$, $SD = 6.50$) were interviewed using the Suicide Attempt Self Injury Interview to assess the occurrence of external events and internal experiences on the day of their suicide attempts, and to determine their associations with several dimensions of suicide risk: suicidal intent, lethality, and deliberation about attempting. Multiple external stressors and internal states were experienced by Soldiers in the 24 h preceding their suicide attempts, with emotional distress being the most common. Trauma-related thoughts were much less frequently reported in the 24 h preceding suicide attempts. Emotional experiences were directly associated with suicidal intent, and explained the relationship between external events and suicidal intent. Lethality was unrelated to any external events, emotional experiences, or trauma-related thoughts. Greater emotional distress and trauma-related thoughts were associated with shorter deliberation about whether or not to attempt suicide. Soldiers experience multiple sources of distress in the period immediately preceding their suicide attempts. Soldiers who experience more negative emotional experiences have a stronger desire for suicide and spend less time deliberating before an attempt.

<http://acn.oxfordjournals.org/content/early/2012/04/03/arclin.acs036.abstract>

Assessment of Acute Concussion in the Combat Environment.

Mark P. Kelly, Rodney L. Coldren, Robert V. Parish, Michael N. Dretsch, and Michael L. Russell

Arch Clin Neuropsychol acs036 first published online April 3, 2012

Despite the prevalence of concussion in soldiers deployed to Iraq and Afghanistan, neuropsychological tests used to assist in concussion management have not been validated on the battlefield. This study evaluated the validity of the Automated Neuropsychological Assessment Metrics (ANAM) in the combat environment. Cases meeting criteria for concussion, healthy controls, and injured controls were assessed. Soldiers were administered the ANAM, traditional neuropsychological tests, and a background questionnaire. Cases were enrolled within 72 h of concussion. Cases exhibited poorer performance than

controls on all ANAM subtests, with significant differences on simple reaction time (SRT), procedural reaction time (PRT), code substitution, and matching to sample ($p < .001$). Discriminant ability of scores on SRT and PRT subtests was 71%, which improved to 76% when pre-deployment baseline scores were available. An exploratory clinical decision tool incorporating ANAM scores and symptoms improved discriminant ability to 81%. Results provide initial validation of the ANAM for detecting acute effects of battlefield concussion.

<http://journals.psychiatryonline.org/article.aspx?articleid=1090305>

Outcomes of 98,609 U.S. Department of Veterans Affairs Patients Enrolled in Telemental Health Services, 2006–2010.

Linda Godleski, M.D.; Adam Darkins, M.D., M.P.H.; John Peters, M.S.

Psychiatric Services, Vol. 63, No. 4

Objective:

The study assessed clinical outcomes of 98,609 mental health patients before and after enrollment in telemental health services of the U.S. Department of Veterans Affairs between 2006 and 2010.

Methods:

The study compared number of inpatient psychiatric admissions and days of psychiatric hospitalization among patients who participated in remote clinical videoconferencing during an average period of six months before and after their enrollment in the telemental health services.

Results:

Between 2006 and 2010, psychiatric admissions of telemental health patients decreased by an average of 24.2% (annual range 16.3%–38.7%), and the patients' days of hospitalization decreased by an average of 26.6% (annual range 16.5%–43.5%). The number of admissions and the days of hospitalization decreased for both men and women and in 83.3% of the age groups.

Conclusions:

This four-year study, the first large-scale assessment of telemental health services, found that after initiation of such services, patients' hospitalization utilization decreased by an average of approximately 25%.

<http://www.sciencedirect.com/science/article/pii/S1077722912000442>

The Implicit Relational Assessment Procedure as a Measure of Implicit Depression and the Role of Psychological Flexibility.

Ian Hussey & Dermot Barnes-Holmes

Cognitive and Behavioral Practice

Available online 3 April 2012

A broad implicit measure of depressive emotional reactions was created by mapping the content of the depression scale from the Depression Anxiety and Stress Scale (DASS) on to the Implicit Relational Assessment Procedure (IRAP). Participants were asked to relate pairings of antecedents and emotional reactions that followed the formula “When X happens . . . I feel Y.” Groups of participants representing the low and high extremes of normative levels of depressive symptoms completed an IRAP before and after a sad mood–induction procedure. At baseline both groups produced a positive emotional response bias on the IRAP. After the sad mood induction, the “normal” group showed no change, whereas the “mild/moderate” depression group showed a significant decrease in the positivity of their emotional responses. A similar pattern of differential change was found when groups were created using scores on the AAQ-II. The findings are related to the broader literature on cognitive reactivity and implications for future research are considered.

<http://jfi.sagepub.com/content/early/2012/04/01/0192513X12439690.abstract>

Comparing Marital Status and Divorce Status in Civilian and Military Populations.

Benjamin R. Karney, David S. Loughran, Michael S. Pollard

Journal of Family Issues, April 4, 2012

Since military operations began in Afghanistan and Iraq, lengthy deployments have led to concerns about the vulnerability of military marriages. Yet evaluating military marriages requires some benchmark against which marital outcomes in the military may be compared. These analyses drew from personnel records from the entire male population of the active components of the U.S. military between 1998 and 2005, and from the Current Population Surveys from the same years, to compare the likelihood of being married or divorced between service members and civilians matched on age, racial/ethnic composition, employment status, and education. Results indicate that service members are significantly more likely to be married, but are not more likely to be divorced, than civilians with matched characteristics. These patterns have not changed substantially since the current conflicts began.

<http://www.sciencedirect.com/science/article/pii/S0010440X12000302>

A meta-analysis of the association between posttraumatic stress disorder and suicidality: the role of comorbid depression.

Maria Panagioti, Patricia A. Gooding, Nicholas Tarrier

Comprehensive Psychiatry

Available online 5 April 2012

Objective

A considerable number of studies have reported an increased frequency of suicidal behaviors among individuals diagnosed with posttraumatic stress disorder (PTSD). This study aims, first, to provide a comprehensive systematic review and meta-analysis of the association between a PTSD diagnosis and frequency of suicidality and, second, to examine the role of comorbid depression in the association between suicidality and PTSD.

Methods

Searches of Medline (June 2010), EMBASE (June 2010), PsycINFO (June 2010), PILOTS (June 2010), and Web of Science (June 2010) were conducted to identify studies that examined the association between PTSD and suicidality. The studies had to include an effect size of the association between PTSD and suicidality to be included in the meta-analysis. Sixty-three studies were eligible for inclusion in the meta-analysis. Overall and subgroup effect sizes were examined.

Results

A highly significant positive association between a PTSD diagnosis and suicidality was found. The PTSD-suicidality association persisted across studies using different measures of suicidality, current and lifetime PTSD, psychiatric and nonpsychiatric samples, and PTSD populations exposed to different types of traumas. Comorbid major depression significantly compounded the risk for suicide in PTSD populations.

Conclusion

The current meta-analysis provides strong evidence that a PTSD diagnosis is associated with increased suicidality. The crucial role of comorbid major depression in the etiology of suicidality in PTSD is also supported.

<http://www.sciencedirect.com/science/article/pii/S0005796712000599>

Overgeneral autobiographical memory recollection in Iranian combat veterans with posttraumatic stress Disorder.

Ali Reza Moradi, Ahmad Abdi, Ali Fathi-Ashtiani, Tim Dalgleish, Laura Jobson

Behaviour Research and Therapy

Available online 4 April 2012

This study examined the recollection of autobiographical material in memory among Iranian military veterans with and without posttraumatic stress disorder (PTSD), and healthy non-trauma-exposed control subjects. Participants completed the Autobiographical Memory Test, Autobiographical Memory

Interview (counterbalanced), Impact of Event Scale-Revised, Beck Depression Inventory-II, Wechsler Memory Scale-III and Wechsler Adult Intelligence Scale-Revised. The PTSD group generated fewer specific episodic and semantic details of autobiographical memory compared to the non-PTSD and control groups. Working memory did not significantly moderate the relationship between PTSD diagnosis and reduced autobiographical memory specificity but did moderate the relationship between PTSD diagnosis and semantic recall; semantic memory recall was not significantly related to working memory ability for those with PTSD but was related to working memory ability for trauma survivors without PTSD. While the data provide some support for the expectation that higher working memory ability is associated with an increased ability to retrieve specific memories (i.e. semantic memory recall in those without PTSD), the findings are also consistent with the view that for those with PTSD the demands on working memory required for affect regulation cancel out this influence of working memory in augmenting access to specific memories.

<http://www.hsrd.research.va.gov/publications/esp/suicide-risk.pdf> (full text)

Suicide Risk Factors and Risk Assessment Tools: A Systematic Review.

Evidence-based Synthesis Program (ESP) Center Portland VA Medical Center
Portland, OR

Devan Kansagara, M.D., M.C.R., Director

Department of Veterans Affairs
Health Services Research & Development Service

Suicide is a major public health concern in the United States (US), claiming over 36,000 lives each year and nearly 100 lives each day, and suicide among military and Veteran populations is of particular concern.¹ Veterans returning from the Iraq and Afghanistan conflicts, referred to as Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans, may be particularly at risk, although the limited available data has shown mixed results.^{2, 3} Several aspects of military experience may increase the risk of suicide, including mental health and substance abuse.

Many risk factors specific to the OEF/OIF population have yet to be thoroughly evaluated and incorporated into clinical management.

Ideally, suicide risk assessment tools need to account for the relationship among different risk factors and identify risk factors or combinations of risk factors that are particularly associated with suicidal self-directed violence. To be practically useful, such tools will be brief enough to be conducted in a primary care setting and will identify a threshold beyond which preventive action should be taken. Risk assessment tools should be able to discriminate those at high- and low-risk for suicidal self-directed violence. Likewise, studies of emerging risk factors need to evaluate the contribution of a new potential predictor of suicide and self-directed violence in the context of known risk factors in order to weigh the contribution of the new risk factor against those that are currently known.

The objective of this report is to review recent evidence about risk factors and risk assessment tools within Veteran and military populations to provide evidence for clinical practice guideline development specific to these populations.

The key questions addressed in this report were:

Key Question #1. What assessment tools are effective for assessing risk of engaging in suicidal self-directed violence in Veteran and military populations?

Key Question #2. In addition to the risk factors included by current assessment tools, what other risk factors predict suicidal self-directed violence in Veteran and military populations?

<http://www.chronicpainperspectives.com/PDF/CHPP/CHPPaprf2.pdf> (full text)

A Pain Education School for Veterans: Putting Prevention Into VA Practice.

David Cosio, PhD; Erica Hugo, PharmD; Shelby Roberts, PA-C; David Schaefer, DO, MPH

Chronic Pain Perspectives

April 2012

Veterans who live with chronic non-cancer pain can now go to a school to learn about pain management from the perspective of 20 different disciplines.

<http://www.ncbi.nlm.nih.gov/pubmed/22485105?dopt=Abstract>

Front Neurol. 2012;3:41. Epub 2012 Apr 2.

REM Sleep Rebound as an Adaptive Response to Stressful Situations.

Suchecki D, Tiba PA, Machado RB.

Source: Departamento de Psicobiologia, Universidade Federal de São Paulo Sao Paulo, Brazil.

Abstract

Stress and sleep are related to each other in a bidirectional way. If on one hand poor or inadequate sleep exacerbates emotional, behavioral, and stress-related responses, on the other hand acute stress induces sleep rebound, most likely as a way to cope with the adverse stimuli. Chronic, as opposed to acute, stress impairs sleep and has been claimed to be one of the triggering factors of emotional-related sleep disorders, such as insomnia, depressive- and anxiety-disorders. These outcomes are dependent on individual psychobiological characteristics, conferring even more complexity to the stress-sleep relationship. Its neurobiology has only recently begun to be explored, through animal models, which are

also valuable for the development of potential therapeutic agents and preventive actions. This review seeks to present data on the effects of stress on sleep and the different approaches used to study this relationship as well as possible neurobiological underpinnings and mechanisms involved. The results of numerous studies in humans and animals indicate that increased sleep, especially the rapid eye movement phase, following a stressful situation is an important adaptive behavior for recovery. However, this endogenous advantage appears to be impaired in human beings and rodent strains that exhibit high levels of anxiety and anxiety-like behavior.

<http://www.ncbi.nlm.nih.gov/pubmed/22485074?dopt=Abstract>

J Soc Work Pract Addict. 2012;12(1):28-51. Epub 2012 Feb 20.

Alcohol Use after Combat-Acquired Traumatic Brain Injury: What We Know and Don't Know.

Adams RS, Corrigan JD, Larson MJ.

Source: Brandeis University, Heller School, Institute for Behavioral Health, Waltham, MA, USA.

Abstract

Military personnel engage in unhealthy alcohol use at rates higher than their same age, civilian peers, resulting in negative consequences for the individual and jeopardized force readiness for the armed services. Among those returning from combat deployment, unhealthy drinking may be exacerbated by acute stress reactions and injury, including traumatic brain injury (TBI). Combat-acquired TBI is common among personnel in the current conflicts. Although research suggests that impairments due to TBI leads to an increased risk for unhealthy drinking and consequences among civilians, there has been little research to examine whether TBI influences drinking behaviors among military personnel. This article examines TBI and drinking in both civilian and military populations and discusses implications for clinical care and policy.

<http://psycnet.apa.org/journals/fam/26/2/285>

Examining impelling and disinhibiting factors for intimate partner violence in veterans.

Taft, Casey T.; Kachadourian, Lorig K.; Suvak, Michael K.; Pinto, Lavinia A.; Miller, Mark M.; Knight, Jeffrey A.; Marx, Brian P.

Journal of Family Psychology, Vol 26(2), Apr 2012, 285-289

We examined correlates of intimate partner violence (IPV) in a military Veteran sample (N = 129) using Finkel's (2007) framework for understanding the interactions between impelling and disinhibiting risk factors. Correlates investigated included head contact events (HCEs), posttraumatic stress disorder (PTSD) symptoms, and antisocial features. Results indicated that antisocial features were significantly

associated with IPV at the bivariate level. PTSD symptoms also were associated with IPV, but this association was marginally significant. Tests of moderation provided support for the expectation that HCEs would potentiate associations between antisocial features and IPV. HCEs also moderated the association between PTSD symptoms and IPV. However, contrary to expectations, the opposite pattern emerged such that PTSD symptoms were associated with a higher rate of IPV for those without a history of HCEs. Study findings have potentially important implications for furthering our understanding of the complex etiology of IPV in this population. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://psycnet.apa.org/journals/fam/26/2/274>

The relationship between posttraumatic stress disorder symptoms and paternal parenting of adult children among ex-prisoners of war: A longitudinal study.

Zerach, Gadi; Greene, Talya; Ein-Dor, Tsachi; Solomon, Zahava

Journal of Family Psychology, Vol 26(2), Apr 2012, 274-284.

The aversive impact of combat and combat-induced posttraumatic stress disorder (PTSD) on parenting of young children has been examined in a few studies. Nevertheless, the toll of war captivity on parenting and the long-term relations between posttraumatic symptoms and paternal parenting of adult children remains unknown. This longitudinal study examined paternal parenting of adult children among war veterans, some of whom were held in captivity. Furthermore, we examined the mediating role of PTSD symptoms in the association between captivity and parenting. The sample included two groups of male Israeli veterans from the 1973 Yom Kippur War: ex-prisoners of war (ex-POWs) and comparable veterans who had not been held captive. Both groups were assessed via self-report measures of PTSD at three time points: Time 1 (18 after the war), Time 2 (30 after the war), and Time 3 (35 after the war) years after the war. Results shows that ex-POWs reported lower levels of positive parenting compared to comparison group veterans at Time 3. Furthermore, PTSD symptoms at Time 1, Time 2, and Time 3 mediated the association between captivity experience and parenting at Time 3. In addition, it was found that increases in the levels of PTSD symptom clusters over time were associated with lower levels of positive parenting at Time 3. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/22480663?dopt=Abstract>

Biol Psychiatry. 2012 Apr 3. [Epub ahead of print]

A Randomized Placebo-Controlled Trial of d-Cycloserine to Enhance Exposure Therapy for Posttraumatic Stress Disorder.

Kleine RA, Hendriks GJ, Kusters WJ, Broekman TG, van Minnen A.

Source: Radboud University Nijmegen, Behavioural Science Institute, NijCare, The Netherlands; Center for Anxiety Disorders Overwaal, Nijmegen, The Netherlands.

Abstract

BACKGROUND:

Posttraumatic stress disorder (PTSD) is a complex and debilitating anxiety disorder, and, although prolonged exposure therapy has been proven effective, many patients remain symptomatic after treatment. In other anxiety disorders, the supplementary use of d-cycloserine (DCS), a partial agonist at the glutamatergic N-methyl-D-aspartate receptor, showed promise in enhancing treatment effects. We examined whether augmentation of prolonged exposure therapy for PTSD with DCS enhances treatment efficacy.

METHODS:

In a randomized, double-blind, placebo-controlled trial we administered 50 mg DCS or placebo 1 hour before each exposure session to 67 mixed trauma patients, recruited from regular referrals, with a primary PTSD diagnosis satisfying DSM-IV criteria.

RESULTS:

Although DCS did not enhance overall treatment effects, the participants having received DCS did show a stronger treatment response. Exploratory session-by-session analyses revealed that DCS yielded higher symptom reduction in those participants that had more severe pretreatment PTSD and needed longer treatment.

CONCLUSIONS:

The present study found preliminary support for the augmentation of exposure therapy with DCS, specifically for patients with more severe PTSD needing longer treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/22480490?dopt=Abstract>

Sleep Med Rev. 2012 Apr 3. [Epub ahead of print]

Sleep-dependent memory consolidation in patients with sleep disorders.

Cipolli C, Mazzetti M, Plazzi G.

Source: Department of Psychology, University of Bologna, Viale Berti Pichat 5, 40127 Bologna, Italy.

Abstract

Sleep can improve the off-line memory consolidation of new items of declarative and non-declarative information in healthy subjects, whereas acute sleep loss, as well as sleep restriction and fragmentation, impair consolidation. This suggests that, by modifying the amount and/or architecture of sleep, chronic

sleep disorders may also lead to a lower gain in off-line consolidation, which in turn may be responsible for the varying levels of impaired performance at memory tasks usually observed in sleep-disordered patients. The experimental studies conducted to date have shown specific impairments of sleep-dependent consolidation overall for verbal and visual declarative information in patients with primary insomnia, for verbal declarative information in patients with obstructive sleep apnoeas, and for visual procedural skills in patients with narcolepsy-cataplexy. These findings corroborate the hypothesis that impaired consolidation is a consequence of the chronically altered organization of sleep. Moreover, they raise several novel questions as to: a) the reversibility of consolidation impairment in the case of effective treatment, b) the possible negative influence of altered prior sleep also on the encoding of new information, and c) the relationships between altered sleep and memory impairment in patients with other (medical, psychiatric or neurological) diseases associated with quantitative and/or qualitative changes of sleep architecture.

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<http://www.ncbi.nlm.nih.gov/pubmed/22480716>

J Anxiety Disord. 2012 Mar 14. [Epub ahead of print]

Personality and the latent structure of PTSD comorbidity.

Miller MW, Wolf EJ, Reardon A, Greene A, Ofrat S, McInerney S.

Source: National Center for PTSD at VA Boston Healthcare System, Boston University School of Medicine, Department of Psychiatry, United States; National Center for PTSD at VA Boston Healthcare System, United States.

Abstract

This study examined the structure of PTSD comorbidity and its relationship to personality in a sample of 214 veterans using data from diagnostic interviews and the Multidimensional Personality Questionnaire-Brief Form (MPQ-BF; Patrick, Curtin, & Tellegen, 2002). Confirmatory factor analyses supported a three factor model composed of Externalizing, Fear and Distress factors. Analyses that examined the location of borderline personality disorder revealed significant cross-loadings for this disorder on both Externalizing and Distress. Structural equation models showed trait negative emotionality to be significantly related to all three comorbidity factors whereas positive emotionality and constraint evidenced specific associations with Distress and Externalizing, respectively. These results shed new light on the location of borderline personality disorder within the internalizing/externalizing model and clarify the relative influence of broad dimensions of personality on patterns of comorbidity.

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<http://www.ncbi.nlm.nih.gov/pubmed/22480715>

J Anxiety Disord. 2012 Mar 3. [Epub ahead of print]

Reliability and validity of the PDS and PSS-I among participants with PTSD and alcohol dependence.

Powers MB, Gillihan SJ, Rosenfield D, Jerud AB, Foa EB.

Source: Southern Methodist University, United States.

Abstract

The prevalence of alcohol use disorder (e.g., alcohol dependence; AD) among individuals with posttraumatic stress disorder (PTSD) is quite high, with estimates of 52% for men and 30% for women (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). There are several interviews and self-report measures of PTSD with good published psychometric properties, and they are routinely used with comorbid AD and PTSD. However, none of these instruments was validated with this population. The current study fills this gap by examining the psychometric properties of the PTSD Symptom Scale-Interview (PSS-I) and the self-report PTSD Diagnostic Scale (PDS) in individuals diagnosed with current PTSD and AD. Both scales comprised of 17 items provide diagnostic and symptom severity information according to DSM-IV-TR criteria. Participants were 167 individuals who were diagnosed with AD and chronic PTSD and were enrolled in a randomized controlled treatment study. Results revealed excellent internal consistency of both the PSS-I and the PDS, good test-retest reliability over a 1-month period, and good convergent validity with the SCID. The specificity of the PSS-I diagnosis of PTSD was better than the PDS diagnosis, the latter exhibiting a greater percentage of false positives. In sum, the results showed that the PSS-I and PDS performed well in this population and can be used with confidence to assess PTSD diagnosis and symptom severity.

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<http://www.ncbi.nlm.nih.gov/pubmed/22479915>

Mil Med. 2012 Mar;177(3):284-90.

Web-based post-traumatic stress disorder education for military family members.

Roy MJ, Taylor P, Runge W, Grigsby E, Woolley M, Torgeson T.

Source: Department of Medicine, Uniformed Services University, 4301 Jones Bridge Road, Bethesda, MD 20814, USA.

Abstract

OBJECTIVE:

Since post-traumatic stress disorder (PTSD) is common after military deployment and affects both

military service members and their families, we sought to both improve PTSD-related knowledge of military family members and to foster actions to help service members with their symptoms.

METHODS:

Focus groups were conducted with military family members and their feedback was incorporated into an educational Web site to improve family members' knowledge of PTSD. We pilot-tested the site and a 25-item questionnaire, then used it to assess the knowledge of 497 family members before and after their use of the Web site.

RESULTS:

Use of this educational Web site improved military family members' PTSD-related knowledge on a 25-item test, with an increase from a mean 13.9 correct responses beforehand to 18.7 after Web site use ($p < 0.001$; effect size 1.2). In addition, 217 family members returned to the site $> \text{ or } = 10$ days after their initial visit; 57% had taken actions such as discussing the service member's symptoms with them or persuading them to get medical attention, and 82 to 95% of them believed their actions to be beneficial.

CONCLUSION:

A Web-based intervention can both improve PTSD-related knowledge and foster behavioral changes in military family members.

<http://www.ncbi.nlm.nih.gov/pubmed/22476304>

Psychiatr Serv. 2012 Apr 1;63(4):380-2.

Association of Perceived Barriers With Prospective Use of VA Mental Health Care Among Iraq and Afghanistan Veterans.

Hoerster KD, Malte CA, Imel ZE, Ahmad Z, Hunt SC, Jakupcak M.

Abstract

OBJECTIVE:

The relationship between perceived barriers and prospective use of mental health care among veterans was examined.

METHODS:

The sample included Iraq and Afghanistan veterans ($N=305$) who endorsed symptoms of depression or posttraumatic stress disorder (PTSD) or alcohol misuse at intake to a postdeployment clinic between May 2005 and August 2009. Data on receipt of adequate treatment (nine or more mental health visits in the year after intake) were obtained from a VA database.

RESULTS:

Adequate treatment was more likely for women (odds ratio [OR]=4.82, 95% confidence interval [CI]=1.37-16.99, $p=.014$) and for those with more severe symptoms of PTSD (OR=1.03, CI=1.01-1.05,

p=.003) and depression (OR=1.06, CI=1.01-1.11, p=.01). Perceived barriers were not associated with adequate treatment.

CONCLUSIONS:

Male veterans with mental health problems should be targeted with outreach to reduce unmet need. Research is needed to identify perceived barriers to treatment among veterans. (Psychiatric Services 63:380-382, 2012; doi: 10.1176/appi.ps.201100187).

<http://www.ncbi.nlm.nih.gov/pubmed/22475888>

Int Clin Psychopharmacol. 2012 Apr 3. [Epub ahead of print]

An open-label pilot study of aripiprazole for male and female Veterans with chronic post-traumatic stress disorder who respond suboptimally to antidepressants.

Youssef NA, Marx CE, Bradford DW, Zinn S, Hertzberg MA, Kilts JD, Naylor JC, Butterfield MI, Strauss JL.

Source:VA Mid-Atlantic Mental Illness, Research and Clinical Center (MIRECC), Durham Veterans Affairs Medical Center, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina, USA.

Abstract

Emerging data suggest that second-generation antipsychotics such as aripiprazole may be effective in the treatment of post-traumatic stress disorder (PTSD). However, few clinical trials have used aripiprazole in PTSD, and data are limited on its use in Veterans with PTSD. The objective of this pilot trial was to investigate the safety and efficacy of aripiprazole in Veterans with PTSD. Ten individuals (five men and five women) meeting the Diagnostic and statistical manual of mental disorders, 4th ed., PTSD criteria participated in this 12-week, open-label, flexibly dosed monotherapy trial. The dose range of aripiprazole was 5-30 mg/day, titrated to tolerability and clinical response. The primary outcome measure was the Clinician-Administered PTSD Scale. Additional outcomes included the Short PTSD Rating Interview, the Treatment Outcome PTSD Scale (Top-8), the Davidson Trauma Scale, the Positive and Negative Syndrome Scale, the Beck Depression Inventory-Fast Screen, and Clinical Global Impressions-Improvement. Eight participants completed the study, and aripiprazole was generally well tolerated and associated with a significant improvement in PTSD symptoms, as measured by the Clinician-Administered PTSD Scale (primary outcome measure) and by the Short PTSD Rating Interview, the Treatment Outcome PTSD Scale, and the Davidson Trauma Scale. An improvement was also observed on all three Positive and Negative Syndrome Scale subscales and the Beck Depression Inventory-Fast Screen, and the average Clinical Global Impressions-Improvement ratings indicated that patients were 'much improved'. These promising initial results merit further investigation in a larger, randomized-controlled trial.

<http://www.ncbi.nlm.nih.gov/pubmed/22479257?dopt=Abstract>

Front Neurol. 2012;3:47. Epub 2012 Mar 30.

Cerebral asymmetry in insomnia sufferers.

St-Jean G, Turcotte I, Bastien CH.

Source: École de Psychologie, Université Laval Québec, QC, Canada.

Abstract

Cerebral asymmetry is used to describe the differences in electroencephalographic activity between regions of the brain. The objective of this study was to document frontal, central, and parietal asymmetry in psychophysiological (Psy-I) and paradoxical (Para-I) insomnia sufferers as well as good sleeper (GS) controls, and to compare their patterns of asymmetry to others already found in anxiety and depression. Additionally, asymmetry variations between nights were assessed. Participants were 17 Psy-I, 14 Para-I, and 19 GS (mean age = 40 years, SD = 9.4). They completed three nights of polysomnography (PSG) recordings following a clinical evaluation in a sleep laboratory. All sleep cycles of Nights 2 and 3 were retained for power spectral analysis. The absolute activity in frequency bands (0.00-125.00 Hz) was computed at multiple frontal, central, and parietal sites in rapid eye movement and non-rapid eye movement sleep to provide cerebral asymmetry measures. Mixed model ANOVAs were computed to assess differences between groups and nights. Correlations were performed with asymmetry and symptoms of depression and anxiety from self-reported questionnaires. Over the course of the two nights, Para-I tended to present hypoactivation of their left frontal region but hyperactivation of their right one compared with GS. As for Psy-I, they presented increased activation of their right parietal region compared with Para-I. Asymmetry at frontal, central, and parietal region differed between nights. On a more disrupted night of sleep, Psy-I had increased activity in their right parietal region while Para-I presented a decrease in cerebral activity in the right central region on their less disrupted night of sleep. Anxious and depressive symptoms did not correlate with asymmetry at any region. Therefore, Psy-I and Para-I present unique patterns of cerebral asymmetry that do not relate to depression or anxiety, and asymmetry varies between nights, maybe as a consequence of variability in objective sleep quality from night to night.

<http://www.ncbi.nlm.nih.gov/pubmed/22486946?dopt=Abstract>

Psychiatry Res. 2012 Apr 7. [Epub ahead of print]

Predictors of PTSD trajectories following captivity: A 35-year longitudinal study.

Solomon Z, Horesh D, Ein-Dor T, Ohry A.

Source: Bob Shapell School of Social Work, Tel Aviv University, Tel Aviv 69978, Israel.

Abstract

Although war captivity is a potent pathogen for psychiatric illness, little is known about the long-term trajectories of post-traumatic stress disorder (PTSD) among ex-prisoners of wars (ex-POWs). This study aimed to assess the long-term trajectories of PTSD and their predictors following war captivity. One hundred and sixty four Israeli ex-POWs and 185 comparable combatants from the 1973 Yom Kippur War were followed over 35 years, with three follow-ups (1991, 2003, 2008). Ex-POWs reported higher PTSD rates than controls at all three assessments. Four trajectories of PTSD were identified: chronic PTSD, delayed PTSD, recovery and resilience. The majority of POWs reported delayed PTSD, while the majority of controls were classified as resilient. While PTSD rates remained relatively stable over time among controls, a steep increase in rates was observed among POWs between 1991 and 2003, followed by stabilization in rates between 2003 and 2008. Finally, subjective experience of captivity was the variable that best distinguished between the resilience and PTSD groups of ex-POWs, followed by participation in previous wars and negative life events during childhood. War captivity carries long-lasting psychiatric implications, even decades after release. Aging processes, as well as unique stressors that exist in Israel, may account for the elevated PTSD rates found here.

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<http://www.ncbi.nlm.nih.gov/pubmed/22128908?dopt=Abstract>

Prehosp Emerg Care. 2012 Jan;16(1):76-85.

Work-related stress and posttraumatic stress in emergency medical services.

Donnelly E.

Source: School of Social Work, Windsor, Ontario, Canada. donnelly@uwindsor.ca

Abstract

INTRODUCTION:

Recent research efforts in emergency medical services (EMS) has identified variability in the ability of EMS personnel to recognize their level of stress-related impairment. Developing a better understanding of how workplace stress may affect EMS personnel is a key step in the process of increasing awareness of the impact of work-related stress and stress-related impairment.

OBJECTIVE:

This paper demonstrates that for those in EMS, exposure to several types of workplace stressors is linked to stress reactions. Stress reactions such as posttraumatic stress symptomatology (PTSS) have the potential to negatively influence the health of EMS providers. This research demonstrates that two different types of work-related stress and alcohol use influence the development of PTSS.

METHODS:

A probability sample of nationally registered emergency medical technician (EMT)-Basics and EMT-Paramedics (n = 1,633) completed an Internet-based survey. Respondents reported their levels of operational and organizational types of chronic stress, critical incident stress, alcohol use, and PTSS.

RESULTS:

Ordinary least squares regression illustrated that when demographic factors were controlled, organizational and operational forms of chronic stress, critical incident stress, and alcohol use were all significant predictors of PTSS ($p < 0.01$). Inclusion of an interaction effect between operational stress and critical incident stress ($p < 0.01$) as well as between operational stress and alcohol use ($p < 0.01$) created a robust final model with an R^2 of 0.343.

CONCLUSION:

These findings indicate that exposure to both chronic and critical incident stressors increases the risk of EMS providers' developing a posttraumatic stress reaction. Higher levels of chronic stress, critical incident stress, and alcohol use significantly related to an increased level of PTSS. Further, for those reporting high levels of alcohol use or critical incident stress, interactions with high levels of chronic operational stress were associated with higher rates of PTSS. For those interested in the impact of work-related stress in EMS, these findings indicate that attention must be paid to levels of stress associated with both critical incident exposure as well as the chronic stress providers experience on a day-to-day basis.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000004/art00016>

An Exploratory Examination of Risk-Taking Behavior and PTSD Symptom Severity in a Veteran Sample.

Authors: Strom, Thad Q.; Leskela, Jennie; James, Lisa M.; Thuras, Paul D.; Voller, Emily; Weigel, Rebecca; Yutsis, Maya; Khaylis, Anna; Lindberg, Jamie; Holz, Kenna Bolton

Source: Military Medicine, Volume 177, Number 4, April 2012 , pp. 390-396(7)

The present study conducted an exploratory examination of the relationship between self-reported symptoms of post-traumatic stress disorder and an expanded definition of risk-taking behaviors among 395 veterans at a large Midwestern Veterans Affairs Medical Center. Post-traumatic stress disorder symptoms were associated with elevated rates of substance use, thrill seeking, aggression, risky sexual practices, and firearm possession. Results indicated that suicidal ideation and aggressive driving behavior were among the most frequently reported. The present findings hold significant public health implications and highlight the need to attend to risk-taking behaviors in treatment planning.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000004/art00018>

An Epidemiologic Investigation of Homicides at Fort Carson, Colorado: Summary of Findings.

Authors: Millikan, Amy M.; Bell, Michael R.; Gallaway, M. Shayne; Lagana, Maureen T.; Cox, Anthony L.; Sweda, Michael G.

Source: Military Medicine, Volume 177, Number 4, April 2012 , pp. 404-411(8)

In response to an apparent clustering of homicides at Fort Carson, Colorado, the U.S. Army Public Health Command (formerly the U.S. Army Center for Health Promotion and Preventive Medicine) Behavioral and Social Health Outcomes Program conducted a multidisciplinary epidemiologic consultation to identify factors contributing to violent behavior among soldiers at Fort Carson. This article summarizes the findings of the epidemiologic consultation report as provided to the Secretary of the Army and the Fort Carson Senior Mission Commander and released in its entirety publicly July 2009 and elaborates on the mixed-methods analytic approach used to study a complex behavioral issue at the community level. To aid in answering the key study questions, six study arms were designed and carried out: (1) index case analysis, (2) confinee interviews, (3) analysis of installation-level trends, (4) retrospective cohort analysis, (5) soldier focus groups and interviews, and (6) aggression risk factors survey. Although not conclusive, the findings suggest a combination of individual, unit, and environmental factors converged to increase the risk of violent behaviors, which made clustering of negative outcomes more likely.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000004/art00013>

Postdeployment Mental Health Screening: An Application of the Soldier Adaptation Model .

Authors: Harmon, S. Cory; Hoyt, Timothy V.; Jones, Michael D.; Etherage, Joseph R.; Okiishi, John C.

Source: Military Medicine, Volume 177, Number 4, April 2012 , pp. 366-373(8)

The Global War on Terrorism and its corresponding frequent and long deployments have resulted in an increase in mental health concerns among active duty troops. To mitigate these impacts, the Department of Defense has implemented postdeployment screening initiatives designed to identify symptomatic soldiers and refer them for mental health care. Although the primary purpose of these screenings is to identify and provide assistance to individuals, macrolevel reporting of screening results for groups can assist Commanders, who are charged with ensuring the wellbeing of their soldiers, to make unit-level interventions. This study assesses the utility of a metatheory of occupational stress, the Soldier Adaptation Model, in organizing feedback information provided to Army Commanders on their units' postdeployment screening results. The results of a combat brigade of 2319 soldiers who completed postdeployment screening following return from Iraq were analyzed using Structural Equation Modeling to assess the Soldier Adaptation Model's use for macrolevel reporting. Results indicate the Soldier Adaptation Model did not strengthen the macrolevel reporting; however, alcohol use and reckless driving were found to mediate the relationship between combat exposure and

numerous mental health symptoms and disorders (e.g., post-traumatic stress disorder, anger, depression, anxiety, etc.). Research and practice implications are discussed.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000004/art00014>

A Noncognitive Temperament Test to Predict Risk of Mental Disorders and Attrition in U.S. Army Recruits.

Authors: Gubata, Marlene E.; Oetting, Alexis A.; Weber, Natalya S.; Feng, Xiaoshu; Cowan, David N.; Niebuhr, David W.

Source: Military Medicine, Volume 177, Number 4, April 2012 , pp. 374-379(6)

U.S. military accession mental health screening includes cognitive testing and questions regarding the applicants' past mental health history. This process relies on applicants' knowledge of and willingness to disclose symptoms and conditions. Applicants have a strong incentive to appear qualified, which has resulted in a long history of frequent mental health conditions presenting during recruit training.

Objective: To assess the predictive value of a pre-enlistment noncognitive temperament test score for risk of mental disorders and attrition in the first year of service. Methods: A retrospective cohort study was conducted on non-high school diploma U.S. Army active duty recruits who took the Assessment of Individual Motivation (AIM). Multivariate logistic regression models were used to determine associations between AIM score quintiles, mental disorders, and attrition. Results: AIM scorers in the lowest quintile were at increased risk for a mental disorder (OR, 1.44; 95% CI, 1.35-1.53) and of discharge (OR, 1.65; 95% CI, 1.44-1.68) compared to AIM scorers in the highest quintile, with significant linear trends for decreased risk with increasing AIM score. Conclusions: AIM offers the potential to improve screening of military applicants and reduce mental disorders and attrition in new recruits beyond the current process.

Links of Interest

Soldier in Afghanistan Watches His Son Being Born Over Skype

<http://jezebel.com/5899675/soldier-in-afghanistan-watches-his-son-being-born-over-skype>

All-Female Settings Help Women Veterans Come Home

<http://www.psychologytoday.com/blog/science-isnt-golden/201203/place-women-be-safe-plan-their-futures>

Celebrating the Month of the Military Child

<http://www.rand.org/blog/2012/04/celebrating-the-month-of-the-military-child.html>

Mindfulness and the Military: Does Self-Acceptance Help Veterans?

<http://psychcentral.com/blog/archives/2012/03/26/mindfulness-and-the-military-does-self-acceptance-help-veterans/>

Living with PTSD

<http://www.af.mil/news/story.asp?id=123297223>

RAND's collection of reports and other documents dealing with PTSD

<http://www.rand.org/topics/post-traumatic-stress-disorder.html>

United States Special Operations Command (USSOCOM) finally joins Facebook (some nice pictures)

<https://www.facebook.com/ussocom>

A Rest Stop On The Road From Soldier To Civilian

<http://www.npr.org/2012/04/01/149775576/home-front-soldiers-become-civilians-again>

Combat Makes for Gun-Shy Investors

<http://www.sciencedaily.com/releases/2012/04/120409133633.htm>

("Veterans who have faced combat are more risk-averse when it comes to investing than noncombatants, according to a new Cornell study. As a result, they may struggle to build wealth through long-term investments, the authors say.")

New View of Depression: An Ailment of the Entire Body

http://online.wsj.com/article/SB10001424052702304587704577333941351135910.html?mod=rss_Today%27s_Most_Popular

Mass Participation Dream Experiment Launches

<http://www.sciencedaily.com/releases/2012/04/120410093325.htm>

("Is it possible to influence people as they sleep and give them their perfect dream? April 10 sees the launch of a new study that uses a specially designed iPhone app in an attempt to improve the dreams of millions of people around the world. If successful, the study will allow people to create their perfect dream and so wake up feeling especially happy and refreshed.")

How Do Soldiers' Deployments Affect Children's Academic Performance and Behavioral Health?

http://www.rand.org/pubs/research_briefs/RB9651/index1.html

Twitter Therapy: Is it appropriate to follow my psychiatrist on social media?

http://www.slate.com/articles/podcasts/manners_for_the_digital_age/2012/04/twitter_therapy_can_i_follow_my_psychiatrist_on_social_networks_.html

How Exercise Can Prime the Brain for Addiction

<http://well.blogs.nytimes.com/2012/04/11/how-exercise-can-prime-the-brain-for-addiction/>

Adults experiencing mental illness have higher rates of certain chronic physical illnesses

<http://www.samhsa.gov/newsroom/advisories/1204102228.aspx>

National Institute for Mental Health: Psychotherapies

<http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml>

Head Injuries Often Impair Medical Decision-Making Skills

<http://www.sciencedaily.com/releases/2012/04/120411161536.htm>

Research Tip of the Week: Buy now or wait?

Surely it's happened to you. You finally decide to spring for that new iPad/iPhone/HDTV/digital camera...and two weeks later, a new model comes out. Or you're looking to replace your washing machine with a new, high efficiency model, but wonder if you should buy now or wait for a better deal.

You've already checked Consumer Reports. Now you should check Decide.com.

Decide when to buy.

Decide advises you to buy or wait based on our proprietary price and model predictions. Our price predictions are right 77% of the time, and when they are we save you \$54 per product on average.

Say no to outdated gadgets.

Decide predicts future product releases to help you purchase with no regrets. We make model predictions by matching hundreds of thousands of devices to their model lineages and applying advanced machine learning and text mining algorithms.

Don't get burned on price.

Price predictions help you pull the trigger with confidence and save money. Our prediction algorithms utilize billions of observed price movements and over 40 distinct factors.

Make smarter in-store decisions.

Use our mobile app to get the right model and the right price when shopping at your local electronics store. Be an informed shopper with Decide mobile.

Track prices and product updates.

Set up alerts for your future product purchase to be in the know about price changes, rumors and product releases. We arm you with Decide's massive database of price and product information.

Backed by science, not marketing.

Decide is all about leveraging data and technology, not marketing ploys, to help shoppers. We use our patent-pending machine learning and text mining algorithms on billions of price points across millions of products, blog posts, and articles on the web to enable shoppers to make the best buying decision possible.

There are some pretty smart and talented young folks [behind this company](#), which has attracted upwards of \$8.5 million in venture capital. Scroll down [this page](#), see some of the media interest Decide.com has gotten, and learn more about the (free!) service.

Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749