



CDP Research Update -- May 17, 2012

What's Here:

- **RTO-TR-HFM-164 - Psychological Aspects of Deployment and Health Behaviours** (new NATO report)
- Canine-assisted therapy in military medicine. (April-June 2012 issue of the U.S. Army Medical Department Journal)
- Alcohol Problems, Aggression, and Other Externalizing Behaviors After Return From Deployment: Understanding the Role of Combat Exposure, Internalizing Symptoms, and Social Environment.
- Comparing Marital Status and Divorce Status in Civilian and Military Populations.
- Irritability following traumatic brain injury: Divergent manifestations of annoyance and verbal aggression.
- Status of Department of Defense Funded Suicide Research (presentations)
- Headaches in Soldiers With Mild Traumatic Brain Injury: Findings and Phenomenologic Descriptions.
- Traumatic Death in the United States Military: Initiating the Dialogue on War-Related Loss.
- Prevention of Post Traumatic Stress Disorder among Military Health Care Workers: A Systematic Review.
- Iraq and Afghanistan Veterans' Experiences Living with their Parents after Separation from the Military.
- Assessment of Post-Traumatic Stress Disorder: Differences in Standards and Practice between Licensed and Board-Certified Psychologists.
- Evidence-Based Psychosocial Interventions for Hispanics: Research and Policy Implications.
- Treatment of Combat Fatigue from World War II to the Vietnam War within the U.S. Navy Medical Corps.

- Bi-directional associations between psychological arousal, cortisol, and sleep.
- The Association between Pain-Related Variables, Emotional Factors, and Attentional Functioning following Mild Traumatic Brain Injury.
- Predictors of Risk and Resilience for Posttraumatic Stress Disorder Among Ground Combat Marines: Methods of the Marine Resiliency Study.
- Predicting emotional responses to potentially traumatic events from pre-exposure waking cortisol levels: a longitudinal study of police and firefighters.
- Traumatic Brain Injury, Shell Shock, and Posttraumatic Stress Disorder in the Military—Past, Present, and Future.
- Assessing the Effects of Stress Resilience Training on Visual Discrimination Skills: Implications for Perceptual Resilience in U.S. Warfighters.
- Psychotherapy Utilization for Acute Depression Within the Veterans Affairs Health Care System.
- Prolonged Exposure Therapy for PTSD among Individuals in a Residential Substance Use Treatment Program: A Case Series.
- Principles of supervision in cognitive behavioural therapy.
- Mindful awareness and non-judging in relation to posttraumatic stress disorder symptoms.
- Online self-administered training for post-traumatic stress disorder treatment providers: design and methods for a randomized, prospective intervention study.
- Late-onset social anxiety disorder following traumatic brain injury.
- Neurobehavioural symptoms 1 year after traumatic brain injury: A preliminary study of the relationship between race/ethnicity and symptoms.
- Predicting emotional responses to potentially traumatic events from pre-exposure waking cortisol levels: a longitudinal study of police and firefighters.
- Prevalence of Environmental and Other Military Exposure Concerns in Operation Enduring Freedom and Operation Iraqi Freedom Veterans.
- The Role of Posttraumatic Stress and Problem Alcohol Involvement in University Academic Performance.
- The Relationship Between Forgiveness, Spirituality, Traumatic Guilt and Posttraumatic Stress Disorder (PTSD) Among People with Addiction.

- Computerised Cognitive Behavioural Therapy for Insomnia: A Systematic Review and Meta-Analysis.
- Links of Interest
- Research Tip of the Week: BrainFacts.org

<http://www.rto.nato.int/Pubs/rdp.asp?RDP=RTO-TR-HFM-164>

RTO-TR-HFM-164 - Psychological Aspects of Deployment and Health Behaviours

NATO Research and Technology Organisation

This Report documents the findings of Task Group 164, which investigated the role and impact of psychological factors, including the psychology of risk, upon the risky health behaviours of military personnel on deployments. This report also discusses the underlying mechanisms for such behaviours, as well as the need for health interventions, training and education, and future research.

Published May 2012

Background:

Health risk behaviours are important threats to operational effectiveness and force sustainability in military organizations, and there is evidence that at least some deployments are associated with an increase of at least some of these behaviours.

Method:

A preliminary literature review and some original research identified three health risk behaviours of greatest relevance to military organizations based on their health impact and evidence of association with deployment: Tobacco use, high-risk drinking, and risky driving.

Results:

In-depth literature review and some original research confirmed the causal association of at least some deployments on these behaviours. Possible common mechanisms for this association include distress and mental disorders and changes in risk perception/risk tolerance.

Conclusions:

Research on deployment and health risk behaviours should focus on tobacco use, risky drinking, and risky driving as top priorities. Military organizations should tackle these health risk behaviours as public health problems affecting the military as a whole as opposed to as deployment health problems. Mitigation of distress and mental disorders may help attenuate health risk behaviours, but the expected magnitude of this effect is small. For this reason, these health risk behaviours should be specifically targeted with methods of proven efficacy, and the military should leverage the unusual degree of control it has over the environment in its mitigation efforts.

<http://www.cs.amedd.army.mil/FileDownloadpublic.aspx?docid=73e8d2aa-1a2a-467d-b6e3-e73652da8622> (full text)

Canine-assisted therapy in military medicine.

The United States Army Medical Department Journal

April-June 2012

Humans have domesticated animals for assistance and companionship since before the beginning of recorded history. Beasts of burden permitted the development of civilization by breaking land for agriculture with plows, and carrying crops, products, and people in larger quantities and over longer distances than human backs and feet could ever achieve. The longest recognized domesticated animal, the canine, provided humans with assistance in hunting and security, as well as companionship, throughout history, and continues to serve in those and other capacities today.

Everyone is, of course, familiar with the “police dog,” a fixture of law enforcement agencies for most of the last century. Police have also used dogs for tracking offenders and finding victims and lost individuals for many decades. Less well-known, but with a legacy of use that precedes that of law enforcement, is the military working dog, perhaps first widely known to the public as the K-9 Corps starting in World War II. The modern military working dog is used in many capacities, and is now recognized as a very important component of military capability for the operational environment that challenges us today.

Historically speaking, only relatively recently have the benefits that canines offer to human health and well-being been recognized, formally examined, and applied. Service dogs assisting the blind have been common for several decades, and the use of dogs to assist those with other physical handicaps, for example, the deaf and those with ambulatory limitations, has expanded rapidly as organizations training and supplying such dogs have multiplied. The military healthcare system, as well as that of the Veterans Administration, have also used canines for such purposes as Wounded Warriors are reintegrated into the civilian world. However, the formal use of dogs by military medicine as part of therapy during recovery from both physical and psychological injuries is an even more recent application.

This issue of the AMEDD Journal focuses on that expanding role of dogs in the military healthcare system. COL Bobbi Amaker and COL (Ret) Cam Ritchie have assembled a collection of articles that explore the recognition and acceptance of the value of therapy dogs by both military and civilian healthcare professionals. The articles examine the various capacities in which dogs work among patients in medical facilities. There are also detailed discussions of the fairly recent initiative of deploying specially trained dogs overseas with combat and operational stress control teams to assist in their vitally important work in the mitigation of stress and anxiety among deployed personnel. Interestingly, as described in one article, this role of canine therapy has been applied repeatedly to disasters and tragic events in the United States, beginning with September 11, 2001, to address the confusion, stress, and

anxiety of both victims and rescue/recovery workers in dealing with the feelings of futility, frustration, and loss.

Many readers who have pets or other involvement with animals in their lives will probably not be particularly surprised at the descriptions of human reactions to the presence of the dogs depicted in these articles. However, all readers should find the extent of the situations and conditions to which dogs are successfully lending assistance to be intriguing, and perhaps a bit surprising. Although attempts to systematically quantify and scientifically evaluate the results of animal-assisted therapy have been and will continue to be made, for now the anecdotal evidence of its overwhelmingly positive impact is not only encouraging, but also substantial enough to support its continuation.

<http://www.ncbi.nlm.nih.gov/pubmed/22573513?dopt=Abstract>

J Clin Psychol. 2012 May 9. doi: 10.1002/jclp.21864. [Epub ahead of print]

Alcohol Problems, Aggression, and Other Externalizing Behaviors After Return From Deployment: Understanding the Role of Combat Exposure, Internalizing Symptoms, and Social Environment.

Wright KM, Foran HM, Wood MD, Eckford RD, McGurk D.

Source: U.S. Army Medical Research Unit-Europe, Walter Reed Army Institute of Research, Heidelberg, Germany.

Abstract

OBJECTIVES:

The study examined whether elevated rates of externalizing behaviors following deployment could be explained by internalizing symptoms (depression, anxiety, and PTSD symptoms), and health of the social environment (unit leadership, organizational support, and stigma/barriers to care).

DESIGN:

A model of combat exposure, social environment, internalizing symptoms, and externalizing behaviors was tested in a military unit following a fifteen-month deployment to Iraq. The sample included 1,397 soldiers assessed four months post-deployment; 589 of these soldiers were assessed again nine months post-deployment.

RESULTS:

Externalizing behaviors were highly stable over the five-month post-deployment period. Both social environment and internalizing symptoms were significantly associated with level of externalizing behaviors at four months and nine months post-deployment, but combat exposure alone significantly predicted change in externalizing behaviors over the follow-up period.

CONCLUSIONS:

Results suggest the need to broaden the scope of interventions targeted to combat veterans and have implications for care providers and military leaders.

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<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.ncbi.nlm.nih.gov/pubmed/22571629>

Brain Inj. 2012 May 9. [Epub ahead of print]

Irritability following traumatic brain injury: Divergent manifestations of annoyance and verbal aggression.

Yang CC, Hua MS, Lin WC, Tsai YH, Huang SJ.

Source: Department of Occupational Therapy, Master of Behavioral Sciences, Clinical Psychology Program, Taoyuan, Taiwan.

Abstract

Primary objectives:

To evaluate irritability following traumatic brain injury. Research design: A prospective study was conducted at a level I trauma centre.

Methods and procedures:

One hundred and forty-four participants, which included 80 healthy subjects and 64 patients suffering from TBI, were recruited. Irritability was assessed by the National Taiwan University Irritability Scale (NTUIS) from patients themselves and their families.

Main outcomes and results:

The results showed 14.8% of patients and 29.4% of their families reported patients' problems of irritability. Meanwhile, both self-reported and family-reported irritability post-injury were significantly higher than those reported by the healthy subjects. When evaluating two sub-components of irritability, respectively, both family- and self-reported post-injury annoyance were significantly higher than the pre-injury one, while the self-reported post-injury verbal aggression was not.

Conclusions:

TBI patients have remarkable problems of irritability after injuries. Specifically, the results showed that annoyance might be the main characteristic of irritability in TBI patients and patients themselves might be unaware of their verbal aggression post-injury. Hence, it is merited to pay more attention to the annoyance of the patients with TBI and to the reports from significant caregivers when evaluating TBI patients' irritability in clinical settings.

Presentations from the 45th Annual Conferences of the American Association of Suicidology

<https://msrc.fsu.edu/news/msrc-presents-45th-annual-aas-conference>

April 20, 2012

Status of Department of Defense Funded Suicide Research (presentations)

<https://msrc.fsu.edu/content/status-department-defense-funded-suicide-research-presentation-1>

Dr. Diana J. Fitek

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<https://msrc.fsu.edu/content/status-department-defense-funded-suicide-research-presentation-2>

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<https://msrc.fsu.edu/content/status-department-defense-funded-suicide-research-presentation-3>

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<https://msrc.fsu.edu/content/status-department-defense-funded-suicide-research-presentation-4>

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<http://onlinelibrary.wiley.com/doi/10.1111/j.1526-4610.2012.02167.x/abstract>

Headaches in Soldiers With Mild Traumatic Brain Injury: Findings and Phenomenologic Descriptions.

Alan G. Finkel MD, Juanita Yerry PA, Ann Scher PhD, Young S. Choi MD

Headache: The Journal of Head and Face Pain

Article first published online: 8 MAY 2012

Objective

The primary goal of this study was to use headache criteria-based classification for headache types described by service members.

Background

Headache is common in soldiers returning from the wars in Afghanistan and Iraq. To date, few papers have provided detailed descriptions of these headaches.

Methods

The first 25 patients seen by a certified headache specialist at the Traumatic Brain Injury Center at Womack Army Medical Center, Fort Bragg, NC, between August 2008 and December 2009 are reported.

Results

Service members described a total of 55 headaches. Most, but not all, headaches began within 1 week after injury. Migraine type was most common. Aura occurred in 5 soldiers. Continuous headaches were described in 88%. Uncommon headache types including cluster type were diagnosed. Additional symptoms and service outcomes are described.

Conclusions

We conclude that headaches occurring after various types of head injury, including explosions, can be assigned primary and secondary headache diagnoses using standard classifications not necessarily available to larger survey-based studies.

<http://www.goccp.maryland.gov/victim/documents/TraumaticDeath.pdf> (full text)

Traumatic Death in the United States Military: Initiating the Dialogue on War-Related Loss.

Harrington-LaMorie, J. & McDevitt-Murphy, M.

In R.A. Neimeyer, H. Winokuer, D. Harris & G. Thornton (Eds.), *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*. New York, NY: Routledge. (2011)

<http://www.amazon.com/Grief-Bereavement-Contemporary-Society-Bridging/dp/0415884810>

For over two centuries young men and women have served in the United States (U.S.) military in defense, support and protection of its Constitution from enemies, both foreign and domestic. In its lifetime, the U.S. has participated in twelve wars resulting in approximately 1.1 million accountable death casualties (CRS Report RL32492, 2010). However, the toll of death casualties does not end at the reportable number of the deceased; it is magnified exponentially by its impact to survivors affected by each individual loss.

American society has been forged on the loss of its youth in defense of the nation. Yet, how does this society accord for the loss of its youth in the care and treatment of those left behind in its wake? There exists a cavernous gap in the research literature on those impacted by the death of a loved one, friend or comrade in the U.S. Armed Services, as there are few studies on military-related death loss. With approximately 5,400 death casualties associated with the wars in Iraq and Afghanistan, the study of the impact of war-related death should emerge as a healthcare priority to provide informed-care to this population of traumatic death survivors.

<http://www.nmvaa.org/mhrl/documents/vol2No2/JHSHV2n2-Orsello.pdf> (full text)

Prevention of Post Traumatic Stress Disorder among Military Health Care Workers: A Systematic Review.

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Journal of Healthcare, Science and the Humanities

Volume II, No. 2, 2012

Studies indicate that Posttraumatic Stress Disorder (PTSD) is not uncommon among medical personnel serving in the military and that its prevention remains a significant challenge. While extensive PTSD research findings exist that are generalizable to the military, dedicated research specific to its at-risk population of medical workers is less common. The purpose of this review is to perform a systematic search for the most effective strategies in the prevention of PTSD and consider their applicability to the military healthcare provider. Comprehensive electronic search was performed utilizing MEDLINE, Cochrane Database, PubMed, CINAHL (EBSCO), Health and Wellness Resource Center, Nursing and Allied Health Source, Applied Social Sciences Index (CSA), PsycARTICLES (APA), and PAIS International (CSA). Significant variation exists among PTSD preventive strategies in effectiveness and in applicability to military healthcare workers. Strategies such as multiple early interventions, psychological debriefing, pre-deployment training and psychoeducation lack current evidence for efficacy in the prevention of PTSD. PTSD preventive strategies should favor therapy that identifies the traumatic event, with long-term outpatient therapy more effective than short-term inpatient. Vigorous physical exercise and unit cohesion are significantly associated with decreased odds of PTSD symptom development among military personnel. Awareness of significant risk factors may improve preventive outcomes by enabling earlier intervention, and insights on resiliency may further optimize effective PTSD preventive strategies. Modified Prolonged Exposure (PE) therapy may be an effective and practical early intervention with expanded applicability to military operation settings.

<http://www.springerlink.com/content/n784874044513086/>

Iraq and Afghanistan Veterans' Experiences Living with their Parents after Separation from the Military.

Miranda Worthen, Rudolf Moos and Jennifer Ahern

Contemporary Family Therapy

Online First™, 6 May 2012

When military service members separate from the military, many return to their families of origin, living with their parents for a period of several weeks to years. While research with veterans and their spouses has documented the particular strain of this reintegration period on veterans and their partners, little research to date has examined veterans' experiences living with their parents. The present study sought to fill this research gap by investigating veterans' experiences living with their parents using qualitative, in-depth interviews with Iraq and Afghanistan veterans in California. Overall, veterans appreciated the instrumental and emotional support their parents provided when they separated. However, in some

cases, living with parents also produced conflict and strain. In situations where adult veteran children had difficulty with the transition to civilian life or returned with mental health problems, parents were often the first to identify these problems and to support their children in accessing appropriate care. We analyze these findings in light of family systems theory, identifying ways in which adult veteran children continue a process of differentiation while living with their parents and maintaining emotional connectedness. We suggest ways that clinicians can better support veterans and their parents through the reintegration period and recommend that programming for military families explicitly include parents of service members in addition to conjugal families.

<http://www.springerlink.com/content/61757853g8t86080/>

Assessment of Post-Traumatic Stress Disorder: Differences in Standards and Practice between Licensed and Board-Certified Psychologists.

Loandra Torres, Sherry Skidmore and Nicole Gross

Psychological Injury and Law

Published online 08 May 2012

The purpose of this study was to examine the current diagnostic standards and assessment practices of psychologists when diagnosing post-traumatic stress disorder (PTSD). A web-based survey was employed to gather information on opinions and assessment practices of psychologists who were either licensed with no board certification, board certified in clinical psychology, or board certified in forensic psychology. Significant differences were found between the three groups of psychologists in frequency of inclusion of Diagnostic and Statistical Manual–Fourth Edition–Text Revision Criterion A, in use of recommended collateral information sources, in use of assessment methods or types of recommended instruments, and in assessing for over-reported PTSD symptoms. Results indicated that board certification status had significant impact on psychologists' diagnostic standards and assessment practices related to PTSD.

<http://www.hispanicfamily.org/wp-content/uploads/2012/04/EvidenceBased.pdf> (full text)

Evidence-Based Psychosocial Interventions for Hispanics: Research and Policy Implications.

Luis R. Torres, PhD

National Alliance for Hispanic Families

April 2012

Evidence-Based Practice (EBP) is defined as “the integration of best researched evidence and clinical expertise with patient values” (IOM, 2001). EBP is central to the fields of education, child welfare,

mental health, criminal justice, medicine, and many other fields of practice and service delivery (NASW, 2010). This paper highlights key points about the evidence-based movement, summarizes the state of evidence-based psychosocial interventions for Hispanics, discusses implications for funding and service delivery, and lists some important recommendations. Our approach included a comprehensive review of the literature on Evidence-Based Psychosocial Interventions for Hispanics, as well as detailed searches in registries of Evidence-Based Interventions maintained by SAMHSA and CDC to examine the number of interventions available for Hispanics and the level of Hispanic representation in the studies that produced evidence for the intervention. This Executive Summary highlights the key points of the paper.

<http://www.nmvaa.org/mhrl/documents/vol2No2/JHSHV2n2-Ahmed.pdf> (full text)

Treatment of Combat Fatigue from World War II to the Vietnam War within the U.S. Navy Medical Corps.

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Journal of Healthcare, Science and the Humanities

Volume II, No. 2, 2012

This article required extensive historical research regarding the evolution of treatment of military personnel for combat fatigue. To complete the research required for this study, the author wishes to express deep gratitude to The Office of the Navy Medical Historian for access to the necessary primary sources. These sources are cited within the references at the end of the article. The author also wishes to thank The Office of the Navy Medical Historian for access to historical information from a prior recorded first-person interview of Dr. Stephen Edmondson, who served as a United States Marine Corps battalion surgeon during the Vietnam War. This interview is part of an expansive collection of approved interviews completed under the Oral History and Lessons Learned Projects of the Office of the Navy Medical Historian developed and ongoing for many years. The opinions expressed in this article are those of the author and do not reflect the opinions or policies of Navy Medicine, the Department of the Navy, the Department of Defense, the U.S. Government, or the institutions with which the author is affiliated.

<http://www.ncbi.nlm.nih.gov/pubmed/22250777?dopt=Abstract>

Behav Sleep Med. 2011 Dec 28;10(1):28-40. doi: 10.1080/15402002.2012.636272.

Bi-directional associations between psychological arousal, cortisol, and sleep.

Garde AH, Albertsen K, Persson R, Hansen AM, Rugulies R.

Source: National Research Centre for the Working Environment, Copenhagen, Denmark. ahg@nrcwe.dk

Abstract

The aim was to elucidate the possible bi-directional relation between daytime psychological arousal, cortisol, and self-reported sleep in a group of healthy employees in active employment. Logbook ratings of sleep (Karolinska Sleep Questionnaire), stress, and energy, as well as positive and negative experiences in work and private life, were collected together with salivary cortisol over 3 days (n = 265). Higher bedtime ratings of stress and problems during the day were associated with morning ratings of poor sleep. Poorer morning ratings of sleep were associated with higher ratings of stress and problems during the day. The results underpin the possibility that arousal and poor sleep might create a self-reinforcing vicious circle that negatively affects a person's well-being.

<http://www.ncbi.nlm.nih.gov/pubmed/22577557?dopt=Abstract>

Rehabil Res Pract. 2012;2012:924692. Epub 2012 Apr 23.

The Association between Pain-Related Variables, Emotional Factors, and Attentional Functioning following Mild Traumatic Brain Injury.

Beaupré M, De Guise E, McKerral M.

Source: Centre for Interdisciplinary Research in Rehabilitation-Centre de Réadaptation Lucie-Bruneau and Department of Psychology, Université de Montréal, Montréal, QC, Canada H2H 2N8.

Abstract

This study examined how MTBI concomitants such as pain variables, depression, and anxiety were related to attentional functioning at different stages of recovery. Participants having sustained a MTBI who were in the earlier phase of recovery showed, compared to controls, slower reaction times and larger intra-individual variability on a Computerized Pictorial Stroop Task (CPST). They also reported more post-concussion symptoms, pain intensity and disability, whereas MTBI participants who were in the later phase of recovery presented a higher rate of post-concussive symptoms and somewhat higher pain intensity/disability. MTBI participants' scores on the cognitive items of the post-concussion symptoms scale were positively correlated with reaction times on the CPST, while pain intensity/disability levels were negatively correlated with standard attention measures. Results indicate that obtaining response times and intra-individual variability measures using tests such as the CPST represents an effective means for measuring recovery of attentional function, and that pain intensity/disability should be systematically assessed after a MTBI.

<http://www.ncbi.nlm.nih.gov/pubmed/22575082?dopt=Abstract>

Prev Chronic Dis. 2012 May;9:E97. Epub 2012 May 10.

Predictors of Risk and Resilience for Posttraumatic Stress Disorder Among Ground Combat Marines: Methods of the Marine Resiliency Study.

Baker DG, Nash WP, Litz BT, Geyer MA, Risbrough VB, Nievergelt CM, O'Connor DT, Larson GE, Schork NJ, Vasterling JJ, Hammer PS, Webb-Murphy JA; the MRS Team.

Source: VA Center for Stress and Mental Health (116A), VA San Diego Healthcare System, 3350 La Jolla Village Dr, San Diego, CA 92161. E-mail: dgbaker@ucsd.edu. Dr Baker is also affiliated with the University of California-San Diego, La Jolla, California.

Abstract

The Marine Resiliency Study (MRS) is a prospective study of factors predictive of posttraumatic stress disorder (PTSD) among approximately 2,600 Marines in 4 battalions deployed to Iraq or Afghanistan. We describe the MRS design and predeployment participant characteristics. Starting in 2008, our research team conducted structured clinical interviews on Marine bases and collected data 4 times: at predeployment and at 1 week, 3 months, and 6 months postdeployment. Integrated with these data are medical and career histories from the Career History Archival Medical and Personnel System (CHAMPS) database. The CHAMPS database showed that 7.4% of the Marines enrolled in MRS had at least 1 mental health diagnosis. Of enrolled Marines, approximately half (51.3%) had prior deployments. We found a moderate positive relationship between deployment history and PTSD prevalence in these baseline data.

<http://www.ncbi.nlm.nih.gov/pubmed/22574657?dopt=Abstract>

Anxiety Stress Coping. 2012 Mar 8. [Epub ahead of print]

Predicting emotional responses to potentially traumatic events from pre-exposure waking cortisol levels: a longitudinal study of police and firefighters.

Pineles SL, Rasmusson AM, Yehuda R, Lasko NB, Macklin ML, Pitman RK, Orr SP.

Source: Women's Health Sciences Division , National Center for PTSD, VA Boston Healthcare System , Boston , MA , USA.

Abstract

There is a large literature demonstrating that individuals who have experienced traumatic events have alterations in the hypothalamic-pituitary-adrenal (HPA) axis. However, the existing literature does not

address the extent to which these alterations represent pre-existing risk factors for developing psychopathology upon exposure to a significant stressor. In the current study, we examined the relationship between waking salivary cortisol level and physiological, personality, and psychological measures in 60 firefighters and police trainees during training, and then again after exposure to a highly stressful, potentially traumatic event (PTE). Waking cortisol was negatively associated with neuroticism, but positively associated with physiological reactivity to loud tones and fear conditioning when assessed during training. Longitudinally, there were significant negative correlations between pre-PTE waking cortisol and post-PTE negative mood and anxiety symptoms, but a positive correlation (trend) between pre-PTE waking cortisol and post-PTE physiological reactivity during recollection of the PTE. Thus, waking cortisol level may serve to predict divergent types of emotional sequelae following PTEs.

http://journals.lww.com/headtraumarehab/Abstract/2012/05000/Traumatic_Brain_Injury,_Shell_Shock_and.10.aspx

Traumatic Brain Injury, Shell Shock, and Posttraumatic Stress Disorder in the Military—Past, Present, and Future.

Shively, Sharon B. MD, PhD; Perl, Daniel P. MD

Journal of Head Trauma Rehabilitation:

May/June 2012 - Volume 27 - Issue 3 - p 234–239

With preferential use of high explosives in modern warfare, traumatic brain injury (TBI) has become a common injury for troops. Most TBIs are classified as “mild,” although military personnel with these injuries can have persistent symptoms such as headache, memory impairment, and behavioral changes. During World War I, soldiers in the trenches, undergoing unrelenting artillery bombardment, suffered from similar symptoms, designated at the time as “shell shock.” Dr Frederick Mott proposed studying the brains of deceased soldiers to elucidate the neuropathology of this clinical entity. Subsequent to a British government enquiry after World War I, the term “shell shock” was banned and further investigation into a possible organic cause for these symptoms was discontinued. Nevertheless, similar clinical entities, such as combat or battle fatigue and posttraumatic stress disorder, continue to be encountered by combatants in subsequent military conflicts. To this day, there exists a paucity of neuropathology studies investigating the effects of high explosives on the human brain. By analogy, studies have recently revealed that athletes with repeated head trauma can develop a neurodegenerative disease, chronic traumatic encephalopathy, who present with similar clinical features. Given current circumstance, we propose completing the work envisioned by Dr Mott almost 100 years ago.

https://dizzyg.uls.vcu.edu/bitstream/handle/10156/3808/Taylor_Andrea_PhD.pdf (full text)

Assessing the Effects of Stress Resilience Training on Visual Discrimination Skills: Implications for Perceptual Resilience in U.S. Warfighters.

Andrea H. Taylor

Master of Science in Experimental Psychology, University of Texas at San Antonio, 2005

Bachelor of Arts in Psychology, University of Central Florida, 2003

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University (May 2012)

Current military operational environments are highly improvised and constantly evolving, threatening the lives of U.S. warfighters. For instance, since 2001, 60% of all hostile casualties and 65% of hostile injuries in the Middle East theater have been attributed to improvised explosive devices (IEDs). IEDs are powerful physical weapons, and the stressful atmosphere they, and other operational challenges create, can also result in a range of psychological dysfunctions, including anxiety, depression, alcohol abuse, and Post-Traumatic Stress Disorder (PTSD). Not only are these issues concerning for mental health reasons, they are also problematic in terms of combat performance. Extreme arousal (i.e., stress) negatively affects performance through the suppression of cognitive and physiological resources, which inhibits verbal, perceptual, and motor performance. Perceptual abilities are particularly susceptible to the effects of acute hyperarousal, and the degradation of these abilities may limit warfighters' threat detection skills. Therefore, military researchers are interested in whether and how the visual perceptual field is changed under stress, and the Services are making predeployment training programs a priority, in an attempt to mitigate these concerns. This dissertation first outlines the cognitive processes related to visual perceptual abilities and how these processes are negatively affected by acute arousal. Current training programs in perceptual skills and stress tolerance are then described, along with recommendations for areas of improvement within the status quo. Based on these recommendations, an experimental procedure and five hypotheses were designed to assess training effects on visual perceptual skills and performance under stress. Experimental outcomes suggest that participants who were trained using a novel integrated perceptual skills plus stress resilience ("perceptual resilience") program performed faster and with higher accuracy during a stressful threat detection task than participants trained using a perceptual skills-only program and participants trained using an existing status-quo knowledge trainer. Participants in this perceptual resilience training group also reported lower feelings of acute stress and anxiety immediately post-task than the two other training groups who did not receive the stress resilience training component. Based on these outcomes, implications for future military-specific training development, study limitations, and recommendations for future research is presented.

<http://psycnet.apa.org/psycinfo/2012-11774-001/>

Psychotherapy Utilization for Acute Depression Within the Veterans Affairs Health Care System.

Burnett-Zeigler, Inger E.; Pfeiffer, Paul; Zivin, Kara; Glass, Joseph E.; Ilgen, Mark A.; Flynn, Heather A.; Austin, Karen; Chermack, Stephen T.

Psychological Services, May 7 , 2012

This study examined the demographic characteristics and psychiatric comorbidities associated with the receipt of psychotherapy. The sample included 217,816 VA patients with a new depression diagnosis. Multinomial logistic regression analyses examined the relationships between the independent variables and the initiation of individual, group, or both individual and group psychotherapy within 90 days of a new diagnosis. Eighteen percent of VA patients received some form of psychotherapy. Veterans received a greater mean number of group therapy than individual therapy visits. Veterans who were female, younger than 35, unmarried, and with substance use, anxiety, or personality disorders were more likely to receive individual therapy only. Veterans who were male, 35–49 years old, Black, Other, or Hispanic, and with substance-use or anxiety disorders were more likely to receive group therapy only than no psychotherapy. Veterans who were male, 35–49 years old, Black, or Other race and with substance-use or anxiety disorders were more likely to receive both individual and group psychotherapy. Increased efforts are needed to encourage early initiation of psychotherapy treatment among depressed veterans. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://www.ncbi.nlm.nih.gov/pubmed/22582007?dopt=Abstract>

Prof Psychol Res Pr. 2012 Apr 1;43(2):154-161.

Prolonged Exposure Therapy for PTSD among Individuals in a Residential Substance Use Treatment Program: A Case Series.

Berenz EC, Rowe L, Schumacher JA, Stasiewicz PR, Coffey SF.

Source: University of Vermont.

Abstract

Clients with co-occurring posttraumatic stress disorder (PTSD) and substance use disorders present a unique challenge for clinicians in substance use treatment settings. Substance dependent individuals with PTSD tend to improve less during substance use treatment and relapse more quickly following abstinence attempts compared to those without PTSD. Recent scientific efforts have focused on understanding the potential benefit of providing PTSD treatment concurrent with substance use treatment. The current case study describes 4 individuals with PTSD in a residential substance use facility who received prolonged exposure therapy for treatment of PTSD, in addition to the substance use treatment. These individuals completed 9 bi-weekly 60-minute sessions of prolonged exposure, as well as in vivo and imaginal exposure homework between sessions. None of the clients met criteria for PTSD at the end of treatment, with these gains being maintained at 3- and 6-months post-treatment.

Additionally, the clients did not relapse in response to undergoing exposure therapy. Implications for delivery of PTSD treatment in substance use treatment facilities are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/22580864?dopt=Abstract>

Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 2012 Mar;156(1):70-9.

Principles of supervision in cognitive behavioural therapy.

Prasko J, Vyskocilova J, Slepecky M, Novotny M.

Source: Department of Psychiatry, Faculty of Medicine and Dentistry, Palacky University Olomouc and University Hospital Olomouc, Czech Republic. prasko@fnol.cz.

Abstract

Background. Psychotherapy requires clinical supervision. This is systematic guidance of a therapist by a supervisor. Inevitably, there is a question of training new high-quality therapists. This is related to supervision of their basic training. Later, it is important to provide an opportunity for lifelong supervision throughout the entire psychotherapeutic practice.

Method

PUBMED data base was searched for articles using the key words "supervision in CBT", "therapeutic relations", "transference", "countertransference", "schema therapy", "dialectical behavioral therapy". The search was repeated by changing the key word. No language or time constraints were applied. The lists of references of articles detected by this computer data base search were examined manually to find additional articles. We also used the original texts of A. T. Beck, J. Beck, M. Linehan, R. Leahy, J. Young and others. Basically this is a review with conclusions about supervision in cognitive behavioral therapy.

Results

The task of supervision is obvious - to increase the value of the therapeutic process in the client's best interest. At the same time, supervision is an educational process in the truest sense of the word, including an opportunity to select one's own supervisor. This is a very important procedural aspect since the therapist identifies with his/her supervisor, either consciously or unconsciously. Establishing the supervisor-supervisee relationship is based on principles similar to those in the therapeutic relationship. There is an important parallel reflecting the therapist-client relationship. This is because any changes in the supervisory process are analogically transferred onto the therapist-client relationship. Additionally, supervision is oriented towards increasing the therapist's competencies. The CBT therapist's basic skills involve good theoretical knowledge, professional behaviour towards clients, ability to use specific therapeutic strategies for maintaining the therapeutic relationship, sensitivity to parallel processes and

accomplishment of changes, and adherence to ethical norms. Given the fact that during supervision, the supervisee may be in any stage of his/ her training, supervision must take into consideration where the therapist is in his/her training and development and what he/she has or has not learnt.

Conclusions

Both the literature and our experience underscore the importance of careful supervision of cognitive behavioral therapy. The supervisory relationship is similar to a therapeutic relationship and the supervisee also needs security, acceptance and appreciation for his/her professional growth. However, there is more freedom in the relationship. Supervision may only lead to the supervisee's professional growth if it supports his/her individuality and helps him/her to discover things. Therefore, numerous approaches are used in supervision which are associated with the abilities to self-reflect and to realize transference and countertransference mechanisms.

<http://www.ncbi.nlm.nih.gov/pubmed/22582091?dopt=Abstract>

Mindfulness (N Y). 2011 Dec 1;2(4):219-227.

Mindful awareness and non-judging in relation to posttraumatic stress disorder symptoms.

Wahbeh H, Lu M, Oken B.

Source: Department of Neurology, Oregon Health & Science University, Portland, OR.

Abstract

The objective of this cross-sectional study was to assess group differences between veterans with and without posttraumatic stress disorder (PTSD) in mindful awareness and mindful non-judging. The relationships between mindfulness and PTSD symptom clusters were also evaluated. Three age and gender-matched groups, 1)15 combat veterans with PTSD, 2)15 combat veterans without PTSD, and 3) 15 non-combat veterans without PTSD, completed the Mindful Attention Awareness Scale and the Accept without Judgment scale. PTSD status was determined with the Clinician Administered PTSD Scale and excluded disorders screened with the Structured Clinical Interview for DSM-IV. Mindfulness scale group differences were assessed with analysis of variance. Mindfulness and the PTSD symptom clusters relationships were assessed with hierarchical regression analysis. There were group differences on mindful non-judging ($F(2,44)=7.22, p=.002$) but not mindful awareness ($p>.05$). Combat exposure accounted for significant variation in PTSD symptoms (hyper-arousal 47%; numbing-avoiding 32%; re-experiencing 23%). Mindfulness accounted for a significant percentage variance of PTSD symptoms (re-experiencing 32%; numbing-avoiding 19%, hyper-arousal 16%), beyond combat exposure effects, although only mindful non-judging was significant in the model. This study confirms in a clinical sample that mindful non-judging is associated with PTSD symptoms and could represent a meaningful focus for treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/22583520?dopt=Abstract>

Implement Sci. 2012 May 14;7(1):43. [Epub ahead of print]

Online self-administered training for post-traumatic stress disorder treatment providers: design and methods for a randomized, prospective intervention study.

Ruzek JI, Rosen RC, Marceau L, Larson MJ, Garvert DW, Smith L, Stoddard A.

Abstract

This paper presents the rationale and methods for a randomized controlled evaluation of web-based training in motivational interviewing, goal setting, and behavioral task assignment. Web-based training may be a practical and cost-effective way to address the need for large-scale mental health training in evidence-based practice; however, there is a dearth of well-controlled outcome studies of these approaches. For the current trial, 168 mental health providers treating post-traumatic stress disorder (PTSD) were assigned to web-based training plus supervision, web-based training, or training-as-usual (control). A novel standardized patient (SP) assessment was developed and implemented for objective measurement of changes in clinical skills, while on-line self-report measures were used for assessing changes in knowledge, perceived self-efficacy, and practice related to cognitive behavioral therapy (CBT) techniques. Eligible participants were all actively involved in mental health treatment of veterans with PTSD. Study methodology illustrates ways of developing training content, recruiting participants, and assessing knowledge, perceived self-efficacy, and competency-based outcomes, and demonstrates the feasibility of conducting prospective studies of training efficacy or effectiveness in large healthcare systems.

<http://www.ncbi.nlm.nih.gov/pubmed/22583179?dopt=Abstract>

Brain Inj. 2012;26(6):882-6.

Late-onset social anxiety disorder following traumatic brain injury.

Chaves C, Trzesniak C, Derenusson GN, Araújo D, Wichert-Ana L, Machado-de-Sousa JP, Carlotti CG Jr, Nardi AE, Zuardi AW, de S Crippa JA, Hallak JE.

Source: Department of Neuroscience and Behavior, Ribeirão Preto Medical School, University of São Paulo, Brazil.

Abstract

Background:

Neuropsychiatric sequelae are the predominant long-term disability after traumatic brain injury (TBI). This study reports a case of late-onset social anxiety disorder (SAD) following TBI.

Case report:

A patient that was spontaneous and extroverted up to 18-years-old started to exhibit significant social anxiety symptoms. These symptoms became progressively worse and he sought treatment at age 21. He had a previous history of traumatic brain injury (TBI) at age 17. Neuroimaging investigations (CT, SPECT and MRI) showed a bony protuberance on the left frontal bone, with mass effect on the left frontal lobe. He had no neurological signs or symptoms. The patient underwent neurosurgery with gross total resection of the lesion and the pathological examination was compatible with intradiploic haematoma.

Conclusions:

Psychiatric symptoms may be the only findings in the initial manifestation of slowly growing extra-axial space-occupying lesions that compress the frontal lobe from the outside. Focal neurological symptoms may occur only when the lesion becomes large. This case report underscores the need for careful exclusion of general medical conditions and TBI history in cases of late-onset SAD and may also contribute to the elucidation of the neurobiology of this disorder.

<http://www.ncbi.nlm.nih.gov/pubmed/22583172?dopt=Abstract>

Brain Inj. 2012;26(6):814-24.

Neurobehavioural symptoms 1 year after traumatic brain injury: A preliminary study of the relationship between race/ethnicity and symptoms.

Arango-Lasprilla JC, Ketchum JM, Drew A, Hammond F, Powell JM, Kreutzer J, Lim PC, Carr C.

Source: Department of Physical Medicine and Rehabilitation, Virginia Commonwealth University , VA , USA.

Abstract

Objective: To investigate whether White, African American and Hispanic individuals with a traumatic brain injury (TBI) express differences in neurobehavioural symptoms at 1 year post-injury after adjusting for demographic and injury characteristics. Design: Retrospective study. Participants: One thousand, three hundred and thirty-nine individuals from the TBI Model Systems National Database with primarily moderate-to-severe TBI (978 White, 288 African American and 73 Hispanic) hospitalized between 1996 and 2001. Main outcome measures: Neurobehavioural Functioning Inventory (NFI) at 1 year post-injury. Results: There were significant differences in NFI scores among the races/ethnicities for the depression, somatic, memory/attention, communication and motor subscales, after adjusting for demographic and injury characteristics; there were not significant differences in the aggression sub-scale. Hispanics had higher levels of symptom reporting than African Americans and Whites, while differences between African Americans and Whites were not significant. Conclusions: Hispanics scored significantly higher than Whites and African Americans on the sub-scales of the NFI, indicating more problems in these areas. Future research should focus on identifying factors that may contribute to the difference between the groups and treatment interventions should be implemented accordingly.

<http://www.tandfonline.com/doi/abs/10.1080/10615806.2012.672976>

Predicting emotional responses to potentially traumatic events from pre-exposure waking cortisol levels: a longitudinal study of police and firefighters.

Suzanne L. Pineles, Ann M. Rasmusson, Rachel Yehuda, Natasha B. Lasko, Michael L. Macklin, Roger K. Pitman, Scott P. Orr

Anxiety, Stress & Coping: An International Journal

Available online: 08 Mar 2012

There is a large literature demonstrating that individuals who have experienced traumatic events have alterations in the hypothalamic-pituitary-adrenal (HPA) axis. However, the existing literature does not address the extent to which these alterations represent pre-existing risk factors for developing psychopathology upon exposure to a significant stressor. In the current study, we examined the relationship between waking salivary cortisol level and physiological, personality, and psychological measures in 60 firefighters and police trainees during training, and then again after exposure to a highly stressful, potentially traumatic event (PTE). Waking cortisol was negatively associated with neuroticism, but positively associated with physiological reactivity to loud tones and fear conditioning when assessed during training. Longitudinally, there were significant negative correlations between pre-PTE waking cortisol and post-PTE negative mood and anxiety symptoms, but a positive correlation (trend) between pre-PTE waking cortisol and post-PTE physiological reactivity during recollection of the PTE. Thus, waking cortisol level may serve to predict divergent types of emotional sequelae following PTEs.

<http://www.ncbi.nlm.nih.gov/pubmed/22588478?dopt=Abstract>

J Occup Environ Med. 2012 May 12. [Epub ahead of print]

Prevalence of Environmental and Other Military Exposure Concerns in Operation Enduring Freedom and Operation Iraqi Freedom Veterans.

Quigley KS, McAndrew LM, Almeida L, D'andrea EA, Engel CC, Hamtil H, Ackerman AJ.

Source: From the Edith Nourse Rogers VA Memorial Hospital (Dr Quigley), Bedford, Mass; Department of Psychology (Dr Quigley), Northeastern University, Boston, Mass; Department of Veterans Affairs New Jersey Healthcare System (Drs Quigley and McAndrew, Ms Almeida, Ms Hamtil, and Mr Ackerman), New Jersey War Related Illness and Injury Study Center (NJ WRIISC), East Orange; Department of Psychiatry (Drs Quigley and McAndrew), New Jersey Medical School-University of Medicine and Dentistry of New Jersey, Newark; Philadelphia VA Medical Center (Dr D'Andrea), Philadelphia, Pa; Walter Reed National Military Medical Center (Dr Engel), Bethesda, Md; Department of Psychiatry (Dr Engel), F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences, Bethesda, Md; CSPP

(Ms Almeida), Alliant International University, Los Angeles, Calif; and Center for Behavioral Health Services & Criminal Justice Research (Ms Hamtil), Rutgers University, New Brunswick, NJ.

Abstract

OBJECTIVE:

This study examined the prevalence of self-reported exposures in returning Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans and the relationship of exposure reports to current physical symptoms.

METHODS:

Using self-reports obtained immediately after return from deployment in a cohort of 760 enlisted Army reserve component military personnel, we assessed prevalence rates of environmental and other exposures and the association of these exposures to severity of physical symptoms.

RESULTS:

Reporting of environmental exposures was relatively low in veterans of OEF/OIF, but reporting more environmental and other exposures, in particular screening positive for a traumatic brain injury, was related to greater physical symptom severity immediately after deployment.

CONCLUSIONS:

Non-treatment-seeking, enlisted Army reserve component personnel reported relatively few exposures immediately after return from deployment; however, more exposures was modestly associated with greater severity of physical symptoms when controlling for predeployment symptoms, gender, and other deployment-related exposures.

<http://www.ncbi.nlm.nih.gov/pubmed/22589016?dopt=Abstract>

J Clin Psychol. 2012 May 15. doi: 10.1002/jclp.21874. [Epub ahead of print]

The Role of Posttraumatic Stress and Problem Alcohol Involvement in University Academic Performance.

Bachrach RL, Read JP.

Source: State University of New York at Buffalo.

Abstract

OBJECTIVE:

The present study examines how Posttraumatic Stress Disorder (PTSD) during the first year of university affects academic performance and whether alcohol behavior mediates the relationship between PTSD and poor academic outcomes.

METHOD:

University students (N = 1,002; 65% female; M(age) = 18.11) completed a baseline web survey, and 5 subsequent surveys throughout freshman year assessing variables of interest.

RESULTS:

Mediation analyses were not significant; however, students who developed PTSD had a lower grade point average and experienced more alcohol consequences by the end of freshman year. Unremitted PTSD and alcohol consequences were associated with leaving university by year's end.

CONCLUSIONS:

Findings suggest that assessment of trauma-related symptoms and alcohol behavior might benefit interventions aimed at students with academic difficulties.

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<http://www.ncbi.nlm.nih.gov/pubmed/22585109?dopt=Abstract>

Psychiatr Q. 2012 May 15. [Epub ahead of print]

The Relationship Between Forgiveness, Spirituality, Traumatic Guilt and Posttraumatic Stress Disorder (PTSD) Among People with Addiction.

Langman L, Chung MC.

Source: School of Social Science and Social Work, Faculty of Health, Education and Society, University of Plymouth, Plymouth, UK.

Abstract

Spirituality and forgiveness have been shown to be associated with psychological well-being, while guilt has been associated with poor health. Little is known, however, about the relationship between forgiveness, spirituality, guilt, posttraumatic stress (PTSD) and psychological co-morbidity among people in recovery from addiction. Eighty-one people (F = 36, M = 45) in recovery from drug and alcohol addiction were recruited from two residential units and two drop-in centres in a city in the United Kingdom. They completed the Posttraumatic Stress Diagnostic Scale (PDS), the General Health Questionnaire-28 (GHQ-28), the Spiritual Involvement and Beliefs Scale (SIBS), the Heartland Forgiveness Scale (HFS), the Traumatic Guilt Inventory (TGI), the Michigan Alcoholism Screening Test (MAST-22) and the Drug Abuse Screening Test (DAST-20). The control group comprised of 83 (F = 34, M = 49) individuals who confirmed that they did not have addiction and completed the PDS & GHQ-28. 54 % of the addiction group met the criteria for full PTSD and reported anxiety, somatic problems and depression. They described themselves as spiritual, had strong feelings of guilt associated with their addiction, and had difficulty in forgiving themselves. Controlling for demographics, number of events and medication management, regression analyses showed that spirituality predicted psychological co-

morbidity, whilst feelings of guilt predicted PTSD symptoms and psychological co-morbidity. Unexpectedly, forgiveness did not predict outcomes. This study supports existing literature, which shows that people with drug and alcohol addiction tend to have experienced significant past trauma and PTSD symptoms. Their posttraumatic stress reactions and associated psychological difficulties can be better understood in the light of guilt and spirituality. Meanwhile, their ability to forgive themselves or others did not seem to influence health outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/22585048?dopt=Abstract>

Psychother Psychosom. 2012 May 11;81(4):206-216. [Epub ahead of print]

Computerised Cognitive Behavioural Therapy for Insomnia: A Systematic Review and Meta-Analysis.

Cheng SK, Dizon J.

Source: Clinical Psychology Service, Kwai Chung Hospital, Hong Kong, SAR, China.

Abstract

Background:

Computerised cognitive behavioural therapy (CCBT) is an innovative mode of delivering services to patients with psychological disorders. The present paper uses a meta-analysis to systematically review and evaluate the effectiveness of CCBT for insomnia (CCBT-I).

Method:

A comprehensive search was conducted on 7 databases including MEDLINE, PsycINFO, EMBASE, CINAHL, Cochrane Library, Social Sciences Citation Index and PubMed (up to March 2011). Search terms covered 3 concepts: (1) [internet, web, online, computer-aided, computer-assisted, computer-guided, computerized OR computerised] AND (2) [CBT, cognitive therapy, behavio(u)ral therapy OR behavio(u)r therapy] AND (3) [insomnia, sleep disorders OR sleeping problem].

Results:

533 potentially relevant papers were identified, and 6 randomised controlled trials (RCTs) that met the selection criteria were included in the review and analysis. Two RCTs were done by the same group of investigators (Ritterband and colleagues) using the same internet programmes. Post-treatment mean differences between groups showed that the effects of CCBT-I on sleep quality, sleep efficiency, the number of awakenings, sleep onset latency and the Insomnia Severity Index were significant, ranging from small to large effect sizes. However, effects on wake time after sleep onset, total sleep time and time in bed were non-significant. On average, the number needed to treat was 3.59. The treatment adherence rate for CCBT-I was high (78%).

Conclusion:

The results lend support to CCBT as a mildly to moderately effective self-help therapy in the short run

for insomnia. CCBT-I can be an acceptable form of low-intensity treatment in the stepped care model for insomnia.

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Links of Interest

Army probing PTSD diagnoses

http://www.washingtonpost.com/world/national-security/army-probing-ptsd-diagnoses/2012/05/16/gIQA1G3MUU_story.html

Faris Family Fights For Their Military Marriage

<http://www.npr.org/2012/05/10/152426651/faris-family-fights-for-their-military-marriage>

Anger: How to Recognize and Deal with a Common Emotion

<http://www.newswise.com/articles/anger-how-to-recognize-and-deal-with-a-common-emotion>

Hillsborough judge orders former Marine to treatment, probation in fatal 2010 DUI

<http://www.tampabay.com/news/courts/criminal/article1229383.ece>

Back story:

As trial looms, Marine Corps takes some blame in Tampa DUI death

<http://www.tampabay.com/news/courts/criminal/article1188467.ece>

Veterans seek end to repeat remands

<http://www.law.com/jsp/nlj/PubArticlePrinterFriendlyNLJ.jsp?id=1202551931048>

Mental Health Tips to Build Psychological Fitness

http://www.health.mil/blog/12-05-11/Mental_Health_Tips_to_Build_Psychological_Fitness.aspx

Helping survivors of military sexual trauma

<http://bostonglobe.com/lifestyle/health-wellness/2012/05/13/military-sexual-assault-more-veterans-are-seeking-help/uWYdcMVMMuUov79jcsyAO/story.html>

Unseen: Trailblazing Military Women Forced To Fight For Recognition, Equal Treatment

http://www.huffingtonpost.com/2012/05/14/women-at-war-unseen_n_1498291.html

Father wins 'Military Spouse of the Year' award; First male to receive honor

<http://www.washingtontimes.com/news/2012/may/11/father-wins-military-spouse-year-award/>

The Amygdala Made Me Do It

<http://www.nytimes.com/2012/05/13/opinion/sunday/the-amygdala-made-me-do-it.html>

Sleepwalking More Prevalent Among U.S. Adults Than Previously Suspected, Researcher Says

<http://www.sciencedaily.com/releases/2012/05/120514161614.htm>

Curing PTSD is a face-to-face battle

<http://www.abcnews4.com/story/18385325/charleston-leading-the-way-in-curing-ptsd>

Q&A: PTSD: How to regain control

<http://washingtonexaminer.com/2012/05/qa-ptsd-how-regain-control/610576>

(first question/answer)

America The Beautiful: The National Parks and Federal Recreational Lands Pass -- Free for Active Duty Military and Their Families

<http://store.usgs.gov/pass/military.html>

For a Nation of Whiners, Therapists Try Tough Love

http://online.wsj.com/article/SB10001424052702304192704577404083592261456.html?mod=rss_Today's_Most_Popular

Calls of Duty: America Weighs Its Obligations to Veterans and Their Families

<http://www.rand.org/publications/randreview/issues/2012/spring/veterans.html>

Mental Illness — Comprehensive Evaluation or Checklist?

<http://www.nejm.org/doi/full/10.1056/NEJMp1202555>

Revealing brain damage from battlefield to playing field

http://www.nlm.nih.gov/medlineplus/news/fullstory_125266.html

Behavioral health fair supports Fort Hood Soldiers, families

http://www.army.mil/article/79952/Behavioral_health_fair_supports_Fort_Hood_Soldiers_families/

Iraq war veteran uses rap to treat his PTSD

<http://www.usatoday.com/news/health/story/2012-05-15/Iraq-veteran-rap-PTSD/54970280/>

Camo lobster

<http://bangordailynews.com/2012/05/10/news/midcoast/rare-calico-lobster-caught-in-winter-harbor-on-display-at-new-england-aquarium/>

(*I* thought it was interesting.)

Research Tip of the Week: BrainFacts.org

This new site, "a public information initiative" of The Kavli Foundation, the Gatsby Charitable Foundation, and the Society for Neuroscience (SfN), features nearly 1,000 accessible, scientifically reviewed resources about the brain and mind."

At BrainFacts.org, visitors can navigate user-friendly topic centers that include science articles, multimedia, research discussions, learning tools, and more. Parents and teens can explore how the brain develops and factors influencing that development; family members can discover

more about underlying causes of diseases and disorders affecting loved ones; and policymakers and concerned citizens can learn more about the scope of neuroscience research worldwide. Emerging tools and technologies, as well as decision-making about the responsible use of animals in research, are also explored. Social media resources engage the public and, as the site develops, blogs for interactive discussion with the public and other features will be added.

The [press release](#) introducing the site explains the burden of neurological disorders: "More than 1,000 disorders of the brain and nervous system result in more hospitalizations than any other disease group, including heart disease and cancer."

"In 2007," the release says, "the World Health Organization estimated that neurological disorders affect up to one billion people worldwide."

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