



CDP Research Update -- July 12, 2012

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<http://onlinelibrary.wiley.com/doi/10.1002/ab.21436/abstract>

Factors Associated With Physical Aggression Among US Army Soldiers.

Gallaway, M. S., Fink, D. S., Millikan, A. M. and Bell, M. R.

Aggressive Behavior

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DOI: 10.1002/ab.21436

There are a growing number of studies that have approximated levels of aggression and associated outcomes among combat veterans returning from Iraq and Afghanistan using brief screening assessments. However, further research to evaluate the relative role of combat exposures and overt physical behaviors is required to further elucidate potential associations between military service, combat deployment, and overt physical aggression. The purpose of the current study was to assess the prevalence of self-reported physical aggression in a sample of US Army soldiers using an adaptation of

the Revised Conflict Tactics Scale (CTS2), and examine factors associated with higher levels of aggression. A population-based cross-sectional study was conducted at a single US Army Installation within a sample of active duty US Army soldiers (n = 6,128) from two large units. Anonymous surveys were collected 6 months following deployment to measure overt aggressive behaviors, posttraumatic stress disorder, anxiety, depression, traumatic brain injury, and misuse of alcohol. There were a relatively higher number of minor and severe physical overt aggressive actions reported among soldiers who previously deployed, notably highest among deployed soldiers reporting the highest levels of combat intensity. Soldiers screening positive for the misuse of alcohol were also significantly more likely to report relatively higher levels of physical aggression. This study quantified overt aggressive behaviors and associated factors, showing increasing combat exposures may result in increased physical aggression. Clinicians treating service members returning from combat may consider assessing relative levels of combat.

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<http://www.springerlink.com/content/j1047432vm312417/>

Family cohesion and posttraumatic intrusion and avoidance among war veterans: a 20-year longitudinal study.

Gadi Zerach, Zahava Solomon, Danny Horesh and Tsachi Ein-Dor

Background

The bi-directional relationships between combat-induced posttraumatic symptoms and family relations are yet to be understood. The present study assesses the longitudinal interrelationship of posttraumatic intrusion and avoidance and family cohesion among 208 Israeli combat veterans from the 1982 Lebanon War.

Methods

Two groups of veterans were assessed with self-report questionnaires 1, 3 and 20 years after the war: a combat stress reaction (CSR) group and a matched non-CSR control group.

Results

Latent Trajectories Modeling showed that veterans of the CSR group reported higher intrusion and avoidance than non-CSR veterans at all three points of time. With time, there was a decline in these symptoms in both groups, but the decline was more salient among the CSR group. The latter also reported lower levels of family cohesion. Furthermore, an incline in family cohesion levels was found in both groups over the years. Most importantly, Autoregressive Cross-Lagged Modeling among CSR and non-CSR veterans revealed that CSR veterans' posttraumatic symptoms in 1983 predicted lower family cohesion in 1985, and lower family cohesion, in turn, predicted posttraumatic symptoms in 2002.

Conclusions

The findings suggest that psychological breakdown on the battlefield is a marker for future family

cohesion difficulties. Our results lend further support for the bi-directional mutual effects of posttraumatic symptoms and family cohesion over time.

<http://informahealthcare.com/doi/abs/10.3109/01612840.2012.669024>

Using Cognitive Behavioural Therapy with Complex Cases: Using the Therapeutic Relationship to Change Core Beliefs.

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Kings College—London, London, UK

Cognitive Behavioural Therapy (CBT) is often perceived as a manualised, symptom focused, surface level approach. This article aims to reflect on working with complex clinical presentations and explore how third wave CBT can be effectively integrated into standard cognitive behavioural interventions. To achieve these aims, a case study of a CBT assessment and treatment is presented. The interventions used are described in detail. The focus changes from the more traditional symptom-led interventions to third wave approaches based on the therapeutic relationship. When the focus was redirected towards the therapeutic relationship then real change occurred, quickly and powerfully. Reflections on the process are discussed and the overall approach used was evaluated with an action plan developed to enhance future clinical practice. It is hoped that this study can help CBT be viewed as a comprehensive form of psychotherapy.

<http://www.ncbi.nlm.nih.gov/pubmed/22773258?dopt=Abstract>

J Rehabil Res Dev. 2012 Jun;49(4):545-56.

Initial developmental process of a VA semistructured clinical interview for TBI identification.

Vanderploeg RD, Groer S, Belanger HG.

Source: James A. Haley Veterans' Hospital, Mental Health and Behavioral Sciences, Psychology (116B), 13000 Bruce B. Downs Ave, Tampa, FL 33612. Rodney.Vanderploeg@va.gov.

Abstract

Identification of a remote traumatic brain injury (TBI), particularly mild TBI, is a challenge. The acknowledged standard for determining a history of prior TBI is self-report elicited through a structured or in-depth clinical interview. In April 2007, the Veterans Health Administration (VHA) mandated that the four-section TBI Clinical Reminder screening instrument be completed on all individuals returning from deployment in the Operation Iraqi Freedom/Operation Enduring Freedom theaters of operation (VHA Directive 2007-013). If positive, a follow-up Second Level TBI Evaluation is to be completed. For validation studies of the TBI Clinical Reminder screening process and with the long-term goal of

providing a structured methodology to complete the TBI history portion of the Second Level TBI Evaluation, we sought to develop a "criterion standard" semistructured clinical TBI identification interview. This tool was developed through consultation with TBI subject matter experts and built on the strengths of existing tools in the literature. This article describes the six-step developmental methodology and presents the resulting semistructured interview and accompanying manual.

<http://www.ncbi.nlm.nih.gov/pubmed/22772672?dopt=Abstract>

J Neuropsychiatry Clin Neurosci. 2012 Mar 1;24(2):237-40.

Neurotherapy of Traumatic Brain Injury/Posttraumatic Stress Symptoms in OEF/OIF Veterans.

Nelson DV, Esty ML.

Abstract

The Flexyx Neurotherapy System (FNS), a novel variant of EEG biofeedback, was adapted for intervention with seven treatment-refractory Afghanistan/Iraq war veterans, and brought about significant decreases in bothersome neurobehavioral and posttraumatic stress symptoms. FNS may help ameliorate mixed trauma spectrum syndromes.

<http://www.ncbi.nlm.nih.gov/pubmed/22770463?dopt=Abstract>

Drug Alcohol Depend. 2012 Jul 2. [Epub ahead of print]

Gender differences in the correlates of hazardous drinking among Iraq and Afghanistan veterans.

Scott JC, Pietrzak RH, Mattocks K, Southwick SM, Brandt C, Haskell S.

Source: National Center for Posttraumatic Stress Disorder, Clinical Neurosciences Division, VA Connecticut Healthcare System, 151E, 950 Campbell Ave, West Haven, CT 06516, USA; Department of Psychiatry, Yale School of Medicine, 300 George St, New Haven, CT 06511, USA.

Abstract

BACKGROUND:

Despite increasing numbers of women veterans from the Iraq and Afghanistan conflicts, few studies have examined hazardous drinking in this group. The present study examined the prevalence of and risk and protective factors for hazardous drinking in a community-based sample of men and women veterans of Operations Enduring Freedom/Iraqi Freedom/New Dawn (OEF/OIF/OND).

METHODS:

Veterans completed a structured survey that assessed hazardous drinking using the Alcohol Use

Disorders Identification Test (AUDIT), and a broad range of demographic, life history, and psychopathology variables. Correlations and multivariate logistic regression analyses were conducted to examine risk and protective factors associated with hazardous drinking.

RESULTS:

A total 30.2% of male veterans and 16.3% of female veterans screened positive for hazardous drinking. In a multivariate analysis in male veterans, younger age, lifetime exposure to assaultive trauma, and conflict in interpersonal relationships were independently associated with hazardous drinking ($p < .05$). Among women veterans, younger age and posttraumatic stress disorder (PTSD) symptoms were independently associated with hazardous drinking in a multivariate analysis ($p < .05$). Secondary analyses of PTSD symptom clusters revealed that emotional numbing symptoms were independently related to hazardous drinking in women veterans ($p < .05$).

CONCLUSIONS:

Results of this study suggest that hazardous drinking is prevalent in both men and women OEF/OIF/OND veterans and is more likely to occur at younger ages. In addition, results indicate gender differences in the association between hazardous drinking and lifetime trauma history, PTSD symptoms, and interpersonal conflict, which may have important implications for the treatment of alcohol problems in men and women veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/22767410?dopt=Abstract>

Depress Anxiety. 2012 Jul 5. doi: 10.1002/da.21974. [Epub ahead of print]

Transdiagnostic Versus Diagnosis-Specific CBT for Anxiety Disorders: A Preliminary Randomized Controlled Noninferiority Trial.

Norton PJ, Barrera TL.

Source: University of Houston, Houston, Texas.

Abstract

BACKGROUND:

Transdiagnostic cognitive-behavioral treatments for anxiety disorders have been gaining increased attention and empirical study in recent years. Despite this, research on transdiagnostic anxiety treatments has, to date, relied on open trials, or comparisons to waitlist conditions, published benchmarks, or relaxation-based interventions.

METHODS:

The current study was a randomized clinical trial examining the efficacy of a 12-week transdiagnostic cognitive-behavioral group treatment in comparison to 12-week diagnosis-specific group Cognitive-

Behavioral Therapy (CBT) protocols for panic disorder, social anxiety disorder, and generalized anxiety disorder.

RESULTS:

Results from 46 treatment initiators suggested significant improvement during treatment, strong evidence for treatment equivalence across transdiagnostic and diagnosis-specific CBT conditions, and no differences in treatment credibility.

CONCLUSIONS:

This study provides evidence supporting the efficacy of transdiagnostic CBT by comparison to current gold-standard diagnosis-specific CBT for social anxiety disorder, generalized anxiety disorder, and panic disorder. Transdiagnostic group CBT has the benefit of potentially easing dissemination and increasing access to evidence-based treatments for anxiety without sacrificing efficacy.

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<http://www.ncbi.nlm.nih.gov/pubmed/22767073?dopt=Abstract>

J Head Trauma Rehabil. 2012 Jul;27(4):253-60.

Assessment of co-occurring disorders in veterans diagnosed with traumatic brain injury.

Cernich AN, Chandler L, Scherdell T, Kurtz S.

Source: Department of Veteran's Affairs Office of Rehabilitation Services, Washington, District of Columbia (Dr Cernich); Defense Centers of Excellence in Psychological Health and Traumatic Brain Injury, Silver Spring, Maryland (Dr Cernich); VA Maryland Health Care System, Baltimore, Maryland (Drs Cernich, Chandler, Scherdell, and Kurtz); and Department of Neurology, University of Maryland School of Medicine, Baltimore, Maryland (Dr Cernich).

Abstract

AIMS:

The co-occurrence of psychiatric disorders and other somatic disorders poses a significant challenge for the individual clinician working with veterans who report a history of mild traumatic brain injury (mTBI). In this article, common co-occurring symptoms and disorders will be described in relation to the population of veterans with mTBI, using a retrospective analysis of data from initial screening and secondary level evaluation for traumatic brain injury (TBI) in an urban Veteran's Affairs Medical Center.

PARTICIPANTS:

Four hundred two veterans of the recent conflicts who received secondary level evaluation for TBI following positive TBI screening.

OUTCOMES:

Significant differences were detected in symptom reporting between those who screened positive and those who screened negative on psychiatric screening. Those with positive posttraumatic stress disorder and depression screens endorsed more cognitive and affective symptoms; individuals screening positive for alcohol abuse did not report significantly more symptoms. Individuals without positive psychiatric screens reported fewer symptoms than those with positive screens. Consideration of these data in the context of a clinical case will be used to elucidate the challenge this presents to the clinical team.

CONCLUSION:

The presence of co-occurring disorders should be considered in the etiology of a veteran's continued symptomatic complaints following TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/22766317?dopt=Abstract>

Arch Clin Neuropsychol. 2012 Jul 5. [Epub ahead of print]

Neuropsychological Outcome from Uncomplicated Mild, Complicated Mild, and Moderate Traumatic Brain Injury in US Military Personnel.

Lange RT, Brickell TA, French LM, Merritt VC, Bhagwat A, Pancholi S, Iverson GL.

Source: Defense and Veterans Brain Injury Center, MD, USA.

Abstract

This study compared the neuropsychological outcome in military personnel following mild-to-moderate traumatic brain injury (TBI). Participants were 83 service members divided into three injury severity groups: uncomplicated mild TBI (MTBI; n = 24), complicated MTBI (n = 17), and moderate TBI (n = 42). Participants were evaluated within 6 months following injury (73% within 3 months) using neurocognitive testing and the Personality Assessment Inventory (PAI). There were no significant differences between the three groups on the majority of neurocognitive measures. Similarly, there were no significant differences between the three groups on the majority of PAI clinical scales (all p > .05), with the exception of two scales. The uncomplicated MTBI group had significantly higher scores on the Anxiety-Related Disorders and Aggression scales compared with the complicated MTBI group, but not the moderate TBI group. Overall, these results suggest that within the first 6 months post injury, there were few detectable differences in the neuropsychological outcome following uncomplicated MTBI, complicated MTBI, or moderate TBI in this military sample.

<http://www.ncbi.nlm.nih.gov/pubmed/22766415?dopt=Abstract>

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

Early Intervention May Prevent the Development of Posttraumatic Stress Disorder: A Randomized Pilot Civilian Study with Modified Prolonged Exposure.

Rothbaum BO, Kearns MC, Price M, Malcoun E, Davis M, Ressler KJ, Lang D, Houry D.

Source: Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia.

Abstract

BACKGROUND:

Posttraumatic stress disorder (PTSD) is a major public health concern with long-term sequelae. There are no accepted interventions delivered in the immediate aftermath of trauma. This study tested an early intervention aimed at modifying the memory to prevent the development of PTSD before memory consolidation.

METHODS:

Patients (n = 137) were randomly assigned to receive three sessions of an early intervention beginning in the emergency department compared with an assessment only control group. Posttraumatic stress reactions (PTSR) were assessed at 4 and 12 weeks postinjury and depression at baseline and week 4. The intervention consisted of modified prolonged exposure including imaginal exposure to the trauma memory, processing of traumatic material, and in vivo and imaginal exposure homework.

RESULTS:

Patients were assessed an average of 11.79 hours posttrauma. Intervention participants reported significantly lower PTSR than the assessment group at 4 weeks postinjury, $p < .01$, and at 12 weeks postinjury, $p < .05$, and significantly lower depressive symptoms at week 4 than the assessment group, $p < .05$. In a subgroup analysis, the intervention was the most effective at reducing PTSD in rape victims at week 4 ($p = .004$) and week 12 ($p = .05$).

CONCLUSIONS:

These findings suggest that the modified prolonged exposure intervention initiated within hours of the trauma in the emergency department is successful at reducing PTSR and depression symptoms 1 and 3 months after trauma exposure and is safe and feasible. This is the first behavioral intervention delivered immediately posttrauma that has been shown to be effective at reducing PTSR.

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<http://www.ncbi.nlm.nih.gov/pubmed/22766141?dopt=Abstract>

Neurosci Biobehav Rev. 2012 Jul 2. [Epub ahead of print]

Neurocircuitry models of posttraumatic stress disorder and beyond: A meta-analysis of functional neuroimaging studies.

Patel R, Spreng RN, Shin LM, Girard TA.

Source: Department of Psychology, Ryerson University, Toronto, ON.

Abstract

Over the past two decades a relatively large number of studies have investigated the functional neuroanatomy of posttraumatic stress disorder (PTSD). However, findings are often inconsistent, thus challenging traditional neurocircuitry models of PTSD. As evidence mounts that cognition and behavior is an emergent property of interacting brain networks, the question arises whether PTSD can be understood by examining dysfunction in large-scale, spatially distributed neural networks. We used the activation likelihood estimation quantitative meta-analytic technique to synthesize findings across functional neuroimaging studies of PTSD that either used a non-trauma (N=20) or trauma-exposed (N=19) comparison control group. In line with neurocircuitry models, our findings support hyperactive amygdala and hypoactive medial prefrontal regions, but suggest hyperactive hippocampi. Characterization of additional regions under a triple network model showed functional alterations in PTSD that largely overlapped with the salience network, central executive network, and default network. However, heterogeneity was observed within and across the neurocircuitry and three network models, and between results based on comparisons to non-trauma and trauma-exposed control groups. Nonetheless, these results warrant further exploration of the neurocircuitry and large-scale network models in PTSD using connectivity analyses.

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<http://www.ncbi.nlm.nih.gov/pubmed/22765837?dopt=Abstract>

Cogn Emot. 2012 Jul 6. [Epub ahead of print]

On EMDR: Eye movements during retrieval reduce subjective vividness and objective memory accessibility during future recall.

van den Hout MA, Bartelski N, Engelhard IM.

Source: Clinical and Health Psychology , Utrecht University , Utrecht , The Netherlands.

Abstract

In eye movement desensitization and reprocessing (EMDR), a treatment for post-traumatic stress disorder (PTSD), patients make eye movements (EM) during trauma recall. Earlier experimental studies found that EM during recall reduces memory vividness during future recalls, and this was taken as laboratory support for the underlying mechanism of EMDR. However, reduced vividness was assessed with self-reports that may be affected by demand characteristics. We tested whether recall+EM also reduces memory vividness on a behavioural reaction time (RT) task. Undergraduates (N=32) encoded two pictures, recalled them, and rated their vividness. In the EM group, one of the pictures was recalled

again while making EM. In the no-EM group one of the pictures was recalled without EM. Then fragments from both the recalled and non-recalled pictures, and new fragments were presented and participants rated whether these were (or were not) seen before. Both pictures were rated again for vividness. In the EM group, self-rated vividness of the recalled+EM picture decreased, relative to the non-recalled picture. In the no-EM group there was no difference between the recalled versus non-recalled picture. The RT task showed the same pattern. Reduction of memory vividness due to recall+EM is also evident from non-self-report data.

<http://www.ncbi.nlm.nih.gov/pubmed/22762388?dopt=Abstract>

Anxiety Stress Coping. 2012 May 16. [Epub ahead of print]

The moderating role of distress tolerance in the association between anxiety sensitivity physical concerns and panic and PTSD-related re-experiencing symptoms.

Kraemer KM, Luberto CM, McLeish AC.

Source: Department of Psychology , University of Cincinnati , Cincinnati , OH , USA.

Abstract

The present investigation evaluated the moderating role of distress tolerance (DT) in the relation between the physical concerns (PC) dimension of anxiety sensitivity (AS-PC) and panic and posttraumatic stress disorder (PTSD)-related re-experiencing symptoms in a nonclinical, undergraduate sample (n = 416; 300 females; M (age)=20.3 years, SD = 4.8). Consistent with prediction, there was a significant interactive effect between AS-PC and DT in regard to panic symptoms, such that greater AS-PC and low DT was associated with greater panic symptoms after controlling for the variance accounted for by negative affectivity and the respective main effects. However, contrary to prediction, AS-PC and DT did not significantly interact to predict PTSD-related re-experiencing symptoms. Also consistent with prediction, there was no interactive effect apparent for symptoms of depression or general anxiety, suggesting that the interaction between AS-PC and DT is specific to panic psychopathology.

<http://www.ncbi.nlm.nih.gov/pubmed/22760906?dopt=Abstract>

Clinics (Sao Paulo). 2012;67(6):653-60.

Is exercise an alternative treatment for chronic insomnia?

Passos GS, Poyares DL, Santana MG, Tufik S, Mello MT.

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

Abstract

The purposes of this systematic/critical review are: 1) to identify studies on the effects of exercise on chronic insomnia and sleep complaints in middle-aged and older adults and to compare the results of exercise with those obtained with hypnotic medications and 2) to discuss potential mechanisms by which exercise could promote sleep in insomniac patients. We identified studies from 1983 through 2011 using MEDLINE, SCOPUS and Web of Science. For systematic analyses, only studies assessing the chronic effects of exercise on sleep in people with sleep complaints or chronic insomnia were considered. We used the following keywords when searching for articles: insomnia, sleep, sleep complaints, exercise and physical activity. For a critical review, studies were selected on the effects of exercise and possible mechanisms that may explain the effects of exercise on insomnia. We identified five studies that met our inclusion criteria for systematic review. Exercise training is effective at decreasing sleep complaints and insomnia. Aerobic exercise has been more extensively studied, and its effects are similar to those observed after hypnotic medication use. Mechanisms are proposed to explain the effects of exercise on insomnia. There is additional documented evidence on the antidepressant and anti-anxiety effects of exercise. Exercise is effective to decrease sleep complaints and to treat chronic insomnia. Exercise presented similar results when compared with hypnotics; however, prospective studies comparing the effects of exercise with medical and non-medical treatments are warranted before including exercise as a first-line treatment for chronic insomnia are necessary.

<http://www.ncbi.nlm.nih.gov/pubmed/22778931?dopt=Abstract>

Depress Res Treat. 2012;2012:425463. Epub 2012 Jun 20.

Influence of Spirituality on Depression, Posttraumatic Stress Disorder, and Suicidality in Active Duty Military Personnel.

Hourani LL, Williams J, Forman-Hoffman V, Lane ME, Weimer B, Bray RM.

Source: Behavioral Health and Criminal Justice Division, RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709, USA.

Abstract

Understanding the role of spirituality as a potential coping mechanism for military personnel is important given growing concern about the mental health issues of personnel returning from war. This study seeks to determine the extent to which spirituality is associated with selected mental health problems among active duty military personnel and whether it moderates the relationship between combat exposure/deployment and (a) depression, (b) posttraumatic stress disorder (PTSD), and (c) suicidality in active duty military personnel. Data were drawn from the 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. Over 24,000 randomly selected active duty personnel worldwide completed an anonymous self-report questionnaire. High

spirituality had a significant protective effect only for depression symptoms. Medium, as opposed to high or low, levels of spirituality buffered each of the mental health outcomes to some degree. Medium and low spirituality levels predicted depression symptoms but only among those with moderate combat exposure. Medium spirituality levels also predicted PTSD symptoms among those with moderate levels of combat exposure and predicted self-reported suicidal ideation/attempt among those never deployed. These results point to the complex relationship between spirituality and mental health, particularly among military personnel and the need for further research.

<http://www.ncbi.nlm.nih.gov/pubmed/22778930?dopt=Abstract>

Depress Res Treat. 2012;2012:401513. Epub 2012 Jun 19.

Managing Mental Health Disorders Resulting from Trauma through Yoga: A Review.

Telles S, Singh N, Balkrishna A.

Source: Department of Yoga Research, Patanjali Research Foundation, Haridwar, Uttarakhand 249408, India.

Abstract

There are many and varied types of trauma. The extent to which trauma influences the mental health of an individual depends on the nature of trauma, as well as on the individual's coping capabilities. Often trauma is followed by depression, anxiety, and PTSD. As the pharmacological remedies for these conditions often have undesirable side-effects, nonpharmacological remedies are thought of as a possible add-on treatment. Yoga is one such mind-body intervention. This paper covers eleven studies indexed in PubMed, in which mental health disorders resulting from trauma were managed through yoga including meditation. The aim was to evaluate the use of yoga in managing trauma-related depression, anxiety, PTSD and physiological stress following exposure to natural calamities, war, interpersonal violence, and incarceration in a correctional facility. An attempt has also been made to explore possible mechanisms underlying benefits seen. As most of these studies were not done on persons exposed to trauma that had practiced yoga, this is a definite area for further research.

<http://www.ncbi.nlm.nih.gov/pubmed/22708143?dopt=Abstract>

Int J Emerg Ment Health. 2011;13(3):137-46.

Critical decision points in crisis support: using checklists and flow charts in psychological crises.

Mitchell JT.

Source: The University of Maryland at Baltimore County, USA. jeffreymitchell@hotmail.com

Abstract

The field of crisis intervention has grown dramatically during the last hundred years. Many new procedures and techniques have been added to the crisis intervention repertoire. Periodically, providers of crisis intervention, psychological first aid, critical incident stress management, or Peer Support overlook important elements of crisis intervention or make inadvertent mistakes as they attempt to intervene. The use of checklists and flow charts, similar to those used in aviation and medicine, may assist crisis intervention personnel in properly assessing a traumatic event and its impact on the people involved. Simple checklists and flow charts may significantly decrease the potential for mistakes in crisis intervention. This article provides background on the development of flip charts in aviation and medicine and suggests how these tools may be utilized within the field of crisis intervention. Examples of checklists and flow charts that are relevant to crisis intervention are provided. The article also provides guidelines for developing additional checklists and flow charts for use in crisis intervention services.

<http://aje.oxfordjournals.org/content/early/2012/07/06/aje.kwr496.abstract>

Prospective Evaluation of Mental Health and Deployment Experience Among Women in the US Military.

Amber D. Seelig*, Isabel G. Jacobson, Besa Smith, Tomoko I. Hooper, Gary D. Gackstetter, Margaret A. K. Ryan, Timothy S. Wells, Shelley MacDermid Wadsworth, Tyler C. Smith and for the Millennium Cohort Study Team

Am. J. Epidemiol. (2012)

doi: 10.1093/aje/kwr496

First published online: July 6, 2012

Previous research has shown that military women often experience potentially severe health outcomes following deployment. Data from the Millennium Cohort Study, a 21-year longitudinal study examining the health effects of military service, were used to examine this issue. In longitudinal analyses (2001–2008) carried out among US military women ($n = 17,481$), the authors examined positive screens for depression, anxiety, panic, and posttraumatic stress disorder in relation to deployment in support of the operations in Iraq and Afghanistan, while adjusting for relevant baseline and time-varying covariates. Women who were deployed and reported combat-related exposures had greater odds than nondeployed women of reporting symptoms of a mental health condition (odds ratio = 1.91, 95% confidence interval: 1.65, 2.20), after adjustment for demographic, military, and behavioral covariates. In addition, higher stress, problem drinking, and a history of mental illness were significantly associated with increased risk of later mental health conditions. In contrast, women in the Reserves or National Guard and those with higher education were at decreased risk of mental health conditions (all P 's < 0.01). As the roles and responsibilities of women in the military expand and deployments continue,

designing better prevention and recovery strategies specifically for women are critical for overall force health protection and readiness.

<http://acn.oxfordjournals.org/content/early/2012/07/04/arclin.acs060.short>

Is the Montreal Cognitive Assessment Superior to the Mini-Mental State Examination in Detecting Subtle Cognitive Impairment Among Middle-Aged Outpatient U.S. Military Veterans?

Kriscinda A. Whitney, Brad Mossbarger, Steven M. Herman, and Summer L. Ibarra

Arch Clin Neuropsychol acs060 first published online July 4, 2012 doi:10.1093/arclin/acs060

The Montreal Cognitive Assessment (MoCA) is a relatively newly designed test that was developed as a tool to screen patients with mild cognitive problems that are not typically detected by the Mini-Mental State Exam (MMSE). While early research suggests that the MoCA is more sensitive to subtle cognitive impairment than the MMSE, there is concern about potential decreased specificity when using the MoCA. The aim of the present study was to examine the comparative utility of using the MoCA and the MMSE to detect subtle cognitive impairment among a group of 82 middle-aged U.S. military veterans referred for outpatient neuropsychological testing. Using receiver operating characteristic analyses, the MoCA was shown to be a better predictor of subtle cognitive impairment on neuropsychological testing than the MMSE. When using an adjusted cutoff, the MoCA was shown to be more sensitive (i.e., 0.72 vs. 0.52) and nearly as specific as the MMSE (0.75 vs. 0.77).

<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.697368>

Stigma and Barriers to Mental Health Care in Deployed Canadian Forces Personnel.

Kerry Sudom, Mark Zamorski, Bryan Garber

Military Psychology

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Mental disorders are prevalent on deployed operations, but only a small fraction of those with problems access care due to a range of barriers. A survey measuring need for care, perceived barriers, and care-seeking propensity was administered to Canadian Forces personnel during deployment in Afghanistan. Complex characteristics of barriers to care on deployment were found: stigma had no association with care-seeking propensity; perceived structural barriers were associated with greater care-seeking propensity; and perceived structural barriers were greater in more isolated locations. Only negative attitudes toward care had the expected negative association with care-seeking propensity. Research and practical considerations are discussed.

<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.695262>

Diagnosing PTSD: Lessons From Neuropsychology.

Daniel R. Orme

Military Psychology

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Problematic diagnostic issues related to neurocognitive conditions have been well documented in research using neuropsychological instruments. However, due to the nature of differing assessment methods, these issues have not been as clearly established in the diagnostic assessment of psychiatric disorders that rely on self-report. Nonetheless, they appear relevant. This article summarizes diagnostic-related lessons learned based on clinical neuropsychological research and how they are applicable to the practice of diagnosing psychiatric conditions, post-traumatic stress disorder (PTSD) in particular. Ignoring these lessons raises serious risk for misdiagnosis, inappropriate treatment and services, and iatrogenic illness.

<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.695255>

Stressors Experienced by Women Within Marine Corps Families: A Qualitative Study of Discourse Within an Online Forum.

Victoria Jennings-Kelsall, Lindsey S. Aloia, Denise H. Solomon, Amy D. Marshall, Feea R. Leifker

Military Psychology

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The social constructionist perspective frames this exploration of the socioemotional and relational aspects of stress experienced by significant others of active duty Marines. Interpretive methods were applied to data from an online forum for Marine Corps wives, fiancées, and girlfriends. Open coding revealed six stressors: (a) stuck in a state of flux, (b) going through changes, (c) relational uncertainty, (d) loneliness, (e) alienation, and (f) anxiety related to deployment. Axial coding revealed three properties underlying these stressors: (a) issues of control and helplessness, (b) concerns over privileging individual or relational goals, and (c) the matter of locus of blame.

<http://www.ncbi.nlm.nih.gov/pubmed/22780833?dopt=Abstract>

J Neurotrauma. 2012 Jul 10. [Epub ahead of print]

Blast Exposure Induces Post Traumatic Stress Disorder-Related Traits in a Rat Model of Mild Traumatic Brain Injury.

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Abstract

Blast related traumatic brain injury (TBI) has been a major cause of injury in the wars in Iraq and Afghanistan. A striking feature of the mild TBI cases has been the prominent association with post-traumatic stress disorder (PTSD). However, due to the overlapping symptoms distinction between the two disorders has been difficult. We studied a rat model of mTBI in which adult male rats were exposed to repetitive blast injury while under anesthesia. Blast exposure induced a variety of PTSD-related behavioral traits that were present many months after the blast exposure including increased anxiety, enhanced contextual fear conditioning and an altered response in a predator scent assay. We also found elevation in the amygdala of the protein stathmin1, which is known to influence the generation of fear responses. Since the blast overpressure injuries occurred while animals were under general anesthesia, our results suggest that a blast related mTBI exposure can in the absence of any psychological stressor induce PTSD-related traits that are chronic and persistent. These studies have implications for understanding the relationship of PTSD to mTBI in the population of veterans returning from the wars in Iraq and Afghanistan.

<http://www.ncbi.nlm.nih.gov/pubmed/22781019?dopt=Abstract>

J Clin Psychiatry. 2012 Jun 26. [Epub ahead of print]

Examining the relation between combat-related concussion, a novel 5-factor model of posttraumatic stress symptoms, and health-related quality of life in Iraq and Afghanistan veterans.

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Abstract

OBJECTIVE:

This study examined demographic, military, and clinical characteristics associated with combat-related concussion and persistent postconcussive symptoms; and how combat-related concussion and persistent postconcussive symptoms and a novel 5-factor model of posttraumatic stress disorder (PTSD)

symptoms are related to physical and mental health-related quality of life in veterans who served in Iraq and Afghanistan.

METHOD:

233 veterans recruited from the Veterans Affairs Hawaii Program Registry who served in Iraq and Afghanistan completed a survey in 2010 that assessed combat-related concussion and persistent postconcussive symptoms, PTSD (DSM-IV criteria), alcohol use problems, and physical and mental health-related quality of life. The primary measure was physical and mental health-related quality of life as assessed by the 12-item Short-Form Health Survey, version 2.

RESULTS:

Veterans who screened positive for combat-related concussion and persistent postconcussive symptoms were more likely than those who did not to report direct combat exposure ($\chi^2 = 15.46$, $P < .001$), living in a rural area ($\chi^2 = 6.86$, $P < .01$), and screening positive for PTSD ($\chi^2 = 37.67$, $P < .001$) and alcohol use problems ($\chi^2 = 11.62$, $P < .01$); 57.3% of veterans who screened positive for combat-related concussion and persistent postconcussive symptoms screened positive for PTSD. In bivariate analyses, combat-related concussion and persistent postconcussive symptoms were associated with lower scores on measures of physical and mental health-related quality of life ($r = -0.27$ to -0.45 , $P < .001$). In multivariate analyses, combat-related concussion and persistent postconcussive symptoms were no longer related to these outcomes, with PTSD-related dysphoric arousal symptoms as the strongest predictor of physical health-related quality of life ($\beta = -0.55$, $P < .001$) and PTSD-related emotional numbing symptoms ($\beta = -0.56$, $P < .001$) as the strongest predictor of mental health-related quality of life.

CONCLUSIONS:

Results of this study suggest that a 5-factor model of PTSD symptoms may provide greater specificity in understanding the relation between combat-related concussion and persistent postconcussive symptoms, PTSD symptoms, and health-related physical and mental quality of life in Iraq/Afghanistan veterans. Psychiatric clinicians should consider this heterogeneity of PTSD symptoms when assessing and treating symptomatic veterans.

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Links of Interest

Speedy intervention may stop PTSD before it begins

<http://medicalxpress.com/news/2012-07-speedy-intervention-ptsd.html>

Family discovers 'covert camera' in Haley VA patient's room

<http://www.tampabay.com/news/military/veterans/family-discovers-covert-camera-in-haley-va-patients-room/1239524>

Police officer stress creates significant health risks, study finds

http://www.eurekalert.org/pub_releases/2012-07/uab-pos071012.php

Military veterans say pot eases PTSD

<http://www.marinecorpstimes.com/news/2012/07/gannett-military-veterans-say-pot-eases-ptsd-070812/>

Neurotrauma, Psychological Health office partners with VA to study PTSD treatments

http://www.army.mil/article/82979/Neurotrauma_Psychological_Health_office_partners_with_VA_to_study_PSTD_treatments/

When Anxiety Won't Go Away

<http://www.sciencedaily.com/releases/2012/07/120706105430.htm>

Selflessness Can Threaten Clergy Members' Health

http://www.nlm.nih.gov/medlineplus/news/fullstory_127087.html

Ageing Boomers' Mental Health Woes Will Swamp Health System: Report

http://www.nlm.nih.gov/medlineplus/news/fullstory_127086.html

Brain Injury — Important Facts and Implications for Social Work Practice

http://socialworktoday.com/archive/exc_070212.shtml

Early Symptom Change Predicts Outcome of CBT

<http://www.goodtherapy.org/blog/symptom-change-cbt-willingness-0710121>

Research Tip of the Week: [TopHQBooks](#)

The internet is awash in PDF files, including a lot of stuff that you would not normally expect to find online owing to eccentricity or copyright regulations. If it's there, however, someone somewhere will find it. TopHQBooks searches strictly for PDFs, which makes it a decent tool to try if you're looking for manuals, reports, journal preprints, etc. Says the website [MakeUseOf](#):

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Another alternative is the [Google Advanced Search](#) page (which Google tries to hide now, since it wants you to look at as many pages/ads as possible). Scroll down, almost to the bottom, and you'll see an option called *file type*. Use the dropdown menu to restrict your search to PDFs.

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