



CDP Research Update -- July 26, 2012

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- Links of Interest
- Research Tip of the Week: The Directory of Open Access Repositories (OpenDOAR)

<http://downloads.isrn.com/journals/nursing/2012/798342.pdf>

Military Wives' Transition and Coping: Deployment and the Return Home. (full text)

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International Scholarly Research Network

ISRN Nursing

Volume 2012, Article ID 798342, 8 pages

The objective of this qualitative study is to explore the experiences of wives of deployed soldiers. Semistructured interviews were used to answer the research questions. Meleis' Transitions Theory was used to guide the understanding of the wives' experiences. Phase One: news of deployment, property of awareness, themes of emotional chaos and making preparations. Phase Two: during deployment, property of engagement, themes of taking the reins and placing focus elsewhere, along with the property of change and difference, with themes of emotional and physical turmoil, staying strong, and reaching out. Phase Three: after deployment, property of time span, themes of absence makes the heart grow fonder and reestablishing roles. The study concluded that the wife often feels forgotten during deployment. Nurses can give better care by understanding how the different phases of deployment and separation affect the wife's coping ability and her physical and emotional health.

[http://www.jpsychores.com/article/S0022-3999\(12\)00178-X/abstract](http://www.jpsychores.com/article/S0022-3999(12)00178-X/abstract)

PTSD and depression as predictors of physical health-related quality of life in tobacco-dependent veterans.

Laura H. Aversa, Jill A. Stoddard, Neal M. Doran, Selwyn Au, Bruce Chow, Miles McFall, Andrew Saxon, Dewleen G. Baker

Journal of psychosomatic research 18 July 2012 (Article in Press DOI: 10.1016/j.jpsychores.2012.06.010)

Objective

Smoking, depression and PTSD are related to poor physical health outcomes and health-related quality of life (HRQoL). Previous studies examining the effects of quitting smoking on HRQoL have been mixed. This study aimed to examine the effects of PTSD, depressive symptoms and smoking cessation on HRQoL in a sample receiving treatment for PTSD.

Method

This study utilized archival interview and self-report data from a clinical trial (VA Cooperative Study 519) that recruited tobacco dependent veterans with chronic PTSD (N=943).

Results

Analyses were conducted using hierarchical linear modeling and indicated that PTSD and depressive

symptoms differentially affected the various physical health status domains. Additionally, quitting smoking was associated with better self-perceived health status and social functioning.

Conclusion

Our findings further explain the interrelationships of PTSD, depression, and smoking in the prediction of physical HRQoL and advocate the importance of integrated care.

<http://www.omicsgroup.org/journals/2167-1044/2167-1044-1-121.pdf>

Evaluation of a Program Designed to Facilitate Understanding of Veterans' Post-Combat Adjustment and Reintegration: Pilot Study of Faber Post-Trauma Model. (full text)

D. C. Faber and Matt J Gray

J Depress Anxiety 2012, 1:4

The present investigation was designed to evaluate a psychoeducational intervention designed to increase understanding and awareness of adjustment and reintegration issues experienced by combat veterans following deployment. The specific issues addressed by this intervention are broader in scope than formal psychopathology or disorders experienced by a minority of combatants. Instead, the domain of difficulties covered pertains to many or most individuals returning from combat. Specifically, difficulties with emotion regulation, social functioning, planfulness and stress management among other concerns were delineated. Military and civilian attendees (N = 100) of two separate presentations of this model were asked to report on familiarity and understanding of reintegration difficulties incurred by homecoming combat veterans. Analyses indicated that relative to pre-intervention scores, attendees reported significantly greater understanding of numerous aspects of the post deployment experience and effect sizes were generally large (i.e., Cohen's d's were generally in excess of .8 at the item level and aggregate scale pre-post change = 1.04).

<http://www.mdpi.com/1660-4601/9/7/2504>

Suicide Among War Veterans.

Rozanov, Vsevolod; Carli, Vladimir

International Journal of Environmental Research and Public Health. 2012; 9(7):2504-2519.

Studies aiming to identify if war veterans are at higher risk of suicide have often produced inconsistent results; this could be due to the complexity of comparisons and different methodological approaches. It should be noted that this contingent has many risk factors, such as stressful exposures, wounds, brain trauma and pain syndrome. Most recent observations confirm that veterans are really more likely to die of suicide as compared to the general population; they are also more likely to experience suicidal

ideation and suffer from mental health problems. Suicides are more frequent in those who develop PTSD, depression and comorbid states due to war exposure. Combat stress and its frequency may be an important factor leading to suicide within the frame of the stress-vulnerability model. According to this model, the effects of stress may interact with social factors, interpersonal relations and psychological variables producing suicidal tendencies. Modern understanding of stress-vulnerability mechanisms based on genetic predispositions, early life development, level of exposure to stress and stress-reactivity together with interpersonal aspects may help to build more effective suicide prevention programs based on universal/selective/indicated prevention principles.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21720/abstract>

Is DSM-IV criterion A2 associated with PTSD diagnosis and symptom severity?

Osei-Bonsu, P. E., Spiro, A., Schultz, M. R., Ryabchenko, K. A., Smith, E., Herz, L. and Eisen, S. V.

J. Traum. Stress. doi: 10.1002/jts.21720

Article first published online: 17 JUL 2012

The diagnostic criteria for posttraumatic stress disorder (PTSD) have received significant scrutiny. Several studies have investigated the utility of Criterion A2, the subjective emotional response to a traumatic event. The American Psychiatric Association (APA) has proposed elimination of A2 from the PTSD diagnostic criteria for DSM-5; however, there is mixed support for this recommendation and few studies have examined A2 in samples at high risk for PTSD such as veterans. In the current study of 908 veterans who screened positive for a traumatic event, A2 was not significantly associated with having been told by a doctor that the veteran had PTSD. Those who endorsed A2, however, reported greater PTSD symptom severity in the 3 DSM-IV symptom clusters of reexperiencing ($d = 0.45$), avoidance ($d = 0.61$), and hyperarousal ($d = 0.44$), and A2 was significantly associated with PTSD symptom severity for all 3 clusters ($R^2 = .25, .25, \text{ and } .27$, respectively) even with trauma exposure in the model. Thus, although A2 may not be a necessary criterion for PTSD diagnosis, its association with PTSD symptom severity warrants further exploration of its utility.

<http://www.ncbi.nlm.nih.gov/pubmed/22809686>

J Psychiatr Res. 2012 Jul 16. [Epub ahead of print]

Post-traumatic stress disorder and medication adherence: Results from the mind your heart study.

Kronish IM, Edmondson D, Li Y, Cohen BE.

Source: Center for Behavioral Cardiovascular Health, Columbia University Medical Center, New York, NY, USA.

Abstract

BACKGROUND:

Patients with post-traumatic stress disorder (PTSD) are at increased risk for adverse outcomes from comorbid medical conditions. Medication non-adherence is a potential mechanism explaining this increased risk.

METHODS:

We examined the association between PTSD and medication adherence in a cross-sectional study of 724 patients recruited from two Department of Veterans Affairs Medical Centers between 2008 and 2010. PTSD was assessed using the Clinician Administered PTSD Scale. Medication adherence was assessed using a standardized questionnaire. Ordinal logistic regression models were used to calculate the odds ratios (ORs) for medication non-adherence in patients with versus without PTSD, adjusting for potential confounders.

RESULTS:

A total of 252 patients (35%) had PTSD. Twelve percent of patients with PTSD reported not taking their medications as prescribed compared to 9% of patients without PTSD (unadjusted OR 1.85, 95% CI 1.37-2.50, $P < 0.001$). Forty-one percent of patients with PTSD compared to 29% of patients without PTSD reported forgetting medications (unadjusted OR 1.90, 95% CI 1.44-2.52, $P < 0.001$). Patients with PTSD were also more likely to report skipping medications (24% versus 13%; unadjusted OR 2.01, 95% CI 1.44-2.82, $P < 0.001$). The association between PTSD and non-adherence remained significant after adjusting for demographics, depression, alcohol use, social support, and medical comorbidities (adjusted OR 1.47, 95% CI 1.03-2.10, $P = 0.04$ for not taking medications as prescribed and 1.95, 95% CI 1.31-2.91, $P = 0.001$ for skipping medications).

CONCLUSIONS:

PTSD was associated with medication non-adherence independent of psychiatric and medical comorbidities. Medication non-adherence may contribute to the increased morbidity and mortality observed in patients with PTSD.

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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8642152>

Explosions and Human Health: The Long-Term Effects of Blast Injury.

Finlay, Sarah E.; Earby, Michelle; Baker, David J.; Murray, Virginia S.G.

Prehospital and Disaster Medicine, FirstView Article : pp 1-7 Copyright © World Association for Disaster and Emergency Medicine 2012

The immediate patterns of injury from explosions are well documented, from both military and civil experience. However, few studies have focused on less immediately apparent health consequences and latent effects of explosions in survivors, emergency responders and the surrounding community. This review aimed to analyze the risks to health following an explosion in a civil setting.

A comprehensive review of the open literature was conducted, and data on 10 relevant military, civilian and industrial events were collected. Events were selected according to availability of published studies and involvement of large numbers of people injured. In addition, structured interviews with experts in the field were conducted, and existing national guidelines reviewed.

The review revealed significant and potentially long-term health implications affecting various body systems and psychological well-being following exposure to an explosion. An awareness of the short- and long-term health effects of explosions is essential in screening for blast injuries, and identifying latent pathologies that could otherwise be overlooked in stressful situations with other visually distracting injuries and, often, mass casualties. Such knowledge would guide responsible medical staff in implementing early appropriate interventions to reduce the burden of long-term sequelae. Effective planning and response strategies would ensure accessibility of appropriate health care resources and evidence-based information in the aftermath of an explosion.

[http://www.psy-journal.com/article/S0165-1781\(12\)00347-2/abstract](http://www.psy-journal.com/article/S0165-1781(12)00347-2/abstract)

Warning signs for suicide within a week of healthcare contact in Veteran decedents.

Peter C. Britton, Mark A. Ilgen, M. David Rudd, Kenneth R. Conner

Psychiatry Research - 16 July 2012 (10.1016/j.psychres.2012.06.036)

Objectives

This study examined warning signs for suicide observed in the final day(s) of life in Veteran decedents who received healthcare from Veterans Health Administration (VHA) (N=381), using data obtained from detailed chart reviews.

Methods

Veterans who died within a week (7 days) of healthcare contact (18%) were compared to those who died later (82%). Multivariate logistic regression was used to examine differences in suicidal thoughts, psychiatric symptoms, and somatic symptoms as documented at the last visit, after controlling for demographic variables. A second multivariate regression examined whether the identified warning signs were also risk factors for suicide within a month (30 days) of contact.

Results

Documented suicidal ideation, OR (95% CI)=3.46 (1.15–10.38), and psychotic symptoms, OR (95% CI)=2.67 (1.11–6.42), at the last visit increased the likelihood of suicide within a week of healthcare contact. Both variables also increased the odds of suicide within a month of contact.

Conclusions

The assessment of suicidal ideation is critical to identify Veterans at immediate risk. However, recognition of psychotic symptoms may also improve identification. In addition to indicating immediate risk, some warning signs may also suggest on-going risk.

<http://policing.oxfordjournals.org/content/early/2012/07/13/police.pas023.short>

Alcohol Abuse, PTSD, and Officer-Committed Domestic Violence.

Karen Oehme, Elizabeth A. Donnelly, and Annelise Martin

Policing

First published online: July 13, 2012

In a unique prevention project in a large US state, researchers explored how alcohol abuse and post-traumatic stress disorder (PTSD) rates influence rates of self-reported domestic violence committed by law enforcement officers. Survey methodology with a cross-sectional design was used, and multiple measures and instruments were analyzed. Because of the novel nature of the online curriculum and resources, there was no comparison group. A strong association—not a cause/effect relationship—was found: officers who had PTSD were four times more likely to report using physical violence, officers who had hazardous drinking were four times more likely to report violence, and dependent drinkers were eight times more likely to report being physically violent with an intimate partner. The findings suggest new opportunities for agency action and have resulted in new recommendations for training and policies to help support healthier law enforcement officers. No previous study has explored the link between PTSD, alcohol use, and domestic violence within this population.

<http://www.ncbi.nlm.nih.gov/pubmed/22815245?dopt=Abstract>

J Clin Psychol. 2012 Jul 19. doi: 10.1002/jclp.21887. [Epub ahead of print]

An Examination of the Diagnostic Efficiency of Post-Deployment Mental Health Screens.

Skopp NA, Swanson R, Luxton DD, Reger MA, Trofimovich L, First M, Maxwell J, Gahm GA.

Source: Department of Defense, National Center for Telehealth & Technology (T2).

Abstract

OBJECTIVE:

To conduct a blinded study to examine the diagnostic efficiency of the Department of Defense (DoD) Post-Deployment Health Reassessment (PDHRA) screens for major depressive disorder (MDD), posttraumatic stress disorder (PTSD), and alcohol abuse.

METHOD:

Participants were 148 post-deployed soldiers who were completing the PDHRA protocol. Soldiers' mean age was 27.7 (standard deviation = 6.6) years, and 89.0% were male. Mental health professionals blinded to the PDHRA screening results administered the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition directly after the PDHRA assessment protocol.

RESULTS:

All screens exhibited excellent negative predictive power. Sensitivity metrics were lower, consistent with the relatively low base rates observed for MDD (10.1%), PTSD (8.8%), and alcohol abuse (5.4%). Metrics obtained for the PTSD screen were consistent with previous research with a similar base rate. A two-item screen containing PTSD reexperiencing and hyperarousal symptom items revealed excellent psychometric properties (sensitivity = .92; specificity = .79). The alcohol abuse screen yielded high sensitivity (.86), but very poor precision; these metrics were somewhat improved when the screen was reduced to a single item.

CONCLUSIONS:

The PDHRA MDD, PTSD, and alcohol abuse screens appear to be functioning well in accurately ruling out these diagnoses, consistent with a population-level screening program. Cross validation of the current results is indicated. Additional refinement may yield more sensitive screening measures within constraints imposed by the low base rates in a typically healthy population.

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<http://www.ncbi.nlm.nih.gov/pubmed/22815166?dopt=Abstract>

US Army Med Dep J. 2012 Jul-Sep:54-61.

The impact of attachment style on posttraumatic stress disorder symptoms in postdeployed service members.

Escolas SM, Arata-Maiers R, Hildebrandt EJ, Maiers AJ, Mason ST, Baker MT.

Source: US Army Medical Department Center and School, Fort Sam Houston, TX.

Abstract

This study examined the effects of attachment style on self-reported posttraumatic stress disorder (PTSD) symptoms in a population of service members (N=561). Active duty, postdeployment service members completed anonymous questionnaires including 2 measures of adult attachment and the PTSD checklist-military as a measure of PTSD symptoms. Results confirmed the central hypothesis that attachment style was related to reported PTSD symptoms. Secure attachment style was associated with less reported PTSD symptoms and therefore may be involved in mechanisms associated with protection

from developing PTSD after experiencing wartime trauma. Results were consistent when tested across continuous and dichotomous assessments that captured diagnostic criteria. This study demonstrates a significant relationship between attachment style and PTSD symptoms within a military population, potentially providing the basis for future research in this area.

<http://www.ncbi.nlm.nih.gov/pubmed/22808885>

Mil Med. 2012 Jul;177(7):789-96.

Deployment risk factors and postdeployment health profiles associated with traumatic brain injury in heavy drinking veterans.

Williams JL, McDevitt-Murphy ME, Murphy JG, Crouse EM.

Source: Department of Psychology, 202 Psychology Building, University of Memphis, Memphis, TN 38152, USA.

Abstract

Along with post-traumatic stress disorder (PTSD), mild traumatic brain injury (mTBI) is considered one of the "signature wounds" of combat operations in Iraq (Operation Iraqi Freedom [OIF]) and Afghanistan (Operation Enduring Freedom [OEF]), but the role of mTBI in the clinical profiles of Veterans with other comorbid forms of post-deployment psychopathology is poorly understood. The current study explored the deployment risk and postdeployment health profiles of heavy drinking OIF and OEF Veterans as a function of mTBI. Sixty-nine heavy-drinking OIF/OEF Veterans were recruited through a Veterans' Affairs Medical Center and completed questionnaires and structured interviews assessing war-zone experiences, postdeployment drinking patterns, and PTSD symptoms. Veterans with positive mTBI screens and confirmed mTBI diagnoses endorsed higher rates of combat experiences, including direct and indirect killing, and met criteria for PTSD at a higher rate than Veterans without a history of mTBI. Both PTSD and combat experiences independently predicted screening positive for mTBI, whereas only combat experiences predicted receiving a confirmed mTBI diagnosis. mTBI was not associated with any dimension of alcohol use. These results support a growing body of literature linking mTBI with PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/22810211>

Psychiatr Serv. 2012 Jul 15. doi: 10.1176/appi.ps.201100349. [Epub ahead of print]

Distress Symptoms and High-Risk Behaviors Prospectively Associated With Treatment Use Among Returning Veterans.

Naragon-Gainey K, Hoerster KD, Malte CA, Jakupcak M.

Abstract

OBJECTIVE:

Distress symptoms and high-risk behaviors among Iraq and Afghanistan veterans were examined as predictors of treatment utilization.

METHODS:

Veterans (N=618) completed self-report measures upon treatment enrollment (2005-2008). Two-year utilization data were obtained for five settings: primary care, mental health within primary care, outpatient mental health, emergency room, and inpatient psychiatric.

RESULTS:

Pain was associated with primary care use; depression, panic, post-traumatic stress disorder (PTSD), alcohol misuse, and aggression were associated with use of other settings. After adjustment for comorbidity, veterans with high levels of PTSD and depression symptoms had more treatment visits across several settings than veterans with lower levels. Specialty mental health utilization was low among those reporting elevated psychiatric symptoms (for example, a mean of 8.8 outpatient visits over two years).

CONCLUSIONS:

Symptoms and high-risk behaviors were differentially associated with treatment settings; PTSD and depression predicted greater treatment use. Veterans may have overutilized emergency care while underutilizing specialty mental health services. (Psychiatric Services in Advance, July 15, 2012; doi: 10.1176/appi.ps.201100349).

<http://www.ncbi.nlm.nih.gov/pubmed/22808888>

Mil Med. 2012 Jul;177(7):814-22.

Access to VA services for returning veterans with PTSD.

Shiner B, Drake RE, Watts BV, Desai RA, Schnurr PP.

Source: VA Medical Center, 215 Main Street, 11Q, White River Junction, VT 05009, USA.

Abstract

OBJECTIVE:

In order to understand access to treatment services for post-traumatic stress disorder (PTSD) in the Veterans Health Administration (VHA), we reviewed existing literature to estimate the proportion of Iraq and Afghanistan veterans who have used VHA services.

METHODS:

We reviewed studies regarding the prevalence of PTSD among Iraq and Afghanistan War veterans to

estimate the need for treatment. We then compared need to Veterans Affairs utilization in order to estimate the proportion accessing care.

RESULTS:

Access to VHA services is high, with 58% of the estimated population of Iraq and Afghanistan veterans accessing some PTSD-related service. However, there is insufficient information about the quality of these services.

CONCLUSIONS:

The Veterans Affairs has been successful in providing access to treatment services for Iraq and Afghanistan Veterans with PTSD. Additional studies are needed to further characterize the quality of services provided.

<http://www.ncbi.nlm.nih.gov/pubmed/22808884>

Mil Med. 2012 Jul;177(7):786-8.

The underdiagnosis of cannabis use disorders and other Axis-I disorders among military veterans within VHA.

Bonn-Miller MO, Bucossi MM, Trafton JA.

Source: National Center for PTSD, VA Palo Alto Health Care System, 795 Willow Road (152-MPD), Menlo Park, CA 94025, USA.

Abstract

Recent evidence suggests that rates of cannabis use disorders are significantly lower among military veterans within the Veterans Affairs Health Care System (VA) than the general U.S. population. However, prevalence rates obtained from the VA rely on clinician diagnosis, which have been shown to be underrepresentative of actual disorder rates. The present study utilized structured clinical interviews to assess a sample of 84 military veterans with a cannabis use disorder and compared Axis-I disorder diagnosis rates to those obtained through a retrospective electronic medical record chart review. Findings indicated that cannabis use disorders, as well as posttraumatic stress disorder and other anxiety disorders, were significantly underdiagnosed within this military veteran population. In contrast, rates of other substance use disorders as well as mood disorders were overdiagnosed within this VA population. Findings are discussed in relation to the improvement of screening and repeated structured assessment of military veterans within the VA.

<http://www.ncbi.nlm.nih.gov/pubmed/22808881>

Mil Med. 2012 Jul;177(7):766-72.

Mental health and turnover following an initial term of military service.

Schmied EA, Highfill-McRoy RM, Larson GE.

Source: Naval Health Research Center, 140 Sylvester Road, San Diego, CA 92106, USA.

Abstract

OBJECTIVE:

This study compared the rates of mental disorders between Marines who re-enlisted and Marines who separated after 1 term, distinguishing between Marines who were and were not recommended for re-enlistment.

METHODS:

Participants included 28,693 male Marines enlisting for 4-year terms between 2002 and 2003, including 9,338 who re-enlisted after 1 term, 18,177 who voluntarily separated after 1 term, and 1,184 who were not recommended for re-enlistment and separated after 1 term.

RESULTS:

Analysis revealed disproportionately high rates of mental disorders among Marines not recommended for re-enlistment (Odds Ratio = 8.5, 95% Confidence Interval 7.5-9.8) compared with Marines who re-enlisted. Mental disorder prevalence was also elevated among service members who voluntarily separated after 1 term (Odds Ratio = 1.2, 95% Confidence Interval 1.1-1.3). Several specific categories of disorders, including personality disorders, substance use disorders, and post-traumatic stress disorder, predicted re-enlistment status.

CONCLUSIONS:

These results suggest that mental disorders influence personnel retention in diverse ways, including heightened turnover, which could have a substantial impact on military manpower costs.

<http://www.ncbi.nlm.nih.gov/pubmed/22375803>

J Trauma Dissociation. 2012;13(2):127-33.

Trauma, attachment, and intimate relationships.

Zurbriggen EL, Gobin RL, Kaehler LA.

Abstract

Intimate relationships can both affect and be affected by trauma and its sequelae. This special issue highlights research on trauma, attachment, and intimate relationships. Several themes emerged. One theme is the exploration of the associations between a history of trauma and relational variables, with an emphasis on models using these variables as mediators. Given the significance of secure attachment for healthy relationships, it is not surprising that attachment emerges as another theme of this issue.

Moreover, a key component of relationships is trust, and so a further theme of this issue is betrayal trauma (J. J. Freyd, 1996). As the work included in this special issue makes clear, intimate relationships of all types are important for the psychological health of those exposed to traumatic events. In order to best help trauma survivors and those close to them, it is imperative that research exploring these issues be presented to research communities, clinical practitioners, and the public in general. This special issue serves as one step toward that objective.

<http://www.ncbi.nlm.nih.gov/pubmed/22804472?dopt=Abstract>

J Marital Fam Ther. 2012 Jul;38(3):556-67. doi: 10.1111/j.1752-0606.2011.00231.x. Epub 2011 May 12.

Interpersonal Relatedness and Psychological Functioning following Traumatic Brain Injury: Implications for Marital and Family Therapists.

Bay EH, Blow AJ, Yan XE.

Source: University of Michigan, Michigan State University.

Abstract

Recovery from a mild-to-moderate traumatic brain injury (TBI) is a challenging process for injured persons and their families. Guided by attachment theory, we investigated whether relationship conflict, social support, or sense of belonging were associated with psychological functioning. Community-dwelling persons with TBI (N = 75) and their relatives/significant others (N = 74) were surveyed on relationship variables, functional status, and TBI symptom severity. Results from this cross-sectional study revealed that only sense of belonging was a significant predictor of postinjury psychological functioning, although interpersonal conflict approached significance. No relevant preinjury or injury-related variables impacted these relationships, except marital status. Our findings suggest that interventions targeting strengthening the injured persons' sense of belonging and lowering interpersonal conflict may benefit those living with TBI.

© 2011 American Association for Marriage and Family Therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/22807251?dopt=Abstract>

J Trauma Stress. 2012 Jul 13. doi: 10.1002/jts.21718. [Epub ahead of print]

Trajectories of PTSD symptoms following sexual assault: Is resilience the modal outcome?

Steenkamp MM, Dickstein BD, Salters-Pedneault K, Hofmann SG, Litz BT.

Source: Department of Psychology, Boston University, Boston, Massachusetts, USA; VA Boston Healthcare System, Boston, Massachusetts, USA. maria.steenkamp2@va.gov.

Abstract

Theoretical frameworks positing qualitatively distinct trajectories of posttrauma outcome have received initial empirical support, but have not been investigated in cases of severe interpersonal trauma. To address this limitation, we conducted latent class growth analysis with longitudinal data collected from 119 female sexual assault survivors at 1-, 2-, 3-, and 4-months postassault. Participants' mean age was 33 years; 63% were White. We hypothesized that given the severity of exposure associated with sexual assault, resilience would not be the modal course of adaptation. Four distinct PTSD growth trajectories, representing unique latent classes of participants, best fit the data: a high chronic trajectory, a moderate chronic trajectory, a moderate recovery trajectory, and a marked recovery trajectory. Contrary to previous studies and recent theoretical models, resilience and resistance trajectories were not observed, as high levels of distress were evident in nearly all participants at 1-month postassault. These results suggest that theoretical models of posttrauma response positing resilience as the modal outcome may not generalize to cases of sexual assault.

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<http://www.ncbi.nlm.nih.gov/pubmed/22807242?dopt=Abstract>

Hum Brain Mapp. 2012 Jul 17. doi: 10.1002/hbm.22100. [Epub ahead of print]

Stress-induced reduction in hippocampal volume and connectivity with the ventromedial prefrontal cortex are related to maladaptive responses to stressful military service.

Admon R, Leykin D, Lubin G, Engert V, Andrews J, Pruessner J, Hendler T.

Source: Functional Brain Center, Wohl Institute for Advanced Imaging, Tel-Aviv Sourasky Medical Center, Tel-Aviv, Israel; Department of Physiology, Pharmacology and Psychiatry, Sackler Faculty of Medicine, Tel Aviv University, Tel-Aviv, Israel.

Abstract

Previous studies have shown that people who develop psychopathology such as posttraumatic stress disorder (PTSD) following stress exposure are characterized by reduced hippocampal (HC) volume and impaired HC functional connectivity with the ventromedial prefrontal cortex (vmPFC). Nevertheless, the exact interrelationship between reduced HC volume and HC-vmPFC connectivity deficits in the context of stress has yet to be established. Furthermore, it is still not clear whether such neural abnormalities are stress induced or precursors for vulnerability. In this study, we combined measurements of MRI, functional MRI (fMRI), and diffusion tensor imaging (DTI) to prospectively study 33 a priori healthy Israeli soldiers both pre- and post-exposure to stress during their military service. Thus, we were able to assess the contributions of structural and functional features of the HC and its connectivity to the onset and progression of maladaptive response to stress (i.e., increased PTSD symptoms post-exposure). We found that soldiers with decreased HC volume following military service (i.e., post-exposure) displayed more

PTSD-related symptoms post-exposure as well as reduced HC-vmPFC functional and structural connectivity post-exposure, compared to soldiers with increased HC volume following military service. In contrast, initial smaller HC volume pre-exposure did not have an effect on any of these factors. Our results therefore suggest that reduction in HC volume and connectivity with the vmPFC together mark a maladaptive response to stressful military service. As stress-induced HC volume reductions were previously shown to be reversible, these localized biological markers may carry valuable therapeutic potential. Hum Brain Mapp, 2012. © 2012 Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/22823859?dopt=Abstract>

J Consult Clin Psychol. 2012 Jul 23. [Epub ahead of print]

National Dissemination of Cognitive Behavioral Therapy for Depression in the Department of Veterans Affairs Health Care System: Therapist and Patient-Level Outcomes.

Karlin BE, Brown GK, Trockel M, Cuning D, Zeiss AM, Taylor CB.

Abstract

Objective:

The Department of Veterans Affairs (VA) health care system is nationally disseminating and implementing cognitive behavioral therapy for depression (CBT-D). The current article evaluates therapist and patient-level outcomes associated with national training in and implementation of CBT-D in the VA health care system.

Method:

Therapist competencies were assessed with the Cognitive Therapy Rating Scale (CTRS). Patient outcomes were assessed with the Beck Depression Inventory-II and the World Health Organization Quality of Life-BREF. Therapeutic alliance was assessed with the Working Alliance Inventory-Short Revised. Two-hundred twenty-one therapists have received training, and 356 veteran patients have received treatment through the VA CBT-D Training Program.

Results:

Of therapists who have participated in the program, 182 (82%) completed all training requirements and achieved competency, reflected by a score of 40 on the CTRS. Of 356 patients, nearly 70% completed 10 or more sessions or improved sufficiently to stop therapy before the 10th session. Mean depression scores decreased by approximately 40% from initial to later treatment phase. Effect sizes of changes ranged from $d = 0.39$ to $d = 0.74$ for quality of life and from $d = 0.47$ to $d = 0.66$ for therapeutic alliance measures.

Conclusion:

National training in and implementation of CBT-D within the VA health care system is associated with significant, positive therapist training outcomes, as evidenced by increases in CBT core competencies. The implementation of the protocol by newly trained CBT-D therapists is associated with significantly improved patient outcomes, as evidenced by large decreases in depression and improvements in quality of life.

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<http://www.ncbi.nlm.nih.gov/pubmed/22823858?dopt=Abstract>

J Consult Clin Psychol. 2012 Jul 23. [Epub ahead of print]

Moderators and Non-Specific Predictors of Treatment Outcome for Anxiety Disorders: A Comparison of Cognitive Behavioral Therapy to Acceptance and Commitment Therapy.

Wolitzky-Taylor KB, Arch JJ, Rosenfield D, Craske MG.

Abstract

Objective:

Understanding for whom, and under what conditions, treatments exert their greatest effects is essential for developing personalized medicine. Research investigating moderators of outcome among evidence-based treatments for anxiety disorders is lacking. The current study examined several theory-driven and atheoretical putative moderators of outcome in cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT).

Method:

Eighty-seven patients with a Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) anxiety disorder completed 12 sessions of ACT or CBT and were assessed with a self-report measure of anxiety at baseline, post-treatment, and 6- and 12-month follow-up assessments.

Results:

CBT outperformed ACT among those at moderate levels of baseline anxiety sensitivity, and among those with no comorbid mood disorder. ACT outperformed CBT among those with comorbid mood disorders. Higher baseline neuroticism was associated with poorer outcome across treatment conditions. Neither moderation nor general prediction was observed for baseline anxiety disorder comorbidity, race/ethnicity, gender, age, or baseline severity of the principal anxiety disorder. When including all randomized participants who completed the pre-treatment assessment (N = 121), a similar pattern was observed.

Conclusions:

Prescriptive recommendations for clinical practice and directions for future research are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/22823138?dopt=Abstract>

Telemed J E Health. 2012 Jul 23. [Epub ahead of print]

Therapy in Virtual Environments-Clinical and Ethical Issues.

Yellowlees PM, Holloway KM, Parish MB.

Source

Department of Psychiatry, University of California , Davis, Sacramento, California.

Abstract

Background:

As virtual reality and computer-assisted therapy strategies are increasingly implemented for the treatment of psychological disorders, ethical standards and guidelines must be considered. This study determined a set of ethical and legal guidelines for treatment of post-traumatic stress disorder (PTSD)/traumatic brain injury (TBI) in a virtual environment incorporating the rights of an individual who is represented by an avatar.

Materials and Methods:

A comprehensive literature review was undertaken. An example of a case study of therapy in Second Life (a popular online virtual world developed by Linden Labs) was described.

Results:

Ethical and legal considerations regarding psychiatric treatment of PTSD/TBI in a virtual environment were examined. The following issues were described and discussed: authentication of providers and patients, informed consent, patient confidentiality, patient well-being, clinician competence (licensing and credentialing), training of providers, insurance for providers, the therapeutic environment, and emergencies. Ethical and legal guidelines relevant to these issues in a virtual environment were proposed.

Conclusions:

Ethical and legal issues in virtual environments are similar to those that occur in the in-person world. Individuals represented by an avatar have the rights equivalent to the individual and should be treated as such.

<http://www.ncbi.nlm.nih.gov/pubmed/22825992?dopt=Abstract>

Curr Psychiatry Rep. 2012 Jul 24. [Epub ahead of print]

Treatment of Co-occurring Posttraumatic Stress Disorder and Substance Use Disorders.

Berenz EC, Coffey SF.

Source: Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, 800 East Leigh Street, Biotech One, PO Box 980126, Richmond, VA, 23298-0126, USA, ecberenz@vcu.edu.

Abstract

There is a significant need for advanced understanding of treatment of co-occurring posttraumatic stress disorder (PTSD) and substance use disorders (SUD). Approximately half of individuals seeking SUD treatment meet criteria for current PTSD, and individuals with co-occurring PTSD-SUD tend to have poorer treatment outcomes compared with those without such comorbidity. However, there is not sufficient empirical evidence to determine a best course of treatment for these individuals. This paper provides a review of the literature relevant to the treatment of co-occurring PTSD-SUD. To date, treatment studies have focused primarily on non-exposure-based psychosocial treatments, exposure-based psychosocial treatments, and medication trials. The most promising outcome data thus far are for psychosocial treatments that incorporate an exposure therapy component; however, further research is needed, particularly as related to how best to implement these approaches in real-world treatment settings.

<http://www.ncbi.nlm.nih.gov/pubmed/22819998?dopt=Abstract>

Clin Psychol Rev. 2012 Jun 30;32(6):566-574. [Epub ahead of print]

A meta-analysis of imagery rehearsal for post-trauma nightmares: Effects on nightmare frequency, sleep quality, and posttraumatic stress.

Casement MD, Swanson LM.

Source: National Center for Posttraumatic Stress Disorder at VA Boston Healthcare System and Boston University Medical Center, Boston, MA, USA.

Abstract

This meta-analysis evaluates the efficacy of imagery rehearsal as a treatment for nightmares, general sleep disturbance, and symptoms of post-traumatic stress. Bibliographic databases and cited references were searched to identify clinical trials of imagery rehearsal in individuals with post-trauma nightmares. Thirteen studies met inclusion criteria and reported sleep and post-traumatic stress outcomes in sufficient detail to calculate effect sizes. Results indicate that imagery rehearsal had large effects on

nightmare frequency, sleep quality, and PTSD symptoms from the initial to post-treatment assessments. These effects were sustained through 6 to 12 months follow-up. Furthermore, interventions that included both imagery rehearsal and cognitive behavioral therapy for insomnia resulted in greater treatment-related improvement in sleep quality than imagery rehearsal alone. Combined treatment did not improve outcomes for PTSD or nightmares. Notably, effect sizes were small in the single study that included an active-treatment control condition. Future research should identify necessary and sufficient components of interventions for trauma-related sleep disturbance and post-traumatic stress (e.g., exposure, cognitive reappraisal, sleep and circadian regulation).

Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/22821663?dopt=Abstract>

J Trauma Stress. 2012 Jul 20. doi: 10.1002/jts.21722. [Epub ahead of print]

The influence of comorbid MDD on outcome after residential treatment for veterans with PTSD and a history of TBI.

Walter KH, Barnes SM, Chard KM.

Source: Cincinnati VA Medical Center, PTSD & Anxiety Disorders Clinic, Cincinnati, Ohio, USA.

Abstract

Among military personnel, posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and a history of traumatic brain injury (TBI) are frequently reported, highlighting the need for treatment outcome research with this population. This study examined the influence of the presence or absence of comorbid MDD on the outcome of a residential treatment program at the midpoint and end of the program for 47 male veterans with PTSD and a history of TBI. Results demonstrated significant decreases of self-reported symptoms on the PTSD Checklist-Stressor Specific Version (PCL-S; MDD, $d = 1.19$; No MDD, $d = 1.17$) and the Beck Depression Inventory-II (BDI-II; MDD, $d = 0.98$; No MDD, $d = 1.09$) following treatment for both groups. There were no differences in the rate of symptom reduction between groups. Individuals who also met criteria for MDD at pretreatment, however, evidenced higher scores on symptom measures at all assessment time points ($ds = 0.60-1.25$).

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https://msrc.fsu.edu/sites/default/files/Sexual_Assault_%26_Suicide.pdf

The Relationship Between Sexual Assault and Suicide.

Military Suicide Research Consortium (FSU)

7/19/12

Summary: Sexual assault and suicide are important concerns among both military and civilian populations. Is there a relationship between these two problems and if so, how is it characterized?

https://msrc.fsu.edu/sites/default/files/Suicide_Prevention_Best_Practices.pdf

Summary of Suicide Prevention Best Practices.

Military Suicide Research Consortium (FSU)

7/18/12

Summary: Providing a summary of current best practices in suicide prevention, relevant literature, limitations, and recommendations.

<http://www.ncbi.nlm.nih.gov/pubmed/22828976?dopt=Abstract>

J Behav Health Serv Res. 2012 Jul 25. [Epub ahead of print]

Do Client Attributes Moderate the Effectiveness of a Group Cognitive Behavioral Therapy for Depression in Addiction Treatment?

Hunter SB, Paddock SM, Zhou A, Watkins KE, Hepner KA.

Source: RAND, Drug Policy Research Center, 1776 Main St., Santa Monica, CA, 90407, USA, shunter@rand.org.

Abstract

The study goal was to determine whether client attributes were associated with outcomes from group cognitive behavioral therapy for depression (GCBT-D) as delivered in community-based addiction treatment settings. Data from 299 depressed residential clients assigned to receive either usual care (N = 159) or usual care plus GCBT-D (N = 140) were examined. Potential moderators included gender, race/ethnicity, education, referral status, and problem substance use. Study outcomes at 6 months post-baseline included changes in depressive symptoms, mental health functioning, negative consequences from substance use, and percentage of days abstinent. Initial examination indicated that non-Hispanic Whites had significantly better outcomes than other racial/ethnic groups on two of the four outcomes. After correcting for multiple testing, none of the examined client attributes moderated the treatment effect. GCBT-D appears effective; however, the magnitude and consistency of treatment effects indicate that it may be less helpful among members of racial/ethnic minority groups and is worthy of future study.

<http://www.ncbi.nlm.nih.gov/pubmed/22829214?dopt=Abstract>

J Interpers Violence. 2012 Jul 24. [Epub ahead of print]

Does Acute Stress Disorder Predict Posttraumatic Stress Disorder Following Bank Robbery?

Hansen M, Elklit A.

Abstract

Unfortunately, the number of bank robberies is increasing and little is known about the subsequent risk of posttraumatic stress disorder (PTSD). Several studies have investigated the prediction of PTSD through the presence of acute stress disorder (ASD). However, there have only been a few studies following nonsexual assault. The present study investigated the predictive power of different aspects of the ASD diagnosis and symptom severity on PTSD prevalence and symptom severity in 132 bank employees. The PTSD diagnosis, based on the three core symptom clusters, was best identified using cutoff scores on the Acute Stress Disorder scale. ASD severity accounted for 40% and the inclusion of other risk factors accounted for 50% of the PTSD severity variance. In conclusion, results indicated that ASD appears to predict PTSD differently following nonsexual assault than other trauma types. ASD severity was a stronger predictor of PTSD than ASD diagnosis.

<http://www.ncbi.nlm.nih.gov/pubmed/22828019?dopt=Abstract>

J Perianesth Nurs. 2012 Aug;27(4):236-45.

The incidence of and risk factors for emergence delirium in U.S. Military combat veterans.

McGuire JM.

Abstract

The purpose of this research was to identify the incidence and potential risk factors for emergence delirium (ED) in a U.S. military combat veteran surgical population at Naval Hospital Camp Pendleton. ED is a postanesthetic phenomenon that occurs immediately after emergence from general anesthesia and is characterized by agitation, confusion, and violent behavior. Clinical evidence suggests that ED is increasingly seen among military personnel returning from the wars in Iraq and Afghanistan, and that the incidence of anxiety, depression, and post-traumatic stress disorder (PTSD) are higher in this population than in noncombat troops or nonmilitary populations. The incidence of ED in this sample of 130 postoperative military personnel with combat exposure was 20% (n=26). Those previously diagnosed with a psychological disorder had a higher rate of ED (50%) than those who did not (17.5%), $\chi(2)=5.53$, $P<.05$. There was a positive relationship between ED in veterans who reported greater amounts of anxiety, PTSD symptoms, and depression [state anxiety: $r(128)=0.40$, $P<.001$; trait anxiety:

$r(128)=0.40$, $P<.001$; PTSD: $r(128)=0.35$, $P<.001$; and depression: $r(128)=0.25$, $P=.002$]. This study revealed the incidence of ED and identified anxiety, PTSD, and depression as risk factors. Regression modeling suggested that state-anxiety served as the best predictor. These findings increase clinicians' understanding of ED among combat veterans and give direction to future studies that should focus on preventive treatment.

Published by Elsevier Inc.

<http://www.biomedcentral.com/1471-244X/12/88/abstract>

Traumatic events, other operational stressors and physical and mental health reported by Australian Defence Force personnel following peacekeeping and war-like deployments.

Michael Waller, Susan A Treloar, Malcolm R Sim, Alexander C McFarlane, Annabel C L McGuire, Jonathan Bleier and Annette J Dobson

BMC Psychiatry 2012, 12:88 doi:10.1186/1471-244X-12-88

Background

The association between stressful events on warlike deployments and subsequent mental health problems has been established. Less is known about the effects of stressful events on peacekeeping deployments.

Methods

Two cross sectional studies of the Australian Defence Force were used to contrast the prevalence of exposures reported by a group deployed on a peacekeeping operation (Bougainville, $n=1704$) and those reported by a group deployed on operations which included warlike and non-warlike exposures (East Timor, $n=1333$). A principal components analysis was used to identify groupings of non-traumatic exposures on deployment. Multiple regression models were used to assess the association between self-reported objective and subjective exposures, stressors on deployment and subsequent physical and mental health outcomes.

Results

The principal components analysis produced four groups of non-traumatic stressors which were consistent between the peacekeeping and more warlike deployments. These were labelled 'separation', 'different culture', 'other people' and 'work frustration'. Higher levels of traumatic and non-traumatic exposures were reported by veterans of East Timor compared to Bougainville. Higher levels of subjective traumatic exposures were associated with increased rates of PTSD in East Timor veterans and more physical and psychological health symptoms in both deployed groups. In Bougainville and East Timor veterans some non-traumatic deployment stressors were also associated with worse health outcomes.

Conclusion

Strategies to best prepare, identify and treat those exposed to traumatic events and other stressors on

deployment should be considered for Defence personnel deployed on both warlike and peacekeeping operations.

Links of Interest

Better Management of Traumatic Brain Injury

<http://www.sciencedaily.com/releases/2012/07/120719212739.htm>

Comparing Canadian Clinical and Counseling Psychology Programs

<http://www.goodtherapy.org/blog/canadian-clinical-counseling-psychology-programs-0719121>

VA Must Disclose Veteran Drug Test Documents

<http://www.courthousenews.com/2012/07/23/48617.htm>

Why does vivid memory 'feel so real?'

http://www.eurekaalert.org/pub_releases/2012-07/bcfg-wdv072312.php

Behavioral researchers help Army combat suicides

http://www.army.mil/article/83987/Behavioral_researchers_help_Army_combat_suicides/

Las Vegas-based research team working on new PTSD treatment

<http://www.lvrj.com/news/las-vegas-based-research-team-working-on-new-ptsd-treatment-163516536.html>

New 'LifeArmor' Mobile App Helps Families with Military Life

<http://dcoe.health.mil/NewsArticle.aspx?id=3526>

Assessing Operation Purple: A Program Evaluation of a Summer Camp for Military Youth

http://www.rand.org/pubs/technical_reports/TR1243.html

Physical Ailments Take Toll on Mental Health: Study

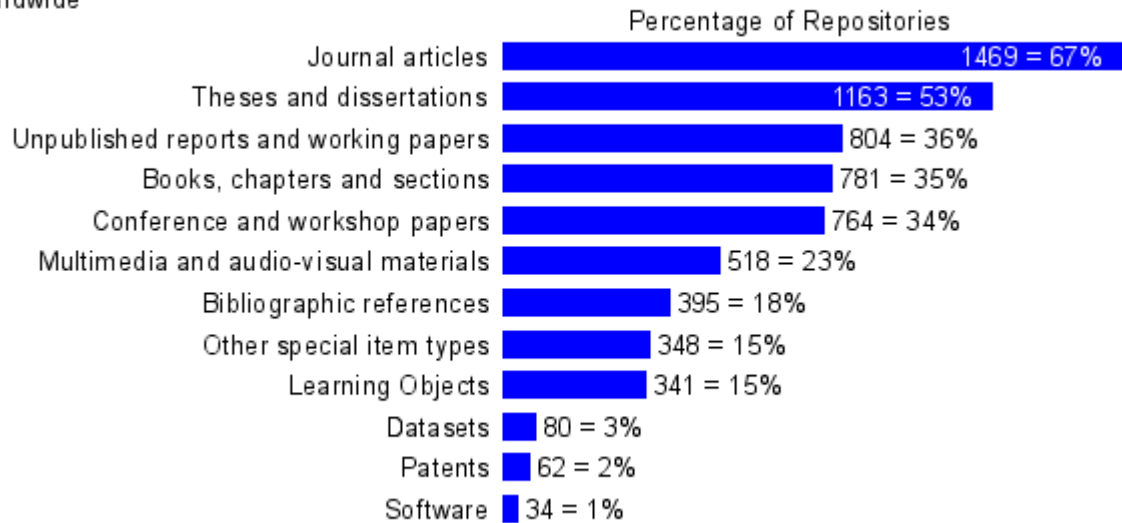
http://www.nlm.nih.gov/medlineplus/news/fullstory_127560.html

Research Tip of the Week: [The Directory of Open Access Repositories](#) (*OpenDOAR*)

OpenDOAR is basically a searchable directory of thousands of open access repositories of scholarly works around the world.

OpenDOAR is primarily a service to enhance and support the academic and research activities of the global community. *OpenDOAR* maintains a comprehensive and authoritative list of institutional and subject-based repositories. It also encompasses archives set up by funding agencies like the National Institutes for Health in the USA or the Wellcome Trust in the UK and Europe.

Content Types in OpenDOAR Repositories Worldwide



OpenDOAR 26-Jul-2012

Total = 2186 repositories

You can browse the [list of more than 2,100 repositories](#) (by geographic location) or use the [search form](#) to locate repositories of specific interest. The [content search form](#) --- a Google Custom Search -- allows you to actually “search the contents of the repositories listed in OpenDOAR for freely available academic research information.” A quick search on *military suicide* turned up almost 88,000 hits, including a number of articles from the [National Institutes of Health Public Access](#) repository.

The NIH Public Access Policy ensures that the public has access to the published results of NIH funded research. It requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication. To help advance science and improve human health, the Policy requires that these papers are accessible to the public on PubMed Central no later than 12 months after publication.

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