



CDP Research Update -- August 2, 2012

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- Suicide among War Veterans.
- PTSD and depression as predictors of physical health-related quality of life in tobacco-dependent veterans.
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[http://www.psy-journal.com/article/S0165-1781\(12\)00344-7/abstract](http://www.psy-journal.com/article/S0165-1781(12)00344-7/abstract)

Stigma of Suicide Attempt (STOSA) scale and Stigma of Suicide and Suicide Survivor (STOSASS) scale: Two new assessment tools.

Paolo Scocco, Cristina Castriotta, Elena Toffol, Antonio Preti

Psychiatry Research - 23 July 2012 (10.1016/j.psychres.2012.06.033)

This study aimed at validating two new assessment tools, the Stigma of Suicide Attempt (STOSA) scale and the Stigma of Suicide and Suicide Survivor (STOSASS) scale. The Devaluation–Discrimination scale of Link et al. was translated into Italian and adapted to measure stigma towards suicidal behavior. Both scales were administered to a mixed sample including members of the general population (n=282), patients with a mental disorder (n=113), suicide attempters (n=57) and people who had lost a significant other to suicide (n=75). Reliability of the scales was good in terms of both internal coherence and test–retest stability. Factor analysis produced an acceptable solution for the STOSA-scale. Items were distributed into two factors, one grouping items to measure supportive, respectful and caring attitudes, the other factor grouping items oriented towards stigmatizing attitudes and beliefs. The clinical populations were more inclined towards stigmatization of suicide than were people from the general population, who might be less aware of the stigma attached to suicide.

The two scales may be helpful to quantify stigma at individual level in order to provide targeted supportive interventions, and at population level to measure changes in the beliefs and attitudes of the general population.

<http://psycnet.apa.org/psycinfo/2012-17913-001/>

The Combined Stress of Family Life, Work, and War in Air Force Men and Women: A Test of Conservation of Resources Theory.

Hobfoll, Stevan E.; Vinokur, Amiram D.; Pierce, Penny F.; Lewandowski-Romps, Lisa

International Journal of Stress Management, July 9 , 2012

We examined the effect of family life, work, and war-related stressors on posttraumatic stress disorder (PTSD) symptoms, depression symptoms, perceived physical health, and perceived functioning in a large sample of 796 randomly selected Air Force men and women who were deployed during the period of October 7, 2001 to September 2004. As predicted by conservation of resources (COR) theory, we found that these combined sources of stress directly affected PTSD and depression symptoms and that resource loss, more than resource gain, mediated these effects. We further found that greater PTSD and depression symptoms were related to diminished physical health and poorer functioning. Contrary to what COR theory might predict, resource losses did not have a greater direct effect on perceived health and functioning than resource gain. However, because stressors had so much greater effect on resource loss than on gain, and resource loss had so much more direct effect on PTSD and depression symptoms than resource gains, it is still the stronger mediator of the effects of stressors on perceived health and functioning than resource gain. Critical for military policy, our results highlight the greater importance of limiting resource loss cycles than promoting gain cycles, even if each has a role in supporting or undermining well-being, psychosocial and work functioning, and deployment readiness. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0272735812000980>

A consideration of select pre-trauma factors as key vulnerabilities in PTSD.

Jessica Bomyea, Victoria Risbrough, Ariel J. Lang

Clinical Psychology Review, Available online 20 July 2012

Posttraumatic stress disorder (PTSD) is a pathological response to a traumatic event. A number of risk and vulnerability factors predicting PTSD development have been identified in the literature. Many of these variables are specific factors occurring during and after exposure to a traumatic event or are not measured prospectively to assess temporal sequence. Recent research, however, has begun to focus on pre-trauma individual differences that could contribute to risk for developing PTSD. The present review proposes that a number of biological and cognitive vulnerability factors place individuals at risk for PTSD development prior to the actual experience of trauma. Accordingly, this review provides a summary of evidence for a select number of these factors as pre-trauma vulnerabilities to PTSD. Included is a discussion of biological factors, including molecular genetic studies of systems regulating serotonin, catecholamines, and glucocorticoids as well as aspects of the neuroendocrine system. Specific cognitive factors are also considered, including intelligence, neuropsychological functioning and cognitive biases such as negative attributional style and appraisals. For each factor, the present review summarizes evidence to date regarding PTSD vulnerability and highlights directions for future research in this area.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.21889/abstract>

Development and Initial Testing of a Measure of Public and Self-Stigma in the Military.

Skopp, N. A., Bush, N. E., Vogel, D. L., Wade, N. G., Sirotin, A. P., McCann, R. A. and Metzger-Abamukong, M. J.

J. Clin. Psychol.. doi: 10.1002/jclp.21889

Article first published online: 23 JUL 2012

Objective

This research developed and tested the Military Stigma Scale (MSS), a 26-item scale, designed to measure public and self-stigma, two theorized core components of mental health stigma.

Method

The sample comprised 1,038 active duty soldiers recruited from a large Army installation. Soldiers' mean age was 26.7 (standard deviation = 5.9) years, and 93.6% were male. The sample was randomly split into a scale development group (n = 520) and a confirmatory group (n = 518).

Results

Factor analysis conducted with the scale development group resulted in the adoption of two factors, named public and self-stigma, accounting for 52.1% of the variance. Confirmatory factor analysis conducted with the confirmatory group indicated good fit for the two-factor model. Both factors were components of a higher order stigma factor. The public and self-stigma scales for the exploratory and confirmatory groups demonstrated good internal consistency ($\alpha = .94$ and $.89$; $\alpha = .95$ and $.87$, respectively). Demographic differences in stigma were consistent with theory and previous empirical research: Soldiers who had seen a mental health provider scored lower in self-stigma than those who had not.

Conclusions

The MSS comprises two internally consistent dimensions that appear to capture the constructs of public and self-stigma. The overall results indicate that public and self-stigma are dimensions of stigma that are relevant to active duty soldiers and suggest the need to assess these dimensions in future military stigma research.

<http://www.sciencedirect.com/science/article/pii/S0887618512000928>

When is rumination an adaptive mood repair strategy? Day-to-day rhythms of life in combat veterans with and without posttraumatic stress disorder.

Todd B. Kashdan, Kevin C. Young, Patrick E. McKnight

Journal of Anxiety Disorders

Prior research suggests that rumination and chronic negative emotions serve to maintain emotional disorders. However, some evidence suggests that pondering the nature and meaning of negative experiences can be adaptive. To better understand the function of this dimension of rumination, we

studied the use of this strategy in response to negative emotions as they unfold from day to day in veterans with (n = 27) and without (n = 27) Post Traumatic Stress Disorder (PTSD). For two weeks, veterans completed daily questions about when they experienced a bad mood and how often they used rumination to feel differently. It was hypothesized that rumination would attenuate negative emotional reactions in veterans without PTSD, but that rigid, intense negative emotions would persist in veterans with PTSD. Using multilevel modeling, we found that on the same day, rumination was positively associated with negative affect. Because covariation fails to address directionality, we also examined lagged effects from one occasion to the next. For veterans without PTSD, more frequent use of rumination predicted less intense negative affect the next day; there was no support for a model with negative affect predicting rumination the next day. For veterans with PTSD, the prior day's intensity of negative affect was the only predictor of intensity of negative affect the next day. Results support the value of distinguishing within-day and across day effects, and the presence of PTSD, to clarify contexts when rumination is adaptive.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1759-8893.2012.00093.x/abstract>

Utilization of prescription drugs with warnings of suicidal thoughts and behaviours in the USA and the US Department of Veterans Affairs, 2009.

Lavigne, J. E., Au, A., Jiang, R., Wang, Y., Good, C. P., Glassman, P. and Cunningham, F.

Journal of Pharmaceutical Health Services Research

Article first published online: 24 JUL 2012

Abstract

Objectives

To develop a list of prescription medications labelled with warnings for adverse effects of suicidal ideation or behaviour and to describe utilization in the USA and in the Department of Veterans Affairs (VA) in 2009.

Methods

A systematic search of US Food and Drug Administration and other references using 'suicide', 'suicidal' and 'suicidality' was used to identify prescription drugs labelled for risk of suicidal ideation or behaviour. Prescription medications sold in the USA by sales volume are reported alongside VA utilization as determined from national electronic pharmacy records.

Key findings

One hundred and twenty-five prescription drugs were labelled for potential adverse effects of suicidal ideation or behaviour. Forty-five of these drugs were among the top 200 prescription medications sold in the USA in 2009 with a total sales volume of 540.8 million prescriptions. Rank-ordered utilization was similar in the VA. VA total fill volume was 5.99 million prescriptions.

Conclusions

The majority of prescriptions with adverse effect warnings of suicidal ideation or behaviour were generic. Relatively high volumes of drugs with warnings for suicidal ideation or behaviour are filled in the USA and in the VA.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21721/abstract>

Mental health training with soldiers four months after returning from Iraq: Randomization by platoon.

Castro, C. A., Adler, A. B., McGurk, D. and Bliese, P. D.

J. Traum. Stress. doi: 10.1002/jts.21721

Article first published online: 25 JUL 2012

Military personnel report significant and increasing mental health problems in the months following return from combat. Nevertheless, studies have not assessed the impact of mental health training with this at-risk population. The present study evaluated the efficacy of a prototype mental health training module designed for U.S. soldiers 3–6 months after returning from combat; the module was a component of the BattleMind Training system. Soldiers (N = 1,645) were randomly assigned by platoon to 1 hour of training or a survey-only control group. Baseline surveys were conducted immediately before training; a training satisfaction survey was administered immediately after training, and a follow-up survey was administered 6 months later. Immediate postsession surveys were conducted with 681 subjects, and follow-up surveys were conducted with 542 soldiers. The BattleMind Training module received positive ratings from participants, and those who received it reported significantly better adjustment in terms of posttraumatic stress disorder symptoms, depression, and life satisfaction at follow-up compared to those in the survey-only control group. Changes in attitudes about the stigma of seeking mental health care were found immediately posttraining, but not at follow-up. The findings demonstrate that brief mental health training can be effective in reducing mental health systems with at-risk occupational groups.

[http://www.swiftgroupquality.com.au/uploads/The%20secondary%20behaviours%20of%20PTSD%20\(2\).pdf](http://www.swiftgroupquality.com.au/uploads/The%20secondary%20behaviours%20of%20PTSD%20(2).pdf)

The secondary behaviours of PTSD.

Dr Kenneth J. O'Brien, Chief Executive Officer & Principal Family Practitioner

Families After Trauma Foundation

Submitted: June 10, 2012

Post Traumatic Stress Disorder (PTSD) has become a commonly used term in mental health with a significant amount of research being conducted on its effects. However little is understood about the secondary symptoms of PTSD on individuals and their families and communities. This article claims that it is these secondary symptoms that are the critical core factors derived from interactions between the primary symptoms and social contexts that generate the problematic we label as PTSD. The family is frequently the environment in which this problematic is both intergenerationally transmitted, and normalised. This paper presents an argument for the inclusion of secondary symptoms in diagnosis, management and treatment of PTSD in family contexts that have intergenerational consequences. It is not intended to provide any answers to this conundrum of quandaries. Rather, this paper intends to ignite conversation and question.

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

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

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.

http://www.counseling.org/resources/library/vistas/vistas12/Article_5.pdf

Innovative Applications of Logotherapy for Military-Related PTSD.

Aaron Smith

Smith, Aaron James, is a United States Marine and master's level Counselor Education student at the University of New Mexico who is focusing on Community Agency Counseling with military veterans using Existential Psychotherapy.

Paper based on a program presented at the 2012 ACA Conference, San Francisco, CA, March 21.

As the need for innovative treatments for military-related PTSD increases, it is imperative to begin re-examining some current empirically proven methods for ways they can be used to administer competent and ethical care. One proven intervention that is widely known yet rarely practiced is Logotherapy (Frankl, 2006). This paper will look at innovative approaches to advanced Logotherapeutic techniques for treating military-related PTSD. Ethical issues will be observed related to client gender, age, and religion. The most current empirical research in support of Logotherapy for treating military-related PTSD will be examined and real-world examples of Logotherapeutic techniques will be identified.

http://www.counseling.org/resources/library/vistas/vistas12/Article_34.pdf

SCATTT: A Suicide Intervention Plan Mnemonic for Use When Clients Present Suicide Intent.

Gerald A. Juhnke, Gerald B. Juhnke, and Pei-Hsuan Hsieh

Paper based on a program presented at the 2012 ACA Conference, San Francisco, CA, March 21.

Over 36,000 Americans committed suicide in 2009 (National Center for Health Statistics [NCHS], 2011). This is the most recently available U.S. mortality data and equates to approximately one suicide every 15 minutes (American Foundation for Suicide Prevention, 2011). Annually suicide is the 11th leading cause of U.S. deaths (NCHS, 2011). Suicide is also the second leading cause of death for persons ages 25 to 34; as well as the third leading cause of death for Americans ages 10 to 14 and 15 to 24; and the fourth leading cause of U.S. deaths among persons ages 35 to 44 and 44 to 54 (Centers for Disease Control [CDC], 2011). Despite these robust statistics, the numbers of annual U.S. suicides pale in comparison to

those seriously considering suicide (Substance Abuse & Mental Health Services Administration [SAMSHA], 2009) and the estimated number of annual suicide attempts commonly referred to as parasuicides (Granello & Juhnke, 2009). A 2008, first-of-its-kind, SAMSHA research study found 8.3 million U.S. adults had serious thoughts of committing suicide within the preceding year; 2.3 million U.S. adults created a serious suicide plan within the preceding 12 month period (SAMHSA, 2009). Parasuicides are failed suicide attempts that may have been either intentionally or unintentionally non-lethal. Estimates suggest approximately 25 parasuicides occur for each completed suicide (American Association of Suicidology, 2007; Granello & Granello, 2007; Juhnke, Granello, & Granello, 2010). If this estimate is true, approximately 900,000 parasuicides occur annually within the U.S. Interestingly, this estimate appears supported by the 660,000 persons admitted to U.S. hospital emergency departments due to parasuicide-related behaviors in 2008 (CDC, 2009) and does not take into account the numbers of persons who parasuicide who do not seek hospital services through emergency departments. Given the frequency of suicides and parasuicides, counselors should know how to respond to clients presenting with suicide intent.

<http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA561543>

The Effect of Armed Forces Qualification Test Score on Mental Health Outcome Following Mild Traumatic Brain Injury.

LCD Andrew J. MacGregor, Amber L. Dougherty, Michael R. Galarneau

Naval Health Research Center

04/04/12

Various studies in both military and nonmilitary samples have identified intelligence as a correlate of psychological outcomes. Higher intelligence scores are protective against the development of psychological disorders and may also protect against brain injury-related cognitive decline. The objective of this study was to assess the relationship between preinjury intelligence and mental health outcomes among combat veterans with mild traumatic brain injury (MTBI). Military personnel injured in Iraq between 2004 and 2007 were identified from theater clinical records and grouped into MTBI (n = 1069) and non-MTBI (n = 1911). Preinjury intelligence was assessed using the Armed Forces Qualification Test (AFQT) score. A retrospective review was conducted to identify those with postinjury mental health disorders (ICD-9-CM codes 290–319). Those with MTBI had higher overall rates of mental health disorder compared with non-MTBI. In the MTBI group, AFQT score was lower among those with a mental health diagnosis after adjusting for covariates (adjusted mean AFQT 54.1 vs. 57.9, $p < 0.01$). A similar association was not found in the non-MTBI group. Additional research should explore the utility of using preinjury intelligence to identify high-risk MTBI sub-groups.

http://www.counseling.org/resources/library/vistas/vistas12/Article_7.pdf

Back on Track: Life Skills Training for Veterans in the Criminal Justice System.

James J. Ungvarsky, Michelle Conaty, and Shannon Bellflower

Paper based on a program to be presented at the 2012 American Counseling Association National Conference, March 2012, San Francisco, CA.

Long after the physical involvement of war has ceased, veterans "...still watch for threats and stand poised for danger. Their hearts respond to everyday situations as though they were vicious attacks and to ordinary relationships as though they were with long-gone comrades and enemies" (Tick, 2005, p. 1). Tick (2005) further described the lasting effects of war as a soul wound and a loss of one's true identity. Sometimes the soul is wounded and other times it is lost and exists outside the body, which alters and skews one's identity. Nevertheless, it is feasible to heal the soul through support, education, and therapy; to create a new identity that accepts the experiences of war, and integrate these into a new, compassionate, and positive whole person. "When the survivor can accomplish this work, post-traumatic stress disorder as a soul wound evaporates" (Tick, 2005, p. 7).

Even when veterans do not meet all of the criteria for a diagnosis of PTSD, many still struggle with associated symptoms including intense flashbacks, numbing of emotions, hyper arousal (feeling keyed up), adjustment disorder, depression, avoidance of certain situations and/or people, and sleep disturbances (Diagnostic and Statistical Manual of Mental Disorders, 4th ed. text rev., American Psychiatric Association, 2000, p. 467). These symptoms can be debilitating and cause great stress and turmoil to the trauma victim as well as family members (Alloy, Riskind, & Manos, 2005, p. 157). Most important though, is the increase in criminal activity by combat veterans that often changes their life trajectory unexpectedly.

According to Sparr et al. (1987), PTSD became common terminology within the psychological field in 1980 and has since been used in legal arguments in defense of criminal behavior. With the growing number of OIF/OEF veterans in our society, such legal defenses are becoming more frequent and more profound. Our judicial system is becoming overwhelmed with cases involving veterans who had high moral standards and who would not normally have committed crimes prior to their experiencing the stress-producing events of war. As a result, special court dockets referred to as Veteran Trauma Courts (VTC) have been developed in response to the growing numbers of veterans with PTSD in the criminal justice system.

Back on Track integrates the components of education, support, comradeship, and group therapy to treat a broad range of ailments associated with war experiences, whereas other programs have narrowly focused their treatment modalities. Although the previous programs have some proven effectiveness, it is the authors' belief that the combination of interventions creates an innovative comprehensive program that enhances the effectiveness of the El Paso County VTC by reducing recidivism.

<http://www.ncbi.nlm.nih.gov/pubmed/22836523?dopt=Abstract>

Curr Neurol Neurosci Rep. 2012 Jul 27. [Epub ahead of print]

Neuropathology of Explosive Blast Traumatic Brain Injury.

Magnuson J, Leonessa F, Ling GS.

Source: Department of Neuroscience, Uniformed Services University, 4301 Jones Bridge Rd, Bethesda, MD, 20814-4799, USA, john.magnuson@usuhs.edu.

Abstract

During the conflicts of the Global War on Terror, which are Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF), there have been over a quarter of a million diagnosed cases of traumatic brain injury (TBI). The vast majority are due to explosive blast. Although explosive blast TBI (bTBI) shares many clinical features with closed head TBI (cTBI) and penetrating TBI (pTBI), it has unique features, such as early cerebral edema and prolonged cerebral vasospasm. Evolving work suggests that diffuse axonal injury (DAI) seen following explosive blast exposure is different than DAI from focal impact injury. These unique features support the notion that bTBI is a separate and distinct form of TBI. This review summarizes the current state of knowledge pertaining to bTBI. Areas of discussion are: the physics of explosive blast generation, blast wave interaction with the bony calvarium and brain tissue, gross tissue pathophysiology, regional brain injury, and cellular and molecular mechanisms of explosive blast neurotrauma.

<http://www.ncbi.nlm.nih.gov/pubmed/22836001?dopt=Abstract>

J Trauma Acute Care Surg. 2012 Jul 24. [Epub ahead of print]

Brain injury risk from primary blast.

Rafaels KA, 'dale' Bass CR, Panzer MB, Salzar RS, Woods WA, Feldman SH, Walilko T, Kent RW, Capehart BP, Foster JB, Derkunt B, Toman A.

Abstract

BACKGROUND:

Military service members are often exposed to at least one explosive event, and many blast-exposed veterans present with symptoms of traumatic brain injury. However, there is little information on the intensity and duration of blast necessary to cause brain injury.

METHODS:

Varying intensity shock tube blasts were focused on the head of anesthetized ferrets, whose thorax and abdomen were protected. Injury evaluations included physiologic consequences, gross necropsy, and

histologic diagnosis. The resulting apnea, meningeal bleeding, and fatality were analyzed using logistic regressions to determine injury risk functions.

RESULTS:

Increasing severity of blast exposure demonstrated increasing apnea immediately after the blast. Gross necropsy revealed hemorrhages, frequently near the brain stem, at the highest blast intensities. Apnea, bleeding, and fatality risk functions from blast exposure to the head were determined for peak overpressure and positive-phase duration. The 50% risk of apnea and moderate hemorrhage were similar, whereas the 50% risk of mild hemorrhage was independent of duration and required lower overpressures (144 kPa). Another fatality risk function was determined with existing data for scaled positive-phase durations from 1 millisecond to 20 milliseconds.

CONCLUSION:

The first primary blast brain injury risk assessments for mild and moderate/severe injuries in a gyrencephalic animal model were determined. The blast level needed to cause a mild/moderate brain injury may be similar to or less than that needed for pulmonary injury. The risk functions can be used in future research for blast brain injury by providing realistic injury risks to guide the design of protection or evaluate injury. (J Trauma Acute Care Surg. 2012;00: 00-00. Copyright © 2012 by Lippincott Williams & Wilkins).

<http://www.ncbi.nlm.nih.gov/pubmed/22835842?dopt=Abstract>

Behav Res Ther. 2012 Jul 14;50(10):610-616. [Epub ahead of print]

A longitudinal test of the bi-directional relations between avoidance coping and PTSD severity during and after PTSD treatment.

Badour CL, Blonigen DM, Boden MT, Feldner MT, Bonn-Miller MO.

Source: University of Arkansas, 216 Memorial Hall, Department of Psychology, Fayetteville, AR 72701, USA.

Abstract

Avoidance coping and symptoms of posttraumatic stress disorder (PTSD) covary. However, relatively little research has examined the bi-directional relation between these constructs among individuals in treatment for PTSD. The current longitudinal study examined the reciprocal associations between avoidance coping and PTSD symptom severity during and after residential PTSD treatment among a sample of 1073 military veterans (88.9% male; M(age) = 52.39 years) with chronic, treatment-resistant PTSD. Greater avoidance coping at intake predicted more severe PTSD symptoms at discharge, and severity of PTSD symptoms at discharge predicted increased avoidance at follow-up. Conversely, PTSD symptom severity at intake was not related to avoidance coping at discharge, and in turn avoidance coping at discharge was not related to PTSD symptom severity at follow-up. These findings offer a

number of important clinical implications including evidence suggesting avoidance may predict poorer treatment response among individuals seeking treatment for chronic PTSD, and that greater end-of-treatment PTSD symptom severity may predict increased avoidance following treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/22835839?dopt=Abstract>

Behav Res Ther. 2012 Jul 4;50(10):589-595. [Epub ahead of print]

An empirical investigation of the effectiveness of the broad-minded affective coping procedure (BMAC) to boost mood among individuals with posttraumatic stress disorder (PTSD).

Panagioti M, Gooding PA, Tarrier N.

Source: School of Psychological Sciences, University of Manchester, UK.

Abstract

The broaden-and-build theory postulates that positive emotions broaden people's cognitions and actions, and facilitate the building of personal and social resources which enhance resilience in a range of clinical populations. The Broad-Minded Affective Coping procedure (BMAC) is a recently developed clinical technique which utilizes the recall of positive autobiographical memories and mental imagery to elicit positive affect. This study aims to investigate the ability of the BMAC to boost mood among 50 individuals diagnosed currently (n=31) or previously (n=19) with Posttraumatic Stress Disorder (PTSD). To assess mood, a series of Visual Analog Scales (VASs) and Likert scales measuring feelings of sadness, calmness, happiness, hopelessness, defeat and frustration were administered at baseline, immediately following the completion of the BMAC and two hours and two days afterwards. Participants in the BMAC condition demonstrated greater increases in self-reported levels of positive emotions and greater reductions in self-reported levels of negative emotions following the BMAC technique compared to those in the control condition. The results suggest that the BMAC is a useful clinical technique which can be incorporated into other clinical interventions such as cognitive behavioral therapy to elicit positive affect and promote resilience.

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<http://www.ncbi.nlm.nih.gov/pubmed/22834476?dopt=Abstract>

Expert Opin Investig Drugs. 2012 Jul 27. [Epub ahead of print]

Targeting memory processes with drugs to prevent or cure PTSD.

Cain CK, Maynard GD, Kehne JH.

Source: New York University , New York, NY , USA.

Abstract

Introduction:

Post-traumatic stress disorder (PTSD) is a chronic debilitating psychiatric disorder resulting from exposure to a severe traumatic stressor and an area of great unmet medical need. Advances in pharmacological treatments beyond the currently approved SSRIs are needed.

Areas covered:

Background on PTSD, as well as the neurobiology of stress responding and fear conditioning, is provided. Clinical and preclinical data for investigational agents with diverse pharmacological mechanisms are summarized.

Expert opinion:

Advances in the understanding of stress biology and mechanisms of fear conditioning plasticity provide a rationale for treatment approaches that may reduce hyperarousal and dysfunctional aversive memories in PTSD. One challenge is to determine if these components are independent or reflect a common underlying neurobiological alteration. Numerous agents reviewed have potential for reducing PTSD core symptoms or targeted symptoms in chronic PTSD. Promising early data support drug approaches that seek to disrupt dysfunctional aversive memories by interfering with consolidation soon after trauma exposure, or in chronic PTSD, by blocking reconsolidation and/or enhancing extinction. Challenges remain for achieving selectivity when attempting to alter aversive memories. Targeting the underlying traumatic memory with a combination of pharmacological therapies applied with appropriate chronicity, and in combination with psychotherapy, is expected to substantially improve PTSD treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/22631867?dopt=Abstract>

Am J Obstet Gynecol. 2012 Jun;206(6):502.e1-8. Epub 2012 Apr 16.

Urinary incontinence, depression and posttraumatic stress disorder in women veterans.

Bradley CS, Nygaard IE, Mengeling MA, Torner JC, Stockdale CK, Booth BM, Sadler AG.

Source: Comprehensive Access and Delivery Research and Evaluation Center, Iowa City VA Health Care System, Iowa City, IA, USA.

Abstract

OBJECTIVE:

To study associations between urinary incontinence (UI) symptoms, depression, and posttraumatic stress disorder in women veterans.

STUDY DESIGN:

This cross-sectional study enrolled women 20 to 52 years of age registered at 2 midwestern US Veterans Affairs Medical Centers or outlying clinics within 5 years preceding study interview. Participants completed a computer-assisted telephone interview assessing urogynecologic, medical, and mental health. Multivariable analyses studied independent associations between stress and urgency UI and depression and posttraumatic stress disorder.

RESULTS:

Nine hundred sixty-eight women mean aged 38.7 ± 8.7 years were included. Of these, 191 (19.7%) reported urgency/mixed UI and 183 (18.9%) stress UI. Posttraumatic stress disorder (odds ratio, 1.8; 95% confidence interval, 1.0-3.1) but not depression (odds ratio, 1.2; 95% confidence interval, 0.73-2.0) was associated with urgency/mixed UI. Stress UI was not associated with posttraumatic stress disorder or depression.

CONCLUSION:

In women veterans, urgency/mixed UI was associated with posttraumatic stress disorder but not depression.

Published by Mosby, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/22833477?dopt=Abstract>

J Trauma Stress. 2012 Jul 25. doi: 10.1002/jts.21726. [Epub ahead of print]

PTSD and depression following armed robbery: Patterns of appearance and impact on absenteeism and use of health care services.

Belleville G, Marchand A, St-Hilaire MH, Martin M, Silva C.

Source: Centre d'Étude du Trauma, Centre de Recherche Fernand-Seguin, Hôpital Louis-H. Lafontaine, Québec, Montréal, Canada; Département de Psychologie, Université du Québec à Montréal, Québec, Montréal, Canada. genevieve.belleville@psy.ulaval.ca.

Abstract

Armed robbery is a sudden, life-threatening event affecting the victims' mental health. Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) in this population have rarely been studied. The objectives of the study were to assess the occurrence of PTSD and MDD in victims of armed robbery, and to evaluate occupational functioning and use of health care services. Eighty-six convenience store employees, victims of armed robbery, were evaluated within days after the robbery, and 1 and 3 months after. A validated diagnostic interview (SCID-I) was used. Data about sick leave, absenteeism, and use of health care services were collected. The total number of individuals who had PTSD, MDD, or both at any time during the 3 months following the robbery was 1 (2%), 4 (6%), and 5

(8%), respectively, showing that comorbid PTSD-MDD is as frequent as or even more frequent than either disorder in isolation. Individuals with PTSD (with or without comorbid MDD) reported more absenteeism ($\eta(2)$ (p) = .25) and more medical visits ($\eta(2)$ (p) = .12) following the robbery. Clinicians and management resources personnel must be alert to the possibility that both PTSD and MDD, either alone or comorbid, can develop in victims of armed robbery.

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<http://www.ncbi.nlm.nih.gov/pubmed/22402087?dopt=Abstract>

Psychotherapy (Chic). 2010 Sep;47(3):296-305.

Not supposed to feel this: traditional masculinity in psychotherapy with male veterans returning from Afghanistan and Iraq.

Lorber W, Garcia HA.

Source: Milwaukee Veterans Affairs Medical Center, Milwaukee, WI 53295, USA. william.lorber@va.gov

Abstract

Traditional masculine socialization presents challenges in psychotherapy, for example, by decreasing the likelihood of help-seeking and by making emotion-laden content more difficult to address. While this has been established in civilian populations, more intense forms of masculine socialization found in military settings may amplify such issues in male veteran populations. Male veterans returning from Afghanistan (OEF) and Iraq (OIF) exhibit strong traditional masculine socialization and generally present in a unique manner. It is posited that OEF/OIF male veterans' unique presentation is in large part because of an interaction between high degrees of endorsement of traditional masculine gender role norms, relative youth, recency of distressing events, and recent experience in the social context of the military where traditional masculinity is reinforced. The impact of these variables on the psychotherapeutic process for male OEF/OIF veterans is significant and likely adds to ambivalence about change and increases dropout from psychotherapy. Modifications of traditional psychotherapeutic approaches designed to address traditional masculine gender role norms and their many interactions with other variables are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/22480663>

Biol Psychiatry. 2012 Jun 1;71(11):962-8. Epub 2012 Apr 4.

A randomized placebo-controlled trial of D-cycloserine to enhance exposure therapy for posttraumatic stress disorder.

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

Source: Radboud University Nijmegen, Behavioural Science Institute, NijCare, The Netherlands.
r.de.kleine@propersona.nl

Abstract

BACKGROUND:

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

METHODS:

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

RESULTS:

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

CONCLUSIONS:

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

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<http://www.ncbi.nlm.nih.gov/pubmed/22449084>

Psychol Serv. 2012 Feb;9(1):16-25.

Prolonged exposure therapy for combat-related posttraumatic stress disorder: comparing outcomes for veterans of different wars.

Yoder M, Tuerk PW, Price M, Grubaugh AL, Strachan M, Myrick H, Acierno R.

Source: Mental Health Service, Ralph H. Johnson VA Medical Center, SC 29401, USA. yoderm@musc.edu

Abstract

There is significant support for exposure therapy as an effective treatment for posttraumatic stress disorder (PTSD) across a variety of populations, including veterans; however, there is little empirical information regarding how veterans of different war theaters respond to exposure therapy. Accordingly, questions remain regarding therapy effectiveness for treatment of PTSD for veterans of different eras. Such questions have important implications for the dissemination of evidence based treatments, treatment development, and policy. The current study compared treatment outcomes across 112 veterans of the Vietnam War, the first Persian Gulf War, and the wars in Afghanistan and Iraq. All subjects were diagnosed with PTSD and enrolled in prolonged exposure (PE) treatment. Veterans from all three groups showed significant improvement in PTSD symptoms, with veterans from Vietnam and Afghanistan/Iraq responding similarly to treatment. Persian Gulf veterans did not respond to treatment at the same rate or to the same degree as veterans from the other two eras. Questions and issues regarding the effectiveness of evidence based treatment for veterans from different eras are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/22273763>

Am J Geriatr Psychiatry. 2012 Mar;20(3):276-80. doi: 10.1097/JGP.0b013e3182435ee9.

Prolonged exposure therapy for older veterans with posttraumatic stress disorder: a pilot study.

Thorp SR, Stein MB, Jeste DV, Patterson TL, Wetherell JL.

Source: Center of Excellence in Stress and Mental Health, VA San Diego Healthcare System, San Diego, CA, USA. sthorp@ucsd.edu

Abstract

OBJECTIVES:

The purpose of this pilot study was to assess the feasibility and preliminary efficacy of prolonged exposure psychotherapy in older Veterans with posttraumatic stress disorder (PTSD). Exposure therapy has broad empirical support for PTSD, but it has not been studied systematically in older adults, partly due to published concerns that older adults would not tolerate the treatment.

METHODS:

The trial followed a prospective pre-post design of 11 men recruited from a Veterans Affairs (VA) PTSD Clinical Team program. After baseline assessment, eight participants completed prolonged exposure therapy. Results were compared with a nonrandomized treatment-as-usual comparison group. The traumatic events identified by the Veterans in our samples had occurred, on average, 40 years prior to their study participation.

RESULTS:

Results revealed that conducting 6 weeks of exposure therapy with older Veterans with PTSD was feasible and efficacious, with evidence of some superiority to treatment-as-usual therapy.

CONCLUSIONS:

As hypothesized, Veterans showed a significant decrease in symptoms of PTSD (clinician-rated and self-reported) following exposure therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/22218201>

J Head Trauma Rehabil. 2012 Jan-Feb;27(1):26-32. doi: 10.1097/HTR.0b013e31823cd01f.

A preliminary examination of prolonged exposure therapy with Iraq and Afghanistan veterans with a diagnosis of posttraumatic stress disorder and mild to moderate traumatic brain injury.

Wolf GK, Strom TQ, Kehle SM, Eftekhari A.

Source: James A. Haley Veterans Affairs Medical Center, Tampa, Florida, USA. Gregory.Wolf2@va.gov

Abstract

OBJECTIVE:

Preliminary examination of the effectiveness of prolonged exposure (PE) therapy for the treatment of posttraumatic stress disorder (PTSD) with Operation Enduring Freedom and Operation Iraqi Freedom Veterans who have experienced traumatic brain injury (TBI).

PARTICIPANTS:

Ten Veterans with a history of mild to moderate TBI and chronic PTSD.

SETTING:

Outpatient Mental Health/PTSD clinics and polytrauma centers at 2 VA medical centers.

MEASURES:

Comprehensive evaluation that included clinical interview, neuropsychologic evaluation, and/or neuroimaging; Posttraumatic Stress Disorder Checklist and Beck Depression Inventory-Second Edition.

PROCEDURES:

Standard implementation of the PE manual was used in all cases with slight adjustments to account for Veterans' residual cognitive deficits. Veterans completed between 8 and 18 sessions.

RESULTS:

Veterans demonstrated significant reductions in total PTSD and depression symptoms from pre- to posttreatment. Within-group effect sizes were large.

CONCLUSIONS:

These findings suggest that PE can be safely and effectively implemented with Veterans with PTSD, a history of mild to moderate TBI, and current cognitive impairment.

<http://www.ncbi.nlm.nih.gov/pubmed/22848013?dopt=Abstract>

J Trauma Stress. 2012 Jul 27. doi: 10.1002/jts.21729. [Epub ahead of print]

Concordance between physiological arousal and subjective distress among vietnam combat veterans undergoing challenge testing for PTSD.

Marx BP, Bovin MJ, Suvak MK, Monson CM, Sloan DM, Fredman SJ, Humphreys KL, Kaloupek DG, Keane TM.

Source: National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA; Boston University School of Medicine, Boston, Massachusetts, USA. brian.marx@va.gov.

Abstract

This study examined concordance between physiological arousal and subjective distress during a laboratory challenge task. Data were collected during the multisite VA Cooperative Study 334 in the early 1990s examining psychophysiological arousal among combat-exposed Vietnam veterans with ($n = 775$) and without ($n = 369$) posttraumatic stress disorder (PTSD). Study participants were presented with 6 standardized neutral scenes and 6 standardized combat scenes. Participants provided a subjective rating of distress after each slide. During the presentation, levels of heart rate (HR) and skin conductance (SC) were recorded. Using linear mixed effects modeling, both HR level and SC level exhibited significant positive associations with subjective distress ratings ($pr = .33$, $p < .001$ and $pr = .19$, $p < .001$, respectively). Individuals with PTSD demonstrated greater concordance between their distress ratings and SC level during exposure to combat slides than participants without PTSD ($pr = .28$, $p < .001$ vs. $pr = .18$, $p < .001$). Although a significant association was found between subjective distress and HR reactivity and SC reactivity, these findings were not moderated by PTSD status. The results of these analyses suggest that patients' reports of distress during exposure-based treatments might serve as approximate measures of actual physiological arousal.

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<http://www.ncbi.nlm.nih.gov/pubmed/22846034?dopt=Abstract>

Neuropsychology. 2012 Jul 30. [Epub ahead of print]

Individuals With Posttraumatic Stress Disorder Show a Selective Deficit in Generalization of Associative Learning.

Levy-Gigi E, Kéri S, Myers CE, Lencovsky Z, Sharvit-Benbaji H, Orr SP, Gilbertson MW, Servatius RJ, Tsao JW, Gluck MA.

Abstract

Objective: Drawing on two different populations, Israeli police and Hungarian civilians, the present study assessed the ability of individuals with posttraumatic stress disorder (PTSD) to generalize previous learning to novel situations. Past neuroimaging studies have demonstrated diminished medial temporal lobe (MTL) activation and/or reduced hippocampal volume in individuals with PTSD. Our earlier computational models of cortico-hippocampal function and subsequent experimental tests of these models in MTL-impaired clinical populations argue that even mild hippocampal dysfunction may result in subtle impairments in generalization. Therefore, we predicted that individuals with PTSD would show impaired generalization. **Method:** We compared the performance of five groups from two countries, including 19 Israeli police with PTSD and 22 trauma-exposed police without PTSD, and 22 Hungarian civilians with PTSD, 25 trauma-exposed civilians without PTSD, and 25 individuals without PTSD unexposed to the same trauma. Participants were tested on a two-phase learning paradigm, the Acquired Equivalence Task, which measures the ability to generalize past learning to novel situations. **Results:** We found that both PTSD and non-PTSD participants were capable of learning the initial stimulus-outcome associations, $F(4, 108) = 1.79, p = .14$. However, as predicted, only individuals with PTSD showed a selective deficit in generalization of this learning to novel situations ($F(4, 108) = 8.35, p < .001$, Partial $\eta^2 = 0.26$). **Conclusions:** Individuals with PTSD show a selective impairment in generalization of past learning similar to other clinical populations with MTL/hippocampal dysfunction. This is consistent with an emerging view of PTSD as being not only an anxiety disorder but also a learning disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22845675?dopt=Abstract>

J Sleep Res. 2012 Jul 30. doi: 10.1111/j.1365-2869.2012.01040.x. [Epub ahead of print]

Quantitative electroencephalography during rapid eye movement (REM) and non-REM sleep in combat-exposed veterans with and without post-traumatic stress disorder.

Cohen DJ, Begley A, Alman JJ, Cashmere DJ, Pietrone RN, Seres RJ, Germain A.

Source: University of Pittsburgh School of Medicine, Pittsburgh, PA, USA Neuroscience Clinical and Translational Research Center, University of Pittsburgh Medical Center, Pittsburgh, PA, USA Washington and Jefferson College, Washington, PA, USA Departments of Psychiatry and Psychology, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.

Abstract

Sleep disturbances are a hallmark feature of post-traumatic stress disorder (PTSD), and associated with poor clinical outcomes. Few studies have examined sleep quantitative electroencephalography (qEEG), a technique able to detect subtle differences that polysomnography does not capture. We hypothesized that greater high-frequency qEEG would reflect 'hyperarousal' in combat veterans with PTSD ($n = 16$) compared to veterans without PTSD ($n = 13$). EEG power in traditional EEG frequency bands was

computed for artifact-free sleep epochs across an entire night. Correlations were performed between qEEG and ratings of PTSD symptoms and combat exposure. The groups did not differ significantly in whole-night qEEG measures for either rapid eye movement (REM) or non-REM (NREM) sleep. Non-significant medium effect sizes suggest less REM beta (opposite to our hypothesis), less REM and NREM sigma and more NREM gamma in combat veterans with PTSD. Positive correlations were found between combat exposure and NREM beta (PTSD group only), and REM and NREM sigma (non-PTSD group only). Results did not support global hyperarousal in PTSD as indexed by increased beta qEEG activity. The correlation of sigma activity with combat exposure in those without PTSD and the non-significant trend towards less sigma activity during both REM and NREM sleep in combat veterans with PTSD suggests that differential information processing during sleep may characterize combat-exposed military veterans with and without PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/22571709?dopt=Abstract>

Am J Public Health. 2012 Jun;102(6):1213-20. Epub 2012 Jan 19.

Prevalence of perceived stress and mental health indicators among reserve-component and active-duty military personnel.

Lane ME, Hourani LL, Bray RM, Williams J.

Source: Substance Abuse, Epidemiology, and Military Behavioral Health Program, RTI International, Research Triangle Park, NC 27709, USA. blane@rti.org

Abstract

OBJECTIVES:

We examined stress levels and other indicators of mental health in reservists and active-duty military personnel by deployment status.

METHODS:

We used data from the Department of Defense Health-Related Behaviors surveys, which collect comprehensive, population-based data for reserve and active-duty forces. Data were collected from 18,342 reservists and 16,146 active-duty personnel.

RESULTS:

Overall, with adjustment for sociodemographic and service differences, reservists reported similar or less work and family stress, depression, and anxiety symptoms than did active-duty personnel. However, reservists who had been deployed reported higher rates of suicidal ideation and attempts than did active-duty personnel who had been deployed and higher rates of post-traumatic stress disorder symptomatology than did any active-duty personnel and reservists who had not been deployed. The

highest rates of suicidal ideation and attempts were among reservists who had served in theaters other than Iraq and Afghanistan.

CONCLUSIONS:

Our results suggest that deployment has a greater impact on reservists than on active-duty members, thus highlighting the urgent need for services addressing reservists' unique postdeployment mental health issues. Also, deployment to any theater, not only Iraq or Afghanistan, represents unique threats to all service members' mental well-being.

<http://www.ncbi.nlm.nih.gov/pubmed/22840634?dopt=Abstract>

J Affect Disord. 2012 Jul 25. [Epub ahead of print]

Sympathetic system modulation to treat post-traumatic stress disorder (PTSD): A review of clinical evidence and neurobiology.

Lipov E, Kelzenberg B.

Source: Advanced Pain Centers, 2660 W. Higgins Road, Suite 101, Hoffman Estates, IL 60169, United States.

Abstract

A review of clinical evidence and neurobiology on the effects of modulation of sympathetic system modulation to treat post-traumatic stress disorder (PTSD) is being presented . The review provides an overview of currently available treatments followed by efficacy of orally effective sympathetic blocking agents. The main focus of the review is the application of stellate ganglion blocks (SGBs) or a local anesthetic blockade of the sympathetic ganglion in the neck.

Published by Elsevier B.V.

<http://www.ncbi.nlm.nih.gov/pubmed/22840628?dopt=Abstract>

J Affect Disord. 2012 Jul 25. [Epub ahead of print]

PTSD symptoms in a cohort of National Guard soldiers deployed to Iraq: Evidence for nonspecific and specific components.

Erbes CR, Polusny MA, Arbisi PA, Koffel E.

Source: Minneapolis Veterans Affairs Health Care System, Minneapolis, MN, USA; University of Minnesota Medical School, Minneapolis, MN, USA; Center for Chronic Disease Outcomes Research, Minneapolis, MN, USA.

Abstract

BACKGROUND:

There is evidence that some of the symptoms included under the current diagnostic criteria for PTSD are not unique to PTSD and instead represent general distress. This study attempted to delineate the nonspecific and specific components of PTSD by examining the relation of PTSD symptoms to trauma exposure and demoralization in a cohort of National Guard soldiers deployed to Iraq.

METHODS:

Data were collected from a cohort of 348 combat deployed National Guard soldiers participating in the readiness and resilience in National Guard soldiers (RINGS) study. Current DSM-IV PTSD diagnoses and trauma exposure were determined 6 to 12 months following soldiers' return from deployment using the Clinician Administered PTSD Scale. Level of trauma exposure (as measured by a combat exposure scale), demoralization and self-reported PTSD symptoms were assessed with self-report questionnaires.

RESULTS:

Dysphoria symptoms had the weakest relation with trauma exposure and the strongest relation with demoralization. In addition, these symptoms had high rates of endorsement in a group of soldiers without trauma exposure. Intrusions were strongly related to trauma and were significantly higher in the group with trauma exposure compared to the no-trauma group.

LIMITATIONS:

These findings may not generalize to survivors of other types of trauma, service members from other era's, or even service members from different regions or military branches who have different demographic and duty characteristics.

CONCLUSIONS:

Emphasizing symptoms of PTSD that are strongly related to trauma exposure will be important for the differential diagnosis of PTSD.

Published by Elsevier B.V.

<http://www.ncbi.nlm.nih.gov/pubmed/22850302?dopt=Abstract>

J Nerv Ment Dis. 2012 Aug;200(8):676-83.

Hopelessness, defeat, and entrapment in posttraumatic stress disorder: their association with suicidal behavior and severity of depression.

Panagioti M, Gooding PA, Tarrier N.

Source: School of Psychological Sciences, University of Manchester, Manchester, UK; and †Department of Psychology, Institute of Psychiatry, Kings College London, London, England.

Abstract

Research has shown an increased frequency of suicidal behaviors in those with PTSD, but few studies have investigated the factors that underlie the emergence of suicidal behavior in PTSD. Two theories of suicide, the Cry of Pain and the Schematic Appraisal Model of Suicide, propose that feelings of hopelessness, defeat, and entrapment are core components of suicidality. This study aimed to examine the association between suicidal behavior and hopelessness, defeat, and entrapment in trauma victims with and without a PTSD diagnosis. The results demonstrated that hopelessness, defeat, and entrapment were significantly positively associated with suicidal behavior in those with PTSD. Hopelessness and defeat were also significantly positively associated with suicidal behavior in trauma victims without PTSD. In those with PTSD, the relationship between suicidal behavior and hopelessness and entrapment remained significant after controlling for comorbid depression. The findings provide support for the contemporary theories of suicidality and have important clinical implications.

<http://www.ncbi.nlm.nih.gov/pubmed/22851956?dopt=Abstract>

Int J Environ Res Public Health. 2012 Jul;9(7):2504-19. Epub 2012 Jul 19.

Suicide among War Veterans.

Rozanov V, Carli V.

Source: Institute of Innovative and Post-Diploma Education, Odessa National Mechnikov University, 2 Dvoryanskaya Street, Odessa 65082, Ukraine; Email: rozanov@te.net.ua.

Abstract

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://www.ncbi.nlm.nih.gov/pubmed/22850258?dopt=Abstract>

J Psychosom Res. 2012 Sep;73(3):185-90. Epub 2012 Jul 17.

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

Aversa LH, Stoddard JA, Doran NM, Au S, Chow B, McFall M, Saxon A, Baker DG.

Source: Veterans Affairs San Diego Healthcare System, San Diego, CA, United States; California School of Professional Psychology, Alliant International University, San Diego, CA, United States.

Abstract

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.

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Links of Interest

For too many veterans, the ultimate defeat

<http://in.reuters.com/article/2012/07/26/us-usa-veterans-suicide-idINBRE86P0JP20120726>

Mobile App Developed For PTSD Therapy (PE Coach)

http://www.t2health.org/sites/default/files/mobile_apps/pe-coach/PE_Coach_Release_31July2012.pdf

Frontline Psych with Doc Bender: Finding the Right Provider for You

<http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=394>

Medicines for Treating Depression: A Review of the Research for Adults

<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1142&ECem=120730>

Grin and bear it -- smiling facilitates stress recovery

http://www.eurekalert.org/pub_releases/2012-07/afps-gab073012.php

More patients with anxiety disorders are being prescribed antipsychotic medications by office-based psychiatrists

<http://www.ahrq.gov/research/aug12/0812RA13.htm>

Effects of antidepressants on suicidal thoughts and behavior differ by age group

<http://www.ahrq.gov/research/aug12/0812RA14.htm>

'PTSD Coach' App Wins Innovation Award

http://www.health.mil/blog/12-07-30/%E2%80%98PTSD_Coach%E2%80%99_App_Wins_Innovation_Award.aspx

'Pockets of excellence' across Army, but work still needs to be done on health of force

http://www.army.mil/article/84526/Pockets_of_excellence_across_Army_but_work_still_needs_to_be_done_on_health_of_force/

Health Net Federal Services, Penn State and Red Cross Promote Behavioral Health Symposium for Physicians and Behavioral Health Professionals; Symposium focuses on assessment and treatment for Veterans and returning service members

<http://www.marketwatch.com/story/health-net-federal-services-penn-state-and-red-cross-promote-behavioral-health-symposium-for-physicians-and-behavioral-health-professionals-2012-07-10>

'LifeArmor' Mobile App Puts Coping Tools at Your Fingertips

http://www.health.mil/blog/12-07-27/%E2%80%98LifeArmor%E2%80%99_Mobile_App_Puts_Coping_Tools_at_Your_Fingertips.aspx

Stay Organized to Reduce Stress during Disability Evaluation Process

http://www.health.mil/blog/12-07-27/Stay_Organized_to_Reduce_Stress_during_Disability_Evaluation_Process.aspx

Accelerated resolution therapy significantly reduces PTSD symptoms, researchers report

http://www.eurekalert.org/pub_releases/2012-07/uosf-art072612.php

Telephone therapy technique brings more Iraq and Afghanistan veterans into mental health treatment

http://www.eurekalert.org/pub_releases/2012-07/uoc--ttt072612.php

Poor Mental Health Linked to Reduced Life Expectancy

<http://www.sciencedaily.com/releases/2012/07/120731201257.htm>

This Military Homecoming Would Make Darth Vader Cry
<http://mashable.com/2012/07/31/star-wars-military-dad/>

Research Tip of the Week: [State-Sponsored Database Portals](#)

Although this article appeared in an online publication aimed at law librarians, it's useful to anyone who does any kind of online research, including K-12 students. Too many folks are unaware that their state library system – pretty much wherever you live in the U.S. – provides free access to a wide array of subscription databases. And you can use these conveniently from your home or office computer. For free...if you have a card from your local public library. Local examples:

District of Columbia

<http://www.dclibrary.org/node/124>

Maryland

<http://www.sailor.lib.md.us/services/databases/>

Virginia

<http://www.vivalib.org/collect/quicklaunch.php>

The article provides links to the database portal pages for 45 states; the author was unable to find portal pages for the others. Some states facilitate access by assisting local libraries in acquiring database subscriptions. And some local library systems and consortia have their own subscription database collections; what's available at each depends largely on how much money can be budgeted for this. Montgomery County, MD (where CDP is located) has a particularly rich collection of online databases:

<http://www6.montgomerycountymd.gov/apps/libraries/researchatopic/atoz.asp>

A free public library card is an unbeatable bargain. Just sayin'...

Shirl Kennedy

Web Content Strategist

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