



CDP Research Update -- August 9, 2012

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<http://www.cdc.gov/nchs/data/databriefs/db101.htm>

The Health of Male Veterans and Nonveterans Aged 25–64: United States, 2007–2010

Ellen A. Kramarow, Ph.D., and Patricia N. Pastor, Ph.D.

NCHS data brief, no 101. Hyattsville, MD: National Center for Health Statistics. 2012.

Summary

A snapshot view of the health of nonelderly veterans reveals a mixed picture of their health and functioning. Overall, veterans aged 25–64 appear to be in poorer health than nonveterans, although not all differences in health are significant for all age groups. When age differences are examined, only veterans aged 45–54 are significantly more likely than nonveterans to report fair or poor health and serious psychological distress. Other health disadvantages for veterans (e.g., the prevalence of two or more chronic conditions) appear at age 45 and over. Differences in work limitations between veterans and nonveterans are seen beginning at age 35. However, the measures presented here do not reveal major health differences between male veterans and nonveterans aged 25–34.

The health differences that appear at older ages suggest that the effects of military service on health may appear later in life. Veterans also differ from nonveterans in some sociodemographic characteristics, and these characteristics may be related to observed differences in their health and functioning. Veterans are more likely to have health insurance, which may influence their access to health care and the likelihood of being diagnosed with various conditions.

The health measures presented here are not inclusive of all possible differences in health and functioning. Specifically, the measure of mental health in this report, although associated with anxiety disorders and depression, identifies only people with the most severe psychological distress (4–6). Other

measures of mental health that capture a wider range of mental disorders might show more differences between veterans and nonveterans.

The sampling universe of NHIS does not include homeless people or the institutionalized population (e.g., people in long-term care facilities or in prison), which excludes some severely ill people (veterans and nonveterans) from our analysis. Addressing the problem of homelessness among veterans is a priority of the Veterans Administration (7).

This analysis is also limited in that it excludes certain other groups. The suffering of younger veterans returning from overseas with significant injuries and stress-related disorders is the focus of increased public attention. However, the number of veterans aged 18–24 included in NHIS was not large enough to support estimates for this age group. Although the percentage of women serving in the military has been steadily increasing, the relatively small numbers of female veterans also precluded their inclusion in this report.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1742-9544.2012.00089.x/abstract>

Online Cognitive Behavioural Therapy Training for Therapists: Outcomes, Acceptability, and Impact of Support.

Bennett-Levy, J., Hawkins, R., Perry, H., Cromarty, P. and Mills, J.

Australian Psychologist

Article first published online: 27 JUL 2012

The objectives of the present study were to assess the effects of online cognitive behavioural therapy (CBT) training for therapists on measures of CBT knowledge, skills, confidence, and utilisation; to determine what differences might exist between a group supported by regular telephone contact and an independent group who undertook online training without additional support; and to determine the acceptability of CBT online training among rural and remote mental health professionals. Mental health practitioners were randomly allocated to a supported training group (six sessions of 15-min support) or an independent group. They undertook a 12-week online CBT training program. The two groups showed similar gains on an objective test of knowledge of CBT, and on self-report measures of knowledge, skills, confidence levels, and utilisation of skills. However, the supported training group had a significantly higher program completion rate than the independent group. Participants evaluated the program favourably. The results suggest that online CBT training represents a promising and cost-effective approach to training the mental health workforce, and may be particularly attractive for those who live in regional, rural, and remote communities. A challenge is to determine the most cost-effective ways to enhance program completion rates and trainee skills.

<http://onlinelibrary.wiley.com/doi/10.1002/jpoc.20097/abstract>

Posttraumatic stress disorder and memory: Evidence of maladaptations to stressors.

Ashby, E. L. and Cornelius, A.

Article first published online: 27 JUL 2012

People with posttraumatic stress disorder (PTSD) are entering the workforce in record numbers as they discharge from the military and attempt to enter the civilian workforce. Understanding how PTSD affects the human mind will help organizations manage their employees more effectively by allowing supervisors to set up systems that compensate for deficits. PTSD appears to cause significant memory and attentional deficits; however, it is difficult to determine whether the attentional deficits contribute to the memory deficits. The current study used the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) to examine the memory deficits separate from the attention difficulties in people with PTSD. Results demonstrated that PTSD severity correlated with attention issues, but not memory issues. The authors discuss these findings in terms of their clinical and organizational applications.

<http://informahealthcare.com/doi/abs/10.1517/13543784.2012.704020>

Targeting memory processes with drugs to prevent or cure PTSD.

Christopher K. Cain , George D. Maynard & John H. Kehne

Posted online on July 27, 2012

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://dspace.uta.edu/bitstream/handle/10106/11071/Keene_uta_2502D_11605.pdf

The Meaning of Homelessness to Homeless Women Veterans.

Robin E. Keene

PhD Dissertation

University of Texas at Arlington

May 2012

Homelessness in America continues to be a pervasive problem, with veterans being disproportionately represented in this population. As the Iraq/Afghanistan war soldiers return to civilian life, worries about this population and the risk of homelessness is growing. Female soldier's roles in the military have expanded throughout the years and now include many combat roles, thus exposing them to the risks associated with combat. Female soldiers are twice as likely to have Post Traumatic Stress Disorder (PTSD) than their male counterparts and are three to four times more likely to become homeless. Female homeless veterans have typically been excluded from participation in research due to their small numbers, but with the increasing population of female soldiers, it is important to understand the risk factors for homelessness in this population. Utilizing a modified framework for studying vulnerable populations, a qualitative descriptive study was conducted to explore the meaning of homelessness to female homeless veterans, the risk factors for homelessness and services necessary to help exit the homeless cycle. Six homeless women veterans participated in private, audio taped interviews using a semi-structured interview tool. Risk factors consisted of abuse or trauma and broken trusts. Resources necessary to end their homeless state consisted of a job or some form of income and permanent housing. For all of the women, becoming homeless consisted of overwhelming loss.

http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/journal_of_health_care_for_the_poor_and_underserved/v023/23.3A.brownell.html

Geographic Proximity of HRSA, VA, and DOD Clinics: Opportunities for Interagency Collaboration to Improve Quality.

Julia Brownell, Imam Xierali, Angelica P. Herrera, Ahmed Calvo

Journal of Health Care for the Poor and Underserved

Volume 23, Number 3, August 2012, Supplement

Clinics funded by the Department of Veterans Affairs (VA), Department of Defense's Military Health System (MHS), and Department of Health and Human Services' Health Resources and Services Administration (HRSA) all play a role in serving the military, veterans, and their families. Publicly available location data on federal health care clinics was merged, analyzed, and geographically overlaid using GIS. Results showed that 20% of U.S. counties contain both HRSA and VA sites, and 5% contain HRSA and MHS facilities. Additionally, 80% of VA and 76% of MHS clinics are within 10 miles of a HRSA clinic. Specific clinic types of interest also overlay; for instance, 90% of HRSA homeless clinics are in the same county as a VA facility. This demonstrated geographic proximity of health care sites may indicate prime opportunities for collaboration between HRSA, VA, and MHS systems to improve quality of care for the military, veterans, and their families.

<http://journals.psychiatryonline.org/article.aspx?articleid=1262273>

Early Mortality and Years of Potential Life Lost Among Veterans Affairs Patients With Depression.

Kara Zivin, Ph.D.; Mark A. Ilgen, Ph.D.; Paul Nelson Pfeiffer, M.D.; Deborah E. Welsh, M.S.; John McCarthy, Ph.D., M.P.H.; Marcia Valenstein, M.D.; Erin M. Miller, M.S.; Khairul Islam, Ph.D.; Helen C. Kales, M.D.

Psychiatric Services 2012; doi: 10.1176/appi.ps.201100317

Objective:

Substantial literature documents excess and early mortality among individuals with serious mental illness, but there are relatively few data about mortality and depression.

Methods:

During fiscal year 2007, data from the U.S. Department of Veterans Affairs and the National Death Index were used to calculate mean age of death and years of potential life lost (YPLL) associated with 13 causes of death among veterans with (N=701,659) or without (N=4,245,193) depression.

Results:

Compared with nondepressed patients, depressed patients died younger (71.1 versus 75.9) and had more YPLL (13.4 versus 10.2) as a result of both natural and unnatural causes. Depending on the cause of death, depressed patients died between 2.5 and 8.7 years earlier and had 1.5 to 6.1 YPLL compared with nondepressed patients.

Conclusions:

These findings have important implications for clinical practice, given that improved quality of care may be needed to reduce early mortality among depressed VA patients.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2012.695273>

Qualitative Evaluation of Suicide and Overdose Risk Assessment Procedures Among Veterans in Substance Use Disorder Treatment Clinics.

Webster L, Eisenberg A, Bohnert AS, Kleinberg F, Ilgen MA.

Archives of Suicide Research

Volume 16, Issue 3, 2012

The objective of this study was to examine risk assessment practices for suicide and unintentional overdose to inform ongoing care in substance use disorder clinics. Focus groups were conducted via telephone among a random sample of treatment providers (N = 19) from Veterans Health Administration substance use disorder clinics across the nation. Themes were coded by research staff. Treatment providers reported consistent and clear guidelines for risk assessment of suicide among patients. Unintentional overdose questions elicited dissimilar responses which indicated a lack of cohesion and uniformity in risk assessment practices across clinics. Suicide risk assessment protocols are cohesively implemented by treatment providers. Unintentional overdose risk, however, may be less consistently assessed in clinics.

<http://www.psycontent.com/content/7665358r64r15551/>

Can Postdischarge Follow-Up Contacts Prevent Suicide and Suicidal Behavior? A Review of the Evidence.

David D. Luxton, Jennifer D. June, Katherine Anne Comtois

Crisis: The Journal of Crisis Intervention and Suicide Prevention

DOI 10.1027/0227-5910/a000158

Background:

The time period following discharge from inpatient psychiatry and emergency department (ED) treatment is one of heightened risk for repeat suicide attempts for patients. Evidence reported in the literature shows that follow-up contacts might reduce suicide risk, although there has not been a comprehensive and critical review of the evidence to date.

Aims:

To evaluate evidence for the effectiveness of suicide prevention interventions that involve follow-up contacts with patients.

Methods:

Published empirical studies of follow-up interventions with suicidal behaviors (suicide, attempts, and ideation) as outcomes were searched. Study populations were inpatient psychiatric or ED patients being

discharged to home. Contact modalities included phone, postal letter, postcards, in-person, and technology-based methods (e-mail and texting).

Results:

Eight original studies, two follow-up studies, and one secondary analysis study met inclusion criteria. Five studies showed a statistically significant reduction in suicidal behavior. Four studies showed mixed results with trends toward a preventative effect and two studies did not show a preventative effect.

Conclusions:

Repeated follow-up contacts appear to reduce suicidal behavior. More research is needed, however, especially randomized controlled trials, to determine what specific factors might make follow-up contact modalities or methods more effective than others.

<http://www.springerlink.com/content/p52q72t27p5216j8/>

A Prospective Investigation of Mindfulness Skills and Changes in Emotion Regulation Among Military Veterans in Posttraumatic Stress Disorder Treatment.

Cecily A. S. Reber, Matthew Tyler Boden, Neha Mitragotri, Jennifer Alvarez, James J. Gross and Marcel O. Bonn-Miller

Mindfulness 2012, DOI: 10.1007/s12671-012-0131-4

We prospectively investigated associations between mindfulness and changes in the use of expressive suppression and cognitive reappraisal occurring during a residential treatment program for posttraumatic stress disorder (PTSD). The sample consisted of 50 male veterans who were assessed with the Kentucky Inventory of Mindfulness Skills at treatment intake, and the Emotion Regulation Questionnaire (ERQ) and PTSD Checklist—Military Version at treatment intake and discharge. Hierarchical multiple regressions indicated that greater nonjudgmental acceptance at intake predicted greater reductions in expressive suppression ($p < .05$) and less improvement in cognitive reappraisal ($p < .05$) between treatment intake and discharge. Additionally, greater ability to observe thoughts, emotions, and sensations at intake was associated with less improvement in cognitive reappraisal between treatment intake and discharge ($p < .05$). Findings remained significant after statistically adjusting for treatment-related changes in PTSD symptoms.

[http://journals.lww.com/jonmd/Abstract/2012/08000/Hopelessness, Defeat, and Entrapment in.5.aspx](http://journals.lww.com/jonmd/Abstract/2012/08000/Hopelessness,_Defeat,_and_Entrapment_in.5.aspx)

Hopelessness, Defeat, and Entrapment in Posttraumatic Stress Disorder: Their Association With Suicidal Behavior and Severity of Depression.

Panagioti, Maria MSc; Gooding, Patricia A. PhD; Tarrrier, Nicholas PhD

Journal of Nervous & Mental Disease:
August 2012 - Volume 200 - Issue 8 - p 676–683

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://pb.rcpsych.org/content/36/8/284.short>

Intrusive memories of trauma in PTSD and addiction.

Martina Reynolds, Sheena Nayak, and Christos Kouimtsidis

The Psychiatrist Online - August 2012 36:284-289

Aims and method

To study intrusive phenomena relating to traumatic experiences in a community sample seeking treatment for substance use disorder and an in-patient sample from an addiction in-patient detoxification service in London. Perceived effect of drugs and drug use on traumatic intrusion and memory experiences was also analysed. The study was conducted using a semi-structured patient interview comprising a series of questionnaires.

Results The most frequently identified traumatic memories were those of traumatic bereavements. Substance use appears to have had the effect of dampening the memories for those with post-traumatic stress disorder (PTSD), and significantly more individuals reported that their memories were less vivid and less distressing before they ceased substance use.

Clinical implications The findings suggest that continued substance use could in part be motivated by its capacity to dampen distressing memories within the PTSD group. This should be addressed within a treatment plan of comorbid PTSD.

http://sophia.stkate.edu/msw_papers/68/

The Effectiveness of PTSD Treatment on Symptoms of PTSD and Depression in Military Veterans.

Kylene E. Occhietti, St. Catherine University

Master of Social Work Research Papers

St. Catherine University/University of St. Thomas

May 2012

The military veteran population has received national attention for the struggles some of its members have had with posttraumatic stress disorder (PTSD). Currently, PTSD is treated within the VA using a number of pharmacologic and/or psychotherapeutic interventions in residential and outpatient settings. The purpose of this research project was to learn more about PTSD treatment by conducting a program evaluation of therapies offered in a VA PTSD program. A non-probability sample of 124 veterans who participated in a VA residential PTSD program in the mid-western United States between 2006 and 2009 was used to determine the effectiveness of Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Eye Movement Desensitization and Reprocessing Therapy (EMDR) on PTSD and depression symptoms over time. Each therapy provided resulted in decreased symptomatology of PTSD and depression from pre- to post-treatment, with no therapy showing greater efficacy over the others. However, at 6- and 12-month follow-up measurements, PTSD and depression symptoms increased to approach pre-treatment values for all therapies examined in this project. The future direction of research, practice, and policy surrounding PTSD treatment must be further examined to consistently provide competent, effective care to every veteran served by the VA.

[http://www.painjournalonline.com/article/S0304-3959\(12\)00375-2/abstract](http://www.painjournalonline.com/article/S0304-3959(12)00375-2/abstract)

A longitudinal study of pain and pain catastrophizing in a cohort of National Guard troops at risk for PTSD.

Summary

After controlling for extraneous factors, we found a modest association between predeployment pain (but not pain catastrophizing) and postdeployment PTSD symptoms in National Guard troops.

Abstract

A recent cross-sectional study of National Guard troops found that pain and pain catastrophizing were prevalent and highly correlated with posttraumatic stress disorder (PTSD). At issue in the present study was whether pain and catastrophizing before military deployment could account for individual differences in PTSD symptoms after deployment. An anonymous survey was administered to a population sample of New Jersey National Guard troops before they were sent overseas and again when they returned home (1 year later). The survey included a validated PTSD screening questionnaire, numerical ratings of pain intensity, and a measure of pain catastrophizing. A cohort of 922 National Guard members completed the survey before and after deployment. An uncontrolled analysis indicated that pain and catastrophizing before deployment were significantly but modestly associated with PTSD symptoms after deployment (accounting for 4.5% and 1.3% of the variance, respectively). A hierarchical regression model that controlled for sex, preexisting PTSD symptoms, and recent combat found that

pain but not pain catastrophizing explained variance in postdeployment PTSD. The size of the effect, however, was negligible (0.8%, $p < 0.01$). Consistent with previous research, a cross-sectional analysis revealed that postdeployment pain and catastrophizing successfully accounted for unique variance in postdeployment PTSD. The failure of longitudinal predictors in the present study, therefore, cannot be attributed to insensitive screening instruments. These findings offer little or no support for the hypothesis that predeployment pain and catastrophizing can account for individual differences in PTSD after exposure to combat trauma.

http://sophia.stkate.edu/msw_papers/70/

What do Spouses of Current Service Members Consider Risks and Protective Factors for Suicidal Ideation?

Nicole Oman, St. Catherine University

Master of Social Work Research Papers
St. Catherine University/University of St. Thomas
May 2012

Abstract

This quantitative study investigates what current service members' spouses identify as risk and protective factors for suicidal ideation, for themselves and for other military spouses. Online surveys were used to obtain demographic information, place of residence, impact of deployment, and identify risk and protective factors for suicidal ideation for military spouses. Respondents ($n=55$) were military spouses, recruited through Facebook "Military Spouse" pages. Findings identified immediate family, peers, and resilience as protective factors for suicidal ideation in themselves and legal issues, financial issues, and thoughts of ending ones' own life as risk factors in other military spouses. Respondents were more likely to identify risk factors for suicidal ideation for other military spouses and protective factors for suicidal ideation for themselves. Implications for practice and research are provided.

<http://www.ncbi.nlm.nih.gov/pubmed/22865156>

Curr Psychiatry Rep. 2012 Aug 5. [Epub ahead of print]

Cognitive-Behavioral Therapy for the Management of Insomnia Comorbid with Mental Disorders.

Sánchez-Ortuño MM, Edinger JD.

Source: School of Nursing, University of Murcia, Campus de Espinardo, 30100, Murcia, Spain,
montses@um.es.

Insomnia is frequently comorbid with psychiatric conditions, mostly depression and anxiety disorders. Because disturbed sleep is a symptom of most major mental disorders, it has been traditionally assumed that effective treatment of the psychiatric condition will resolve the coincident insomnia also. However, insomnia often persists after successful treatment of the comorbid mental disorder, suggesting that insomnia often warrants separate treatment attention. Cognitive-behavioral therapy (CBT) is a well established and efficacious treatment for insomnia. Most evidence supporting the efficacy of CBT comes from studies conducted with patients suffering from primary insomnia, yet over the past 20 years there has been growing support for the use of cognitive-behavioral insomnia intervention for patients with comorbid psychiatric conditions. Overall, promising results have been obtained from these studies, not only with regard to insomnia improvement but also concurrent improvements in comorbid psychiatric conditions. In this article we review recent studies in this area with particular focus on treatment of insomnia in the context of depression, post-traumatic stress disorder, and alcohol dependence.

<http://www.ncbi.nlm.nih.gov/pubmed/22865017>

J Gen Intern Med. 2012 Aug 3. [Epub ahead of print]

RESPECT-PTSD: Re-Engineering Systems for the Primary Care Treatment of PTSD, A Randomized Controlled Trial.

Schnurr PP, Friedman MJ, Oxman TE, Dietrich AJ, Smith MW, Shiner B, Forshay E, Gui J, Thurston V.

Source: National Center for PTSD, VAMC, White River Junction, VT, 05009, USA,
paula.schnurr@dartmouth.edu.

Abstract

BACKGROUND:

Although collaborative care is effective for treating depression and other mental disorders in primary care, there have been no randomized trials of collaborative care specifically for patients with Posttraumatic stress disorder (PTSD).

OBJECTIVE:

To compare a collaborative approach, the Three Component Model (3CM), with usual care for treating PTSD in primary care.

DESIGN:

The study was a two-arm, parallel randomized clinical trial. PTSD patients were recruited from five primary care clinics at four Veterans Affairs healthcare facilities and randomized to receive usual care or usual care plus 3CM. Blinded assessors collected data at baseline and 3-month and 6-month follow-up.

PARTICIPANTS:

Participants were 195 Veterans. Their average age was 45 years, 91% were male, 58% were white, 40% served in Iraq or Afghanistan, and 42% served in Vietnam.

INTERVENTION:

All participants received usual care. Participants assigned to 3CM also received telephone care management. Care managers received supervision from a psychiatrist.

MAIN MEASURES:

PTSD symptom severity was the primary outcome. Depression, functioning, perceived quality of care, utilization, and costs were secondary outcomes.

KEY RESULTS:

There were no differences between 3CM and usual care in symptoms or functioning. Participants assigned to 3CM were more likely to have a mental health visit, fill an antidepressant prescription, and have adequate antidepressant refills. 3CM participants also had more mental health visits and higher outpatient pharmacy costs.

CONCLUSIONS:

Results suggest the need for careful examination of the way that collaborative care models are implemented for treating PTSD, and for additional supports to encourage primary care providers to manage PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/22864017>

Arch Phys Med Rehabil. 2012 Aug 1. [Epub ahead of print]

Pain And Posttraumatic Stress Disorder Symptoms During Inpatient Rehabilitation Among Operation Enduring Freedom/Operation Iraqi Freedom Veterans With Spinal Cord Injury.

Ullrich PM, Smith BM, Poggensee L, Evans CT, Stroupe KT, Weaver FM, Burns SP.

Source: Department of Veterans Affairs, Spinal Cord Injury and Disorders Services, VA Puget Sound Healthcare System, Seattle, Wa; Department of Rehabilitation Medicine, University of Washington, Seattle, Wa.

Abstract

OBJECTIVE:

To examine the frequency of PTSD symptoms and pain, and how PTSD symptoms were associated with pain severity ratings and the longitudinal course of pain during inpatient rehabilitation for spinal cord injury (SCI) among veterans of the Operation Enduring Freedom/Operating Iraqi Freedom (OEF/OIF) conflicts.

DESIGN:

Longitudinal analysis of data gathered from electronic medical records.

SETTING:

SCI specialty care centers within the Department of Veterans Affairs (VA).

PARTICIPANTS:

87 veterans of the OEF/OIF conflicts who received inpatient rehabilitation for SCI/D at VA SCI centers between May 2003 and October 2009.

INTERVENTIONS:

Not applicable.

MAIN OUTCOME MEASURE(S):

PTSD screening at start of rehabilitation and pain numeric rating scale measurements completed throughout rehabilitation. Cut-scores were used to categorize participants into one of four groups based on scores at the start of rehabilitation: Pain and PTSD, Pain Alone, PTSD Alone, Neither Condition.

RESULTS:

Co-morbid pain and PTSD symptoms were more common than either condition alone, and nearly as common as not having either condition. Participants with pain at start of rehabilitation (Pain and PTSD, Pain Alone groups) showed declines in pain ratings over the course of rehabilitation. In contrast, participants in the PTSD Alone group showed increasing pain over the course of rehabilitation.

CONCLUSION(S):

Pain and PTSD symptoms may be more likely to manifest as comorbidities than as isolated conditions during inpatient rehabilitation. Assessment routines and care plans should be prepared with comorbidities as a foremost concern. It is advisable to screen for pain and PTSD at multiple time-points during inpatient rehabilitation to detect new or emerging concerns.

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<http://www.ncbi.nlm.nih.gov/pubmed/22863540>

Behav Res Ther. 2012 Jul 20;50(10):627-635. [Epub ahead of print]

Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors.

Sloan DM, Marx BP, Bovin MJ, Feinstein BA, Gallagher MW.

Source: National Center for PTSD, VA Boston Healthcare System and, Boston University School of Medicine, 150 S. Huntington Avenue, Boston, MA 02130, USA.

Abstract

The present study examined the efficacy of a brief, written exposure therapy (WET) for posttraumatic stress disorder (PTSD). Participants were 46 adults with a current primary diagnosis of motor vehicle accident-related PTSD. Participants were randomly assigned to either WET or a waitlist (WL) condition. Independent assessments took place at baseline and 6-, 18-, and 30-weeks post baseline (WL condition not assessed at 30 weeks). Participants assigned to WET showed significant reductions in PTSD symptom severity at 6- and 18-week post-baseline, relative to WL participants, with large between-group effect sizes. In addition, significantly fewer WET participants met diagnostic criteria for PTSD at both the 6- and 18-week post-baseline assessments, relative to WL participants. Treatment gains were maintained for the WET participants at the 30-week post baseline assessment. Notably, only 9% of participants dropped out of WET and the WET participants reported a high degree of satisfaction with the treatment. These findings suggest that a brief, written exposure treatment may efficaciously treat PTSD. Future research should examine whether WET is efficacious with other PTSD samples, as well as compare the efficacy of WET with that of evidence-based treatments for PTSD.

Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/22662737>

Psychol Serv. 2012 May;9(2):209-11.

VA Puget Sound Telemental Health Service to rural veterans: a growing program.

Barnwell SV, Juretic MA, Hoerster KD, Van de Plasch R, Felker BL.

Source: Department of Veteran Affairs Medical Center, Seattle, VA, USA. ssmucker@post.harvard.edu

Abstract

The VA Puget Sound Health Care System Telemental Health program connects veterans with psychologists, psychiatrists, and social workers via live clinical video teleconferencing. Providers deliver care to veterans in rural Veteran Affairs medical centers, community-based outpatient clinics and residences, and thus, increase access to specialty mental health care for rural and medically underserved veteran communities.

<http://www.ncbi.nlm.nih.gov/pubmed/22662733>

Psychol Serv. 2012 May;9(2):197-9.

Lessons learned from studies of psychotherapy for posttraumatic stress disorder via video teleconferencing.

Thorp SR, Fidler J, Moreno L, Floto E, Agha Z.

Source: VA San Diego Healthcare System, San Diego, CA, USA. sthorp@ucsd.edu

Abstract

This article summarizes two ongoing randomized controlled trials that compare individual in-person psychotherapy with psychotherapy provided using video teleconferencing for military veterans with posttraumatic stress disorder. We describe training methods, populations, technology, challenges, successes, and lessons learned so far during the trials.

<http://www.ncbi.nlm.nih.gov/pubmed/22865515?dopt=Abstract>

Agri. 2012 Jul;24(3):97-103. doi: 10.5505/agri.2012.46320.

Evidence based rehabilitation in chronic pain syndromes.

Akyüz G, Ozkök O.

Source: Department of Physical Medicine and Rehabilitation, Marmara University Faculty of Medicine, İstanbul, Turkey. gulserena@gmail.com.

Abstract

Chronic pain syndrome (CPS) is a complex condition that presents a major challenge to physicians because of its unknown etiology and poor response to all kinds of therapies. It has been suggested that chronicity should be considered when pain persists longer than the acceptable healing time. The impact of chronic pain on patients' lives varies from minor limitations to complete loss of independence. The rehabilitation in CPSs is multi-disciplinary and involves physical, occupational, and manual therapy, aquatherapy, cognitive/behavioral therapy, biofeedback, psychotherapy, and some new therapies. In recent years, the point of view in chronic pain management has changed substantially and CPS is managed best with a multidisciplinary approach, including a rehabilitative process. The treatment protocol should be planned and modified individually. A combination of several methods has been tried, but long-term evidence-based studies are needed for new treatment modalities.

<http://www.ncbi.nlm.nih.gov/pubmed/22860135?dopt=Abstract>

PLoS One. 2012;7(7):e42502. Epub 2012 Jul 31.

Falling Out of Time: Enhanced Memory for Scenes Presented at Behaviorally Irrelevant Points in Time in Posttraumatic Stress Disorder (PTSD).

Levy-Gigi E, Kéri S.

Source: Rutgers University, Center for Molecular and Behavioral Neuroscience, Newark, New Jersey, United States of America.

Abstract

Spontaneous encoding of the visual environment depends on the behavioral relevance of the task performed simultaneously. If participants identify target letters or auditory tones while viewing a series of briefly presented natural and urban scenes, they demonstrate effective scene recognition only when a target, but not a behaviorally irrelevant distractor, appears together with the scene. Here, we show that individuals with posttraumatic stress disorder (PTSD), who witnessed the red sludge disaster in Hungary, show the opposite pattern of performance: enhanced recognition of scenes presented together with distractors and deficient recognition of scenes presented with targets. The recognition of trauma-related and neutral scenes was not different in individuals with PTSD. We found a positive correlation between memory for scenes presented with auditory distractors and re-experiencing symptoms (memory intrusions and flashbacks). These results suggest that abnormal encoding of visual scenes at behaviorally irrelevant events might be associated with intrusive experiences by disrupting the flow of time.

<http://www.ncbi.nlm.nih.gov/pubmed/22858251?dopt=Abstract>

Psychiatry Res. 2012 Aug 1. [Epub ahead of print]

Changes in facets of mindfulness and posttraumatic stress disorder treatment outcome.

Tyler Boden M, Bernstein A, Walser RD, Bui L, Alvarez J, Bonn-Miller MO.

Source: Center for Health Care Evaluation, Menlo Park, CA, USA; VA Palo Alto Health Care System, Palo Alto, CA, USA.

Abstract

Though there has been a recent surge of interest in the relations between facets of mindfulness and Posttraumatic Stress Disorder (PTSD), there has been a dearth of empirical studies investigating the impact of changes in facets of mindfulness on PTSD treatment outcomes. The present study tested the prospective associations between pre- to post-treatment changes in facets of mindfulness and PTSD and depression severity at treatment discharge, among 48 military Veterans in residential PTSD treatment adhering to a cognitive-behavioral framework. Together, changes in facets of mindfulness significantly explained post-treatment PTSD and depression severity (19-24% of variance). Changes in acting with awareness explained unique variance in post-treatment PTSD severity and changes in nonjudgmental acceptance explained unique variance in post-treatment depression severity. These results remained significant after adjusting for shared variance with length of treatment stay.

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<http://www.ncbi.nlm.nih.gov/pubmed/22449090?dopt=Abstract>

Psychol Serv. 2012 Feb;9(1):89-100.

Provider, veteran, and family perspectives on family education in Veterans Affairs community-based outpatient facilities.

Sherman MD, Fischer EP.

Source: Oklahoma City VA Medical Center, OK 73104, USA. michelle.sherman@va.gov

Abstract

The Veterans Affairs (VA) healthcare system is dedicated to providing high-quality mental health services to all veterans, including the nearly 40% of enrolled veterans living in rural areas. Family education programs regarding mental illness and posttraumatic stress disorder, mandated for delivery in all VA medical centers and some community-based outpatient clinics (CBOCs), have been developed and provided primarily in large, urban medical centers. This qualitative investigation involved interviews with CBOC providers and veterans and families who live in rural areas and/or seek care in CBOCs to ascertain their perceptions of the benefits, feasibility, structural and cultural barriers, and logistical preferences regarding family education. The perspectives and concerns that emerged in these interviews were combined with expert knowledge to identify the resources and considerations a VAMC would want to address when translating and implementing similar programming into CBOCs. Although institutional, logistic, and attitudinal challenges were described, all three stakeholder groups endorsed the need for family education, did not see the barriers as insurmountable, and provided creative solutions. Administrators and CBOC clinicians may benefit by anticipating and problem solving around the key issues raised when developing family programming.

http://www.rand.org/pubs/external_publications/EP201200176.html

Relationships Between Mood and Employment Over Time Among Depressed VA Primary Care Patients.

by Kara Zivin, Duncan G. Campbell, Andrew B. Lanto, Edmund Chaney, Cory Bolkan, Laura M. Bonner, Erin M. Miller, Marcia Valenstein, Thomas J. Waltz, Lisa V. Rubenstein

Published in: General Hospital Psychiatry, 2012 (via RAND Corporation)

OBJECTIVE:

Associations between depression, productivity and work loss have been reported, yet few studies have examined relationships between longitudinal depression status and employment continuity. We assessed these relationships among Veterans of conventional working ages.

METHODS:

We used longitudinal survey data from Veterans receiving primary care in 1 of 10 Veterans Health Administration primary care practices in five states. Our sample included 516 participants with nine-item Patient Health Questionnaire (PHQ-9) scores indicating probable major depression (PHQ-9 \geq 10) at baseline and who completed either the 7-month follow-up survey or follow-up surveys at both 7 and 18 months postbaseline. We examined relationships between depression persistence and employment status using multinomial logistic regression models.

RESULTS:

Although general employment rates remained stable (21%–23%), improved depression status was associated with an increased likelihood of becoming employed over 7 months among those who were both depressed and nonemployed at baseline. Improvements in depression status starting at 7 months and continuing through 18 months were associated with remaining employed over the 18-month period, relative to those who were depressed throughout the same time frame.

CONCLUSIONS:

Given the pressing need to prevent socioeconomic deterioration in the increasing population of conventional working-aged Operation Enduring Freedom and Operation Iraqi Freedom Veterans, further attention to the depression/employment relationship is urgently needed.

<http://www.ncbi.nlm.nih.gov/pubmed/22854726?dopt=Abstract>

Psychiatr Serv. 2012 Aug 1;63(8):785-92.

Use of Fidelity Assessments to Train Clinicians in the CBT for PTSD Program for Clients With Serious Mental Illness.

Lu W, Yanos PT, Gottlieb JD, Duva SM, Silverstein SM, Xie H, Rosenberg SD, Mueser KT.

Abstract

OBJECTIVE:

One barrier to disseminating evidence-based practices for persons with serious mental illness is the difficulty of training frontline clinicians. This study evaluated whether frontline clinicians could be trained to implement an empirically supported cognitive-behavioral therapy (CBT) program for posttraumatic stress disorder (PTSD) among persons with serious mental illness when a standardized fidelity measure was used to provide clinicians with feedback on practice cases.

METHODS:

Twenty-five clinicians (23 master's level) at five agency sites were trained in the CBT for PTSD program and delivered it to 35 clients (practice cases) over six months. Supervisors or consultants used the fidelity measure to rate audio-recorded sessions and provide feedback. A criterion of competence was

established to designate program certification. Clients' PTSD and depression symptoms were monitored. Clinicians' satisfaction with training was also assessed.

RESULTS:

Two clinicians dropped out, and 21 of the remaining 23 clinicians (91%) achieved program certification with their first case; the remaining two (9%) achieved it with their second case. Clients' symptoms, measured by the PTSD Checklist and the Beck Depression Inventory, decreased significantly during treatment, suggesting clinical benefits of the program. Clinicians reported that group supervision was very helpful and written feedback was helpful or very helpful. All rated the training as excellent.

CONCLUSIONS:

Results support the feasibility of training frontline clinicians in the CBT for PTSD program by using regular feedback based on the fidelity measure and indicate that most clinicians can achieve competence in the model with a single practice case. (Psychiatric Services 63:785-792, 2012; doi: 10.1176/appi.ps.201000458).

<http://www.ncbi.nlm.nih.gov/pubmed/22853793?dopt=Abstract>

Expert Rev Neurother. 2012 Jul;12(7):861-70.

Internet-based psychological treatments for depression.

Johansson R, Andersson G.

Source: Department of Behavioural Sciences and Learning, Linköping University, SE-58183 Linköping, Sweden.

Abstract

Major depression is highly prevalent, and is associated with high societal costs and individual suffering. Evidence-based psychological treatments obtain good results, but access to these treatments is limited. One way to solve this problem is to provide internet-based psychological treatments, for example, with therapist support via email. During the last decade, internet-delivered cognitive-behavioral therapy (ICBT) has been tested in a series of controlled trials. However, the ICBT interventions are delivered with different levels of contact with a clinician, ranging from nonexistent to a thorough pretreatment assessment in addition to continuous support during treatment. In this review, the authors have found an evidence for a strong correlation between the degree of support and outcome. The authors have also reviewed how treatment content in ICBT varies among treatments, and how various therapist factors may influence outcome. Future possible applications of ICBT for depression and future research needs are also discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/22854587?dopt=Abstract>

J Neurosurg Sci. 2012 Sep;56(3):191-202.

An update on traumatic brain injuries.

Timmons SD.

Source: Department of Neurosurgery, Geisinger Health System, Danville, PA, USA - stimmons@mac.com.

Abstract

Severe traumatic brain injury (TBI) represents a major cause of neurological mortality and morbidity throughout the world. Several challenges have been faced in the conduct of clinical research in TBI in past decades, including inclusion of a broad heterogeneity of injuries, difficulties with standardization and consistency of complex medical management, and lack of sophisticated outcomes measures to sufficiently detect differences in outcomes. Consequently, evidence-based guidelines for targeted therapeutic approaches remain for the most part at the level of Class II or III evidence. Harnessing the power of computing is paramount to our understanding of different prognostic groups in order to devise treatments of the future. Multimodality bedside monitoring of various physiological parameters and events can be deployed in the intensive care unit (ICU) but better data repositories and analytics are required. Recent developments in neuroimaging and definition of potential genetic and biological markers in TBI are also aiding in the sub-categorization of patients into finer diagnostic and prognostic groups. Using mathematical prediction models incorporating the plethora of data gathered, future research will provide means of tailoring therapies to individuals based upon best evidence in populations similar to them, and according to their own biological and physiological situation.

<http://www.ncbi.nlm.nih.gov/pubmed/22853194?dopt=Abstract>

Brain Inj. 2012 Aug 1. [Epub ahead of print]

The influence of gender on the injury severity, course and outcome of traumatic brain injury.

Renner C, Hummelsheim H, Kopczak A, Steube D, Schneider HJ, Schneider M, Kreitschmann-Andermahr I, Jordan M, Uhl E, Stalla GK.

Source: NRZ Neurological Rehabilitation Center, University of Leipzig , Leipzig , Germany.

Abstract

Objective:

To examine the independent association of gender with injury severity, clinical course, pituitary dysfunction and outcome after traumatic brain injury (TBI).

Design:

Prospective cohort, analysis of a data sub-set collected as part of the nation-wide database 'The Structured Data Assessment of Hypopituitarism after TBI and SAH'. Methods and procedures: Four hundred and twenty-seven patients following TBI were observed from acute care through neurological rehabilitation. Outcome was measured by Glasgow Outcome Scale (GOS), employment status and living situation post-injury. As a secondary outcome measure anterior pituitary function was assessed.

Results:

There were no differences in injury severity between men and women. Age had a significant effect on the GCS score ($p = 0.0295$), but gender did not ($p = 0.4105$). The outcome was equivalent between men and women once corrected for age. Logistic regression revealed that gender had no effect ($p = 0.8008$), but age ($p = 0.0021$) and initial injury severity ($p = 0.0010$) had an effect on the GOS. After correcting for pre-injury living situation and employment only initial injury severity ($p = 0.0005$) influenced GOS. Pituitary insufficiency was not affected by sex or age.

Conclusion:

Gender does not seem to influence the course and outcome of TBI. Outcome parameters were affected foremost by initial injury severity and by age, but not by sex.

<http://www.ncbi.nlm.nih.gov/pubmed/22854032?dopt=Abstract>

Can J Psychiatry. 2012 Aug;57(8):496-504.

Examining the Association Between Psychiatric Illness and Suicidal Ideation in a Sample of Treatment-Seeking Canadian Peacekeeping and Combat Veterans With Posttraumatic Stress Disorder PTSD.

Richardson JD, St Cyr KC, McIntyre-Smith AM, Haslam D, Elhai JD, Sareen J.

Source: Consultant Psychiatrist, Operational Stress Injury Clinic, Parkwood Hospital, St Joseph's Health Care London, London, Ontario; Adjunct Professor, Department of Psychiatry, The University of Western Ontario, London, Ontario; Assistant Professor, Department of Psychiatry and Behavioural Neuroscience, McMaster University, Hamilton, Ontario.

Abstract

Objective:

Our study examines the association between suicidal ideation and self-reported symptoms of posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalized anxiety disorder (GAD), and alcohol use disorder (AUD) in a sample of treatment-seeking Canadian combat and peacekeeping veterans; and identifies potential predictors of suicidal ideation.

Methods:

Actively serving Canadian Forces and Royal Canadian Mounted Police members and veterans seeking

treatment at the Parkwood Hospital Operational Stress Injury Clinic (n = 250) completed measures including the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire, the Alcohol Use Disorder Identification Test, and the PTSD Checklist-Military Version (PCL-M) between January 2002 and December 2010. Regression analyses were used to determine the respective impact of PTSD, and self-reported symptoms of MDD, GAD, AUD, and anxiety on suicidal ideation.

Results:

Most people met PCL-M screening criteria for PTSD (73.6%, n = 184), while 70.8% (n = 177) screened positively for a probable major depressive episode. PTSD symptom was significantly associated with suicidal ideation ($\beta = 0.412$, $P < 0.001$). After controlling for self-reported depressive symptom severity, AUD severity, and generalized anxiety, PTSD severity was no longer significantly associated with suicidal ideation ($\beta = 0.043$, $P = 0.58$).

Conclusions:

Although PTSD alone is associated with suicidal ideation, after controlling for common comorbid psychiatric illnesses, self-reported depressive symptom severity emerged as the most significant predictor of suicidal ideation. These findings support the importance of screening for comorbidities, particularly an MDD, as potentially modifiable conditions that are strongly related to suicidal ideation in military personnel's endorsing criteria for PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/22855235?dopt=Abstract>

IEEE Trans Neural Syst Rehabil Eng. 2012 Jul 27. [Epub ahead of print]

Cyclic Alternating Patterns in Normal Sleep and Insomnia: Structure and Content Differences.

Chouvarda I, Mendez M, Rosso V, Bianchi A, Parrino L, Grassi A, Terzano M, Cerutti S, Maglaveras N.

Abstract

This work aims to investigate new markers for the quantitative characterization of insomnia, in the context of sleep microstructure, as expressed by Cyclic Alternating Pattern (CAP) sleep. The study group includes 11 subjects with normal sleep and 10 subjects with diagnosed primary insomnia. Differences between normal sleepers and insomniacs are investigated, in terms of dynamics and content of CAP events. The overall rate of CAP and of different phases is considered. The dynamic in the structure and alternation of CAP events is further studied in different scales by use of wavelet analysis, and calculation of energy / entropy features. The content of CAP events is studied in terms of EEG complexity analysis for the different types of events. Statistically significant differences are highlighted, both in structure and content. Besides confirming the increase in CAP rate, main findings regarding the microstructure difference in insomnia include, a) as regards the deep sleep building phases, more irregular activation-deactivation patterns, with bigger deactivation time, i.e. distance between consecutive activation events, and appearing with higher EEG complexity in deactivation, and b) a bigger duration of desynchronisation phases, with increased EEG complexity and more irregular patterns. This analysis

extends previous findings on the relation between CAPrate increase and sleep instability mechanisms, proposing specific features of CAP that seem to play a role in insomnia (as consistently presented via classification analysis). This opens new perspectives for the understanding of the role of CAP in the quantitative characterization of sleep and its disorders.

http://sophia.stkate.edu/msw_papers/82/

How Deployed Service Members Make Meaning of Their Experiences: Chaplains' Perspectives.

Jessica Roemer, St. Catherine University

Master of Social Work Research Papers

St. Catherine University/University of St. Thomas

April 2012

Every service member experiences and is affected by deployment differently; there are, however, trends in the ways that service members are affected and ways in which they cope. The researcher explored the effect of deployment on religious and spiritual beliefs and the ways that service members use their religious and spiritual beliefs to make meaning of their experiences. Interviews were conducted with seven participants (n=7), primarily chaplains, who had discussed religious and spiritual matters with post-9/11 service members during deployment. This study found that deployment has an effect on the religious and spiritual beliefs of service members, and they use their beliefs to cope and to make meaning of their experiences. Service members cope through prayer, worship, good luck charms, reading Scripture, and discussions with others. The participants described how, why, and when service members make meaning and events where meaning was difficult to find. These findings indicate that social workers should assess for the religious and spiritual needs of service members because of the role that these beliefs play in coping and making meaning. Social workers should then make referrals if the needs of service members are beyond their scope of practice.

<https://www.jaaos.org/content/20/supplement/S23.full>

The Changing Face of Disability in the US Army: The Operation Enduring Freedom and Operation Iraqi Freedom Effect.

CPT Jeanne C. Patzkowski, MD, MC, USA, CPT Jessica C. Rivera, MD, COL James R. Ficke, MD and Joseph C. Wenke, PhD

From the United States Army Institute of Surgical Research (Dr. Patzkowski and Dr. Wenke) and the San Antonio Military Medical Center (Dr. Patzkowski, Dr. Rivera, and Dr. Ficke), Fort Sam Houston, TX.

Journal of the American Academy of Orthopaedic Surgeons

August 2012 (vol. 20 no. suppl S23-S30)

Orthopaedic disorders account for significant disability among adults in the United States. Previous studies have demonstrated long-term disability in military personnel with musculoskeletal conditions. However, these studies focused primarily on battlefield-injured service members and did not evaluate the entire population. The goal of this study was to determine and compare the disabling conditions of the entire United States Army during peacetime and war. We identified the conditions leading to separation from military service before and during Operation Iraqi Freedom and Operation Enduring Freedom. During war, more soldiers are found to be unfit for duty, and they have more conditions per individual that make them unfit. Orthopaedic conditions account for the greatest number of soldiers separated from military service at both time points studied (ie, January through March 2001, January through March 2009). Back pain and osteoarthritis are the two most common causes of separation from military service; these conditions are responsible for the most disability during peacetime and war.

Shirl's note:

Further down in this paper, it says:

The percentage of soldiers found to be unfit because of nonorthopaedic conditions did not change significantly between time points for most conditions. However, the percentage of psychiatric disorders, PTSD, and TBI increased dramatically...

<http://www.sciencedirect.com/science/article/pii/S1532046412001062>

Avatar-based simulation in the evaluation of diagnosis and management of mental health disorders in primary care.

Rachel M. Satter, Trevor Cohen, Pierina Ortiz, Kanav Kahol, James Mackenzie, Carol Olson, Mina Johnson, Vimla L. Patel

Journal of Biomedical Informatics

Available online 2 August 2012, ISSN 1532-0464, 10.1016/j.jbi.2012.07.009.

Major Depressive Disorder (MDD) and Posttraumatic Stress Disorder (PTSD) are highly prevalent illnesses, but the literature suggests they are under-detected and suboptimally managed by primary care practitioners (PCPs). In this paper, we propose and use an evaluation method, using digitally simulated patients (avatars) to evaluate the diagnostic and therapeutic reasoning of PCPs and compared it to the traditional use of paper-based cases. Verbal (think-aloud) protocols were captured in the context of a diagnostic and therapeutic reasoning task. Propositional and semantic representational analysis of simulation data during evaluation, showed specific deficiencies in PCP reasoning, suggesting a promise of this technology in training and evaluation in mental health. Avatars are flexible and easily modifiable and are also a cost-effective and easy-to-disseminate educational tool.

http://sophia.stkate.edu/msw_papers/86/

Why Are You Crying?: The Impact of Parental Trauma on the Child.

Michael C. Schaeffer, St. Catherine University

Master of Social Work Research Papers

St. Catherine University/University of St. Thomas

May 2012

The purpose of this research project was to investigate the impact of parental trauma symptoms on the child. The researcher became interested in this topic over the last few years with the increased reports of post traumatic stress disorder (PTSD) on returning vets from the Iraq and Afghanistan wars. With reports of increase domestic abuse and suicides in this population, the research was curious how these symptoms of trauma impacted their children. The majority of the research reviewed centered around quantitative studies where parents had developed classic single event PTSD symptoms from war trauma (vs. complex PTSD), and how the diagnosis impacted their child on a micro level. The writer conducted a qualitative research project with 8 licensed mental health professionals who worked directly with children and families in private psychotherapy. Most of the findings supported the data in the existing literature. However, a major finding was that in some cases a trauma bond between parent and child existed that was so invasive it replaced any sort of nurturance, security, or love between the parent and child, and yet they remained connected to each other. An implication for social work would be the importance of working from a systems perspective so that the child is not labeled as the sole problem, and that potential new treatments could be developed to work collaboratively with both the child and parent. Future research recommendations include: 1) studying a larger sample in order to generalize the population, 2) Identifying if the parent has a specific PTSD diagnosis in case examples, 3) Studying how the age of the child mediates the impact of the parent's PTSD symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/22865155?dopt=Abstract>

Curr Psychiatry Rep. 2012 Aug 5. [Epub ahead of print]

Is Chronic Insomnia a Precursor to Major Depression? Epidemiological and Biological Findings.

Baglioni C, Riemann D.

Source: Department of Psychiatry and Psychotherapy, University of Freiburg Medical Center, Hauptstraße 5, 79104, Freiburg, Germany, chiara.baglioni@uniklinik-freiburg.de.

Abstract

Insomnia has been found to be a clinical predictor of subsequent depression. Nevertheless the biological processes underlying this causal relationship are yet not fully understood. Both conditions share a common imbalance of the arousal system. Patients with insomnia present fragmented REM sleep, which probably interferes with basal processes of emotion regulation. The interaction between the arousal and the affective system with the persistence of the disorder could slowly alter also the cognitive system and lead to depression. Although preliminary results seem to support this hypothesis, data are still too few to make valid conclusions.

<http://www.ncbi.nlm.nih.gov/pubmed/22305407?dopt=Abstract>

Sleep Med. 2012 Apr;13(4):327-34. Epub 2012 Feb 1.

Poor sleep as a potential causal factor in aggression and violence.

Kamphuis J, Meerlo P, Koolhaas JM, Lancel M.

Source: Department of Forensic Psychiatry, Mental Health Services Drenthe, Assen, Netherlands.
Jeanine.Kamphuis@ggzdrenthe.nl

Abstract

Clinical observations suggest that sleep problems may be a causal factor in the development of reactive aggression and violence. In this review we give an overview of existing literature on the relation between poor sleep and aggression, irritability, and hostility. Correlational studies are supporting such a relationship. Although limited in number, some studies suggest that treatment of sleep disturbances reduces aggressiveness and problematic behavior. In line with this is the finding that sleep deprivation actually increases aggressive behavior in animals and anger, short-temperedness, and the outward expression of aggressive impulses in humans. In most people poor sleep will not evoke actual physical aggression, but certain individuals, such as forensic psychiatric patients, may be particularly vulnerable to the emotional dysregulating effects of sleep disturbances. The relation between sleep problems and aggression may be mediated by the negative effect of sleep loss on prefrontal cortical functioning. This most likely contributes to loss of control over emotions, including loss of the regulation of aggressive impulses to context-appropriate behavior. Other potential contributing mechanisms connecting sleep problems to aggression and violence are most likely found within the central serotonergic and the hypothalamic-pituitary-adrenal-axis. Individual variation within these neurobiological systems may be responsible for amplified aggressive responses induced by sleep loss in certain individuals. It is of great importance to identify the individuals at risk, since recognition and adequate treatment of their sleep problems may reduce aggressive and violent incidents.

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Links of Interest

New Employment Initiatives for Veterans

<http://www.dol.gov/vets/goldcard.html>

Decoding the Science of Sleep

http://online.wsj.com/article/SB10000872396390443866404577565781327694346.html?mod=rss_Today's_Most_Popular

USF course aids health providers with vets' care

<http://www2.tbo.com/news/breaking-news/2012/aug/06/memeto1-usf-course-aids-health-providers-with-vets-ar-454551/>

Can You Fake Mental Illness?

http://www.slate.com/articles/health_and_science/science/2012/08/faking_insanity_forensic_psychologists_detect_signs_of_malingering_.html

New Gene Linked to PTSD Identified

<http://www.sciencedaily.com/releases/2012/08/120807132213.htm>

A longitudinal study of pain and pain catastrophizing in a cohort of National Guard troops at risk for PTSD

[http://www.painjournalonline.com/article/S0304-3959\(12\)00375-2/abstract](http://www.painjournalonline.com/article/S0304-3959(12)00375-2/abstract)

NIH MedlinePlus: Diagnosing Sleep Disorders

<http://www.nlm.nih.gov/medlineplus/magazine/issues/summer12/articles/summer12pg18.html>

New substance abuse program seeks better outcomes for 'nation's heroes'

http://www.army.mil/article/85009/New_substance_abuse_program_seeks_better_outcomes_for_nation_s_heroes/

Cultural Competency Key to Meeting the Health Needs of Latino Veterans

http://www.americanprogress.org/issues/2012/08/latino_veterans.html

Army standardizes PTSD diagnosis, treatment

http://www.army.mil/article/84928/Army_standardizes_PTSD_diagnosis_treatment/

Smart Phones, Service Members & PTSD Treatments

<http://science.dodlive.mil/2012/07/31/smart-phones-service-members-ptsd-treatments/>

New generation of virtual humans helping to train psychologists

http://www.eurekalert.org/pub_releases/2012-08/apa-ngo080312.php

'Socialized' or Not, We Can Learn from the VA

<http://www.rand.org/commentary/2012/08/08/RAND.html>

Sleep Deprivation May Reduce Risk of PTSD

<http://www.sciencedaily.com/releases/2012/07/120718131750.htm>

Research Tip of the Week – [Pillbox \(NLM\)](#)

Health-related searches of any type on the Internet can be riddled with minefields. The amount of [quackery](#) and/or the number of people trying to sell you stuff can make it difficult to find reliable information. You really can't go wrong, however, if you start your search at [MedlinePlus](#), from the National Library of Medicine (NLM). Every site that comes up in your search results is something that has been vetted by a medical librarian and/or a subject-area specialist.

Pillbox is a new-ish “beta” tool from the NLM. It allows you to identify drugs based on appearance. Consider this scenario: You visit an elderly parent who is taking an array of prescription medications, but s/he has taken them out of the pharmacy containers and put them into one of those day-of-the-week “pill reminder” boxes. And s/he can't remember the names of some or all of the medications or even what conditions they treat.

Pillbox allows you to identify a pill based on its physical characteristics, incorporating high-resolution images. And once you zero in on the medication, you'll find links to information about that drug, including labeling information.

You can also do an advanced search based on the name of the drug, its active ingredients and more.

The screenshot shows the Pillbox website interface. At the top, there is a navigation bar with links for Home, About, FAQ, Pill Images, API, and Feedback. The main heading reads "Two ways to identify an unknown pill". Below this, there are two columns: "Quick Search (rapid identification, sort pills by color, shape, etc.)" and "Advanced Search (includes searching by drug name, inactive ingredients, and more)". The "What?" section explains that Pillbox enables rapid identification of unknown solid-dosage medications based on physical characteristics and high-resolution images, and that once identified, it provides links to drug information and labels. The "How?" section states that the tool combines data from drug labels submitted to the FDA and NLM's RxNorm, and that its data and search engine are available through an API. The footer includes the National Library of Medicine logo and text: "National Library of Medicine National Institutes of Health U.S. Dept. of Health & Human Services Copyright Accessibility". The date "Last updated: June 14, 2012" is also visible.

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