CDP Research Update -- September 27, 2012

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http://www.sciencedirect.com/science/article/pii/S0010440X12001423

Teaching Evidence-Based Approaches to Suicide Risk Assessment and Prevention that Enhance Psychiatric Training.

Sidney Zisook, Joan Anzia, Ashutosh Atri, Argelinda Baroni, Paula Clayton, Ellen Haller, James W. Lomax, J. John Mann, Maria A. Oquendo, Michele Pato, M. Mercedes Perez-Rodriguez, Deepak Prabhakar, Srijan Sen, Grace Thrall, Zimri S. Yaseen

Comprehensive Psychiatry

Available online 17 September 2012

This report describes one in a series of National Institute of Health (NIH) supported conferences aimed at enhancing the ability of leaders of psychiatry residency training to teach research literacy and produce both clinician-scholars and physician-scientists in their home programs. Most psychiatry training directors would not consider themselves research scholars or even well-schooled in evidence based practice. Yet they are the front line educators to prepare tomorrow's psychiatrists to keep up with, critically evaluate, and in some cases actually participate in the discovery of new and emerging psychiatric knowledge. This annual conference is meant to help psychiatry training directors become more enthusiastic, knowledgeable and pedagogically prepared to create research-friendly environments at their home institutions, so that more trainees will, in turn, become research literate, practice evidence-based psychiatry, and enter research fellowships and careers. The overall design of each year's meeting is a series of plenary sessions introducing participants to new information pertaining to the core theme of that year's meeting, integrated with highly interactive small group teaching sessions designed to consolidate knowledge and provide pragmatic teaching tools appropriate for residents at various levels of training. The theme of each meeting, selected to be a compelling and contemporary clinical problem, serves as a vehicle to capture training directors' attention while teaching relevant brain science, research literacy and effective pedagogy. This report describes the content and assessment of

the 2011 annual pre-meeting, “Evidence-based Approaches to Suicide Risk Assessment and Prevention: Insights from the Neurosciences and Behavioral Sciences for use in Psychiatry Residency Training.”

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http://jesoor.org/wp-content/uploads/2012/09/PTSD_Problems-to-Arab-World.pdf

Problems in Applying Diagnostic Concepts of PTSD and Trauma in the Middle East.

Abdelhamid Afana

The Arab Journal of Psychiatry (2012) Vol. 23 supplement Page (28-34)

The aim of this paper is to examine the conceptual and cultural validity of the diagnostic concept of Post-Traumatic Stress Disorder (PTSD) as applied to traumatized people in the Arab region, and to consider the implications of this examination for the development of the ICD-11 by the World Health Organization. The transcultural applicability of the diagnostic category of PTSD as currently described in both ICD-10 and DSM-IV has been a matter of extensive debate, both in terms of the category’s validity and in terms of its clinical utility for people in the Middle East. Although the diagnostic construct of PTSD describes some features of a universal trauma response, it ignores other, more culturallyspecific forms of expressing trauma-related symptoms. These local idioms of distress should be considered in the development of a new classification system intended to be globally applicable. Mental health professionals need this information to more accurately assess illness presentation, to better communicate their understanding and concern, to promote treatment acceptance, and to reduce disease burden. The existing diagnostic conceptualization of PTSD also contributes to the medicalization of suffering and risks diverting attention from understanding and addressing the broader social causes and consequences of traumatic events such as war and genocide. The new classification should consider changing the name of PTSD to “Trauma Reactions”, broaden the concept considerably, and discourage its overuse as an explanatory concept for widespread suffering in situations of violent political conflict.

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http://www.hindawi.com/journals/drt/2012/425463/

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

Laurel L. Hourani, Jason Williams, Valerie Forman-Hoffman, Marian E. Lane, Belinda Weimer, and Robert M. Bray

Depression Research and Treatment, vol. 2012, Article ID 425463, 9 pages, 2012.
doi:10.1155/2012/425463

Understanding the role of spirituality as a potential coping mechanism for military personnel is important given growing concern about the mental health issues of personnel returning from war. This study seeks to determine the extent to which spirituality is associated with selected mental health

problems among active duty military personnel and whether it moderates the relationship between combat exposure/deployment and (a) depression, (b) posttraumatic stress disorder (PTSD), and (c) suicidality in active duty military personnel. Data were drawn from the 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. Over 24,000 randomly selected active duty personnel worldwide completed an anonymous self-report questionnaire. High spirituality had a significant protective effect only for depression symptoms. Medium, as opposed to high or low, levels of spirituality buffered each of the mental health outcomes to some degree. Medium and low spirituality levels predicted depression symptoms but only among those with moderate combat exposure. Medium spirituality levels also predicted PTSD symptoms among those with moderate levels of combat exposure and predicted self-reported suicidal ideation/attempt among those never deployed. These results point to the complex relationship between spirituality and mental health, particularly among military personnel and the need for further research.

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http://www.tandfonline.com/doi/abs/10.1080/15332985.2012.709480

Substance Use and Mental Health Disorders: Why Do Some People Suffer From Both?

Amanda R. Reedy, Rie Kobayashi

Social Work in Mental Health

Vol. 10, Iss. 6, 2012

Social workers intervene with clients with co-occurring substance use and mental health disorders in their daily practice. Many social workers may not have a full understanding of the theories about why people have co-occurring disorders. The theory that social workers are most familiar with, the self-medication model, may not best explain the client's experience and may cause social workers to overlook the needs of some clients. In this article, the four main models used to explain why people have co-occurring disorders are examined, empirical literature related to each model is critiqued, and implications for practice, policy, and research are discussed.

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http://psycnet.apa.org/psycinfo/2012-24958-001/

Technology Complementing Military Psychology Programs and Services in the Pacific Regional Medical Command.

Stetz, Melba C.; Folen, Raymond A.; Van Horn, Sandra; Ruseborn, Daniel; Samuel, Kevin M.

Psychological Services, Sep 17 , 2012, No Pagination Specified. doi: 10.1037/a0027896

The Tripler Army Medical Center is the only federal tertiary care hospital serving the Pacific Regional Medical Command. Due to Tripler's large area of responsibility, many behavioral health professionals

are starting to employ more technology during their sessions. As explained in this article, virtual reality and telepsychology efforts are proving to benefit military service members and their families in the Pacific Rim. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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http://onlinelibrary.wiley.com/doi/10.1111/j.2153-9588.2012.01096.x/abstract

POST-TRAUMATIC STRESS DISORDER AND NEUROANTHROPOLOGY: STOPPING PTSD BEFORE IT BEGINS.

Collura, G. L. and Lende, D. H.

Annals of Anthropological Practice, 36: 131–148. doi: 10.1111/j.2153-9588.2012.01096.x

Post-traumatic stress disorder (PTSD) is a problem that affects many combatants in war, including a high percentage of military personnel serving in Iraq and Afghanistan. The high rates of PTSD among veterans has pushed research and intervention to address the serious mental and behavioral health problems associated with wartime trauma. However, these efforts have largely proceeded using biomedical and psychological approaches, without recognizing the institutional and social contexts of trauma, adaptation, and recovery. Moreover, biomedical and psychological approaches have serious shortcomings in recognizing how individual–environment interactions, meaningful interpretations, and sense of identity play a key role in the impact of trauma and development (or not) of PTSD. A neuroanthropological approach can use ideas of neural plasticity and the encultured brain to link culture, interpretation and identity, and the impact of trauma. This synthetic approach then permits a critique of present efforts in the U.S. military to increase resilience and prevent PTSD, and propose alternative strategies and research approaches to more effectively understand and address PTSD.

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http://www.springerlink.com/content/811310r70438j102/

Can We Really Prevent Suicide?

Maya Schwartz-Lifshitz, Gil Zalsman, Lucas Giner and Maria A. Oquendo

Current Psychiatry Reports

Published online: 21 September 2012

Every year, suicide is among the top 20 leading causes of death globally for all ages. Unfortunately, suicide is difficult to prevent, in large part because the prevalence of risk factors is high among the general population. In this review, clinical and psychological risk factors are examined and methods for suicide prevention are discussed. Prevention strategies found to be effective in suicide prevention include means restriction, responsible media coverage, and general public education, as well identification methods such as screening, gatekeeper training, and primary care physician education.

Although the treatment for preventing suicide is difficult, follow-up that includes pharmacotherapy, psychotherapy, or both may be useful. However, prevention methods cannot be restricted to the individual. Community, social, and policy interventions will also be essential.

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http://psycnet.apa.org/psycinfo/2012-24748-001/

Mobile, Social, and Wearable Computing and the Evolution of Psychological Practice.

Morris, Margaret E.; Aguilera, Adrian

Professional Psychology: Research and Practice, Sep 17 , 2012

Psychological assessment and intervention are extending from the clinic into daily life. Multiple forces are at play: Advances in mobile technology, constrained clinical care, and consumer demand for contextualized, nonstigmatizing, and low-cost alternatives are beginning to change the face of psychological assessment and interventions. Mobile, social, and wearable technologies are now enabling individuals to measure themselves and to integrate myriad forms of help and entertainment. The massive data sets generated by self-tracking of mood and passive sensing of voice, activity, and physiology may eventually reorganize taxonomies of mental health concerns. Compelling mobile therapies will also emerge, involving contextually appropriate, entertaining, and dynamic feedback to provide help in the context of daily life. The efficacy of such applications will be tested through citizen science as well as clinical trials. This article reviews technical advances that can be applied to enhance assessment and intervention and dramatically increase access to psychotherapy. It is recommended that, in addition to exploring clinically oriented products, practitioners should support patients' use of direct-to-consumer applications in ways that align with therapeutic objectives.

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http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html

National Strategy for Suicide Prevention: Goals and Objectives for Action

From press release:

Today on World Suicide Prevention Day, the National Action Alliance for Suicide Prevention (Action Alliance) released an ambitious national strategy to reduce the number of deaths by suicide. The strategy was called for by Health and Human Services (HHS) Secretary Kathleen Sebelius and former Department of Defense Secretary Robert Gates when they launched the Action Alliance on Sept. 10, 2010. The 2012 National Strategy for Suicide Prevention, a report from the U.S. Surgeon General and the Action Alliance, details 13 goals and 60 objectives for reducing suicides over the next 10 years.

The Action Alliance, co-chaired by Gordon Smith, chief executive of the National Association of Broadcasters, and Army Secretary John McHugh, highlights four immediate priorities to reduce the

number of suicides: integrating suicide prevention into health care policies; encouraging the transformation of health care systems to prevent suicide; changing the way the public talks about suicide and suicide prevention; and improving the quality of data on suicidal behaviors to develop increasingly effective prevention efforts.

The Obama Administration also announced a series of activities that will help prevent suicide:

- Secretary Sebelius announced $55.6 million in new grants for national, state, tribal, campus and community suicide prevention programs made possible under the Garrett Lee Smith Memorial Act and partially funded by the Prevention and Public Health Fund under the Affordable Care Act, the health care law enacted in 2010.

- The Department of Veterans Affairs (VA) launched, Stand by Them: Help a Veteran, a joint VA-Department of Defense (DoD) outreach campaign that includes a new public service announcement, Side by Side, designed to help prevent suicide among veterans and servicemembers and focuses on the important role family and community play in supporting Veterans in crisis. Throughout September and beyond, VA and DoD are urging community-based organizations, Veterans Service Organizations, health care providers, private companies and other government agencies to connect Veterans and Service members in need of assistance to the Veterans Crisis Line (1-800-273-8255, press 1). Additionally, as directed by President Obama's Mental Health Executive Order issued August 31st, VA is also increasing the workforce of the Crisis Line by 50% and hiring 1,600 new mental health professionals.

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http://www.ncbi.nlm.nih.gov/pubmed/23002418?dopt=Abstract

Psychol Trauma. 2012 Sep;4(5):527-537. Epub 2012 Jan 23.

Investigating Cognitive Pathways to Psychopathology: Predicting Depression and Posttraumatic Stress Disorder From Early Responses After Assault.

Kleim B, Ehlers A, Glucksman E.

Source: Institute of Psychiatry, Kings College London, London, United Kingdom.

Abstract

Depression and posttraumatic stress disorder (PTSD) are common after trauma, but it remains unclear what factors determine which disorder a trauma survivor will develop. A prospective longitudinal study of 222 assault survivors assessed candidate predictors derived from cognitive models of depression and PTSD at 2 weeks posttrauma (N = 222), and depression and PTSD symptom severities (N = 183, 82%) and diagnoses at 6 months (N = 205, 92%). Structural equation modeling showed that the depression and PTSD models predicted both depression and PTSD symptom severity, but that the disorder-specific models predicted the respective outcome best (43% for depression, 59% for PTSD symptom severity).

Maintaining cognitive variables (hopelessness and self-devaluative thoughts in depression; cognitive responses to intrusive memories and persistent dissociation in PTSD) showed the clearest specific relationships with outcome. Model-derived variables predicted depression and PTSD diagnoses at 6 months over and above what could be predicted from initial diagnoses. Results support the role of cognitive factors in the development of depression and PTSD after trauma, and provide preliminary evidence for some specificity in maintaining cognitive mechanisms.

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http://www.ncbi.nlm.nih.gov/pubmed/23001992?dopt=Abstract

Cogn Affect Behav Neurosci. 2012 Sep 23. [Epub ahead of print]

Individual differences in spatial configuration learning predict the occurrence of intrusive memories.

Meyer T, Smeets T, Giesbrecht T, Quaedflieg CW, Girardelli MM, Mackay GR, Merckelbach H.

Source: Faculty of Psychology and Neuroscience, Maastricht University, P.O. Box 616, 6200 MD, Maastricht, The Netherlands, thomas.meyer@maastrichtuniversity.nl.

Abstract

The dual-representation model of posttraumatic stress disorder (PTSD; Brewin, Gregory, Lipton, & Burgess, Psychological Review, 117, 210-232 2010) argues that intrusions occur when people fail to construct context-based representations during adverse experiences. The present study tested a specific prediction flowing from this model. In particular, we investigated whether the efficiency of temporal-lobe-based spatial configuration learning would account for individual differences in intrusive experiences and physiological reactivity in the laboratory. Participants (N = 82) completed the contextual cuing paradigm, which assesses spatial configuration learning that is believed to depend on associative encoding in the parahippocampus. They were then shown a trauma film. Afterward, startle responses were quantified during presentation of trauma reminder pictures versus unrelated neutral and emotional pictures. PTSD symptoms were recorded in the week following participation. Better configuration learning performance was associated with fewer perceptual intrusions, $r = -.33$, $p < .01$, but was unrelated to physiological responses to trauma reminder images ($ps > .46$) and had no direct effect on intrusion-related distress and overall PTSD symptoms, $rs > -.12$, $ps > .29$. However, configuration learning performance tended to be associated with reduced physiological responses to unrelated negative images, $r = -.20$, $p = .07$. Thus, while spatial configuration learning appears to be unrelated to affective responding to trauma reminders, our overall findings support the idea that the context-based memory system helps to reduce intrusions.

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http://www.ncbi.nlm.nih.gov/pubmed/23010311?dopt=Abstract

Brain Res. 2012 Sep 22. pii: S0006-8993(12)01531-4. doi: 10.1016/j.brainres.2012.09.029. [Epub ahead of print]

A preliminary study of alterations in default network connectivity in posttraumatic stress disorder patients following recent trauma.

Qin LD, Wang Z, Sun YW, Wan JQ, Su SS, Zhou Y, Xu JR.

Source: Department of Radiology, Ren Ji Hospital, Jiao Tong University School of Medicine, Shanghai 200127, P.R. China.

Abstract

This study used resting-state functional magnetic resonance imaging (fMRI) to investigate whether functional connectivity is altered in people developing post-traumatic stress disorder (PTSD) following recent trauma. Sixty-two participants experienced recent acute traumatic events underwent a 7.3 minute resting fMRI scan within 2 days post-accident. Of these, 22 participants were diagnosed with PTSD within 1 to 6 months. Nineteen age- and sex-matched subjects without PTSD were selected as the trauma-exposed control group. Posterior cingulate cortex connectivity was determined from 17 PTSD patients and 15 control subjects by investigating synchronic low-frequency fMRI signal fluctuations using a temporal correlation method. To assess the relationship between PTSD symptom severity and PCC connectivity, the contrast image representing areas correlated with the PCC was correlated with the 17 PTSD subjects' Clinician Administered PTSD Scale (CAPS) scores at diagnosis. Compared with the control group, PTSD patients exhibited decreased functional connectivity in the right lingual and right middle temporal gyri, and left lingual/posterior cingulate cortex. The left inferior temporal gyrus, right middle temporal gyrus, left middle temporal gyrus/insula, left medial frontal lobe/anterior cingulate cortex, and right medial frontal gyrus also showed increased connectivity within 2 days post-accident. A negative correlation was found between PCC connectivity and CAPS scores in the left medial prefrontal cortex (mPFC). These results suggest that patients who develop PTSD exhibit different resting-state patterns of neuronal activity following recent trauma. Abnormal FC of mPFC may be a major risk factor predisposing patients to the development of PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23009368?dopt=Abstract

Anxiety Stress Coping. 2012 Sep 26. [Epub ahead of print]

Perceptions of stigma and barriers to care among UK military personnel deployed to Afghanistan and Iraq.

Osório C, Jones N, Fertout M, Greenberg N.

Source: Academic Centre for Defence Mental Health, Academic Department of Psychological Medicine , Institute of Psychiatry , London , UK.

Abstract

Abstract Perceived stigma and organizational barriers to care (stigma/BTC) can influence the decision to seek help for military personnel when they are suffering from mental health problems. We examined the relationship between stigmatizing beliefs, perceived BTC, and probable post-traumatic stress disorder (PTSD) in 23,101 UK military personnel deployed to Afghanistan and Iraq both during and after deployment; and in a smaller group some six months later. Overall, our results suggest that stigma/BTC perceptions were significantly, and substantially higher during deployment than when personnel are returning home; however, within the smaller follow-up group, the rates climbed significantly over the first six-months post-deployment although they still remained lower than during-deployment levels. Male personnel, those who reported higher levels of PTSD symptoms and/or greater combat exposure were significantly more likely to endorse more stigma/BTC at both sampling points. Rates of stigma/BTC on deployment are substantially higher than rates measured when personnel are in less threatening environments. We suggest that the considerable efforts that military forces make to encourage effective help seeking should take account of the fluctuating levels of stigma/BTC. Commanders should be aware that encouraging help seeking may be more difficult in operational environments than when personnel have returned home.

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http://www.ncbi.nlm.nih.gov/pubmed/22396046?dopt=Abstract

J Behav Health Serv Res. 2012 Jul;39(3):220-33.

Utilization and intensity of outpatient care related to military sexual trauma for veterans from Afghanistan and Iraq.

Turchik JA, Pavao J, Hyun J, Mark H, Kimerling R.

Source: Department of Psychiatry and Behavioral Sciences, Stanford University Medical School, Stanford, CA, USA. jturchik@stanford.edu

Abstract

Little research has examined factors associated with the utilization of outpatient health care services related to sexual assault experiences. The Veterans Health Administration provides free outpatient treatment services to veterans who report military sexual trauma (MST); this system provides a unique opportunity to examine factors related to the utilization of mental health and non-mental health outpatient services by patients with sexual trauma. The current study examined sociodemographic, military service factors, and primary diagnoses related to utilization and utilization intensity of MST-related care among 4,458 Operation Enduring Freedom/Operation Iraqi Freedom Veterans in a 1-year period after reporting an experience of MST. Of the veterans who reported MST, 75.9% received MST-

related care. The most notable factor that influenced receipt and intensity of MST-related care was gender, where male veterans used less care than female veterans. These results have important treatment implications for both veteran and civilian sexual trauma survivors.

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http://www.ncbi.nlm.nih.gov/pubmed/23007294?dopt=Abstract

Soc Psychiatry Psychiatr Epidemiol. 2012 Sep 25. [Epub ahead of print]

Lifetime traumatic experiences and their impact on PTSD: a general population study.

Lukaschek K, Kruse J, Emeny RT, Lacruz ME, von Eisenhart Rothe A, Ladwig KH.

Source: Department of Psychosomatic Medicine and Psychotherapy, University of Gießen, Friedrichstr. 33, 35392, Gießen, Germany.

Abstract

OBJECTIVE:

Exploring the relationship of exposure to a traumatic event and the subsequent onset of posttraumatic stress disorder (PTSD) in the population.

METHODS:

Posttraumatic stress disorder was assessed using the Impact of Event Scale (IES), Posttraumatic Diagnostic Scale (PDS) and interview data. Logistic regression analyses with sex, age, marital status, educational level and traumatic event characteristics were performed. Prevalences were standardised to the sex and age distribution of the German population.

RESULTS:

A total of 41 % of the subjects reported exposure to a trauma, leading to full PTSD in 1.7 % and to partial PTSD in 8.8 % of the participants. Logistic regression revealed accidents (OR 2.5, 95 % CI 1.3-4.7), nonsexual assault by known assailants (4.5, 2.1-9.8), combat/war experiences (5.9, 2.0-17.4), life-threatening illness (4.9, 2.7-8.9) and interpersonal conflicts (15.5, 2.5-96.0) as risk factors for full PTSD; risk factors for partial PTSD were accidents (3.2, 2.4-4.3), sexual (4.6, 2.2-9.6) or nonsexual (2.3, 1.4-3.8) assault by known assailants, life-threatening illness (6.2, 4.6-8.3), death of relatives (5.0, 3.2-7.8) and interpersonal conflicts (22.0, 8.3-58.1).

CONCLUSIONS:

Of subjects exposed to traumatic events, only a minority developed PTSD indicating a relationship between characteristics of the exposure and the individual and the onset of PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/22999379?dopt=Abstract

J Subst Abuse Treat. 2012 Sep 18. pii: S0740-5472(12)00144-4. doi: 10.1016/j.jsat.2012.08.009. [Epub ahead of print]

Substance use and PTSD symptoms in trauma center patients receiving mandated alcohol SBI.

Zatzick D, Donovan D, Dunn C, Russo J, Wang J, Jurkovich G, Rivara F, Whiteside L, Ries R, Gentilello L.

Source: Department of Psychiatry and Behavioral Sciences, Harborview Injury Prevention and Research Center, University of Washington School of Medicine, Seattle, WA 98104, USA. Electronic address: dzatzick@u.washington.edu.

Abstract

In an effort to integrate substance abuse treatment at trauma centers, the American College of Surgeons has mandated alcohol screening and brief intervention (SBI). Few investigations have assessed trauma center inpatients for comorbidities that may impact the effectiveness of SBI that exclusively focuses on alcohol. Randomly selected SBI eligible acute care medical inpatients (N=878) were evaluated for alcohol, illegal drugs, and symptoms consistent with a diagnosis of posttraumatic stress disorder (PTSD) using electronic medical record, toxicology, and self-report assessments; 79% of all patients had one or more alcohol, illegal drug, or PTSD symptom comorbidity. Over 70% of patients receiving alcohol SBI (n=166) demonstrated one or more illegal drug or PTSD symptom comorbidity. A majority of trauma center inpatients have comorbidities that may impact the effectiveness of mandated alcohol SBI. Investigations that realistically capture, account for, and intervene upon these common comorbid presentations are required to inform the iterative development of college policy targeting integrated substance abuse treatment at trauma centers.

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http://www.ncbi.nlm.nih.gov/pubmed/22994927?dopt=Abstract

J Neurotrauma. 2012 Sep 20. [Epub ahead of print]

Neuropsychological Outcome of mTBI: A Principal Component Analysis Approach.

Levin H, Li X, McCauley SR, Hanten G, Wilde EA, Swank PR.

Source: Baylor College of Medicine, Cognitive Neuroscience Laboratory, 1709 dryden rd, houston, Texas, United States, 77030, 7137987566; harvlev@aol.com.

Abstract

The multitude of variables associated with a battery of outcome measures presents a risk for spurious findings in clinical trials and observational studies of mild traumatic brain injury (mTBI). We have used

principal components analysis (PCA) to facilitate data reduction by identifying components which represent subsets of neuropsychological measures that are selectively correlated with each other. By merging data from two concurrent mTBI studies using the same outcome measures, we obtained a cohort of 102 mTBI patients and 85 orthopedic injury (OI) comparison patients whom we recruited from 24 hours to 96 hours post-injury and evaluated at one week, 1 month, and three months post-injury. Cognitive domains included episodic memory, evaluated by both verbal and visual memory tasks, cognitive processing speed tests, and executive function. Post-concussion and stress related symptoms were measured by rating scales. PCA identified four components, including cognitive processing speed, verbal memory, visual memory, and a symptom composite representing post-concussion and stress symptoms. mTBI patients older than the mean age of 18 years had slower cognitive processing than the OI patients, but there was no group difference in cognitive processing speed in younger patients. The symptom component score differed significantly as mTBI patients had more severe symptoms than the OI group at each occasion. Our results encourage replication with other cohorts using either the same outcome measures or at least similar domains. PCA is an approach to data reduction that could mitigate spurious findings and increase efficiency in mTBI research. Key Words: mTBI, data reduction, principal components analysis.

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http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_V6N4.pdf

Clinician's Trauma Update

ISSUE 6(4) August 2012

National Center for PTSD

CTU-Online contains summaries of clinically relevant research publications including links to the full article and the PILOTS ID number for easy access.

Links of Interest

Dangerous Dreaming: Kicking, Screaming and Falling out of Bed Might Be More Common Than Reported
http://www.sciencedaily.com/releases/2012/09/120921111032.htm

Company commander saves career, marriage by asking for help
http://www.army.mil/article/87432/Company_commander_saves_career__marriage_by_asking_for_help/

Building resiliency in military children
http://www.army.mil/article/87489/Building_resiliency_in_military_children/

Fear can be erased from the brain
http://www.eurekalert.org/pub_releases/2012-09/uu-fcb092012.php

Rethinking Sleep
http://www.nytimes.com/2012/09/23/opinion/sunday/rethinking-sleep.html

WORLD'S MOST WIRED: War Healer
http://www.wired.com/dangerroom/2012/09/worlds-most-wired-joachim-kohn/

Grief stages can be likened to pinball machine workings, Baylor University Researcher says
http://www.eurekalert.org/pub_releases/2012-09/bu-gsc092512.php

Old Guard Soldiers stand together against suicide
http://www.army.mil/article/87821/Old_Guard_Soldiers_stand_together_against_suicide/

Penn Medicine Receives $7.7 Million Grant From Department of Defense to Study PTSD
http://www.upenn.edu/pennnews/news/penn-medicine-receives-77-million-grant-department-defense-study-ptsd

New study shows PTSD symptoms reduced in combat-exposed military via integrative medicine
http://www.eurekalert.org/pub_releases/2012-09/sh-nss092112.php

Suicide Leading Cause of Injury Mortality in U. S.
http://www.sciencedaily.com/releases/2012/09/120921123959.htm

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Research Tip of the Week: Scanner Apps for Your Android or iPhone

Yes! A tech tip from a knitting blog!

> We've all been there. You are headed out the door with your latest knit or crochet project AND a book, magazine, or stack of printed off pattern pages.. What a pain. Instead of lugging that book, why not scan the pattern you are working on and store it in your smart phone? You don't waste ink or paper by printing -AND- the pattern is super portable! There are several apps that will let you take a picture of a document and then save it as a PDF document on your phone! And if you have a good PDF reader on your smart phone (like Adobe), you can easily zoom in on the PDF for print that may be small.

Obviously, these apps are useful even for those of you who don't knit or crochet. You can take pictures of receipts, business cards and other documents on the go. The blog post lists four each for Android and iOS phones.

Bonus tip: ShoeBox app for iPhone or Android.

> ShoeBox is the fastest way to scan old paper photos with your phone and share them with family and friends.

I'm the one who ended up with all the boxes of family photographs, including plenty featuring people who are a completely mystery to me. ShoeBox works in conjunction with a site called 1000Memories.

You use your phone's camera to take a picture of an old photo and then upload it to an "album" on 1000Memories; register for a free account before you start. You can make any photo or album public or private, and/or share the album URL with family and friends.

This is a lot less trouble than messing with your average consumer-grade scanner.

Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749