



## CDP Research Update -- October 4, 2012

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<http://www.ncbi.nlm.nih.gov/pubmed/23013347>

J Pers Disord. 2012 Oct;26(5):804-14.

**The Course of Anxiety Disorders Other Than PTSD in Patients with Borderline Personality Disorder and Axis II Comparison Subjects: A 10-Year Follow-Up Study.**

Silverman MH, Frankenburg FR, Reich DB, Fitzmaurice G, Zanarini MC.

Abstract

The objectives of this study were to assess the rates of comorbid anxiety disorders other than PTSD in patients with borderline personality disorder (BPD) and Axis II comparison subjects over ten years of prospective follow-up and to determine time-to-remission, recurrence, and new onset of these disorders. The SCID I was administered to 290 borderline patients and 72 Axis II comparison subjects at baseline and at five contiguous 2-year follow-up waves. The rates of anxiety disorders for those in both groups declined significantly over time, although they remained significantly higher among borderline patients. By 10-year follow-up, the rates of remission for borderline patients who met criteria for these disorders at baseline were high, while the rates of recurrences and new onsets were moderate. These results suggest that anxiety disorders are very common over time among borderline patients. They also suggest that these disorders have an intermittent course among those with BPD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23019132?dopt=Abstract>

J Pediatr Psychol. 2012 Sep 27. [Epub ahead of print]

**The Association Between Parent PTSD/Depression Symptoms and Child PTSD Symptoms: A Meta-Analysis.**

Morris A, Gabert-Quillen C, Delahanty D.

Source: Department of Psychology, Kent State University and Department of Psychology in Psychiatry, Northeast Ohio Medical University (NEOMED).

Abstract

**OBJECTIVE:**

The present article presents a meta-analysis of studies examining the association between parent posttraumatic stress disorder (PTSD)/depression symptoms and child PTSD symptoms (PTSS) after a child's exposure to a traumatic event while considering multiple moderating factors to explain heterogeneity of effect sizes.

**METHODS:**

35 studies were included: 32 involving the association between parent and child PTSS and 9 involving the association between parent depression and child PTSS.

**RESULTS:**

Across existing studies, both parent and child PTSS ( $r = 0.31$ ) and parent depression and child PTSS ( $r = 0.32$ ) yielded significant effect sizes. Parent gender, assessment type (interview vs. questionnaire), differences in assessment type for parents and children, and study design (cross-sectional vs. longitudinal) moderated the relationship between parent and child PTSS.

**CONCLUSIONS:**

The current findings confirm the associations between parental posttraumatic responses and child PTSS and highlight important moderating factors to include in future studies of child PTSS.

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<http://www.springerlink.com/content/q24n421133t74427/>

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

Karoline Lukaschek, Johannes Kruse, Rebecca Thwing Emeny, Maria Elena Lacruz, Alexander von Eisenhart Rothe and Karl-Heinz Ladwig

Social Psychiatry and Psychiatric Epidemiology

Published online 25 September 2012

**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://psycnet.apa.org/journals/cfp/1/3/213/>

#### **Treating infidelity and comorbid depression: A case study involving military deployment.**

Snyder, Douglas K.; Balderrama-Durbin, Christina; Fissette, Caitlin L.

Couple and Family Psychology: Research and Practice, Vol 1(3), Sep 2012, 213-225.

Sexual infidelity has a high prevalence in both representative community and treatment-seeking samples, and has been identified by experienced therapists as one of the more difficult couple problems to treat. Disclosure or discovery of infidelity triggers a broad range of adverse relationship and individual consequences, including increased risk of major depression and suicidality in either one or both partners. We describe an integrative approach for promoting recovery from infidelity, drawing on empirically supported treatments for couple distress as well as empirical literature regarding recovery from interpersonal trauma and relationship injuries. Using an exemplar case study involving military deployment, we feature three stages of intervention emphasizing containment of initial emotional trauma, understanding factors contributing to vulnerability to an affair, and strategies for helping partners to move on emotionally, either together or separately. The integrative treatment approach described here is the first treatment designed specifically to assist couples' recovery from an affair to garner empirical evidence of its efficacy. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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<http://www.ncbi.nlm.nih.gov/pubmed/23003117>

Psychol Serv. 2012 Sep 24. [Epub ahead of print]

#### **Standardized Beck Depression Inventory-II Scores for Male Veterans Coping With Chronic Pain.**

Lopez MN, Pierce RS, Gardner RD, Hanson RW.

#### Abstract

The Beck Depression Inventory II (BDI-II) has been suspected of overestimating the level of depression in individuals that endure chronic pain. Using a sample (N = 345) of male military veterans with chronic pain enrolled in an outpatient treatment program, a factor analysis on the BDI-II revealed a "Somatic Complaints" factor along with 2 other factors we labeled "Negative Rumination" and "Mood." Standardized scores were provided for each BDI-II factor score, Total score, and Total minus Somatic score. The internal consistency reliabilities (Gilmer-Feldt and alpha coefficients) for all scores were found to be clinically acceptable. Item-Total score correlations found that all of the BDI-II items were good discriminators ( $r > .30$ ). We conclude that the normative data provided in this study should help control for somatic responding by male chronic pain veterans on the BDI-II. We highly recommend that clinicians and researchers use the norm-referenced method when interpreting BDI-II scores from individuals suffering from chronic pain. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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<http://www.springerlink.com/content/182lw05135216494/>

#### **Veteran-Specific Suicide Prevention.**

Janet A. York, Dorian A. Lamis, Charlene A. Pope and Leonard E. Egede

Psychiatric Quarterly

Published online 26 September 2012

Suicide rates have been increasing in some subgroups of Veteran populations, such as those who have experienced combat. Several initiatives are addressing this critical need and the Department of Veterans Affairs (VA) has been recognized for its leadership. This integrative review adopts the Research Impact Framework (RIM) to address suicide-specific prevention activities targeting Veterans. The RIM is a standardized approach for developing issue narratives using four broad areas: societal-related impacts, research-related impacts, policy-related impacts, and service-related impacts. The questions addressed in this review are: (1) What are the major initiatives in Veteran-specific suicide prevention in four areas of impact—society, research, policy, and services? (2) Are there gaps related in each impact area? and (3) What are the implications of this narrative for other strategies to address suicide prevention targeting Veterans? Systematic application of the RIM identifies exemplars, milestones, gaps, and health disparity issues.

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<http://www.biomedcentral.com/content/pdf/1472-6963-12-337.pdf>

**Behavioral health providers' perspectives of delivering behavioral health services in primary care: a qualitative analysis.**

Gregory P Beehler, Laura O Wray

BMC Health Services Research 2012, 12:337

#### Background

Co-located, collaborative care (CCC) is one component of VA's model of Integrated Primary Care that embeds behavioral health providers (BHPs) into primary care clinics to treat commonly occurring mental health concerns among Veterans. Key features of the CCC model include time-limited, brief treatments (up to 6 encounters of 30 minutes each) and emphasis on multi-dimensional functional assessment. Although CCC is a mandated model of care, the barriers and facilitators to implementing this approach as identified from the perspective of BHPs have not been previously identified.

#### Methods

This secondary data analysis used interview data captured as part of a quality improvement project in 2008. Fourteen BHPs (48% of providers in a regional VA network) agreed to participate in a 30-minute, semi-structured phone interview. The interview included questions about their perceived role as a CCC provider, depiction of usual practice styles and behaviors, and perceptions of typical barriers and facilitators to providing behavioral healthcare to Veterans in CCC. Interviews were transcribed verbatim into a text database and analyzed using grounded theory.

#### Results

Six main categories emerged from the analysis: (a) Working in the VA Context, (b) Managing Access to Care on the Front Line, (c) Assessing a Care Trajectory, (d) Developing a Local Integrated Model, (e) Working in Collaborative Teams, and (f) Being a Behavioral Health Generalist. These categories pointed to system, clinic, and provider level factors that impacted BHP's role and ability to implement CCC. Across categories, participants identified ways in which they provided Veteran-centered care within variable environments.

#### Conclusions

This study provided a contextualized account of the experiences of BHP's in CCC. Results suggest that these providers play a multifaceted role in delivering clinical services to Veterans while also acting as an interdependent component of the larger VA behavioral health and primary care systems. Based on the inherent challenges of enacting this role, BHPs in CCC may benefit from additional implementation support in their effort to promote health care integration and to increase access to patient-centered care in their local clinics.

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[http://eprints.nuim.ie/3889/1/MC\\_Overseas.pdf](http://eprints.nuim.ie/3889/1/MC_Overseas.pdf)

**Overseas Military Service and Family Support: An Underexplored Factor in Assignment Success.**

Dr. Graham E. Heaslip and Dr. Marian Crowley Henry

Work and Family Researchers Network Conference  
14 – 16 June 2012  
New York City

While within International Human Resource Management (IHRM) literature and research, the benefit of training for organization-assigned expatriates to include family and partners has been underlined (e.g.s Bjorkman and Gertsen 1993; Dowling, Festing and Engle, 2008; Ledman, 2001; Qin and Baruch, 2010), this inclusive approach appears lacking in the military service domain. This is surprising, given the regular numbers of military personnel sent on overseas missions (with and without their families). This paper, however, focuses on the remaining families, considering learning from military-specific studies and from the IHRM domain, in sharing the findings of a qualitative research study which addresses the challenges for families when one of the adults is deployed overseas.

Personnel within the Irish Defence Forces are required to serve overseas on peacekeeping or peace enforcement missions as a routine part of their service. In general, their partners are strongly encouraged to understand their soldier's emotional concerns, but the same emphasis is not placed on understanding their own (Hamilton et al, 2009). Indeed, in the Dutch and Irish situations at least, it is fair to say that, "Until now, little systematic research has been done among family members of veterans who participated in international peacekeeping operations" (Dirkzwager et al, 2005: 218). It is this gap which this paper serves to explore. In taking learning from the international human resource management (IHRM) domain with the focus on expatriate acculturation and assignment success, this paper considers how best practice could be implemented in a military context, where family members are better prepared and acculturated for international deployment, thereby alleviating additional stressors on military personnel during deployment.

The immediate relevance to the military of this research is evident: in acknowledging the role of spousal and family support in the successful international deployment of military personnel. Specifically, the research objective is to explore the experiences of all family members when one of the adults in the family is deployed overseas for a temporary duration. At a practical level, this focus of research on the partners of soldiers, other adult family members, and particularly on children, will provide the Defence Community with a baseline from which to develop meaningful and useful awareness in this area; and will encourage them to include relational support for overseas assignees' immediate family members.

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<http://www.ncbi.nlm.nih.gov/pubmed/23022845?dopt=Abstract>

Int J Occup Environ Med. 2012 Jan;3(1):2-9.

#### **Post-traumatic Stress Disorder.**

Javidi H, Yadollahie M.

Source: Islamic Azad University, Marvdasht Branch, Department of Psychology, Marvdasht, Iran.  
javidih@hotmail.com.

## Abstract

Unexpected extreme sudden traumatic stressor may cause post-traumatic stress disorder (PTSD). Important traumatic events include war, violent personal assault (e.g., sexual assault, and physical attack), being taken hostage or kidnapped, confinement as a prisoner of war, torture, terrorist attack, severe car accidents, and natural disasters. In childhood age sexual abuse or witnessing serious injuries or unexpected death of a beloved one are among important traumatic events. PTSD can be categorized into two types of acute and chronic PTSD: if symptoms persist for less than three months, it is termed "acute PTSD," otherwise, it is called "chronic PTSD." 60.7% of men and 51.2% of women would experience at least one potentially traumatic event in their lifetime. The lifetime prevalence of PTSD is significantly higher in women than men. Lifetime prevalence of PTSD varies from 0.3% in China to 6.1% in New Zealand. The prevalence of PTSD in crime victims are between 19% and 75%; rates as high as 80% have been reported following rape. The prevalence of PTSD among direct victims of disasters was reported to be 30%-40%; the rate in rescue workers was 10%-20%. The prevalence of PTSD among police, fire, and emergency service workers ranged from 6%-32%. An overall prevalence rate of 4% for the general population, the rate in rescue/recovery occupations ranged from 5% to 32%, with the highest rate reported in search and rescue personnel (25%), firefighters (21%), and workers with no prior training for facing disaster. War is one of the most intense stressors known to man. Armed forces have a higher prevalence of depression, anxiety disorders, alcohol abuse and PTSD. High-risk children who have been abused or experienced natural disasters may have an even higher prevalence of PTSD than adults. Female gender, previous psychiatric problem, intensity and nature of exposure to the traumatic event, and lack of social support are known risk factors for work-related PTSD. Working with severely ill patients, journalists and their families, and audiences who witness serious trauma and war at higher risk of PTSD. The intensity of trauma, pre-trauma demographic variables, neuroticism and temperament traits are the best predictors of the severity of PTSD symptoms. About 84% of those suffering from PTSD may have comorbid conditions including alcohol or drug abuse; feeling shame, despair and hopeless; physical symptoms; employment problems; divorce; and violence which make life harder. PTSD may contribute to the development of many other disorders such as anxiety disorders, major depressive disorder, substance abuse/dependency disorders, alcohol abuse/dependence, conduct disorder, and mania. It causes serious problems, thus its early diagnosis and appropriate treatment are of paramount importance.

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<http://www.ncbi.nlm.nih.gov/pubmed/23022062?dopt=Abstract>

J Pediatr Health Care. 2012 Sep 27. pii: S0891-5245(12)00173-3. doi: 10.1016/j.pedhc.2012.07.020.

[Epub ahead of print]

### **Posttraumatic Stress Disorder.**

Hornor G.



## Abstract

Children are exposed to a variety of traumatic experiences, and each child is unique in his or her response to that trauma. The most common psychiatric disorder that develops after exposure to trauma is posttraumatic stress disorder (PTSD). This article will help pediatric nurse practitioners understand PTSD in terms of diagnosis, epidemiology, risk factors, comorbidity, and treatment. DSM-IV diagnostic criteria will be discussed, along with modifications to consider when evaluating very young children for PTSD. Implications for practice will be discussed along with suggested questions to ask parents and children to assess for exposure to trauma.

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<http://www.ncbi.nlm.nih.gov/pubmed/23021615?dopt=Abstract>

Psychiatry Res. 2012 Sep 25. pii: S0925-4927(12)00033-9. doi: 10.1016/j.psychres.2012.02.005. [Epub ahead of print]

### **Post-traumatic stress symptoms correlate with smaller subgenual cingulate, caudate, and insula volumes in unmedicated combat veterans.**

Herringa R, Phillips M, Almeida J, Insana S, Germain A.

Source: Department of Psychiatry, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA; Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA. Electronic address: herringarj@gmail.com.

## Abstract

Prior studies have examined differences in brain volume between patients with post-traumatic stress disorder (PTSD) and control subjects. Convergent findings include smaller hippocampus and medial prefrontal cortex volumes in PTSD. However, post-traumatic stress symptoms (PTSS) exist on a spectrum, and neural changes may occur beyond the diagnostic threshold of PTSD. We examined the relationship between PTSS and gray matter among combat-exposed U.S. military veterans. Structural brain magnetic resonance imaging (MRI) was obtained on 28 combat veterans from Operations Enduring and Iraqi Freedom. PTSS were assessed using the Clinician-Administered PTSD Scale (CAPS). Thirteen subjects met criteria for PTSD. Subjects were unmedicated, and free of major comorbid psychiatric disorders. Images were analyzed using voxel-based morphometry, and regressed against the total CAPS score and trauma load. Images were subsequently analyzed by diagnosis of PTSD vs. non-PTSD. CAPS scores were inversely correlated with volumes of the subgenual cingulate (sgACC), caudate, hypothalamus, insula, and left middle temporal gyrus (MTG). Group contrast revealed smaller sgACC, caudate, hypothalamus, left insula, left MTG, and right MFG in the PTSD group. PTSS are associated with

abnormalities in limbic structures that may underlie the pathophysiology of PTSD. These abnormalities exist on a continuum with PTSS, beyond a diagnosis of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23024438?dopt=Abstract>

Sleep. 2012 Oct 1;35(10):1395-402.

**Repeated melatonin supplementation improves sleep in hypertensive patients treated with Beta-blockers: a randomized controlled trial.**

Scheer FA, Morris CJ, Garcia JJ, Smales C, Kelly EE, Marks J, Malhotra A, Shea SA.

Source: Medical Chronobiology Program, Division of Sleep Medicine, Department of Medicine, Brigham and Women's Hospital, Boston, Massachusetts; ; Division of Sleep Medicine, Harvard Medical School, Boston, Massachusetts;

Abstract

STUDY OBJECTIVES:

In the United States alone, approximately 22 million people take beta-blockers chronically. These medications suppress endogenous nighttime melatonin secretion, which may explain a reported side effect of insomnia. Therefore, we tested whether nightly melatonin supplementation improves sleep in hypertensive patients treated with beta-blockers.

DESIGN:

Randomized, double-blind, placebo-controlled, parallel-group design.

SETTING:

Clinical and Translational Research Center at Brigham and Women's Hospital, Boston.

PATIENTS:

Sixteen hypertensive patients (age 45-64 yr; 9 women) treated with the beta-blockers atenolol or metoprolol.

INTERVENTIONS:

Two 4-day in-laboratory admissions including polysomnographically recorded sleep. After the baseline assessment during the first admission, patients were randomized to 2.5 mg melatonin or placebo (nightly for 3 weeks), after which sleep was assessed again during the second 4-day admission. Baseline-adjusted values are reported. One patient was removed from analysis because of an unstable dose of prescription medication.

MEASUREMENTS AND RESULTS:

In comparison with placebo, 3 weeks of melatonin supplementation significantly increased total sleep

time (+36 min;  $P = 0.046$ ), increased sleep efficiency (+7.6%;  $P = 0.046$ ), and decreased sleep onset latency to Stage 2 (-14 min;  $P = 0.001$ ) as assessed by polysomnography. Compared with placebo, melatonin significantly increased Stage 2 sleep (+41 min;  $P = 0.037$ ) but did not significantly change the durations of other sleep stages. The sleep onset latency remained significantly shortened on the night after discontinuation of melatonin administration (-25 min;  $P = 0.001$ ), suggesting a carryover effect.

#### CONCLUSION:

In hypertensive patients treated with beta-blockers, 3 weeks of nightly melatonin supplementation significantly improved sleep quality, without apparent tolerance and without rebound sleep disturbance during withdrawal of melatonin supplementation (in fact, a positive carryover effect was demonstrated). These findings may assist in developing countermeasures against sleep disturbances associated with beta-blocker therapy.

#### CLINICAL TRIAL INFORMATION:

This study is registered with ClinicalTrials.gov, identifier: NCT00238108; trial name: Melatonin Supplements for Improving Sleep in Individuals with Hypertension; URL: <http://www.clinicaltrials.gov/ct2/show/NCT00238108>. CITATION: Scheer FAJL; Morris CJ; Garcia JI; Smales C; Kelly EE; Marks J; Malhotra A; Shea SA. Repeated melatonin supplementation improves sleep in hypertensive patients treated with beta-blockers: a randomized controlled trial. SLEEP 2012;35(10):1395-1402.

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<http://www.ncbi.nlm.nih.gov/pubmed/23024435?dopt=Abstract>

Sleep. 2012 Oct 1;35(10):1367-75.

#### **Prevalence and functional consequences of severe insomnia symptoms in mood and anxiety disorders: results from a nationally representative sample.**

Soehner AM, Harvey AG.

Source: Department of Psychology, University of California, Berkeley, Berkeley, California.

Abstract

#### STUDY OBJECTIVES:

To evaluate the prevalence of severe insomnia symptoms and the extent to which they are associated with daytime impairments in comorbid mood and anxiety disorders.

#### DESIGN:

Nationally representative cross-sectional survey.

#### SETTING:

National Comorbidity Survey-Replication (NCS-R).

#### PARTICIPANTS:

There were 5,692 NCS-R respondents with no mood or anxiety disorder (n = 3,711), mood disorders only (n = 327), anxiety disorders only (n = 1,137), and coexisting mood and anxiety disorders (n = 517).

#### INTERVENTIONS:

N/A.

#### MEASUREMENTS AND RESULTS:

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition disorders and severe insomnia symptoms in the past year were assessed using the World Health Organization (WHO) Composite International Diagnostic Interview. The World Health Organization Disability Assessment Schedule (WHO-DAS) indexed eight domains of daytime impairment in the past 30 days, which included self-care, mobility, cognition, social functioning, time out of role, and four components of productive role functioning. Respondents with comorbid mood and anxiety disorders had significantly higher rates of severe insomnia complaints (42.1-62.8%) relative to the three other groups. Severe insomnia complaints were also significantly more prevalent in individuals with mood (25.2-45.6%) or anxiety disorders only (24.9-45.5%) relative to those with no disorder (12.4-24.3%). Moreover, endorsing a severe insomnia complaint in the past year was associated with increased days of impairment across all past-month WHO-DAS domains for respondents with mood-anxiety comorbidity. For the remaining groups, severe insomnia complaints were related to increased days of impairment across all domains except self-care, and additionally mobility for the group with mood disorders only.

#### CONCLUSIONS:

Comorbid mood and anxiety disorders are associated with high rates of severe insomnia complaints, which were independently associated with substantial functional impairment. CITATION: Soehner AM; Harvey AG. Prevalence and functional consequences of severe insomnia symptoms in mood and anxiety disorders: results from a nationally representative sample. SLEEP 2012;35(10):1367-1375.

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<http://www.hindawi.com/journals/drt/2012/391084/abs/>

#### **Perspectives on Cognitive Therapy Training within Community Mental Health Settings: Implications for Clinician Satisfaction and Skill Development.**

Shannon Wiltsey Stirman, Christopher J. Miller, Katherine Toder, et al.

Depression Research and Treatment, vol. 2012, Article ID 391084, 11 pages, 2012.

Despite the mounting evidence of the benefits of cognitive therapy for depression and suicidal behaviors over usual care, like other evidence-based psychosocial treatments (EBTs), it has not been widely adopted in clinical practice. Studies have shown that training followed by intensive consultation is needed to prepare providers to an appropriate level of competency in complex, multisession treatment packages such as cognitive therapy. Given the critical role of training in EBT implementation, more information on factors associated with the success and challenges of training programs is needed.

To identify potential reasons for variation in training outcomes across ten agencies in a large, urban community mental health system, we explored program evaluation data and examined provider, consultant, and training program administrator perspectives through follow-up interviews. Perceptions of cognitive therapy, contextual factors, and reactions to feedback on audio recordings emerged as broad categories of themes identified from interviews. These factors may interact and impact clinician efforts to learn cognitive therapy and deliver it skillfully in their practice. The findings highlight experiences and stakeholder perspectives that may contribute to more or less successful training outcomes.

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<http://www.tandfonline.com/doi/abs/10.1080/14678802.2012.724794>

**Sexual violence against men in countries affected by armed conflict.**

Sarah Solangon & Preeti Patel

Conflict, Security & Development

Volume 12, Issue 4, 2012

Sexual violence against men in armed conflict has been documented for thousands of years under the various guises of war, torture and mutilation yet it is often neglected mainly because of overwhelming stigma and shame surrounding it. Based on academic and grey literature on sexual violence against men in conflict, this article discusses the complex reasons for lack of quality data on this important topic. The motivations of sexual violence against men are also explored through applying causal theories that are largely based on female victims of sexual violence. Finally, interventions for the management of sexual violence against men in conflict are discussed. This study concludes that gendered binaries and strict gender roles are primarily responsible in accentuating sexual violence against men in terrorising and humiliating victims, and must be addressed. It also calls for more research and advocacy of male victims of sexual violence in order to fully understand the dynamics of this challenge as well as to offer effective care for male survivors of such violence.

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[http://www.danmedj.dk/portal/page/portal/danmedj.dk/dmj\\_forside/PAST\\_ISSUE/2012/DMJ\\_2012\\_10/A4510/A4510.pdf](http://www.danmedj.dk/portal/page/portal/danmedj.dk/dmj_forside/PAST_ISSUE/2012/DMJ_2012_10/A4510/A4510.pdf)

**Risk of post-traumatic stress disorder among Danish junior medical officers deployed to Afghanistan is not increased.**

Christina Rydahl Lundin, Hans Ole Jørgensen & Anders Korsgaard Christensen

Danish Medical Journal

October 2012

#### INTRODUCTION:

Since August 2006, the Danish Armed Forces have deployed junior medical officers (JMOs) to the Helmand Province in Afghanistan. Research has shown an increased incidence of post-traumatic stress disorder (PTSD) in deployed military personnel throughout the history of modern warfare. No investigation of the mental health of Danish military medical personnel has been performed. We wanted to investigate the extent of potentially traumatizing events experienced by Danish JMOs and the prevalence of PTSD among them.

#### MATERIAL AND METHODS:

We included all JMOs deployed for one or more tours of duty in Afghanistan from January 2006 to August 2010. Potential participants received a questionnaire to their home address including the PTSD Checklist – Civilian Version (PCL-C). RESULTS: A total of 72 JMOs were included in the survey. The completion rate was 65%. We found that 98% of the respondents had experienced a potentially traumatizing event and that 47% had experienced feeling fear, horror or helplessness in the context of such an event. The prevalence of PTSD was 0%.

#### CONCLUSION:

Danish JMOs do not seem to have an increased risk of PTSD after deployment to Afghanistan. However, further research on the mental health of this personnel group is needed.

#### FUNDING:

This study was partly funded by The Danish Armed Forces Health Services.

#### TRIAL REGISTRATION:

This study was registered with the Danish Data Protection Agency.

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<http://www.aerzteblatt.de/pdf/DI/109/35/m569.pdf>

#### **Deployment-Related Stress Disorder in German Soldiers: Utilization of Psychiatric and Psychotherapeutic Treatment.**

Jens T. Kowalski, Robin Hauffa, Herbert Jacobs, Helge Höllmer, Wolf Dieter Gerber, Peter Zimmermann

Deutsches Ärzteblatt International | Dtsch Arztebl Int 2012; 109(35–36): 569–75

#### Introduction:

Military missions abroad carry a high risk of psychological traumatization. In this study, we examined the reasons for increased utilization of the treatments offered to soldiers by the German armed forces' psychiatric services.

#### Method:

We analyzed trends in initial contacts with psychiatrists and psychotherapists among German soldiers participating in missions to Afghanistan and the Balkans. To this end, we evaluated existing data from

the psychiatric services of all German Armed Forces Military Hospitals with respect to sociodemographic factors (sex, area of mission) and the underlying psychiatric disorders over an 18-month period (January 2010 to June 2011).

**Results:**

615 soldiers made an initial contact with the psychiatric and psychotherapeutic services during the study period. The total number of first contacts did not change significantly ( $p = 0.195$ ), but there was a notable rise in the number of first contacts by female soldiers with deployment-related stress ( $p = 0.003$ ). Mission-specific statistics revealed a significant increase in the number of first contacts only for soldiers deployed to the Balkans ( $p = 0.017$ ). 91% of soldiers making a first contact were given the diagnosis of a stress reaction (ICD-10: F 43); the second most common diagnosis (8.9%) was an affective disorder (ICD-10: F 32.0, F 32.1).

**Conclusion:**

Despite psychological prevention efforts, military missions abroad often lead to mental disorders. Our findings indicate that the mild observed increase in incidence is both sex-specific and deployment-area-specific.

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<http://www.aerzteblatt.de/pdf/DI/109/35/m559.pdf>

**Traumatic Experiences and Posttraumatic Stress Disorder in Soldiers Following Deployment Abroad: How Big Is the Hidden Problem?**

Hans-Ulrich Wittchen, Sabine Schönfeld, Clemens Kirschbaum, Christin Thureau, Sebastian Trautmann, Susann Steudte, Jens Klotsche, Michael Höfler, Robin Hauffa, Peter Zimmermann

**Background:**

Little is known about the frequency of traumatic event exposure and the development of post-traumatic stress disorder (PTSD) among German soldiers serving in Afghanistan.

**Methods:**

We studied a random sample consisting of 1599 soldiers who had served in the 2009/2010 ISAF mission in Afghanistan, stratified by deployment location and unit. Twelve months after their return to Germany, the soldiers were assessed with a Composite International Diagnostic Interview (CIDI) to establish the diagnoses of mental disorders and PTSD according to the DSM-IV. 889 similar soldiers who had not been deployed abroad were assessed in the same way.

**Results:**

49.2% (95% confidence interval [CI]: 46.4 to 52.1) of the deployed soldiers experienced at least one traumatic event during their deployment, and 13% experienced more than three. The 12-month prevalence of PTSD among returning soldiers was 2.9% (95% CI: 2.1 to 4.1), while the service-related incidence after deployment was 0.9% (95% CI: 0.5 to 1.6). These figures imply a two- to fourfold

elevation of the risk of PTSD. The risk of PTSD was highest among soldiers who had served in Kunduz (Afghanistan) and in combat units. Only half of all soldiers with PTSD sought professional help.

Conclusion:

Deployment abroad is associated with a high frequency of traumatic experiences and a two- to fourfold elevation of the risk of PTSD. Each year, about 300 cases of PTSD develop for every 10 000 soldiers who return to Germany; thus, the cumulative number of returnees with PTSD from the beginning of German deployment abroad may currently run into the thousands. 45% of all PTSD cases, or about one in two, are neither diagnosed nor treated. Deployment abroad also substantially increases the risk of developing a number of other mental disorders.

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### **Links of Interest**

Student Veterans Key Population for Campus Health Centers to Consider

[http://home.fhpr.osd.mil/press-newsroom/fhpr-news/current\\_news/12-09-27/Student\\_Veterans\\_Key\\_Population\\_for\\_Campus\\_Health\\_Centers\\_to\\_Consider.aspx](http://home.fhpr.osd.mil/press-newsroom/fhpr-news/current_news/12-09-27/Student_Veterans_Key_Population_for_Campus_Health_Centers_to_Consider.aspx)

For Veterans, a Surge of New Treatments for Trauma

<http://opinionator.blogs.nytimes.com/2012/09/26/for-veterans-a-surge-of-new-treatments-for-trauma/>

Learning to Live On Mars: Fatigue Management Program for Controlling Space-Age Jetlag

<http://www.sciencedaily.com/releases/2012/09/120928085635.htm>

Battling suicidal thoughts: A Soldier's story

[http://www.army.mil/article/88002/Battling\\_suicidal\\_thoughts\\_A\\_Soldier\\_s\\_story/](http://www.army.mil/article/88002/Battling_suicidal_thoughts_A_Soldier_s_story/)

Study: One-fifth of spine surgery patients develop PTSD symptoms

[http://www.eurekalert.org/pub\\_releases/2012-09/ohs-soo092712.php](http://www.eurekalert.org/pub_releases/2012-09/ohs-soo092712.php)

For Most People, Phone Therapy as Effective as Face-to-Face

<http://psychcentral.com/news/2012/09/29/therapy-over-the-phone-just-as-effective-as-face-to-face/45342.html>

Treating types of injuries that cannot be seen

<http://www.statesman.com/news/news/local-military/treating-types-injuries-cannot-be-seen/nSQhL/>

No Relief for Relief Workers: Humanitarian Aid Work Raises Risk of Depression and Anxiety

<http://www.sciencedaily.com/releases/2012/10/121001132152.htm>

An acceptable injury

<https://army.mod.uk/news/24456.aspx>



More Public Health Service Officers Serving at Defense Department

[http://www.health.mil/blog/12-10-02/More\\_Public\\_Health\\_ServiceOfficers\\_Serving\\_at\\_Defense\\_Department.aspx](http://www.health.mil/blog/12-10-02/More_Public_Health_ServiceOfficers_Serving_at_Defense_Department.aspx)

'I can't afford to live like this': VA weeks, months late paying student veterans

<http://usnews.nbcnews.com/news/2012/10/02/14174104-i-cant-afford-to-live-like-this-va-weeks-months-late-paying-student-veterans>

Women lawmakers call for tough measures to combat sex abuse in military

<http://www.reuters.com/article/2012/10/02/us-usa-military-sex-idUSBRE8911D420121002>

Mayo Clinic releases new app to help fight anxiety

<http://www.news-medical.net/news/20121004/Mayo-Clinic-releases-new-app-to-help-fight-anxiety.aspx>

To save his family, a Marine fights his war again, from a therapist's chair

<http://www.stripes.com/blogs/the-ruptured-duck/the-ruptured-duck-1.160117/to-save-his-family-a-marine-fights-his-war-again-from-a-therapist-s-chair-1.191889>

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**Research Tip of the Week:** [HalfOfUs.com](http://HalfOfUs.com)

If you are “looking to understand the first-person experience of a veteran returning to college,” HalfOfUs.com comes highly recommended by CDP’s Ted C. Bonar, Psy.D. The website itself, funded and designed by the JED Foundation and MTV U, “aims to educate and enlighten students on campus regarding subjects as diverse as depression, anxiety, eating disorders, and sexual orientation,” Dr. Bonar said.

The [Support Our Veterans](#) section of the site offers videos that demonstrate “many of the challenges of a returning veteran, according to Dr. Bonar, who added “They also educate non-veterans on campus (friends and faculty) about what some appropriate questions are as opposed to questions that can be insensitive and rude.”

Read Dr. Bonar’s detailed review of the website in this week’s [Staff Voices](#) article on the CDP Blog.

FEEL BETTER | DEAL WITH... | FIND HELP NOW | HELP A FRIEND | CHECK YOURSELF | GET INVOLVED




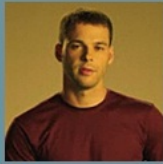


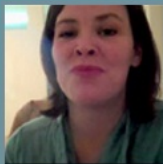

half of us | **VIDEOS:** | OUR STORIES | PUBLIC SERVICE ANNOUNCEMENTS

## SUPPORT OUR VETERANS

Almost 75% of 18-29 year olds personally know someone who has served in Iraq or Afghanistan. As these brave veterans come home, it is important that we all do our part to understand their perspective and help in their transition back into civilian life, especially since many of these veterans will be starting or returning to college for the first time. Despite the sacrifices they have made, these veterans aren't looking for special treatment – they just want the opportunity to do well as students and have a good experience.

The student veteran stories and this resource center were created with the support of The Bob Woodruff Foundation. [Learn more](#) about their work to combat the physical and psychological wounds of war.

### VETERAN BIOS

 Aubrey	 Brian	 Erica	 Evan
 Juangrys	 Lyndsey	 Randi	 Yaw

### HELP ON CAMPUS

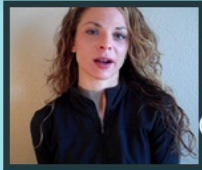
[Click here](#) to find local resources in your community or on your college campus

half of us

**NEED HELP NOW?  
(800) 273-TALK**

### OUR STORIES

[WATCH MORE >](#)  
[SHARE YOUR OWN >](#)



Eight college students provide an inside look at life as a returning veteran.

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