



## CDP Research Update -- November 29, 2012

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- Managing Behavioral Health Needs of Veterans with Traumatic brain injury (TBI) in Primary Care.
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- The neural basis of flashback formation: the impact of viewing trauma.
- Childhood and adult trauma both correlate with dorsal anterior cingulate activation to threat in combat veterans.
- Correcting and interpreting the effect of cognitive therapy versus exposure in anxiety disorders.
- Sleep Deprivation Has No Effect on Dynamic Visual Acuity in Military Service Members Who Are Healthy.
- Validity of the Virtual Reality Stroop Task (VRST) in active duty military.
- Neural systems for cognitive and emotional processing in posttraumatic stress disorder.
- Morphine prevents the development of stress-enhanced fear learning: Morphine prevents stress-enhanced fear learning.
- Risk of post-traumatic stress disorder among Danish junior medical officers deployed to Afghanistan is not increased.
- Different Regional Gray Matter Loss in Recent Onset PTSD and Non PTSD after a Single Prolonged Trauma Exposure.
- Patient and Facility Characteristics Associated With Benzodiazepine Prescribing for Veterans With PTSD.
- Efficacy of Abreactive Ego State Therapy for PTSD: Trauma Resolution, Depression, and Anxiety.
- Efficacy of Single-Session Abreactive Ego State Therapy for Combat Stress Injury, PTSD, and ASD.
- Links of Interest
- Research Tip of the Week: Convert Case

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.736325>

**Brief Cognitive Behavioral Therapy (BCBT) for Suicidality in Military Populations.**

M. David Rudd

Military Psychology

Vol. 24, Iss. 6, 2012

This article describes a set of “common elements” underlying a new approach to the clinical management and treatment of suicidality and provides a general description of brief cognitive

behavioral therapy (BCBT) in treating suicidality in military populations. BCBT was developed and adapted to the unique treatment environment of a military setting, one that limits the ability to offer intensive and enduring psychotherapy. BCBT offers a unique alternative to traditional psychotherapy, to reduce suicidal behavior and improve the patient's ability to more fully participate in longer-term therapy for targeted Axis I and II disorders like post-traumatic stress disorder and/or major depression.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21753/abstract>

**Posttraumatic Stress Disorder and Depression Among U.S. Military Health Care Professionals Deployed in Support of Operations in Iraq and Afghanistan.**

Jacobson, I. G., Horton, J. L., LeardMann, C. A., Ryan, M. A.K., Boyko, E. J., Wells, T. S., Smith, B. and Smith, T. C.

Journal of Traumatic Stress

Article first published online: 26 NOV 2012

Limited prospective studies exist that evaluate the mental health status of military health care professionals who have deployed. This study used prospective data from the Millennium Cohort Study with longitudinal analysis techniques to examine whether health care professionals deployed in support of the operations in Iraq and Afghanistan were more likely to screen positive for new-onset posttraumatic stress disorder (PTSD) or depression after deployment than individuals from other occupations. Of 65,108 subjects included, 9,371 (14.4%) reported working as health care professionals. The rates of new positive screens for PTSD or depression were similar for those in health care occupations (4.7% and 4.3%) compared with those in other occupations (4.6% and 3.9%) for the first and second follow-up, respectively. Among military personnel deployed with combat experience, health care professionals did not have increased odds for new-onset PTSD or depression over time. Among deployed health care professionals, combat experience significantly increased the odds: adjusted odds ratio = 2.01; 95% confidence interval [1.06, 3.83] for new-onset PTSD or depression. These results suggest that combat experience, not features specific to being a health care professional, was the key exposure explaining the development of these outcomes.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000011/art00022>

**Description of Combat and Operational Stress Control in Regional Command East, Afghanistan.**

Authors: Ogle, Alan D.; Bradley, Devon; Santiago, Patcho; Reynolds, David

Source: Military Medicine, Volume 177, Number 11, November 2012 , pp. 1279-1286(8)

Combat and Operational Stress Control (COSC) continues to be a vital component of medical operations in support of military forces serving in Afghanistan in Operation Enduring Freedom and elsewhere. Although numerous studies cover postdeployment mental health, and several cover in-theater conditions, data on behavioral health clinical service provision are presented here to elucidate from COSC provider "boots on the ground" how operations have been executed in one part of the Operation Enduring Freedom theater between 2007 and 2010. The most common types of stressors that led to care included combat, mission demands, home front concerns, and relationships with leaders and peers within units. Classes and consultation for sleep difficulties and anger management were of high interest. Frequent behavioral health diagnoses were depressive and anxiety disorders as well as exacerbation of a previously diagnosed condition. Management of suicidality and other psychiatric emergencies are discussed, as well as care outcomes. The authors present lessons learned regarding the importance of Operational Relationships/Tactical Politics, reducing stigma and barriers to care, collaboration with chaplains, and other strategies seen as supporting COSC success.

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<http://www.ncbi.nlm.nih.gov/pubmed/23155671?dopt=Abstract>

Conn Med. 2012 Oct;76(9):525-31.

**Mental-health conditions, barriers to care, and productivity loss among officers in an urban police department.**

Fox J, Desai MM, Britten K, Lucas G, Luneau R, Rosenthal MS.

Source: Yale University School of Medicine, New Haven, USA.

Abstract

BACKGROUND:

Police officers are frequently exposed to situations that can negatively impact their mental health.

METHODS:

We conducted this study of an urban police department to determine 1) the prevalence of post-traumatic stress disorder (PTSD), depression, and alcohol abuse; 2) patterns of and barriers to mental-health services utilization; and 3) the impact these conditions have on productivity loss.

RESULTS:

Among 150 officers, PTSD (24%), depression (9%), and alcohol abuse (19%) were common. Only 46.7% had ever sought mental-health services; the most commonly cited barriers to accessing services were concerns regarding confidentiality and the potential "negative career impact." Officers with mental-health conditions had higher productivity loss (5.9% vs 3.4%,  $P < 0.001$ ) at an annual cost of \$4,489 per officer.

## CONCLUSION:

Mental-health conditions among police officers are common, and costly, yet most officers had never accessed mental-health services; many due to modifiable risk factors.

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<http://www.ncbi.nlm.nih.gov/pubmed/23156937?dopt=Abstract>

Span J Psychol. 2012 Nov;15(3):1339-48.

### **Prediction of PTSD in police officers after six months--a prospective study.**

Schütte N, Bär O, Weiss U, Heuft G.

Source: Department of Psychosomatics and Psychotherapy, University of Münster, Domagkstrasse 22, D-48149 Münster, Germany.

#### Abstract

The aim of this prospective study was to explore the predictors for the development of PTSD in police officers six months after encountering situations of a potentially traumatic nature. Fifty-nine police officers were studied immediately after the event (T1) and six months later (T2). At T2 PTSD was assessed using the Structured Clinical Interview for DSM-IV (SCID-I). PTSD was predicted by intrusions (Impact of Event Scale-Revised; IES-R), the impairment scale (is), global assessment of functioning scale (GAF), gender, age and sense of coherence scale (SOC). The diagnosis of an acute stress disorder (ASD) at T1 had a high specificity for identifying PTSD at T2. The strongest predictor for the development of PTSD was found to be the factor intrusions. Contrary to our expectations, age was not a significant predictive factor for PTSD. Thus, acute stress disorder (ASD) and a high degree of intrusions experienced immediately after a traumatic incident helped to identify early police officers at risk of developing chronic PTSD.

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[http://www.biologicalpsychiatryjournal.com/article/S0006-3223\(12\)00497-0/abstract](http://www.biologicalpsychiatryjournal.com/article/S0006-3223(12)00497-0/abstract)

### **Early Intervention May Prevent the Development of Posttraumatic Stress Disorder: A Randomized Pilot Civilian Study with Modified Prolonged Exposure.**

Barbara Olasov Rothbaum, Megan C. Kearns, Matthew Price, Emily Malcoun, Michael Davis, Kerry J. Ressler, Delia Lang, Debra Houry

Biological Psychiatry - 1 December 2012 (Vol. 72, Issue 11, Pages 957-963)

#### Background

Posttraumatic stress disorder (PTSD) is a major public health concern with long-term sequelae. There are no accepted interventions delivered in the immediate aftermath of trauma. This study tested an

early intervention aimed at modifying the memory to prevent the development of PTSD before memory consolidation.

#### Methods

Patients (n = 137) were randomly assigned to receive three sessions of an early intervention beginning in the emergency department compared with an assessment only control group. Posttraumatic stress reactions (PTSR) were assessed at 4 and 12 weeks postinjury and depression at baseline and week 4. The intervention consisted of modified prolonged exposure including imaginal exposure to the trauma memory, processing of traumatic material, and in vivo and imaginal exposure homework.

#### Results

Patients were assessed an average of 11.79 hours posttrauma. Intervention participants reported significantly lower PTSR than the assessment group at 4 weeks postinjury,  $p < .01$ , and at 12 weeks postinjury,  $p < .05$ , and significantly lower depressive symptoms at week 4 than the assessment group,  $p < .05$ . In a subgroup analysis, the intervention was the most effective at reducing PTSD in rape victims at week 4 ( $p = .004$ ) and week 12 ( $p = .05$ ).

#### Conclusions

These findings suggest that the modified prolonged exposure intervention initiated within hours of the trauma in the emergency department is successful at reducing PTSR and depression symptoms 1 and 3 months after trauma exposure and is safe and feasible. This is the first behavioral intervention delivered immediately posttrauma that has been shown to be effective at reducing PTSR.

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<http://www.ncbi.nlm.nih.gov/pubmed/23168269?dopt=Abstract>

Sleep Med. 2012 Nov 15. pii: S1389-9457(12)00373-5. doi: 10.1016/j.sleep.2012.10.003. [Epub ahead of print]

#### **Cognitive behavioral therapy for shift workers with chronic insomnia.**

Järnefelt H, Lagerstedt R, Kajaste S, Sallinen M, Savolainen A, Hublin C.

Source: Finnish Institute of Occupational Health (FIOH), Topeliuksenkatu 41 a A, FIN-00250 Helsinki, Finland. Electronic address: heli.jarnefelt@ttl.fi.

#### Abstract

##### OBJECTIVE:

Shift work is a challenge in the screening and treatment of chronic insomnia. The aim of this study was to examine the implementation and effectiveness of a cognitive behavioral group intervention for insomnia (CBT-I) among shift workers with chronic insomnia. We also studied whether insomnia symptoms and intervention effects differed on work days and days off.



#### METHODS:

The study design was a non-randomized group intervention, including a waiting period prior to CBT-I as a control condition. A total of 19 media workers who worked irregular hours and had non-organic insomnia with features of psychological insomnia completed the study. We followed up with the results for a period of 6 months. Outcomes were assessed using a sleep diary, questionnaires, and actigraphy. The CBT-I groups were led by trained nurses of occupational health services (OHS).

#### RESULTS:

The post-intervention results showed significant improvements in self-reported and actigraphic sleep onset latency, and in self-reported sleep efficiency, sleep quality, and restedness. In addition, the perceived severity of insomnia, sleep-related dysfunctional cognitions, psychiatric and somatic symptoms, and the mental component of health-related quality of life improved significantly. The improvements lasted and even strengthened over the follow-up period. The participants generally slept significantly better on days off than on work days, but the treatment improved sleep on both.

#### CONCLUSIONS:

The study showed that non-pharmacological treatment of insomnia can be implemented among shift workers with chronic insomnia, and delivery of the treatment by trained OHS nurses yields promising results. Some caution, however, is needed when interpreting the results because of the non-randomized study design and small sample size.

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<http://www.ncbi.nlm.nih.gov/pubmed/23150068>

J Gen Intern Med. 2012 Nov 13. [Epub ahead of print]

#### **Integrated Care: Treatment Initiation Following Positive Depression Screens.**

Szymanski BR, Bohnert KM, Zivin K, McCarthy JF.

Source: Department of Chronic Disease Epidemiology, Yale School of Public Health, 60 College Street, P.O. Box 208034, New Haven, CT, 06520-8034, USA, benjamin.szymanski@yale.edu.

#### Abstract

##### BACKGROUND:

Primary Care-Mental Health Integration (PC-MHI) may improve mental health services access and continuity of care.

##### OBJECTIVE:

To assess whether receipt of integrated PC-MHI services on the date of an initial positive depression screen influences receipt of depression treatment among primary care (PC) patients in the Veterans Health Administration.

**DESIGN:**

Retrospective cohort study.

**SUBJECTS:**

Thirty-six thousand, two hundred and sixty-three PC patients with positive depression screens between October 1, 2009 and September 30, 2010.

**MAIN MEASURES:**

Subjects were assessed for depression diagnosis and initiation of antidepressants or psychotherapy on the screening day, within 12 weeks, and within 6 months. Among individuals with PC encounters on the screening day, setting of services received that day was categorized as PC only, PC-MHI, or Specialty Mental Health (SMH). Using multivariable generalized estimating equations (GEE) logistic regression, we assessed likelihood of treatment initiation, adjusting for demographic and clinical measures, including depression screening score.

**KEY RESULTS:**

Patients who received same-day PC-MHI services were more likely to initiate psychotherapy (OR: 8.16; 95 % CI: 6.54-10.17) and antidepressant medications (OR: 2.33, 95 % CI: 2.10-2.58) within 12 weeks than were those who received only PC services on the screening day.

**CONCLUSIONS:**

Receipt of same-day PC-MHI may facilitate timely receipt of depression treatment.

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.736324>

**Correlates of Suicide Among Army National Guard Soldiers.**

James Griffith

Military Psychology

Vol. 24, Iss. 6, 2012

Associations among sociodemographic characteristics, mood, trauma-related experiences, and suicidal behaviors were examined with archival data from Army National Guard (ARNG) soldiers that included suicide cases combined with annual random samples of nonsuicide cases for calendar years 2007–2011 (N = 5,390); postdeployed ARNG soldiers (N = 4,567); and home-stationed ARNG soldiers (N = 15,597). Suicidal behavior was associated with demographic characteristics (e.g., young age, male, and White) and loss of a significant other; childhood abuse experiences moderated the relationship between current stressors and suicidal behavior; suicidal behavior appeared to be consistent across the deployment cycle.

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[http://www.cdc.gov/pcd/issues/2012/11\\_0134.htm](http://www.cdc.gov/pcd/issues/2012/11_0134.htm)

**Predictors of Risk and Resilience for Posttraumatic Stress Disorder Among Ground Combat Marines: Methods of the Marine Resiliency Study.**

Dewleen G. Baker, MD; William P. Nash, MD; Brett T. Litz, PhD; Mark A. Geyer, PhD; Victoria B. Risbrough, PhD; Caroline M. Nievergelt, PhD; Daniel T. O'Connor, MD; Gerald E. Larson, PhD; Nicholas J. Schork, PhD; Jennifer J. Vasterling, PhD; Paul S. Hammer, MD; Jennifer A. Webb-Murphy, PhD; the MRS Team

Preventing Chronic Disease (CDC)

ISSN: 1545-1151

Volume 9 (2012)

The Marine Resiliency Study (MRS) is a prospective study of factors predictive of posttraumatic stress disorder (PTSD) among approximately 2,600 Marines in 4 battalions deployed to Iraq or Afghanistan. We describe the MRS design and predeployment participant characteristics. Starting in 2008, our research team conducted structured clinical interviews on Marine bases and collected data 4 times: at predeployment and at 1 week, 3 months, and 6 months postdeployment. Integrated with these data are medical and career histories from the Career History Archival Medical and Personnel System (CHAMPS) database. The CHAMPS database showed that 7.4% of the Marines enrolled in MRS had at least 1 mental health diagnosis. Of enrolled Marines, approximately half (51.3%) had prior deployments. We found a moderate positive relationship between deployment history and PTSD prevalence in these baseline data.

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.736318>

**Alcohol Use Among Canadian Forces Candidates: The Role of Psychological Health and Personality.**

Alla Skomorovsky, Jennifer E. C. Lee

Military Psychology

Vol. 24, Iss. 6, 2012

There is evidence to suggest that exposure to military stressors may contribute to alcohol consumption among military personnel. The present study analyzed health questionnaire data from 3,852 Canadian Forces (CF) candidates in an effort to identify psychological health and personality characteristics that could be targeted in order to prevent or reduce problem drinking among CF personnel. Results revealed that some of the psychological health and personality characteristics examined (i.e., PTSD, depression symptoms, agreeableness, conscientiousness, and extroversion) were significantly associated with

alcohol use. Some methodological constraints and the potential implications for the prevention of problem drinking among military personnel are discussed.

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.736327>

**An Evidence-Based Clinical Approach to Suicide Prevention in the Department of Defense: The Collaborative Assessment and Management of Suicidality (CAMS).**

David A. Jobes, Rene Lento, Katherine Brazaitis

Military Psychology

Vol. 24, Iss. 6, 2012

There are few evidence-based approaches for the treatment of suicidality particularly within the Department of Defense settings (DoD) (Schoenbaum, Heinssen, & Pearson, 2009). This article describes a relatively new suicide-specific approach called the “Collaborative Assessment and Management of Suicidality” (CAMS). There is growing evidence that CAMS can meaningfully impact suicidal ideation, overall symptom distress, increase hope, and may positively impact non-mental health utilization. The prospect of using CAMS within military treatment facilities is discussed as a means of clinically assessing and treating suicidal ideation and related behaviors for military personnel.

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<http://ict.usc.edu/pubs/Stress%20resilience%20in%20virtual%20environments-%20training%20combat%20relevant%20emotional%20coping%20skills%20using%20virtual%20reality.pdf>

**Stress resilience in virtual environments: training combat relevant emotional coping skills using virtual reality.**

A A Rizzo, B John, J Williams, B Newman, S T Koenig, B S Lange, J G Buckwalter

Institute for Creative Technologies, University of Southern California

12015 Waterfront Dr., Playa Vista, CA, USA

The incidence of posttraumatic stress disorder (PTSD) in returning OEF/OIF military personnel has created a significant behavioral healthcare challenge. This has served to motivate research on how to better develop and disseminate evidence-based treatments for PTSD. One emerging form of treatment for combat-related PTSD that has shown promise involves the delivery of exposure therapy using immersive Virtual Reality (VR). Initial outcomes from open clinical trials have been positive and fully randomized controlled trials are currently in progress to further investigate the efficacy of this approach. Inspired by the initial success of this research using VR to emotionally engage and successfully treat persons undergoing exposure therapy for PTSD, our group has begun developing a similar VR-based

approach to deliver stress resilience training with military service members prior to their initial deployment. The STress Resilience In Virtual Environments (STRIVE) project aims to create a set of combat simulations (derived from our existing Virtual Iraq/Afghanistan PTSD exposure therapy system) that are part of a multi-episode interactive narrative experience. Users can be immersed within challenging combat contexts and interact with virtual characters within these episodes as part of an experiential learning approach for delivering psychoeducational material, stress management techniques and cognitive-behavioral emotional coping strategies believed to enhance stress resilience. The STRIVE project aims to present this approach to service members prior to deployment as part of a program designed to better prepare military personnel for the types of emotional challenges that are inherent in the combat environment. During these virtual training experiences users are monitored physiologically as part of a larger investigation into the biomarkers of the stress response. One such construct, Allostatic Load, is being directly investigated via physiological and neuro-hormonal analysis from specimen collections taken immediately before and after engagement in the STRIVE virtual experience. This paper describes the development and evaluation of the Virtual Iraq/Afghanistan Exposure Therapy system and then details its current transition into the STRIVE tool for pre-deployment stress resilience training. We hypothesize that VR stress resilience training with service members in this format will better prepare them for the emotional stress of a combat deployment and could subsequently reduce the later incidence of PTSD and other psychosocial health conditions.

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.736321>

### **The Impact of Benefit Finding and Leadership on Combat-Related PTSD Symptoms.**

Michael D. Wood, Heather M. Foran, Thomas W. Britt, Kathleen M. Wright

Military Psychology

Vol. 24, Iss. 6, 2012

Benefit finding and unit leadership have been identified as buffers against the negative effects of combat exposure on posttraumatic stress disorder (PTSD) symptoms. However, little is known about how these different buffers work together to protect military personnel from the negative effects of combat. We examined benefit finding and leadership as buffers of the combat–PTSD symptoms link in a sample of recently returned combat veterans (N = 583). Results revealed that when higher levels of noncommissioned officer (NCO) leadership and benefit finding (BF) were reported, fewer PTSD symptoms were endorsed. Additionally, BF buffered the relationship between combat stress and PTSD symptoms, but only under conditions of supportive officer leadership. Implications of these findings for military settings are discussed.

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[http://www.psyn-journal.com/article/S0925-4927\(12\)00122-9/abstract](http://www.psyn-journal.com/article/S0925-4927(12)00122-9/abstract)

**A window into the invisible wound of war: Functional neuroimaging of REM sleep in returning combat veterans with PTSD.**

Anne Germain, Jeffrey James, Salvatore Insana, Ryan J. Herringa, Oommen Mammen, Julie Price, Eric Nofzinger

Psychiatry Research: Neuroimaging - 12 November 2012

Relative regional cerebral metabolic rate of glucose in rapid eye movement (REM) sleep and wakefulness was explored in combat veterans with and without PTSD, using positron emission tomography. Hypermetabolism in brain regions involved in arousal regulation, fear responses, and reward processing persist during REM sleep in combat veterans with PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23146625>

J Int Neuropsychol Soc. 2012 Nov 12:1-8. [Epub ahead of print]

**Postconcussive Complaints, Cognition, Symptom Attribution and Effort among Veterans.**

Larson EB, Kondiles BR, Starr CR, Zollman FS.

Source: Brain Injury Medicine and Rehabilitation Program, Rehabilitation Institute of Chicago, Chicago, Illinois.

**Abstract**

The etiology of postconcussive symptoms is not clearly understood. Development of etiological models of those symptoms will be helpful for accurate diagnosis and for planning effective treatment. Such a model should characterize the role of subject characteristics (education, premorbid intelligence), social psychological factors and symptom validity. Toward that end, the present study examined the association of postconcussive complaints and cognitive performance with symptom attribution and level of effort on testing. In a sample of 155 veterans, attribution to concussion was associated with endorsement of more severe postconcussive complaints, after controlling for the effects of other factors such as subject characteristics. Similarly, effort was associated with cognitive performance after controlling for the effects of these other factors. The present findings are consistent with previous reports that illness perception and effort on testing are associated with postconcussive complaints. This supports previous recommendations to routinely educate all concussion patients immediately after injury to reduce distorted perceptions and related persistent complaints. Finally, these findings highlight a need for routine assessment of patients' perception of their injury to identify cases that may require psychotherapy to address any misattributions that develop. (JINS, 2013, 19, 1-8).

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[http://www.psyn-journal.com/article/S0925-4927\(12\)00096-0/abstract](http://www.psyn-journal.com/article/S0925-4927(12)00096-0/abstract)

**Diffusion tensor imaging evidence of white matter disruption associated with loss versus alteration of consciousness in warfighters exposed to combat in Operations Enduring and Iraqi Freedom.**

Scott C. Matthews, Andrea D. Spadoni, James B. Lohr, Irina A. Strigo, Alan N. Simmons

Psychiatry Research: Neuroimaging - 12 November 2012

The effects on the human brain of mild traumatic brain injury (mTBI), which is defined as a brief alteration (AOC) or loss of consciousness (LOC), are incompletely understood. Major psychiatric illness such as major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) are common after mTBI. Prior research suggests that individuals who develop MDD after blast-related mTBI versus those who do not show significant white matter disruption and higher rates of LOC, suggesting that LOC might be uniquely associated with brain changes that increase the risk of developing mental illness after neurotrauma. Therefore, the objective of this study was to examine the effects of LOC, MDD, and PTSD, on white matter integrity in individuals who reported experiencing mTBI during combat in Operations Enduring and Iraqi Freedom. We hypothesized that LOC would be associated with significant disruption of white matter, above and beyond putative effects of MDD and PTSD. To test this hypothesis, 46 individuals who experienced blast-related mTBI underwent a detailed clinical assessment and diffusion tensor imaging. As hypothesized, LOC versus AOC individuals displayed significantly lower fractional anisotropy (FA) in 14 regions, which included the superior longitudinal fasciculus and corpus callosum. No regions of significant FA difference were identified between individuals with and without PTSD, or between individuals with and without MDD. These preliminary results show that LOC is associated with detectable alterations in brain microstructure and may suggest a brain basis for psychiatric symptoms and mental illness after mTBI.

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.737725>

**In the Wake of Don't Ask Don't Tell: Suicide Prevention and Outreach for LGB Service Members.**

Heather Wilder, Jami Wilder

Military Psychology

Vol. 24, Iss. 6, 2012

It is estimated that lesbian, gay, and bisexual (LGB) individuals are three to five times more likely to attempt suicide than their heterosexual counterparts. Factors linked to increased LGB suicide risk are overt and covert discrimination, internalized oppression, nondisclosure of sexual orientation, and lack of adequate social support. As the U.S. military adjusts to the repeal of Don't Ask Don't Tell (DADT), it will be imperative to understand and support service people who are struggling with many of these same issues. This article explores factors linked to suicidality and provides education for professionals working

with LGB service people. Emphasis is placed on strategies for the provision of support and suicide prevention for members of this population.

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<http://www.tandfonline.com/doi/abs/10.1080/00141844.2012.658428>

### **On Movement: The Matter of US Soldiers' Being After Combat.**

Zoë H. Wool

Ethnos

Version of record first published: 12 Nov 2012

Using ethnographic vignettes of three American soldiers who served in Iraq and Afghanistan, this article proposes an analytics of movement through which to apprehend experiences of ontological transformation brought about by the many violences of service in a combat zone. I juxtapose a range of experiences of movement to explore the subjective experience of certain kinds of bodies as they move, see, and are seen to move in certain kinds of spaces. In the case of American soldiers who have been marked by their experiences in Iraq and Afghanistan, this approach is a displacement of post-traumatic stress disorder, the dominant frame for understanding soldiers' post-combat transformations. In its stead, the analytics of movement offers a sense of the vertiginous new worlds soldiers inhabit, which suggests ontology, rather than pathology, as the ground for understanding the matter of US soldiers' being after combat.

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<http://www.ethicalpsychology.org/materials/Psychology-Under-Fire--Arrigo-Eidelson-Bennett-2012.pdf>

### **Psychology under Fire: Adversarial Operational Psychology and Psychological Ethics.**

Jean Maria Arrigo; Project on Ethics and Art in Testimony, Irvine, CA

Roy J. Eidelson; Eidelson Consulting, Bala Cynwyd, PA

Ray Bennett; Washington, DC

*This essay has been accepted for publication in Peace and Conflict: Journal of Peace Psychology (Copyright, American Psychological Association). This article may not exactly replicate the final version published in the APA journal. It is not the copy of record.*

The 9/11 attacks on the United States have motivated psychologists to advance counterterrorism and related operations through psychological principles and skills. These operational psychologists seek to legitimize adversarial interventions against targets by prioritizing societal welfare over traditional, individual---focused principles of psychological ethics. In this essay we distinguish adversarial operational psychology, which facilitates deceptive and coercive operations, from collaborative operational psychology, which optimizes personnel performance in high---risk operations. Our analysis



finds that adversarial operational psychology is largely unsupported by the APA Ethics Code; that its potential benefits are exceeded by the likelihood of irreversible harms; and that its military necessity is undemonstrated. We offer a three---factor framework for distinguishing between adversarial and collaborative operational psychology, and we recommend institutional separation of these roles so that professional psychologists do not serve in adversarial capacities.

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<http://www.ncbi.nlm.nih.gov/pubmed?term=23153383>

Int J Clin Exp Hypn. 2013 Jan;61(1):20-37.

### **Efficacy of Abreactive Ego State Therapy for PTSD: Trauma Resolution, Depression, and Anxiety.**

Christensen C, Barabasz A, Barabasz M 3.

Source: Washington State University , Pullman , USA.

#### Abstract

Using manualized abreactive Ego State Therapy (EST), 30 subjects meeting DSM-IV-TR and Clinician-Administered PTSD Scale (CAPS) criteria were exposed to either 5-6 hours of treatment or the Ochberg Counting Method (placebo) in a single session. EST emphasized repeated hypnotically activated abreactive "reliving" of the trauma and ego strengthening by the cotherapists. Posttreatment 1-month and 3-month follow-ups showed EST to be an effective treatment for PTSD. Using the Davidson Trauma Scale, Beck Depression II, and Beck Anxiety Scales, EST subjects showed significant positive effects from pretreatment levels at all posttreatment measurement periods in contrast to the placebo treatment. Most of the EST subjects responded and showed further improvement over time.

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<http://summaries.cochrane.org/CD010228/internet-interventions-for-treatment-of-alcohol-related-problems>

### **Internet interventions for treatment of alcohol-related problems.**

Stallman HM, Kavanagh D, White AMaree

Published Online: November 14, 2012

This Cochrane Review is at the protocol stage and there is no abstract or plain language summary. The objectives for the review are as follows:

The primary objective of this review will be to assess the effect of internet and mobile phone alcohol-related interventions on reducing participants' alcohol consumption. Secondary objectives will include assessing the impact of the interventions on symptoms of alcohol-related disorders and degree of alcohol dependence, the effects on functioning, and patient acceptability. The review will also assess

whether there are different outcomes for different diagnostic groups, and which intervention approaches or components (including therapeutic support) may be contributing to any positive effects.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000011/art00018>

### **Readiness and Associated Health Behaviors and Symptoms in Recently Deployed Army National Guard Solders.**

Authors: Eliasson, Arn; Kashani, Mariam; Dela Cruz, Georgia; Vernalis, Marina

Source: Military Medicine, Volume 177, Number 11, November 2012 , pp. 1254-1260(7)

To examine major factors affecting readiness in the Army National Guard (ARNG), 265 soldiers of the Pennsylvania ARNG redeploying in 2010 from Iraq and Afghanistan were evaluated with validated questionnaires during their first unit formation. The questionnaires assessed demographic information, health habits, levels of perceived stress, mood, diet, sleep, and exercise habits, and included a screening question for depression. Our analysis revealed no negative effects of multiple deployments in this cohort of ARNG soldiers. There was no apparent impact on readiness attributable to soldiers' living locations; there did not appear to be an urban-rural divide. There were, however, numerous opportunities to improve health behaviors, including smoking (prevalence of 41%), poor dietary choices and sleep habits, as well as management of stress and mood disorders. A striking prevalence of sleep apnea exists in these ARNG soldiers (40%), approximately double that previously measured in the general U.S. population. Soldiers with high stress, depression, poor sleep quality, and sleep apnea are at increased long-term risk for cardiovascular complications and deserve focused interventions to encourage lifestyle behavior change.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000011/art00024>

### **The Influence of Sleep and Mood on Cognitive Functioning Among Veterans Being Evaluated for Mild Traumatic Brain Injury.**

Authors: Waldron-Perrine, Brigid; McGuire, Adam P.; Spencer, Robert J.; Drag, Lauren L.; Pangilinan, Percival H.; Bieliauskas, Linas A.

Source: Military Medicine, Volume 177, Number 11, November 2012 , pp. 1293-1301(9)

#### **Objective:**

Veterans undergoing evaluation for mild traumatic brain injury commonly report insomnia, psychiatric symptoms, and cognitive dysfunction. This study examines the effects of self-reported amount of sleep and subjective sleep quality on neuropsychological test performance.

Method:

262 veterans were seen for neuropsychological assessment in a Veterans Affairs traumatic brain injury clinic. All participants completed measures of depression, anxiety, and sleep satisfaction, and also estimated the number of hours they slept the night before the assessment. Factor scores of attention/concentration and memory were created using factor analyses. Data were analyzed with linear regression.

Results:

Depression and anxiety were significantly correlated with sleep satisfaction and predictive of cognitive ability. Both sleep satisfaction and hours slept were significantly correlated with memory, but not attention. After controlling for the effects of depression and anxiety, hours slept but not sleep satisfaction was predictive of memory test performance.

Conclusions:

Perceived sleep quality is heavily influenced by psychiatric symptoms; therefore, veterans' report of sleep satisfaction may merely reflect their overall level of distress. Sleep quantity, however, appears to uniquely contribute to memory performance. Thus, assessment of sleep is important and provides clinicians with useful information, especially among individuals with psychiatric comorbidities.

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<http://www.focus.psychiatryonline.org/article.aspx?articleid=1392112>

**Are Iraq and Afghanistan Veterans Using Mental Health Services? New Data From a National Random-Sample Survey.**

Eric B. Elbogen, Ph.D.; H. Ryan Wagner, Ph.D.; Sally C. Johnson, M.D.; Patricia Kinner, M.A.; Han Kang, Dr.P.H.; Jennifer J. Vasterling, Ph.D.; Christine Timko, Ph.D.; Jean C. Beckham, Ph.D.

Psychiatric Services 2012; doi: 10.1176/appi.ps.004792011

Objective:

This study analyzed data from a national survey of Iraq and Afghanistan veterans to improve understanding of mental health services use and perceived barriers.

Methods:

The National Post-Deployment Adjustment Survey randomly sampled post-9/11 veterans separated from active duty or in the Reserves or National Guard. The corrected response rate was 56% (N=1,388).

Results:

Forty-three percent screened positive for posttraumatic stress disorder (PTSD), major depression, or alcohol misuse. Past-year psychiatric treatment was reported by 69% of the PTSD group, 67% of the depression group, and 45% of those with alcohol misuse. Most received care at Veterans Affairs (VA) facilities, although women were more likely than men to seek non-VA services. Veterans with more severe symptoms reported greater treatment utilization. Eighteen percent saw a pastoral counselor

(chaplain) in the past year. Veterans with mental health needs who did not access treatment were more likely to believe that they had to solve problems themselves and that medications would not help. Those who had accessed treatment were more likely to express concern about being seen as weak by others.

#### Conclusions:

Veterans in greatest need were more likely to access services. More than two-thirds with probable PTSD obtained past-year treatment, mostly at VA facilities. Treatment for veterans may be improved by increasing awareness of gender differences, integrating mental health and pastoral services, and recognizing that alcohol misuse may reduce utilization. Veterans who had and had not used services endorsed different perceptions about treatment, indicating that barriers to accessing care may be distinct from barriers to engaging in care.

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<http://ptjournal.apta.org/content/early/2012/11/15/ptj.20120144.abstract>

### **Sleep Deprivation Has No Effect on Dynamic Visual Acuity in Military Service Members Who Are Healthy.**

Matthew R. Scherer (matthew.scherer@us.army.mil), Pedro J. Claro and Kristin J. Heaton

Physical Therapy

Published online before print 15 November 2012

#### Background.

The risk of sustaining Traumatic Brain Injury (TBI) and co-morbid post traumatic dizziness is elevated in military operational environments. Sleep deprivation is known to affect Service Member performance while deployed though little is known about its effects on vestibular function. Recent findings suggest that moderate acceleration step rotational stimuli may elicit a heightened angular vestibulo-ocular reflex (aVOR) response relative to low frequency sinusoidal stimuli after 26 hours of sleep deprivation. There is concern that a sleep deprivation-mediated elevation in aVOR function could confound detection of co-morbid vestibular pathology in Service Members with TBI. Dynamic Visual Acuity (DVA) refers to one's ability to see clearly during head movement and is a behavioral measure of aVOR function. The Dynamic Visual Acuity Test (DVAT) assesses gaze instability by measuring the difference between head-stationary and head-moving visual acuity.

#### Objective.

The purpose of this study was to investigate the effects of 26 hours of sleep deprivation on DVA as a surrogate for aVOR function.

#### Methods.

20 Soldiers with no history of vestibular insult or head trauma were assessed using the DVAT at angular head velocities of 120-180 degrees/ second. Active and passive yaw and pitch impulses were obtained before and after sleep deprivation.

#### Results.

Yaw DVA remained unchanged due to sleep deprivation. Active pitch DVA diminished by -0.005 LogMAR (down) and -0.055 LogMAR (up); and passive pitch DVA was degraded by -0.06 LogMAR (down) and -0.045 LogMAR (up) (p=0.002).

#### Discussion.

DVA testing in healthy soldiers revealed no change in gaze stability following rapid yaw impulses and sub-clinical changes in pitch DVA following sleep deprivation. Findings suggest that DVA is not affected by short term sleep deprivation under clinical conditions.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000011/art00016>

#### **Medical Costs of War in 2035: Long-Term Care Challenges for Veterans of Iraq and Afghanistan.**

Authors: Geiling, James; Rosen, Joseph M.; Edwards, Ryan D.

Source: Military Medicine, Volume 177, Number 11, November 2012 , pp. 1235-1244(10)

War-related medical costs for U.S. veterans of Iraq and Afghanistan may be enormous because of differences between these wars and previous conflicts: (1) Many veterans survive injuries that would have killed them in past wars, and (2) improvised explosive device attacks have caused “polytraumatic” injuries (multiple amputations; brain injury; severe facial trauma or blindness) that require decades of costly rehabilitation. In 2035, today's veterans will be middle-aged, with health issues like those seen in aging Vietnam veterans, complicated by comorbidities of post-traumatic stress disorder, traumatic brain injury, and polytrauma. This article cites emerging knowledge about best practices that have demonstrated cost-effectiveness in mitigating the medical costs of war. We propose that clinicians employ early interventions (trauma care, physical therapy, early post-traumatic stress disorder diagnosis) and preventive health programs (smoking cessation, alcohol-abuse counseling, weight control, stress reduction) to treat primary medical conditions now so that we can avoid treating costly secondary and tertiary complications in 2035. (We should help an amputee reduce his cholesterol and maintain his weight at age 30, rather than treating his heart disease or diabetes at age 50.) Appropriate early interventions for primary illness should preserve veterans' functional status, ensure quality clinical care, and reduce the potentially enormous cost burden of their future health care.

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<http://www.ncbi.nlm.nih.gov/pubmed/23157198>

J Am Coll Health. 2012 Dec;60(8):562-73. doi: 10.1080/07448481.2012.721427.

#### **Implications of posttraumatic stress among military-affiliated and civilian students.**

Barry AE, Whiteman SD, Macdermid Wadsworth SM.

Source: Department of Health Education and Behavior , University of Florida , Gainesville , Florida.

#### Abstract

#### Objectives:

To determine whether posttraumatic stress (PTS) symptoms are associated with problem drinking and alcohol-related consequences, as well as academic correlates among military-affiliated and civilian students.

#### Participants:

The final sample (n = 248) included 78 combat-exposed student service members/veterans, 53 non-combat-exposed student service members/ veterans, 38 ROTC (Reserve Officers' Training Corps) students, and 79 civilian students.

#### Methods:

Self-report data were collected spring 2011 via a Web-based survey measuring PTS, problem drinking, alcohol-related consequences, grade point average, educational self-efficacy, academic amotivation, and persistence.

#### Results:

Military students exposed to combat-related trauma reported significantly greater PTS symptoms than other military and civilian groups. PTS symptoms were associated with problem drinking and alcohol-related consequences for all groups, yet unrelated to academic correlates among those exposed to combat-related trauma. Conclusion: This study adds to the scant literature base exploring the unique characteristics of student service members/veterans in higher education.

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<http://psycnet.apa.org/psycinfo/2012-30024-001/>

#### **Prevalence and Nature of Criminal Offending in a National Sample of Veterans in VA Substance Use Treatment Prior to the Operation Enduring Freedom/Operation Iraqi Freedom Conflicts.**

Weaver, Christopher M.; Trafton, Jodie A.; Kimerling, Rachel; Timko, Christine; Moos, Rudolf

Psychological Services, Nov 12 , 2012, No Pagination Specified. doi: 10.1037/a0030504

This study evaluated the prevalence and types of criminal arrest among 99,512 male veterans in substance use disorder (SUD) treatment across 150 VA facilities from 1998 to 2001. Participants were assessed with the Addiction Severity Index (ASI), which includes detailed information about lifetime criminal activity. A majority of the patients (58.2%) had three or more previous arrests, with 46.0% reporting one or more criminal convictions. Criminal arrests were frequent and varied. A majority of patients (69.3%) had at least one arrest that was not due to drug possession, drug sale, or intoxication. Nearly 24% reported at least one arrest for a violent crime. Patterns of arrest for specific crimes varied across SUD diagnostic categories. Screening for specific types of offending is informative and viable.

Existing VA SUD treatment is a potentially underrecognized point of intervention for justice involvement among veterans. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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[http://www.sdfpubcntr.net/docs/SDFMS\\_Vol\\_5\\_Spring\\_2012.pdf#page=31](http://www.sdfpubcntr.net/docs/SDFMS_Vol_5_Spring_2012.pdf#page=31)

**Reserve Force Trials, Trauma and Transitions: Examining the Modern Deployed Reserve Force Mental Health Support Needs. (Emergent Roles for the State Defense Force)**

Colonel Martin Hershkowitz, (MDDF-Ret.); Judge William L. Witham Jr., JD (Colonel, DEARNG-Ret); Christine Harnett, Ph.D.; H. Wayne Nelson, Ph.D.

State Defense Force Monograph Series

Spring 2012, Homeland Security - Support for the National Guard and the State

In an address to the graduating class of the Michigan Military Academy, 19 June 1879, General William Tecumseh Sherman stated "I've seen cities and homes in ashes. I've seen thousands of men lying on the ground, their dead faces looking up at the skies. I tell you, war is Hell!" (Brown, 1933). He referred to the hell of combat and what is now referred to collateral damage. But there are two kinds of hell; that hell experienced by the Reserve Force warrior and his or her family during the deployment cycle and that hell they experience after deployment when the Reserve Force veteran seeks treatment for the symptoms of traumatic brain injury (TBI) and/or posttraumatic stress disorder (PTSD). The problems and possible solutions are explored herein.

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<http://www.ncbi.nlm.nih.gov/pubmed/23154834>

Psychiatr Serv. 2012 Nov 15. doi: 10.1176/appi.ps.201200267. [Epub ahead of print]

**Patient and Facility Characteristics Associated With Benzodiazepine Prescribing for Veterans With PTSD.**

Lund BC, Bernardy NC, Vaughan-Sarrazin M, Alexander B, Friedman MJ.

Abstract

**OBJECTIVE:**

Practice guidelines used in the Veterans Health Administration (VHA) caution against benzodiazepine use by veterans with posttraumatic stress disorder (PTSD) because of inefficacy and safety concerns. Although use has declined, the VHA prescription rate is  $\geq 30\%$  nationally. To inform intervention design, this study examined patient- and facility-level correlates of benzodiazepine prescribing.

**METHODS:**

This cross-sectional study used 2009 national administrative VHA data to identify veterans with PTSD,

benzodiazepine prescriptions, and various patient and facility characteristics. Correlates of benzodiazepine prescribing were determined with multivariable hierarchical logit models.

#### RESULTS:

Among 137 VHA facilities, 495,309 veterans with PTSD were identified, and 150,571 (30.4%) received a benzodiazepine prescription. Patient characteristics independently associated with benzodiazepine use included female gender, age  $\geq 30$  years, rural residence, service-connected disability  $\geq 50\%$ , Vietnam-era service, duration of PTSD diagnosis, and a comorbid anxiety disorder. However, case-mix adjustment for these variables accounted for  $< 1\%$  of prescribing variation. Facility characteristics independently associated with higher use included lower PTSD visit volume, higher rates of duplicate prescribing (concurrent use of more than one drug from a class), and lower rates of trazodone prescribing. These findings were corroborated in replication analyses.

#### CONCLUSIONS:

The ultimate goal is to ensure consistent access to guideline-concordant PTSD treatment across the VHA. This study furthered this objective by identifying characteristics associated with benzodiazepine prescribing. Findings suggest that interventions could be designed to target individual high-volume prescribers or influence prescribing culture at the facility level.

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<http://www.pn.psychiatryonline.org/article.aspx?articleid=1392113>

#### **Aligning Clinical Practice to PTSD Treatment Guidelines: Medication Prescribing by Provider Type.**

Thad E. Abrams, M.D., M.S.; Brian C. Lund, Pharm.D.; Nancy C. Bernardy, Ph.D.; Matthew J. Friedman, M.D., Ph.D.

Psychiatric Services 2012; doi: 10.1176/appi.ps.201200217

#### Objective:

Veterans with posttraumatic stress disorder (PTSD) are frequently prescribed psychiatric medications that are currently not supported by a guideline developed by the U.S. Department of Veterans Affairs and the U.S. Department of Defense. To better understand this practice, this study examined prescribing frequencies for three classes of psychiatric medications and the proportion of prescribing attributable to various provider types.

#### Methods:

This cross-sectional study analyzed fiscal year 2009 electronic pharmacy data from the Veterans Health Administration (VHA) for 356,958 veterans with PTSD who were receiving medications from VHA prescribers. Veterans had at least one VHA encounter with a diagnostic code of PTSD and evidence of continuous medication use. Medications of interest were selective serotonin–norepinephrine reuptake inhibitors (SSRI/SNRIs), second-generation antipsychotic medications, and benzodiazepines. Analyses described the proportion of prescribing attributable to mental health care providers and primary care providers for each medication class.



#### Results:

In 2009, among all veterans with PTSD who had continuous VA medication use, 65.7% were prescribed SSRI/SNRIs, and 70.2% of this prescribing was attributable to mental health care providers. Second-generation antipsychotics were prescribed for 25.6% of these veterans, and 80.2% of the prescribing was attributable to mental health care providers. Benzodiazepines were prescribed for 37.0% of the sample, and 68.8% of the prescribing was attributable to mental health care providers.

#### Conclusions:

The findings indicate that veterans with PTSD were frequently prescribed medications not supported by existing guidelines. Most of these prescriptions were written by mental health care providers. Interventions to align prescribing with PTSD treatment guidelines should emphasize provider type.

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<http://dsm.psychiatryonline.org/article.aspx?articleid=1392111>

#### **Risk of Incarceration and Other Characteristics of Iraq and Afghanistan Era Veterans in State and Federal Prisons.**

Jack Tsai, Ph.D.; Robert A. Rosenheck, M.D.; Wesley J. Kasprow, Ph.D.; James F. McGuire, Ph.D.

Psychiatric Services 2012; doi: 10.1176/appi.ps.001882012

#### Objective:

The Health Care for Reentry Veterans (HCRV) program provides Veterans Health Administration outreach services to veterans incarcerated in state and federal prisons. This study used HCRV data to compare risk of incarceration of veterans of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND) and other veterans and to identify sociodemographic and clinical characteristics of incarcerated veterans of OEF/OIF/OND.

#### Methods:

Administrative national data were analyzed for 30,968 incarcerated veterans, including 1,201 OEF/OIF/OND veterans, contacted from October 2007 to April 2011. Odds ratios were calculated comparing the risk of incarceration among OEF/OIF/OND and other veterans in the HCRV sample and in a weighted sample of nonincarcerated veterans from the 2010 National Survey of Veterans. Stepwise logistic regressions of HCRV data examined characteristics of incarcerated veterans independently associated with OEF/OIF/OND service.

#### Results:

Regardless of ethnicity or age, OEF/OIF/OND veterans were less than half as likely as other veterans to be incarcerated and constituted only 3.9% of the incarcerated veterans. Compared with other incarcerated veterans, OEF/OIF/OND veterans were younger, were more likely to be married, were more likely to report combat exposure, expected a shorter incarceration, were 26% less likely to have a diagnosis of drug abuse or dependence, and were three times more likely to have combat-related posttraumatic stress disorder (PTSD).

Conclusions:

OEF/OIF/OND veterans appeared to be at lower risk of incarceration than veterans of other service eras, but those who were incarcerated had higher rates of PTSD. Efforts to link these veterans to mental health services upon their release are warranted.

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<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300905>

**Using Science to Improve Communications About Suicide Among Military and Veteran Populations: Looking for a Few Good Messages.**

Linda Langford, David Litts, and Jane L. Pearson

American Journal of Public Health. e-View Ahead of Print.

doi: 10.2105/AJPH.2012.300905

Concern about suicide in US military and veteran populations has prompted efforts to identify more effective prevention measures.

Recent expert panel reports have recommended public communications as one component of a comprehensive effort. Messaging about military and veteran suicide originates from many sources and often does not support suicide prevention goals or adhere to principles for developing effective communications.

There is an urgent need for strategic, science-based, consistent messaging guidance in this area. Although literature on the effectiveness of suicide prevention communications for these populations is lacking, this article summarizes key findings from several bodies of research that offer lessons for creating safe and effective messages that support and enhance military and veteran suicide prevention efforts. (Am J Public Health. Published online ahead of print November 15, 2012: e1-e8. doi:10.2105/AJPH.2012.300905)

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<http://www.springerlink.com/content/5368g08325g18640/>

**Could Comprehensive Soldier Fitness Have Iatrogenic Consequences? A Commentary.**

Stephanie L. Smith

The Journal Of Behavioral Health Services And Research

Published online 15 November 2012

Comprehensive Soldier Fitness (CSF) is a public health program intended to improve US Army service personnels' resilience to military stressors including combat and operational experiences. The program

uses psychological and behavioral strategies that have been shown to enhance resilience in children and adolescents. CSF has many modules that target a variety of dimensions of wellness. One of the core themes to CSF is the promotion of optimism and positive reframing of challenging situations. To date, the CSF program has not been critically and independently evaluated. This commentary argues that an emphasis on positive emotions and optimism could be maladaptive for post-combat recovery. Clinical and public behavioral health practitioners and researchers can play an important role in evaluating CSF psychological strategies.

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<http://www.ncbi.nlm.nih.gov/pubmed/23157993>

Psychosomatics. 2012 Nov;53(6):550-8. doi: 10.1016/j.psych.2012.05.005.

**Metabolic Syndrome: Relative Risk Associated with Post-Traumatic Stress Disorder (PTSD) Severity and Antipsychotic Medication Use.**

Heppner PS, Lohr JB, Kash TP, Jin H, Wang H, Baker DG.

Source: Veterans Affairs San Diego Healthcare System, San Diego, CA; Department of Psychiatry, University of California, San Diego, CA.

Abstract

BACKGROUND:

In recent years, numerous lines of converging evidence have revealed an association between post-traumatic stress disorder (PTSD) and impaired physical health outcomes, including cardiovascular disease and metabolic syndrome. Although these findings have been interpreted as indicating a direct association of PTSD with metabolic syndrome and obesity, previous studies have not addressed the important confound of antipsychotic drug usage in this population. Second generation antipsychotic medications themselves are associated with metabolic syndrome and obesity, and it is unclear whether the common utilization of these drugs in PTSD may account for some if not all of the observed metabolic problems.

OBJECTIVE:

The present study examined the relative contributions of PTSD severity and use of antipsychotic medications to risk of metabolic syndrome among veterans.

METHOD:

Cross-sectional clinical data, including five factors representing metabolic syndrome, psychiatric diagnoses, and medications were gathered from 253 veterans enrolling in mental health services. We used a logistic regression model to measure the relative association of antipsychotic medication use and PTSD severity on risk of metabolic syndrome.

## RESULTS:

We found that antipsychotic medication usage was not uniquely associated with elevated risk of metabolic syndrome (Wald = 0.30, ns) when PTSD severity and other sociodemographic, psychiatric, and behavioral variables were accounted for. Furthermore, PTSD severity continued to be a significant and unique predictor of risk for metabolic syndrome (Wald = 4.04,  $p < 0.05$ ).

## CONCLUSIONS:

These findings suggest that chronic and moderately severe PTSD, independent of antipsychotic medications, is associated with increased risk of metabolic syndrome.

Published by Elsevier Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/23148901>

Cultur Divers Ethnic Minor Psychol. 2012 Nov 12. [Epub ahead of print]

### **Race and Gender Discrimination in the Marines.**

Foyes MM, Shipherd JC, Harrington EF.

#### Abstract

Although women of color have been hypothesized to experience double jeopardy in the form of chronic exposure to both race-based (RBD) and gender-based discrimination (GBD; Beal, 1970), few empirical investigations that examine both RBD and GBD in multiple comparison groups have been conducted. In addition to being one of the only simultaneous examinations of RBD and GBD in multiple comparison groups, the current study includes both self-report and objective behavioral data to examine the independent and interactive effects of both forms of discrimination. This study is also the first of its kind to examine these constructs in these ways and to explore their impact in a unique sample of ethnically diverse male and female Marine recruits ( $N = 1,516$ ). As anticipated, both RBD and GBD had a strong and consistent negative impact on mental health symptoms (e.g., depression, anxiety), independent of the contributions of gender and race. Partial support was found for the hypothesis that people of color are able to maintain resiliency (as measured by physical fitness testing) in the face of low levels of RBD, but are less able to overcome the negative effects of discrimination at high levels. It is interesting to note that the interaction between race, gender, and levels of discrimination was only found with objective physical fitness test scores but not with self-report measures. These findings underscore the importance of including objective measures when assessing the impact of discrimination in order to understand these complex interrelationships. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000011/art00023>

### **Veteran Experiences Related to Participation in Shared Medical Appointments.**

Authors: Cohen, Shannon; Hartley, Sarah; Mavi, Jasbir; Vest, Bridgette; Wilson, Monica

Source: Military Medicine, Volume 177, Number 11, November 2012 , pp. 1287-1292(6)

Shared medical appointments (SMAs) are an innovative way for multidisciplinary teams to work together to meet veteran needs and encourage adherence to healthy lifestyle recommendations. Objective: The purpose of this study was to explore the experiences of veterans who participated in SMAs. Method: Focus groups were utilized to obtain information about SMA experiences. This method encouraged veterans to expand on and clarify the meaning of their experiences. Audio recordings were transcribed and analyzed by the researchers using N'Vivo software and an exploratory process to obtain consensus about themes. Results: The following themes emerged as a result of the focus group analysis: "empowerment, peer support, awareness, positive provider characteristics, teamwork, benefits, and convenience." Conclusions: Veterans reported improvement in their overall health and well-being, improved self-management skills, and satisfaction with the SMA format. Veterans reported feeling empowered to improve their health and described a deep connection with their peers and group leaders. The connection they experienced with other veterans in the SMAs was similar to the close-knit relationships held with other members of their military unit.

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<http://www.ncbi.nlm.nih.gov/pubmed/23157431>

J Clin Exp Neuropsychol. 2012 Nov 19. [Epub ahead of print]

### **Validity of the Virtual Reality Stroop Task (VRST) in active duty military.**

Armstrong CM, Reger GM, Edwards J, Rizzo AA, Courtney CG, Parsons TD.

Source: National Center for Telehealth and Technology (T2) Defense Centers of Excellence (DCoE) for Psychological Health & Traumatic Brain Injury, Joint Base Lewis-McChord , Tacoma , WA , USA.

#### **Abstract**

Virtual environments provide the ability to systematically deliver test stimuli in simulated contexts relevant to real world behavior. The current study evaluated the validity of the Virtual Reality Stroop Task (VRST), which presents test stimuli during a virtual reality military convoy with simulated combat threats. Active duty Army personnel (N = 49) took the VRST, a customized version of the Automated Neuropsychological Assessment Metrics (ANAM)-Fourth Edition TBI Battery (2007 ) that included the addition of the ANAM Stroop and Tower tests, and traditional neuropsychological measures, including the Delis-Kaplan Executive Function System version of the Color-Word Interference Test. Preliminary convergent and discriminant validity was established, and performance on the VRST was significantly associated with computerized and traditional tests of attention and executive functioning. Valid virtual reality cognitive assessments open new lines of inquiry into the impact of environmental stimuli on performance and offer promise for the future of neuropsychological assessments used with military personnel.

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<http://journals.canisius.edu/index.php/CSPANY/article/viewFile/244/396>

**We've Been Here Before: Meeting the Needs of Student-Veterans.**

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CSPA-NYS Journal of Student Affairs, Volume 12, Issue 2, 2012

Using the 1944 work of E. G. Williamson, then president of ACPA, this essay provides historical and comparative analysis of campus efforts surrounding student-veterans. Emphasis is placed on Williamson's five efforts, which alerted colleges to the immediate needs of veterans returning from the Second World War and enrolling in college. The current work applies Williamson's five efforts to contemporary higher education and the student-veterans enrolled therein. Recommendations for practice are offered.

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<http://www.omicsonline.org/2157-7412/2157-7412-3-116.pdf>

**Diagnosis and Healing In Veterans Suspected of Suffering from Post-Traumatic Stress Disorder (PTSD) Using Reward Gene Testing and Reward Circuitry Natural Dopaminergic Activation.**

Kenneth Blum, John Giordano, Marlene Oscar-Berman, Abdalla Bowirrat, Thomas Simpatico and Debmalya Barh

There is a need for understanding and treating post-traumatic stress disorder (PTSD), in soldiers returning to the United States of America after combat. Likewise, it would be beneficial to finding a way to reduce violence committed by soldiers, here and abroad, who are suspected of having post-traumatic stress disorder (PTSD). We hypothesize that even before combat, soldiers with a childhood background of violence (or with a familial susceptibility risk) would benefit from being genotyped for high-risk alleles. Such a process could help to identify candidates who would be less suited for combat than those without high-risk alleles. Of secondary importance is finding safe methods to treat individuals already exposed to combat and known to have PTSD. Since hypodopaminergic function in the brain's reward

circuitry due to gene polymorphisms is known to increase substance use disorder in individuals with PTSD, it might be parsimonious to administer dopaminergic agonists to affect gene expression (mRNA) to overcome this deficiency.

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<http://pubs.niaaa.nih.gov/publications/arcr344/401-407.htm>

### **Alcohol and Stress in the Military**

Jeremiah A. Schumm, Ph.D., and Kathleen M. Chard, Ph.D.

Alcohol Research: Current Reviews, Volume 34, Issue Number 4

National Institute on Alcohol Abuse and Alcoholism

Problematic alcohol use within the United States military has been linked to substantial financial and productivity losses. Data from 2006 revealed that excessive alcohol consumption cost the U.S. military \$1.12 billion per year (Harwood et al. 2009). Regarding medical expenditures, studies have found that excessive alcohol use by military members results in an annual cost of \$425 million. Excessive drinking within the military is estimated to result in a loss of 320,000 work days and 34,400 arrests per year, half of which are for driving under the influence. Finally, these data indicate that each year excessive alcohol use results in 10,400 active-duty military being unable to deploy and 2,200 being separated from service duty. Given the substantial cost of alcohol misuse, it is imperative to examine factors that may contribute to problematic drinking so that interventions can be employed to address this issue within the military.

This article will examine the links between military traumatic stress and mental health problems, such as posttraumatic stress disorder (PTSD) and between military traumatic stress and problematic alcohol use. Furthermore, it will summarize the pathways that may explain these links and describe possible implications for assessment and interventions with veterans.

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<http://psycnet.apa.org/psycinfo/2012-30421-001/>

### **Health Service Utilization Before and After Evidence-Based Treatment for PTSD.**

Tuerk, Peter W.; Wangelin, Bethany; Rauch, Sheila A. M.; Dismuke, Clara E.; Yoder, Matthew; Myrick, Hugh; Eftekhari, Afsoon; Acierno, Ron

Psychological Services, Nov 12 , 2012

Posttraumatic stress disorder (PTSD) is associated with functional impairment, co-occurring diagnoses, and increased health care utilization. Associated high demand for health care services is an important contributor to the large public-health cost of PTSD. Treatments incorporating exposure therapy are efficacious in ameliorating or eliminating PTSD symptoms. Accordingly, the Veterans Health

Administration has made significant investments toward nationwide dissemination of a manualized exposure therapy protocol, prolonged exposure (PE). PE is effective with veterans; however, the relationship between PE and mental health service utilization is unknown. The current study investigates PE as it relates to actual tracked mental health service utilization in an urban VA medical center. A sample of 60 veterans with a diagnosis of PTSD was used to examine mental health service utilization in the 12-months prior to and 12-months after being offered PE. Hierarchical Linear Models and traditional repeated-measures ANOVA were used to estimate R<sup>2</sup>- and d-type effect sizes for service utilization. Associated estimated cost saving are reported. PE was associated with large reductions in symptoms and diagnosis remission. Treatment was also associated with statistically significant, large reductions in mental health service utilization for veterans who completed treatment. Findings suggest that expanding access to PE can increase access to mental health services in general by decreasing ongoing demand for specialty care clinical services. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0005796712001738>

### **A Randomized Controlled Trial of a Self-Guided, Multimedia, Stress Management and Resilience Training Program.**

Raphael D. Rose, Jay C. Buckey Jr., Tomislav D. Zbozinek, Sarosh J. Motivala, Daniel E. Glenn, James A. Cartreine, Michelle G. Craske

Behaviour Research and Therapy

Available online 21 November 2012

#### Background

Stress is a common and costly behavioral health issue. Technology-based behavioral health programs (e.g., computer or web-based programs) are effective for treating anxiety or depression. These programs increase availability of evidence-based interventions to individuals who are not able or willing to receive such in-person treatments. Stress management training has empirical support, but little data exists on its efficacy with stressed but healthy individuals, and there are no prior studies employing a self-guided, multimedia intervention. We conducted a randomized controlled trial of a self-guided, multimedia stress management and resilience training program (SMART-OP) with a stressed but healthy sample.

#### Methods

Participants (N = 66) were randomized to SMART-OP or an attention control (AC) group that received marketed videos and published material on stress management. Participants were evaluated on self-report measures and Trier Social Stress Test (TSST) performance. Analyses were based on study completers (N=59).

#### Results

SMART-OP group reported significantly less stress, more perceived control over stress, and rated



SMART-OP as significantly more useful than AC. During the TSST, the data suggests the SMART-OP group showed greater within-task  $\alpha$ -amylase recovery at post-assessment.

#### Conclusions

SMART-OP is highly usable and is a more effective and useful stress management training program than an educational comparison.

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<http://www.journal.dnd.ca/vol12/no4/doc/English-pages917.pdf>

#### **From Combat Stress to Operational Stress: The CF's Mental Health Lessons from the "Decade of Darkness."**

Allan English

Canadian Military Journal

Vol. 12, No. 4, Autumn 2012

Today, the care provided for members of the Canadian Forces (CF) and veterans who experience mental health problems as a result of military service is arguably as good as it has ever been in our history. This enviable situation came about because of many improvements to the ways the Department of National Defence (DND) and Veterans Affairs Canada (VAC) treat those with mental health problems, based upon lessons learned from the 'Decade of Darkness' – a time in the 1990s when the CF's reputation in this area was at a historic low. The publication in 2000 of the findings of the Croatia Board of Inquiry (Croatia BOI) was the catalyst for many of these changes. It drew public attention to the shameful way Canada treated its wounded service personnel, suffering from both physical and mental wounds, in economically challenging times. Together, these changes resulted in a paradigm shift in how those suffering from mental health-related problems were dealt with by DND and VAC. The adoption by the CF of the term "Operational Stress Injury" (OSI), to encompass a wide range of mental health issues, and to reduce the stigma associated with mental illness, was symbolic of this paradigm shift, and it represents the progress made in addressing these issues.

However, the CF and veterans may be facing a new decade of darkness, as ominous economic circumstances and declining government support for the military have already reduced funding to all government programs, but especially defence - the government's largest discretionary expenditure.<sup>5</sup> This is to be expected, given the cyclical nature of public support for defence spending in Canada and that fact that, "Defence policy will receive, except in emergencies, what funds that are available and not funds white papers and rational strategies and commitments demand..." These cuts have already affected both serving members' and veterans' health programs. Furthermore, these cuts only address the current deficit in government spending, and it is widely recognized that, in the face of future efforts to reduce the national debt, current long-range defence spending plans are "unaffordable."

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<http://afs.sagepub.com/content/early/2012/10/15/0095327X12457725.abstract>

**Citizen, Soldier, or Citizen-Soldier? Negotiating Identity in the US National Guard.**

Bonnie M. Vest

Armed Forces & Society

First published on November 21, 2012

This study examines the construction of US Army National Guard members' dual identities as soldiers and civilians and posits processes, including behavioral practice, spatial displacement, and narrativity, which soldiers use to reconcile these potentially contradictory identities to develop an understanding of themselves as "citizen-soldiers." Ethnographic evidence gathered from in-depth interviews suggests that for National Guard members who have never experienced deployment, the two identities of civilian and soldier are mostly separated. However, after experiencing deployment and reintegration, soldier and civilian identities become more intertwined and individuals must reorganize their identity according to different conceptions; integrating on a more permanent basis two different cultural modes of being. In light of the National Guard's increased participation in deployments post-9/11, this reorganization of identity is contributing to a shift in the meaning of "citizen-soldiery" in the current US context.

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<http://gradworks.umi.com/3539751.pdf>

**Assessment Times, Mental Health Status, And Referrals Among Post-deployed Army Reservists.**

A Dissertation Submitted to the Faculty of the California Institute of Integral Studies in Partial Fulfillment of the Requirements for the Degree of Doctorate in Clinical Psychology

California Institute of Integral Studies

San Francisco, CA

2012

The purpose of this study was to explore Army reservists' mental health concerns by analyzing their Post-Deployment Health Assessments [PDHAs] and Reassessments [PDHRAs]. Their suicide rates are nearly double that of their active duty peers. Yet, reservists' postdeployment experiences are still vastly understudied. To address this gap in research, nearly 15,000 Army reservists' PDHAs and PDHRAs, from 2003 to 2009, were acquired through a Department of Defense Protocol for Research.

It was hypothesized that: (a) as the time between postdeployment assessments and reassessments increased mental health symptoms reported by reservists would decrease, (b) reservists with better self-reports of overall health status would endorse fewer mental health symptoms on their reassessments while those with poorer self-reports of health would endorse more, (c) as reservists were further from deployment they would show greater agreement (or congruence) between their self-reports of overall

health and their endorsements of mental health symptoms, and (d) a low level of congruence would be influential in the generation of referral information.

Hypothesis C was not confirmed. Hypotheses A, B, and D, though statistically confirmed, were not found to have effect sizes sufficient for practical predictive value. Army reservists reported many mental health symptoms during their years postdeployment. Their overall health status did not predict mental health symptom reports, and this did not change at longer times postdeployment. None of these factors, especially mental health symptom reports, predicted referral provisions. Most striking, for those reservists who reported post-traumatic stress disorder [PTSD] symptoms, 54% did not receive a referral of any kind; similarly, for those reporting risk of harm to others, 46% did not receive a referral. The non-referral rate for those reporting risk of harm to self was 39%.

These results were found in a population of Army reservists who completed their postdeployment assessments early in the implementation of numerous congressional mandates for improved mental health care for service members. These significant findings, paired with the serious mental health concerns of current service members, demand more extensive research into the process of assessment and provision of mental health care services for postdeployed Army reservists.

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[http://www.rand.org/pubs/occasional\\_papers/OP376.html](http://www.rand.org/pubs/occasional_papers/OP376.html)

### **Unemployment Among Post-9/11 Veterans and Military Spouses After the Economic Downturn.**

by Paul Heaton, Heather Krull

RAND Corporation

November 9, 2012

Policymakers need to understand whether military spouses succeed at finding jobs and how veterans fare economically after they leave military service. But these groups differ from the civilian population in important ways, making comparisons difficult. Researchers must adjust comparisons to account for demographic differences across these populations to provide useful information to policymakers. Using data from the American Community Survey, the authors take a snapshot of unemployment among post-9/11 veterans and military spouses. Adjusting for demographic differences, they find that unemployment rates among these veterans are above those of their civilian counterparts but not dramatically so. For military spouses, they observe that unemployment rates are appreciably above those of comparable civilians but below other published estimates of the unemployment rate for this population. They determine that veterans and military spouses may face important employment obstacles deserving of policymakers' attention, but the situation may not be as extreme as some have suggested.

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<http://www.ncbi.nlm.nih.gov/pubmed/23178990>

Appl Psychophysiol Biofeedback. 2012 Nov 20. [Epub ahead of print]

**Peak High-Frequency HRV and Peak Alpha Frequency Higher in PTSD.**

Wahbeh H, Oken BS.

Source: Department of Neurology, Oregon Health & Science University, 3181 S.W. Sam Jackson Park Rd., Portland, OR, 97239, USA, wahbeh@ohsu.edu.

Abstract

Posttraumatic stress disorder (PTSD) is difficult to treat and current PTSD treatments are not effective for all people. Despite limited evidence for its efficacy, some clinicians have implemented biofeedback for PTSD treatment. As a first step in constructing an effective biofeedback treatment program, we assessed respiration, electroencephalography (EEG) and heart rate variability (HRV) as potential biofeedback parameters for a future clinical trial. This cross-sectional study included 86 veterans; 59 with and 27 without PTSD. Data were collected on EEG measures, HRV, and respiration rate during an attentive resting state. Measures were analyzed to assess sensitivity to PTSD status and the relationship to PTSD symptoms. Peak alpha frequency was higher in the PTSD group ( $F(1,84) = 6.14, p = 0.01$ ). Peak high-frequency HRV was lower in the PTSD group ( $F(2,78) = 26.5, p < 0.00005$ ) when adjusting for respiration rate. All other EEG and HRV measures and respiration were not different between groups. Peak high-frequency HRV and peak alpha frequency are sensitive to PTSD status and may be potential biofeedback parameters for future PTSD clinical trials.

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<http://www.ncbi.nlm.nih.gov/pubmed/23177923>

Psychiatry Res. 2012 Oct 30;204(1):25-31. doi: 10.1016/j.psychresns.2012.04.006.

**Symptoms of posttraumatic stress disorder and exposure to traumatic stressors are related to brain structural volumes and behavioral measures of affective stimulus processing in police officers.**

Shucard JL, Cox J, Shucard DW, Fetter H, Chung C, Ramasamy D, Violanti J.

Source: Division of Cognitive and Behavioral Neurosciences, Department of Neurology, School of Medicine and Biomedical Sciences, University at Buffalo, Buffalo, NY 14203, USA; Department of Neurology/The Jacobs Neurological Institute, University at Buffalo, State University of New York School of Medicine and Biomedical Science, Buffalo, NY 14203, USA. Electronic address: shucard@buffalo.edu.

Abstract

Traumatic experiences and subsequent symptoms of posttraumatic stress disorder (PTSD) have been shown to affect brain structure and function. Although police officers are routinely exposed to traumatic events, the neurobehavioral effects of trauma in this population have rarely been studied. In this study,

police officers with exposure to trauma-related stressors underwent structural magnetic resonance imaging (MRI). They also provided valence and arousal ratings of neutral and negative (trauma-related) picture stimuli. Relationships were examined among PTSD symptom scores (avoidance, reexperiencing, and hyperarousal), picture ratings, structural MRI measures, and number of trauma exposures. We hypothesized that greater PTSD symptomatology would be related to higher valence and arousal ratings of trauma-related stimuli and to decreased volume of limbic and Basal ganglia structures. Results revealed that officers with higher reexperiencing scores tended to have higher arousal ratings of negative pictures and reduced amygdala, thalamus, and globus pallidus volumes. There was a trend toward higher reexperiencing and reduced hippocampal volume. The frequency of traumatic exposures was also related to MRI measures of atrophy and to increased PTSD symptomatology. These findings suggest that chronic reexperiencing of traumatic events may result in volumetric reductions in brain structures associated with autonomic arousal and the acquisition of conditioned fear.

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<http://www.ncbi.nlm.nih.gov/pubmed/23184276>

J Clin Psychol Med Settings. 2012 Nov 27. [Epub ahead of print]

### **Managing Behavioral Health Needs of Veterans with Traumatic brain injury (TBI) in Primary Care.**

King PR, Wray LO.

Source: Center for Integrated Healthcare (116N), VA Western New York Healthcare System, 3495 Bailey Ave., Buffalo, NY, 14215, USA, Paul.King2@va.gov.

#### **Abstract**

Traumatic brain injury (TBI) is a frequent occurrence in the United States, and has been given particular attention in the veteran population. Recent accounts have estimated TBI incidence rates as high as 20 % among US veterans who served in Afghanistan or Iraq, and many of these veterans experience a host of co-morbid concerns, including psychiatric complaints (such as depression and post-traumatic stress disorder), sleep disturbance, and substance abuse which may warrant referral to behavioral health specialists working in primary care settings. This paper reviews many common behavioral health concerns co-morbid with TBI, and suggests areas in which behavioral health specialists may assess, intervene, and help to facilitate holistic patient care beyond the acute phase of injury. The primary focus is on sequelae common to mild and moderate TBI which may more readily present in primary care clinics.

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<http://www.ncbi.nlm.nih.gov/pubmed/23181582>

Rehabil Psychol. 2012 Nov;57(4):337-41. doi: 10.1037/a0030480.

**Traumatic brain injury, executive functioning, and suicidal behavior: A brief report.**

Homaifar BY, Brenner LA, Forster JE, Nagamoto H.

Source: VISN 19 Mental Illness Research, Education, and Clinical Center.

Abstract

Objective:

The aim of this pilot study was to explore the relationship between executive dysfunction and suicidal behavior in two groups of participants: (Group 1, n = 18) veterans with traumatic brain injury (TBI) and a history of at least one suicide attempt (SA), and (Group 2, n = 29) veterans with TBI and no history of SA. Controlling for the severity of TBI, it was hypothesized that participants in Group 1 would perform more poorly than those in Group 2 on measures of executive functioning.

Design:

The primary outcome variable was decision making as assessed by performance on the Iowa Gambling Task (IGT). Secondary outcome variables included laboratory-measured impulsivity as measured by the Immediate and Delayed Memory Test (IMT/DMT), abstract reasoning as measured by the Wisconsin Card Sorting Test (WCST), and aggression as measured by the Lifetime History of Aggression (LHA) scale.

Results:

Among those in Group 1, time between TBI and first suicide attempt postinjury varied widely (months to nearly 30 years). Only the WCST perseverative errors score differed significantly between individuals with and without histories of one or more suicide attempts (SAs).

Conclusion:

Suggestions for future study of SA among those with TBI are provided. When working with individuals with TBI, clinicians are encouraged to incorporate suicide risk assessment into their practice. Augmenting this process with a measure of perseveration may be beneficial. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/22945187?dopt=Abstract>

Psychiatr Danub. 2012 Sep;24 Suppl 1:S51-5.

**The efficacy of Cognitive-Behavioural Therapy (CBT) as related to sleep quality and hyperarousal level in the treatment of primary insomnia.**

Gałuszko-Węgielnik M, Jakuszkowiak-Wojten K, Wiglusz MS, Cubala WJ, Landowski J.

Source: Department of Psychiatry, Medical University of Gdańsk, Gdańsk, Poland.  
mgaluszko@gumed.edu.pl

## Abstract

### BACKGROUND:

Primary insomnia (PI) is a common sleep disorder affecting diurnal functioning. It may contribute to the development of several comorbidities such as major depression or arterial hypertension. It affects about 7% of the adult population. Pharmacotherapy remains the most common treatment for insomnia. However, many studies suggest CBT may be a supreme therapeutic approach resulting in a better long-term outcome. The aim of the study was to determine the efficacy of a CBT-protocol in the treatment of PI by means of sleep onset latency and the number of awakenings during night parameters along with sleep quality and the level of psychophysiological hyperarousal. The secondary outcomes were focused on CBT efficacy as determined by the predisposition to insomnia as related to higher vulnerability to stress (measured with FIRST)

### MATERIAL AND METHODS:

Twenty-six individuals from a tertiary reference sleep disorders outpatients' clinic (22 women; mean age 41.4; 4 men; mean age 42.5) with primary insomnia (DSM-IV-TR) were included in the study. The exclusion covered other primary sleep disorders, secondary insomnia (psychiatric illness, unstable somatic illness, shift work), substance abuse/dependence, high results in HADS-M scale (score above 11). The participants were scored with HADS-M, Ford Insomnia Response to Stress Test (FIRST) at the beginning of the study. The Athens Insomnia Scale (AIS), Hyperarousal Scale, Leeds Sleep Questionnaire (LSEQ) were applied at the beginning, at the end and three months after the end of the study. The participants were also examined by 7 days actigraphic records before and after treatment. During the course of the treatment patients completed a Sleep Diary (SD). The CBT program employed was based on the Perlis protocol. Standard individual sessions of 50 minutes were provided on a weekly basis for 8-10 weeks by a board certified CBT therapist. After 3 months a follow-up session was scheduled.

### RESULTS:

The significant improvement as related to the CBT treatment was present in the measures of sleep onset latency (67.2 vs. 23.4 min.;  $p < 0.000$ ), numbers of awakenings during night (2 vs. 0.4;  $p < 0.000$ ) and sleep efficiency (77.3 vs. 91%;  $p < 0.000$ ) - data from SD, quality of falling asleep (3.2 vs. 6;  $p < 0.000$ ), quality of sleep (3.3 vs. 5.8;  $p < 0.000$ ) and quality of morning awakening (3.2 vs. 6;  $p < 0.000$ ) - data from LSEQ. The improvement reached the significance level in the measure of psychophysiological arousal (52.3 vs. 42.4;  $p < 0.000$ ) and AIS (15.7 vs. 6.8;  $p < 0.000$ ). No significant differences were identified between actigraphic records (light/dark ratio) before and after CBT. FIRST scores allocating patients to high and low stress vulnerability groups were non-contributory to the observed treatment efficacy.

### CONCLUSION:

CBT is an effective treatment in primary insomnia. No relationship between CBT efficacy and predisposition to insomnia as determined by higher vulnerability to stress was identified.

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<http://www.ncbi.nlm.nih.gov/pubmed/23171530?dopt=Abstract>

Psychol Med. 2012 Oct 18:1-12. [Epub ahead of print]

**The neural basis of flashback formation: the impact of viewing trauma.**

Bourne C, Mackay CE, Holmes EA.

Source: Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, UK.

Abstract

**BACKGROUND:**

Psychological traumatic events, such as war or road traffic accidents, are widespread. A small but significant proportion of survivors develop post-traumatic stress disorder (PTSD). Distressing, sensory-based involuntary memories of trauma (henceforth 'flashbacks') are the hallmark symptom of PTSD. Understanding the development of flashbacks may aid their prevention. This work is the first to combine the trauma film paradigm (as an experimental analogue for flashback development) with neuroimaging to investigate the neural basis of flashback aetiology. We investigated the hypothesis that involuntary recall of trauma (flashback) is determined during the original event encoding. Method A total of 22 healthy volunteers viewed a traumatic film whilst undergoing functional magnetic resonance imaging (fMRI). They kept a 1-week diary to record flashbacks to specific film scenes. Using a novel prospective fMRI design, we compared brain activation for those film scenes that subsequently induced flashbacks with both non-traumatic control scenes and scenes with traumatic content that did not elicit flashbacks ('potentials').

**RESULTS:**

Encoding of scenes that later caused flashbacks was associated with widespread increases in activation, including in the amygdala, striatum, rostral anterior cingulate cortex, thalamus and ventral occipital cortex. The left inferior frontal gyrus and bilateral middle temporal gyrus also exhibited increased activation but only relative to 'potentials'. Thus, these latter regions appeared to distinguish between traumatic content that subsequently flashed back and comparable content that did not.

**CONCLUSIONS:**

Results provide the first prospective evidence that the brain behaves differently whilst experiencing emotional events that will subsequently become involuntary memories - flashbacks. Understanding the neural basis of analogue flashback memory formation may aid the development of treatment interventions for this PTSD feature.

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<http://www.ncbi.nlm.nih.gov/pubmed/23171514?dopt=Abstract>

Psychol Med. 2012 Oct 18:1-10. [Epub ahead of print]

**Childhood and adult trauma both correlate with dorsal anterior cingulate activation to threat in combat veterans.**

Herringa RJ, Phillips ML, Fournier JC, Kronhaus DM, Germain A.

Source: Department of Psychiatry, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA.

Abstract

BACKGROUND:

Prior studies of adult post-traumatic stress disorder (PTSD) suggest abnormal functioning of prefrontal and limbic regions. Cumulative childhood and adult trauma exposures are major risk factors for developing adult PTSD, yet their contribution to neural dysfunction in PTSD remains poorly understood. This study aimed to examine the neural correlates of childhood and adult trauma exposure and post-traumatic stress symptoms (PTSS) within a single model. Method Medication-free male combat veterans ( $n = 28$ , average age 26.6 years) with a wide range of PTSS were recruited from the community between 2010 and 2011. Subjects completed an emotional face-morphing task while undergoing functional magnetic resonance imaging (fMRI). Clinical ratings included the Clinician-Administered PTSD Scale (CAPS), Childhood Trauma Questionnaire (CTQ) and Combat Exposure Scale (CES). A priori regions were examined through multivariate voxelwise regression in SPM8, using depressive symptoms and IQ as covariates.

RESULTS:

In the angry condition, CAPS scores correlated positively with activation in the medial prefrontal cortex [mPFC; Brodmann area (BA) 10,  $z = 3.51$ ], hippocampus ( $z = 3.47$ ), insula ( $z = 3.62$ ) and, in earlier blocks, the amygdala. CES and CTQ correlated positively with activation in adjacent areas of the dorsal anterior cingulate cortex (dACC; BA 32,  $z = 3.70$  and BA 24,  $z = 3.88$  respectively). In the happy condition, CAPS, CTQ and CES were not correlated significantly with activation patterns.

CONCLUSIONS:

dACC activation observed in prior studies of PTSD may be attributable to the cumulative effects of childhood and adult trauma exposure. By contrast, insula, hippocampus and amygdala activation may be specific to PTSS. The specificity of these results to threat stimuli, but not to positive stimuli, is consistent with abnormalities in threat processing associated with PTSS.

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<http://www.ncbi.nlm.nih.gov/pubmed/23164260?dopt=Abstract>

BMC Psychiatry. 2012 Nov 20;12(1):202. [Epub ahead of print]

**Correcting and interpreting the effect of cognitive therapy versus exposure in anxiety disorders.**

Ebrahim S, Bance S.

Abstract

Dr. Ougrin's evaluation of cognitive therapy versus exposure in anxiety disorders reported a standardised mean difference [SMD] (95% confidence interval [CI]) of 0.52 (0.37, 0.74) for short-term outcomes and 0.46 (0.29, 0.73) for long-term outcomes in social phobia, and 0.88 (0.69, 1.11) for short-term outcomes and 1.05 (0.80, 1.37) for long-term outcomes in posttraumatic stress disorder (PTSD). These were incorrectly meta-analysed. Upon re-analysis, we found that the correct SMD (95% CI) was -0.66 (-1.19, -0.14) for short-term outcomes and mean difference (95% CI) of -29.66 (-46.13, -13.19) on the Social Phobia subscale from the Social Phobia Anxiety Inventory for long-term outcomes in Social Phobia. For PTSD, the SMD (95% CI) for short-term outcomes was -0.13 (-0.36, 0.11) and 0.05 (-0.22, 0.32) for long-term outcomes. However, correcting the errors did not change the findings considerably.

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<http://www.ncbi.nlm.nih.gov/pubmed/23162043>

Phys Ther. 2012 Nov 15. [Epub ahead of print]

**Sleep Deprivation Has No Effect on Dynamic Visual Acuity in Military Service Members Who Are Healthy.**

Scherer MR, Claro PJ, Heaton KJ.

Source: M.R. Scherer, PT, PhD, NCS, Military Performance Division, US Army Research Institute of Environmental Medicine, 15 Kansas St, Natick, MA 01760 (USA).

Abstract

BACKGROUND:

The risk of sustaining Traumatic Brain Injury (TBI) and co-morbid post traumatic dizziness is elevated in military operational environments. Sleep deprivation is known to affect Service Member performance while deployed though little is known about its effects on vestibular function. Recent findings suggest that moderate acceleration step rotational stimuli may elicit a heightened angular vestibulo-ocular reflex (aVOR) response relative to low frequency sinusoidal stimuli after 26 hours of sleep deprivation. There is concern that a sleep deprivation-mediated elevation in aVOR function could confound detection of co-morbid vestibular pathology in Service Members with TBI. Dynamic Visual Acuity (DVA) refers to one's ability to see clearly during head movement and is a behavioral measure of aVOR function. The

Dynamic Visual Acuity Test (DVAT) assesses gaze instability by measuring the difference between head-stationary and head-moving visual acuity.

**OBJECTIVE:**

The purpose of this study was to investigate the effects of 26 hours of sleep deprivation on DVA as a surrogate for aVOR function.

**METHODS:**

20 Soldiers with no history of vestibular insult or head trauma were assessed using the DVAT at angular head velocities of 120-180 degrees/ second. Active and passive yaw and pitch impulses were obtained before and after sleep deprivation.

**RESULTS:**

Yaw DVA remained unchanged due to sleep deprivation. Active pitch DVA diminished by -0.005 LogMAR (down) and -0.055 LogMAR (up); and passive pitch DVA was degraded by -0.06 LogMAR (down) and -0.045 LogMAR (up) ( $p=0.002$ ).

**DISCUSSION:**

DVA testing in healthy soldiers revealed no change in gaze stability following rapid yaw impulses and sub-clinical changes in pitch DVA following sleep deprivation. Findings suggest that DVA is not affected by short term sleep deprivation under clinical conditions.

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<http://www.ncbi.nlm.nih.gov/pubmed/23157431>

J Clin Exp Neuropsychol. 2012 Nov 19. [Epub ahead of print]

**Validity of the Virtual Reality Stroop Task (VRST) in active duty military.**

Armstrong CM, Reger GM, Edwards J, Rizzo AA, Courtney CG, Parsons TD.

Source: National Center for Telehealth and Technology (T2) Defense Centers of Excellence (DCoE) for Psychological Health & Traumatic Brain Injury, Joint Base Lewis-McChord, Tacoma, WA, USA.

**Abstract**

Virtual environments provide the ability to systematically deliver test stimuli in simulated contexts relevant to real world behavior. The current study evaluated the validity of the Virtual Reality Stroop Task (VRST), which presents test stimuli during a virtual reality military convoy with simulated combat threats. Active duty Army personnel ( $N = 49$ ) took the VRST, a customized version of the Automated Neuropsychological Assessment Metrics (ANAM)-Fourth Edition TBI Battery (2007) that included the addition of the ANAM Stroop and Tower tests, and traditional neuropsychological measures, including the Delis-Kaplan Executive Function System version of the Color-Word Interference Test. Preliminary convergent and discriminant validity was established, and performance on the VRST was significantly associated with computerized and traditional tests of attention and executive functioning. Valid virtual

reality cognitive assessments open new lines of inquiry into the impact of environmental stimuli on performance and offer promise for the future of neuropsychological assessments used with military personnel.

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<http://www.ncbi.nlm.nih.gov/pubmed/23162499?dopt=Abstract>

Front Psychol. 2012;3:449. doi: 10.3389/fpsyg.2012.00449. Epub 2012 Oct 30.

### **Neural systems for cognitive and emotional processing in posttraumatic stress disorder.**

Brown VM, Morey RA.

Source: Duke-University of North Carolina Brain Imaging and Analysis Center, Duke University Durham, NC, USA ; Mid-Atlantic Mental Illness Research Education and Clinical Center, Durham Veterans Affairs Medical Center Durham, NC, USA.

#### Abstract

Individuals with posttraumatic stress disorder (PTSD) show altered cognition when trauma-related material is present. PTSD may lead to enhanced processing of trauma-related material, or it may cause impaired processing of trauma-unrelated information. However, other forms of emotional information may also alter cognition in PTSD. In this review, we discuss the behavioral and neural effects of emotion processing on cognition in PTSD, with a focus on neuroimaging results. We propose a model of emotion-cognition interaction based on evidence of two network models of altered brain activation in PTSD. The first is a trauma-disrupted network made up of ventrolateral PFC, dorsal anterior cingulate cortex (ACC), hippocampus, insula, and dorsomedial PFC that are differentially modulated by trauma content relative to emotional trauma-unrelated information. The trauma-disrupted network forms a subnetwork of regions within a larger, widely recognized network organized into ventral and dorsal streams for processing emotional and cognitive information that converge in the medial PFC and cingulate cortex. Models of fear learning, while not a cognitive process in the conventional sense, provide important insights into the maintenance of the core symptom clusters of PTSD such as re-experiencing and hypervigilance. Fear processing takes place within the limbic corticostriatal loop composed of threat-alerting and threat-assessing components. Understanding the disruptions in these two networks, and their effect on individuals with PTSD, will lead to an improved knowledge of the etiopathogenesis of PTSD and potential targets for both psychotherapeutic and pharmacotherapeutic interventions.

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<http://www.ncbi.nlm.nih.gov/pubmed/23159544?dopt=Abstract>

Pharmacol Biochem Behav. 2012 Nov 13. pii: S0091-3057(12)00305-X. doi: 10.1016/j.pbb.2012.10.013.  
[Epub ahead of print]

**Morphine prevents the development of stress-enhanced fear learning: Morphine prevents stress-enhanced fear learning.**

Szczytkowski-Thomson JL, Lebonville CL, Lysle DT.

Source: University of North Carolina at Chapel Hill, Department of Psychology, CB#3270, Chapel Hill, NC 27599-3270 USA; Messiah College, Department of Psychology, One College Avenue, Suite 3052, Mechanicsburg, PA 17055 USA.

Abstract

The current study investigates the pharmacotherapeutic use of morphine as a preventative treatment for stress-enhanced fear learning, an animal model that closely mimics symptoms of post-traumatic stress disorder (PTSD). PTSD is a chronic and debilitating anxiety disorder characterized by exaggerated fear and/or anxiety that may develop as a result of exposure to a traumatic event. In this model, rats are exposed to a severe stressor (15ft shocks) in one environment (Context A) and then subsequently exposed to a milder form of the same stressor (single foot shock) in a different environment (Context B). Animals that did not receive prior shock treatment exhibit fear responsiveness to Context B in line with the severity of the single shock given in this context. Animals that had received prior shock treatment in Context A exhibit an exaggerated learned fear response to Context B. Furthermore, animals receiving a single dose of morphine immediately following the severe stressor in Context A continue to show an enhanced fear response in Context B. However, animals receiving repeated morphine administration (three injections) after exposure to the severe stressor in Context A or a single dose of morphine at 48h after the severe stressor no longer exhibit an enhancement in fear learning to Context B. These results are consistent with clinical studies suggesting that morphine treatment following a severe stressor may be useful in preventing or reducing the severity of PTSD in at-risk populations.

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<http://www.ncbi.nlm.nih.gov/pubmed/23158889?dopt=Abstract>

Dan Med J. 2012 Oct;59(10):A4510.

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

Lundin CR, Jørgensen HO, Christensen AK.

Source: Tingshøjvej 18, 1. tv., 2860 Søborg, Denmark. christinarydahlundin@hotmail.com.

## Abstract

### 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.ncbi.nlm.nih.gov/pubmed/23155380?dopt=Abstract>

PLoS One. 2012;7(11):e48298. doi: 10.1371/journal.pone.0048298. Epub 2012 Nov 14.

### **Different Regional Gray Matter Loss in Recent Onset PTSD and Non PTSD after a Single Prolonged Trauma Exposure.**

Chen Y, Fu K, Feng C, Tang L, Zhang J, Huan Y, Cui J, Mu Y, Qi S, Xiong L, Ma C, Wang H, Tan Q, Yin H.

Source: Department of Psychiatry, Xijing Hospital, Fourth Military Medical University, Xi'an, Shaanxi, China.

Abstract

#### OBJECTIVE:

Gray matter loss in the limbic structures was found in recent onset post traumatic stress disorder (PTSD) patients. In the present study, we measured regional gray matter volume in trauma survivors to verify the hypothesis that stress may cause different regional gray matter loss in trauma survivors with and without recent onset PTSD.

#### METHOD:

High resolution T1-weighted magnetic resonance imaging (MRI) were obtained from coal mine flood disaster survivors with (n=10) and without (n=10) recent onset PTSD and 20 no trauma exposed normal controls. The voxel-based morphometry (VBM) method was used to measure the regional gray matter volume in three groups, the correlations of PTSD symptom severities with the gray matter volume in trauma survivors were also analyzed by multiple regression.

#### RESULTS:

Compared with normal controls, recent onset PTSD patients had smaller gray matter volume in left dorsal anterior cingulate cortex (ACC), and non PTSD subjects had smaller gray matter volume in the right pulvinar and left pallidum. The gray matter volume of the trauma survivors correlated negatively with CAPS scores in the right frontal lobe, left anterior and middle cingulate cortex, bilateral cuneus cortex, right middle occipital lobe, while in the recent onset PTSD, the gray matter volume correlated negatively with CAPS scores in bilateral superior medial frontal lobe and right ACC.

#### CONCLUSION:

The present study identified gray matter loss in different regions in recent onset PTSD and non PTSD after a single prolonged trauma exposure. The gray matter volume of left dorsal ACC associated with the development of PTSD, while the gray matter volume of right pulvinar and left pallidum associated with the response to the severe stress. The atrophy of the frontal and limbic cortices predicts the symptom severities of the PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23154834?dopt=Abstract>

Psychiatr Serv. 2012 Nov 15. doi: 10.1176/appi.ps.201200267. [Epub ahead of print]

#### **Patient and Facility Characteristics Associated With Benzodiazepine Prescribing for Veterans With PTSD.**

Lund BC, Bernardy NC, Vaughan-Sarrazin M, Alexander B, Friedman MJ.

#### Abstract

#### OBJECTIVE:

Practice guidelines used in the Veterans Health Administration (VHA) caution against benzodiazepine use by veterans with posttraumatic stress disorder (PTSD) because of inefficacy and safety concerns.

Although use has declined, the VHA prescription rate is  $\geq 30\%$  nationally. To inform intervention design, this study examined patient- and facility-level correlates of benzodiazepine prescribing.

#### METHODS:

This cross-sectional study used 2009 national administrative VHA data to identify veterans with PTSD, benzodiazepine prescriptions, and various patient and facility characteristics. Correlates of benzodiazepine prescribing were determined with multivariable hierarchical logit models.

#### RESULTS:

Among 137 VHA facilities, 495,309 veterans with PTSD were identified, and 150,571 (30.4%) received a benzodiazepine prescription. Patient characteristics independently associated with benzodiazepine use included female gender, age  $\geq 30$  years, rural residence, service-connected disability  $\geq 50\%$ , Vietnam-era service, duration of PTSD diagnosis, and a comorbid anxiety disorder. However, case-mix adjustment for these variables accounted for  $< 1\%$  of prescribing variation. Facility characteristics independently associated with higher use included lower PTSD visit volume, higher rates of duplicate prescribing (concurrent use of more than one drug from a class), and lower rates of trazodone prescribing. These findings were corroborated in replication analyses.

#### CONCLUSIONS:

The ultimate goal is to ensure consistent access to guideline-concordant PTSD treatment across the VHA. This study furthered this objective by identifying characteristics associated with benzodiazepine prescribing. Findings suggest that interventions could be designed to target individual high-volume prescribers or influence prescribing culture at the facility level.

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<http://www.ncbi.nlm.nih.gov/pubmed/23153383?dopt=Abstract>

Int J Clin Exp Hypn. 2013 Jan;61(1):20-37.

#### **Efficacy of Abreactive Ego State Therapy for PTSD: Trauma Resolution, Depression, and Anxiety.**

Christensen C, Barabasz A, Barabasz M 3.

Source: Washington State University , Pullman , USA.

#### Abstract

Using manualized abreactive Ego State Therapy (EST), 30 subjects meeting DSM-IV-TR and Clinician-Administered PTSD Scale (CAPS) criteria were exposed to either 5-6 hours of treatment or the Ochberg Counting Method (placebo) in a single session. EST emphasized repeated hypnotically activated abreactive "reliving" of the trauma and ego strengthening by the cotherapists. Posttreatment 1-month and 3-month follow-ups showed EST to be an effective treatment for PTSD. Using the Davidson Trauma Scale, Beck Depression II, and Beck Anxiety Scales, EST subjects showed significant positive effects from



pretreatment levels at all posttreatment measurement periods in contrast to the placebo treatment. Most of the EST subjects responded and showed further improvement over time.

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<http://www.ncbi.nlm.nih.gov/pubmed/23153382?dopt=Abstract>

Int J Clin Exp Hypn. 2013 Jan;61(1):1-19.

### **Efficacy of Single-Session Abreactive Ego State Therapy for Combat Stress Injury, PTSD, and ASD.**

Barabasz A, Barabasz M, Christensen C, French B 2, Watkins JG 4.

Source: Washington State University , Pullman , USA.

#### Abstract

Using abreactive Ego State Therapy (EST), 36 patients meeting DSM-IV-TR and PTSD checklist (PCL) criteria were exposed to either 5-6 hours of manualized treatment or placebo in a single session. EST emphasizes repeated hypnotically activated abreactive "reliving" of the trauma experience combined with therapists' ego strength. Both the placebo and EST treatment groups showed significant reductions in PTSD checklist scores immediately posttreatment (placebo: mean 17.34 points; EST: mean 53.11 points) but only the EST patients maintained significant treatment effect at 4-week and 16- to 18-week follow-ups. Abreactive EST appears to be an effective and durable treatment for PTSD inclusive of combat stress injury and acute stress disorder.

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#### **Links of Interest**

Semper Fi, Honey?

<http://www.nytimes.com/2012/11/16/opinion/the-petraeus-effect-on-military-marriage.html>

Out of the Closet and Into a Uniform

<http://www.nytimes.com/2012/11/18/fashion/military-academies-adjusting-to-repeal-of-dont-ask-dont-tell.html>

Student veteran finds new brotherhood

<http://www.gwhatchet.com/2012/11/19/student-veteran-finds-new-brotherhood/>

What Brand Is Your Therapist?

<http://www.nytimes.com/2012/11/25/magazine/psychotherapys-image-problem-pushes-some-therapists-to-become-brands.html>

The Paperwork Mountain at Veterans Affairs

<http://www.nytimes.com/2012/11/24/opinion/the-paperwork-mountain-at-veterans-affairs.html>

NASW-NYS Update -- Fall 2012 NASW-NYS Continues Efforts to Train New York's Mental Health Workforce to Better Serve Veterans in the Community

[http://www.naswnys.org/members\\_only/NASW\\_Fall2012\\_web.pdf](http://www.naswnys.org/members_only/NASW_Fall2012_web.pdf)

(Newsletter from the National Association of Social Workers New York State Chapter; if you look closely, you'll see familiar names.)

Music for the Wounded Soldier

<http://www.psychologytoday.com/blog/your-musical-self/201211/music-the-wounded-solider>

Brain Compensates After Traumatic Injury, Evidence Shows

<http://www.sciencedaily.com/releases/2012/11/121126110433.htm>

Learning to Accept, and Master, a \$110,000 Mechanical Arm

<http://www.nytimes.com/2012/11/27/us/prosthetic-arms-a-complex-test-for-amputees.html>

VetNet: A place for veterans and military spouses to build civilian careers

<http://googleblog.blogspot.com/2012/11/vetnet-place-for-veterans-and-military.html>

(New initiative by Google)

Preventing posttraumatic stress disorder by facing trauma memories

[http://www.eurekalert.org/pub\\_releases/2012-11/e-pps112712.php](http://www.eurekalert.org/pub_releases/2012-11/e-pps112712.php)

Former Soldier now helps others make the transition

[http://www.army.mil/article/91521/Former\\_Soldier\\_now\\_helps\\_others\\_make\\_the\\_transition/](http://www.army.mil/article/91521/Former_Soldier_now_helps_others_make_the_transition/)

Europe Regional Medical Command officer named Army Social Worker of Year

[http://www.army.mil/article/91495/Europe\\_Regional\\_Medical\\_Command\\_officer\\_named\\_Army\\_Social\\_Worker\\_of\\_Year/](http://www.army.mil/article/91495/Europe_Regional_Medical_Command_officer_named_Army_Social_Worker_of_Year/)

Hanging Suicides Up in United States; Biggest increase seen among middle-age adults, study finds

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_131508.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_131508.html)

Embattled childhoods may be the real trauma for soldiers with PTSD

[http://www.eurekalert.org/pub\\_releases/2012-11/afps-ecm111912.php](http://www.eurekalert.org/pub_releases/2012-11/afps-ecm111912.php)

The Sorrow of Suicide

<http://newsinhealth.nih.gov/issue/May2012/Feature1>

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**Research Tip of the Week: [Convert Case](#)**

Since this is a l-o-n-g issue of Research Update, this week's tip is short and sweet. A tool that does one thing and does it well.

Accidentally left the caps lock on and typed something, but can't be bothered to start again and retype it all?

Or, maybe you're copying and pasting something that's in all caps but you don't want it that way. (Or vice versa.) Or maybe you just want the first letter of the first word capitalized. Or you want each word in a title or sentence capitalized. Or you want something something converted to ALL UPPER CASE.

Don't aggravate yourself. Use this site.

Accidentally left the caps lock on and typed something, but can't be bothered to start again and retype it all?  
Simply enter your text and choose the case you want to convert it to:



New! Visit us in the Chrome Web Store | Copyright ©2005-2012 · Jason Glynn

Thanks to Nick, James & Jhorate



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