



## CDP Research Update -- December 6, 2012

### What's here:

- Assessment of Post-Traumatic Stress Disorder: Differences in Standards and Practice between Licensed and Board-Certified Psychologists.
- Distinguishing between treatment efficacy and effectiveness in post-traumatic stress disorder (PTSD): Implications for contentious therapies.
- Shame, pride, and suicidal ideation in a military clinical sample.
- The Long-Term Consequences of Military Deployment: A 5-Year Cohort Study of United Kingdom Reservists Deployed to Iraq in 2003.
- The Role of Military and Veterans Affairs Chaplains in the Treatment of Alcohol Problems.
- Civilian Primary Care Prescribing Psychologist in an Army Medical Center.
- Relationship Confidence In Newlywed Military Marriages: Relationship Confidence Partially Mediates The Link Between Attachment And Communication.
- Exploration of Delayed-Onset Posttraumatic Stress Disorder After Severe Injury.
- Emasculated by Trauma: A Social History of Post-Traumatic Stress Disorder, Stigma, and Masculinity.
- A Review of American Psychiatry Through Its Diagnoses: The History and Development of the Diagnostic and Statistical Manual of Mental Disorders.
- Excessive daytime sleepiness in sleep disorders.
- Enhancing behavioral health treatment and crisis management through mobile ecological momentary assessment and SMS messaging.
- Time to Treatment Among Veterans of Conflicts in Iraq and Afghanistan With Psychiatric Diagnoses.
- Quality of life in patients suffering from insomnia.
- Subacute to chronic mild traumatic brain injury.

- The influence of sleep and mood on cognitive functioning among veterans being evaluated for mild traumatic brain injury.
- Correlates of functional status among OEF/OIF veterans with a history of traumatic brain injury.
- What explains post-traumatic stress disorder (PTSD) in UK service personnel: deployment or something else?
- The relationship between Hippocampal asymmetry and working memory processing in combat-related PTSD -- a monozygotic twin study.
- Prospective assessment of nocturnal awakenings in a case series of treatment-seeking chronic insomnia patients: a pilot study of subjective and objective causes.
- Efficacy of psychological interventions aiming to reduce chronic nightmares: A meta-analysis.
- Variable, Not Always Persistent, Postconcussion Symptoms Following Mild TBI in U.S. Military Service Members: A 5-year Cross-sectional Outcome Study.
- Insomnia and Symptoms of Post-traumatic Stress Disorder Among Women Veterans.
- Perceptual processing during trauma, priming and the development of intrusive memories.
- An fMRI investigation of posttraumatic flashbacks.
- Strong Communities, Strong Families: An Examination Of The Association Of Community Functioning With Psychological Resilience, Psychopathology, And Family Outcomes In Active Duty Airforce Members
- Links of Interest
- Research Tip of the Week: [24 Personal Finance Writers Share Their Favorite Money-Saving Apps](#)

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<http://www.springerlink.com/content/61757853g8t86080/>

**Assessment of Post-Traumatic Stress Disorder: Differences in Standards and Practice between Licensed and Board-Certified Psychologists.**

Loandra Torres, Sherry Skidmore and Nicole Gross

Psychological Injury and Law

From the issue entitled "Focused Series - Forensic Psychology"

Volume 5, Number 1 (2012)

The purpose of this study was to examine the current diagnostic standards and assessment practices of psychologists when diagnosing post-traumatic stress disorder (PTSD). A web-based survey was employed to gather information on opinions and assessment practices of psychologists who were either licensed with no board certification, board certified in clinical psychology, or board certified in forensic psychology. Significant differences were found between the three groups of psychologists in frequency of inclusion of Diagnostic and Statistical Manual–Fourth Edition–Text Revision Criterion A, in use of recommended collateral information sources, in use of assessment methods or types of recommended instruments, and in assessing for over-reported PTSD symptoms. Results indicated that board certification status had significant impact on psychologists' diagnostic standards and assessment practices related to PTSD.

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<http://www.tandfonline.com/doi/abs/10.1080/09515070.2012.682563>

**Distinguishing between treatment efficacy and effectiveness in post-traumatic stress disorder (PTSD): Implications for contentious therapies.**

Sarah Mills, Lee Hulbert-Williams

Counselling Psychology Quarterly

Vol. 25, Iss. 3, 2012

Research psychologists often complain that practitioners disregard research evidence whilst practitioners sometimes accuse researchers of failing to produce evidence with sufficient ecological validity. We discuss the tension that thus arises using the specific illustrative examples of two treatment methods for post-traumatic stress disorder: eye movement desensitisation and reprocessing and exposure-based interventions. We discuss the contextual reasons for the success or failure of particular treatment models that are often only tangentially related to the theoretical underpinnings of the models. We discuss what might be learnt from these debates and develop recommendations for future research.

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<http://www.sciencedirect.com/science/article/pii/S0165032712007409>

**Shame, pride, and suicidal ideation in a military clinical sample.**

Craig J. Bryan, Bobbie Ray-Sannerud, Chad E. Morrow, Neysa Etienne

Journal of Affective Disorders

Available online 27 November 2012

Background

Suicide risk among U.S. military personnel has been increasing over the past decade. Fluid vulnerability

theory (FVT; Rudd, 2006) posits that acute suicidal episodes increase in severity when trait-based (e.g., shame) and state-based (e.g., hopelessness) risk factors interact, especially among individuals who have been previously suicidal. In contrast, trait-based protective factors (e.g., pride) should buffer the deleterious effects of risk factors.

#### Methods

77 active duty military personnel (95% Air Force; 58.4% male, 39.0% female; 67.5% Caucasian, 19.5% African-American, 1.3% Native American, 1.3% Native Hawaiian/Pacific Islander, 1.3% Asian, and 5.2% other) engaged in outpatient mental health treatment completed self-report surveys of shame, hopelessness, pride, and suicidal ideation. Multiple generalized regression was utilized to test the associations and interactive effects of shame, hopelessness, and worst-point past suicidal ideation on severity of current suicidal ideation.

#### Results

Shame significantly interacted with hopelessness ( $B=-0.013$ ,  $SE=0.004$ ,  $p<0.001$ ) and worst-point suicidal ideation ( $B=0.027$ ,  $SE=0.010$ ,  $p=0.010$ ), augmenting each variable's effect on severity of current suicidal ideation. A significant three-way interaction among shame, worst-point suicidal ideation, and pride was also observed ( $B=-0.010$ ,  $SE=0.0043$ ,  $p=0.021$ ), indicating that pride buffered the interactive effects of shame with worst-point suicidal ideation.

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<http://www.ncbi.nlm.nih.gov/pubmed/23186749>

Am J Epidemiol. 2012 Nov 27. [Epub ahead of print]

#### **The Long-Term Consequences of Military Deployment: A 5-Year Cohort Study of United Kingdom Reservists Deployed to Iraq in 2003.**

Harvey SB, Hatch SL, Jones M, Hull L, Jones N, Greenberg N, Dandeker C, Fear NT, Wessely S.

#### Abstract

Reserve and National Guard forces have been mobilized to an unprecedented degree in recent overseas conflicts. There is concern that rates of psychological problems may continue to rise for many years after deployment. The authors conducted a cohort study of 552 United Kingdom Reservists who deployed to Iraq in 2003 and 391 nondeployed Reservists. Measures of mental health and social functioning were collected a mean of 16 months and 4.8 years after return from possible deployment. At the first follow-up, deployment was associated with increased common mental disorder, post-traumatic stress disorder (PTSD), and poor general health. By the second follow-up, those who had deployed were no longer at increased risk for common mental disorder or poor general health and had good levels of social functioning. However, those who deployed continued to have over twice the odds of PTSD (odds ratio = 2.42, 95% confidence interval: 1.04, 5.62) and were more likely to report actual or serious consideration of separation from their partner. In conclusion, the authors found that the majority of mental health and social problems following deployment are transient. However, Reservists

who deployed in the Iraq War remain at increased risk of PTSD and relationship problems 5 years after their tour of duty.

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<http://www.springerlink.com/content/g562319724530427/>

### **The Role of Military and Veterans Affairs Chaplains in the Treatment of Alcohol Problems.**

John P. Allen, Jason A. Nieuwsma and Keith G. Meador

Pastoral Psychology

Published Online 20 November 2012

Chaplains can play a unique and valuable role in the treatment of alcohol dependence, a condition that has physical, psychological, and spiritual dimensions. To best fulfill this role, chaplains need to have a broad understanding of the nature of alcohol problems and current strategies for effectively interacting with individuals who have these problems, especially those with severe problems, and with their families. This article is designed to expand the chaplain's knowledge about alcohol use disorders as well as evidence-based treatments and to offer recommendations on how chaplains can promote recovery of individuals with alcohol-related problems.

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<http://www.ncbi.nlm.nih.gov/pubmed/23179076>

J Clin Psychol Med Settings. 2012 Nov 24. [Epub ahead of print]

### **Civilian Primary Care Prescribing Psychologist in an Army Medical Center.**

Shearer DS.

Source: Department of Family Medicine, Madigan Army Medical Center, 9040 Fitzsimmons Drive, Tacoma, WA, 98431, USA, david.shearer3@us.army.mil.

#### **Abstract**

The present article discusses the integration of a civilian prescribing psychologist into a primary care clinic at Madigan Army Medical Center. A description of the role of the prescribing psychologist in this setting is provided. The author asserts that integrating prescribing psychology into primary care can improve patient access to skilled behavioral health services including psychotherapeutic and psychopharmacologic treatment. Potential benefits to the primary care providers (PCPs) working in primary care clinics are discussed. The importance of collaboration between the prescribing psychologist and PCP is emphasized. Initial feedback indicates that integration of a prescribing psychologist into primary care has been well received in this setting.

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<http://krex.k-state.edu/dspace/bitstream/handle/2097/15075/NathanHardy2012.pdf>

**Relationship Confidence In Newlywed Military Marriages: Relationship Confidence Partially Mediates The Link Between Attachment And Communication.**

Nathan R. Hardy

A THESIS

submitted in partial fulfillment of the requirements for the degree

MASTER OF SCIENCE

School of Family Studies and Human Services

College of Human Ecology

KANSAS STATE UNIVERSITY

Manhattan, Kansas

2012

This study investigated the relationships between attachment style, relationship confidence, and constructive communication among a sample of 71 newlywed military couples. Using Karney & Crown's (2007) military adapted Vulnerability-Stress-Adaptation model as a guide, the current study predicted that romantic attachment style (an enduring vulnerability) would be associated with couples' communication (an adaptive process) directly, and indirectly through marital confidence (a marital resource). Actor and partner effects were examined using the Actor Partner Interdependence Model (APIM; Kenny, Kashy, & Cook, 2006). Results indicate that after controlling for financial worry and husband's rank, wives' avoidant attachment was directly associated with her constructive communication and husband's anxious attachment was directly associated with his constructive communication. Tests of mediating paths from anxious and avoidant attachment to relationship confidence through constructive communication were significant for wives. When accounting for anxious attachment partner effects were present between relationship confidence and constructive communication. The results suggest the importance of assessing for attachment style and relationship confidence when working with military couples in the early years of their marriage.

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<http://www.psychosomaticmedicine.org/content/early/2012/11/19/PSY.0b013e3182761e8b.short>

**Exploration of Delayed-Onset Posttraumatic Stress Disorder After Severe Injury.**

Meaghan L. O'Donnell, Tracey Varker, Mark Creamer, Susan Fletcher, Alexander C. McFarlane, Derrick Silove, Richard A. Bryant, and David Forbes

Psychosom Med

November 28, 2012

## Objective

The first aim of this work was to conduct a rigorous longitudinal study to identify rates of delayed-onset posttraumatic stress disorder (PTSD) in a sample of patients with severe injury. The second aim was to determine what variables differentiated delayed-onset PTSD from chronic PTSD.

## Methods

Randomly selected patients with injury who were admitted to four hospitals around Australia were recruited to the study (N = 834) and assessed in the acute care hospital, at 3 months, and at 12 months. A structured clinical interview was used to assess PTSD at each time point.

## Results

Seventy-three patients (9%; n = 73) had PTSD at 12 months. Of these, 39 (53%) were classified as having delayed-onset PTSD. Furthermore, 22 (56%) patients with delayed-onset PTSD had minimal PTSD symptoms at 3 months (i.e., they did not have partial/subsyndromal PTSD at 3 months). The variables that differentiated delayed-onset PTSD from chronic PTSD were greater injury severity (odds ratio [OR] = 1.13; 95% confidence interval [CI] = 1.02–1.26), lower anxiety severity at 3 months (OR = 0.73; 95% CI = 0.61–0.87), and greater pain severity at 3 months (OR = 1.39; 95% CI = 1.06–1.84).

## Conclusions

Delayed-onset PTSD occurred frequently in this sample. Approximately half of the patients with delayed-onset PTSD had minimal PTSD symptoms at 3 months; therefore, their delayed-onset PTSD could not be accounted for by a small number of fluctuating symptoms. As we move toward DSM-V, it is important that research continues to explore the factors that underpin the development of delayed-onset PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1111/jacc.12005/abstract>

## **Emasculated by Trauma: A Social History of Post-Traumatic Stress Disorder, Stigma, and Masculinity.**

Winner of the William M. Jones Best Graduate Student Paper Award at the 2012 American Culture Association Conference

Sheena M. Eagan Chamberlin

Journal of American Culture

Article first published online: 29 NOV 2012

The article discusses the history of post-traumatic stress disorder (PTSD) and similar trauma-induced nervous disorders in the context of U.S. social history. It is said that military physicians gradually changed their views of the masculinity of soldiers in light of the phenomenon sometimes called shell shock and combat fatigue. The author notes the high incidence of PTSD among U.S. soldiers deployed in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). In this context, PTSD has purportedly been medicalized.

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[http://journals.lww.com/jonmd/Abstract/2012/12000/A\\_Review\\_of\\_American\\_Psychiatry\\_Through\\_Its\\_4.aspx](http://journals.lww.com/jonmd/Abstract/2012/12000/A_Review_of_American_Psychiatry_Through_Its_4.aspx)

**A Review of American Psychiatry Through Its Diagnoses: The History and Development of the Diagnostic and Statistical Manual of Mental Disorders.**

Fischer, Bernard A. MD

Journal of Nervous & Mental Disease:

December 2012 - Volume 200 - Issue 12 - p 1022–1030

The history of the Diagnostic and Statistical Manual of Mental Disorders (DSM) reflects the larger history of American psychiatry. As the field anticipates DSM-5, it is useful to take stock of this history and consider not only how diagnosis impacts our understanding of mental illness but also how contemporary thought influences diagnosis. Before the DSM, the field was disjointed. The publication of the first American diagnostic manual, the precursor of the DSM, mirrored society's interest in organized record keeping and prevention rather than treatment of mental illness. The first and second editions of DSM brought a common language to diagnosis and were largely the work of outpatient and academic psychiatrists rather than those based in large state hospitals. The third edition of the DSM saw the shift in American psychiatry's leadership from the eminent clinician to the researcher, whereas the fourth edition reflected the rise of "evidence-based medicine." DSM-5 will likewise represent the current status of the field—not only with regard to science but also reflecting the place of American psychiatry in medicine today.

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<http://www.jthoracdis.com/article/view/568>

**Excessive daytime sleepiness in sleep disorders.**

Gemma Slater, Joerg Steier

Journal of Thoracic Disease

Vol 4, No 6 (December 2012)

Excessive daytime sleepiness is a significant public health problem, with prevalence in the community estimated to be as high as 18%. Sleepiness is caused by abnormal sleep quantity or sleep quality. Amongst others, multiple neurological, psychological, cardiac and pulmonary disorders may contribute. Risk factors for excessive sleepiness include obesity, depression, extremes of age and insufficient sleep. In the clinical setting, two of the most commonly encountered causes are obstructive sleep apnoea and periodic limb movement disorder. There is continuing discussion of the mechanisms by which these disorders cause daytime symptoms, with intermittent nocturnal hypoxia, sleep fragmentation and



autonomic dysregulation identified as important factors. The increased prevalence of obstructive sleep apnoea in obese subjects does not fully account for the increased rates of daytime sleepiness in this population and there is evidence to suggest that it is caused by metabolic factors and chronic inflammation in obese individuals. Sleepiness is also more common in those reporting symptoms of depression or anxiety disorders and significantly impacts their quality of life. Clinicians should be aware of factors which put their patients at high risk of daytime sleepiness, as it is a debilitating and potentially dangerous symptom with medico-legal implications. Treatment option should address underlying contributors and promote sleep quantity and sleep quality by ensuring good sleep hygiene. However, stimulant medication may be indicated in some cases to allow for more normal daytime functioning.

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<http://www.lifewire.ca/Portals/0/Documents/White%20Papers%20Studies/Pilot%20Study%20-%20UKJHI%20-%20Proof%20Version%20Oct%202012.pdf>

**Enhancing behavioral health treatment and crisis management through mobile ecological momentary assessment and SMS messaging.**

Smith B, Harms WD, Korda H, Rosen H, Davis J, Bures S.

Health Informatics Journal (in press)

Many veterans returning from service in Afghanistan or Iraq suffer from post-traumatic stress disorder or mild traumatic brain injury. Treating these conditions can be challenging because of high rates of relapse and associated memory impairments. We report on a pilot study that assessed the utility of mobile health (mHealth) technologies, including personal digital assistant-based ecological momentary assessment and two-way interactive text (SMS) messaging, for providing treatment feedback to clinicians, encouraging and motivating veterans throughout treatment, and monitoring participants for relapse after treatment discharge. The results of the pilot suggest that mHealth technologies are feasible adjuncts to traditional mental treatment in the veteran population. Additional work is needed to establish the degree of clinical and economic value.

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<http://www.ncbi.nlm.nih.gov/pubmed/23070131>

Psychiatr Serv. 2012 Oct 15. doi: 10.1176/appi.ps.201200051. [Epub ahead of print]

**Time to Treatment Among Veterans of Conflicts in Iraq and Afghanistan With Psychiatric Diagnoses.**

Maguen S, Madden E, Cohen BE, Bertenthal D, Seal KH.

Abstract

OBJECTIVE:

Early mental health treatment after military deployment may reduce chronic mental health problems.

The authors described time to and predictors of time to initiation of a first primary care visit, a first mental health outpatient visit, and minimally adequate mental health care (eight or more outpatient visits within 12 months) among veterans with psychiatric diagnoses.

#### METHODS:

The authors conducted a retrospective cohort analysis of medical records of veterans of the conflicts in Iraq and Afghanistan who enrolled in Veterans Affairs (VA) health care, had a psychiatric diagnosis, and had used primary or mental health outpatient care between October 7, 2001, and September 30, 2011 (N=314,717).

#### RESULTS:

The median time from the end of the last deployment to engagement in mental health care was over two years. More than three years postdeployment, 75% of the veterans in the VA system for at least one year had not engaged in minimally adequate mental health care. There was a median lag of nearly 7.5 years between initial mental health treatment session and initiation of minimally adequate mental health care. Men waited nearly two years longer than women to initiate minimally adequate mental health care. Younger age and minority racial or ethnic status were also associated with greater time to initial mental health outpatient visit and to minimally adequate mental health care.

#### CONCLUSIONS:

Delays in initiating and completing minimally adequate mental health care by veterans using VA services highlight the importance of attending to the timing of care, particularly among newly returning veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/23198273>

Innov Clin Neurosci. 2012 Oct;9(10):13-26.

#### **Quality of life in patients suffering from insomnia.**

Ishak WW, Bagot K, Thomas S, Magakian N, Bedwani D, Larson D, Brownstein A, Zaky C.

Source: Dr. IsHak, Ms. Thomas, Dr. Magakian, Dr. Bedwani, and Dr. Zaky are from Cedars-Sinai Medical Center; Los Angeles, California; Dr. Bagot is from Yale University School of Medicine, Yale Child Study Center, New Haven, Connecticut; Dr. Larson is from University of Southern California Keck School of Medicine; and Ms. Brownstein is from University of California Los Angeles.

#### Abstract

##### Objective:

Systematic review of the literature pertaining to quality of life studies in adults suffering from insomnia, by specifically addressing the following questions: 1) What is the impact of insomnia on quality of life? 2)

To what extent do comorbid conditions affect quality of life in patients with insomnia? 3) What is the impact of insomnia treatment on quality of life?

**Design:**

Our search was conducted using the MEDLINE/PubMed and PsycINFO databases from the past 25 years (1987-2012), using the keywords "Insomnia" AND "Quality of Life," "QOL," "Health-related quality of life," or "HRQOL." Fifty-eight studies were selected for inclusion by two physicians who reached a consensus about the studies to include in this review.

**Results:**

The literature reveals that quality of life is severely impaired in individuals with insomnia, comorbid conditions significantly affects quality of life negatively, and sleep restoration techniques, including cognitive behavioral therapy and medications, are successful at improving quality of life. However, restoration of quality of life to community levels is still unclear.

**Conclusion:**

Insomnia and its comorbidities negatively affect an individual's quality of life, and different modalities of treatment can produce improvements in physical and psychological wellbeing and quality of life. More research is needed to develop more interventions that specifically focus on improving quality of life in patients suffering from insomnia.

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<http://www.ncbi.nlm.nih.gov/pubmed/23198672>

Am Fam Physician. 2012 Dec 1;86(11):1045-51.

**Subacute to chronic mild traumatic brain injury.**

Mott TF, McConnon ML, Rieger BP.

Source: Naval Hospital Pensacola, Pensacola , FL, USA.

**Abstract**

Although a universally accepted definition is lacking, mild traumatic brain injury and concussion are classified by transient loss of consciousness, amnesia, altered mental status, a Glasgow Coma Score of 13 to 15, and focal neurologic deficits following an acute closed head injury. Most patients recover quickly, with a predictable clinical course of recovery within the first one to two weeks following traumatic brain injury. Persistent physical, cognitive, or behavioral postconcussive symptoms may be noted in 5 to 20 percent of persons who have mild traumatic brain injury. Physical symptoms include headaches, dizziness, and nausea, and changes in coordination, balance, appetite, sleep, vision, and hearing. Cognitive and behavioral symptoms include fatigue, anxiety, depression, and irritability, and problems with memory, concentration and decision making. Women, older adults, less educated persons, and those with a previous mental health diagnosis are more likely to have persistent

symptoms. The diagnostic workup for subacute to chronic mild traumatic brain injury focuses on the history and physical examination, with continuing observation for the development of red flags such as the progression of physical, cognitive, and behavioral symptoms, seizure, progressive vomiting, and altered mental status. Early patient and family education should include information on diagnosis and prognosis, symptoms, and further injury prevention. Symptom-specific treatment, gradual return to activity, and multidisciplinary coordination of care lead to the best outcomes. Psychiatric and medical comorbidities, psychosocial issues, and legal or compensatory incentives should be explored in patients resistant to treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/23198504>

Mil Med. 2012 Nov;177(11):1293-301.

**The influence of sleep and mood on cognitive functioning among veterans being evaluated for mild traumatic brain injury.**

Waldron-Perrine B, McGuire AP, Spencer RJ, Drag LL, Pangilinan PH, Bieliauskas LA.

Source: Veterans Affairs Ann Arbor Healthcare System, 2215 Fuller Road, Ann Arbor, MI 48105, USA.

Abstract

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.ncbi.nlm.nih.gov/pubmed/23198501>

Mil Med. 2012 Nov;177(11):1272-8.

**Correlates of functional status among OEF/OIF veterans with a history of traumatic brain injury.**

Ettenhofer ML, Melrose RJ, Delawalla Z, Castellon SA, Okonek A.

Source: Department of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, MD 20814, USA.

Abstract

This study was conducted to identify factors related to functional status within a clinical sample of Veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) with a history of traumatic brain injury (TBI). Medical chart review was conducted for a consecutive group of OEF/OIF Veterans who were referred for neuropsychological evaluation within a Veterans Affairs Medical Center Polytrauma Program related to history of TBI (n = 57). Level of involvement in occupational and academic activity, presence or absence of housing insecurity, and clinician ratings of overall functioning served as indicators of functional status. Reduced functional status was most strongly related to poorer cognitive function, particularly motor function, processing speed, and executive function. Lower levels of functioning were also related to increased severity of postconcussive symptoms, lower levels of education, and ongoing medication treatment for sleep or psychiatric symptoms. Comprehensive evaluation of cognitive, affective, and behavioral functioning among OEF/OIF Veterans with a history of TBI is likely to provide valuable information to inform rehabilitation strategies and identify potential warning signs for poor postdeployment reintegration. Increased awareness of these factors may aid clinicians in identifying patients at risk for poor outcomes and in more effectively targeting symptoms for intervention.

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<http://www.ncbi.nlm.nih.gov/pubmed/23199850?dopt=Abstract>

Psychol Med. 2012 Nov 13:1-10. [Epub ahead of print]

**What explains post-traumatic stress disorder (PTSD) in UK service personnel: deployment or something else?**

Jones M, Sundin J, Goodwin L, Hull L, Fear NT, Wessely S, Rona RJ.

Source: King's Centre for Military Health Research, Department of Psychological Medicine, King's College, London, UK.

## Abstract

### BACKGROUND:

In previous studies an association between deployment to Iraq or Afghanistan and an overall increased risk for post-traumatic stress disorder (PTSD) in UK armed forces has not been found. The lack of a deployment effect might be explained by including, in the comparison group, personnel deployed on other operations or who have experienced traumatic stressors unrelated to deployment.

### METHODS:

The sample comprised 8261 regular UK armed forces personnel who deployed to Iraq, Afghanistan or other operational areas or were not deployed. Participants completed the PTSD Checklist - Civilian Version (PCL-C) and provided information about deployment history, demographic and service factors, serious accidents and childhood experiences.

### RESULTS:

Deployment to Iraq or Afghanistan [odds ratio (OR) 1.2, 95% confidence interval (CI) 0.6-2.2] or elsewhere (OR 1.1, 95% CI 0.6-2.0) was unrelated to PTSD although holding a combat role was associated with PTSD if deployed to Iraq or Afghanistan (OR 2.7, 95% CI 1.9-3.9). Childhood adversity (OR 3.3, 95% CI 2.1-5.0), having left service (OR 2.7, 95% CI 1.9-4.0) and serious accident (OR 2.1, 95% CI 1.4-3.0) were associated with PTSD whereas higher rank was protective (OR 0.3, 95% CI 0.12-0.76).

### CONCLUSIONS:

For the majority of UK armed forces personnel, deployment whether to Iraq, Afghanistan or elsewhere confers no greater risk for PTSD than service in the armed forces per se but holding a combat role in those deployed to Iraq or Afghanistan is associated with PTSD. Vulnerability factors such as lower rank, childhood adversity and leaving service, and having had a serious accident, may be at least as important as holding a combat role in predicting PTSD in UK armed forces personnel.

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<http://www.ncbi.nlm.nih.gov/pubmed/23198722?dopt=Abstract>

Biol Mood Anxiety Disord. 2012 Dec 1;2(1):21. [Epub ahead of print]

### **The relationship between Hippocampal asymmetry and working memory processing in combat-related PTSD -- a monozygotic twin study.**

Hall T, Galletly C, Clark CR, Veltmeyer M, Metzger LJ, Gilbertson MW, Orr SP, Pitman RK, McFarlane A.

## Abstract

### BACKGROUND:

PTSD is associated with reduction in hippocampal volume and abnormalities in hippocampal function. Hippocampal asymmetry has received less attention, but potentially could indicate lateralised differences in vulnerability to trauma. The P300 event-related potential component reflects the

immediate processing of significant environmental stimuli and has generators in several brain regions including the hippocampus. P300 amplitude is generally reduced in people with PTSD.

#### METHODS:

Our study examined hippocampal volume asymmetry and the relationship between hippocampal asymmetry and P300 amplitude in male monozygotic twins discordant for Vietnam combat exposure. Lateralised hippocampal volume and P300 data were obtained from 70 male participants, of whom 12 had PTSD. We were able to compare (1) combat veterans with current PTSD; (2) their non-combat-exposed co-twins; (3) combat veterans without current PTSD and (4) their non-combat-exposed co-twins.

#### RESULTS:

There were no significant differences between groups in hippocampal asymmetry. There were no group differences in performance of an auditory oddball target detection task or in P300 amplitude. There was a significant positive correlation between P300 amplitude and the magnitude of hippocampal asymmetry in participants with PTSD.

#### CONCLUSIONS:

These findings suggest that greater hippocampal asymmetry in PTSD is associated with a need to allocate more attentional resources when processing significant environmental stimuli.

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<http://www.ncbi.nlm.nih.gov/pubmed/23204611?dopt=Abstract>

Sleep. 2012 Dec 1;35(12):1685-92. doi: 10.5665/sleep.2244.

#### **Prospective assessment of nocturnal awakenings in a case series of treatment-seeking chronic insomnia patients: a pilot study of subjective and objective causes.**

Krakow B, Romero E, Ulibarri VA, Kikta S.

Source: Sleep and Human Health Institute, Albuquerque, New Mexico ; Maimonides Sleep Arts and Sciences, Ltd, Albuquerque, New Mexico ; University of New Mexico Health Sciences Center, Departments of Emergency Medicine and Psychiatry, Albuquerque, New Mexico.

#### Abstract

#### BACKGROUND:

The cause of nocturnal awakenings in patients with chronic insomnia is rarely researched. This study prospectively assessed the etiology of nocturnal awakenings (subjectively and objectively) among patients with insomnia at a private, community-based sleep medical center.

#### METHODS:

Twenty adult patients with chronic insomnia enrolled between April 2008 and February 2010 met diagnostic criteria for an insomnia disorder, never previously visited a sleep specialist or underwent

sleep testing, and reported no classic sleep disordered breathing symptoms. Patients completed validated scales for insomnia, sleepiness, impairment, anxiety, depression, and quality of life, a qualitative interview to assess subjective reasons for awakenings, and a diagnostic sleep study to objectively assess awakenings and their precipitants.

#### RESULTS:

Subjective and objective data showed clinically meaningful insomnia, primarily sleep maintenance insomnia. The most common self-reported reasons for awakenings were: uncertain cause (50%), nightmares (45%), nocturia (35%), bedroom distractions (20%), or pain (15%). No patient identified breathing symptoms as a cause. Objectively, 531 awakenings were observed in the total sample, and 478 (90%) were preceded by sleep breathing events (apnea, hypopnea, or respiratory effort-related event). Fifty-three awakenings were caused by other factors (independent leg jerks [7], spontaneous [14], and sleep that was laboratory-induced [32]). Thirty awakenings  $\geq 5$  min-a duration sufficient to predispose toward an insomnia episode-were each preceded by a breathing event.

#### CONCLUSIONS:

Among patients with insomnia with no classic sleep breathing symptoms and therefore low probability of a sleep breathing disorder, most of their awakenings were precipitated by a medical condition (sleep disordered breathing), which contrasted sharply with their perceptions about their awakenings.

CITATION: Krakow B; Romero E; Ulibarri VA; Kikta S. Prospective assessment of nocturnal awakenings in a case series of treatment-seeking chronic insomnia patients: a pilot study of subjective and objective causes. SLEEP 2012;35(12):1685-1692.

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<http://www.ncbi.nlm.nih.gov/pubmed/23186732?dopt=Abstract>

Clin Psychol Rev. 2012 Nov 7;33(1):146-155. doi: 10.1016/j.cpr.2012.10.012. [Epub ahead of print]

#### **Efficacy of psychological interventions aiming to reduce chronic nightmares: A meta-analysis.**

Hansen K, Höfling V, Kröner-Borowik T, Stangier U, Steil R.

Source: Department of Clinical Psychology and Psychotherapy, Johann Wolfgang Goethe University, Frankfurt, Germany. Electronic address: Kathrin.Hansen@gmx.de.

#### Abstract

This study presents a meta-analysis of the effectiveness of psychological treatments for chronic nightmares using imaginal confrontation with nightmare contents (ICNC) or imagery rescripting and rehearsal (IRR). Pre-post effect sizes (Hedges'  $g$ ) were calculated for the outcome measures of nightmare frequency, nights per week with nightmares, sleep quality, depression, anxiety, and PTSD severity. Fixed-effects and random-effects models were applied. High effect sizes were found for nightmare frequency ( $g=1.04$ ), nights per week with nightmares ( $g=0.99$ ), and PTSD severity ( $g=0.92$ ). Most of the effect sizes for the secondary outcomes were moderate. One objective was to clarify whether ICNC or



IRR is more important for nightmare reduction. The results indicate that a higher duration of time for ICNC is associated with greater improvements: The minutes of applied ICNC moderate the effect sizes for nightmare frequency at follow-up 2 and for nights per week with nightmares at post and follow-up 1. The percentage of applied ICNC moderates the effect sizes for nightmare frequency and nights per week with nightmares at follow-up 1. Thus, dismantling studies are necessary to draw conclusions regarding whether ICNC or IRR is the most effective in the psychological treatment of chronic nightmares.

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<http://www.ncbi.nlm.nih.gov/pubmed/23205671?dopt=Abstract>

J Neurotrauma. 2012 Dec 4. [Epub ahead of print]

**Variable, Not Always Persistent, Postconcussion Symptoms Following Mild TBI in U.S. Military Service Members: A 5-year Cross-sectional Outcome Study.**

Lange RT, Brickell TA, Ivins B, Vanderploeg R, French LM.

Source: Vancouver, British Columbia, Canada, , Walter Reed National Military Medical Center, Defense and Veterans Brain Injury Center, Bethesda, Maryland, United States; rael.lange@gmail.com.

Abstract

This study examined postconcussion symptom reporting within the first 5 years following mild traumatic brain injury (MTBI). Participants were 167 U.S. military service members (Mean Age = 27.6 years; 74.3% blast; 96.4% male) who were evaluated following injuries sustained in theater during Operations Iraqi and Enduring Freedom (92.8%), or from other combat-related operations. Participants completed the Neurobehavioral Symptom Inventory and PTSD Checklist within three months of injury, and at least one follow-up telephone interview at 6 (n = 46), 12 (n = 89), 24 (n = 54), 36 (n = 42), 48 (n = 30), and/or 60 months (n = 25) post-injury. Approximately half of the sample (49.7%) met DSM-IV symptom criteria for postconcussion disorder (PCD) at baseline. At all six follow-ups, 46.1% to 72.0% met DSM-IV criteria for PCD. However, only 20.4% to 48.0% reported persistent PCD from baseline to follow-up. A substantial minority had also improved (4.0-24.1%) or 'developed' new symptoms (16.9-27.8%). Using regression analyses, baseline symptoms were somewhat predictive of PCD symptom reporting at follow-up, though this was not always reliable. Follow-up for all service members who sustain a combat related MTBI in the context of polytrauma, regardless of the presence/absence of symptom reporting in the acute recovery stage, should be considered the rule, not the exception.

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<http://www.ncbi.nlm.nih.gov/pubmed/23205531?dopt=Abstract>

Behav Sleep Med. 2012 May 11. [Epub ahead of print]

**Insomnia and Symptoms of Post-traumatic Stress Disorder Among Women Veterans.**

Hughes J, Jouldjian S, Washington DL, Alessi CA, Martin JL.

Source: Geriatric Research, Education, and Clinical Center, VA Greater Los Angeles Healthcare System.

Abstract

Women will account for 10% of the Veteran population by 2020, yet there has been little focus on sleep issues among women Veterans. In a descriptive study of 107 women Veterans with insomnia (mean age = 49 years, 44% non-Hispanic white), 55% had probable post traumatic stress disorder (PTSD) (total score  $\geq 33$ ). Probable PTSD was related to more severe self-reported sleep disruption and greater psychological distress. In a regression model, higher PTSD Checklist-Civilian (PCL-C) total score was a significant independent predictor of worse insomnia severity index score while other factors were not. Women Veterans preferred behavioral treatments over pharmacotherapy in general, and efforts to increase the availability of such treatments should be undertaken. Further research is needed to better understand the complex relationship between insomnia and PTSD among women Veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/23207970?dopt=Abstract>

J Behav Ther Exp Psychiatry. 2012 Oct 29;44(2):213-220. doi: 10.1016/j.jbtep.2012.10.001. [Epub ahead of print]

**Perceptual processing during trauma, priming and the development of intrusive memories.**

Sündermann O, Hauschildt M, Ehlers A.

Source: Department of Psychology, King's College London, Institute of Psychiatry, London, UK.

Abstract

BACKGROUND:

Intrusive reexperiencing in posttraumatic stress disorder (PTSD) is commonly triggered by stimuli with perceptual similarity to those present during the trauma. Information processing theories suggest that perceptual processing during the trauma and enhanced perceptual priming contribute to the easy triggering of intrusive memories by these cues.

METHODS:

Healthy volunteers (N = 51) watched neutral and trauma picture stories on a computer screen. Neutral objects that were unrelated to the content of the stories briefly appeared in the interval between the pictures. Dissociation and data-driven processing (as indicators of perceptual processing) and state

anxiety during the stories were assessed with self-report questionnaires. After filler tasks, participants completed a blurred object identification task to assess priming and a recognition memory task. Intrusive memories were assessed with telephone interviews 2 weeks and 3 months later.

#### RESULTS:

Neutral objects were more strongly primed if they occurred in the context of trauma stories than if they occurred during neutral stories, although the effect size was only moderate [Formula: see text] and only significant when trauma stories were presented first. Regardless of story order, enhanced perceptual priming predicted intrusive memories at 2-week follow-up (N = 51), but not at 3 months (n = 40). Data-driven processing, dissociation and anxiety increases during the trauma stories also predicted intrusive memories. Enhanced perceptual priming and data-driven processing were associated with lower verbal intelligence.

#### LIMITATIONS:

It is unclear to what extent these findings generalize to real-life traumatic events and whether they are specific to negative emotional events.

#### CONCLUSIONS:

The results provide some support for the role of perceptual processing and perceptual priming in reexperiencing symptoms.

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<http://www.ncbi.nlm.nih.gov/pubmed/23207576?dopt=Abstract>

Brain Cogn. 2012 Nov 30;81(1):151-159. doi: 10.1016/j.bandc.2012.10.002. [Epub ahead of print]

#### **An fMRI investigation of posttraumatic flashbacks.**

Whalley MG, Kroes MC, Huntley Z, Rugg MD, Davis SW, Brewin CR.

Source: Clinical, Educational & Health Psychology, University College London, UK; Berkshire Traumatic Stress Service & Clinical Health Psychology Service, Reading, UK.

#### Abstract

Flashbacks are a defining feature of posttraumatic stress disorder (PTSD), but there have been few studies of their neural basis. We tested predictions from a dual representation model of PTSD that, compared with ordinary episodic memories of the same traumatic event, flashbacks would be associated with activity in dorsal visual stream and related areas rather than in the medial temporal lobe. Participants with PTSD, with depression but not PTSD, and healthy controls were scanned during a recognition task with personally relevant stimuli. The contrast of flashbacks versus ordinary episodic trauma memories in PTSD was associated with increased activation in sensory and motor areas including the insula, precentral gyrus, supplementary motor area, and mid-occipital cortex. The same contrast was

associated with decreased activation in the midbrain, parahippocampal gyrus, and precuneus/posterior cingulate cortex. The results were discussed in terms of theories of PTSD and dual-process models of recognition.

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<http://krex.k-state.edu/dspace/handle/2097/15080>

**Strong Communities, Strong Families: An Examination Of The Association Of Community Functioning With Psychological Resilience, Psychopathology, And Family Outcomes In Active Duty Airforce Members.**

Rebekah Adams

A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services

College of Human Ecology

KANSAS STATE UNIVERSITY

Manhattan, Kansas

2012

Using a representative sample of married, active duty Air Force service members (N= 29,254), a theoretical model of community functioning was tested to examine the association between community functioning and three family outcomes (i.e., parent-child relationship satisfaction, family coping, and marital satisfaction). Tests of indirect relationships included measures of psychological resilience, depression, and PTSD, while rank and gender were examined as potential moderators. Results using structural equation modeling indicated that there was a direct, positive relationship between community functioning and all three family outcome variables and an indirect relationship through both psychological resilience and depression. In addition, there was a direct, negative relationship between community functioning and depression, as well as an indirect relationship through psychological resilience. Moderation was supported for rank only. These results demonstrate the importance of community functioning and resilience as they relate to service member's mental health and family relationships. They suggest a potential framework in which community functioning and resilience may lead to reductions in individual and family risk factors.

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## Links of Interest

Psychologists Make It Hard For Patients To Embrace Talk Therapy

<http://www.blisstree.com/2012/11/28/feel/psychologists-make-it-hard-for-patients-to-embrace-talk-therapy/>

A New Theory of PTSD and Veterans: Moral Injury

<http://www.thedailybeast.com/newsweek/2012/12/02/a-new-theory-of-ptsd-and-veterans-moral-injury.html>

Vietnam Veterans, Discharged Under Cloud, File Suit Saying Trauma Was Cause

<http://www.nytimes.com/2012/12/03/us/vietnam-veterans-claiming-ptsd-sue-for-better-discharges.html>

PTSD may be overdiagnosed, but PTSD deniers are 'wrong,' psychologists say

[http://usnews.nbcnews.com/\\_news/2012/11/26/15395330-ptsd-may-be-overdiagnosed-but-ptsd-deniers-are-wrong-psychologists-say](http://usnews.nbcnews.com/_news/2012/11/26/15395330-ptsd-may-be-overdiagnosed-but-ptsd-deniers-are-wrong-psychologists-say)

Party Drug Ecstasy May Help Tough Cases of PTSD, Researchers Say

<http://www.nbcchicago.com/news/health/SD-Party-Drug-May-Help-Tough-Cases-of-PTSD-Researchers-Say-181162691.html>

and

Treating PTSD with Ecstasy: One story

[http://www.wwlp.com/dpp/health/healthy\\_living/treating-ptsd-with-ecstasy-one-story](http://www.wwlp.com/dpp/health/healthy_living/treating-ptsd-with-ecstasy-one-story)

Violence in a Soldier's Past May Up PTSD Risk

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_131788.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_131788.html)

Study focuses on returning wounded soldiers to meaningful civilian lives

[http://www.eurekalert.org/pub\\_releases/2012-11/ws-u--sfo112912.php](http://www.eurekalert.org/pub_releases/2012-11/ws-u--sfo112912.php)

Insomnia Is Linked to Trouble Breathing

<http://well.blogs.nytimes.com/2012/12/03/insomnia-is-linked-to-trouble-breathing/>

Research identifies a way to block memories associated with PTSD or drug addiction

[http://www.eurekalert.org/pub\\_releases/2012-12/uowo-ria120512.php](http://www.eurekalert.org/pub_releases/2012-12/uowo-ria120512.php)

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**Research Tip of the Week:** [24 Personal Finance Writers Share Their Favorite Money-Saving Apps](#)

This roundup is from Experian, the credit services company. It was posted on their blog.

Do you love saving money?

Do you ever use apps to help you cut costs and stay on budget?

In our continuing quest to promote financial literacy and help consumers live credit smart, we asked some of our favorite personal finance writers to share a favorite app that helps them stay on budget and save money.

It appears that everything mentioned here is free.



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## 24 Personal Finance Writers Share Their Favorite Money-Saving Apps

Posted on Oct 29 2012 by Michael Delgado

Do you love saving money?

Do you ever use apps to help you cut costs and stay on budget?

In our continuing quest to promote financial literacy and help consumers live credit smart, we asked some of our favorite personal finance writers to share a favorite app that helps them stay on budget and save money.

Check out these great apps:



### The Ballpark Calculator



I really like the [Ballpark calculator](#) at [choosetosave.org](#) because it gives you a quick, easy estimate of how much you need to save in order to retire comfortably.

Oct 29 2012

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