



CDP Research Update -- April 4, 2013

What's here:

- The rape and sexual assault of men – a review of the literature.
- From Serving in the Military to Serving Loved Ones: Unique Experiences of Older Veteran Caregivers.
- Prevalence and correlates of suicidal ideation among Operation Enduring Freedom and Operation Iraqi Freedom veterans.
- Successful Aging Among Older Veterans in the United States.
- Posttraumatic Stress Disorder: Neurocircuitry and Implications for Potential Deep Brain Stimulation.
- Towards an understanding of the molecular basis of Post Traumatic Stress Disorder.
- Conscripted without Induction Order: Wives of Former Combat Veterans with PTSD Speak.
- Mental Health Issues in Recently Returning Women Veterans: Implications for Practice.
- Assessment of Veteran and Caregiver Knowledge About Mild Traumatic Brain Injury in a VA Medical Center.
- Post-traumatic stress disorder symptoms form a traumatic and non-traumatic stress response dimension.
- Prevalence of childhood physical and sexual abuse in veterans with psychiatric diagnoses.
- Unethical battlefield conduct reported by soldiers serving in the Iraq war.
- Cranial electrotherapy stimulation for treatment of anxiety, depression, and insomnia.
- Breathing practices for treatment of psychiatric and stress-related medical conditions.
- Phytomedicines for prevention and treatment of mental health disorders.
- In Search of the Trauma Memory: A Meta-Analysis of Functional Neuroimaging Studies of Symptom Provocation in Posttraumatic Stress Disorder (PTSD).
- Clinical Decision Making in the Treatment of Complex PTSD and Substance Misuse.

- Cognitive enhancers for the treatment of anxiety disorders.
- State-trait arousal and daytime sleepiness after sleep restriction.
- Sleep-wake state tradeoffs, impulsivity and life history theory.
- Nature adventure rehabilitation for combat-related posttraumatic chronic stress disorder: A randomized control trial.
- A model of suicidal behavior in posttraumatic stress disorder (PTSD): The mediating role of defeat and entrapment.
- Effect of traumatic imagery on cerebrospinal fluid dopamine and serotonin metabolites in posttraumatic stress disorder.
- The U.S. Army Telemedicine and m-Health Program: Making a Difference at Home and Abroad.
- Optimism Reduces Suicidal Ideation and Weakens the Effect of Hopelessness Among Military Personnel.
- Meta-Analytic Review of P3 Components in Posttraumatic Stress Disorder and Their Clinical Utility.
- Hazardous drinking and family functioning in National Guard veterans and spouses postdeployment.
- Posttraumatic Stress Disorder in Veterans: The Utility of the MMPI-2-RF Validity Scales in Detecting Overreported Symptoms.
- Deployment cycle stressors and post-traumatic stress symptoms in Army National Guard women: the mediating effect of resilience.
- Links of Interest
- Research Tip of the Week: The Best Ways to Be Sure You're Legally Using Online Photos

http://nb-research.co.uk/wp-content/uploads/2010/07/The-rape-and-sexual-assault-of-men_-A-review-of-the-literature.pdf

The rape and sexual assault of men – a review of the literature.

Dr. Nina Burrowes and Tessa Horvath

Survivors UK

January 2013

This report provides a brief overview of all the literature on male rape and sexual assault that was published between 1990 and 2012. The report illustrates which topics are being researched and what the latest evidence-based practice is. The amount of information provided on each piece of literature is necessarily brief. This report is therefore a catalogue of the research and should be used to browse the published work and identify articles or chapters to read in full.

[http://www.ajgponline.org/article/S1064-7481\(12\)00096-6/abstract](http://www.ajgponline.org/article/S1064-7481(12)00096-6/abstract)

From Serving in the Military to Serving Loved Ones: Unique Experiences of Older Veteran Caregivers.

Joan K. Monin, Becca R. Levy, Robert H. Pietrzak

The American Journal of Geriatric Psychiatry - 28 March 2013 (10.1016/j.jagp.2012.11.023)

Objective

We examined whether older caregiving veterans differ from noncaregiving veterans in terms of health and psychosocial factors and how these factors and caregiving aspects (i.e., hours, relationship type) relate to caregiving strain and reward. We also evaluated two hypotheses: (1) combat exposure provides protection from emotional caregiving strain, and (2) grandparenting is particularly rewarding.

Methods

We used a cross-sectional web survey of a nationally representative sample of older veterans in the United States. Data were drawn from the National Health and Resilience in Veterans Study, and participants were 2,025 U.S. veterans aged 60 or older (mean: 71.0; SD: 7.1; range: 60–96). Participants completed measures of caregiving status, sociodemographic characteristics, combat exposure, physical and mental health, cognitive status, and psychosocial characteristics. Caregivers reported caregiving hours, caregiving type, emotional and physical strain, and reward.

Results

A total of 20.4% of U.S. older veterans are caregivers. As predicted, among the veteran caregivers, (1) combat exposure was associated with less emotional caregiving strain (odds ratio [OR]: 0.57), and (2) grandparenting was associated with increased perception of caregiving reward (OR: 5.28). Resilience was negatively associated with physical strain, whereas depressive symptoms were associated with greater emotional strain; gratitude, happiness, and social support were additionally associated with greater reward. Caregivers were more likely to be married and highly educated than noncaregivers but did not differ with respect to health or psychosocial characteristics.

Conclusion

One in five older U.S. veterans is a caregiver. Older veterans' combat exposure may decrease the emotional demands of caregiving, and grandparenting is perceived as particularly rewarding. Results suggest that older veterans are an important caregiving resource that deserves tailored resources.

<http://www.sciencedirect.com/science/article/pii/S0165032713000980>

Prevalence and correlates of suicidal ideation among Operation Enduring Freedom and Operation Iraqi Freedom veterans.

Kathryn Corson, Lauren M. Denneson, Matthew J. Bair, Drew A. Helmer, Joseph L. Goulet, Steven K. Dobscha

Journal of Affective Disorders, Available online 24 March 2013, ISSN 0165-0327, 10.1016/j.jad.2013.01.043.

Background

We sought to determine the prevalence and correlates of suicidal ideation (SI) among Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans following the Department of Veterans Affairs' (VA) 2007 implementation of required brief SI assessments for veterans who screen positive for depression and post-traumatic stress disorder.

Methods

We retrospectively identified OEF/OIF veterans screened for depression using the Patient Health Questionnaire (PHQ-2) between April 2008 and September 2009 at three geographically-distinct VA Medical Centers' primary care or mental health clinics. Veteran responses to a two-item risk assessment tool (VA Pocket Card) or PHQ-9 9th item, administered following a positive depression screen (PHQ-2 \geq 3), were determined using manual chart review. Generalized estimating equations were used to calculate adjusted odds ratios for demographic and clinical correlates of positive SI assessments.

Results

Of 1340 OEF/OIF veterans with positive depression screens, 32.4% reported SI. In multivariate models, odds of SI were lower for non-Hispanic white veterans (AOR=0.68) and greater for those with PHQ-2 \geq 5 (AOR=1.87), depression (AOR=1.45), bipolar disorder/schizophrenia (AOR=2.84), and 2 or \geq 3 diagnoses (AORs=1.59 and 2.49, respectively).

Limitations

Study findings may not be generalizable to non-veteran patient populations and the study does not address the reliability and validity of tools employed for brief suicidal ideation assessment.

Conclusions

SI is common among OEF/OIF veterans who receive VA care, perhaps more so among non-white veterans. Targeting veterans with higher PHQ-2 scores for SI assessment should be considered to reduce patient and administrative burden.

<http://www.studentpulse.com/articles/727/3/from-nostalgia-to-post-traumatic-stress-disorder-a-mass-society-theory-of-psychological-reactions-to-combat>

From Nostalgia to Post-Traumatic Stress Disorder: A Mass Society Theory of Psychological Reactions to Combat.

Joshua A. Jones

StudentPulse

2013, Vol. 5 No. 02 | pg. 3/3

The late historian and former World War Two-era Army platoon commander, Paul Fussell (1989), explained that “the allied war has been sanitized and romanticized almost beyond recognition” particularly because it is commonly viewed as a just war (p. ix). Importantly, these stories significantly influence how observers regard veterans of these conflicts. What is particularly shocking about the lack of knowledge concerning combat stress in the Second World War is that it was so incredibly rampant, yet almost comprehensively ignored. Most famously, during his visit to a field hospital in Sicily in 1943, U.S. Army General George S. Patton slapped a young soldier who had been hospitalized for battle fatigue. Thereafter, Patton is reported to have proclaimed “I won’t have the hospitals cluttered up with these sons of bitches who haven’t got the guts to fight. Send that yellow son of a bitch back to the front line.” This brand of machismo and disregard for troop welfare led to numerous afflicted servicemen having “lack of intestinal fortitude” annotated in their military service records (Gandolfini, 2010)

[http://www.ajgponline.org/article/S1064-7481\(12\)00080-2/abstract](http://www.ajgponline.org/article/S1064-7481(12)00080-2/abstract)

Successful Aging Among Older Veterans in the United States.

Robert H. Pietrzak, Jack Tsai, Paul D. Kirwin, Steven M. Southwick

The American Journal of Geriatric Psychiatry - 28 March 2013 (10.1016/j.jagp.2012.11.018)

Objective

To develop a unidimensional latent model of successful aging and to evaluate sociodemographic, medical, psychiatric, and psychosocial correlates of this construct in a nationally representative sample of older veterans in the United States.

Methods

Data were analyzed from a cross-sectional web survey of 2,025 U.S. veterans aged 60 to 96 years who participated in the National Health and Resilience in Veterans Study. Self-report measures of sociodemographics; subjective physical, mental, and cognitive functioning; and psychosocial characteristics were used. Confirmatory factor analysis was used to construct a unidimensional latent factor of successful aging. Correlates of scores on this factor were then evaluated.

Results

Most older veterans (82.1%) rated themselves as aging successfully. A unidimensional latent factor composed of seven measures of self-rated successful aging, quality of life, and physical, mental, cognitive, and social functioning provided a good fit to the data. Physical health difficulties ($\beta = -0.39$) and current psychological distress ($\beta = -0.33$) were most strongly negatively related to scores on this latent factor of successful aging, while protective psychosocial characteristics ($\beta = 0.22$), most notably resilience, gratitude, and purpose in life, were most strongly positively related to these scores. Additional positive predictors of successful aging included White, non-Hispanic race, being married or living with partner, perceiving a positive effect of the military on one's life, active lifestyle, positive expectations regarding aging, and conscientiousness; additional negative predictors included substance abuse history.

Conclusion

Results of this study provide a dimensional approach to characterizing components and correlates of successful aging in older veterans. Interventions and policy initiatives designed to mitigate physical health difficulties and psychological distress and to enhance protective psychosocial characteristics such as resilience, gratitude, and purpose in life may help promote successful aging in this population.

<http://www.karger.com/Article/Fulltext/343148>

Posttraumatic Stress Disorder: Neurocircuitry and Implications for Potential Deep Brain Stimulation.

Taghva A. · Oluigbo C. · Corrigan J. · Rezai A.R.

Stereotact Funct Neurosurg 2013;91:207-219 (DOI:10.1159/000343148)

Posttraumatic stress disorder (PTSD) is a prevalent and highly disabling psychiatric disorder that is notoriously difficult to treat. At some point in their lifetimes, 5-8% of men, 10-14% of women, and up to a quarter of combat veterans carry this diagnosis. Despite pharmacological and behavioral therapies, up to 30% of patients are still symptomatic 10 years after initial diagnosis. Recent advances in imaging have implicated changes in the limbic and autonomic corticostriatopallidothalamocortical (CSPTC) circuitry in the pathogenesis of this disease. Deep brain stimulation modulates CSPTC circuits in movement and other neuropsychiatric disorders. In this review, we discuss the salient clinical features and neurocircuitry of PTSD and propose a neuromodulation strategy for the disorder.

http://www.italianacademy.columbia.edu/publications/working_papers/2012-2013/Luca_Colnaghi_Spring_Paper.pdf

Towards an understanding of the molecular basis of Post Traumatic Stress Disorder.

Luca Colnaghi

Eric Kandel Laboratory
Columbia University in the City of New York
Department of Neuroscience

Broadly, there are two main approaches to treatment: pharmacotherapy and cognitive or behavioral therapy. And neither one is very effective.

My research focuses on the pharmacological approach to the treatment of the disorder. Serotonin selective reuptake inhibitors (SSRIs) are currently the most recommended pharmacological treatment for PTSD. They are a class of antidepressant, among which Prozac, or fluoxetine, is the most popular. However, their therapeutic effects are limited, since patients have been shown to develop resistance to them. Additionally, SSRI treatments in some patients lead to exacerbation of PTSD symptoms, such as depression.

<http://www.scirp.org/journal/PaperDownload.aspx?paperID=28907>

Conscripted without Induction Order: Wives of Former Combat Veterans with PTSD Speak.

Shaul Kimhi and Hadas Doron

Psychology

2013. Vol.4, No.3, 189-195

Published Online March 2013 in SciRes (<http://www.scirp.org/journal/psych>)

This study examines the lives of wives who are living with former combat soldiers with chronic PTSD, from the subjective perspective of the wives themselves. Structured interviews with 20 wives indicated the following main results: 1) About 2/3 of the wives reported that, for a long time, they did not know what the problem with their husband was and had no idea that it was connected to his military experience. 2) All of the wives described many negative effects of their husband's situation on daily family functioning. In most cases, the wives described their husbands as handicapped individuals who could do very few things that are usually associated with normal family functioning. 3) Most wives described their husbands as "absent-present": The husband was present physically but would often detach himself from everyone around him. 4) Most wives reported suffering from anxieties of all kinds and other symptoms, which also characterized their husbands. Study results are discussed in light of relevant theories.

<http://sw.oxfordjournals.org/content/early/2013/03/24/sw.swt001.abstract>

Mental Health Issues in Recently Returning Women Veterans: Implications for Practice.

Bonnie E. Carlson, Layne K. Stromwall, and Cynthia A. Lietz

Social Work (first published online March 24, 2013 doi:10.1093/sw/swt001)

Increasing numbers of women are found in the military, and they are now performing roles very similar to those of male service members. More returning servicewomen and veterans have been exposed to stressful and traumatic experiences, such as combat and difficult living circumstances, and military sexual trauma is common. These experiences have been found to be associated with adverse mental health outcomes, posttraumatic stress disorder, depression, and substance abuse in particular. Comorbidity rates are also high. In addition, more veterans are returning with injuries, including traumatic brain injuries. Although more women veterans of Operation Enduring Freedom and Operation Iraqi Freedom are seeking health services at Veterans Administration facilities, many are not. Thus, community-based social workers need to be familiar with the needs of this growing population to serve them effectively. Use of empirically supported assessment instruments and screening for military sexual trauma are recommended. Recommended interventions include the use of evidence-supported practices, such as cognitive-behavioral treatment, and offering assistance to enhance social support among women veterans.

http://journals.lww.com/headtraumarehab/Abstract/publishahead/Assessment_of_Veteran_and_Caregiver_Knowledge.99854.aspx

Assessment of Veteran and Caregiver Knowledge About Mild Traumatic Brain Injury in a VA Medical Center.

Block, Cady MS; Fabrizio, Katherine PhD; Bagley, Beau MD; Hannah, Joanna MD; Camp, Susan CRNP; Mindingall, Nazaren MSW, LGSW; Labbe, Don PhD; Lokken, Kristine PhD

Journal of Head Trauma Rehabilitation:

POST AUTHOR CORRECTIONS, 21 March 2013

Objective:

To examine the accuracy of knowledge about mild traumatic brain injury (TBI) of veterans and their friends/family members.

Setting:

VA Medical Center.

Participants:

One hundred veterans and 50 of their friends/family members.

Design:

Cross-sectional survey.

Main Measures:

A 60-item questionnaire was created by drawing both from the Neurobehavioral Symptom Inventory and from a brain injury knowledge survey developed for use with the general public.

Results:

Both groups were equally able to identify true mild TBI items, but both also endorsed numerous items not typical of a mild injury. Self-reported prior TBI and receipt of TBI education were unrelated to the level of knowledge. For both groups, knowing another individual with TBI was unrelated to other aspects of mild TBI knowledge. Only 1 in 5 veterans endorsed receiving brain injury education while in the military.

Conclusion:

Results of this study may assist in the development of targeted TBI educational interventions for veterans and their friends/family members within the Veterans Affairs system. Ultimately, increased knowledge about mild TBI improves the likelihood that veterans receive care congruent with their needs and may potentially improve outcomes for those with mild TBI.

(C) 2013 Lippincott Williams & Wilkins, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/23539639>

Aust N Z J Psychiatry. 2013 Mar 28. [Epub ahead of print]

Post-traumatic stress disorder symptoms form a traumatic and non-traumatic stress response dimension.

Mulder R, Fergusson D, Horwood J.

Source: Department of Psychological Medicine, University of Otago, Christchurch, New Zealand.

Objective:

This study aims to determine whether symptoms of post-traumatic stress disorder (PTSD) form a latent dimension reflecting responsivity to life events and whether PTSD symptoms are specific to traumatic life events.

Method:

A 30-year longitudinal study of a general population sample of 987 individuals were assessed for PTSD symptoms, exposure to adverse life events, and a variety of psychosocial measures. PTSD symptoms were tested using a confirmatory factor model and a range of fitted models were used to identify significant predictors of latent PTSD symptoms.

Results:

The rate of DSM IV PTSD was 1.9%. However, subjects reported high rates of at least one significant traumatic or negative life event and PTSD symptoms. The PTSD symptoms conformed well to a single

latent factor. There were strong linear associations between severity of PTSD symptoms and exposure to traumatic and non-traumatic life events. Factors contributing to latent PTSD symptoms were gender, childhood anxiety, neuroticism, self-esteem, and quality of parental care.

Conclusion:

Criteria for PTSD form an underlying dimension reflecting the individual's level of responsivity to traumatic and non-traumatic stressful life events. PTSD symptoms form a continuum of severity with minor stress symptoms at one end and severe PTSD at the other.

<http://www.ncbi.nlm.nih.gov/pubmed/23538982>

J Nerv Ment Dis. 2013 Apr;201(4):348-52. doi: 10.1097/NMD.0b013e318288e333.

Prevalence of childhood physical and sexual abuse in veterans with psychiatric diagnoses.

Koola MM, Qualls C, Kelly DL, Skelton K, Bradley B, Amar R, Duncan EJ.

Source: Maryland Psychiatric Research Center, University of Maryland School of Medicine, Baltimore; †Clinical and Translational Science Center, University of New Mexico, Albuquerque; ‡Atlanta Veterans Affairs Medical Center, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, GA; and §Talbot Recovery Campus, Atlanta, GA.

We examined the prevalence of childhood (≤ 18 years) physical and sexual abuse reported among patients admitted to the psychiatric inpatient service and the differential rates of this abuse associated with psychiatric diagnoses. This study consisted of a retrospective chart review of 603 patients admitted to a psychiatric ward during a period of 1 year at Atlanta Veterans Affairs Medical Center who had data on childhood physical and sexual abuse. The prevalence of reported childhood physical or sexual abuse in this inpatient clinical population was 19.4% (117/603). The prevalence of reported physical abuse was 22.6% (19/84) in the women and 12.0% (62/519) in the men ($p = 0.008$); the prevalence of sexual abuse was 33.3% (28/84) in the women and 7.7% (40/519) in the men ($p < 0.0001$). More patients with depressive disorders reported sexual abuse than did those without these disorders. More patients with posttraumatic stress disorder (PTSD) reported physical and sexual abuse than did those without these disorders. Stratifying by race, sex, and diagnoses, multivariate analyses showed that the women with PTSD had a greater likelihood to report physical abuse ($p = 0.03$) and sexual abuse histories ($p = 0.008$) than did the women without PTSD. The men with substance-induced mood disorder ($p = 0.01$) were more likely to report physical abuse compared with the men without substance-induced mood disorder. Screening for abuse in patients with depressive disorders and PTSD is warranted to tailor individualized treatments for these patients. More research is needed to better understand the potential implications of childhood abuse on psychiatric diagnoses.

<http://www.ncbi.nlm.nih.gov/pubmed/23538969>

J Nerv Ment Dis. 2013 Apr;201(4):259-65. doi: 10.1097/NMD.0b013e318288d302.

Unethical battlefield conduct reported by soldiers serving in the Iraq war.

Wilk JE, Bliese PD, Thomas JL, Wood MD, McGurk D, Castro CA, Hoge CW.

Source: Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, US Army Medical Research and Materiel Command, Silver Spring, MD; †US Army Medical Research Unit-Europe, Walter Reed Army Institute of Research, US Army Medical Research and Materiel Command, Heidelberg, Germany; and ‡Military Operational Medicine Research Program, US Army Medical Research and Materiel Command, Fort Detrick, Frederick, MD.

Research involving military service members has shown a strong relationship between combat experiences and increased risk for posttraumatic stress disorder (PTSD) and other mental health problems. Comparatively little research has examined the relationship between combat experiences, PTSD, aggression, and unethical conduct on the battlefield, although news stories sometimes suggest links between unethical conduct and disorders such as PTSD. This study systematically examined whether unethical conduct is a proxy for aggression and whether specific combat experiences and PTSD are independently associated with unethical behavior. The results of this study indicate that aggression ($\beta = 0.30$) and specific combat experiences (particularly, witnessing war atrocities [$\beta = 0.14$] and fighting [$\beta = 0.13$]) are much more strongly associated with unethical conduct than is PTSD ($\beta = 0.04$).

<http://www.ncbi.nlm.nih.gov/pubmed/23538086>

Psychiatr Clin North Am. 2013 Mar;36(1):169-76. doi: 10.1016/j.psc.2013.01.006.

Cranial electrotherapy stimulation for treatment of anxiety, depression, and insomnia.

Kirsch DL, Nichols F.

Source: The American Institute of Stress, 9112 Camp Bowie West Boulevard #228, Fort Worth, TX 76116, USA. Electronic address: dkirsch@stress.org.

Cranial electrotherapy stimulation is a prescriptive medical device that delivers a mild form of electrical stimulation to the brain for the treatment of anxiety, depression, and insomnia. It is supported by more than 40 years of research demonstrating its effectiveness in several mechanistic studies and greater than 100 clinical studies. Adverse effects are rare (<1%), mild, and self-limiting, consisting mainly of skin irritation under the electrodes and headaches. Often used as a stand-alone therapy, because results are usually seen from the first treatment, cranial electrotherapy stimulation may also be used as an adjunctive therapy.

Copyright © 2013 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23538082>

Psychiatr Clin North Am. 2013 Mar;36(1):121-40. doi: 10.1016/j.psc.2013.01.001.

Breathing practices for treatment of psychiatric and stress-related medical conditions.

Brown RP, Gerbarg PL, Muench F.

Source: Department of Psychiatry, Columbia University College of Physicians and Surgeons, 86 Sherry Lane, New York, NY 12401, USA.

Neurophysiological studies may explain how breathing techniques normalize stress response, emotion regulation, and autonomic and neuroendocrine system function. Breath practices have been shown to reduce symptoms of stress, anxiety, insomnia, post-traumatic stress disorder, mass disasters, depression, and attention deficit disorder. Technology-assisted breathing interventions facilitate therapeutic breathing by using either static cues such as a breath pacer or real-time feedback based on physiological parameters such as heart rate variability. The empirical literature indicates that technology-assisted breathing can be beneficial in mental health treatment, though it may not be appropriate for all individuals. Initial in-person training and evaluation can improve results.

Copyright © 2013 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23538075>

Psychiatr Clin North Am. 2013 Mar;36(1):37-47. doi: 10.1016/j.psc.2012.12.004.

Phytochemicals for prevention and treatment of mental health disorders.

Gerbarg PL, Brown RP.

Source: New York Medical College, 40 Sunshine Cottage Road, Valhalla, NY 10595, USA. Electronic address: Pgerbarg@aol.com.

Herbal medicines supported by evidence of safety and efficacy in the treatment of anxiety, insomnia, fatigue, cognitive enhancement, mental focus, and sexual function are useful as monotherapies, multiherb combinations, and as adjuncts to prescription psychotropics. Relevant mechanisms of action and clinical guidelines for herbs in common use can assist clinicians who want to enhance treatment outcomes by integrating phytomedicinals into their treatment regimens. Research is needed to strengthen the evidence base and to expand the range of disorders that can be treated with herbal extracts. Studies of herbal genomic effects may lead to more targeted and effective treatments.

Copyright © 2013 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23536785>

PLoS One. 2013;8(3):e58150. doi: 10.1371/journal.pone.0058150. Epub 2013 Mar 25.

In Search of the Trauma Memory: A Meta-Analysis of Functional Neuroimaging Studies of Symptom Provocation in Posttraumatic Stress Disorder (PTSD).

Sartory G, Cwik J, Knuppertz H, Schürholt B, Lebens M, Seitz RJ, Schulze R.

Source: Clinical Psychology Unit, Department of Psychology, University of Wuppertal, Wuppertal, Germany.

Notwithstanding some discrepancy between results from neuroimaging studies of symptom provocation in posttraumatic stress disorder (PTSD), there is broad agreement as to the neural circuit underlying this disorder. It is thought to be characterized by an exaggerated amygdalar and decreased medial prefrontal activation to which the elevated anxiety state and concomitant inadequate emotional regulation are attributed. However, the proposed circuit falls short of accounting for the main symptom, unique among anxiety disorders to PTSD, namely, reexperiencing the precipitating event in the form of recurrent, distressing images and recollections. Owing to the technical demands, neuroimaging studies are usually carried out with small sample sizes. A meta-analysis of their findings is more likely to cast light on the involved cortical areas. Coordinate-based meta-analyses employing ES-SDM (Effect Size Signed Differential Mapping) were carried out on 19 studies with 274 PTSD patients. Thirteen of the studies included 145 trauma-exposed control participants. Comparisons between reactions to trauma-related stimuli and a control condition and group comparison of reactions to the trauma-related stimuli were submitted to meta-analysis. Compared to controls and the neutral condition, PTSD patients showed significant activation of the mid-line retrosplenial cortex and precuneus in response to trauma-related stimuli. These midline areas have been implicated in self-referential processing and salient autobiographical memory. PTSD patients also evidenced hyperactivation of the pregenual/anterior cingulate gyrus and bilateral amygdala to trauma-relevant, compared to neutral, stimuli. Patients showed significantly less activation than controls in sensory association areas such as the bilateral temporal gyri and extrastriate area which may indicate that the patients' attention was diverted from the presented stimuli by being focused on the elicited trauma memory. Being involved in associative

learning and priming, the retrosplenial cortex may have an important function in relation to trauma memory, in particular, the intrusive reexperiencing of the traumatic event.

<http://www.ncbi.nlm.nih.gov/pubmed/23533007>

J Clin Psychol. 2013 Mar 26. doi: 10.1002/jclp.21989. [Epub ahead of print]

Clinical Decision Making in the Treatment of Complex PTSD and Substance Misuse.

Litt L.

Source: Columbia University College of Physicians and Surgeons, Trauma-Focused Programs, St. Luke's Hospital.

Treating clients with complex posttraumatic stress disorder (PTSD) who also misuse substances presents a number of clinical challenges. The nature of complex PTSD is that we are faced with the far-reaching consequences of early and prolonged trauma on clients' lives, typically interfering with a host of emotional, relational, and functional capacities. Often substance misuse has become an offshoot of this experience, initially an "adaptive" response to unbearable circumstances, but over time exacerbating client dysfunction, at times leading to revictimization, and frequently culminating in a substance use disorder. Many clinicians feel overwhelmed in the face of this myriad of problems. This article provides an overview of some of the clinical choice points facing clinicians in this work: Where do we start? How do we proceed? What do we treat first? How do we handle a dysregulated client? The article attempts to provide some guidance about how to approach these multifaceted decisions, with an emphasis on attending to comorbidity, to assist clinicians in providing symptom-focused treatment for this complex population. © 2013 Wiley Periodicals, Inc. J. Clin. Psychol.

© 2013 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/23542909>

Restor Neurol Neurosci. 2013 Mar 29. [Epub ahead of print]

Cognitive enhancers for the treatment of anxiety disorders.

Hofmann SG, Fang A, Gutner CA.

Source: Boston University, Boston, MA, USA.

Traditional treatments for anxiety disorders include cognitive-behavioral therapy and anxiolytic medications. Although these treatments are more effective than placebo, there is still considerable room for further improvement. Unfortunately, combining these different modalities is generally not substantially better than monotherapies. Recently, researchers have turned their attention toward

translating preclinical research on the neural circuitry underlying fear extinction to clinical applications for the treatment of anxiety disorders with the goal to augment the learning process during exposure-based procedures with cognitive enhancers. This review examines d-cycloserine, cortisol, catecholamines, yohimbine, oxytocin, modafinil, as well as nutrients and botanicals as agents to augment treatment for anxiety disorders. D-cycloserine shows the most empirical support. Other promising agents include cortisol, catecholamines, yohimbine, and possibly oxytocin. Less support comes from studies that examined nutrients and botanicals, such as caffeine, nicotine, and omega-3 fatty acid. Limitations of the existing literature and future research directions are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/23541996>

Int J Psychophysiol. 2013 Mar 26. pii: S0167-8760(13)00064-0. doi: 10.1016/j.ijpsycho.2013.03.014.
[Epub ahead of print]

State-trait arousal and daytime sleepiness after sleep restriction.

Bakotic M, Radosevic-Vidacek B.

Source: Institute for Medical Research and Occupational Health, Ksaverska c. 2. PO Box 291, HR-10 001 Zagreb, Croatia. Electronic address: mbakotic@imi.hr.

The importance of an arousal system in the regulation of sleepiness has been widely recognized in contexts of insomnia theory and research. Arousal is also incorporated in some general models of sleepiness and is considered one of the principal factors regulating sleepiness in a model by De Valck and Cluydts (2003), in which arousal has both state and trait components. In the present experimental study, we explored the effects of state and trait components of arousal on subjective sleepiness and sleep latency during daytime. On a day after partial sleep deprivation, 28 good sleepers aged 18-26years took part in two successive experimental conditions, in which the state arousal was manipulated by laboratory tasks. We measured physiological (heart rate, frequency of skin conductance responses) and subjective (Energy, Tension, Anxiety) indices of state arousal, while trait arousal was operationalised as electrodermal lability. After a moderately stressful task, which induced a relatively higher state arousal, the participants reported lower sleepiness and took longer to fall asleep than after a simple psychomotor task. Trait arousal was not associated with daytime sleepiness. The results of this study support the idea that short-term changes of state arousal are important for the regulation of sleepiness in good sleepers, even in a situation which is only moderately stressful.

<http://www.ncbi.nlm.nih.gov/pubmed/22947632>

Evol Psychol. 2012 Apr 8;10(2):173-86.

Sleep-wake state tradeoffs, impulsivity and life history theory.

Miller AA, Rucas SL.

Source: Department of Anthropology, Washington State University, Pullman, USA. amiller@wsu.edu

Evolutionary ecological theory predicts that sleep-wake state tradeoffs may be related to local environmental conditions and should therefore correlate to alterations in behavioral life history strategies. It was predicted that firefighters who slept more and reported better quality sleep on average would exhibit lower impulsivity inclinations related to slower life history trajectories. UPPS impulsivity scores and self-reported sleep averages were analyzed and indicated a negative association between sleep variables and urgency and a positive association with premeditation. Perseverance, and in some cases premeditation, however, disclosed an unpredicted marginally significant positive association between increased and emergency nighttime waking-related sleep deprivation. Sensation seeking was not associated with sleep variables, but was strongly associated with number of biological children. This research contributes to understanding the implications of human sleep across ecological and behavioral contexts and implies further research is necessary for constructing evolutionarily oriented measures of impulsivity inclination and its meaning in the context of life history strategies.

<http://www.ncbi.nlm.nih.gov/pubmed/23541513>

Psychiatry Res. 2013 Mar 27. pii: S0165-1781(13)00047-4. doi: 10.1016/j.psychres.2013.01.026. [Epub ahead of print]

Nature adventure rehabilitation for combat-related posttraumatic chronic stress disorder: A randomized control trial.

Gelkopf M, Hasson-Ohayon I, Bikman M, Kravetz S.

Source: Department of Community Mental Health, Faculty of Social Welfare and Health Sciences, University of Haifa, Israel; NATAL: The Israel Trauma Center for Victims of Terror and War, Tel Aviv, Israel.

Chronic combat-related posttraumatic stress disorder (CR-PTSD) is a condition with many treatment barriers. Nature Adventure Rehabilitation (NAR) as a second line or as a supplemental intervention has the potential to overcome some of these barriers and incorporate aspects of successful treatment modalities for PTSD within an experiential learning paradigm. In a pre-post controlled trial, CR-PTSD veterans (n=22) underwent a 1-year NAR intervention compared to a waiting list (WL) control group (n=20). Posttraumatic symptoms (PTS), depression, functional problems, quality of life, perceived control over illness (PCI) and hope were measured by self report measures. PTS, emotional and social quality of life, PCI, hope and functioning improved significantly. Change in PTS was contingent upon change in PCI. The current study is the first to present NAR as a promising supplemental intervention for chronic CR-PTSD. NAR seems to work through a process of behavioral activation, desensitization, gradual exposure to anxiety evoking situations and gaining control over symptomatology.

Copyright © 2013 Elsevier Ireland Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23541244>

Psychiatry Res. 2013 Mar 26. pii: S0165-1781(13)00090-5. doi: 10.1016/j.psychres.2013.02.018. [Epub ahead of print]

A model of suicidal behavior in posttraumatic stress disorder (PTSD): The mediating role of defeat and entrapment.

Panagioti M, Gooding P, Taylor PJ, Tarrier N.

Source: School of Psychological Sciences, University of Manchester, UK. Electronic address: maria.panagioti@manchester.ac.uk.

The aim of this study was to examine whether depression, hopelessness and perceptions of defeat and entrapment mediated the effects of posttraumatic stress disorder (PTSD) symptoms on suicidal behavior. Participants were 73 individuals (mean age=29.2, S.D.=10.9, 79.5% female) diagnosed with current or lifetime PTSD who reported at least one PTSD symptom in the past month. Participants completed a series of self-report measures assessing depression, hopelessness and perceptions of defeat and entrapment. The Clinician Adminstrated Posttraumatic Scale for DSM-IV was administered to assess the presence and severity of PTSD symptoms. The results of Structural Equation Modeling supported a model whereby perceptions of defeat and entrapment fully mediated the effects of PTSD symptom severity upon suicidal behavior. The finding that perceptions of defeat and entrapment mediate the relationship between PTSD symptom severity and suicidal behavior was replicated in a subgroup of participants (n=50) who met the full criteria for a current PTSD diagnosis. The results support a recent theoretical model of suicide (The Schematic Appraisal Model of Suicide) which argues that perceptions of defeat and entrapment have a key role in the development of suicidal behaviors. We discuss the clinical implications of the findings.

Copyright © 2013 Elsevier Ireland Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23540599>

J Psychiatr Res. 2013 Mar 27. pii: S0022-3956(13)00046-0. doi: 10.1016/j.jpsychires.2013.01.023. [Epub ahead of print]

Effect of traumatic imagery on cerebrospinal fluid dopamine and serotonin metabolites in posttraumatic stress disorder.

Geraciotti TD Jr, Jefferson-Wilson L, Strawn JR, Baker DG, Dashevsky BA, Horn PS, Ekhaton NN.

Source: Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, OH, USA; Veterans Affairs Medical Center, Cincinnati, OH, USA. Electronic address: Thomas.Geraciotti@uc.edu.

Dopaminergic mechanisms may be involved in the pathophysiology of posttraumatic stress disorder (PTSD), although the evidence for this is limited; serotonergic mechanisms are implicated largely by virtue of the modest efficacy of serotonergic drugs in the treatment of the disorder. Basal cerebrospinal fluid (CSF) dopamine and serotonin metabolite concentrations are normal in PTSD patients. However, in the present experiment, we postulated that perturbations in CSF dopamine and serotonin metabolites could be induced by acute psychological stress. Ten volunteers with war-related chronic PTSD underwent 6-h continuous lumbar CSF withdrawal on two occasions per patient (6-9 weeks apart), using a randomized, within subject-controlled, crossover design. During one session a 1-h video with trauma-related footage (traumatic video) was shown and in the other session subjects viewed a 1-h neutral video. We quantified the dopamine metabolite homovanillic acid (HVA) and the serotonin metabolite 5-hydroxyindoleacetic acid (5-HIAA) in CSF at 10-min intervals, before, during, and after video provocation. Blood pressure, heart rate, and subjective anxiety and mood were monitored. Significant drop in mood and increases in anxiety and blood pressure occurred during the traumatic relative to the neutral movie. CSF HVA concentrations diminished significantly after the traumatic video ($p < 0.05$), in comparison with the neutral, while 5-HIAA tended to diminish ($p < 0.10$). We conclude that an acute decline in CNS HVA concentrations is associated with laboratory-induced symptoms in chronic PTSD patients. While further research is required to determine if the stress-induced dopaminergic changes are normative or pathological, the present data suggest that increasing dopaminergic neurotransmission be explored as a potential therapy, or adjunctive therapy, for PTSD.

Published by Elsevier Ltd.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2012.0297>

The U.S. Army Telemedicine and m-Health Program: Making a Difference at Home and Abroad.

Ronald Poropatich, Eva Lai, Francis McVeigh, and Rashid Bashshur

Telemedicine and e-Health

Online Ahead of Print: March 28, 2013

This article highlights the deployment of telemedicine by the U.S. Army through the various echelons of care and in overseas locations, including range and scope of health services provided by telemedicine in a challenging environment. This is followed by a discussion of technological developments advances in mobile communications likely to change the practice of telemedicine in the military from limited fixed-point access to a highly mobile individual with handheld communication devices.

<http://link.springer.com/article/10.1007%2Fs10608-013-9536-1>

Optimism Reduces Suicidal Ideation and Weakens the Effect of Hopelessness Among Military Personnel.

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

Cognitive Therapy and Research

March 2013

Suicide risk is an issue of increasing concern among military personnel. To date, most studies have focused on identifying risk factors for suicide in military personnel, but have by and large overlooked possible protective factors that reduce suicide risk, such as optimism. In a clinical sample of 97 treatment-seeking active duty Air Force personnel, the protective effects of optimism on suicidal ideation was investigated by considering the direct effect of optimism on suicidal ideation as well as the possible moderating effects of optimism on several suicide risk factors: depression, posttraumatic stress, and hopelessness. When adjusting for demographic and clinical covariates, results of multiple regression indicated that optimism was significantly associated with less severe depression, hopelessness, and suicidal ideation, but not posttraumatic stress symptoms. The interaction of optimism with hopelessness was also significant, and indicated that severe hopelessness contributed to more severe suicidal ideation only among participants with low levels of optimism. Results suggest that optimism is associated with less severe suicidal ideation, and buffer the effects of hopelessness among military patients.

<http://www.ncbi.nlm.nih.gov/pubmed/23545246>

Clin EEG Neurosci. 2013 Mar 31. [Epub ahead of print]

Meta-Analytic Review of P3 Components in Posttraumatic Stress Disorder and Their Clinical Utility.

Johnson JD, Allana TN, Medlin MD, Harris EW, Karl A.

Source: Cato Research, Westpark Corporate Center, Durham, NC, USA.

Patients with posttraumatic stress disorder (PTSD) exhibiting disturbances in information processing, including trouble with attention, were studied. Event-related potentials (ERPs)-specifically, the P3 components (P3a, P3b, and P3 working memory {P3wm})-provide an objective, non-invasive, and cost-effective method for evaluating such disturbances. We evaluated the potential clinical utility of P3 components by examining the differences between PTSD and several control groups: normal participants, non-PTSD patients with trauma, and medicated patients with PTSD. We performed a meta-analysis of the ERP literature between 1990 and 2010 using a random effects model. P3a amplitude was larger in patients with PTSD compared to non-PTSD patients having trauma in the context of trauma-related distracters. P3b amplitude was also larger in patients with PTSD than in patients having trauma without PTSD, but in the context of trauma-related stimuli. P3b amplitude was smaller in patients with

PTSD compared to normal controls in the context of neutral stimuli. P3wm signals were smaller with shorter latencies in patients with PTSD compared to normal controls or medicated patients with PTSD. The receiver-operator characteristic (ROC) analysis revealed that each P3 component had some potential to accurately classify patients, typically using amplitude for at least one lead. In conclusion, differences in P3 amplitude and latency between patients with PTSD and control patients confirm the results of Karl et al and extend our understanding of P3 as a neural correlate of working memory. These results further provide guidance on the potential design of future clinical trials supporting the development of P3 components as a PTSD diagnostic aid.

<http://www.ncbi.nlm.nih.gov/pubmed/23544925>

J Fam Psychol. 2013 Apr;27(2):303-13. doi: 10.1037/a0031881.

Hazardous drinking and family functioning in National Guard veterans and spouses postdeployment.

Blow AJ, Gorman L, Ganoczy D, Kees M, Kashy DA, Valenstein M, Marcus SM, Fitzgerald HE, Chermack S.

Source: Department of Human Development and Family Studies.

The current study examined rates of alcohol misuse among National Guard (NG) service members and their spouses/partners, concordance of drinking behaviors among couples, and the effects of alcohol misuse, depression, and posttraumatic stress disorder (PTSD) on three measures of family functioning. This study is important because it addresses the topics of heavy drinking and family functioning in an at-risk population-NG service members returning from a combat zone deployment. We surveyed NG service members (1,143) and their partners (674) 45-90 days after returning from a military deployment. Service member rates of hazardous drinking were 29.2% and spouses/partners 10.7%. Of the 661 linked couples, 26.2% were discrepant where only one member met the criteria for hazardous drinking and 5.4% were congruent for alcohol misuse where both members met hazardous drinking criteria. Service members belonging to either congruent or discrepant drinking groups were more distressed in their marriages/relationships than those in the nonhazardous group. In dyadic analyses, an unexpected partner effect was found for parenting outcomes; that is, when service members drink more, their spouses/partners are less stressed when it comes to parenting. Importantly, both service member and spouse/partner depression was significantly associated with negative family outcomes. Results from this study suggest that when working with these families, it is important to understand the drinking status of both soldier and spouse and to treat depression in addition to alcohol misuse. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23544394>

Psychol Assess. 2013 Apr 1. [Epub ahead of print]

Posttraumatic Stress Disorder in Veterans: The Utility of the MMPI-2-RF Validity Scales in Detecting Overreported Symptoms.

Goodwin BE, Sellbom M, Arbisi PA.

The current investigation examined the utility of the overreporting validity scales of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008) in detecting noncredible reporting of symptoms of posttraumatic stress disorder (PTSD) in a sample of disability-seeking veterans. We also examined the effect of mental health knowledge on the utility of these scales by investigating the extent to which these scales differentiate between veterans with PTSD and individuals with mental health training who were asked to feign symptoms of PTSD on the test. Group differences on validity scale scores indicated that these scales were associated with large effect sizes for differentiating veterans who overreported from those with PTSD and for differentiating between mental health professionals and veterans with PTSD. Implications of these results in terms of clinical practice are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23078014>

Soc Work Health Care. 2012;51(9):828-49. doi: 10.1080/00981389.2012.692353.

Deployment cycle stressors and post-traumatic stress symptoms in Army National Guard women: the mediating effect of resilience.

Wooten NR.

Source: School of Social Work, Boston University, Boston, Massachusetts 02215, USA. nwooten@bu.edu

This study examined the associations between deployment cycle stressors, post-traumatic stress symptoms (PTSS), and resilience in Army National Guard (ARNG) women deployed to Operations Enduring Freedom and Iraqi Freedom. Resilience was also tested as a mediator. Hierarchical linear regression indicated that deployment and post-deployment stressors were positively associated, and resilience was negatively associated with PTSS. Resilience fully mediated the association between post-deployment stressors and PTSS. Findings suggest assessing deployment and post-deployment stressors in ARNG women may be helpful in identifying those at risk for severe PTSS; and highlight the potential of individual-level resilient characteristics in mitigating the adverse impact of post-deployment stressors.

Links of Interest

Veterans Voice Frustration Over Benefits Backlog to VA Secretary Shinseki

<http://www.pbs.org/newshour/rundown/2013/03/veterans-voice-frustration-over-benefits.html>

Pulse - April 2013

(official USUHS newsletter)

<http://www.usuhs.mil/vpe/enevs/newsed1304.pdf>

Children of Deployed Parents at Higher Risk for Alcohol, Drug Use

<http://www.sciencedaily.com/releases/2013/03/130328125337.htm>

Is PTSD Contagious?

It's rampant among returning vets—and now their spouses and kids are starting to show the same symptoms.

<http://www.motherjones.com/politics/2013/01/ptsd-epidemic-military-vets-families>

Online Help for Families Coping with Traumatic Brain Injury

http://www.health.mil/blog/13-03-29/Online_Help_for_Families_Coping_with_Traumatic_Brain_Injury.aspx

Help on the home front: Addressing the well-being of National Guard and Reserve families
University of Michigan to host first-of-its-kind national conference focused on unique needs of Reserve Component military families April 25-26

http://www.eurekalert.org/pub_releases/2013-03/uomh-hot032813.php

Myriad Resources Available to Military Children

http://www.health.mil/blog/13-04-01/Myriad_Resources_Available_to_Military_Children.aspx

LSUHSC research identifies co-factors critical to PTSD development

http://www.eurekalert.org/pub_releases/2013-04/lzuh-lri040313.php

Research Tip of the Week: [The Best Ways to Be Sure You're Legally Using Online Photos](#)

Yes, it's easy to snag pictures you find on the web and repurpose them in your own work. But in most cases, you'd be breaking the law. This Lifehacker article takes you through the basics of copyright law as it pertains to online images – and does it in non-legalese. It also links you to a related useful article -- [12 Most Picture Perfect Ways To Ensure You're Legally Using Online Photos](#).



LAW

The Best Ways to Be Sure You're Legally Using Online Photos

Sara Hawkins

For generations, a picture was worth a thousand words. Now, in the social network age, a picture is worth a few hundred likes, some +1's, a handful of retweets, stumbles, tumblers, pins, and shares of all sorts. Oh, *and* those original thousand words.

MAR 26, 2013 2:00 PM

28,370 76

Share

GET OUR TOP STORIES
FOLLOW LIFEHACKER



LATEST STORIES

WEDNESDAY, APR 3, 2013

TIPS AND DOWNLOADS FOR GETTING THINGS DONE

NEWER STORIES...



FOOD

7,405

5 Cooking Mistakes We All Make, and How to Fix Them



WORK

20,960

Lessons I've Learned in a Year Working on My Own



ALFRED

12,745

How to Automate Anything with Alfred Workflows (Then Show Us Your Best)



COMMUNICATION

28,806

The Psychology of Language: Why Are Some Words More Persuasive Than Others?

Shirl Kennedy

Web Content Strategist

Center for Deployment Psychology

www.deploymentpsych.org

skennedy@deploymentpsych.org

301-816-4749