



CDP Research Update -- April 25, 2013

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.21991/abstract>

Interview: Does Complex Trauma Exist? A “Long View” Based on Science and Service in the Trauma Field.

Keane, T. M. and Najavits, L. M.

Journal of Clinical Psychology

Volume 69, Issue 5, pages 510–515, May 2013

Lisa M. Najavits conducted an interview with Terry Keane on November 20, 2012. Terry Keane is solely responsible for the content and reviewed it to verify that it represents his views. It was videotaped, transcribed, and edited by Lisa Najavits to create headings, organization, and editing for grammar and flow.

<http://www.ncbi.nlm.nih.gov/pubmed/23602350>

J Anxiety Disord. 2013 Mar 19. pii: S0887-6185(13)00040-6. doi: 10.1016/j.janxdis.2013.03.004. [Epub ahead of print]

Dissemination and implementation of prolonged exposure therapy for posttraumatic stress disorder.

McLean CP, Foa EB.

Source: Department of Psychiatry, University of Pennsylvania, 3535 Market Street, 6th floor, Philadelphia, PA 19104, United States. Electronic address: mcleanca@mail.med.upenn.edu.

Posttraumatic stress disorder (PTSD) is a highly prevalent, often chronic and disabling psychiatric disorder that is associated with significant adverse health and life consequences. Although several evidence-based treatments (EBTs), including Prolonged Exposure therapy (PE), have been found effective and efficacious in reducing PTSD symptomology, the majority of individuals with this disorder receive treatments of unknown efficacy. Thus, it is imperative that EBTs such as PE be made available to PTSD sufferers through widespread dissemination and implementation. We will review some of the efforts to increase the availability of PE and the common barriers to successful dissemination and implementation. We also discuss novel dissemination strategies that are harnessing technology to overcome barriers to dissemination.

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<http://www.ncbi.nlm.nih.gov/pubmed/23592045>

J Clin Psychol. 2013 May;69(5):433-79. doi: 10.1002/jclp.21980.

Helping Vulnerable Populations: A Comprehensive Review of the Treatment Outcome Literature on Substance Use Disorder and PTSD.

Najavits LM, Hien D.

Source: Veterans Affairs Boston Healthcare System / Boston University School of Medicine.

We review treatment studies for comorbid substance use disorder (SUD) and posttraumatic stress disorder (PTSD). Results show positive outcomes on multiple domains. Most models had more effect on PTSD than SUD, suggesting SUD is harder to treat. Seeking Safety (SS) is the most studied model. It shows positive outcomes, and is the only treatment outperforming a control on both PTSD and SUD. Partial-dose SS had more mixed results than the full dose. This first-generation of PTSD/SUD research addresses complex samples excluded from "gold standard" PTSD-alone literature. Treatments for PTSD/SUD are generally longer than PTSD-alone treatments and present-focused, emphasizing stabilization and coping. The few models with past-focused (exposure-based) components also

incorporated present-focused approaches for these vulnerable clients. We discuss public health perspectives to advance the field.

<http://www.counseling.org/docs/practice-briefs/chronic-pain-counseling.pdf>

Practice Brief: Chronic Pain Counseling

Stephanie T. Burns, Western Michigan University

American Counseling Association

The ACA Center for Counseling Practice, Policy, and Research is proud to introduce a NEW service for its ACA members: ACA Practice Briefs Project. The underlying goal of this project is to identify and solicit knowledgeable and skilled scholars in the counseling profession to construct brief, written, research-based summaries of what we, in the counseling profession, know works (e.g., best practices, evidence-based practices, and research-based approaches) related to a wide variety client presenting issues and counseling topics/issues. Each written brief is several pages in length, and each brief includes references.

(Shirl's note: Other briefs here: <http://www.counseling.org/knowledge-center/center-for-counseling-practice-policy-and-research>)

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000004/art00018>

Dimensionality, Reliability, and Validity of the Combat Experiences Scale.

Authors: Guyker, Wendy M.; Donnelly, Kerry; Donnelly, James P.; Dunnam, Mina; Warner, Gary C.; Kittleson, Jim; Bradshaw, Charles B.; Alt, Michelle; Meier, Scott T.

Source: Military Medicine, Volume 178, Number 4, April 2013 , pp. 377-384(8)

Few studies have measured combat exposure during deployment to a war zone. Valid, reliable, and specific measurement is needed to broaden existing knowledge of combat experiences to accurately answer clinically important questions regarding postcombat treatment and recovery, particularly with the recognition of new kinds of combat and resulting psychological sequelae. The Combat Experiences Scale (CES) is a 33-item measure that assesses deployment-related experiences. The psychometrics of this measure, however, were undefined before this study. The purpose of this study was to examine aspects of internal and external validity of the CES. Data were collected as part of a study of 500 veterans of the conflicts in Iraq and Afghanistan across five Veterans Affairs medical centers in Upstate New York. An exploratory factor analysis suggested that three factors represented the scale well: Exposure to Combat Environment, Physical Engagement, and Proximity to Serious Injury and Death. The CES scores showed adequate internal consistency, and evidence for convergent validity and discriminant

validity was also found. This study underscores the importance of casting a wide net with regard to the assessment of deployment-related experiences and provides evidence that probable post-traumatic stress disorder, depression, and anxiety are highly correlated with all forms of deployment-related experiences.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000004/art00033>

Efficacy of Stellate Ganglion Block in the Treatment of Anxiety Symptoms From Combat-Related Post-Traumatic Stress Disorder: A Case Series.

Authors: Alino, Justin; Kosatka, Donald; McLean, Brian; Hirsch, Kenneth

Source: Military Medicine, Volume 178, Number 4, April 2013 , pp. e473-e476(4)

Objective:

Report the efficacious use of stellate ganglion blocks (SGBs) in treating the anxiety symptoms of four patients diagnosed with combat-related post-traumatic stress disorder (PTSD) and discuss possible mechanisms of action to explain these findings.

Background:

Successful treatment of PTSD with SGB has been demonstrated and reported previously at Walter Reed Army Medical Center. An identical protocol was used at Tripler Army Medical Center to treat four service members diagnosed with combat-related PTSD.

Methods:

All patients reported received an SGB on the right side at the level of C6. The patient's PTSD symptoms were evaluated using the Post-traumatic Stress Disorder Checklist (PCL). This checklist was distributed one day before treatment and again the day following treatment. The patients were also given the PCL at subsequent follow-up visits to quantify sustained benefit. Results: SGB showed acute benefit for the symptoms of PTSD by markedly reduced PCL scores after the procedure. Benefits were also sustained during close outpatient follow-up.

Conclusion:

Selective blockade of the right stellate ganglion at C6 is a minimally invasive procedure with an excellent safety profile that may provide sustained relief of PTSD symptoms. The procedure may also provide benefit for those who are resistant to psychotropic intervention.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000004/art00013>

Managing Acute Suicidal Ideation in a Forward Deployed Location in Afghanistan.

Authors: Hollingsworth, Jeffrey Jacob; Hare, Jean Paul

Source: Military Medicine, Volume 178, Number 4, April 2013 , pp. 357-358(2)

The article outlines a practical approach for managing service members with acute suicidal ideation in a deployed setting, which was developed and used by the authors while deployed in 2012 to FOB Fenty's Combat Stress Clinic (CSC), located in eastern Afghanistan. The approach is based on the guidance provided by Army Field Manual 4-01.51, Combat and Operational Stress Control (COSC), specifically the concept of the Soldier Restoration. Our approach uses the COSC management principles of brevity, immediacy, contact, expectancy, proximity, and simplicity (BICEPS), which apply to all COSC interventions or activities throughout the theater, and the actions used for Combat and Operational Stress Reactions (COSR), commonly known as the 5 Rs: reassurance of normality, rest, replenish, restore confidence, and return to duty.

One of the primary roles of the CSC Clinic is to assist battlefield Commanders with the management of safety concerns resulting from behavioral health issues among their service members. There is an emphasis on acute suicidal ideation. The model that will be discussed in this article will be referred to as "The Three Day Rule," or "The Rule." The origin of our model is a modification of the premise of COSC Soldier Restoration, typically a 1 to 3 day program where Soldiers with COSR receive treatment applied using BICEPS and the 5 Rs, briefly discussed earlier.

<http://occmmed.oxfordjournals.org/content/63/3/175.short>

Work-related post-traumatic stress disorder.

M. Skogstad, M. Skorstad, A. Lie, H. S. Conradi, T. Heir, and L. Weisæth

Occup Med (Lond) (2013) 63(3): 175-182

Background

Work-related post-traumatic stress disorder (PTSD) is an important condition encountered by many occupational health practitioners.

Aims

To carry out an in-depth review of the research on occupational groups that are at particular risk of developing work-related PTSD.

Methods

A literature search was conducted in the databases OVID MEDLINE, OVID Embase, Ovid PsycINFO, ISI Web of Science and CSA Health and Safety Science Abstracts.

Results

Professionals such as police officers, firefighters and ambulance personnel often experience incidents that satisfy the stressor criterion for the PTSD diagnosis. Other professional groups such as health care professionals, train drivers, divers, journalists, sailors and employees in bank, post offices or in stores

may also be subjected to work-related traumatic events. Work-related PTSD usually diminishes with time.

Conclusions

Mental health problems prior to the traumatic event and weak social support increase the risk of PTSD. Prevention of work-related PTSD includes a sound organizational and psychosocial work environment, systematic training of employees, social support from colleagues and managers and a proper follow-up of employees after a critical event.

<http://onlinelibrary.wiley.com/doi/10.1111/add.12167/abstract>

Randomized controlled trial of cognitive behaviour therapy for comorbid post-traumatic stress disorder and alcohol use disorders.

Sannibale, C., Teesson, M., Creamer, M., Sitharthan, T., Bryant, R. A., Sutherland, K., Taylor, K., Bostock-Matusko, D., Visser, A. and Peek-O'Leary, M.

Addiction

Article first published online: 4 APR 2013

Aims

This study aimed to test the efficacy of integrated cognitive behaviour therapy (CBT) for coexisting post-traumatic stress disorder (PTSD) and alcohol use disorders (AUD).

Setting

Clinics across Sydney, Australia.

Design

Randomized controlled trial of 12 once-weekly individual sessions of either integrated CBT for PTSD and AUD (integrated therapy, IT; n = 33) or CBT for AUD plus supportive counselling (alcohol-support, AS; n = 29). Blind assessments were conducted at baseline and post-treatment and at 5 [standard deviation (SD) = 2.25] and 9.16 (SD = 3.45) months post-treatment.

Participants

Sixty-two adults with concurrent PTSD and AUD.

Measurements

Outcomes included changes in alcohol consumption (time-line follow-back), PTSD severity [clinician-administered PTSD scale (CAPS)], alcohol dependence and problems, and depression and anxiety.

Findings

Reductions in PTSD severity were evident in both groups. IT participants who had received one or more sessions of exposure therapy exhibited a twofold greater rate of clinically significant change in CAPS

severity at follow-up than AS participants [IT 60%, AS 39%, odds ratio (OR): 2.31, 95% confidence interval (CI): 1.06, 5.01]. AS participants exhibited larger reductions than IT participants in alcohol consumption, dependence and problems within the context of greater treatment from other services during follow-up. Results lend support to a mutually maintaining effect between AUD and PTSD.

Conclusions

Individuals with severe and complex presentations of coexisting post-traumatic stress disorder (PTSD) and alcohol use disorders (AUD) can derive substantial benefit from cognitive behaviour therapy targeting AUD, with greater benefits associated with exposure for PTSD. Among individuals with dual disorders, these therapies can generate significant, well-maintained treatment effects on PTSD, AUD and psychopathology.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12027/abstract>

Examining the Interpersonal–Psychological Theory of Suicide in an Inpatient Veteran Sample.

Monteith, L. L., Menefee, D. S., Pettit, J. W., Leopoulos, W. L. and Vincent, J. P.

Suicide and Life-Threatening Behavior

Article first published online: 5 APR 2013

Suicide among veterans is a pressing public health concern. The interpersonal–psychological theory of suicide proposes that perceived burdensomeness and thwarted belongingness lead to suicidal desire, whereas the acquired capability for suicide leads to suicide attempt in the presence of suicidal desire (Joiner, 2005). Two hypotheses derived from the interpersonal–psychological theory of suicide were tested in 185 veterans (96 women) entering inpatient psychiatric treatment. Burdensomeness and its interaction with belongingness significantly predicted current suicidal ideation. The three-way interaction between burdensomeness, belongingness, and acquired capability did not significantly predict number of past suicide attempts. Clinical implications and directions for future research are discussed.

<http://link.springer.com/article/10.1007/s00127-013-0675-1>

Sleep and suicide: an analysis of a cohort of 394,000 Taiwanese adults.

David Gunnell, Shu-Sen Chang, Min Kuang Tsai, Chwen Keng Tsao, Chi Pang Wen

Social Psychiatry and Psychiatric Epidemiology

April 2013

Background

Sleep problems may lead to, or be symptomatic of, depression and other mental illnesses yet few studies have investigated their association with suicide risk.

Design

Prospective cohort study.

Setting

Taiwan.

Participants

393,983 men and women aged 20 or above participating in the MJ health check-up programme.

Results

There were 335 suicides over a mean of 7.4 years follow-up. There was a reverse J-shaped association between sleep duration and suicide risk. When compared with those sleeping 6–8 h per night the adjusted hazard ratios (95 % confidence intervals) for suicide associated with 0–4, 4–6 and >8 h sleep were 3.5 (2.0–6.1), 1.5 (1.1–1.9) and 1.5 (1.1–2.0), respectively. People requiring sleeping pills to get to sleep (1.2 % participants) were at over 11-fold increased risk; difficulty falling asleep (11.5 % participants), frequent dreaming (16.7 %) and being easily awoken (30.6 %) were associated with a 2.0-, 1.6- and 1.3-fold increased risk of suicide, respectively.

Conclusions

Less than 6 h sleep duration, sleep disturbances and reported use of sleep medicines are markers of suicide risk. Sleep problems should be assessed when evaluating suicide risk.

<http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2013-10603-001>

The Effects of Alcohol Problems, PTSD, and Combat Exposure on Nonphysical and Physical Aggression Among Iraq and Afghanistan War Veterans.

By Stappenbeck, Cynthia A.; Hellmuth, Julianne C.; Simpson, Tracy; Jakupcak, Matthew

Psychological Trauma: Theory, Research, Practice, and Policy, Apr 1, 2013

Aggression among combat veterans is of great concern. Although some studies have found an association between combat exposure and aggressive behavior following deployment, others conclude that aggression is more strongly associated with symptoms of posttraumatic stress disorder (PTSD), and that alcohol misuse may influence this association. Many of these studies have assessed aggression as a single construct, whereas the current study explored both nonphysical aggression only and physical aggression in a sample of Iraq and Afghanistan war veterans (N = 337; 91% male). We found that alcohol problems interacted with PTSD symptom severity to predict nonphysical aggression only. At low levels of PTSD symptoms, veterans with alcohol problems were more likely to perpetrate nonphysical aggression

only, as compared with no aggression, than veterans without an alcohol problem. There was no difference in the likelihood of nonphysical aggression only between those with and without alcohol problems at high levels of PTSD symptoms. The likelihood of nonphysical aggression only, as compared with no aggression, was also greater among younger veterans. Greater combat exposure and PTSD symptom severity were associated with an increased likelihood of perpetrating physical aggression, as compared with no aggression. Ethnic minority status and younger age were also associated with physical aggression, as compared with no aggression. Findings suggest that a more detailed assessment of veterans' aggressive behavior, as well as their alcohol problems and PTSD symptoms, by researchers and clinicians is needed in order to determine how best to intervene. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/10570314.2012.757797>

“To Be So Connected, Yet Not At All”: Relational Presence, Absence, and Maintenance in the Context of a Wartime Deployment.

Katheryn C. Maguire, Daria Heinemann-LaFave, Erin Sahlstein

Western Journal of Communication

Volume 77, Issue 3, 2013

Special Issue: Dynamics of Relational Maintenance

During a wartime deployment, there is variability in relational partners' physical and/or psychological presence as they prepare for, or recover from, the separation. This variability may influence how relational partners communicate to sustain the relationship. In this article, we explore the relationship maintenance strategies that 50 Army wives experienced during a wartime deployment. Our data suggest military wives use a variety of maintenance strategies to keep their marriages at a desired level throughout a deployment process, some of which occur prior to deployment whereas other strategies happen after the reunion. We also identified four maintenance paradoxes that occurred when certain maintenance strategies appeared to be associated with unintended consequences. We examine the maintenance strategies and paradoxes through the frames of social presence theory and ambiguous loss to better understand the maintenance of military marriages during wartime in regard to different levels of physical and psychological presence. Taken together, this study suggests Army wives utilize a variety of relationship maintenance strategies, but the difficult circumstances of a wartime deployment may influence the enactment of the strategies and their potential outcomes at both an individual and relational level.

<http://www.nature.com/nrneuro/journal/v9/n4/abs/nrneuro.2013.36.html>

Acute and chronic traumatic encephalopathies: pathogenesis and biomarkers.

Steven T. DeKosky, Kaj Blennow, Milos D. Ikonovic & Sam Gandy

Nature Reviews Neurology 9, 192-200 (April 2013)

Over the past decade, public awareness of the long-term pathological consequences of traumatic brain injury (TBI) has increased. Such awareness has been stimulated mainly by reports of progressive neurological dysfunction in athletes exposed to repetitive concussions in high-impact sports such as boxing and American football, and by the rising number of TBIs in war veterans who are now more likely to survive explosive blasts owing to improved treatment. Moreover, the entity of chronic traumatic encephalopathy (CTE)—which is marked by prominent neuropsychiatric features including dementia, parkinsonism, depression, agitation, psychosis, and aggression—has become increasingly recognized as a potential late outcome of repetitive TBI. Annually, about 1% of the population in developed countries experiences a clinically relevant TBI. The goal of this Review is to provide an overview of the latest understanding of CTE pathophysiology, and to delineate the key issues that are challenging clinical and research communities, such as accurate quantification of the risk of CTE, and development of reliable biomarkers for single-incident TBI and CTE.

<http://link.springer.com/article/10.1007/s00068-013-0277-3>

Influence of vagal injury on acute traumatic reaction after blast injury.

Y. Wang, L. Pan, W. Fan, Z. Zhou, L. Zhu, Y. Wang, R. Hu

European Journal of Trauma and Emergency Surgery

April 2013

Introduction

A prospectively randomised, controlled animal study was conducted to analyse the influence of vagal injury on acute cardio-respiratory responses to blast injury.

Materials and methods

We used a previously described model of blast-fragment combined injuries to divide dogs randomly into three groups: normal control, blast injury with fragment shot at the masseter and blast injury with fragment shot at the neck. The vagal histomorphologic changes were investigated by haematoxylin–eosin staining and immunocytochemical analysis of neuron-specific enolase and glial fibrillary acidic protein. The indices of respiration, heart rate, blood pressure and body temperature were recorded continuously before and after blast exposure.

Results

The vagal injury was more severe in the neck-injured than in the face-injured group. However, bradycardia, hypotension and absence of compensatory peripheral vasoconstriction, which are typically seen in animals subjected to blast injury without vagal nerve injuries, were partly inhibited when the vagal nerve was injured.

Conclusion

A vagally mediated reflex, such as a cardio-respiratory system defensive reflex that caused shock, was observed immediately after blast pressure wave injury. These observations may have important implications for the emergency management of blast injury cases.

<http://www.sciencedirect.com/science/article/pii/S0005796713000582>

Differential Change in Specific Depressive Symptoms during Antidepressant Medication or Cognitive Therapy.

Jay C. Fournier, Robert J. DeRubeis, Steven D. Hollon, Robert Gallop, Richard C. Shelton, Jay D. Amsterdam

Behaviour Research and Therapy

Available online 12 April 2013

Cognitive therapy and antidepressant medications are effective treatments for depression, but little is known about their relative efficacy in reducing individual depressive symptoms. Using data from a recent clinical trial comparing cognitive therapy, antidepressant medication, and placebo in the treatment of moderate-to-severe depression, we examined whether there was a relative advantage of any treatment in reducing the severity of specific depressive symptom clusters. The sample consisted of 231 depressed outpatients randomly assigned to: cognitive therapy for 16 weeks (n=58); paroxetine treatment for 16 weeks (n=116); or pill placebo for 8 weeks (n=57). Differential change in five subsets of depressive symptoms was examined: mood, cognitive/suicide, anxiety, typical-vegetative, and atypical-vegetative symptoms. Medication led to a greater reduction in cognitive/suicide symptoms relative to placebo by 4 weeks, and both active treatments reduced these symptoms more than did placebo by 8 weeks. Cognitive therapy reduced the atypical-vegetative symptoms more than placebo by 8 weeks and more than medications throughout the trial. These findings suggest that medications and cognitive therapy led to different patterns of response to specific symptoms of depression and that the general efficacy of these two well-validated treatments may be driven in large part by changes in cognitive or atypical-vegetative symptoms.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21802/abstract>

Gender Differences in Posttraumatic Stress Symptoms Among OEF/OIF Veterans: An Item Response Theory Analysis.

King, M. W., Street, A. E., Gradus, J. L., Vogt, D. S. and Resick, P. A.

Journal of Traumatic Stress

Volume 26, Issue 2, pages 175–183, April 2013

Establishing whether men and women tend to express different symptoms of posttraumatic stress in reaction to trauma is important for both etiological research and the design of assessment instruments. Use of item response theory (IRT) can reveal how symptom reporting varies by gender and help determine if estimates of symptom severity for men and women are equally reliable. We analyzed responses to the PTSD Checklist (PCL) from 2,341 U.S. military veterans (51% female) who completed deployments in support of operations in Afghanistan and Iraq (Operation Enduring Freedom/Operation Iraqi Freedom [OEF/OIF]), and tested for differential item functioning by gender with an IRT-based approach. Among men and women with the same overall posttraumatic stress severity, women tended to report more frequent concentration difficulties and distress from reminders whereas men tended to report more frequent nightmares, emotional numbing, and hypervigilance. These item-level gender differences were small (on average $d = 0.05$), however, and had little impact on PCL measurement precision or expected total scores. For practical purposes, men's and women's severity estimates had similar reliability. This provides evidence that men and women veterans demonstrate largely similar profiles of posttraumatic stress symptoms following exposure to military-related stressors, and some theoretical perspectives suggest this may hold in other traumatized populations.

http://journals.lww.com/jonmd/Abstract/publishahead/Changes_in_the_Beck_Depression_Inventory_II_s.99947.aspx

Changes in the Beck Depression Inventory-II's Underlying Symptom Structure Over 1 Month of Inpatient Treatment.

Elhai, Jon D. PhD; A. Contractor, Ateka MA; Biehn, Tracey L. MA; Allen, Jon G. PhD; Oldham, John MD; Ford, Julian D. PhD; Grubaugh, Anouk L. PhD; Frueh, B. Christopher PhD

Journal of Nervous & Mental Disease:

POST AUTHOR CORRECTIONS, 12 April 2013

Research has not investigated changes in the symptom structure of depression over the course of mental health treatment. In the present study, 1025 psychiatric inpatients were recruited and assessed for depression symptom severity using the Beck Depression Inventory-II (BDI-II) at admission and after 1 month of treatment. A three-factor BDI-II model was tested using confirmatory factor analysis and fit

reasonably well at both time points. Measurement invariance testing results demonstrated that factor loadings increased, indicating that the meaning of the three underlying depression dimensions changed through treatment. However, observed variable intercepts and residual error variances decreased significantly after 1 month of treatment, reflecting decreases in symptom severity as well as measurement error. Thus, depressive symptom severity decreased over the course of treatment, and the underlying factor structure of depression improved in fit after treatment. Implications for changes to the structure of depression symptoms and in the clinical practice of tracking depression over time are discussed.

<http://www.sciencedirect.com/science/article/pii/S0005791613000293>

Wounds that Can't Be Seen: Implicit Trauma Associations Predict Posttraumatic Stress Disorder Symptoms.

Kristen P. Lindgren, Debra Kaysen, Alexandra J. Werntz, Melissa L. Gasser, Bethany A. Teachman

Journal of Behavior Therapy and Experimental Psychiatry

Available online 15 April 2013

Background and Objectives

Prominent theories suggest that explicit and implicit cognitive biases are critical in the development and maintenance of posttraumatic stress disorder (PTSD). However, studies evaluating implicit PTSD-related cognitive biases are rare, and findings are mixed. We developed two adaptations of the Implicit Association Test (IAT), the "traumatized self" IAT (evaluations of the self as traumatized vs. healthy) and the "dangerous memory" IAT (evaluations of remembering as dangerous vs. safe), and investigated their psychometric properties and relations to PTSD symptoms and trauma exposure.

Methods

Participants were visitors to the Project Implicit research website. (Study 1: N = 347, Study 2: N = 501). They completed the IATs (Study 1: both IATs; Study 2: Traumatized Self IAT only), a trauma exposure measure, a PTSD symptom inventory, and explicit cognitive bias measures (Study 2 only).

Results

Both IATs had good internal consistency, but only the traumatized self IAT was correlated with PTSD symptoms and identified participants meeting clinical cutoffs for PTSD symptoms. Study 2 focused on the traumatized self IAT and included explicit cognitive bias measures. The IAT correlated with PTSD symptoms and explicit cognitions, and predicted variance in PTSD symptoms above and beyond trauma exposure and explicit cognitions.

Limitations

Study designs were cross-sectional; samples were unselected; and PTSD symptoms were self-reported.

Conclusions

Despite these limitations, these studies provide preliminary validation of an implicit measure of PTSD-related cognitive bias – the traumatized self IAT – that is consistent with PTSD theories and may ultimately improve the identification and treatment of individuals with PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22104/abstract>

A Pilot Study of Group Mindfulness-Based Cognitive Therapy (MBCT) for Combat Veterans with Posttraumatic Stress Disorder (PTSD).

King, A. P., Erickson, T. M., Giardino, N. D., Favorite, T., Rauch, S. A.M., Robinson, E., Kulkarni, M. and Liberzon, I.

Depression and Anxiety

Article first published online: 17 APR 2013

Background

“Mindfulness-based” interventions show promise for stress reduction in general medical conditions, and initial evidence suggests that they are accepted in trauma-exposed individuals. Mindfulness-based cognitive therapy (MBCT) shows substantial efficacy for prevention of depression relapse, but it has been less studied in anxiety disorders. This study investigated the feasibility, acceptability, and clinical outcomes of an MBCT group intervention adapted for combat posttraumatic stress disorder (PTSD).

Methods

Consecutive patients seeking treatment for chronic PTSD at a VA outpatient clinic were enrolled in 8-week MBCT groups, modified for PTSD (four groups, $n = 20$) or brief treatment-as-usual (TAU) comparison group interventions (three groups, $n = 17$). Pre and posttherapy psychological assessments with clinician administered PTSD scale (CAPS) were performed with all patients, and self-report measures (PTSD diagnostic scale, PDS, and posttraumatic cognitions inventory, PTCI) were administered in the MBCT group.

Results

Intent to treat analyses showed significant improvement in PTSD (CAPS ($t(19) = 4.8$, $P < .001$)) in the MBCT condition but not the TAU conditions, and a significant Condition \times Time interaction ($F[1,35] = 16.4$, $P < .005$). MBCT completers ($n = 15$, 75%) showed good compliance with assigned homework exercises, and significant and clinically meaningful improvement in PTSD symptom severity on posttreatment assessment in CAPS and PDS (particularly in avoidance/numbing symptoms), and reduced PTSD-relevant cognitions in PTCI (self blame).

Conclusions

These data suggest group MBCT as an acceptable brief intervention/adjunctive therapy for combat PTSD, with potential for reducing avoidance symptom cluster and PTSD cognitions. Further studies are

needed to examine efficacy in a randomized controlled design and to identify factors influencing acceptability and efficacy.

<http://cpx.sagepub.com/content/early/2013/04/18/2167702613485564.abstract>

War Zone Stress Interacts With the 5-HTTLPR Polymorphism to Predict the Development of Sustained Attention for Negative Emotion Stimuli in Soldiers Returning From Iraq.

Seth G. Disner, Christopher G. Beevers, Han-Joo Lee, Robert E. Ferrell, Ahmad R. Hariri, and Michael J. Telch

Clinical Psychological Science 2167702613485564, first published on April 18, 2013

Biased attention toward negative stimuli is a known vulnerability for affective psychopathology. However, factors that contribute to the development of this cognitive bias are largely unknown. Variation within the serotonin transporter gene (i.e., 5-HTTLPR) is associated with increased susceptibility to environmental influence and biased processing of negative stimuli. Using a passive viewing eye-tracking paradigm, this study examined gaze fixation for emotion stimuli in 91 U.S. Army soldiers before and after deployment to Iraq. In addition, participants underwent genetic assay and provided in situ measures of war zone stress exposure. 5-HTTLPR short allele homozygotes were more likely than other genotype groups to develop a gaze bias toward negative stimuli as a function of increasing war zone stress, even when controlling for postdeployment posttraumatic stress disorder and depression severity. Short allele homozygotes appear especially sensitive to environmental influence, which likely contributes to the development of cognitive vulnerability to anxiety and mood disorders.

<http://www.hindawi.com/journals/nrp/2013/417010/>

Epigenetic Mechanisms Shape the Biological Response to Trauma and Risk for PTSD: A Critical Review.

Morgan Heinzlmann and Jessica Gill

Nursing Research and Practice

Volume 2013 (2013), Article ID 417010, 10 pages

Posttraumatic stress disorder (PTSD) develops in approximately one-quarter of trauma-exposed individuals, leading us and others to question the mechanisms underlying this heterogeneous response to trauma. We suggest that the reasons for the heterogeneity relate to a complex interaction between genes and the environment, shaping each individual's recovery trajectory based on both historical and trauma-specific variables. Epigenetic modifications provide a unique opportunity to elucidate how preexisting risk factors may contribute to PTSD risk through changes in the methylation of DNA. Preexisting risks for PTSD, including depression, stress, and trauma, result in differential DNA

methylation of endocrine genes, which may then result in a different biological responses to trauma and subsequently a greater risk for PTSD onset. Although these relationships are complex and currently inadequately described, we provide a critical review of recent studies to examine how differences in genetic and proteomic biomarkers shape an individual's vulnerability to PTSD development, thereby contributing to a heterogeneous response to trauma.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21806/abstract>

Posttraumatic Stress Disorder and Fear of Emotions: The Role of Attentional Control.

Sippel, L. M. and Marshall, A. D.

Article first published online: 19 APR 2013

Individuals with posttraumatic stress disorder (PTSD) experience elevated concerns about their capacity to control, and the consequences of, strong emotions that occur in response to trauma reminders. Anxiety is theorized to compromise attentional control (Eysenck, Derakshan, Santos, & Calvo, 2007). In turn, diminished attentional control may increase vulnerability to threat cues and emotional reactivity (Ehlers & Clark, 2001). Consequently, attentional control may play a role in the fear of emotions frequently experienced by individuals with PTSD. Study participants included 64 men and 64 women with a mean age of 37 years, 86% of whom were White, non-Hispanic. Participants experienced an average of 7.68 types of traumatic events, most commonly including motor vehicle accidents and intimate partner violence. PTSD symptoms positively correlated with fear of emotions ($r = .53$) and negatively correlated with attentional control ($r = -.38$). Attentional control was negatively correlated with fear emotions ($r = -.77$) and partially mediated the link between PTSD and fear of emotions ($R^2 = .22$). Given the findings regarding top-down attentional control, these results have implications for cognitive and emotional processing theories of PTSD and emphasize the importance of clinical consideration of fear of emotions and attentional control in the treatment of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23605292>

Adm Policy Ment Health. 2013 Apr 19. [Epub ahead of print]

National Trainers' Perspectives on Challenges to Implementation of an Empirically-Supported Mental Health Treatment.

Hanson RF, Gros KS, Davidson TM, Barr S, Cohen J, Deblinger E, Mannarino AP, Ruggiero KJ.

Source: National Crime Victims Research and Treatment Center, Medical University of South Carolina, MSC 861, Charleston, SC, 29425, USA, hansonrf@musc.edu.

This study examined perceived challenges to implementation of an empirically supported mental health treatment for youth (Trauma-Focused Cognitive Behavioral Therapy; TF-CBT) and explored the potential use of technology-based resources in treatment delivery. Thematic interviews were conducted with 19 approved national TF-CBT trainers to assess their perspectives about challenges to implementation of TF-CBT and to explore their perceptions about the potential value of innovative, technology-based solutions to enhance provider fidelity and improve quality of care. These data offer some important insights and implications for training in evidence-based treatments, provider fidelity and competence, and patient engagement, particularly for those interventions targeting trauma-related symptoms among youth.

<http://www.ncbi.nlm.nih.gov/pubmed/23602124>

Sleep Med Rev. 2013 Apr 16. pii: S1087-0792(13)00004-X. doi: 10.1016/j.smrv.2013.01.001. [Epub ahead of print]

Adherence to cognitive behavioral therapy for insomnia: A systematic review.

Matthews EE, Arnedt JT, McCarthy MS, Cuddihy LJ, Aloia MS.

Source: University of Colorado Denver, College of Nursing, Aurora, CO 80045, USA. Electronic address: Ellyn.matthews@ucdenver.edu.

Chronic insomnia is a significant public health problem worldwide, and insomnia has considerable personal and social costs associated with serious health conditions, greater healthcare utilization, work absenteeism, and motor-vehicle accidents. Cognitive behavioral therapy for insomnia (CBTI) is an efficacious treatment, yet attrition and suboptimal adherence may diminish its impact. Despite the increasing use of CBTI, surprisingly little attention has been devoted to understanding the role of adherence. This review describes a comprehensive literature search of adherence to CBTI. The search revealed 15 studies that evaluated adherence to CBTI in adults using valid and reliable measures of sleep, and measure of adherence other than study withdrawals. The primary purposes of this review were to 1) synthesize current study characteristics, methodology, adherence rates, contributing factors, and impact on outcomes, 2) discuss measurement issues, and 3) identify future practice and research directions that may lead to improved outcomes. Strong patterns and inconsistencies were identified among the studies, which complicate an evaluation of the role of adherence as a factor and outcome of CBTI success. The importance of standardized adherence and outcome measures is discussed. In light of the importance of adherence to behavior change, this systematic review may better inform future intervention efforts.

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<http://www.ncbi.nlm.nih.gov/pubmed/23601348>

Epidemiol Psychiatr Sci. 2013 Apr 22;1-3. [Epub ahead of print]

What happened to harmonization of the PTSD diagnosis? The divergence of ICD11 and DSM5.

Bisson JI.

Source: Director of Research and Development, Cardiff University School of Medicine and Cardiff and Vale University Health Board, Wales, UK.

The development of ICD11 and DSM5 was seen as an opportunity to harmonize the two major classification systems for mental disorders. The proposed ICD11 and DSM5 diagnostic criteria for PTSD are markedly different. The implications of this remain to be seen, but have the potential to cause confusion to PTSD sufferers, clinicians, researchers and others impacted on by the condition.

<http://www.ncbi.nlm.nih.gov/pubmed/23601161>

Health Qual Life Outcomes. 2013 Apr 22;11(1):65. [Epub ahead of print]

Regensburg Insomnia Scale (RIS): a new short rating scale for the assessment of psychological symptoms and sleep in insomnia; Study design: development and validation of a new short self-rating scale in a sample of 218 patients suffering from insomnia and 94 healthy controls.

Crönlein T, Langguth B, Popp R, Lukesch H, Pieh C, Hajak G, Geisler P.

BACKGROUND:

The Regensburg Insomnia Scale (RIS) is a new self-rating scale to assess cognitive, emotional and behavioural aspects of psychophysiological insomnia (PI) with only ten items. A specific purpose of the new scale is the evaluation of the outcome of insomnia-specific cognitive behaviour therapy (CBT-I).

METHODS:

Internal consistency of the RIS has been validated in 218 patients with PI. For determining sensitivity and specificity, this sample has been compared to 94 healthy controls. Sensitivity to change and pre-post cross-validation with the Pittsburgh Sleep Quality Index (PSQI) has been tested in a separate sample of 38 patients with PI undergoing CBT-I.

RESULTS:

RIS distinguishes well between controls and patients with PI. Internal consistency was within a good range (Cronbach alpha = .890). RIS was sensitive for detecting improvements after CBT-I in sleep parameters and target symptoms such as sleep-related thinking.

CONCLUSION:

The RIS is a valid and feasible instrument for assessing psychological PI-symptoms and sleep parameters.

<http://www.ncbi.nlm.nih.gov/pubmed/23597815>

Am J Prev Med. 2013 May;44(5):507-12.

Post-traumatic stress disorder: review of the comprehensive soldier fitness program.

Steenkamp MM, Nash WP, Litz BT.

Source: VA Boston Healthcare System and the Massachusetts Veterans Epidemiological Research and Information Center, Boston University School of Medicine, Boston, Massachusetts. Electronic address: maria.steenkamp2@va.gov.

Since the start of the wars in Afghanistan and Iraq, the U.S. military has implemented several population-based initiatives to enhance psychological resilience and prevent psychological morbidity in troops. The largest of these initiatives is the Army's Comprehensive Soldier Fitness (CSF) program, which has been disseminated to more than 1 million soldiers. However, to date, CSF has not been independently and objectively reviewed, and the degree to which it successfully promotes adaptive outcomes and prevents the development of deployment-related mental health disorders such as post-traumatic stress disorder (PTSD) is uncertain. This paper critically evaluates the theoretic foundation for and evidence supporting the use of CSF.

Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/23594034>

Stress. 2013 Apr 17. [Epub ahead of print]

Cortisol effects on autobiographic memory retrieval in PTSD: an analysis of word valence and time until retrieval.

Wingenfeld K, Driessen M, Schlosser N, Terfehr K, Carvalho Fernando S, Tobias Wolf O.

Source: Department of Psychiatry, Charité University Berlin, Campus Benjamin Franklin, Berlin, Germany.

In healthy participants, cortisol administration has been found to impair autobiographic memory retrieval. We recently reported that administration of 10mg of hydrocortisone had enhancing effects on autobiographical memory retrieval, i.e. more specific memory retrieval, in patients with posttraumatic stress disorder (PTSD), while in healthy controls the impairing effects were replicated. We here report a re-analysis of these data with respect to cue-word valence and retrieval time. In a placebo-controlled crossover study, 43 patients with PTSD and 43 age- and sex-matched healthy controls received either placebo or hydrocortisone orally before the autobiographical memory test was performed. We found that the effects of cortisol on memory retrieval depended on cue-word valence and group (significant

interaction effects of drug by group, and drug by valence by group). The enhancing effect of cortisol on memory retrieval in PTSD seemed to be relatively independent of cue-word valence, while in the control group the impairing effects of cortisol were only seen in response to neutral cue-words. The second result of the study was that in patients as well as in controls, cortisol administration led to faster memory retrieval compared to placebo. This was seen in response to positive and (to lesser extent) to neutral cue-words, but not in response to negative cue-words. Our findings illustrate that the opposing effects of cortisol on autobiographical memory retrieval in PTSD patients and controls are further modulated by the emotionality of the cue-words.

<http://www.biomedcentral.com/1471-244X/13/119/abstract>

Young men's attitudes and behaviour in relation to mental health and technology: implications for the development of online mental health services.

Louise A Ellis, Philippa Collin, Patrick J Hurley, Tracey A Davenport, Jane M Burns and Ian B Hickie

BMC Psychiatry 2013, 13:119

Published: 20 April 2013

Background

This mixed-methods study was designed to explore young Australian men's attitudes and behaviour in relation to mental health and technology use to inform the development of online mental health services for young men.

Methods

National online survey of 486 males (aged 16 to 24) and 17 focus groups involving 118 males (aged 16 to 24).

Results

Young men are heavy users of technology, particularly when it comes to entertainment and connecting with friends, but they are also using technology for finding information and support. The focus group data suggested that young men would be less likely to seek professional help for themselves, citing a preference for self-help and action-oriented strategies instead. Most survey participants reported that they have sought help for a problem online and were satisfied with the help they received. Focus group participants identified potential strategies for how technology could be used to overcome the barriers to help-seeking for young men.

Conclusions

The key challenge for online mental health services is to design interventions specifically for young men that are action-based, focus on shifting behaviour and stigma, and are not simply about increasing mental health knowledge. Furthermore, such interventions should be user-driven, informed by young men's views and everyday technology practices, and leverage the influence of peers.

<http://www.ncbi.nlm.nih.gov/pubmed/23592231>

Adm Policy Ment Health. 2013 Apr 17. [Epub ahead of print]

Pilot Implementation of Computerized Cognitive Behavioral Therapy in a University Health Setting.

Santucci LC, McHugh RK, Elkins RM, Schechter B, Ross MS, Landa CE, Eisen S, Barlow DH.

Source: Boston University, Boston, MA, USA, lsantucci@fas.harvard.edu.

This study evaluated the implementation of computerized cognitive-behavioral therapy (cCBT) for depression and anxiety in a university health center. Students reporting symptoms of depression and/or anxiety were offered cCBT and randomized to a session email reminder or no-reminder condition. Participants reported significant symptom and functional improvement after receiving treatment, comparable to outcomes achieved in controlled efficacy trials. However, rates of session completion were low, and reminders did not enhance retention. Results suggest that cCBT is a promising intervention in this population, with little attenuation of gains relative to efficacy trials but low levels of treatment completion.

<http://www.ncbi.nlm.nih.gov/pubmed/23593134>

PLoS One. 2013 Apr 11;8(4):e59236.

A Systematic Review of PTSD Prevalence and Trajectories in DSM-5 Defined Trauma Exposed Populations: Intentional and Non-Intentional Traumatic Events.

Santiago PN, Ursano RJ, Gray CL, Pynoos RS, Spiegel D, Lewis-Fernandez R, Friedman MJ, Fullerton CS.

Source: Uniformed Services University of the Health Sciences, Center for the Study of Traumatic Stress, Bethesda, Maryland, United States of America.

OBJECTIVE:

We conducted a systematic review of the literature to explore the longitudinal course of PTSD in DSM-5-defined trauma exposed populations to identify the course of illness and recovery for individuals and populations experiencing PTSD.

METHODS:

We reviewed the published literature from January 1, 1998 to December 31, 2010 for longitudinal studies of directly exposed trauma populations in order to: (1) review rates of PTSD in the first year after a traumatic event; (2) examine potential types of proposed DSM-5 direct trauma exposure (intentional and non-intentional); and (3) identify the clinical course of PTSD (early onset, later onset, chronicity, remission, and resilience). Of the 2537 identified articles, 58 articles representing 35 unique subject

populations met the proposed DSM-5 criteria for experiencing a traumatic event, and assessed PTSD at two or more time points within 12 months of the traumatic event.

RESULTS:

The mean prevalence of PTSD across all studies decreases from 28.8% (range = 3.1-87.5%) at 1 month to 17.0% (range = 0.6-43.8%) at 12 months. However, when traumatic events are classified into intentional and non-intentional, the median prevalences trend down for the non-intentional trauma exposed populations, while the median prevalences in the intentional trauma category steadily increase from 11.8% to 23.3%. Across five studies with sufficient data, 37.1% of those exposed to intentional trauma develop PTSD. Among those with PTSD, about one third (34.8%) remit after 3 months. Nearly 40% of those with PTSD (39.1%) have a chronic course, and only a very small fraction (3.5%) of new PTSD cases appears after three months.

CONCLUSIONS:

Understanding the trajectories of PTSD over time, and how it may vary by type of traumatic event (intentional vs. non-intentional) will assist public health planning and treatment.

<http://www.ncbi.nlm.nih.gov/pubmed/23574368>

Cyberpsychol Behav Soc Netw. 2013 Apr;16(4):293-301. doi: 10.1089/cyber.2013.1504.

Veteran perceptions of virtual reality to assess and treat posttraumatic stress disorder.

Kramer TL, Savary PE, Pyne JM, Kimbrell TA, Jegley SM.

Source: Psychiatric Research Institute, University of Arkansas for Medical Sciences , Little Rock, Arkansas.

Implementation of evidence-based treatments (EBT) is necessary to address posttraumatic stress disorder (PTSD) in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) military service personnel. Because virtual reality (VR) offers a promising tool for delivery of one type of EBT-exposure therapy-this study explored veterans' perceptions of VR as an assessment tool and treatment adjunct. We conducted semi-structured interviews with 14 OEF/OIF veterans being treated for PTSD after viewing two 3 minute VR scenarios as part of a larger research study. Veterans reported a capacity for immersion in VR in both combat and civilian environments, characterized by self-reported physiological reactivity, thoughts/behaviors similar to those experienced in Iraq, and triggered memories. Although participants were generally positive about VR, they expressed concerns about the possibility of negative reactions after viewing VR. Findings are discussed in the context of further development of VR aided interventions in veteran healthcare systems.

<http://www.ncbi.nlm.nih.gov/pubmed/23495461>

Mil Med. 2013 Feb;178(2):159-65.

Risk and protective factors associated with symptoms of post-traumatic stress, depression, and alcohol misuse in OEF/OIF veterans.

James LM, Van Kampen E, Miller RD, Engdahl BE.

Source: Brain Sciences Center, Minneapolis Veterans Affairs Health Care System, One Veterans Drive, Minneapolis, MN 55417, USA.

Military personnel returning from the conflicts in Iraq and Afghanistan commonly experience mental health problems and efforts are underway to determine risk and protective factors associated with postdeployment mental health concerns. This study examined the contribution of trait neuroticism, predeployment life events, combat experience, perceptions of threat, and postdeployment social support on mental health symptoms at 6 months, 12 months, and 24 months postdeployment. Two hundred seventy-one veterans completed self-report measures. Hierarchical regression analyses demonstrated that neuroticism predicted post-traumatic stress and depressive symptoms at all 3 time points; perceived threat predicted post-traumatic stress symptoms at time 1 and time 2 and depressive symptoms at time 2. Social support was a strong negative predictor of post-traumatic stress and depressive symptoms. Alcohol misuse was not significantly predicted by any of the variables. The present study highlights the role of perceived threat and trait neuroticism on postdeployment mental health symptoms and indicates social support is a robust protective factor. Efforts aimed at increasing sustained postdeployment social support may help defend against significant mental health problems among veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23572853>

Acta Inform Med. 2013 Mar;21(1):7-11. doi: 10.5455/AIM.2013.21.7-11.

The Connection between Alexithymia and Somatic Morbidity in a Population of Combat Veterans with Chronic PTSD.

Kusevic Z, Civljak M, Rukavina TV, Babic G, Loncar M, Cusa BV, Gregurek R.

Source: Department of Psychology, Zagreb Clinical Hospital Center , Zagreb, Croatia.

PURPOSE:

To investigate the connection between alexithymia and somatic illness, or, somatization, in veterans suffering from chronic combat-related post-traumatic stress disorder, PTSD.

METHODS:

Croatian combat veterans (N=127) were studied at the Department of Psychology, Zagreb Clinical

Hospital Center. The diagnosis of PTSD was confirmed and verified according to the International Classification of Diseases (ICD-10). A version of the Mississippi Scale for Combat Related PTSD (M-PTSD) standardized for the Croatian population was used to assess the severity of PTSD. In addition to the clinical interview, the existence of alexithymia was confirmed by the score on the Toronto Alexithymia Scale (TA S-20).

RESULTS:

A statistically significant association was found between the total number of diagnosed physical illnesses and the scores on three subscales of an alexithymia questionnaire, the TA S-20, with a 1% risk ($p < 0.01$, 0.487; 0.450; 0.335). Regression analysis confirmed the most statistically significant predictive value of the first item of the TA S-20, which refers to difficulty in identifying feelings ($=0.408$, $p=0.019$). The total score on the M-PTSD scale correlated significantly to the subscales for alexithymia. There was a statistically significant negative correlation of the total score on the M-PTSD scale with social support.

CONCLUSION:

The total scores obtained in this study, particularly those related to alexithymia, indicate the importance of this construct in the etiopathogenesis of somatic morbidity in the study population and confirm that as in other countries the TA S-20 is a useful instrument in Croatia for the assessment of this phenomenon.

<http://www.ncbi.nlm.nih.gov/pubmed/23567521>

Neurosci Biobehav Rev. 2013 Apr 5. pii: S0149-7634(13)00084-5. doi: 10.1016/j.neubiorev.2013.03.024. [Epub ahead of print]

Current status on behavioral and biological markers of PTSD: A search for clarity in a conflicting literature.

Zoladz PR, Diamond DM.

Source: Department of Psychology, Sociology, & Criminal Justice, Ohio Northern University, 525 S. Main St., Ada, OH, 45810, USA; Department of Psychology, Center for Preclinical and Clinical Research on PTSD, University of South Florida, 4202 E. Fowler Ave., Tampa, FL 33620, USA; Department of Molecular Pharmacology & Physiology, Center for Preclinical and Clinical Research on PTSD, University of South Florida, 4202 E. Fowler Ave., Tampa, FL 33620, USA.

Extensive research has identified stereotypic behavioral and biological abnormalities in post-traumatic stress disorder (PTSD), such as heightened autonomic activity, an exaggerated startle response, reduced basal cortisol levels and cognitive impairments. We have reviewed primary research in this area, noting that factors involved in the susceptibility and expression of PTSD symptoms are more complex and heterogeneous than is commonly stated, with extensive findings which are inconsistent with the stereotypic behavioral and biological profile of the PTSD patient. A thorough assessment of the literature indicates that interactions among myriad susceptibility factors, including social support, early

life stress, sex, age, peri- and post-traumatic dissociation, cognitive appraisal of trauma, neuroendocrine abnormalities and gene polymorphisms, in conjunction with the inconsistent expression of the disorder across studies, confounds attempts to characterize PTSD as a monolithic disorder. Overall, our assessment of the literature addresses the great challenge in developing a behavioral and biomarker-based diagnosis of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/21975924>

Arch Sex Behav. 2012 Oct;41(5):1099-106.

The costs of rape.

Perilloux C, Duntley JD, Buss DM.

Source: Department of Psychology, University of Texas at Austin, Austin, TX, USA.

The current study examined costs experienced by victims of completed rape (n=49) and attempted sexual assault (n=91) using quantitative analyses of 13 domains: health, self-esteem, self-perceived attractiveness, self-perceived mate value, family relationships, work life, social life, social reputation, sexual reputation, desire to have sex, frequency of sex, enjoyment of sex, and long-term, committed relationships. Women also provided descriptive accounts of their experiences, and we used these to illustrate the costs in the victims' own words. Compared to victims of an attempted sexual assault, victims of a completed rape reported significantly more negative outcomes in 11 of the 13 domains. The most negatively affected domains were self-esteem, sexual reputation, frequency of sex, desire to have sex, and self-perceived mate value. Although victims of rape experienced more negative effects than victims of attempted sexual assault, both groups of victims reported negative effects in every domain. Discussion focuses on the implications of the differing degrees and patterns of the costs of attempted and completed sexual victimization.

<http://www.ncbi.nlm.nih.gov/pubmed/23566158>

J Headache Pain. 2013 Mar 12;14(1):24.

The impact of headache and chronic musculoskeletal complaints on the risk of insomnia: longitudinal data from the Nord-Trøndelag health study.

Odegård SS, Sand T, Engstrøm M, Zwart JA, Hagen K.

Source: Department of Neuroscience; Faculty of medicine, Norwegian University of Science and Technology, MTFs, Trondheim N-7489, Norway. sivstein@stud.ntnu.no.

BACKGROUND:

A strong relationship between insomnia and painful disorders has been found, but it is still unclear whether chronic pain leads to insomnia. There is a need of large-scale prospective studies to evaluate if there is a causal relationship between painful disorders and insomnia.

METHODS:

All inhabitants aged ≥ 20 years in Nord-Trøndelag County of Norway were invited to participate in two surveys ($n = 92,566$ and $93,860$, respectively). $27,185$ subjects participated in both surveys, and $19,271$ of these were insomnia-free at baseline (population at risk). Using logistic regression, we evaluated the influence of headache, CMSCs and coexisting headache and CMSCs on the subsequent risk of insomnia.

RESULTS:

Compared to subjects without headache and CMSCs, there was an increased risk of insomnia among those with headache, most pronounced among those with headache ≥ 7 days / month (OR = 2.2, 95% CI = 1.9 - 2.6). Similarly, an increased risk among those with CMSCs was found, most evident for those with widespread CMSCs (OR = 2.0, 95% CI = 1.8 - 2.2). Having coexistent CMSCs and headache (OR = 2.0, 95% CI = 1.8 - 2.2) predisposed more strongly to insomnia than having headache (OR = 1.5, 95% CI = 1.3 - 1.6) and CMSCs (OR = 1.6, 95% CI = 1.4 - 1.7) alone.

CONCLUSION:

In this prospective study headache and CMSCs were risk factors for insomnia 11 years later.

<http://www.sciencedirect.com/science/article/pii/S1529943013003021>

Prevention of low back pain in the military cluster randomized trial: effects of brief psychosocial education on total and low back pain-related health care costs.

John D. Childs, Samuel S. Wu, Deydre S. Teyhen, Michael E. Robinson, Steven Z. George

The Spine Journal

Available online 19 April 2013

Background context

Effective strategies for preventing low back pain (LBP) have remained elusive, despite annual direct health care costs exceeding \$85 billion dollars annually. In our recently completed Prevention of Low Back Pain in the Military (POLM) trial, a brief psychosocial education program (PSEP) that reduced fear and threat of LBP reduced the incidence of health care-seeking for LBP.

Purpose

The purpose of this cost analysis was to determine if soldiers who received psychosocial education experienced lower health care costs compared with soldiers who did not receive psychosocial education.

Study design/Setting

The POLM trial was a cluster randomized trial with four intervention arms and a 2-year follow-up. Consecutive subjects (n=4,295) entering a 16-week training program at Fort Sam Houston, TX, to become a combat medic in the U.S. Army were considered for participation.

Methods

In addition to an assigned exercise program, soldiers were cluster randomized to receive or not receive a brief psychosocial education program delivered in a group setting. The Military Health System Management Analysis and Reporting Tool was used to extract total and LBP-related health care costs associated with LBP incidence over a 2-year follow-up period.

Results

After adjusting for postrandomization differences between the groups, the median total LBP-related health care costs for soldiers who received PSEP and incurred LBP-related costs during the 2-year follow-up period were \$26 per soldier lower than for those who did not receive PSEP (\$60 vs. \$86, respectively, $p=.034$). The adjusted median total health care costs for soldiers who received PSEP and incurred at least some health care costs during the 2-year follow-up period were estimated at \$2 per soldier lower than for those who did not receive PSEP (\$2,439 vs. \$2,441, respectively, $p=.242$). The results from this analysis demonstrate that a brief psychosocial education program was only marginally effective in reducing LBP-related health care costs and was not effective in reducing total health care costs. Had the 1,995 soldiers in the PSEP group not received PSEP, we would estimate that 16.7% of them would incur an adjusted median LBP-related health care cost of \$517 compared with the current 15.0% soldiers incurring an adjusted median cost of \$399, which translates into an actual LBP-related health care cost savings of \$52,846 during the POLM trial. However, it is likely that the unaccounted for direct and indirect costs might erase even these small cost savings.

Conclusion

The results of this study will help to inform policy- and decision-making regarding the feasibility of implementing psychosocial education in military training environments across the services. It would be interesting to explore in future research whether cost savings from psychosocial education could be enhanced given a more individualized delivery method tailored to an individual's specific psychosocial risk factors.

Links of Interest

Nearly Half of U.S. Veterans Found With Blast Concussions Might Have Hormone Deficiencies

<http://www.sciencedaily.com/releases/2013/04/130422102029.htm>

Military service members, area police officers and the Altoona Curve are teaming up to build a statue that would honor children who have lost a parent serving in the military

http://wearecentralpa.com/fulltext?nxd_id=454302

Appily Ever After: A Smartphone Shrink

<http://www.nytimes.com/2013/04/07/fashion/appily-ever-after-the-smartphone-as-shrink.html>

Mental therapist slow to adopt proven techniques

<http://www.statesman.com/news/news/opinion/mental-therapist-slow-to-adopt-proven-techniques/nW9zr/>

Suicide prevention: Resiliency key to overcoming threat to Army ranks

http://www.army.mil/article/101335/Suicide_prevention_Resiliency_key_to_overcoming_threat_to_Army_ranks/

Severely Injured Vets May Need Ongoing Emotional Care

http://www.nlm.nih.gov/medlineplus/news/fullstory_135817.html

Funding for mental health research yielding results

http://www.army.mil/article/100785/Funding_for_mental_health_research_yielding_results/

How Teachers Can Help the Children of Those Who Serve

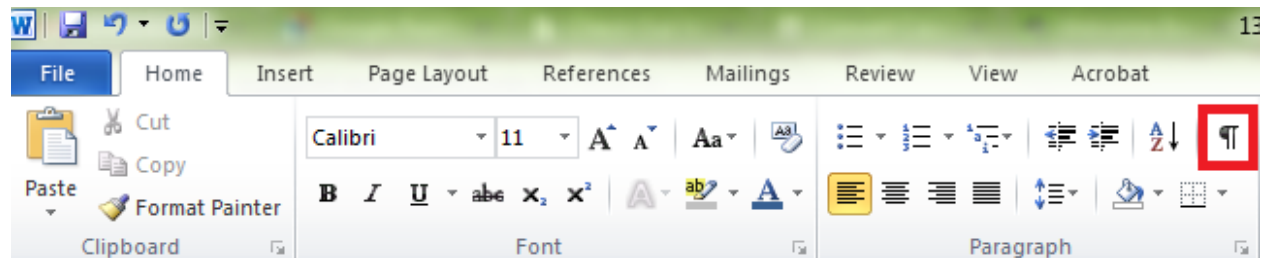
http://www.health.mil/blog/13-04-10/How_Teachers_Can_Help_the_Children_of_Those_Who_Serve.aspx

ERs Have Become De Facto Psych Wards

<http://www.sciencedaily.com/releases/2013/04/130424125838.htm>

Research Tip of the Week: [Microsoft Word -- Control Codes to Use with Find and Replace](#)

Control codes are those elements in a document that cause something to happen but don't display (unless you toggle them on) or print. These include space, paragraph, page break, etc. If you know what these codes are, you can use them in Find/Replace to get rid of all the excessive spaces, line breaks, etc., quickly instead of having to go through the document and remove each one individually. To toggle control codes on – i.e., make them visible – click on the paragraph symbol on the Word toolbar.



As an example, here's how to get rid of excessive paragraph spacing in Word 2010:

1. Press Ctrl + H to open the Find and Replace dialog box (or select it from the menu bar).
2. In the first box, enter ^p^p (the "p" must be lower case)


3. In the second box, enter ^p

4. Click Replace All

This will replace two paragraph breaks with one.

WD: Control Codes to Use with Find and Replace (Edit Menu)

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SUMMARY

You can use the following control codes and special characters in Microsoft Word with the Find and Replace commands on the Edit menu (the Search menu in versions 1.x).

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MORE INFORMATION

NOTE: The caret character (^) must be typed. The caret is created by pressing SHIFT+6. (Don't confuse this symbol with the CTRL key.)

Characters	String Matches
^1	Picture (Except pictures with Float Over Text property, Word 98 Macintosh Edition)
^2	Auto-referenced footnotes
^3	Word 1.x: Footnote separator all other versions of Word: this control character is not used
^5	Annotation mark
^9	Tab
^10	Word 1.x: Linefeed all other versions of Word: this control character is not used
^11	New line
^12	Page OR section break
...	...

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