



## CDP Research Update -- April 26, 2012

### What's Here:

- **Report: Review of Veterans' Access to Mental Health Care** (VA OIG)
- **Report: Mental Health, United States, 2010** (SAMHSA)
- Combat-Exposed War Veterans at Risk for Suicide Show Hyperactivation of Prefrontal Cortex and Anterior Cingulate During Error Processing.
- The anxiety spectrum and the reflex physiology of defense: from circumscribed fear to broad distress.
- Health Indicators for Military, Veteran, and Civilian Women.
- Urinary Incontinence, Depression and Post-traumatic Stress Disorder in Women Veterans.
- Collateral Damage on the Home Front: The Impact of Alternative Education Models on the High School Graduation of At-Risk Military Dependent Students.
- Predeployment Mental Health and Trauma Exposure of Expatriate Humanitarian aid Workers: Risk and Resilience Factors.
- Measurement Differences From Rating Posttraumatic Stress Disorder Symptoms in Response to Differentially Distressing Traumatic Events.
- The PTSD Checklist-Civilian Version: Reliability, Validity, and Factor Structure in a Nonclinical Sample.
- Effects of social cognitive demand on Theory of Mind in conversations of adults with traumatic brain injury.
- Posttraumatic headache.
- The Effect of an Executive Functioning Training Program on Working Memory Capacity and Intrusive Thoughts.
- Smoking and Behavioral Health of Women.
- Physical health problems after single trauma exposure: when stress takes root in the body.

- Affective and behavioral changes following exposure to traumatic events: the moderating effect of religiosity on avoidance behavior among students studying under a high level of terror event exposure.
- To debrief or not to debrief our heroes: that is the question.
- Removing barrier to rehabilitation: Theory-based family intervention in community settings after brain injury.
- Stepped early psychological intervention for posttraumatic stress disorder, other anxiety disorders, and depression following serious injury.
- The Influence of combat and interpersonal trauma on PTSD, depression, and alcohol misuse in U.S. Gulf War and OEF/OIF women veterans.
- Stepped early psychological intervention for posttraumatic stress disorder, other anxiety disorders, and depression following serious injury.
- Experimental study on neuroendocrinological and immunological characteristics of the military-trained artillerymen.
- Mental Health Conditions, Individual and Job Characteristics and Sleep Disturbances among Firefighters.
- The role of shame in distinguishing perpetrators of intimate partner violence in U.S. veterans.
- A pilot study of a 12-week model of group-based exposure therapy for veterans with PTSD.
- An examination of PTSD symptoms and relationship functioning in U.S. soldiers of the Iraq War over time.
- Cognitive-Behavioral Therapy versus Other PTSD Psychotherapies as Treatment for Women Victims of War-Related Violence: A Systematic Review.
- Clinical Study: Outcome from Complicated versus Uncomplicated Mild Traumatic Brain Injury.
- Posttraumatic stress disorder, substance use disorders, and medical comorbidity among returning U.S. veterans.
- PTSD symptoms as risk factors for intimate partner violence revictimization and the mediating role of victims' violent behavior.
- Medical, psychiatric and demographic factors associated with suicidal behavior in homeless veterans.
- Exploring the relationship between posttraumatic stress disorder and deliberate self-harm: The moderating roles of borderline and avoidant personality disorders.
- Cognitive ability in early adulthood as a predictor of habitual drug use during later military service and civilian life: The Vietnam Experience Study.

- Efficacy of Complementary and Alternative Medicine Therapies for Posttraumatic Stress Disorder.
- Suicide communication events: Lay interpretation of the communication of suicidal ideation and intent.
- Clinical practice guidelines for mild traumatic brain injury and persistent symptoms.
- Links of Interest
- Research Tip of the Week: Library of Congress Science Tracer Bullets

-----

<http://www.va.gov/oig/publications/report-summary.asp?id=2654>

<http://www.va.gov/oig/pubs/VAOIG-12-00900-168.pdf>

### **Review of Veterans' Access to Mental Health Care**

U.S. Department of Veterans Affairs, Office of Inspector General (4/23/2012)

Congress and the VA Secretary requested the OIG determine how accurately the Veterans Health Administration records wait times for mental health services for both new patients and established patients visits and if the wait time data VA collects is an accurate depiction of the veteran's ability to access those services. VHA policy requires all first-time patients referred to or requesting mental health services receive an initial evaluation within 24 hours and a more comprehensive diagnostic and treatment planning evaluation within 14 days. The primary goal of the initial 24-hour evaluation is to identify patients with urgent care needs and to trigger hospitalization or the immediate initiation of outpatient care when needed.

One method VHA uses to monitor access to mental health services is to calculate patients' waiting times by measuring the elapsed days from the desired dates of care to the dates of the treatment appointments. Medical facility schedulers must enter the correct desired dates of care in the system to ensure the accuracy of this measurement. VHA's goal is to see patients within 14 days of the desired dates of care.

VHA does not have a reliable and accurate method of determining whether they are providing patients timely access to mental health care services. VHA did not provide first-time patients with timely mental health evaluations and existing patients often waited more than 14 days past their desired date of care for their treatment appointment. As a result, performance measures used to report patient's access to mental health care do not depict the true picture of a patient's waiting time to see a mental health provider.

The Under Secretary for Health concurred with the OIG's findings and recommendations and stated VHA is unequivocally committed to providing Veterans the best care possible.

-----

<http://www.samhsa.gov/data/2k12/MHUS2010/index.aspx>

### **Mental Health, United States, 2010**

Substance Abuse and Mental Health Services Administration (4/25/2012)

The Substance Abuse and Mental Health Services Administration (SAMHSA) today released Mental Health, United States, 2010, the latest in a series of publications issued biannually by SAMHSA since 1980. Modeled after CDC's annual report, Health, US, this new report includes mental health statistics at the national and State levels from 35 different data sources. The report is organized into three sections:

- People: the mental health status of the U.S. population and prevalence of mental illness;
- Providers: providers and settings for mental health services, types of mental health services, and rates of utilization;
- Payers: expenditures and sources of funding for mental health services

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22511726?dopt=Abstract>

Psychosom Med. 2012 Apr 17. [Epub ahead of print]

### **Combat-Exposed War Veterans at Risk for Suicide Show Hyperactivation of Prefrontal Cortex and Anterior Cingulate During Error Processing.**

Matthews S, Spadoni A, Knox K, Strigo I, Simmons A.

Source: Veterans Affairs San Diego Healthcare System (VASDHS) (S.M., A.Sp., I.S., A.Si.); Department of Psychiatry (S.M., A.Sp., I.S., A.Si.), University of California San Diego; VASDHS Center of Excellence for Stress and Mental Health (S.M., I.S., A.Si.); VASDHS Mental Illness Education, Research and Clinical Center (S.M.), San Diego, California; VA VISN 2 Center of Excellence for Suicide Prevention (K.K.), Albany, New York; and Department of Psychiatry (K.K.), University of Rochester, Rochester, New York.

Abstract

Objective

Suicide is a significant public health problem. Suicidal ideation (SI) increases the risk for completed suicide. However, the brain basis of SI is unknown. The objective of this study was to examine the neural correlates of self-monitoring in individuals at risk for suicide. We hypothesized that combat veterans

with a history of SI relative to those without such a history would show altered activation in the anterior cingulate cortex and related circuitry during self-monitoring.

#### Methods

Two groups of combat-exposed war veterans (13 men with and 13 men without history of SI) were studied. Both the SI and non-SI participants had two or more of the following: a) current major depressive disorder, b) current posttraumatic stress disorder, and c) history of mild traumatic brain injury, and each subject performed a validated stop task during functional magnetic resonance imaging. Error-related activation was compared between the SI and non-SI groups.

#### Results

The SI group demonstrated more error-related activation of the anterior cingulate (8256 mm<sup>3</sup>,  $t = 2.51$ ) and prefrontal cortex (i.e., clusters >2048 mm<sup>3</sup>, voxelwise  $p < .05$ ). The SI and non-SI participants showed similar behavioral task performance (i.e., mean error rate,  $F$  values < 0.63,  $p$  values > .43; and mean reaction times,  $F = 0.27$ ,  $p = .61$ ).

#### Conclusions

These findings suggest neural correlates of altered self-monitoring in individuals with a history of SI and may further suggest that functional magnetic resonance imaging could be used to identify individuals at risk for suicide before they engage in suicidal behavior.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22511362?dopt=Abstract>

Depress Anxiety. 2012 Apr;29(4):264-81. doi: 10.1002/da.21891.

#### **The anxiety spectrum and the reflex physiology of defense: from circumscribed fear to broad distress.**

McTeague LM, Lang PJ.

Source: University of Florida, Gainesville, Florida. mcteague@ufl.edu.

#### Abstract

Guided by the diagnostic nosology, anxiety patients are expected to show defensive hyperarousal during affective challenge, irrespective of the principal phenotype. In the current study, patients representing the whole spectrum of anxiety disorders (i.e., specific phobia, social phobia, panic disorder with or without agoraphobia, obsessive-compulsive disorder, generalized anxiety disorder (GAD), posttraumatic stress disorder(PTSD)), and healthy community control participants, completed an imagery-based fear elicitation paradigm paralleling conventional intervention techniques. Participants imagined threatening and neutral narratives as physiological responses were recorded. Clear evidence emerged for exaggerated reactivity to clinically relevant imagery-most pronounced in startle reflex responding. However, defensive propensity varied across principal anxiety disorders. Disorders characterized by focal fear and impairment (e.g., specific phobia) showed robust fear potentiation. Conversely, for

disorders of long-enduring, pervasive apprehension and avoidance with broad anxiety and depression comorbidity (e.g., PTSD secondary to cumulative trauma, GAD), startle responses were paradoxically diminished to all aversive contents. Patients whose expressed symptom profiles were intermediate between focal fearfulness and broad anxious-misery in both severity and chronicity exhibited a still heightened but more generalized physiological propensity to respond defensively. Importantly, this defensive physiological gradient—the inverse of self-reported distress—was evident not only between but also within disorders. These results highlight that fear circuitry could be dysregulated in chronic, pervasive anxiety, and preliminary functional neuroimaging findings suggest that deficient amygdala recruitment could underlie attenuated reflex responding. In summary, adaptive defensive engagement during imagery may be compromised by long-term dysphoria and stress—a phenomenon with implications for prognosis and treatment planning.

© 2012 Wiley Periodicals, Inc.

-----

[http://www.ajpmonline.org/article/S0749-3797\(12\)00050-5/abstract](http://www.ajpmonline.org/article/S0749-3797(12)00050-5/abstract)

### **Health Indicators for Military, Veteran, and Civilian Women.**

Keren Lehavot, Katherine D. Hoerster, Karin M. Nelson, Matthew Jakupcak, Tracy L. Simpson

American Journal of Preventive Medicine - May 2012 (Vol. 42, Issue 5, Pages 473-480)

#### Background

Women who have served in the military are a rapidly growing population. No previous studies have compared directly their health status to that of civilians.

#### Purpose

To provide estimates of several leading U.S. health indicators by military service status among women.

#### Methods

Data were obtained from the 2010 Behavioral Risk Factor Surveillance Survey, a U.S. population-based study. Health outcomes were compared by military status using multivariable logistic regression among the female participants (274,399 civilians, 4221 veterans, 661 active duty, and 995 National Guard or Reserves [NG/R]). Data were analyzed in August 2011.

#### Results

Veterans reported poorer general health and greater incidence of health risk behaviors, mental health conditions, and chronic health conditions than civilian women. Active duty women reported better access to health care, better physical health, less engagement in health risk behaviors, and greater likelihood of having had a recent Pap than civilian women. Women from the NG/R were comparable to civilians across most health domains, although they had a greater likelihood of being overweight or obese and reporting a depressive and anxiety disorder.

## Conclusions

Compared with civilian women, NG/R women rated their health and access to health care similarly and active duty women rated theirs better on several domains, but veterans consistently reported poorer health.

-----

<http://www.sciencedirect.com/science/article/pii/S0002937812004000>

## **Urinary Incontinence, Depression and Post-traumatic Stress Disorder in Women Veterans.**

Catherine S. Bradley, Ingrid E. Nygaard, Michelle A. Mengeling, James C. Torner, Colleen K. Stockdale, Brenda M. Booth, Anne G. Sadler

American Journal of Obstetrics and Gynecology, Available online 16 April 2012

### Objective

To study associations between urinary incontinence (UI) symptoms, depression and post-traumatic stress disorder (PTSD) in women veterans.

### Study Design

This cross-sectional study enrolled women 20 to 52 years of age registered at two Midwestern U.S. Veterans Affairs Medical Centers or outlying clinics within five years preceding study interview. Participants completed a computer-assisted telephone interview assessing urogynecologic, medical and mental health. Multivariable analyses studied independent associations between stress and urgency UI and depression and PTSD.

### Results

968 women mean age  $38.7 \pm 8.7$  years were included. 191 (19.7%) reported urgency/mixed UI and 183 (18.9%) stress UI. PTSD (OR [95%CI] = 1.8 [1.0, 3.1]) but not depression (OR [95%CI] = 1.2 [0.73, 2.0]) was associated with urgency/mixed UI. Stress UI was not associated with PTSD or depression.

### Conclusion

In women veterans, urgency/mixed UI was associated with PTSD but not depression.

-----

[https://csusm-dspace.calstate.edu/bitstream/handle/10211.8/121/schjolberg,%20marsha\\_winter2012.pdf](https://csusm-dspace.calstate.edu/bitstream/handle/10211.8/121/schjolberg,%20marsha_winter2012.pdf) (full text)

## **Collateral Damage on the Home Front: The Impact of Alternative Education Models on the High School Graduation of At-Risk Military Dependent Students.**

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Education in Educational Leadership

By Marsha A. Schjolberg

University of California, San Diego  
California State University, San Marcos

This study looks at a culture within a culture focusing on military dependent high school students at risk of not completing high school, what occurs when the psychosocial stressors due to high mobility and other family dynamics impact adolescent children, and what role alternative education programs may play in mitigating educational challenges and family life stressors. A review of the literature speaks to the high mobility, academic challenges, and psychosocial stressors unique to military dependent populations, as well as the various alternative independent study models explored. Emphasizing student-centered appreciative inquiry, the study employs a qualitative embedded design within a single case study with a focus on the relationship between military dependent students at-risk for dropping out of high school and independent study alternative educational programs at multiple freestanding and traditional school campuses. Both students and teachers were interviewed. Additionally, students were asked to respond to three quick-write questions. Data supporting the self-perception of academic and psychosocial success from a student/teacher perspective were analyzed to look at changes in course completion, appropriate age/grade level remediation, tracking for timely graduation, post high school plans, changes in family dynamics, and changes in attitudes about school and self-worth.

-----

<http://tmt.sagepub.com/content/early/2012/03/26/1534765612441978.abstract>

### **Predeployment Mental Health and Trauma Exposure of Expatriate Humanitarian aid Workers: Risk and Resilience Factors.**

Cynthia B. Eriksson, Barbara Lopes Cardozo, David W. Foy, Miriam Sabin, Alastair Ager, Leslie Snider, Willem F. Scholte, Reinhard Kaiser, Miranda Olf, Bas Rijnen, Carol Gotway Crawford, Julia Zhu, and Winnifred Simon

Traumatology  
April 16, 2012

Expatriate aid workers (n = 214) representing 19 nongovernmental organizations (NGOs) completed a predeployment survey, including measures of mental health (depression, anxiety, and posttraumatic stress disorder [PTSD]); risk factors (childhood trauma, family risk, and adult trauma exposure); and resilience factors (coping, social support, and healthy lifestyle) to assess their baseline mental health during preparation for deployment. Multiple regression analysis indicated that childhood trauma/family risk was not significantly related to depression, anxiety, or PTSD symptoms when controlling for report of prior mental illness; yet, adult trauma exposure was significantly related to all three. Social support contributed significant variance to depression and PTSD. NGOs can help applicants recognize the effects of recent trauma and the resilience provided by a healthy social network.

-----



<http://www.ncbi.nlm.nih.gov/pubmed/22517922?dopt=Abstract>

Assessment. 2012 Apr 18. [Epub ahead of print]

**Measurement Differences From Rating Posttraumatic Stress Disorder Symptoms in Response to Differentially Distressing Traumatic Events.**

Elhai JD, Fine TH.

Abstract

The authors explored differences in posttraumatic stress disorder (PTSD) symptoms as a result of rating symptoms from two separate, differentially distressing traumatic events. In an initial sample of 400 nonclinical participants, the authors inquired through a web survey about previous psychological trauma, instructing participants to nominate their most distressing and second most distressing traumatic events experienced. Using the PTSD Checklist, participants rated their PTSD symptoms separately from these worst and second worst events. Using the four-factor emotional numbing PTSD model in confirmatory factor analysis, results demonstrated evidence supporting separation of PTSD symptom rating sets from two differentially distressing traumas-specifically, the worst and second worst events. Measurement invariance tests revealed that factor loadings did not vary between the worst and second worst event PTSD ratings; item thresholds (indexing symptom severity) differed. Results generally support the recommended PTSD assessment protocol instructing participants to rate PTSD symptoms from a single, worst index event.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22517497?dopt=Abstract>

J Clin Psychol. 2012 Apr 19. doi: 10.1002/jclp.21845. [Epub ahead of print]

**The PTSD Checklist-Civilian Version: Reliability, Validity, and Factor Structure in a Nonclinical Sample.**

Conybeare D, Behar E, Solomon A, Newman MG, Borkovec TD.

Source: University of Illinois at Chicago. conybeare@gmail.com.

Abstract

**OBJECTIVES:**

We examined the reliability, validity, and factor structure of the posttraumatic stress disorder (PTSD) Checklist-Civilian Version (PCL-C; Blanchard, Jones-Alexander, Buckley, & Forneris, 1996) among unselected undergraduate students.

**PARTICIPANTS:**

Participants were 471 undergraduate students at a large university in the Eastern United States and were not preselected based on trauma history or symptom severity.

## RESULTS:

The PCL-C demonstrated good internal consistency and retest reliability. Compared with alternative measures of PTSD, the PCL-C showed favorable patterns of convergent and discriminant validity. In contrast to previous research using samples with known trauma exposure, we found support for both 1-factor and 2-factor models of PTSD symptoms.

## CONCLUSIONS:

Overall, the PCL-C appears to be a valid and reliable measure of PTSD symptoms, even among nonclinical samples, and is superior to some alternative measures of PTSD. The factor structure among nonclinical samples may not reflect each of the PTSD symptom "clusters" (i.e., reexperiencing, avoidance/numbing, and hyperarousal). © 2012 Wiley Periodicals, Inc. *J. Clin. Psychol.* 00:1-15, 2012.

© 2012 Wiley Periodicals, Inc.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22516853?dopt=Abstract>

*Curr Opin Neurol.* 2012 Apr 18. [Epub ahead of print]

## **Posttraumatic headache.**

Vargas BB, Dodick DW.

Source: Mayo Clinic Arizona, Phoenix, Arizona, United States.

## Abstract

### PURPOSE OF REVIEW:

Posttraumatic headache (PTH) is a commonly occurring and potentially disabling consequence of concussion and mild traumatic brain injury (mTBI). This brief review highlights recent advances in the epidemiology, evaluation, and management of concussion, mTBI, and PTH.

### RECENT FINDINGS:

Current epidemiological studies suggest that previous estimates of concussion and mTBI incidence are grossly underestimated and have also helped to identify specific activities and demographic groups that might be more susceptible. Concussion results in profound metabolic derangements during which the brain is potentially vulnerable to repeat injury and permanent damage. Imaging studies such as magnetic resonance (MR) spectroscopy and diffusion tensor imaging have proven to be effective at identifying these abnormalities both acutely and also weeks after symptoms resolution. To date, there have been no randomized, placebo-controlled studies supporting the efficacy of any treatment for PTH and current therapeutic decisions are guided only by expert opinion and current evidence-based guidelines for the treatment of specific primary headache phenotypes, the most commonly occurring of which is migraine.

SUMMARY:

Despite numerous advances in the awareness, pathophysiology, and diagnostic workup of concussion, mTBI, and PTH, there is a paucity of evidence-based guidance regarding treatment.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22512516?dopt=Abstract>

Int J Lang Commun Disord. 2012 May;47(3):310-21. doi: 10.1111/j.1460-6984.2011.00102.x. Epub 2012 Feb 16.

**Effects of social cognitive demand on Theory of Mind in conversations of adults with traumatic brain injury.**

Byom LJ, Turkstra L.

Source: University of Wisconsin-Madison, Madison, WI, USA.

Abstract

Background:

A requisite skill for successful conversation is the ability to adjust one's language according to contextual factors.

Aims:

This study examined one aspect of language use in context-the use of mental-state terms, i.e. words that communicate thoughts, beliefs or feelings-in conversations between adult males with and without traumatic brain injury (TBI) and familiar partners. Methods & Procedures: Participants were five males in the chronic stage of recovery following severe TBI and five male peers matched for age, conversing with friends. Conversational context was manipulated using conversation starters that were designed to induce differing levels of self-disclosure or intimacy, with the expectation that mental-state term use would increase when participants talked about more intimate topics.

Outcomes & Results:

Participants in both groups used more mental-state terms in more intimate conversations; however, adults with TBI did not increase their mental-state term use to the same extent as matched peers. Adults with TBI also used a significantly different pattern of mental-state term types across intimacy levels as compared with peers. Conclusions & Implications: These quantitative and qualitative differences may contribute to social conversation problems of adults with TBI.

© 2011 Royal College of Speech and Language Therapists.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22514357?dopt=Abstract>

Cognit Ther Res. 2011 Dec;35(6):529-535.

## **The Effect of an Executive Functioning Training Program on Working Memory Capacity and Intrusive Thoughts.**

Bomyea J, Amir N.

Source: Department of Psychiatry, University of California, San Diego Joint Doctoral Program in Clinical Psychology, 8939 Villa Jolla Dr. Suite 200, San Diego, CA 92037, USA.

### Abstract

Recurrent intrusive thoughts are apparent across numerous clinical disorders, including depression (i.e., rumination) and anxiety disorders (e.g., worry, obsessions; Brewin et al. 2010). Theoretical accounts of intrusive thoughts suggest that individual differences in executive functioning, specifically poor inhibitory control, may account for the persistence of these thoughts in some individuals (e.g., Anderson and Levy 2009). The present study examined the causal effect of inhibitory control on intrusive thoughts by experimentally manipulating inhibition requirements in a working memory capacity (WMC) task and evaluating the effect of this training on intrusive thoughts during a thought suppression task. Unselected undergraduate participants were randomly assigned to repeatedly practice a task requiring either high inhibitory control (training condition) or low inhibitory control (control condition). Results indicated that individuals in the training condition demonstrated significantly greater WMC performance improvements from pre to post assessment relative to the control group. Moreover, individuals in the training group experienced fewer intrusions during a thought suppression task. These results provide support for theoretical accounts positing a relationship between inhibitory control and intrusive thoughts. Moreover, improving inhibitory control through computerized training programs may have clinical utility in disorders characterized by recurrent intrusive thoughts (e.g., depression, PTSD).

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22512870?dopt=Abstract>

J Womens Health (Larchmt). 2012 Apr 18. [Epub ahead of print]

## **Smoking and Behavioral Health of Women.**

Jessup MA, Dibble SL, Cooper BA.

Source: The Institute for Health & Aging, Department of Social & Behavioral Sciences, University of California , San Francisco, California.

### Abstract

#### Background:

Using data from a study of reliability and validity of a screening tool for co-occurring substance abuse and mental health problems, our objective was to compare behavioral health issues of female smokers and nonsmokers and explore correlates of smoking.

#### Methods:

Using a convenience sample (n=1021), we recruited participants to complete an online survey conducted in substance abuse treatment, primary care, mental health services, senior, and public settings. The survey included demographic questions, smoking status, the co-occurring disorders screening tool, the Global Appraisal of Individual Needs-Short Screener (GAIN-SS) and the Posttraumatic Stress Disorder Checklist (PCL)-Civilian.

#### Results:

One third of participants self-identified as smokers, and African American, American Indian, and bisexual women reported the highest rates of smoking. Seventy-two percent of women reported at least one mental health problem in the past year; 29% had a past year substance abuse problem, and 26% reported a past year co-occurring disorder of both. Smokers had significantly higher rates of posttraumatic stress disorder (PTSD), past year depression and anxiety, suicidality, past year substance abuse, and co-occurring disorders. Smokers also had significantly higher rates of lifetime intimate partner violence (IPV) and childhood abuse.

#### Conclusions:

Smoking in women was associated with significantly higher rates of mental health and substance abuse problems. Substance abuse, being in a treatment setting, IPV, African American and mixed ethnicity, Medicaid insurance status, reduced income, and no home ownership were identified as predictors of smoking. Screening and evaluation of smoking status, mental health, substance use disorders, and the presence and impact of violence are essential for women's health.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22142975?dopt=Abstract>

J Am Psychiatr Nurses Assoc. 2011 Nov-Dec;17(6):378-92.

#### **Physical health problems after single trauma exposure: when stress takes root in the body.**

D'Andrea W, Sharma R, Zelechowski AD, Spinazzola J.

Source: The New School, New York, NY, USA. dandrew@newschool.edu

#### Abstract

Research has established that chronic stress, including traumatic events, leads to adverse health outcomes. The literature has primarily used two approaches: examining the effect of acute stress in a laboratory setting and examining the link between chronic stress and negative health outcomes. However, the potential health impact of a single or acute traumatic event is less clear. The goal of this literature review is to extend the literature linking both chronic trauma exposure and posttraumatic stress disorder to adverse health outcomes by examining current literature suggesting that a single trauma may also have negative consequences for physical health. The authors review studies on health, including cardiovascular, immune, gastrointestinal, neurohormonal, and musculoskeletal outcomes;

describe potential pathways through which single, acute trauma exposure could adversely affect health; and consider research and clinical implications.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/21660614?dopt=Abstract>

J Relig Health. 2011 Dec;50(4):911-21.

**Affective and behavioral changes following exposure to traumatic events: the moderating effect of religiosity on avoidance behavior among students studying under a high level of terror event exposure.**

Korn L, Zukerman G.

Source: Department of Health Management, School of Health Sciences, Ariel University Center of Samaria, Ariel, Israel. Kornli@zahav.net.il

Abstract

The goals of this study were to examine the development of affective and behavioral changes following exposure to traumatic events among Israeli students studying under a high level of terror event exposure and to assess the effects of religiosity on those changes development. A questionnaire was administered to 770 students in the Ariel University Center in Judea and Samaria. Higher levels of terror exposure were associated with higher levels of avoidance behavior, subjective feelings of insecurity, and emotional distress. Higher religiosity moderated avoidance behavior, even when controlling for the level of objective exposure to terror events exposure, but had no influence on subjective sense of insecurity, or the level of emotional distress. These findings suggest that religiosity moderates behavioral changes development after traumatic event exposure mainly by reducing avoidance behavior.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/21171143?dopt=Abstract>

Clin Psychol Psychother. 2011 Nov-Dec;18(6):453-63. doi: 10.1002/cpp.730. Epub 2010 Dec 19.

**To debrief or not to debrief our heroes: that is the question.**

Hawker DM, Durkin J, Hawker DS.

Source: All Nations Christian College, Ware, UK. doctors\_hawker@yahoo.co.uk

Abstract

Psychological debriefing was developed in the 1980s as an approach for use with people whose work exposes them to stressful incidents. It aims to help them to process the thoughts and emotions arising from their work. Subsequently, several randomized controlled trials tested truncated forms of debriefing

in a different population: primary victims of unexpected trauma. These trials, and particularly two in which debriefing appeared to be harmful, led two major reviews to warn practitioners not to offer debriefing. Consequently, many organizations have stopped providing debriefing to employees who face trauma in their routine work. This paper argues that there are at least three reasons for the apparent failure of 'debriefing' in the two studies that reported adverse effects. First, the 'debriefing' did not follow protocol in terms of timing, length, and training and independence of the debriefer. Second, the patients who were 'debriefed' reported more severe initial symptoms than those who were not. Third, 'debriefing' was used with individuals for whom it was not originally intended. Psychological debriefing is intended to be used with groups of people who have been briefed together before going on to work together in stressful situations. Such groups have reported that they find psychological debriefing helpful, and research is emerging indicating that appropriate debriefing may indeed benefit these groups. We call for reviewers to recognize the limitations of debriefing research and not to overgeneralize their conclusions.

Copyright © 2010 John Wiley & Sons, Ltd.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22523015?dopt=Abstract>

NeuroRehabilitation. 2012 Jan 1;31(1):1-12.

**Removing barriers to rehabilitation: Theory-based family intervention in community settings after brain injury.**

Stejskal TM.

Source: Wellness Strategies, P.C., 8395 Keystone Crossing, Suite 306, Indianapolis, IN 46240, USA. Tel.: +1 317 257 7544; Fax: +1 317 257 7443; E-mail: thinktaryn@gmail.com.

**Abstract**

Rehabilitation professionals have become increasingly aware that family members play a critical role in the recovery process of individuals after brain injury. In addition, researchers have begun to identify a relationship between family member caregivers' well-being and survivors' outcomes. The idea of a continuum of care or following survivors from inpatient care to community reintegration has become an important model of treatment across many hospital and community-based settings. In concert with the continuum of care, present research literature indicates that family intervention may be a key component to successful rehabilitation after brain injury. Yet, clinicians interacting with family members and survivors often feel confounded about how exactly to intervene with the broader family system beyond the individual survivor. Drawing on the systemic nature of the field of Marriage and Family Therapy (MFT), this article provides information to assist clinicians in effectively intervening with families using theory-based interventions in community settings. First, a rationale for the utilization of systems-based, as opposed to individual-based, therapies will be uncovered. Second, historically relevant publications focusing on family psychotherapy and intervention after brain injury are reviewed

and their implications discussed. Recommendations for the utilization of systemic theory-based principles and strategies, specifically Cognitive Behavioral Therapy (CBT), Narrative Therapy (NT), and Solution-Focused Therapy (SFT) will be examined. Descriptions of common challenges families and couples face will be presented along with case examples to illustrate how these theoretical frameworks might be applied to these special concerns postinjury. Finally, the article concludes with an overview of the ideas presented in this manuscript to assist practitioners and systems of care in community-based settings to more effectively intervene with the family system as a whole after brain injury.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22522725?dopt=Abstract>

J Trauma Stress. 2012 Apr;25(2):125-33. doi: 10.1002/jts.21677.

**Stepped early psychological intervention for posttraumatic stress disorder, other anxiety disorders, and depression following serious injury.**

O'Donnell ML, Lau W, Tipping S, Holmes AC, Ellen S, Judson R, Varker T, Elliot P, Bryant RA, Creamer MC, Forbes D.

Source: Australian Centre for Posttraumatic Mental Health, East Melbourne Victoria, Australia; Department of Psychiatry, University of Melbourne, Parkville Victoria, Australia. mod@unimelb.edu.au.

Abstract

The best approach for implementing early psychological intervention for anxiety and depressive disorders after a traumatic event has not been established. This study aimed to test the effectiveness of a stepped model of early psychological intervention following traumatic injury. A sample of 683 consecutively admitted injury patients were screened during hospitalization. High-risk patients were followed up at 4-weeks postinjury and assessed for anxiety and depression symptom levels. Patients with elevated symptoms were randomly assigned to receive 4-10 sessions of cognitive-behavioral therapy (n = 24) or usual care (n = 22). Screening in the hospital identified 89% of those who went on to develop any anxiety or affective disorder at 12 months. Relative to usual care, patients receiving early intervention had significantly improved mental health at 12 months. A stepped model can effectively identify and treat injury patients with high psychiatric symptoms within 3 months of the initial trauma.

Copyright © 2012 International Society for Traumatic Stress Studies.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21686/abstract>

**The Influence of combat and interpersonal trauma on PTSD, depression, and alcohol misuse in U.S. Gulf War and OEF/OIF women veterans.**

Hassija, Christina M.; Jakupcak, Matthew; Maguen, Shira; Shipherd, Jillian C.



Journal of Traumatic Stress

Volume 25, Issue 2, pages 216–219, April 2012

The present study evaluated the impact of combat and interpersonal trauma exposure in a sample of 115 U.S. women veterans from Gulf War I and the Iraq and Afghanistan wars on 3 postdeployment trauma-related mental health outcomes: posttraumatic stress disorder symptoms (PSS), depressive symptom severity (DSS), and alcohol misuse. Patients presenting for healthcare services at a Veterans Affairs postdeployment health specialty clinic completed screening questionnaires that assessed combat exposure, lifetime interpersonal trauma history of childhood neglect, physical, or sexual abuse, and adult sexual and physical assault. In a regression model, combat exposure was the only significant independent variable associated with PSS, DSS, and alcohol misuse ( $\beta = .42, .27$  and  $B = 1.58$ , respectively) even after adding lifetime interpersonal assault exposure to the model. Results highlight the negative effects of combat exposure on treatment-seeking women veterans' postdeployment mental health. Incorporating combat exposure into routine screening procedures for Gulf War and Iraq and Afghanistan war women veterans can aid in mental health treatment planning.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21677/abstract>

**Stepped early psychological intervention for posttraumatic stress disorder, other anxiety disorders, and depression following serious injury.**

O'Donnell, Meaghan L.; Lau, Winnie; Tipping, Susannah; Holmes, Alexander C. N.; Ellen, Steven; Judson, Rodney; Varker, Tracey; Elliot, Peter; Bryant, Richard A.; Creamer, Mark C.; Forbes, David

Journal of Traumatic Stress

Volume 25, Issue 2, pages 125–133, April 2012

The best approach for implementing early psychological intervention for anxiety and depressive disorders after a traumatic event has not been established. This study aimed to test the effectiveness of a stepped model of early psychological intervention following traumatic injury. A sample of 683 consecutively admitted injury patients were screened during hospitalization. High-risk patients were followed up at 4-weeks postinjury and assessed for anxiety and depression symptom levels. Patients with elevated symptoms were randomly assigned to receive 4–10 sessions of cognitive-behavioral therapy ( $n = 24$ ) or usual care ( $n = 22$ ). Screening in the hospital identified 89% of those who went on to develop any anxiety or affective disorder at 12 months. Relative to usual care, patients receiving early intervention had significantly improved mental health at 12 months. A stepped model can effectively identify and treat injury patients with high psychiatric symptoms within 3 months of the initial trauma.

-----

<http://www.cmj.org/periodical/PaperList.asp?id=LW2012418503618806081> (full text)

**Experimental study on neuroendocrinological and immunological characteristics of the military-trained artillerymen.**

LI Xin, HUANG Wen-xu, LU Ju-ming, YANG Guang, MA Fang-ling, LAN Ya-ting, MENG Jun-hua, DOU Jing-tao

Chinese Medical Journal, 2012, Vol. 125 No. 7 : 1292-1296

Combat conditions or numerous intensive and long military training courses can result in excessive physiological stress or drain the energy and physical ability of soldiers in a short time.<sup>1,2</sup> Thus, modern soldiers are likely to suffer from work-related fatigue, which can severely affect the effectiveness of an army in combat situations. Extensive and in-depth researches have been conducted in various countries to clarify the pathogenesis of military work-related fatigue and to effectively prevent and treat this condition to maximize the combat effectiveness of armies. In our opinion, the neuroendocrinological and immunological systems play important roles in the work-related fatigue of military personnel.

This research focused on the soldiers in a field army to assess the changes of fatigue levels; functions of the pituitary-adrenal, pituitary-gonadal, and pituitary-thyroid axes; cellular immunity indices; scores on work-related fatigue scales; and self-ratings of psychohygiene (SCL-90) before and after large-scale intensive military maneuvers to provide a theoretical support for improving the combat effectiveness of soldiers in such military operations.

-----

<http://hpq.sagepub.com/content/early/2012/04/19/1359105312443402.abstract>

**Mental Health Conditions, Individual and Job Characteristics and Sleep Disturbances among Firefighters.**

Víviám Vargas de Barros, Leonardo Martins, Richard Saitz, Ronaldo Rocha Bastos, and Telmo Mota Ronzani

J Health Psychol 1359105312443402, first published on April 19, 2012

This study aimed to assess the associations between mental health conditions, individual and job characteristics and sleep disturbances among firefighters. Of 303 participants, 51.2% reported sleep disturbances. Psychological distress and psychosomatic disturbances were significantly associated with sleep disturbances. Suicidal ideation, unhealthy alcohol use and time as a firefighter were also associated with sleep disturbances but at a borderline level of significance ( $0.05 < p < .085$ ). These findings may be related to the psychological and physical hazards of firefighting and indicate the importance of research on associated professions.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21688/abstract>

**The role of shame in distinguishing perpetrators of intimate partner violence in U.S. veterans.**

Natalie E. Hundt, Dana R. Holohan

Journal of Traumatic Stress

Volume 25, Issue 2, pages 191–197, April 2012

Increasing attention is being paid to the fact that exposure to traumatic stressors in military combat may lead to perpetration of intimate partner violence (IPV). Because shame has been identified as a factor in posttraumatic stress disorder (PTSD), the current cross-sectional study examined the relationship in U.S. veterans between IPV and PTSD, depression, guilt, and shame. We hypothesized that shame would be the strongest correlate of perpetration of IPV and that shame would mediate the relationship between PTSD and IPV. Participants were 264 primarily male and Caucasian mixed-era veterans presenting for psychological treatment at a Veterans Affairs hospital. They completed standard measures of depression, PTSD symptoms, shame, and guilt and a local checklist was used to dichotomize the sample regarding IPV. Discriminant analysis indicated that shame contributed most (standardized canonical discriminant function coefficient = .44) to distinguishing perpetrators of IPV. In addition, the results were consistent with shame as a mediator of the relationship between PTSD and IPV. These results are in line with studies indicating that shame is linked to IPV perpetration in nonveteran samples (Harmon, 2002; Rand, 2004; Schibik, 2002) and suggests that shame may be an important aspect of the relationship between PTSD and IPV.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21679/abstract>

**A pilot study of a 12-week model of group-based exposure therapy for veterans with PTSD.**

Sutherland, Roy John; Mott, Juliette M.; Lanier, Stacey Holmes; Williams, Wright; Ready, David J.; Teng, Ellen J.

Journal of Traumatic Stress

Volume 25, Issue 2, pages 150–156, April 2012

Group-based exposure therapy (GBET) is an intensive group treatment that targets posttraumatic stress disorder (PTSD) symptoms through repeated imaginal and in vivo exposure. The purpose of the present study was to assess the feasibility and acceptability of a modified 12-week course of GBET (modified from the standard 16 weeks) and to examine its effectiveness in reducing veterans' PTSD symptoms. Participants were 10 male Operation Iraqi Freedom and Vietnam-era veterans recruited from a PTSD specialty clinic at a large Veterans Affairs Medical Center. All participants were retained and

demonstrated clinically significant reductions in PTSD symptoms ( $\eta^2 = .84-.87$ ) comparable to the standard protocol. The findings from this small sample indicate that the abbreviated 12-week GBET protocol is a potentially effective treatment for PTSD.

-----

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21689/abstract>

**An examination of PTSD symptoms and relationship functioning in U.S. soldiers of the Iraq War over time.**

Christopher R. Erbes, Laura A. Meis, Melissa A. Polusny, Jill S. Compton, Shelley MacDermid Wadsworth

Journal of Traumatic Stress

Volume 25, Issue 2, pages 187–190, April 2012

We examined associations between overall posttraumatic stress disorder (PTSD) symptoms, symptom clusters of PTSD (reexperiencing, avoidance, dysphoria, and arousal), and relationship adjustment cross sectionally and longitudinally using self-report measures from a dyadic sample of U.S. National Guard soldiers from the Iraq war and their intimate partners ( $N = 49$  couples). Results of multilevel modeling revealed that Time 1 PTSD symptom severity significantly predicted lower relationship adjustment as rated by partners at Time 2 after controlling for baseline relationship adjustment ( $\beta = -.20, p = .025$ ). Total PTSD symptoms did not significantly predict soldiers' ratings of relationship adjustment at Time 2. For soldiers, the PTSD symptom cluster of dysphoria was uniquely and significantly related to relationship adjustment ratings both at Time 1 and at Time 2, controlling for Time 1 adjustment. For partners, none of the soldiers' PTSD symptoms clusters was uniquely associated with Time 1 relationship adjustment or with change in adjustment over time. In contrast, findings regarding the effect of relationship adjustment on changes in PTSD over time found that Time 1 relationship adjustment was not associated with changes in PTSD symptoms at Time 2.

-----

<http://www.tswj.com/2012/181847/> (full text)

**Cognitive-Behavioral Therapy versus Other PTSD Psychotherapies as Treatment for Women Victims of War-Related Violence: A Systematic Review.**

N. Inès Dossa and Marie Hatem

The Scientific World Journal Volume 2012 (2012), Article ID 181847, 19 pages

Although war-trauma victims are at a higher risk of developing PTSD, there is no consensus on the effective treatments for this condition among civilians who experienced war/conflict-related trauma. This paper assessed the effectiveness of the various forms of cognitive-behavioral therapy (CBT) at lowering PTSD and depression severity. All published and unpublished randomized controlled trials

studying the effectiveness of CBT at reducing PTSD and/or depression severity in the population of interest were searched. Out of 738 trials identified, 33 analysed a form of CBTs effectiveness, and ten were included in the paper. The subgroup analysis shows that cognitive processing therapy (CPT), culturally adapted CPT, and narrative exposure therapy (NET) contribute to the reduction of PTSD and depression severity in the population of interest. The effect size was also significant at a level of 0.01 with the exception of the effect of NET on depression score. The test of subgroup differences was also significant, suggesting CPT is more effective than NET in our population of interest. CPT as well as its culturally adapted form and NET seem effective in helping war/conflict traumatised civilians cope with their PTSD symptoms. However, more studies are required if one wishes to recommend one of these therapies above the other.

-----

<http://downloads.hindawi.com/journals/rerp/2012/415740.pdf> (full text)

### **Clinical Study: Outcome from Complicated versus Uncomplicated Mild Traumatic Brain Injury.**

Grant L. Iverson, Rael T. Lange, Minna Waljas, Suvi Liimatainen, Prasun Dastidar, Kaisa M. Hartikainen, Seppo Soimakallio, and Juha Ohman

Hindawi Publishing Corporation

Rehabilitation Research and Practice

Volume 2012, Article ID 415740, 7 pages

#### Objective

To compare acute outcome following complicated versus uncomplicated mild traumatic brain injury (MTBI) using neurocognitive and self-report measures.

#### Method

Participants were 47 patients who presented to the emergency department of Tampere University Hospital, Finland. All completed MRI scanning, self-report measures, and neurocognitive testing at 3-4 weeks after injury. Participants were classified into the complicated MTBI or uncomplicated MTBI group based on the presence/absence of intracranial abnormality on day-of-injury CT scan or 3-4 week MRI scan.

#### Results

There was a large statistically significant difference in time to return to work between groups. The patients with uncomplicated MTBIs had a median of 6.0 days (IQR = 0.75–14.75, range = 0–77) off work compared to a median of 36 days (IQR = 13.5–53, range = 3–315) for the complicated group. There were no significant differences between groups for any of the neurocognitive or self-report measures. There were no differences in the proportion of patients who (a) met criteria for ICD-10 postconcussional disorder or (b) had multiple low scores on the neurocognitive measures.

## Conclusion

Patients with complicated MTBIs took considerably longer to return to work. They did not perform more poorly on neurocognitive measures or report more symptoms, at 3-4 weeks after injury compared to patients with uncomplicated MTBIs.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22522739>

J Trauma Stress. 2012 Apr;25(2):220-5. doi: 10.1002/jts.21690.

## **Posttraumatic stress disorder, substance use disorders, and medical comorbidity among returning U.S. veterans.**

Nazarian D, Kimerling R, Frayne SM.

Source: VA Advanced Fellowship Program in Mental Illness Research and Treatment, VA Palo Alto Health Care System, Palo Alto, California, USA; Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, California, USA. dnazaria@stanford.edu.

## Abstract

Evidence suggests that posttraumatic stress disorder (PTSD) and substance use disorders (SUD) are associated with poorer physical health among U.S. veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). No research of which we are aware has examined the independent and interactive effects of PTSD and SUD on medical comorbidity among OEF/OIF veterans. This cross-sectional study examined medical record data of female and male OEF/OIF veterans with  $\geq 2$  Veterans Affairs primary care visits (N = 73,720). Gender-stratified logistic regression analyses, adjusted for sociodemographic factors, were used to examine the association of PTSD, SUD, and their interaction on the odds of medical diagnoses. PTSD was associated with increased odds of medical diagnoses in 9 of the 11 medical categories among both women and men, range of odds ratios (ORs) ranged from 1.07 to 2.29. Substance use disorders were associated with increased odds of 2 of the 11 medical categories among women and 3 of the 11 medical categories among men; ORs ranged from 1.20 to 1.74. No significant interactions between PTSD and SUD were detected for women or men. Overall, findings suggest that PTSD had a stronger association with medical comorbidity (in total and across various medical condition categories) than SUD among female and male OEF/OIF veterans.

Copyright © 2012 International Society for Traumatic Stress Studies.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22522732>

J Trauma Stress. 2012 Apr;25(2):179-86. doi: 10.1002/jts.21676.

**PTSD symptoms as risk factors for intimate partner violence revictimization and the mediating role of victims' violent behavior.**

Kuijpers KF, van der Knaap LM, Winkel FW.

Source: Institute for Criminal Law and Criminology, Leiden Law School, Leiden University, Leiden, The Netherlands. k.f.kuijpers@law.leidenuniv.nl.

Abstract

Apart from being a consequence of intimate partner violence (IPV), posttraumatic stress disorder (PTSD) can also be a risk factor for IPV revictimization. The current study examined how each of 4 PTSD symptom clusters (reexperiencing, arousal, avoidance, and numbing) related to revictimization in a sample of 156 female help-seeking victims of IPV, recruited from various victim support services in the Netherlands. In addition, we hypothesized that victim-perpetrated IPV would mediate the relation between PTSD symptomatology and IPV revictimization. Our results show that victims' PTSD reexperiencing symptoms predict revictimization of partner violence ( $d = .45$  for physical IPV revictimization;  $d = .35$  for psychological IPV revictimization); the other 3 PTSD symptom clusters were not related to IPV revictimization. Furthermore, victim-perpetrated psychological IPV was found to partially mediate the relation between victims' PTSD reexperiencing symptoms and IPV revictimization ( $Z = 2.339$ ,  $SE = 0.044$ ,  $p = .019$  for physical IPV revictimization, and  $Z = 2.197$ ,  $SE = 0.038$ ,  $p = .028$  for psychological IPV revictimization). Findings indicate that IPV victims with higher levels of PTSD reexperiencing symptoms may be more likely to perpetrate psychological IPV themselves, which may put them at greater risk for receiving IPV in return. Based on these results, a focus on individual PTSD symptom clusters and victim behaviors seems relevant for practice and may contribute to a decrease in victims' risk for future IPV.

Copyright © 2012 International Society for Traumatic Stress Studies.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22521899>

Psychiatry Res. 2012 Apr 20. [Epub ahead of print]

**Medical, psychiatric and demographic factors associated with suicidal behavior in homeless veterans.**

Goldstein G, Luther JF, Haas GL.

Source: Mental Illness Research, Educational and Clinical Center, VA Pittsburgh Healthcare System, Pittsburgh, PA, USA; University of Pittsburgh, PA, USA.

Abstract

This study assessed potential for suicidal behaviors associated with sociodemographic, predisposing physical and mental health factors and self-reported psychological problems among homeless veterans

in a large northeastern region. Data were obtained from a demographic and clinical history interview conducted with 3595 homeless veterans. Odds-ratio (OR) statistics were used to assess potential for suicidal behavior. Statistically significant ratios were similar for ideation and attempts. The highest ratios were for self-report of depression and difficulty controlling violence, but statistically significant ratios were found for reporting sleeping in a treatment facility the night before the interview, receiving VA support for a psychiatric condition, and the diagnoses of Alcoholism, Mood Disorder and Post Traumatic Stress Disorder (PTSD). Low but statistically significant odds-ratios were obtained for most of the physical health items. A negative odds-ratio was obtained for African-American ethnicity. Logistic regression results indicated that for ideation and attempts items entered first involved subjective report of trouble controlling violent behavior and experiencing depression. High odds ratios for the interview items concerning experiencing serious depression and having difficulties controlling violence may have strong implications for treatment and management of homeless veterans. There may be up to 14-1 odds that an individual who reports being seriously depressed or having difficulty inhibiting aggression may have a serious potential for suicidal behaviors.

Published by Elsevier Ireland Ltd.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22521897>

Psychiatry Res. 2012 Apr 20. [Epub ahead of print]

**Exploring the relationship between posttraumatic stress disorder and deliberate self-harm: The moderating roles of borderline and avoidant personality disorders.**

Gratz KL, Tull MT.

Source: Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, Jackson, MS 39216, USA.

Abstract

Despite increasing evidence for an association between posttraumatic stress disorder (PTSD) and deliberate self-harm (DSH), few studies have examined the factors that moderate this association or the impact of co-occurring personality disorders among individuals with PTSD on DSH frequency. Given the high rates of co-occurrence between PTSD and two personality disorders of particular relevance to DSH, borderline personality disorder (BPD) and avoidant personality disorder (AVPD), this study examined the moderating role of these personality disorders in the association between PTSD and DSH frequency among a sample of substance use disorder patients (N=61). Patients completed structured clinical interviews assessing PTSD, BPD, and AVPD and a questionnaire assessing DSH. Results revealed more frequent DSH among patients with (vs. without) PTSD and provided evidence for the moderating role of AVPD in this association. Specifically, results revealed heightened levels of DSH only among PTSD patients with co-occurring AVPD. Findings are consistent with past research demonstrating that the presence of co-occurring AVPD among patients with other Axis I and II disorders is associated with



worse outcomes, and highlight the importance of continuing to examine the moderating role of AVPD in the association between PTSD and a variety of health-risk behaviors.

Copyright © 2012 Elsevier Ireland Ltd. All rights reserved.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22520690>

Drug Alcohol Depend. 2012 Apr 18. [Epub ahead of print]

**Cognitive ability in early adulthood as a predictor of habitual drug use during later military service and civilian life: The Vietnam Experience Study.**

White J, Mortensen LH, Batty GD.

Source: Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement, Cardiff University, CF14 4YS, UK.

Abstract

**BACKGROUND:**

Recent reports have linked cognitive ability (IQ) with alcohol dependency, but the relationship with illegal drug use is not well understood.

**METHODS:**

Participants were 14,362 male US Vietnam veterans with IQ test results at entry into military service in 1965-1971 (mean age 22.58) who participated in a telephone interview in 1985-1986. A structured diagnostic telephone interview was used to ascertain habitual drug use during military service (for once a week,  $\geq 3$  months) and in civilian life (in the past 12 months,  $\geq$ once a week), combat exposure, and post-traumatic stress disorder according to established Diagnostic and Statistical Manual of Mental disorders criteria (version III).

**RESULTS:**

In unadjusted analysis, men with high IQ scores were less likely to be habitual users of cannabis (OR=0.89, 95% CI=0.86, 0.93), cocaine (OR=0.69, 95% CI=0.61, 0.78), heroin (OR=0.80, 95% CI=0.73, 0.88), amphetamines (OR=0.90, 95% CI=0.83, 0.98), barbiturates (OR=0.79, 95% CI=0.72, 0.86) and LSD (OR=0.91, 95% CI=0.82, 0.99) during military service and civilian life. These associations were markedly attenuated after adjustment for socioeconomic status in early and later civilian life.

**CONCLUSION:**

In this cohort, socioeconomic position might lie on the pathway linking earlier IQ and later habitual drug use but might also act as a surrogate for IQ. This suggests interventions to prevent drug use could attempt to improve early life IQ and opportunities for employment.

Copyright © 2012 Elsevier Ireland Ltd. All rights reserved.

-----

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0033346/pdf/TOC.pdf> (full text)

**Efficacy of Complementary and Alternative Medicine Therapies for Posttraumatic Stress Disorder.**

Jennifer L. Strauss, Ph.D.; Remy Coeytaux, M.D., Ph.D.; Jennifer McDuffie, PhD; Avishek Nagi, MS; and John W Williams, Jr, MD, MHSc.

U.S. Department of Veterans Affairs Evidence-based Synthesis Program

August 2011

Posttraumatic stress disorder (PTSD) is the emotional disorder most frequently associated with combat and other potentially traumatic experiences that may occur during military service. It is often chronic and may be associated with significant comorbidities and functional impairments. Current first-line PTSD therapies include trauma-focused cognitive behavioral psychotherapies, stress inoculation training, and pharmacotherapies. Complementary and alternative medicine (CAM) interventions include a range of therapies that are not considered standard to the practice of medicine in the U.S. CAM therapies are widely used by mental health consumers, including Veterans, and numerous stakeholders have expressed strong interest in fostering the evidence base for these approaches in PTSD. Thus, this evidence synthesis was requested by VA Research and Development to inform decisions on the need for research in this area.

-----

<http://www.sciencedirect.com/science/article/pii/S0277953612002821>

**Suicide communication events: Lay interpretation of the communication of suicidal ideation and intent.**

Gareth Owen, Judith Belam, Helen Lambert, Jenny Donovan, Frances Rapport, Christabel Owens

Social Science & Medicine

Available online 19 April 2012

Previous research has shown that a majority of people communicate their suicidal ideas and intent prior to the act of suicide, but very little is known about the way in which these suicide communication events are interpreted by relatives, friends and significant others. A suicide communication event (SCE) is defined as a set of circumstances in which a person expresses suicidal feelings, thoughts, intentions or plans, either directly or indirectly, in interaction with other people in their social environment. In a qualitative study conducted during 2008-9 we collected narratives from people bereaved by suicide. Here we examine these narratives using an analytic framework derived from communication pragmatics and face-work theory. We analysed 14 cases of completed suicide drawn from coroner's care files in London, Southwest England and South Wales, and interviews with next of kin. We found that the SCEs

described were potentially face-threatening situations requiring face-saving strategies, which often resulted in off-record, indirect, ambiguous, humorous and euphemistic communications. Listeners frequently found it difficult to judge the meaning and intention of utterances referring to suicide. The outcome was often misunderstanding and closure of the communication, limiting the possibility of further support and referral for professional help. SCEs are important elements of the suicide process and we conclude that better understanding of how they occur and the challenges they pose for significant others may provide a basis for strengthening public involvement in suicide prevention. We draw our findings together in a model that could inform public awareness campaigns designed to improve the way people communicate with each other about suicide and distress.

-----

<http://www.ncbi.nlm.nih.gov/pubmed/22518895>

Can Fam Physician. 2012 Mar;58(3):257-67, e128-40.

### **Clinical practice guidelines for mild traumatic brain injury and persistent symptoms.**

[Article in English, French]

Marshall S, Bayley M, McCullagh S, Velikonja D, Berrigan L.

Source: Acquired Brain Injury Rehabilitation Program, Ottawa Hospital Rehabilitation Centre, Ontario. smarshall@toh.on.ca

#### Abstract

##### OBJECTIVE:

To outline new guidelines for the management of mild traumatic brain injury (MTBI) and persistent postconcussive symptoms (PPCS) in order to provide information and direction to physicians managing patients' recovery from MTBI.

##### QUALITY OF EVIDENCE:

A search for existing clinical practice guidelines addressing MTBI and a systematic review of the literature evaluating treatment of PPCS were conducted. Because little guidance on the management of PPCS was found within the traumatic brain injury field, a second search was completed for clinical practice guidelines and systematic reviews that addressed management of these common symptoms in the general population. Health care professionals representing a range of disciplines from across Canada and abroad were brought together at an expert consensus conference to review the existing guidelines and evidence and to attempt to develop a comprehensive guideline for the management of MTBI and PPCS.

##### MAIN MESSAGE:

A modified Delphi process was used to create 71 recommendations that address the diagnosis and

management of MTBI and PPCS. In addition, numerous resources and tools were included in the guideline to aid in the implementation of the recommendations.

#### CONCLUSION:

A clinical practice guideline was developed to aid health care professionals in implementing evidencebased, best-practice care for the challenging population of individuals who experience PPCS following MTBI.

-----

#### Links of Interest

Post-Prozac Nation: The Science and History of Treating Depression

<http://www.nytimes.com/2012/04/22/magazine/the-science-and-history-of-treating-depression.html>

Soldier's wife learns of death through Facebook

[http://www.cbsnews.com/8301-201\\_162-57416532/soldiers-wife-learns-of-death-through-facebook/](http://www.cbsnews.com/8301-201_162-57416532/soldiers-wife-learns-of-death-through-facebook/)

San Angelo experts: PTSD not just a soldier's problem

<http://www.gosanangelo.com/news/2012/apr/18/san-angelo-experts-ptsd-not-just-a-soldiers/>

Married special-operations troops feel strains of war

<http://www.usatoday.com/news/military/story/2012-04-24/military-marriages-special-forces-war-strain/54513768/1>

Why Are We Drugging Our Soldiers

<http://www.nytimes.com/2012/04/22/opinion/sunday/why-are-we-drugging-our-soldiers.html>

Photos: Welcome Home, The Story of Scott Ostrom

<http://blogs.denverpost.com/captured/2012/01/05/captured-welcome-home-the-story-of-scott-ostrom/5172/>

(Remarkable photo essay: "After serving four years as a reconnaissance man and deploying twice to Iraq, Brian Scott Ostrom, 27, returned home to the U.S. with a severe case of post-traumatic stress disorder.")

New Research Aimed at Mental Health: U.S. Veterans Struggle With Pain, Stigma of Post-traumatic Stress

<http://www.medscape.com/viewarticle/761666>

Association for Psychological Science, SAGE launch Clinical Psychological Science

[http://www.eurekalert.org/pub\\_releases/2012-04/sp-afp042312.php](http://www.eurekalert.org/pub_releases/2012-04/sp-afp042312.php)

(new journal)

HSBC Mortgage Services illegally foreclosed on homes of dozens of veterans on active duty, without giving them the chance to seek judicial stay

<http://www.courthousenews.com/2012/04/24/45892.htm>

Wartime Killing May Raise Veterans' Thoughts of Suicide

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_124390.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_124390.html)

Evidence shows that anti-depressants likely do more harm than good, researchers find

[http://www.eurekalert.org/pub\\_releases/2012-04/mu-est042412.php](http://www.eurekalert.org/pub_releases/2012-04/mu-est042412.php)

DOD recognizes Sexual Assault Response Coordinator of Year

[http://www.army.mil/article/78441/DOD\\_recognizes\\_Sexual\\_Assault\\_Response\\_Coordinator\\_of\\_Year/](http://www.army.mil/article/78441/DOD_recognizes_Sexual_Assault_Response_Coordinator_of_Year/)

Marines Moving Women Toward the Front Lines

<http://www.nytimes.com/2012/04/25/us/marines-moving-women-toward-the-front-lines.html>

-----

**Research Tip of the Week: Library of Congress Science Tracer Bullets**

<http://www.loc.gov/rr/scitech/tracer-bullets/tbs.html>

Many of us do not have an extensive/broad background in science and technology, but we may be curious after reading something in the media...or we might have a need to help a child with school work. Wikipedia can be "iffy," in terms of reliability. The Library of Congress is most definitely not "iffy."

The Library of Congress SCIENCE TRACER BULLET SERIES contains research guides that help you locate information on science and technology subjects. With brief introductions to the topics, lists of resources and strategies for finding more, they help you to stay "on target."

There's also a keyword index (<http://www.loc.gov/rr/scitech/tracer-bullets/tb-keyword.html>) to the Science Tracer Bullets collection.

-----

Shirl Kennedy

Web Content Strategist

Center for Deployment Psychology

[www.deploymentpsych.org](http://www.deploymentpsych.org)

[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)

301-816-4749