CDP Research Update -- May 24, 2012

What's Here:

- Blue Star Families 2012 Military Family Lifestyle Survey
- Military Disability System: Preliminary Observations on Efforts to Improve Performance (GAO)
- Predicting post-trauma stress symptoms from pre-trauma psychophysiologic reactivity, personality traits and measures of psychopathology.
- Susceptibility to PTSD-Like Behavior Is Mediated by Corticotropin-Releasing Factor Receptor Type 2 Levels in the Bed Nucleus of the Stria Terminalis.
- Vulnerability and Resilience in a Group Intervention with Hospital Personnel during Exposure to Extreme and Prolonged War Stress.
- Post-Traumatic Stress Disorder and Job Stress among Firefighters of Urban Japan.
- Understanding and Working with Children in Military Families (PowerPoint slides)
- Navigating the Department of Veterans Affairs with Invisible Wounds: How to Overcome the Stigma of "Delay, Deny, & Hope You Die."
- Psychiatric Symptoms Following Traumatic Brain Injury and Treatment Recommendations.
- Substance Use and Mild Traumatic Brain Injury Risk Reduction and Prevention: A Novel Model for Treatment.
- Personality Profiles of Intimate Partner Violence Offenders With and Without PTSD.
- The American Psychiatric Publishing Textbook of Suicide Assessment and Management (new edition)
- Managing the Approach-Avoidance Dialectic in Treating a Complex Veteran With Panic and Posttraumatic Stress Disorder.
- Prevalence, incidence and determinants of PTSD and other mental disorders: design and methods of the PID-PTSD+3 study.

- Negative expectancies in posttraumatic stress disorder: Neurophysiological (N400) and behavioral evidence.
- Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers.
- Impaired Response Inhibition in Veterans with Post-Traumatic Stress Disorder and Mild Traumatic Brain Injury.
- Are we winning the war against posttraumatic stress disorder?
- Secondary victims of rape.
- An exploratory examination of risk-taking behavior and PTSD symptom severity in a veteran sample.
- Postdeployment mental health screening: an application of the Soldier Adaptation Model.
- Using military friendships to optimize postdeployment reintegration for male Operation Iraqi Freedom/Operation Enduring Freedom veterans.
- Neurological and psychiatric aspects of emotion.
- The Correspondence of Daily and Retrospective PTSD Reports Among Female Victims of Sexual Assault.
- A Pilot Study of Mifepristone in Combat-Related PTSD.
- Biological and clinical framework for posttraumatic stress disorder.
- Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active military personnel.
- Interpersonal factors in insomnia: A model for integrating bed partners into cognitive behavioral therapy for insomnia.
- The psychiatric profile of the U.S. patient population across age groups.
- Links of Interest
- Research Tip of the Week: Ethics Codes and Practice Guidelines

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http://bluestarfam.s3.amazonaws.com/42/65/a/1110/CompReport2012.pdf (large PDF)

Blue Star Families 2012 Military Family Lifestyle Survey

This report details the results of the third Blue Star Families' Military Family Lifestyle Survey. Previous findings have helped identify and explore the issues that face those who serve in the military and their families, and have provided valuable insight, impacted policy development, and educated military leadership, government decision-makers and the general public on the challenges and stressors impacting today's military families.

Military Family Lifestyle Survey was designed to reveal key trends in military family relationships and careers by examining, among other things, feelings of stress, financial literacy, spouse employment, effects of deployment, levels of communication and civic engagement. The following results will help educate a variety of stakeholders about the unique lifestyles of modern day military families after they have experienced a decade of continuous war.

Through an extensive series of questions that examined many different aspects of military family life, the 2012 Military Family Lifestyle Survey demonstrates that military families are experiencing the effects of ten years of high operational tempo (OPTEMPO) and are actively seeking ways in which to mitigate the negative impacts on their relationships, their mental health and their children. Additionally, many military families continue to feel disconnected from the communities where they live, so more work remains to be done to obtain a realistic representation of military family experiences and to bridge the gap of understanding between the military and civilian communities. There were also positive trends found in this study. While they acknowledged challenges associated with military service, a majority of respondents reported that the all-volunteer force has worked well, that they support the continued service of their own service member, and that they would recommend military service to their children. These results also point to the strong pro-social tendencies and civic assets that reside within the military community. Respondents' participation in community-oriented behavior like volunteering, voting, and helping their neighbors informally was very high.

Of note, military families identified several key areas of concern, including pay and benefits, with specific emphasis on retirement benefit changes, the effects of deployment on children, general OPTEMPO, military spouse employment, and issues surrounding Post Traumatic Stress (PTS), combat stress and Traumatic Brain Injury (TBI). Additionally, Blue Star Families' 2012 Military Lifestyle Survey for the first time included sections on the topical areas of suicide prevention, financial literacy, Exceptional Family Member Programming (EFMP), care-giving and public policy. This year's survey also discussed how military families support each other and stay connected to the military community and to their service members.

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http://www.gao.gov/products/GAO-12-718T

Military Disability System: Preliminary Observations on Efforts to Improve Performance

Government Accountability Office (May 23, 2012)

What GAO Found

Case processing times under the Integrated Disability Evaluation System (IDES) process have increased over time, and measures of servicemember satisfaction have shortcomings. Each year, average processing time for IDES cases has climbed, reaching 394 and 420 days for active and reserve component members in fiscal year 2011—well over established goals of 295 and 305 days, respectively. Also in fiscal year 2011, just 19 percent of active duty servicemembers and 18 percent of guard or reserve members completed the IDES process and received benefits within established goals, down from 32 and 37 percent one year prior. Of the four phases comprising IDES, the medical evaluation board phase increasingly fell short of timeliness goals and, within that phase, the time required for the military's determination of fitness was especially troubling. During site visits to IDES locations, we consistently heard concerns about timeframes and resources for this phase of the process. With respect to servicemember satisfaction with the IDES process, GAO found shortcomings in how these data are collected and reported, such as unduly limiting who is eligible to receive a survey and computing average satisfaction scores in a manner that may overstate satisfaction. Department of Defense (DOD) officials told us they are considering alternatives for gauging satisfaction with the process.

DOD and Veterans Affairs (VA) have taken steps to improve IDES performance, and have other improvement initiatives in process, but progress is uneven and it is too early to assess their overall impact. VA increased resources for conducting disability ratings and related workloads. The Army is hiring additional staff for its medical evaluation boards, but it is too early to see the impact of these additional resources. DOD and VA are pursuing system upgrades so that staff and managers at IDES facilities can better track the progress of servicemembers' cases and respond to delays more quickly; however, multiple upgrades may be causing redundant work efforts. DOD officials also told us they have been working with the military services to correct case data that were inaccurately entered into VA's IDES tracking system, but have not yet achieved a permanent solution. Finally, DOD is in the early stages of conducting an in-depth business process review of the entire IDES process and supporting IT systems, in order to better understand how each step contributes to overall processing times and identify opportunities to streamline the process and supporting systems.

Why GAO Prepared This Testimony

Since 2007, the DOD and VA have operated the IDES—which combines what used to be separate DOD and VA disability evaluation processes and is intended to expedite benefits for injured servicemembers. Initially a pilot at 3 military treatment facilities, IDES is now DOD's standard process for evaluating servicemembers' fitness for duty and disability worldwide. In previous reports, GAO identified a number of challenges as IDES expanded, including staffing shortages and difficulty meeting timeliness goals.

In this statement, GAO discusses initial observations from its ongoing review of the IDES, addressing two key topics: (1) the extent to which DOD and VA are meeting IDES timeliness and servicemember

satisfaction performance goals, and (2) steps the agencies are taking to improve the performance of the system. To answer these questions, GAO analyzed IDES timeliness and customer satisfaction survey data, visited six IDES sites, and interviewed DOD and VA officials. This work is ongoing and GAO has no recommendations at this time. GAO plans to issue its final report later in 2012.

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http://www.biolmoodanxietydisord.com/content/2/1/8/abstract

Predicting post-trauma stress symptoms from pre-trauma psychophysiologic reactivity, personality traits and measures of psychopathology.

Scott P Orr, Natasha B Lasko, Michael L Macklin, Suzanne L Pineles, Yuchiao Chang and Roger K Pitman

Biology of Mood & Anxiety Disorders 2012, 2:8, Published: 18 May 2012

Background
Most individuals exposed to a traumatic event do not develop post-traumatic stress disorder (PTSD), although many individuals may experience sub-clinical levels of post-traumatic stress symptoms (PTSS). There are notable individual differences in the presence and severity of PTSS among individuals who report seemingly comparable traumatic events. Individual differences in PTSS following exposure to traumatic events could be influenced by pre-trauma vulnerabilities for developing PTSS/PTSD.

Methods
Pre-trauma psychological, psychophysiological and personality variables were prospectively assessed for their predictive relationships with post-traumatic stress symptoms (PTSS). Police and firefighter trainees were tested at the start of their professional training (i.e., pre-trauma; n=211) and again several months after exposure to a potentially traumatic event (i.e., post-trauma, n=99). Pre-trauma assessments included diagnostic interviews, psychological and personality measures and two psychophysiological assessment procedures. The psychophysiological assessments measured psychophysiologic reactivity to loud tones and the acquisition and extinction of a conditioned fear response. Post-trauma assessment included a measure of psychophysiologic reactivity during recollection of the traumatic event using a script-driven imagery task.

Results
Logistic stepwise regression identified the combination of lower IQ, higher depression score and poorer extinction of forehead (corrugator) electromyogram responses as pre-trauma predictors of higher PTSS. The combination of lower IQ and increased skin conductance (SC) reactivity to loud tones were identified as pre-trauma predictors of higher post-trauma psychophysiologic reactivity during recollection of the traumatic event. A univariate relationship was also observed between pre-trauma heart rate (HR) reactivity to fear cues during conditioning and post-trauma psychophysiologic reactivity.

Conclusion
The current study contributes to a very limited literature reporting results from truly prospective examinations of pre-trauma physiologic, psychologic, and demographic predictors of PTSS. Findings that

combinations of lower estimated IQ, greater depression symptoms, a larger differential corrugator EMG response during extinction and larger SC responses to loud tones significantly predicted higher PTSS suggests that the process(es) underlying these traits contribute to the pathogenesis of subjective and physiological PTSS. Due to the low levels of PTSS severity and relatively restricted ranges of outcome scores due to the healthy nature of the participants, results may underestimate actual predictive relationships.

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http://www.ncbi.nlm.nih.gov/pubmed/22593059?dopt=Abstract

J Neurosci. 2012 May 16;32(20):6906-16.

Susceptibility to PTSD-Like Behavior Is Mediated by Corticotropin-Releasing Factor Receptor Type 2 Levels in the Bed Nucleus of the Stria Terminalis.

Lebow M, Neufeld-Cohen A, Kuperman Y, Tsoory M, Gil S, Chen A.

Source: Departments of Neurobiology and Veterinary Resources, Weizmann Institute of Science, Rehovot 76100, Israel.

Abstract

Posttraumatic stress disorder (PTSD) is a debilitating disease, which affects 8-10% of the population exposed to traumatic events. The factors that make certain individuals susceptible to PTSD and others resilient are currently unknown. Corticotropin-releasing factor receptor type 2 (CRFR2) has been implicated in mediating stress coping mechanisms. Here, we use a physiological PTSD-like animal model and an in-depth battery of tests that reflect the symptomology of PTSD to separate mice into subpopulations of "PTSD-like" and "Resilient" phenotypes. PTSD-like mice are hypervigilant, hyperalert, insomniac, have impaired attention and risk assessment, as well as accompanying attenuated corticosterone levels. Intriguingly, PTSD-like mice show long-term robust upregulation of BNST-CRFR2 mRNA levels, and BNST-CRFR2-specific lentiviral knockdown reduces susceptibility to PTSD-like behavior. Additionally, using a BNST mRNA expression array, PTSD-like mice exhibit a general transcriptional attenuation profile, which was associated with upregulation of the BNST-deacetylation enzyme, HDAC5. We suggest PTSD to be a disease of maladaptive coping.

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http://www.ncbi.nlm.nih.gov/pubmed/22591935?dopt=Abstract

Prehosp Disaster Med. 2012 Jan-Feb;27(1):103-8.

Vulnerability and Resilience in a Group Intervention with Hospital Personnel during Exposure to Extreme and Prolonged War Stress.

Palgi Y, Ben-Ezra M, Possick C.

Source: Department of Gerontology, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel.

Abstract

The current study presents a pilot demonstration of a new therapeutic procedure to mitigate symptoms of post-traumatic stress disorder (PTSD). The pilot took place during the Second Lebanon War. Vulnerability and resilience statements, as well as post-traumatic symptoms, were measured among special army administrative staff (SAAS) who worked in a hospital setting during extreme and prolonged war stress. All 13 soldiers in the unit studied participated in seven group therapy intervention sessions. It was hypothesized that shifting the focus of therapeutic intervention from the scenes of the events to the personal and professional narratives of preparing for the event would change the content of the soldiers' narratives. It was believed that subtracting the number of positive statements from the number of negative statements would yield increasingly higher "resilience scores" during and after the war. It also was believed that such a change would be reflected in reduction of post-traumatic symptoms. As expected, the participants showed a decrease in vulnerability and an increase in resilience contents, as well as a decrease in traumatic symptoms during and after the war. These findings may reflect the effects of the ceasefire, the mutually supportive attitude of the participants, and the therapeutic interventions.

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http://www.ncbi.nlm.nih.gov/pubmed/22591931?dopt=Abstract

Prehosp Disaster Med. 2012 Jan-Feb;27(1):59-63.

Post-Traumatic Stress Disorder and Job Stress among Firefighters of Urban Japan.

Saijo Y, Ueno T, Hashimoto Y.

Source: Division of Community Medicine and Epidemiology, Department of Health Science, Asahikawa Medical University, Asahikawa, Japan.

Abstract

Introduction
Post-traumatic stress disorder (PTSD) is a common condition among Japanese firefighters. The purpose of this study was to clarify the relationship of PTSD scores to job stress, social support, and depressive stress among Japanese firefighters.

Methods
A total of 1,667 Japanese firefighters working for the local government completed a questionnaire that was used to gather information pertaining to age, gender, job type, job class, marital status, and smoking and drinking habits. Questionnaires from the Center for Epidemiologic Studies Depression Scale

(CES-D), the Japanese version of the U.S. National Institute for Occupational Safety and Health (NIOSH) Generic Job Stress Questionnaire, and the IES-R were also used.

Results:
After adjustment for age and gender, subjects in the PTSD-positive group had significantly higher scores for inter-group conflict, role ambiguity, and CES-D, as well as significantly lower scores for social support from their supervisors compared to those in the PTSD-negative group.

Conclusions:
High inter-group conflict and role ambiguity, as well as low social support from supervisors and the presence of depressive symptoms, may influence the development of PTSD among Japanese firefighters.

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http://ctserc.org/docs/SERC%202012%20working%20with%20children%20in%20military%20families.pdf (PowerPoint slides)

Understanding and Working with Children in Military Families

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State Educational Resource Center (SERC) Conference
May 11, 2012 Cromwell, CT

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http://cir.usc.edu/wp-content/uploads/2011/09/CIR-Policy-Brief_Apr2012_S.Thompson.pdf (full text)

Navigating the Department of Veterans Affairs with Invisible Wounds: How to Overcome the Stigma of "Delay, Deny, & Hope You Die."

Susan Thompson

USC Center for Innovation and Research on Veterans & Military Families (CIR)

April 2012

Unfortunately, "delay, deny, and hope you die" became a common aphorism among Vietnam veterans describing the Department of Veteran Affairs' (VA) way of doing business. Over 9,000,000 military personnel served during the Vietnam War and, in 1979, Congress acknowledged a significant number of Vietnam-era veterans facing readjustment problems— later identified as post-traumatic stress disorder (PTSD) —when it established the Vet Center Program. Today, nearly 40 years after U.S. troops withdrew

from Vietnam, many veterans of the Iraq and Afghanistan wars have developed the same sentiment towards the VA and are battling to tear through the red tape in order to obtain the services and benefits to which they are entitled.

Under the Veterans Mental Health and Other Care Improvements Act of 2008, Congress increased funding for treatment, research, and services for veterans with PTSD, substance abuse issues, and mental disorders (Public Law 110-387, 2008). While the VA has made strides forward regarding care programs, treatment plans, education, awareness, and support to veterans suffering from these invisible wounds, as well as providing for their dependents and caregivers, some of these veterans are nonetheless falling through the cracks (Mullhall and Williamson, 2009). The problem stems not from a lack of funding, but from an imperfect system to address the needs of veterans and their families. In order to fulfill its mission, the VA must make several significant changes to the way that it manages its bureaucracy and dispenses service and benefits.

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http://dsm.psychiatryonline.org/data/Journals/AJP/4396/January_2012_Residents_Journal.pdf#page=2 (full text)

Psychiatric Symptoms Following Traumatic Brain Injury and Treatment Recommendations.

Moira Kessler, M.D.
Department of Psychiatry, Northwestern University, Chicago

The Residents' Journal (American Journal of Psychiatry)

January 2012

Traumatic brain injury (TBI) can be defined as an "externally-inflicted blow to the brain with a cause that is not of a degenerative, vascular, or congenital nature" (1). In addition to the medical complications caused by TBIs, there are often significant neuropsychiatric consequences as a result of such injuries. TBIs can be severely debilitating to one's physical and mental health. One of the most famous examples of TBI was the case of Phineas Gage, who in 1848 survived an accident in which a metal rod destroyed much of his frontal lobe. Gage's personality changed dramatically following this incident; once quiet and mild-mannered, he became both obscene and self-absorbed (1). The main focus of this article is to discuss psychiatric symptoms following TBI and to provide recommendations for treatment based on the data available (1).

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http://downloads.hindawi.com/journals/rerp/2012/174579.pdf (full text)

Substance Use and Mild Traumatic Brain Injury Risk Reduction and Prevention: A Novel Model for Treatment.

Jennifer H. Olson-Madden, Lisa A. Brenner, John D. Corrigan, Chad D. Emrick and Peter C. Britton

Hindawi Publishing Corporation
Rehabilitation Research and Practice
Volume 2012, Article ID 174579, 6 pages

Traumatic brain injury (TBI) and substance use disorders (SUDs) frequently co-occur. Individuals with histories of alcohol or other drug use are at greater risk for sustaining TBI, and individuals with TBI frequently misuse substances before and after injury. Further, a growing body of literature supports the relationship between comorbid histories of mild TBI (mTBI) and SUDs and negative outcomes. Alcohol and other drug use are strongly associated with risk taking. Disinhibition, impaired executive function, and/or impulsivity as a result of mTBI also contribute to an individual's proclivity towards risk-taking. Risk-taking behavior may therefore, be a direct result of SUD and/or history of mTBI, and risky behaviors may predispose individuals for subsequent injury or continued use of substances. Based on these findings, evaluation of risk-taking behavior associated with the co-occurrence of SUD and mTBI should be a standard clinical practice. Interventions aimed at reducing risky behavior among members of this population may assist in decreasing negative outcomes. A novel intervention (Substance Use and Traumatic Brain Injury Risk Reduction and Prevention (STRRP)) for reducing and preventing risky behaviors among individuals with co-occurring mTBI and SUD is presented. Areas for further research are discussed.

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http://www.tandfonline.com/doi/abs/10.1080/10509674.2011.650349

Personality Profiles of Intimate Partner Violence Offenders With and Without PTSD.

Tim Hoyt, Alisha M. Wray, Kathryn T. Wiggins, Melissa Gerstle, Peggy C. Maclean

Journal of Offender Rehabilitation

Vol. 51, Iss. 4, 2012

Intimate partner violence (IPV) is a serious forensic and clinical problem throughout the United States. Research aimed at defining and differentiating subgroups of IPV offenders using standardized personality instruments may eventually help with matching treatments to specific individuals to reduce recidivism. The current study used a convenience sample of court-ordered IPV offenders to explore whether the presence of posttraumatic stress disorder (PTSD) can reliably differentiate this population in terms of personality characteristics and clinical symptoms. Profile analysis showed meaningful differences between PTSD (n = 22), non-PTSD (n = 43), and nontrauma (n = 13) groups on a variety of Millon Clinical Multiaxial Inventory and Personality Assessment Inventory personality and clinical scales. The PTSD group reported significantly less IPV than the non-PTSD and nontrauma groups, as well as endorsing greater overall distress, greater symptoms of anxiety, and greater symptoms of depression across instruments. Implications for assessment are discussed.

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http://books.google.com/books?id=H8tigTjBCRkC

The American Psychiatric Publishing Textbook of Suicide Assessment and Management (new edition)

Robert I. Simon, Robert E. Hales

April 2012

The second edition of The American Psychiatric Publishing Textbook of Suicide Assessment and Management has been extensively updated and expanded to more thoroughly reflect the challenges clinicians face in assessing and managing suicide risk and ultimately in preventing tragedy. The number of chapters has been increased approximately 20%, from 28 to 34. In addition, 22 new chapter authors were recruited for the second edition, representing nearly half of the 50 authors from the first edition, to allow the reader to obtain a more varied and sometimes new point of view.

Focusing on core competencies where appropriate, the book offers many new features:

- An extensively revised organization of sections and chapters to coincide with the natural sequence of events in evaluating and treating patients. Depending on where clinicians are in this series of events, they may more readily access information they need.
- A robust and entirely new section on suicide prevention that includes chapters on lethal means restrictions, suicide prevention programs, and current research related to prevention
- A chapter on suicide in the military, which was added to address the critical social challenge of depression and posttraumatic stress disorder in soldiers returning from Iraq and Afghanistan
- An entire chapter on the role of the Internet in subjecting people to intimidation, humiliation, and the exposure of private acts to the public sphere. Cyberbullying is an emergent problem, that clinicians should know about.
- An extensive review of neurobiological findings related to the risk and completion of suicide, many of which have been reported since the last edition was published
- A thoughtful discussion of the myriad issues raised by managed care, including split treatment, involving two clinicians managing a patients care.
- A thorough exploration of the essential aspects of suicide risk assessment.

Unlike physicians in other fields, psychiatrists treating patients at risk for suicide do not have access to diagnostic procedures and laboratory tests to assist them. With this new edition of The American Psychiatric Publishing Textbook of Suicide Assessment and Management, clinicians can hone their assessment skills and ensure that their knowledge of suicide assessment and management is current, evidence-based, and comprehensive. When dealing with patients at risk for self-harm, nothing less will do.

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http://ccs.sagepub.com/content/early/2012/04/19/1534650112442109.abstract

Managing the Approach-Avoidance Dialectic in Treating a Complex Veteran With Panic and Posttraumatic Stress Disorder.

Melissa Beason-Smith, Emily L. Hiatt, Kathleen M. Grubbs, Ellen J. Teng

Clinical Case Studies
May 17, 2012

Cognitive-behavioral therapy (CBT) is the treatment of choice for panic disorder (PD); however, the effectiveness of the treatment is often thought to be diminished in the presence of comorbid conditions. PD and posttraumatic stress disorder (PTSD) commonly co-occur in veteran populations, potentially complicating the effective treatment of each disorder. The individual presented in this case is a female veteran in her mid-50s who received treatment for PD and presented with significant comorbidities (PTSD, histrionic personality traits, major depressive disorder, and chronic suicidality). She participated in an intensive weekend treatment for PD that involved psychoeducation, cognitive restructuring, and interoceptive exposure. This case illustrates the challenges in implementing a manualized treatment for panic with a diagnostically complex veteran and the improvement in panic symptoms despite comorbid presentation.

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http://onlinelibrary.wiley.com/doi/10.1002/mpr.1356/abstract

Prevalence, incidence and determinants of PTSD and other mental disorders: design and methods of the PID-PTSD+3 study.

Wittchen, Hans-Ulrich; Schönfeld, Sabine; Thurau, Christin; Trautmann, Sebastian; Galle, Michaela; Mark, Kathleen; Hauffa, Robin; Zimmermann, Peter; Schaefer, Judith; Steudte, Susann; Siegert, Jens; Höfler, Michael; Kirschbaum, Clemens

International Journal of Methods in Psychiatric Research

Article first published online: 17 MAY 2012

Investigation of the prevalence, incidence, and determinants of post-traumatic stress disorders (PTSD) and other mental disorders associated with military deployment in international missions poses several methodological and procedural challenges. This paper describes the design and sampling strategies, instruments, and experimental procedures applied in a study programme aimed to examine military deployment-related mental health and disorders (prevalence and trajectories) and to identify vulnerability and risk factors (e.g. age, gender, type of mission, rank, and duration of deployment and a wide range of neurobiological, psychological, social, and behavioural factors).

The study comprised two components. The first component, a cross-sectional study, included 1483 deployed and 889 non-deployed German soldiers (response rate, 93%) who served during the 2009 International Security Assistance Force (ISAF) mission. A standardized diagnostic instrument (Composite International Diagnostic Interview, CIDI) coupled with established questionnaires was administered to detect and diagnose PTSD and a broad spectrum of mental disorders and mental health problems. The second component, a prospective-longitudinal study, included 621 soldiers examined before (2011) and after return (2012) from the ISAF mission. In addition to the CIDI and questionnaires, several experimental behavioural tests and biological markers were implemented to probe for incident mental disorders, mental health problems and risk factors. Our methods are expected to provide greater precision than previous studies for estimating the risk for incident deployment-related and non-deployment-related disorders and their risk factors. We expect the findings to advance our understanding of a wide spectrum of adverse mental health outcomes beyond PTSD. Copyright © 2012 John Wiley & Sons, Ltd.

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http://www.sciencedirect.com/science/article/pii/S0022395612001057

Negative expectancies in posttraumatic stress disorder: Neurophysiological (N400) and behavioral evidence.

Matthew Kimble, Laura Batterink, Elizabeth Marks, Cordelia Ross, Kevin Fleming

Journal of Psychiatric Research

Available online 16 May 2012

Background
Posttraumatic stress disorder (PTSD) is a disorder that theoretically and clinically is thought to be associated with persistent and exaggerated negative expectancies. This study used the N400 event-related potential (ERP) to investigate expectancies for threatening endings to ambiguous sentence stems. The N400 ERP is thought to reflect the amount of effort required to integrate a stimulus into a given context. In sentence reading tasks, the N400 is reliably larger when a word is unexpected.

Method
In this study, fifty-seven trauma survivors of various types (22 with PTSD and 35 without) read ambiguous sentence stems on a computer screen. These sentence stems were completed with either an expected ("The unfortunate man lost his…wallet"), unexpected ("The unfortunate man lost his…artist"), or threatening word endings ("The unfortunate man lost his…leg").

Results
Participants with PTSD, as compared to those without, showed significantly smaller N400s to

threatening sentence endings suggesting enhanced expectancies for threat. Behavioral responses supported this conclusion.

Conclusions

These findings are consistent with the clinical presentation of hypervigilance and proposed revisions to the DSM-V that emphasize persistent and exaggerated negative expectations about one's self, others, or the world. Relative to earlier behavioral studies, this work further suggests that this expectancy bias occurs automatically and at the early stages of information processing. The discussion focuses on the potential impact of a negative expectancy bias in PTSD and the value of the ambiguous sentence paradigm for studying PTSD as well as other disorders.

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http://www.dol.gov/wb/trauma/

Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers.

U.S. Department of Labor (Women's Bureau)

Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers, also known as the "Trauma Guide," was created to address the psychological and mental health needs of women veterans. The guide is also a compilation of best practices aimed at improving effectiveness in engaging female veterans. Written for service providers, the guide offers observational knowledge and concrete guidelines for modifying practices with the goal of increasing re-entry outcomes.

Trauma-Informed Care for Women Veterans Experiencing Homelessness includes:

- User's Guide
- A handbook offering information on the experiences and needs of female veterans, what it means to provide trauma-informed care, and resources for staff training and education.
- Organizational Self-Assessment for Providers Serving Female Veterans
- A manual of best practices that can be integrated into daily programming for homeless female veterans.
- Resource Lists
- Compilations of provider-targeted materials, videos, and websites on a variety of topics, including: female veterans, homelessness and trauma, cultural competence, traumainformed services, participant involvement, and self-care.

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http://www.ncbi.nlm.nih.gov/pubmed/22595028?dopt=Abstract

J Int Neuropsychol Soc. 2012 May 18:1-10. [Epub ahead of print]

Impaired Response Inhibition in Veterans with Post-Traumatic Stress Disorder and Mild Traumatic Brain Injury.

Swick D, Honzel N, Larsen J, Ashley V, Justus T.

Source: Research Service, Veterans Affairs Northern California Health Care System, Martinez, California and Department of Neurology, University of California, Davis, California.

Abstract

Combat veterans with post-traumatic stress disorder (PTSD) can show impairments in executive control and increases in impulsivity. The current study examined the effects of PTSD on motor response inhibition, a key cognitive control function. A Go/NoGo task was administered to veterans with a diagnosis of PTSD based on semi-structured clinical interview using DSM-IV criteria (n = 40) and age-matched control veterans (n = 33). Participants also completed questionnaires to assess self-reported levels of PTSD and depressive symptoms. Performance measures from the patients (error rates and reaction times) were compared to those from controls. PTSD patients showed a significant deficit in response inhibition, committing more errors on NoGo trials than controls. Higher levels of PTSD and depressive symptoms were associated with higher error rates. Of the three symptom clusters, re-experiencing was the strongest predictor of performance. Because the co-morbidity of mild traumatic brain injury (mTBI) and PTSD was high in this population, secondary analyses compared veterans with PTSD+mTBI (n = 30) to veterans with PTSD only (n = 10). Although preliminary, results indicated the two patient groups did not differ on any measure (p > .88). Since cognitive impairments could hinder the effectiveness of standard PTSD therapies, incorporating treatments that strengthen executive functions might be considered in the future. (JINS, 2012, 18, 1-10).

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http://www.ncbi.nlm.nih.gov/pubmed/22605766?dopt=Abstract

Science. 2012 May 18;336(6083):872-4.

Are we winning the war against posttraumatic stress disorder?

McNally RJ.

Source: Department of Psychology, Harvard University, Cambridge, MA 02138, USA. rjm@wjh.harvard.edu.

Abstract

The most methodologically rigorous epidemiological study on American military personnel deployed to Iraq and Afghanistan found that 4.3% of troops developed posttraumatic stress disorder (PTSD). Among

deployed combatants, 7.6% developed PTSD, whereas 1.4% of deployed noncombatants did so. The U.S. Department of Veterans Affairs has launched a program ensuring that all veterans with PTSD will receive evidence-based cognitive-behavioral therapy, and the Army has developed Battlemind postdeployment early interventions that reduce risk for the disorder.

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http://www.ncbi.nlm.nih.gov/pubmed/22594219?dopt=Abstract

Violence Vict. 2012;27(2):246-62.

Secondary victims of rape.

Christiansen D, Bak R, Elklit A.

Source: Aarhus University.

Abstract

Rape is often a very traumatic experience, which affects not only the primary victim (PV) but also his/her significant others. Studies on secondary victims of rape are few and have almost exclusively studied male partners of female rape victims. This study examined the impact of rape on 107 secondary victims, including family members, partners, and friends of male and female rape victims. We found that many respondents found it difficult to support the PV and that their relationship with the PV was often affected by the assault. Furthermore, the sample showed significant levels of traumatization, and it was estimated that approximately one quarter of the respondents suffered from posttraumatic stress syndrome (PTSD). Degree of traumatization was associated with a more recent assault, higher efforts to support the PV, recurrent thoughts about having been able to prevent the assault, a lack of social support for the respondent, and feeling let down by others. The respondents were generally interested in friend-, family-, and partner-focused interventions, particularly in receiving education about how best to support a rape victim.

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http://www.ncbi.nlm.nih.gov/pubmed/22594128?dopt=Abstract

An exploratory examination of risk-taking behavior and PTSD symptom severity in a veteran sample.

Strom TQ, Leskela J, James LM, Thuras PD, Voller E, Weigel R, Yutsis M, Khaylis A, Lindberg J, Holz KB.

Source: Minneapolis VA Medical Center (116A), One Veterans Drive, Minneapolis, MN 55417, USA.

Abstract

The present study conducted an exploratory examination of the relationship between self-reported symptoms of post-traumatic stress disorder and an expanded definition of risk-taking behaviors among 395 veterans at a large Midwestern Veterans Affairs Medical Center. Post-traumatic stress disorder symptoms were associated with elevated rates of substance use, thrill seeking, aggression, risky sexual practices, and firearm possession. Results indicated that suicidal ideation and aggressive driving behavior were among the most frequently reported. The present findings hold significant public health implications and highlight the need to attend to risk-taking behaviors in treatment planning.

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http://www.ncbi.nlm.nih.gov/pubmed/22594125?dopt=Abstract

Mil Med. 2012 Apr;177(4):366-73.

Postdeployment mental health screening: an application of the Soldier Adaptation Model.

Harmon SC, Hoyt TV, Jones MD, Etherage JR, Okiishi JC.

Source: Madigan Healthcare System, Joint Base Lewis/McChord, MCHJ-CP-BH, Building 9040, 9040A Fitzsimmons Avenue, Tacoma, WA 98431, USA.

Abstract

The Global War on Terrorism and its corresponding frequent and long deployments have resulted in an increase in mental health concerns among active duty troops. To mitigate these impacts, the Department of Defense has implemented postdeployment screening initiatives designed to identify symptomatic soldiers and refer them for mental health care. Although the primary purpose of these screenings is to identify and provide assistance to individuals, macrolevel reporting of screening results for groups can assist Commanders, who are charged with ensuring the wellbeing of their soldiers, to make unit-level interventions. This study assesses the utility of a metatheory of occupational stress, the Soldier Adaptation Model, in organizing feedback information provided to Army Commanders on their units' postdeployment screening results. The results of a combat brigade of 2319 soldiers who completed post-deployment screening following return from Iraq were analyzed using Structural Equation Modeling to assess the Soldier Adaptation Model's use for macrolevel reporting. Results indicate the Soldier Adaptation Model did not strengthen the macrolevel reporting; however, alcohol use and reckless driving were found to mediate the relationship between combat exposure and numerous mental health symptoms and disorders (e.g., post-traumatic stress disorder, anger, depression, anxiety, etc.). Research and practice implications are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/22234660?dopt=Abstract

J Rehabil Res Dev. 2011;48(10):1145-58.

Using military friendships to optimize postdeployment reintegration for male Operation Iraqi Freedom/Operation Enduring Freedom veterans.

Hinojosa R, Hinojosa MS.

Source: Rehabilitation Outcomes Research Center, North Florida/South Georgia Veterans Health System, 1601 SW Archer Road, Gainesville, FL 32608, USA. ramon.hinojosa@va.gov

Abstract

Social relationships are important to health out comes. The postdeployment family reintegration literature focuses on the role of the civilian family in facilitating the transition from Active Duty military deployment to civilian society. The focus on the civilian family relationship may miss other important personal connections in veterans' lives. One such connection is the relationship many veterans have with former military unit members who served with them when deployed. Drawing on interviews with male Operation Iraqi Freedom/Operation Enduring Freedom veterans conducted from 2008 to 2009, we argue that the members of a military unit, especially during armed conflict, should be considered a resource to help the "family" reintegration process rather than impede it. This research has implications for current reintegration policy and how best to assist veterans transitioning into civilian society.

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http://www.ncbi.nlm.nih.gov/pubmed/22608615

Handb Clin Neurol. 2012;106:53-74.

Neurological and psychiatric aspects of emotion.

Starkstein SE, Tranel D.

Source: School of Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, Australia.

Abstract

Neurological and psychiatric aspects of emotions have been the focus of intense research for the past 30 years. Studies in both acute (e.g., stroke, traumatic brain injury (TBI)) and chronic (e.g., dementia, Parkinson's disease) neurological disorders demonstrated a high frequency of both depression and apathy. Studies in stroke and TBI reported a significant association between lesion location and depression. Both depression and apathy are significant predictors of poor recovery among patients with brain injuries, and of steeper cognitive and functional decline among patients with neurodegenerative disorders. Poor insight and judgment are frequently found among patients with brain injury or degeneration. There is increasing evidence that damage to specific brain regions, such as the

ventromedial prefrontal cortex, is associated with inappropriate emotional reactions in social contexts and diminished anxiety and concern for the future. In severe cases, behavioural changes may also include poor decision-making in the social realm, deficits in goal-directed behavior, and lack of insight into these changes. Future studies will validate specific diagnostic criteria for the various cognitive, emotional, and behavioral problems reported among patients with neurological disorders, which may result in more specific and effective treatments.

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http://www.ncbi.nlm.nih.gov/pubmed/22612649?dopt=Abstract

Psychol Assess. 2012 May 21. [Epub ahead of print]

The Correspondence of Daily and Retrospective PTSD Reports Among Female Victims of Sexual Assault.

Naragon-Gainey K, Simpson TL, Moore SA, Varra AA, Kaysen DL.

Abstract

Research addressing the association between daily and retrospective symptom reports suggests that retrospective reports are typically inflated. The present study examined the association between daily posttraumatic stress disorder (PTSD) symptom reports over 1 month and a corresponding retrospective report (PTSD Checklist [PCL]; Weathers et al., 1993) for both total scores and symptom clusters. The authors hypothesized that greater PTSD symptom instability and greater depression would be associated with poorer agreement between daily and retrospective reports. Data were collected from 132 female college students who were sexually assaulted. Multilevel modeling indicated very strong agreement between mean daily and retrospective reports for total scores and symptom clusters, with pseudo-R2 ranging from .55 to .77. Depression symptoms did not moderate this association, but daily-retrospective agreement was lowest for the avoidance cluster, which was also the most unstable. Finally, retrospective recall for each symptom cluster showed acceptable specificity to the corresponding daily symptom clusters. Overall, these findings suggest that retrospective memories for global PTSD symptoms and symptom clusters, as assessed by the PCL, are consistent with daily reports over a 1-month period. Implications for clinical assessment methodology are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/22611490?dopt=Abstract

Depress Res Treat. 2012;2012:393251. Epub 2012 Apr 24.

A Pilot Study of Mifepristone in Combat-Related PTSD.

Golier JA, Caramanica K, Demaria R, Yehuda R.

Source: Department of Psychiatry, James J. Peters VA Medical Center, Bronx, NY 10468, USA.

Abstract

Background. We obtained pilot data to examine the clinical and neuroendocrine effects of short-term mifepristone treatment in male veterans with PTSD. Methods. Eight male veterans with military-related PTSD completed a randomized, double-blind trial of one week of treatment with mifepristone (600 mg/day) or placebo. The primary clinical outcome measures were improvement in PTSD symptoms and dichotomously defined clinical responder status as measured by the CAPS at one-month follow-up. Additional outcome measures included self-reported measures of PTSD symptom severity, CAPS-2 symptom subscale scores, and morning plasma cortisol and ACTH levels. Results. Mifepristone was associated with significant improvements in total CAPS-2 score. At one-month follow-up, all four veterans in the mifepristone group and one of four veterans in the placebo group achieved clinical response; three of four veterans in the mifepristone group and one of four veterans in the mifepristone group remitted. Mifepristone treatment was associated with acute increases in cortisol and ACTH levels and decreases in cytosolic glucocorticoid receptor number in lymphocytes. Conclusions. Further controlled trials of the effects of mifepristone and their durability are indicated in PTSD. If effective, a short-term pharmacological treatment in PTSD could have myriad uses.

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http://www.ncbi.nlm.nih.gov/pubmed/22608629?dopt=Abstract

Handb Clin Neurol. 2012;106:291-342.

Biological and clinical framework for posttraumatic stress disorder.

Vermetten E, Lanius RA.

Source: Department of Psychiatry, University Medical Center; Rudolf Magnus Institute of Neurosciences, Utrecht, The Netherlands.

Abstract

Three decades of posttraumatic stress disorder (PTSD) research have placed it well on the map. PTSD is a young disorder that started being properly understood only from 1980 with incorporation in DSM-III, in which it was acknowledged that exposure to traumatic events can lead to long-term psychopathology. This chapter reviews the history and nosology of the disorder, epidemiology, and etiology, as well as the clinical features. It lists the diagnostic assessments and provides an overview of the biological framework of the disorder by addressing brain, neurohormonal, and transmitter alterations. Exposure to traumatic events is commonplace. The majority of exposed subjects are resilient, as this is still the rule rather than the exception. The reported prevalence of PTSD is twice as common in females compared to males. The A criterion in PTSD expressed the traumatic event, after which the symptom clusters are

based on intrusions, avoidance, and irritability. Gene-environmental studies are needed, with a focus on specific, distinct endophenotypes and influences from environmental factors (e.g., traumatic early-life experiences, with abuse or neglect, as well as exposure to disasters or combat). PTSD is often accompanied by comorbid disorders, such as depression and other anxiety disorders, as well as drug and alcohol abuse and dependence. The disorder is heterogeneous, sometimes with complex features that focus on emotional dysregulation, attachment, and dissociation. Several validated trauma assessments are available that allow quantification of trauma symptomatology. The biological framework is based on the concepts of stress sensitization and fear conditioning as well as failure of inhibition. After the decade of the hippocampus we have seen a shift to the decade of the amygdala in the new millennium. Given the specific role of the prefrontal cortex in (neuro)psychological functions in patients with PTSD (i.e., attention and cognitive interference), interest in the role of the prefrontal cortex will increase significantly. Increased multidisciplinary involvement, with inclusion of genetics, endocrinology, immunology, (neuro)psychology, and psychopathology, is essential to find consistency between biological, emotional, and cognitive dysfunction in PTSD. A variety of effective psychological and pharmacological interventions can be used to treat PTSD. The mechanisms of exposure therapy and cognitive therapy in influencing neurobiological markers need to be further investigated. The same goes for emerging therapies such as eye movement desensitization and reprocessing, virtual reality exposure, internet therapy, and neurofeedback. There are no specific drugs for PTSD, except for the treatment of irritability and depressive features with selective serotonin reuptake inhibitors. Other options, such as specific serotonergic agents, e.g., 5-HT(1A) antagonists, norepinephrine blockers, corticotropin-releasing factor antagonists, glucocorticoid receptor antagonists, prazosin and α(1)-adrenergic blocker with nightmares, and use of beta-blockers early after trauma exposure, are investigated. New treatment options such as d-cycloserine and cortisol seem to offer opportunities to influence memory consolidation of traumatic experiences in timed relation to exposure. For health economy it is important to be aware that there is an economic burden associated with PTSD, and treatments require the use of scarce resources. They will ultimately provide tools to ascertain the relative efficiency of different treatment options and plan the availability of these for the affected population. This can be seen as the biggest challenge for the future evolution of the disorder.

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http://www.ncbi.nlm.nih.gov/pubmed/22608015?dopt=Abstract

Psychol Med. 2012 May 21:1-12. [Epub ahead of print]

Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active military personnel.

Sareen J, Henriksen CA, Bolton SL, Afifi TO, Stein MB, Asmundson GJ.

Source: Departments of Psychiatry, Psychology, and Community Health Sciences, University of Manitoba, Winnipeg, MB, Canada.

Abstract

BACKGROUND:
Although it has been posited that exposure to adverse childhood experiences (ACEs) increases vulnerability to deployment stress, previous literature in this area has demonstrated conflicting results. Using a cross-sectional population-based sample of active military personnel, the present study examined the relationship between ACEs, deployment related stressors and mood and anxiety disorders.MethodData were analyzed from the 2002 Canadian Community Health Survey - Canadian Forces Supplement (CCHS-CFS; n=8340, age 18-54 years, response rate 81%). The following ACEs were self-reported retrospectively: childhood physical abuse, childhood sexual abuse, economic deprivation, exposure to domestic violence, parental divorce/separation, parental substance abuse problems, hospitalization as a child, and apprehension by a child protection service. DSM-IV mood and anxiety disorders [major depressive disorder, post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), panic attacks/disorder and social phobia] were assessed using the Composite International Diagnostic Interview (CIDI).

RESULTS:
Even after adjusting for the effects of deployment-related traumatic exposures (DRTEs), exposure to ACEs was significantly associated with past-year mood or anxiety disorder among men [adjusted odds ratio (aOR) 1.34, 99% confidence interval (CI) 1.03-1.73, $p<0.01$] and women [aOR 1.37, 99% CI 1.00-1.89, $p=0.01$]. Participants exposed to both ACEs and DRTEs had the highest prevalence of past-year mood or anxiety disorder in comparison to those who were exposed to either ACEs alone, DRTEs alone, or no exposure.

CONCLUSIONS:
ACEs are associated with several mood and anxiety disorders among active military personnel. Intervention strategies to prevent mental health problems should consider the utility of targeting soldiers with exposure to ACEs.

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http://www.ncbi.nlm.nih.gov/pubmed/22609123?dopt=Abstract

Sleep Med Rev. 2012 May 18. [Epub ahead of print]

Interpersonal factors in insomnia: A model for integrating bed partners into cognitive behavioral therapy for insomnia.

Rogojanski J, Carney CE, Monson CM.

Source: Department of Psychology, Ryerson University, 350 Victoria Street, Toronto, Ontario, Canada M5B 2K3.

Abstract

Sleep has largely been conceptualized as an individual phenomenon, despite the fact that most adults share their bed with a partner at some time in their life. Only recently have researchers begun to examine the dyadic nature of sleep, and there is growing evidence that bed partners can play a role in the onset and maintenance of insomnia. Additionally, emerging evidence suggests that bed partners can be powerful agents of social control in terms of promoting adaptive health and sleep-related behaviors, and shared social rhythms between partners can help foster an environment that is conducive to good sleep. As such, the aim of the present article is to review the social context of the sleep environment and how best to include bed partners in insomnia treatment. Based on a synthesis of relevant literatures, a model for integrating bed partners into cognitive behavior therapy for insomnia (CBT-I) is presented and directions for future research are discussed.

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http://www.scirp.org/journal/PaperInformation.aspx?paperID=19108#abstract

The psychiatric profile of the U.S. patient population across age groups.

Mohammad Sami Walid, Nadezhda Zaytseva, William Perez

The Open Journal of Epidemiology

Introduction: As the U.S. population undergoes continuous shifts the population's health profile changes dynamically resulting in more or less expression of certain psychiatric disorders and utilization of health-care resources. In this paper, we analyze national data on the psychiatric morbidity of American patients and their summated cost in different age groups.

Methods:
The latest data (2009) on the number of hospital discharges and national bill (hospital charges) linked with psychiatric disorders were extracted from the Nationwide Inpatient Sample (NIS).

Results:
National data shows that mood disorders are the largest diagnostic category in terms of percentage of psychiatri-crelated discharges in the 1 - 17 years age group. The proportion decreases gradually as age progresses while delirium, dementia, amnestic and other cognitive disorders increase exponentially after 65 years of age. Schizophrenia and other psychotic disorders as well as alcohol and substance-related disorders peak in the working age groups (18 - 64 years). From an economic point of view, mood disorders in the 18 - 44 age group has the highest national bill ($5.477 billion) followed by schizophrenic and other psychotic disorders in the same age group ($4.337 billion) and mood disorders in the 45 - 64 age group ($4.310 billion). On the third place come schizophrenic and other psychotic disorders in the 45 - 64 age group ($3.931 billion).

Conclusion:
This paper illustrates the high cost of psychiatric care in the U.S., especially the large fraction of healthcare money spent on working-age patients suffering from mood disorders. This underlines psychiatric cost-efficiency as a vital topic in the current healthcare debate.

Links of Interest

Must-read piece by Anthony Swoffard, author of *Jarhead*:
‘We Pretend the Vets Don’t Exist’
http://www.thedailybeast.com/newsweek/2012/05/20/andrew-swofford-on-the-epidemic-of-military-suicides.html
(“Our post-deployment mental-health screening took place with the entire unit sitting down with the chaplain, and the chaplain asking if we had any problems, and the commanding officer saying that no one had any problems.")

Preventing post-traumatic stress: Rates of PTSD among soldiers returning from Afghanistan and Iraq are dramatically lower than predicted
http://www.eurekalert.org/pub_releases/2012-05/hu-pps051712.php

How Reliable Are the Social Sciences?
http://opinionator.blogs.nytimes.com/2012/05/17/how-reliable-are-the-social-sciences/

Military Marriages Stay Strong in Face of Challenges: Study
http://www.nlm.nih.gov/medlineplus/news/fullstory_125346.html

Drugs Help Tailor Alcoholism Treatment
http://www.nytimes.com/2012/05/22/health/tailoring-treatments-for-alcoholics.html

Brain Injuries from Blasts Similar to Football Impact
http://www.sciencedaily.com/releases/2012/05/120520215400.htm

Facebook and Smartphones: New Tools for Psychological Science Research
http://www.sciencedaily.com/releases/2012/05/120518132551.htm

Brain Injury to Soldiers Can Arise from Exposure to a Single Explosion
http://www.sciencedaily.com/releases/2012/05/120516152440.htm

Online CBT for Depression, GAD Is Effective for Most
http://www.familypracticenews.com/news/more-top-news/single-view/online-cbt-for-depression-gad-is-effective-for-most/a0425cab21df06e287e7460d45e612ec.html

Soldiers Who Desecrate the Dead See Themselves as Hunters
http://www.sciencedaily.com/releases/2012/05/120520225051.htm

Bringing Traumatic Brain Injury into Focus
http://www.brainlinemilitary.org/content/2012/05/bringing-traumatic-brain-injury-into-focus.html

Bias found in mental health drug research presented at major psychiatric meeting
http://www.eurekalert.org/pub_releases/2012-05/uomh-bfi052212.php

Touching tarantulas: People with spider phobia handle tarantulas and have lasting changes in brain after short therapy
http://www.eurekalert.org/pub_releases/2012-05/nu-tt051812.php

Social Media and Suicide Prevention
http://science.dodlive.mil/2012/05/20/social-media-and-suicide-prevention/

Natick Soldiers run home for PTSD, traumatic brain injury
http://www.army.mil/article/80197/Natick_Soldiers_run_home_for_PTSD__traumatic_brain_injury/

Managing Stress
http://www.cdc.gov/Features/HandlingStress/

Research Tip of the Week: Ethics Codes and Practice Guidelines

This is part of a ginormous site -- Articles, Research, & Resources in Psychology – maintained by Ken Pope, Ph.D., ABPP.

> This page presents links to therapy, counseling, forensic, and related ethics (and practice) codes developed by professional organizations (e.g., of psychologists, psychiatrists, social workers, marriage and family counselors). Codes are listed only if they appear online for the public without charge.

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