



CDP Research Update -- May 31, 2012

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Vol 13, No 1 (2012)
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- Psychosocial and psychiatric characteristics of suicide completers with psychiatric treatment before death: A psychological autopsy study of 76 cases.
- Evaluating transdiagnostic treatment for distress and impairment in veterans: a multi-site randomized controlled trial of Acceptance and Commitment Therapy.
- Attitudes toward Concordance in Psychiatry: A comparative, cross-sectional study of psychiatric patients and mental health professionals.
- Improving Access to Mental Health Care and Psychosocial Support within a Fragile Context: A Case Study from Afghanistan.
- The Dissociative Subtype of PTSD: A Replication and Extension.
- Sleep Quality as a Potential Mediator Between Psychological Distress and Diabetes Quality of Life in Veterans With Type 2 Diabetes.
- Panicogens in Patients with Post-Traumatic Stress Disorder (PTSD).

- The Role of Life Events and HPA Axis in Anxiety Disorders: a Review.
- Pharmacological Innovations for Posttraumatic Stress Disorder and Medication-Enhanced Psychotherapy.
- Links of Interest
- Research Tip of the Week: Statistics - a wide range of military and government information (Pentagon Library bibliography)

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/view/123/1967>

Embracing the Diversity of Military Social Work.

James G. Daley Anthony M. Hassan -- Special Issue Co-editors

This special issue illustrates the wide diversity of the field of military social work. Military social work has spanned more than 60 years (Daley, 1999; Maas, 1951; Rubin, Weiss, & Coll, in press) and social workers were working initially in World War I as Red Cross staff (Harris, 1999). Uniformed social work officers serve in the Army, Navy, Air Force, Coast Guard, Guard/Reserve, and Public Health Service in a wide range of jobs. Civilian military social workers work within many social service programs serving the military, veterans, and their families. Many countries have uniformed and civilian social workers and programs to aid and care for the military and their families (Daley, 2003). Despite a diverse range of programs provided by and often developed by military social workers, very little is shared in the professional literature or identified as “military social work.”

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This special issue strives to further strengthen the public awareness of the complex issues and program initiatives facing our servicemembers, veterans, and their families. Nedegaard and colleagues report on the key issues navigated in a multi-national mental health program for troops in Afghanistan. Van Breda outlines the military social work approaches and thinking in South Africa. Issues of military families are well represented including child-parent relationship training for military families (Jensen-Hart et al.), single parent issues (Blanchard), spousal communication (Ponder & Aguirre), and building marital resilience (Ponder & Aguirre). The effects of trauma on military women are explored (Osborne et al.). Community resources are explored such as a home-based reintegration program for military families (DeVoe et al.) and building better informed civilian providers of care for military or veterans (Luby). Veterans issues are well represented with articles on rural veterans (Stotzer et al.), developing a student veterans study and helping veterans in academic settings (Smith-Osborne), assessing PTSD in older veterans (Yarvis et al.), and strategies for helping veterans (Hazle et al.). Beder’s article discusses hospital-based social workers working in military hospitals and the issues of compassion fatigue. Whitworth and colleagues outline a framework for teaching military social work in a school of social work. In sum, this special issue provides for the reader a rich sampler of military social work. Each area is a portal to understanding a portion of the vast terrain that is military social work.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1891/1951> (full text)

Social Work with Veterans in Rural Communities: Perceptions of Stigma as a Barrier to Accessing Mental Health Care.

Rebecca L. Stotzer, Julia M. Whealin, Dawna Darden

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 1-16

The nearly decade long efforts in the Global War on Terror have led to increasing numbers of Veterans of the armed services returning to rural locations, but little is known about their needs. However, recent research suggests that rural Veterans face a host of issues, but perhaps more importantly, are facing heightened levels of stigma in rural areas related to their health and mental health. This paper examines how mental health stigma in the military may feed into stigma in rural communities and serve as an additional barrier for Veterans in rural areas who are struggling with mental health concerns. Recommendations for the unique role of social workers in serving these Veterans, as well as addressing community issues around stigma, are addressed.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/view/1890/1952>

Military Social Work Thinking in South Africa.

Adrian D. van Breda

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 17-33

Military social workers in South Africa have developed distinctive ways of thinking about military social work. These developments have been influenced by various contextual factors, such as the transition of South Africa to a non-racial democracy in 1994 and the establishment of a military social work research capacity. These factors contributed to new ways of thinking, such as the recognition that military social work has a mandate to facilitate organizational change and the adoption of a resilience perspective. A central development in military social work thinking in South Africa was the formulation of a Military Social Work Practice Model, which is described and illustrated in some detail. This model emphasizes binocular vision (focusing on the interface between soldiers and the military organization) and four practice positions, derived from occupational social work theory. The author notes the importance of creating appropriate contexts that facilitate further developments in military social work theory.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1870/1953>

Supporting Resilience in the Academic Setting for Student Soldiers and Veterans as an Aspect of Community Reintegration: The Design of the Student Veteran Project Study.

Alexa M. Smith-Osborne

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 34-50

The Post 9/11 GI Bill is leading an increasing proportion of wounded warriors to enter universities. This paper describes the design and development of an adapted supported education intervention for veterans. The intervention trial was one of two projects which grew out of a participatory action research process aimed at supporting reintegration of returning veterans into the civilian community. This intervention is being tested in a foundation-funded randomized controlled trial in a large southwestern university, with participation now extended to student-veterans at colleges around the country. Some protective mechanisms which were found in theory and in prior research were also supported in early results. SEd intervention was associated with the protective mechanisms of support network density, higher mood, and resilience. Practitioners may benefit from the lessons learned in the development of this supported education intervention trial when considering implementation of this complementary intervention for veterans reintegrating into civilian life.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1881/1954> (full text)

Child Parent Relationship Training (CPRT): Enhancing the Parent-child Relationships for Military Families.

Staci J. Jensen-Hart, Jeff Christensen, Lacey Dutka, J. Corey Leishman

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 51-66

Military families experience increased stress when facing issues of deployment, separation, and reunification. The increased stress impacts the parent-child relationship as well as child behavioral and emotional well-being. Although recognizing the resiliency of military families, research points to the need to monitor parental stress both pre- and post-deployment and highlights the inherent risks that separation and reunification pose for the parent-child relationship bond. This pilot study was designed to explore the effectiveness of the Child Parent Relationship Therapy (CPRT) Training Model as a proactive method of enhancing parent-child relationships, reducing parental stress, and preventing negative impact of military separations on children.

<https://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1873/1955>

Promoting Military Cultural Awareness in an Off-post Community of Behavioral Health and Social Support Service Providers.

Christi Duette Luby

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 67-82

Due to U.S. military Base Realignment and Closure (BRAC) efforts and ongoing Overseas Contingency Operations, the number of military servicemembers and veterans seeking civilian-based services has increased. As the military presence grows in previously underrepresented areas, the need for culturally competent providers will also increase both on and off military installations. The purpose of this article is to promote military cultural awareness, while suggesting ways to enhance existing community behavioral health and social support services. It builds on a review of the extant literature and findings from a community assessment to introduce civilian providers to some specific issues affecting servicemembers and their families. A framework describes ways to increase military cultural competence and build community capacity to enhance civilian-based services. In addition, two appendices list some common military terminology and multiple training resources available through military organizations and websites.

(Note that CDP is listed at the top of the reference list in Appendix 2: Military Cultural Competence Resources and Fact Sheets.)

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1872/1966> (full text)

Are the Needs of Single Parents Serving in the Air Force Being Met?

Samantha E. Blanchard

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 83-97

The military has taken extraordinary steps in establishing programs to support not only the member serving but their families as well. This article will examine military policy as it impacts single parents serving in the Air Force, highlighting existing programs, and calling for more research on this valuable population.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1880/1956> (full text)

Lessons Learned in Afghanistan: A Multi-national Military Mental Health Perspective.

Randall C. Nedegaard, Rachel E. Foster, Mercy Yeboah-Ampadu, Andrew J. Stubbs

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 98-111

America has been at war for almost 10 years. Because of this, continuing missions in the Middle East require the support and cooperation of our allied North Atlantic Treaty Organization (NATO) forces from around the world. In this paper we provide an overview of the mission at Kandahar Air Field (KAF) and the Multi-National Role 3 hospital located at KAF. Next, we explain the mental health capabilities and unique perspectives among our teammates from Canada, Great Britain, and the United States to include a discussion of the relevant cross-cultural differences between us. Within this framework we also

provide an overview of the mental health clientele seen at KAF during the period of April 2009 through September 2009. Finally, we discuss the successes, limitations, and lessons learned during our deployment to Kandahar, Afghanistan.

<https://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1876/1957> (full text)

Problem-based Learning Strategies for Teaching Military Social Work Practice Behaviors: Review and Evaluation.

James D. Whitworth, Joseph R. Herzog, Diane L. Scott

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 112-131

This article outlines and evaluates a military social work course as it has been taught by three social work faculty members at two universities in the southeastern US. The authors highlight why these courses are needed within social work undergraduate and graduate programs. They report how CSWE-identified military practice behaviors are addressed within the course. They also describe how practice-based learning approaches appear to be ideally suited for teaching military social work curricula. Data on student perceptions of military social work courses and the application of problembased learning are presented along with an assessment of knowledge gains and ability to practice military social work. Findings reflect that social worker students find these courses helpful and that they believe that problem-based courses in this subject help prepare them for initial work with this population. They also highlight the need for an extensively updated military social work textbook addressing major changes within the military and social work over the last decade.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1866/1959> (full text)

Social Work in the Department of Defense Hospital: Impact of the Work.

Joan C. Beder

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 132-148

Social workers in the Department of Defense Hospital system are faced with numerous challenges to best address the needs of the war wounded. Social workers serve diverse roles on the multidisciplinary team and are integral to the hospital and hospital out-patient work environment. Sometimes, however, the work extracts a toll on the social worker that may be expressed in terms of burnout and compassion fatigue. The converse is also true, that social workers may have a strong sense of compassion satisfaction about what they do. This article details the experience of social workers in Department of Defense hospitals. It describes the impact of the work on the social workers noting levels of compassion satisfaction, compassion fatigue, and burnout.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1888/1960> (full text)

Build it Together and They will Come: The Case for Community-based Participatory Research with Military Populations.

Ellen R. DeVoe, Abigail M. Ross, Ruth Paris

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 149-165

In this article, we describe the methodology broadly known as communitybased participatory research (CBPR) and identify its relevance to social work intervention research with families serving in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). Since the inception of OEF/OIF, much has been written about low rates of service utilization among military service members and families to address deployment and combat-related concerns. Barriers to participation include difficulty accessing programs, mistrust of clinicians/researchers, concerns about confidentiality, stigma, and career implications, and perceptions of program effectiveness. Because CBPR values the community's inherent resilience and expertise about its own needs, this method can be important for the development of feasible, culturally-relevant and evidence-based prevention and intervention models for military populations. To illustrate, we provide an overview of our implementation of CBPR to develop and test a home-based reintegration program for military families with very young children. Implications for social work practice and research are discussed.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1878/1961> (full text)

Psychosocial Effects of Trauma on Military Women Serving in the National Guard and Reserves.

Victoria A. Osborne, L. Ashley Gage, Abigail J. Rolbiecki

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 166-184

Women involved in all aspects of the United States Armed Forces face mental health needs that are unique from women in the general population. Because the most recent wars in Iraq and Afghanistan are involving more women in combat situations, social workers encounter female clients who are increasingly experiencing posttraumatic stress disorder, substance misuse, and sexual violence. Special attention must be paid particularly to women who serve in the National Guard or Reserves, as they have different concerns than enlisted active duty women. These concerns include less social support and fewer resources upon return from deployment. Thus, it is imperative for social workers in the community to be aware of these military women's experiences and unique mental health challenges in order to effectively treat their needs.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1874/1962> (full text)

Assessment of PTSD in Older Veterans: The Posttraumatic Stress Disorder Checklist: Military Version (PCL-M).

Jeffrey S. Yarvis, Eunkyung Yoon, Margaret Amenuke, Sandra Simien-Turner, Grace D. Landers

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 185-202

The Posttraumatic Stress Disorder (PTSD) Checklist: Military Version (PCLM) is a 17-item, self-report measure of PTSD symptomatology in military veterans and provides one total score and four subscale scores for older veterans' PTSD (reexperiencing, avoiding, numbing, and hyperarousal symptoms). Study subjects are 456 male veterans over 55-years old with deployed experiences selected from a larger survey data by Veterans' Affairs Canada (VAC). This study found that overall scale reliability was excellent with alpha of .93 and subscale alphas ranging from .81 to .90. Confirmatory Factor Analysis (CFA) confirmed the best fit of four first-order factor model. Criterion validity was confirmed through significant associations of the PCL-M scores with well-established measures of depression, substance abuse, and general health indices. The PCL-M is recommended as a reliable and valid tool for the clinical and empirical assessment of screening PTSD symptomatology, specifically related to older veterans' military experiences.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/viewFile/1882/1963> (full text)

War-related Trauma: Increasing the American GI's Resilience through Marriage.

Warren N. Ponder, Regina T. P. Aguirre

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 203-215

Studies have shown PTSD has a negative impact on close relationships among Vietnam War veterans. Recently, studies have replicated these findings in the Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) cohort. Currently, over half of the military is married and veterans are returning from combat with elevated rates of PTSD. Thus, investigating which symptom clusters influence marital satisfaction of the veteran the most is important for assisting social workers and other mental health professionals in identifying and prioritizing treatment goals. The current study identifies which of the four PTSD symptom clusters impacts marital satisfaction the most in returning combat veterans using regression analysis. The emotional numbing cluster negatively impacted marital satisfaction whereas the hyper-arousal cluster positively impacted it. Using all 17 Post-traumatic Disorder Checklist-Military (PCL-M) questions as possible predictors of veterans' marital satisfaction, regression analysis revealed five of the questions account for 26 percent of the variance in marital satisfaction. Clinical implications and recommendations are explored.

<http://journals.iupui.edu/index.php/advancesinsocialwork/article/view/1867/1964> (full text)

Internet-based Spousal Communication during Deployment: Does it Increase Post-deployment Marital Satisfaction?

Warren N. Ponder, Regina T. P. Aguirre

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 216-228

The purpose of this study was to explore the question: Is a service member's post-deployment marital satisfaction correlated with frequency and mode of communication during deployment? This study used an anonymous exploratory design with a sample of 119 Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) married veterans. Service members who communicated daily during deployment with their spouses had higher marital satisfaction scores than those who communicated less than once per week. Additionally, participants who used US mail had the highest marital satisfaction scores compared to telephone and internet-based communication. This study expands the overwhelmingly qualitative current literature to include quantitative analysis of this topic. This study also depicts the veterans' experiences since many of the previous studies of this topic used samples of spouses.

<http://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/viewFile/2051/1965>
(full text)

Helping Veterans and Their Families Fight On!

Megan Hazle, Sherrie L. Wilcox, Anthony M. Hassan

Advances in Social Work Vol. 13 No. 1 (Spring 2012), 229-242

This new generation of veterans is coming home to families, friends, employers, and communities that likely do not understand military culture, nor the effects that military service and reintegration have on a veteran's life, leading to the next war – the Reintegration War. Military servicemembers, veterans, and their families face challenges within the Reintegration War that are different from their civilian counterparts and are complicated by military-specific circumstances. In order to more effectively and efficiently address the challenges servicemembers, veterans, and their families face, we need to work together in a comprehensive effort. Strategies are presented to help win the Reintegration War and ease the transition for servicemembers, veterans, and their families.

<http://lenus.ie/hse/bitstream/10147/225596/3/MentalHealthAssessmentTools.pdf>

Mental Health Assessment Tools

Second Edition 2012

Laois Offaly Longford Westmeath Mental Health Services (Janssen)

Health Service Executive (Ireland)

The Assessment Tools/scales contained in this Portfolio are for use by professional members of the Multi-Disciplinary Team in mental health practice who have had appropriate training on their application.

The Assessment Tools/scales do not in any way replace clinical decision making, rather they can assist in the process. Practitioners should be prepared to use their clinical judgement to make decisions regarding which tool/scale is appropriate in the overall assessment and care for each patient /client and the often rapidly changing needs of that person. This portfolio has been published with the aid of an educational grant from Janssen. The content has been decided upon by the authors without input from the sponsor.

http://calhoun.nps.edu/public/bitstream/handle/10945/6785/12Mar_DeBaun.pdf

The Effects of Combat Exposure on the Military Divorce Rate.

DeBaun, Matthew B.

Monterey, California: Naval Postgraduate School
Thesis

Issue Date: 2012-03

This research investigates the effect that combat exposure has on the divorce rate for military personnel. The thesis uses demographic data from the Defense Manpower Data Center (DMDC) coupled with responses from the post-deployment health assessment (PDHA). The sample contains enlisted personnel from all four services who were married and deployed between 2001 and 2007. The probability of divorce after deployment was predicted using a probit model. Combat exposure is divided into two distinct categories, casualty experience and weapon usage. Casualty experience and weapon usage were used to create interaction terms with occupational specialties (combat arms, medical service, combat service, service support) and gender.

Results indicate that in most cases, combat exposure will increase the likelihood of divorce. Additionally, a casualty experience tends to have a greater impact on divorce than does weapon usage. Specifically, weapon usage was found to increase the likelihood of divorce for personnel in the medical service (Navy) and service support (Army). A casualty experience increased the likelihood of divorce for personnel in combat arms (Marines, Army) and service support (Marines). Aside from combat exposure, the results indicate that divorce rates vary across occupational specialties and the likelihood of divorce is substantially higher for women.

<http://www.futuremedicine.com/doi/abs/10.2217/pmt.12.18>

Battlefield analgesia: a brief review of current trends and concepts in the treatment of pain in US military casualties from the conflicts in Iraq and Afghanistan.

Anthony Plunkett, Ali Turabi and Indy Wilkinson

Pain Management 2012 2:3, 231-238

Battlefield analgesia and post-injury pain management is a high priority within the military medical community. The combined military services of the USA have developed a Pain Task Force and clinical practice guidelines to ensure that adequate analgesia is provided to our wounded soldiers as far forward as the point of injury on the battlefield. As a result of this emphasis, novel analgesic techniques and equipment have led to improved pain management. Continuous peripheral nerve blocks, intranasal ketamine, battlefield acupuncture and other adjuncts have all been utilized safely and successfully. The ability to provide rapid analgesia as early in the course of injury as possible not only helps with the immediate pain of the soldier, but potentially minimizes the risk of developing chronic postinjury pain. During the long medical evacuation system the risks of both undertreatment and overtreatment of pain are very real. Future studies and observation will help to delineate best treatment regimens and pave the way for the next generation of medical providers to positively impact a soldier's recovery. This article is written from the perspective of the USA with a focus on the conflicts in Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom).

<http://thescholarship.ecu.edu/handle/10342/3902>

Biopsychosocial Health of Military Members and their Spouses.

Lewis, Melissa

Doctoral Dissertation, 2012

Eastern Carolina University

Military members and their spouses experience unique stressors compared to civilian couples, making them vulnerable for physical, psychological, and relational health concerns. A systematic literature search, exhaustive search, cross-sectional study, and policy brief were completed to explore the biopsychosocial health of military members. Literature trends reveal that the role of the military spouse is no longer secondary, but is crucial to the health of the military and veteran couple. It is recommended that spouses be a part of the biopsychosocial assessment that service members receive and also be assessed themselves for stress derived symptoms such as hypertension, post traumatic stress, and depression. Assessments for health should occur sooner after deployment and at more frequent intervals given the dynamic nature of stress on health over time. The health of service members and

veterans is couched within their personal and familial relationships, thus marriage and family therapists/medical family therapists are well prepared to attend to the dynamics between health, stress, and relational well-being across the lifespan of military and veteran couples. Recommendations for future research on military couples includes a need for couple-centered interventions using experimental methodology, a broader variety of interventions that target couples, and appropriate dyadic survey and assessment tools to determine the efficacy of couple's interventions for military, reserve, and veteran populations.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21691/abstract>

Optimism predicts resilience in repatriated prisoners of war: A 37-year longitudinal study.

Francine Segovia, Jeffrey L. Moore, Steven E. Linnville, Robert E. Hoyt, Robert E. Hain

Journal of Traumatic Stress

Article first published online: 21 MAY 2012

Resilience, exhibiting intact psychological functioning despite exposure to trauma, is one perspective as to why some people who are exposed to trauma do not develop symptoms. This study examines the prisoner of war experience to expand our understanding of this phenomenon in extreme cases of trauma such as prolonged captivity, malnourishment, and physical and psychological torture. The study examined the United States' longest detained American prisoners of war, those held in Vietnam in the 1960s through early 1970s. A logistic regression analysis using resilience, defined as never receiving any psychiatric diagnosis over a 37-year follow-up period, as the outcome was performed (n = 224 with complete data). Six variables showing at least small effects emerged: officer/enlisted status, age at time of capture, length of solitary confinement, low antisocial/psychopathic personality traits, low posttraumatic stress symptoms following repatriation, and optimism. Odds ratios (ORs) and confidence intervals (CIs) confirmed the significance and relative strength of these variables, with a range from OR = 0.54, 95% CI [0.13, 2.29] to OR = 1.11, 95% CI [1.04, 1.17]. When all variables were examined continuously and categorically, dispositional optimism was the strongest variable, accounting for 17%, continuously, and 14%, categorically. We discuss optimism as a protective factor for confronting trauma and the possibility of training to increase it.

http://journals.lww.com/practicalpsychiatry/Abstract/2012/05000/Inevitable_Suicide_A_New_Paradigm_in_Psychiatry.10.aspx

Inevitable Suicide: A New Paradigm in Psychiatry.

SADOCK, BENJAMIN J. MD

Journal of Psychiatric Practice:

May 2012 - Volume 18 - Issue 3 - p 221–224

The author suggests that a new paradigm may be needed which holds that some suicides may be inevitable. The goal of this paradigm would be to diminish the sense of failure and inadequacy felt by many psychiatrists who experience the suicide of a patient and to increase understanding of the unique biopsychosocial profile of those whose suicides appear to be inevitable. The author stresses that this proposed paradigm should not be misconstrued as therapeutic nihilism but rather should serve to stimulate efforts to treat this patient population more effectively. Risk factors that place individuals at high risk for suicide are reviewed, including presence of a mental illness, genetic predisposition, and factors such as a history of abuse, divorce, unemployment, male gender, recent discharge from a psychiatric hospital, prior suicide attempts, alcohol or other substance abuse, a history of panic attacks, and persistent suicidal thoughts, especially if coupled with a plan. The author notes that, in those suicides that appear to have been inevitable, risk factors are not only numerous but at the extreme end of profound pathology. The example of Ernest Hemingway is used to illustrate how such a combination of risk factors may have contributed to his eventual suicide. Psychiatrists, like other doctors, may have to acknowledge that some psychiatric disorders are associated with a high mortality rate as a natural outcome. This could lead to heightened vigilance, a more realistic view of what can and cannot be achieved with therapy, and efforts to improve the quality of life of patients at high risk for suicide with the goal of reducing this risk and prolonging their lives. (Journal of Psychiatric Practice 2012;18:221–224)

<http://ac-journal.org/journal/pubs/2012/SPRING%202012/Toelkin4.pdf> (full text)

Organizational Discourses during Planned Change: A Resiliency Team Case Study.

Kathryn Toelken

University of South Alabama

American Communication Journal

2012 SPRING (Volume 14, Issue 2)

Researchers have documented the hidden wounds of war and the psychological and emotional injuries that have harmed military members. This study examines organizational planned change to address the growing number of wounded warrior suicides. The purpose of this study is to examine a case study of one Southern State's National Guard (SSNG, a pseudonym) and its Resiliency Team Task Force (RTTF) as they grapple to implement organizational change. This study employs organizational discourse analysis to explore how individuals and coalitions form discursive identities to respond to the challenges that change represents. This study also explores the way discursive and structural contexts enable and constrain the RTTF and change messages as they respond to changes in the group membership. This study highlights the importance of viewing messaging as a process of information transfer as well as discursive constructions that have important implications for the way change agents approach issues of sensemaking during a change process.

http://stg.currentpsychiatry.com/article_pages.asp?aid=10455 (full text)

PTSD nightmares: Prazosin and atypical antipsychotics.

Rebecca L. Graham, PharmD

Dr. Graham is a Second-Year Psychiatric Pharmacy Resident, Veterans Affairs San Diego Healthcare System (VASDHS)

Susan G. Leckband, RPh, BCPP

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Practice Points

- Prazosin is recommended as a first-line therapy for nighttime PTSD symptoms, such as nightmares or sleep disturbances—especially among veterans—because of superior long-term effectiveness.
- Risk of metabolic syndrome, which has been reported with low-dose atypical antipsychotics used for treating insomnia, limits their use for PTSD-related nightmares.

Mr. S, a 45-year-old veteran, was diagnosed with posttraumatic stress disorder (PTSD) 18 years ago after a tour of duty in the Persian Gulf. He had combat-related flashbacks triggered by the smell of gasoline or smoke from a fire, was easily startled, and began to isolate himself socially. However, his symptoms improved when he started volunteering at his local Veterans Affairs Medical Center. After he lost his job 3 years ago, Mr. S started experiencing flashbacks. He was irritable, easily startled, and avoided things that reminded him of his time in the Persian Gulf. His psychiatrist prescribed sertraline, titrated to 200 mg/d. The drug reduced the severity of his avoidance and hyperarousal symptoms and improved his mood.

During a clinic visit, Mr. S says he is doing well and can fall asleep at night but is having recurring nightmares about traumatic events that occurred during combat. These nightmares wake him up and have become more frequent, occurring once per night for the past month. Mr. S says he has been watching more news programs about conflicts in Afghanistan and Iraq since the nightmares began. His

psychiatrist starts quetiapine, 50 mg at bedtime for 7 nights then 100 mg at bedtime, but after 6 weeks Mr. S says his nightmares continue.

PTSD occurs in approximately 19% of Vietnam war combat veterans¹ and 14% of service members returning from Iraq and Afghanistan.² PTSD symptoms are classified into clusters: intrusive/re-experiencing; avoidant/numbing; and hyperarousal.³ Nightmares are part of the intrusive/re-experiencing cluster, which is Criterion B in DSM-IV-TR. See (Table 1) for a description of DSM-IV-TR PTSD criteria. Among PTSD patients, 50% to 70% report PTSD-associated nightmares.⁴ Despite adequate treatment targeted to improve PTSD's core symptoms, symptoms such as sleep disturbances or nightmares often persist.

<http://www.tandfonline.com/doi/abs/10.1080/1533256X.2012.676471>

An Ecosystemic Perspective in the Treatment of Posttraumatic Stress and Substance Use Disorders in Veterans.

Eugenia L. Weiss, Jose E. Coll, Shannon Mayeda, Jennifer Mascarenas, Kristen Lawlor, Tara Debraber

Journal of Social Work Practice in the Addictions

Vol. 12, Iss. 2, 2012

This article reviews the prevalence of co-occurring posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) in the veteran population. Recommendations regarding how to better understand, engage, and retain veterans with PTSD/SUDs in treatment are presented through an ecological perspective that takes into account the multiple systems and worldviews, including culture, ethnicity, family, and military culture, that are transacting with the individual. A case example illustrates the multifaceted approach that the authors feel is necessary to increase treatment participation and retention with military clients. This article can be useful for both civilian social work clinicians and those working in military or veteran treatment settings.

<http://www.ncbi.nlm.nih.gov/pubmed/22632450?dopt=Abstract>

Neuropsychol Rehabil. 2012 May 25. [Epub ahead of print]

Development of a motivational interviewing programme as a prelude to CBT for anxiety following traumatic brain injury.

Hsieh MY, Ponsford J, Wong D, Schönberger M, McKay A, Haines K.

Source: School of Psychology and Psychiatry , Monash University , Melbourne , Victoria , Australia.

Abstract

A brief preparatory programme, based on the principles of motivational interviewing (MI), was developed as a way of engaging clients with traumatic brain injury (TBI) and preparing them for a cognitive behaviour therapy (CBT) programme for anxiety. The MI + CBT programme was delivered to a male client in his early 40s with severe TBI at four months post-injury, using a single-subject design with repeated measures pre- and post-treatment. The client received three sessions of manualised MI, followed by nine sessions of CBT. The MI sessions focused on helping the client to develop more realistic goals and supporting his self-efficacy about his ability to cope with anxiety. Specific strategies were used to accommodate the client's cognitive limitations, such as the use of personally meaningful metaphors and role plays. Re-assessments were conducted at the end of MI, CBT and nine weeks post-treatment, using a semi-structured clinical interview and self-report measures of anxiety, mood and change expectancy. The client showed significant improvement in anxiety following treatment and a significant reduction in subjective units of distress (SUDS) between the MI and CBT phases. The results suggest the potential utility of MI in people with TBI, and the need to evaluate treatment protocols in a controlled trial.

<http://www.ncbi.nlm.nih.gov/pubmed/22630791?dopt=Abstract>

J Stud Alcohol Drugs. 2012 Jul;73(4):531-41.

Alcohol use at time of injury and survival following traumatic brain injury: results from the national trauma data bank.

Chen CM, Yi HY, Yoon YH, Dong C.

Source: Alcohol Epidemiologic Data System, CSR, Incorporated, Arlington, Virginia.

Abstract

Objective:

Premised on biological evidence from animal research, recent clinical studies have, for the most part, concluded that elevated blood alcohol concentration levels are independently associated with higher survival or decreased mortality in patients with moderate to severe traumatic brain injury (TBI). This study aims to provide some counterevidence to this claim and to further future investigations.

Method:

Incident data were drawn from the largest U.S. trauma registry, the National Trauma Data Bank, for emergency department admission years 2002-2006. TBI was identified according to the National Trauma Data Bank's definition using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), codes. To eliminate confounding, the exact matching method was used to match alcohol-positive with alcohol-negative incidents on sex, age, race/ethnicity, and facility. Logistic regression compared in-hospital mortality between 44,043 alcohol-positive and 59,817 matched alcohol-negative TBI incidents, with and without causes and intents of TBI and Injury Severity Score as covariates. A sensitivity analysis was performed within a subsample of isolated moderate to severe TBI incidents.

Results:

Alcohol use at the time of injury was found to be significantly associated with an increased risk for TBI. Including varied causes and intents of TBI and Injury Severity Score as potential confounders in the regression model explained away the statistical significance of the seemingly protective effect of alcohol against TBI mortality for all TBIs and for isolated moderate to severe TBIs.

Conclusions:

The null finding shows that the purported reduction in TBI mortality attributed to positive blood alcohol likely is attributable to residual confounding. Accordingly, the risk of TBI associated with alcohol use should not be overlooked. (J. Stud. Alcohol Drugs, 73, 531-541, 2012).

<http://www.ncbi.nlm.nih.gov/pubmed/22629120?dopt=Abstract>

ScientificWorldJournal. 2012;2012:181847. Epub 2012 Apr 19.

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

Dossa NI, Hatem M.

Source: Département of Médecine Sociale et Préventive, Faculté de Médecine, Université de Montréal, Montréal, QC, Canada H3C 3J7.

Abstract

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://www.ncbi.nlm.nih.gov/pubmed/22624724?dopt=Abstract>

Brain Inj. 2012 May 24. [Epub ahead of print]

The close relatives of people who have had a traumatic brain injury and their special needs.

Lefebvre H, Levert MJ.

Source: Faculty of Nursing, University of Montreal , Montreal, Quebec , Canada.

Abstract

Primary objective: This study aims to paint a picture of the needs of people close to individuals with a TBI and the services offered to answer these needs, from the point of view of the individuals with a TBI and health professionals. Research design: This study has a qualitative design and a reflexive group was used to collect data. The démarche réflexive d'analyse en partenariat, DRAP (developing reflexive analysis for partnership) was used as a data collection method. The sample comprised Montreal family members (n = 4), Outaouais family members (n = 8), Abitibi family members (n = 7); Montreal care providers (n = 9), Outaouais care providers (n = 11) and Abitibi care providers (n = 9). Main outcomes and results: The results show that people close to individuals with a TBI need information on the health problem, specifically with regard to the diagnostic, the prognostic, and the factors that influence it, as well as the steps towards rehabilitation, and care and services. The results show that close ones need specific, quality services and continuity of services. Conclusion: In conclusion, the pertinence of this study lies in the desire of close ones and health professionals to ease the adaptation process imposed by a TBI, and to promote the well-being of informal caregivers.

<http://www.ncbi.nlm.nih.gov/pubmed/22624848?dopt=Abstract>

Workplace Health Saf. 2012 May 23:257-263. doi: 10.3928/21650799-20120516-51. [Epub ahead of print]

Posttraumatic Stress Disorder Among Paramedics: Exploring a New Solution With Occupational Health Nurses Using the Ottawa Charter as a Framework.

Drewitz-Chesney C.

Abstract

Paramedics have the highest rate of posttraumatic stress disorder (PTSD) among emergency service workers, higher than police or firefighters. This disorder can be detrimental to their personal and family lives, as well as their careers. Current biomedical, behavioral, and socioenvironmental interventions do not address paramedics' work environment, which contributes to the high rate of PTSD. Occupational health nurses can influence the triad of factors contributing to PTSD among paramedics by facilitating social support and emotional expression while advocating for reduced job exposure to traumatic events.

This goal can be accomplished by using a component of the Ottawa Charter, creating a supportive work environment, as a framework. Occupational health nurses, together with management and paramedics, can facilitate a sustainable and supportive work environment that initiates change from within the trauma membrane of paramedics' workplaces to prevent PTSD.

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<http://www.biomedcentral.com/1471-244X/12/50/abstract>

Shame-proneness in attempted suicide patients.

Maria Wiklander, Mats Samuelsson, Jussi Jokinen, Åsa Nilsson, Alexander Wilczek, Gunnar Rylander and Marie Åsberg

BMC Psychiatry 2012, 12:50

Published: 25 May 2012

Background

It has been suggested that shame may be an important feature in suicidal behaviors. The disposition to react with shame, "shame-proneness", has previously not been investigated in groups of attempted suicide patients. We examined shame-proneness in two groups of attempted suicide patients, one group of non-suicidal patients and one group of healthy controls. We hypothesized that the attempted suicide patients would be more shame-prone than non-suicidal patients and healthy controls.

Method

The Test of Self-Conscious Affect (TOSCA), which is the most used measure of shame-proneness, was completed by attempted suicide patients (n = 175: 105 women and 3 men with borderline personality disorder [BPD], 45 women and 22 men without BPD), non-suicidal psychiatric patients (n = 162), and healthy controls (n = 161). The participants were convenience samples, with patients from three clinical research projects and healthy controls from a fourth research project. The relationship between shame-proneness and attempted suicide was studied with group comparisons and multiple regressions. Men and women were analyzed separately.

Results

Women were generally more shame-prone than men of the same participant group. Female suicide attempters with BPD were significantly more shame-prone than both female suicide attempters without BPD and female non-suicidal patients and controls. Male suicide attempters without BPD were significantly less shame-prone than non-suicidal male patients. In multiple regressions, shame-proneness was predicted by level of depression and BPD (but not by attempted suicide) in female patients, and level of depression and non-suicidality in male patients.

Conclusion

Contrary to our hypothesis and related previous research, there was no general relationship between

shame-proneness and attempted suicide. Shame-proneness was differentially related to attempted suicide in different groups of suicide attempters, with significantly high shame-proneness among female suicide attempters with BPD and a negative relationship between shame-proneness and attempted suicide among male patients. More research on state and trait shame in different groups of suicidal individuals seems clinically relevant.

<http://www.ncbi.nlm.nih.gov/pubmed/22623888?dopt=Abstract>

ScientificWorldJournal. 2012;2012:235206. Epub 2012 Apr 30.

A chinese chan-based mind-body intervention improves sleep on patients with depression: a randomized controlled trial.

Chan AS, Wong QY, Sze SL, Kwong PP, Han YM, Cheung MC.

Source: Department of Psychology, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong.

Abstract

Sleep disturbance is a common problem associated with depression, and cognitive-behavioral therapy (CBT) is a more common behavioral intervention for sleep problems. The present study compares the effect of a newly developed Chinese Chan-based intervention, namely Dejian mind-body intervention (DMBI), with the CBT on improving sleep problems of patients with depression. Seventy-five participants diagnosed with major depressive disorder were randomly assigned to receive 10 weekly sessions of CBT or DMBI, or placed on a waitlist. Measurements included ratings by psychiatrists who were blinded to the experimental design, and a standardized questionnaire on sleep quantity and quality was obtained before and after the 10-week intervention. Results indicated that both the CBT and DMBI groups demonstrated significantly reduced sleep onset latency and wake time after sleep onset (effect size range = 0.46-1.0, $P \leq 0.05$) as compared to nonsignificant changes in the waitlist group ($P > 0.1$). Furthermore, the DMBI group, but not the CBT or waitlist groups, demonstrated significantly reduced psychiatrist ratings on overall sleep problems (effect size = 1.0, $P = 0.00$) and improved total sleep time (effect size = 0.8, $P = 0.05$) after treatment. The present findings suggest that a Chinese Chan-based mind-body intervention has positive effects on improving sleep in individuals with depression.

<http://www.ncbi.nlm.nih.gov/pubmed/22456592?dopt=Abstract>

J Nerv Ment Dis. 2012 Apr;200(4):362-4.

Peritraumatic dissociation after loss: latent structure and associations with psychopathology.

Boelen PA, Keijsers L, van den Hout MA.

Source: Department of Clinical and Health Psychology, Utrecht University, Utrecht, The Netherlands.
P.A.Boelen@uu.nl

Abstract

This study investigated the factor-structure of retrospectively assessed peritraumatic dissociation in the moments surrounding the death of a loved one and concurrent and prospective associations of such peritraumatic dissociation with loss-related emotional distress. Data were available from 168 people, bereaved in the preceding year. They completed the Peritraumatic Dissociative Experiences Questionnaire with their loss as the index event, together with measures of prolonged grief disorder, depression, and posttraumatic stress disorder; 117 completed symptom measures again 1 year later. Confirmatory factor analysis comparing the fit of four competing models showed that the eight-item one-factor model found in the first study using the Peritraumatic Dissociative Experiences Questionnaire provided the best fit to the data. Peritraumatic dissociation predicted concurrent and prospective symptom levels even when controlling for neuroticism and demographic and loss-related variables.

<http://www.ncbi.nlm.nih.gov/pubmed/22623761?dopt=Abstract>

Cephalalgia. 2012 May 23. [Epub ahead of print]

Characterization of headache after traumatic brain injury.

Lucas S, Hoffman JM, Bell KR, Walker W, Dikmen S.

Source: Department of Neurology, University of Washington, USA.

Abstract

Background:

Headache is a common and persistent symptom following traumatic brain injury (TBI). Headaches following TBI are defined primarily by their temporal association to injury, but have no defining clinical features. To provide a framework for treatment, primary headache symptoms were used to characterize headache.

Methods:

Three hundred and seventy-eight participants were prospectively enrolled during acute in-patient rehabilitation for TBI. Headaches were classified into migraine/probable migraine, tension-type, or cervicogenic headache at baseline and 3, 6, and 12 months following TBI.

Results:

Migraine was the most frequent headache type occurring in up to 38% of participants who reported headaches. Probable migraine occurred in up to 25%, tension-type headache in up to 21%, then cervicogenic headache in up to 10%. Females were more likely to have endorsed pre-injury migraine

than males, and had migraine or probable migraine at all time points after injury. Those classified with migraine were more likely to have frequent headaches.

Conclusions:

Our data show that most headache after TBI may be classified using primary headache criteria. Migraine/probable migraine described the majority of headache after TBI across one year post-injury. Using symptom-based criteria for headache following TBI can serve as a framework from which to provide evidence-based treatment for these frequent, severe, and persistent headaches.

<http://www.ncbi.nlm.nih.gov/pubmed/22631616?dopt=Abstract>

BMC Fam Pract. 2012 May 25;13(1):40. [Epub ahead of print]

Comparative effectiveness of cognitive behavioral therapy for insomnia: a systematic review.

Mitchell MD, Gehrman P, Perlis M, Umscheid CA.

Abstract

BACKGROUND:

Insomnia is common in primary care, can persist after co-morbid conditions are treated, and may require long-term medication treatment. A potential alternative to medications is cognitive behavioral therapy for insomnia (CBT-I).

METHODS:

In accordance with PRISMA guidelines, we systematically reviewed MEDLINE, EMBASE, the Cochrane Central Register, and PsycINFO for randomized controlled trials (RCTs) comparing CBT-I to any prescription or non-prescription medication in patients with primary or comorbid insomnia. Trials had to report quantitative sleep outcomes (e.g. sleep latency) in order to be included in the analysis. Extracted results included quantitative sleep outcomes, as well as psychological outcomes and adverse effects when available. Evidence base quality was assessed using GRADE.

RESULTS:

Five studies met criteria for analysis. Low to moderate grade evidence suggests CBT-I has superior effectiveness to benzodiazepine and non-benzodiazepine drugs in the long term, while very low grade evidence suggests benzodiazepines are more effective in the short term. Very low grade evidence supports use of CBT-I to improve psychological outcomes.

CONCLUSIONS:

CBT-I is effective for treating insomnia when compared with medications, and its effects may be more durable than medications. Primary care providers should consider CBT-I as a first-line treatment option for insomnia.

<http://www.ncbi.nlm.nih.gov/pubmed/22617632?dopt=Abstract>

Pain. 2012 May 20. [Epub ahead of print]

Treatment with Cognitive Behavioral Therapy increases pain-evoked activation of the prefrontal cortex in patients suffering from chronic pain.

Jensen KB, Kosek E, Wicksell R, Kemani M, Olsson G, Merle JV, Kadetoff D, Ingvar M.

Source: Department of Psychiatry, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; Athinoula A. Martinos Center for Biomedical Imaging, Boston, MA, USA

Abstract

Interventions based on Cognitive Behavioral Therapy (CBT) are widely used to treat chronic pain, but the brain mechanisms responsible for these treatment effects are poorly understood. The aim of this study was to validate the relevance of the cortical control theory in response to an exposure-based form of CBT, Acceptance and Commitment Therapy, in patients with chronic pain. Forty-three female patients diagnosed with fibromyalgia syndrome were enrolled in a randomized, 12-week, waiting-list controlled clinical trial (CBT n=25; controls n=18). CBT was administered in groups of six patients during 12 weekly sessions. Functional magnetic resonance imaging (fMRI) during pressure-evoked pain was assessed before and after treatment or the 12-week period. Self-report questionnaires of depression and anxiety were administered pre- and posttreatment as well as 3 months following end of treatment. Patients treated with CBT reported larger improvement of fibromyalgia on the Patient Global Impression of Change measure, and improved depression and anxiety symptoms, compared to the waiting-list controls. However, there were no effects on clinical pain or pain sensitivity measures. An analysis of fMRI scans revealed that CBT led to increased activations in the ventrolateral prefrontal/lateral orbitofrontal cortex; regions associated with executive cognitive control. We suggest that CBT changes the brain's processing of pain through an altered cerebral loop between pain signals, emotions, and cognitions; leading to increased access to executive regions for reappraisal of pain. Our data thereby support our hypothesis about the activation of a cortical control mechanism in response to CBT treatment in chronic pain.

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<http://www.ncbi.nlm.nih.gov/pubmed/22619397?dopt=Abstract>

Behav Modif. 2012 May 22. [Epub ahead of print]

Cue-Elicited Affect and Craving: Advancement of the Conceptualization of Craving in Co-Occurring Posttraumatic Stress Disorder and Alcohol Dependence.

Nosen E, Nillni YI, Berenz EC, Schumacher JA, Stasiewicz PR, Coffey SF.

Abstract

Posttraumatic stress disorder (PTSD) commonly co-occurs with alcohol dependence (AD) and negatively affects treatment outcomes. Trauma-related negative affect enhances substance craving in laboratory cue-reactivity studies of AD individuals, but the role of positive affect has not been established. In this study, 108 AD treatment-seeking adults with current PTSD and AD were presented with four counterbalanced trials consisting of an audio cue (personalized trauma or neutral script) followed by a beverage cue (alcohol or water). Results revealed alcohol cues increased positive and negative affect, and positive affective responses explained significant incremental variance in self-reported craving and salivation, but only when cues were accompanied by neutral not trauma imagery. Ambivalent (high negative and positive) responses were associated with strongest craving. Findings advance the conceptualization of craving in individuals with PTSD-AD and highlight the importance of independently assessing positive and negative affective responses to cues in individuals with co-occurring PTSD-AD.

<http://www.ncbi.nlm.nih.gov/pubmed/22618832?dopt=Abstract>

Brain Imaging Behav. 2012 May 18. [Epub ahead of print]

Functional MRI of mild traumatic brain injury (mTBI): progress and perspectives from the first decade of studies.

McDonald BC, Saykin AJ, McAllister TW.

Source: IU Center for Neuroimaging, Department of Radiology and Imaging Sciences, Indiana University School of Medicine, 950 W. Walnut St., R2 E124, Indianapolis, IN, 46202, USA, mcdonalb@iupui.edu.

Abstract

Mild traumatic brain injury (mTBI) represents the great majority of traumatic brain injuries, and is a common medical problem affecting cognitive and vocational functioning as well as quality of life in some individuals. Functional MRI (fMRI) is an important research method for investigating the neuroanatomic substrates of cognitive disorders and their treatment. Surprisingly, however, relatively little research has utilized fMRI to examine alterations in brain functioning after mTBI. This article provides a critical overview of the published fMRI research on mTBI to date. These topics include examination of frontal lobe/executive functions such as working memory, as well as episodic memory and resting state/functional connectivity. mTBI has also been investigated in military populations where studies have focused on effects of blast injury and comorbid conditions such as post-traumatic stress disorder and major depressive disorder. Finally, we address fMRI evaluations of response to behavioral or pharmacological challenges and interventions targeting cognitive and behavioral sequelae of mTBI. The review concludes with identification and discussion of gaps in current knowledge and future directions for fMRI studies of mTBI. The authors conclude that fMRI in combination with related methods can be

expected to play an increasing role in research related to studies of pathophysiological mechanisms of the sequelae of mTBI as well as in diagnosis and treatment monitoring.

<http://www.ncbi.nlm.nih.gov/pubmed/22618093?dopt=Abstract>

Intensive Care Med. 2012 May 23. [Epub ahead of print]

A qualitative study of resilience and posttraumatic stress disorder in United States ICU nurses.

Mealer M, Jones J, Moss M.

Source: Division of Pulmonary Sciences and Critical Care Medicine, Department of Medicine, University of Colorado School of Medicine, 12700 E. 19th Ave., C-272, Aurora, CO, 80045, USA, Meredith.Mealer@ucdenver.edu.

Abstract

PURPOSE:

Intensive care unit (ICU) nurses are at increased risk of developing psychological problems including posttraumatic stress disorder (PTSD). However, there are resilient individuals who thrive and remain employed as ICU nurses for many years. The purpose of this study was to identify mechanisms employed by highly resilient ICU nurses to develop preventative therapies to obviate the development of PTSD in ICU nurses.

METHODS:

Qualitative study using semi-structured telephone interviews with randomly selected ICU nurses in the USA. Purposive sampling was used to identify ICU nurses who were highly resilient, based on the Connor-Davidson Resilience Scale and those with a diagnosis of PTSD, based on the posttraumatic diagnostic scale. New interviews were conducted until we reached thematic saturation.

RESULTS:

Thirteen highly resilient nurses and fourteen nurses with PTSD were interviewed (n = 27). A constructivist epistemological framework was used for data analysis. Differences were identified in four major domains: worldview, social network, cognitive flexibility, and self-care/balance. Highly resilient nurses identified spirituality, a supportive social network, optimism, and having a resilient role model as characteristics used to cope with stress in their work environment. ICU nurses with a diagnosis of PTSD possessed several unhealthy characteristics including a poor social network, lack of identification with a role model, disruptive thoughts, regret, and lost optimism.

CONCLUSION:

Highly resilient ICU nurses utilize positive coping skills and psychological characteristics that allow them to continue working in the stressful ICU environment. These characteristics and skills may be used to develop target therapies to prevent PTSD in ICU nurses.

<http://www.ncbi.nlm.nih.gov/pubmed/22302338?dopt=Abstract>

Psychiatr Serv. 2012 Feb 1;63(2):179-81.

Characteristics of telemental health service use by American Indian veterans.

Shore JH, Brooks E, Anderson H, Bair B, Dailey N, Kaufmann LJ, Manson S.

Source: Department of Psychiatry, University of Colorado Denver, Mail Stop F800, 13055 East 17th Ave., Room 347, Aurora, CO 80045, USA. jay.shore@ucdenver.edu

Abstract

OBJECTIVE:

This study examined use by American Indian and Alaska Native veterans of services provided by specialty telemental health clinics focused on posttraumatic stress disorder. These clinics offer services via videoconferencing to address challenges faced by rural veterans in accessing care.

METHODS:

A retrospective chart and electronic medical record review was conducted for 85 male veterans who used services at two rural telemental health clinics from 2001 through 2006. Service use and other characteristics were documented before and after their initial telemental health intake.

RESULTS:

After intake, patients' use of any health services (both general medical and mental health services) significantly increased ($p < .01$), as did the proportion receiving psychotropic medication ($p < .01$).

CONCLUSIONS:

This first examination of service use by American Indian and Alaska Native veterans at specialty telemental health clinics will help inform research and clinical strategies for improving telemental health for this and other rural populations.

<http://www.ncbi.nlm.nih.gov/pubmed/22614936?dopt=Abstract>

J Addict Med. 2012 May 18. [Epub ahead of print]

Counseling and Directly Observed Medication for Primary Care Buprenorphine/Naloxone Maintenance: A Pilot Study.

Moore BA, Barry DT, Sullivan LE, O'Connor PG, Cutter CJ, Schottenfeld RS, Fiellin DA.

Source: From the Departments of Psychiatry (BAM, DTB, RSS) and Internal Medicine (LES, PGO, CJC, DAF), Yale University School of Medicine, New Haven, CT.

Abstract

OBJECTIVES:

Counseling and medication adherence can affect opioid agonist treatment outcomes. We investigated the impact of 2 counseling intensities and 2 medication-dispensing methods in patients receiving buprenorphine in primary care.

METHODS:

In a 12-week trial, patients were assigned to physician management (PM) with weekly buprenorphine dispensing (n = 28) versus PM and directly observed, thrice-weekly buprenorphine (DOT) and cognitive-behavioral therapy (CBT) (PM+DOT/CBT; n = 27) based on therapist availability. Fifteen-minute PM visits were provided at entry, after induction, and then monthly. Cognitive-behavioral therapy was weekly 45-minute sessions provided by trained therapists.

RESULTS:

Treatment groups differed on baseline characteristics of years of opioid use, history of detoxification from opioids, and opioid negative urines during induction. Analyses adjusting for baseline characteristics showed no significant differences between groups on retention or drug use based on self-report or urines. Patient satisfaction was high across conditions, indicating acceptability of CBT counseling with observed medication. The number of CBT sessions attended was significantly associated with improved outcome, and session attendance was associated with a greater abstinence the following week.

CONCLUSIONS:

Although the current findings were nonsignificant, DOT and individual CBT sessions were feasible and acceptable to patients. Additional research evaluating the independent effect of directly observed medication and CBT counseling is needed.

<http://www.ncbi.nlm.nih.gov/pubmed/22610950?dopt=Abstract>

J Clin Psychol. 2012 May 18. doi: 10.1002/jclp.21875. [Epub ahead of print]

A Pilot Study of Attention Bias Subtypes: Examining Their Relation to Cognitive Bias and Their Change following Cognitive Behavioral Therapy.

Calamaras MR, Tone EB, Anderson PL.

Source: Georgia State University.

Abstract

OBJECTIVE:

The present investigation examined (a) whether a clinical sample of individuals with social anxiety disorder (SAD) comprises two distinct groups based on attention bias for social threat (vigilant, avoidant), (b) the relation between attention bias and cognitive bias, specifically estimates of the

probability that negative social events will occur (probability bias), and (c) specific changes in attention bias following cognitive behavioral therapy for social anxiety.

METHOD:

Participants were 24 individuals (n(female) = 7, n(male) = 17; m(age) = 41) who met diagnostic criteria for SAD and sought treatment for fear of public speaking. Hypotheses were tested using t tests, linear regression analyses, and a mixed design analysis of variance.

RESULTS:

Results yielded evidence of 2 pretreatment groups (vigilant and avoidant). There was a significant positive correlation between vigilance for (but not avoidance of) threat and probability bias ($R = .561$, $p < .05$). After 8 weeks of treatment, the direction of change in attention bias differed between groups, such that the vigilant group became less vigilant and the avoidant group became less avoidant, with the avoidant group showing a significant change in attention bias from pretreatment to posttreatment.

CONCLUSIONS:

These findings provide very preliminary support for the idea that individuals with SAD may differ according to type attention bias, avoidant or vigilant, as these biases changed in different ways following cognitive-behavioral therapy for SAD. Further research is needed to replicate and extend these findings in order to evaluate whether SAD comprises subgroups of attentional biases.

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<http://www.rwjf.org/files/research/74428.quickstrike.veterans.052412.pdf> (full text)

Uninsured Veterans and Family Members: Who Are They and Where Do They Live?

Jennifer Haley and Genevieve M. Kenney

Urban Institute

May 2012

According to the 2010 American Community Survey (ACS), one in 10 of the nation's 12.5 million nonelderly veterans reports neither having health insurance coverage nor using Veterans Affairs (VA) health care. While veterans are less likely than the rest of the nonelderly population to be uninsured, there are an estimated 1.3 million uninsured veterans nationwide. Another 0.9 million veterans use VA care, but have no other health insurance coverage. An additional 0.9 million adults and children in veterans' families are uninsured. Both uninsured veterans and their family members report significantly less access to needed health care than their counterparts with insurance coverage.

Compared with insured veterans, uninsured veterans have served more recently, are younger, have lower levels of education, are less likely to be married, and are less connected to the labor force—all of which could contribute to lower access to employer-sponsored coverage. Uninsurance among veterans

ranges widely across states—from under 5 percent to over 17 percent—and state variation remains even when adjusting for veterans’ demographic and socioeconomic characteristics. States also vary in levels of uninsurance among veterans’ family members.

The coverage provisions slated to be implemented under the Affordable Care Act (ACA) in 2014, could increase coverage among the U.S. population, including many uninsured veterans. We estimate that nearly half of uninsured veterans would qualify for expanded Medicaid coverage. Another 40 percent of uninsured veterans could potentially qualify for subsidized coverage through health insurance exchanges if they do not have access to affordable employer coverage. However, when we classify states according to how much progress they have made toward implementing exchanges, we find higher rates of uninsurance among veterans in those states that have thus far made the least progress; nearly 40 percent of uninsured veterans and their family members live in these states. To the extent that the ACA can achieve dramatic reductions in uninsurance among veterans and their family members, success will depend on aggressive ACA implementation and enrollment efforts nationwide.

http://www.uab.edu/Communicationstudies/humancommunication/01_04_2012_Cox.pdf (full text)

Relationship Satisfaction and Resilience: Military Couples and Deployment.

Joy Cox

West Virginia University, Morgantown

Human Communication. A Publication of the Pacific and Asian Communication Association.

Vol. 15, No. 1, pp.41 - 57.

Throughout the past ten years, relational communication within the military has been affected by war zone deployments, creating a necessity to understand how couples communicate within this context. This study investigated the relationships, differences and comparisons between relationship satisfaction, agreement and resilience in military couples during three stages of deployment (pre-deployment, deployment and post deployment), when at least one partner had been deployed into an active war zone. 144 surveys-questionnaires were completed by (a) members of the United States armed forces (n = 33) and (b) their relational partners (n = 111). Resilience, relationship satisfaction and agreement all fluctuated throughout the stages of deployment. Relational partners were also more resilient and experienced greater relationship satisfaction than deployed soldiers, while soldiers showed higher levels of relationship agreement.

<http://www.ajol.info/index.php/smsajms/article/viewFile/76994/67467>

Suicide Prevention and Management in the SA National Defence Force: A Psychological Discussion.

Rene Koopman and Gielie van Dyk
Faculty of Military Science, Stellenbosch University

Scientia Militaria, South African Journal of Military Studies, Vol 40, Nr 1, 2012, pp. 117-138.

Suicidal behaviour is a challenge for military forces around the world. Suicide can be a reaction in peacekeeping operations or conventional warfare, because the stressful nature of both types of operations can force military members to such a catastrophic end. This article focuses on the necessary knowledge and skills for a better understanding of suicidal behaviour in the South African National Defence Force (SANDF) for members on different levels. It discusses the operational environment, with specific reference to peacekeeping operations or conventional warfare as contributing factors, risk factors, and the prevention and proper management of suicide by means of educating commanders and members of the multi-professional team (MPT).

<http://www.sciencedirect.com/science/article/pii/S0145213412000798>

Childhood trauma exposure in Iraq and Afghanistan war era veterans: Implications for posttraumatic stress disorder symptoms and adult functional social support.

Elizabeth E. Van Voorhees, Eric A. Dedert, Patrick S. Calhoun, Mira Brancu, Jennifer Runnals
VA Mid-Atlantic MIRECC Workgroup, Jean C. Beckham

Child Abuse & Neglect

Available online 23 May 2012

Objective

This study examined the relationship among childhood trauma, posttraumatic stress disorder (PTSD) symptoms, and adult social support in a large sample of veterans who served in the military after 09/11/2001, with a specific focus on the potential role of the PTSD avoidance and numbing cluster as intervening in the association between childhood abuse and adult functional social support.

Method

Participants were 1,301 veterans and active duty soldiers who have served in the military since 09/11/2001; a subsample of these participants (n = 482) completed an inventory of current functional social support. Analyses included linear regression and nonparametric bootstrapping procedures.

Results

After controlling for combat exposure, exposure to childhood trauma was associated with PTSD symptoms in adulthood. Further, PTSD symptoms, and particularly PTSD avoidance/numbing cluster symptoms, intervened in the relationship between childhood trauma and adult functional social support.

Conclusions

Findings support the association of childhood trauma (both abuse related and other, non-abuse related trauma) with PTSD symptoms in military personnel and veterans, even after accounting for combat exposure. Additionally, the avoidance and numbing symptom cluster of childhood trauma-based PTSD may be particularly salient in compromising one's subsequent ability to garner functional social support in adulthood.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1819.2012.02343.x/abstract>

Psychosocial and psychiatric characteristics of suicide completers with psychiatric treatment before death: A psychological autopsy study of 76 cases.

Hirokawa, Seiko; Matsumoto, Toshihiko; Katsumata, Yotaro; Kitani, Masahiko; Akazawa, Masato; Takahashi, Yoshitomo; Kawakami, Norito; Watanabe, Naoki; Hirayama, Masami; Kameyama, Akiko; Takeshima, Tadashi

Psychiatry and Clinical Neurosciences

Volume 66, Issue 4, pages 292–302, June 2012

Aim:

The present study was conducted to examine differences in psychosocial and psychiatric characteristics between suicide completers with and without a history of psychiatric treatment within the year before death, using a psychological autopsy method.

Methods:

A semi-structured interview was administered by a psychiatrist and other mental health professionals for the closest bereaved of 76 suicide completers.

Results:

Suicide completers with a history of psychiatric treatment ($n = 38$) were significantly younger than those without ($n = 38$) ($P < 0.01$), and a significantly higher proportion of cases in the treatment group were estimated to be suffering from schizophrenia. Further, in 57.9% of the treatment group, the fatal suicidal behavior involved overdose with prescribed psychotropic drugs. In addition, female suicide completers in the treatment group were more likely to have a history of self-harm or non-fatal suicidal behavior.

Conclusion:

Many suicide completers who received psychiatric treatment were young adults. It was common for suicide completers to overdose on prescribed drugs as a supplementary means of suicide, and many experienced self-harming behavior before death. In addition, a higher proportion of the treatment cases suffered from schizophrenia.

<http://www.ncbi.nlm.nih.gov/pubmed/21920461?dopt=Abstract>

Contemp Clin Trials. 2012 Jan;33(1):116-23. Epub 2011 Sep 6.

Evaluating transdiagnostic treatment for distress and impairment in veterans: a multi-site randomized controlled trial of Acceptance and Commitment Therapy.

Lang AJ, Schnurr PP, Jain S, Raman R, Walser R, Bolton E, Chabot A, Benedek D.

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Abstract

Military personnel who engaged in the conflicts in Afghanistan and Iraq frequently present for mental health care because of the stresses of service and readjustment. Although excellent treatments are available to treat the typical presenting problems, there is a need for additional empirically supported treatment approaches for this population. Because these veterans have high levels of comorbidity, transdiagnostic treatment - treatment that applies to more than one diagnosis - may be an efficient approach for this group. Acceptance and Commitment Therapy (ACT) is one such approach that is well-known and has high face validity for veterans, but it has not been rigorously evaluated as a treatment for trauma-related mental health problems. Described herein is an ongoing multi-site randomized clinical trial of ACT as compared to a psychotherapy control. Challenges in designing an RCT to evaluate transdiagnostic treatment and in executing a multi-site psychotherapy trial are discussed.

Published by Elsevier Inc.

<http://www.biomedcentral.com/1471-244X/12/53/abstract>

Attitudes toward Concordance in Psychiatry: A comparative, cross-sectional study of psychiatric patients and mental health professionals.

Carlos De las Cuevas, Amado Rivero-Santana, Lilisbeth Perestelo-Pérez, Jeanette Pérez-Ramos and Pedro Serrano-Aguilar

BMC Psychiatry 2012, 12:53

Published: 30 May 2012

Background

Concordance and Shared Decision-Making (SDM) are considered measures of the quality of care that improves communication, promotes patient participation, creates a positive relationship with the healthcare professional, and results in greater adherence with the treatment plan. This study compares the attitudes of 225 mental health professionals (125 psychiatrists and 100 psychiatry registrars) and

449 psychiatric outpatients towards SDM and concordance in medicine taking by using the "Leeds Attitude toward Concordance Scale" (LATCon).

Results

The internal consistency of the scale was good in all three samples (Cronbach's alpha: patients=0.82, psychiatrists=0.76, and registrars=0.82). Patients scored significantly lower (1.96+/-0.48) than professionals ($P<.001$ in both cases), while no statistically significant differences between psychiatrists (2.32 +/- 0.32) and registrars (2.23 +/- 0.35) were registered; the three groups showed a positive attitude towards concordance in most indicators. Patients are clearly in favor of being informed and that their views and preferences be taken into account during the decision-making process, although they widely consider that the final decision must be the doctor's responsibility. Among mental health professionals, the broader experience provides a greater conviction of the importance of the patient's decision about treatment.

Conclusions

We observed a positive attitude towards concordance in the field of psychotropic drugs prescription both in professionals and among patients, but further studies are needed to address the extent to which this apparently accepted model is reflected in the daily practice of mental health professionals.

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001225> (full text)

Improving Access to Mental Health Care and Psychosocial Support within a Fragile Context: A Case Study from Afghanistan.

Ventevogel P, van de Put W, Faiz H, van Mierlo B, Siddiqi M, et al.

PLoS Med 9(5): e1001225.

Summary Points

- + After the fall of the Taliban, the rebuilding of the Afghan health care system, from scratch, provided opportunities to integrate mental health into basic health services through the use of funds that became available during this complex humanitarian emergency.
- + Practice-oriented mental health trainings for general health workers and ongoing clinical supervision in the basic health care system led to substantially increased demand for and access to basic mental health care services.
- + Treatment of mental disorders within the health care system needs to be accompanied by a community-based approach that focuses on psychosocial problems.
- + Addressing service delivery needs in a fragile state has to be accompanied by capacity building and policy development in order to foster structural changes within the health care system.

<http://www.ncbi.nlm.nih.gov/pubmed/22639402?dopt=Abstract>

Depress Anxiety. 2012 May 25. doi: 10.1002/da.21946. [Epub ahead of print]

The Dissociative Subtype of PTSD: A Replication and Extension.

Wolf EJ, Lunney CA, Miller MW, Resick PA, Friedman MJ, Schnurr PP.

Source

National Center for PTSD at VA Boston Healthcare System; Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts.

Abstract

BACKGROUND:

The nature of the relationship between dissociation and posttraumatic stress disorder (PTSD) has clinical and nosological importance. The aim of this study was to evaluate the evidence for a dissociative subtype of PTSD in two independent samples and to examine the pattern of personality disorder (PD) comorbidity associated with the dissociative subtype of PTSD.

METHODS:

Latent profile analyses were conducted on PTSD and dissociation items reflecting derealization and depersonalization in two samples of archived data: Study 1 included 360 male Vietnam War Veterans with combat-related PTSD; Study 2 included 284 female Veterans and active duty service personnel with PTSD and a high base rate of exposure to sexual trauma.

RESULTS:

The latent profile analysis yielded evidence for a three-class solution in both samples: the model was defined by moderate and high PTSD classes and a class marked by high PTSD severity coupled with high levels of dissociation. Approximately 15% of the male sample and 30% of the female sample were classified into the dissociative class. Women (but not men) in the dissociative group exhibited higher levels of comorbid avoidant and borderline PD diagnoses.

CONCLUSIONS:

Results provide support for a dissociative subtype of PTSD and also suggest that dissociation may play a role in the frequent co-occurrence of PTSD and borderline PD among women. These results are pertinent to the on-going revisions to the DSM and suggest that consideration should be given to incorporating a dissociative subtype into the revised PTSD criteria. Depression and Anxiety 00:1-10, 2012. © 2012 Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/22638910?dopt=Abstract>

J Clin Psychol. 2012 May 25. doi: 10.1002/jclp.21866. [Epub ahead of print]

Sleep Quality as a Potential Mediator Between Psychological Distress and Diabetes Quality of Life in Veterans With Type 2 Diabetes.

Seligowski AV, Pless Kaiser AP, Niles BL, Mori DL, King LA, King DW.

Source

National Center for PTSD, VA Boston Healthcare System.

Abstract

OBJECTIVE:

The goal of this study was to explore sleep quality as a potential mediator between depression symptoms and diabetes quality of life (DQOL), and anxiety symptoms and DQOL.

METHOD:

Participants were 83 male and 3 female veterans with type 2 diabetes (M(age) = 62.4). Self-report measures were completed during the baseline assessment of a larger intervention study conducted at the VA Boston Healthcare System.

RESULTS:

Depression symptoms, anxiety symptoms, and sleep quality were all associated with DQOL. Additionally, sleep quality had a partial indirect effect on the relationships between depression symptoms and DQOL, and between anxiety symptoms and DQOL.

CONCLUSIONS:

These findings suggest that sleep quality may have an important role in the way that psychological distress affects diabetes quality of life.

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<http://www.ncbi.nlm.nih.gov/pubmed/22632476?dopt=Abstract>

Curr Pharm Des. 2012 May 24. [Epub ahead of print]

Panicogens in Patients with Post-Traumatic Stress Disorder (PTSD).

Muhtz C, Wiedemann K, Kellner M.

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Abstract

Symptom provocation has proved its worth for understanding the pathophysiology of diseases and in general for the development of new therapeutic approaches in the medical field. In the research of anxiety disorders, investigations using experimentally induced panic attacks by various agents, such as sodium lactate, carbon dioxide, cholecystokinin-tetrapeptide etc., have a long tradition and allow the exploration of usually naturally occurring spontaneous psychopathological phenomena under controlled conditions. Post-Traumatic Stress Disorder (PTSD) is a prevalent disorder that can develop following exposure to an extreme traumatic event. In DSM-IV it is currently classified as an anxiety disorder and shares phenomenological similarities with panic disorder. The use of panicogenic challenge tests is also an interesting neurobiological approach to learn more about the nature of PTSD and may be a possibility to develop new therapeutic strategies for the treatment of PTSD symptoms. Not only panic anxiety, but also flashbacks and other dissociative symptoms can be provoked by several panicogens in PTSD. The purpose of this review is to evaluate studies using panicogens in PTSD. Methodological shortcomings of current studies and needed directions of further research are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/22632471?dopt=Abstract>

Curr Pharm Des. 2012 May 24. [Epub ahead of print]

The Role of Life Events and HPA Axis in Anxiety Disorders: a Review.

Faravelli C, Lo Sauro C, Lelli L, Pietrini F, Lazzeretti L, Godini L, Benni L, Fioravanti G, Talamba GA, Castellini G, Ricca V.

Source: Department of Psychology, University of Florence, Italy. carlo.faravelli@unifi.it.

Abstract

Stressful life events and dysfunctional Hypothalamic Pituitary Adrenal (HPA) axis have been implicated in the pathogenesis of psychiatric disorders, including anxiety disorders. This paper attempts to review the existing literature on childhood traumata, recent life events, HPA axis functioning and their relationship in Post-Traumatic Stress Disorder, Panic Disorder, Generalized Anxiety Disorder, Obsessive Compulsive Disorder and Social Phobia. Preclinical and clinical models will be analyzed. Stressful life events seem to have a role in the onset and in the course of these disorders and HPA axis abnormalities have been reported in almost all anxiety disorders. The hypothesis that early stressful life events may provoke alterations of the stress response and thus of the HPA axis, that can endure during adulthood, predisposing individuals to develop psychopathology, will be evaluated.

<http://www.ncbi.nlm.nih.gov/pubmed/22632469?dopt=Abstract>

Curr Pharm Des. 2012 May 24. [Epub ahead of print]

Pharmacological Innovations for Posttraumatic Stress Disorder and Medication-Enhanced Psychotherapy.

Dunlop BW, Mansson E, Gerardi M.

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Abstract

Posttraumatic stress disorder (PTSD) is a common condition for which existing treatments are ineffective for many patients. Recent discoveries in the neurobiology of learning and memory, along with expanding knowledge of how those systems are impacted by the biology of the stress response, have opened new arenas for potential medication treatments for PTSD. We conducted a review of registered clinical trials investigating the efficacy of new agents for PTSD. The glucocorticoid and adrenergic signaling systems are the most frequent targets of these investigational approaches to the prevention and treatment of PTSD. Additional trials are evaluating modulation of other CNS targets, including neurosteroids, glutamate, gamma-amino butyric acid, endocannabinoids, oxytocin, neurokinin/Substance P, and dopamine. A particularly exciting area of research is studies examining Medication-Enhanced Psychotherapy (MEP). Medications provided before or after exposure therapy for PTSD can enhance outcomes by: 1) strengthening learning and memory of fear extinction; 2) disrupting reconsolidation, thereby weakening fear memories; or 3) facilitating engagement in psychotherapy by reducing fear and enhancing openness to experience. The next few years promise to produce insight into the neurobiology and clinical efficacy of several novel approaches in the pharmacologic treatment and prevention of PTSD.

Links of Interest

Jacked-In Soldiers and Military Neuroethics: An Interview with Bioethicist Jonathan Moreno

<http://motherboard.vice.com/2012/5/23/jacked-in-soldiers-and-military-neuroethics-an-interview-with-bioethicist-jonathan-moreno>

Servicewomen Demand the Right to Fight

<http://www.courthousenews.com/2012/05/25/46825.htm>

(Includes link to actual lawsuit -- <http://www.courthousenews.com/2012/05/25/Pentagon.pdf>)

Counselor 'Treated' Her With Sex, Woman Says

<http://www.courthousenews.com/2012/05/25/46822.htm>

(...claims that Keller "holds himself out as a licensed specialist clinical social worker ... a specialist in anxiety disorders, PTSD, and trauma recovery.")

How We Treat Our Troops

[http://www.slate.com/articles/briefing/propublica/2012/05/for memorial day the best articles about american troops in combat .html](http://www.slate.com/articles/briefing/propublica/2012/05/for_memorial_day_the_best_articles_about_american_troops_in_combat.html)

The V.A.'s Shameful Betrayal

<http://www.nytimes.com/2012/05/28/opinion/the-vas-shameful-betrayal.html>

Drinking Statistics (National Institute on Alcohol Abuse and Alcoholism)

<http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/drinking-statistics>

Five Ways Your Cells Deal With Stress

<http://publications.nigms.nih.gov/insidelifescience/cells-deal-with-stress.html>

New Ways Sleep-Wake Patterns Are Like Clockwork

<http://www.sciencedaily.com/releases/2012/05/120523133055.htm>

Resilient People More Satisfied With Life

<http://www.sciencedaily.com/releases/2012/05/120523114726.htm>

Researchers Wrestle with Social Media Suicide Questions

<http://www.readwriteweb.com/archives/researchers-wrestle-with-social-media-suicide-questions.php>

After decades of searching, daughter hopes to bring pilot's remains home from Vietnam

<http://www.tampabay.com/news/humaninterest/after-decades-of-searching-daughter-hopes-to-bring-pilots-body-home-from/1232641>

(Not really mental health related. Just a wonderful story by a talented writer with whom I once worked.)

Former undercover cop helps troops heal unseen wounds

http://www.army.mil/article/80655/Former_undercover_cop_helps_troops_heal_unseen_wounds/

Her passion helps military families build resilience

http://www.army.mil/article/80526/Her_passion_helps_military_families_build_resilience/

New PLoS Medicine series will focus on best practice in global mental health

http://www.eurekalert.org/pub_releases/2012-05/plos-npm052412.php

Decorated Iraq Vet Shot to Death

<http://www.courthousenews.com/2012/05/31/46985.htm>

Research Tip of the Week: [Statistics - a wide range of military and government information](#)

(Pentagon Library bibliography)

This pathfinder provides links to electronic, statistical resources. Its primary purpose is to provide military statistics, but it also includes a wide range of other helpful statistical sites.

While here, check out the entire list of [Pentagon Library research pathfinders](#).

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