



CDP Research Update -- June 28, 2012

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<http://www.psycontent.com/content/5j310qlj3407h513/>

Internet-Based Screening for Suicidal Ideation in Common Mental Disorders.

Esther Hemelrijk, Wouter van Ballegooijen, Tara Donker, Annemieke van Straten, Ad Kerkhof

Background:

Common mental disorders have been found to be related to suicidal ideation and behavior. Research in the field of web-based interventions for common mental disorders, however, usually excludes participants with a suicidal risk, although a large proportion of participants might suffer from suicidal ideation.

Aims:

To investigate the prevalence of suicidal ideation in common mental disorders in an online sample.

Method:

In total, 502 participants completed nine web-based questionnaires on common mental disorders, of which 120 were also interviewed by telephone to obtain a diagnosis. Logistic regression analyses were applied to investigate associations between disorders and suicidal ideation.

Results:

Based on web-based self-report, 53% of participants had some form of suicidal ideation. Fewer participants reported suicidal ideation during the interview by telephone. Depression (multivariate odds ratio 7.1), generalized anxiety disorder (2.1), social phobia (2.1), and posttraumatic stress disorder (1.7) were significantly associated with suicidal ideation, while a higher number of comorbid common mental disorders increased the risk.

Conclusion:

Researchers and clinicians should be aware that one out of every two helpseekers on the internet with common mental disorders may have suicidal ideation. Comorbidity of two or more disorders greatly increase the risk of suicidal ideation.

http://deepblue.lib.umich.edu/bitstream/2027.42/91481/1/mrpresco_1.pdf (full text)

The differences between war- and civilian-related traumatic events and the presentation of posttraumatic stress disorder and suicidal ideation in a sample of National Guard soldiers.

Marta R. Prescott

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy (Epidemiological Science)

University of Michigan

2012

Although posttraumatic stress disorder (PTSD) is considered a single condition, the heterogeneity of PTSD symptoms may impact PTSD diagnosis and the subsequent report of suicidal ideation. Given the differences between war- and civilian-related traumatic events, we first determined the presence of PTSD symptom heterogeneity between soldiers who experienced war- vs. civilian-related events. Second, we determined the utility of criterion A2 (fear, helplessness, and/or horror) for the diagnosis of PTSD after war- and civilian-related events. Third, we determined the role of traumatic event experiences in the report of suicidal ideation. We utilized a cross-sectional sample of 898 guard soldiers and assessed the participants' history of potentially traumatic events, the presence of PTSD symptoms

and diagnosis, and the presence of suicidal ideation. Potentially traumatic events were classified as war- (assaultive, shocking, or the sudden unexpected death of someone close during the most recent deployment to a combat zone) or civilian-related (similar events in civilian life). We used the PTSD Checklist-17 to assess PTSD and the Patient Health Questionnaire-9 to assess suicidal ideation. For the first objective, we used logistic regression to estimate the association between event type (war vs. civilian) and each PTSD symptom for all participants (etiologic heterogeneity) and those with psychopathology after the event (clinical heterogeneity). For the second objective, we used logistic regression to examine the association between criterion A2 and PTSD symptom criteria B-F by event type. For the third objective, we ran separate logistic regressions to examine the association of any event (any vs. non), as well as the event type (war vs. civilian), with suicidal ideation. We found that soldiers with war-related events were less likely to report re-experiencing symptoms as well as report criterion A2 than were those with civilian events. Few individuals who did not report criterion A2 developed the remaining PTSD symptom criteria. Additionally, we found that soldiers with war-related events were less likely to report suicidal ideation than were those with civilian events. We suggest that war-related events as compared to similar civilian events occur in contexts that may buffer some of the consequences of trauma.

<http://www.scirp.org/journal/PaperDownload.aspx?paperID=19778&returnUrl=http%3a%2f%2fwww.scirp.org%2fjournal%2fPaperInformation.aspx%3fpaperID%3d19778%26JournalID%3d148> (PDF; full text)

Rejection Sensitivity and Marital Adjustment among Military Spouses during Deployments.

E. C. Hurley, Tiffany Field, Debra Bendell-Estoff

Psychology

2012. Vol.3, No.6, 480-484

DOI:10.4236/psych.2012.36067

Published Online June 2012 in SciRes (<http://www.SciRP.org/journal/psych>)

This research examined the relationship between rejection sensitivity and marital adjustment. The Adult Rejection Sensitivity Questionnaire (ARSQ) and the Revised Dyadic Adjustment Scale (RDAS) were given to address this question among a sample of 129 spouses of individuals currently deployed on military missions in Iraq or Afghanistan. Other potentially confounding variables were examined including gender, age, education, number of times married, number of children in the household, number of previous deployments, and number of months separated during the current combat deployment. Rejection sensitivity and number of deployments contributed to 34% of the variance on relationship adjustment.

<http://etd.ohiolink.edu/view.cgi/Beck%20Rachel%20K.pdf?osu1330363543>

The Impact of Community Satisfaction on Retention among Army Personnel.

Beck, Rachel K.

Thesis: Master of City and Regional Planning, Ohio State University, City and Regional Planning, 2012

In an effort to retain high quality service members in its All-Volunteer Force, the United States military has emphasized quality of life programs to increase satisfaction among service members and their families. This study focused on community factors in Army towns and found that community satisfaction has a significant positive effect on retention. Analysis of survey data from the 2005 Status of Forces Survey of Active Duty Members found that there is a significant positive relationship between some community factors and retention intentions, that rank and length of time at one's duty station have a significant positive relationship on community satisfaction, and that there are significant differences in community satisfaction between the four branches of service. Individuals who live on-base showed higher levels of satisfaction with traffic congestion, safety, distance to work, and distance to health care services, while those who lived off-base were more satisfied with housing quality, privacy, space, distance to airports, and the availability of spouse employment.

<http://www.tandfonline.com/doi/abs/10.1080/13854046.2012.693202>

Scores on the MMPI-2-RF Scales as a Function of Increasing Levels of Failure on Cognitive Symptom Validity Tests in a Military Sample.

Alvin Jones, M. Victoria Ingram, Yossef S. Ben-Porath

The Clinical Neuropsychologist

DOI:10.1080/13854046.2012.693202

Available online: 18 Jun 2012

This research examined associations between the full range of Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) validity and substantive scales and increasing levels of cognitive symptom validity test (SVT) failure in a sample of 501 military members who completed a neuropsychological evaluation primarily for mild traumatic brain injury resulting from a closed head injury and blast exposure or heat injury. SVT failure was associated with significant linear increases in all of the over-reporting MMPI-2-RF validity scales and most of the substantive scales. For the validity scales, all over-reporting scales had large effect sizes (ESs) when comparing a group that failed no SVTs with a group that failed three SVTs. A comparison between these two groups for the substantive scales revealed the largest ESs for scales related to somatic/cognitive complaints and emotional dysfunction. RBS (Response Bias Scale) had the largest ES of all scales ($d = 1.69$), followed by FBS-r (Symptom Validity Scale; $d = 1.34$), AXY (Anxiety, $d = 1.21$), and COG (Cognitive Complaints, $d = 1.19$). The scales related to behavioral dysfunction had the smallest ESs of all of the substantive scales, and there were no significant associations between the vast majority of these scales and SVT failure. With respect to clinically significant elevations, those who did not fail SVTs had clinically significant elevations only on

COG and NUC (Neurological Complaints), and MLS (Malaise) approached clinical significance. For those who failed SVTs, RBS was the only over-reporting scale that was elevated across all failure groups. Those who failed any SVT had clinically significant elevations on COG, MLS, NUC, and AXY. Those who failed three SVTs had additional elevations on scales related to emotional dysfunction.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1805/abstract>

A Socio-interpersonal Perspective on PTSD: The Case for Environments and Interpersonal Processes.

Andreas Maercker, Andrea B. Horn

Clinical Psychology & Psychotherapy

Article first published online: 22 JUN 2012

DOI: 10.1002/cpp.1805

Post-traumatic stress disorder (PTSD) is a common reaction to traumatic experiences. We propose a socio-interpersonal model of PTSD that complements existing models of post-traumatic memory processes or neurobiological changes. The model adds an interpersonal perspective to explain responses to traumatic stress. The framework draws from lifespan psychology, cultural psychology and research into close relationships and groups. Additionally, clinical knowledge about PTSD is incorporated. This involves knowledge about shame, guilt, estrangement feelings and protective factors, such as social support and forgiveness. Three levels are proposed at which relevant interpersonal processes can be situated and should be adequately researched. First, the individual level comprises social affective states, such as shame, guilt, anger and feelings of revenge. Second, at the close relationship level, social support, negative exchange (ostracism and blaming the victim), disclosure and empathy are proposed as dyadic processes relevant to PTSD research and treatment. Third, the distant social level represents culture and society, in which the collectivistic nature of trauma, perceived injustice, and social acknowledgement are concepts that predict the response trajectories to traumatic stress. Research by the current authors and others is cited in an effort to promote future investigation based on the current model. Methodological implications, such as multi-level data analyses, and clinical implications, such as the need for couple, community or larger-level societal interventions, are both outlined. Copyright © 2012 John Wiley & Sons, Ltd.

Key Practitioner Message

- The socio-interpersonal model proposes an interpersonal view of the processes that occur in the aftermath of a traumatic experience.
- At the individual level, the model integrates the social affective phenomena that clinical research identifies in PTSD patients, including shame, guilt, anger, revenge and the urges or reluctance to disclose.

- At the level of close relationships, there is an emphasis on the role of the individuals' partner, family or social support in the development or maintenance of PTSD and its recovery.
- At the distant social level, societal and cultural factors, e.g., individualistic versus collectivistic or other human value orientations, are acknowledged as contributing to the severity and course of PTSD.
- Increasing attention should be given to new approaches of PTSD treatment that refer to an interpersonal view of PTSD, e.g., communication training, PTSD-specific couples' therapy or community programs.

<http://tps.sagepub.com/content/early/2012/06/21/1363461512447927.abstract>

Strange but common bedfellows: The relationship between humanitarians and the military in developing psychosocial interventions for civilian populations affected by armed conflict.

Hanna Kienzler, Duncan Pedersen
McGill University

Transcultural Psychiatry

Published online before print June 21, 2012

doi: 10.1177/1363461512447927

This essay analyses how the relationships between Cold War and post-Cold War politics, military psychiatry, humanitarian aid and mental health interventions in war and post-war contexts have transformed over time. It focuses on the restrictions imposed on humanitarian interventions and aid during the Cold War; the politics leading to the transfer of the PTSD diagnosis and its treatment from the military to civilian populations; humanitarian intervention campaigns in the post-Cold War era; and the development of psychosocial intervention programs and standards of care for civilian populations affected by armed conflict. Viewing these developments in their broader historical, political and social contexts reveals the politics behind mental health interventions conducted in countries and populations affected by warfare. In such militarized contexts, the work of NGOs providing assistance to people suffering from trauma-related health problems is far from neutral as it depends on the support of the military and plays an important role in the shaping of international politics and humanitarian aid programs.

<http://onlinelibrary.wiley.com/doi/10.1002/j.1532-2149.2012.00180.x/abstract>

Significant others' responses to pain in veterans with chronic pain and clinical levels of post-traumatic stress disorder symptomatology.

Alschuler, K.N. and Otis, J.D.

European Journal of Pain

doi: 10.1002/j.1532-2149.2012.00180.x

Background

Pain and post-traumatic stress disorder (PTSD) are two of the most common health complaints among US veterans. Studies suggest that the co-morbidity of these disorders exacerbates veterans' experiences of chronic pain. Although a limited number of papers have reviewed reasons for this exacerbation, no studies have explored the potential contribution of significant others' responses to veterans' experience of pain in the context of PTSD symptomatology. The purpose of this study was to explore whether significant others' responses to chronic pain differed for veterans with and without clinical levels of PTSD symptoms. It was hypothesized that veterans who presented with higher levels of PTSD symptomatology would report higher levels of 'punishing' responses to their pain from significant others.

Methods

Participants were 184 veterans who completed self-report questionnaires as part of their participation in a Psychology Pain Management program at a Department of Veterans Affairs healthcare facility.

Results

Supporting our hypothesis, PTSD symptoms in veterans were associated with higher levels of punishing responses to pain from their significant others. Further, veterans who reported clinically significant levels of PTSD symptoms garnered more punishing responses to pain when compared with veterans with subclinical levels of PTSD symptomatology. Punishing responses to pain were associated with greater pain-related disability among veterans.

Conclusions

The presence of more punishing responses may impact the cognitive-behavioural components of the chronic pain experience. For example, it may worsen negative affect, which can thus impact the fear-avoidance model. Further discussion focuses on the implications of these results, including guidelines for clinical applications.

<http://www.springerlink.com/content/16k007265562314w/>

Suicidal ideation and social exchanges among at-risk veterans referred for a behavioral health assessment.

Shahzad Mavandadi, Karen S. Rook, Jason T. Newsom and David W. Oslin

Social Psychiatry and Psychiatric Epidemiology

Doi: 10.1007/s00127-012-0534-5

Purpose

The current study examined the independent association between positive (e.g., emotional and instrumental support) and negative (e.g., insensitive behavior, unwanted advice from others) social exchanges and suicidal ideation among veterans referred for a behavioral health assessment.

Methods

The sample included 606 veterans [mean age = 54.96 (SD = 14.96)] referred by primary care for a clinical mental health/substance abuse (MH/SA) assessment following a positive MH/SA screen. Data on sociodemographics, MH/SA conditions (e.g., depression, PTSD, anxiety, and alcohol abuse), the self-reported frequency of positive and negative social exchanges, and suicidal ideation were extracted from clinical interviews and evaluated.

Results

Veterans were primarily male, non-married, and had adequate financial resources, and approximately half were White. 74.4 and 20.3 % met criteria for a MH/SA condition and suicidal ideation, respectively. Multiple logistic regression analyses revealed that, adjusting for sociodemographics, physical functioning, and comorbid MH/SA conditions, veterans reporting more frequent negative exchanges with network members were significantly more likely to report suicidal ideation. Positive exchanges, in contrast, were not significantly related to the outcome. Inadequate finances and MH/SA conditions also were significantly related to suicidal ideation.

Conclusions

Findings highlight the value of exploring the quality of social exchanges among veterans in primary care who screen positive for behavioral health issues, as such information has the potential to inform screening and intervention efforts aimed at reducing suicidal ideation.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1107439>

Acute and Posttraumatic Stress Symptoms in a Prospective Gene × Environment Study of a University Campus Shooting.

Kristina B. Mercer, MPH; Holly K. Orcutt, PhD; Jeffrey F. Quinn, BS; Caitlin A. Fitzgerald, BS; Karen N. Conneely, PhD; Richard T. Barfield, BA; Charles F. Gillespie, MD, PhD; Kerry J. Ressler, MD, PhD

Arch Gen Psychiatry. 2012;69(1):89-97. doi:10.1001/archgenpsychiatry.2011.109

Context

The serotonin transporter (SLC6A4) has been associated with several stress-related syndromes including posttraumatic stress disorder (PTSD). The ability to detect meaningful associations is largely dependent on reliable measures of preexisting trauma.

Objective

To study the association of genetic variants within SLC6A4 with acute and posttraumatic stress

symptoms in a civilian cohort with known levels of preexisting trauma and PTSD symptoms collected prior to a shared index traumatic event.

Design

Ongoing longitudinal study.

Setting

On February 14, 2008, a lone gunman shot multiple people on the campus of Northern Illinois University in DeKalb, Illinois, killing 5 and wounding 21. As part of an ongoing longitudinal study on that campus, a cohort of female undergraduate students, interviewed prior to the shooting, completed follow-up trauma-related measures including PTSD symptom severity (follow-up survey was launched 17 days postshooting; n = 691). To obtain DNA, salivary samples were collected from a subset of the original study population based on willingness to participate (n = 276).

Participants

Two hundred four undergraduate women.

Main Outcome Measures

SLC6A4 polymorphisms STin2, 5-HTTLPR, and rs25531 were genotyped in 235 individuals.

Results

We found that although the STin2 variant and 5-HTTLPR alone did not associate with increased PTSD symptoms, rs25531 and the 5-HTTLPR multimarker genotype (combined 5-HTTLPR and rs25531) were associated with significantly increased acute stress disorder symptoms at 2 to 4 weeks postshooting (n = 161; P < .05). This association remained significant when controlling for race and for level of shooting exposure (n = 123; P < .007). The association was most robust with the 5-HTTLPR multimarker genotype and avoidance symptoms (P = .003).

Conclusion

These data suggest that differential function of the serotonin transporter may mediate differential response to a severe trauma. When examined in a relatively homogenous sample with shared trauma and known prior levels of child and adult trauma, the 5-HTTLPR multimarker genotype may serve as a useful predictor of risk for PTSD-related symptoms in the weeks and months following the trauma.

[http://www.cortexjournal.net/article/S0010-9452\(10\)00243-1/abstract](http://www.cortexjournal.net/article/S0010-9452(10)00243-1/abstract)

Reduced recognition of fear and sadness in post-traumatic stress disorder.

Ervin Poljac, Barbara Montagne, Edward H.F. de Haan

Cortex

September 2011 (Vol. 47, Issue 8, Pages 974-980, DOI: 10.1016/j.cortex.2010.10.002)

Post-traumatic stress disorder (PTSD) is associated with impairments in emotional experience and expression. The current study examined the recognition of emotional facial expressions in PTSD patients and matched healthy controls, both in terms of accuracy and sensitivity. The task involved short video clips of a neutral face changing (morphing) into one of the six basic emotions (happiness, anger, fear, surprise, disgust and sadness). Clips differed in length, with short clips terminating at 20% of maximum emotional intensity, and the longest ones ending with a full-blown expression. We observed a specific impairment in the PTSD group for recognizing the emotions fear and sadness. This result was observed via a reduced accuracy and a decreased sensitivity for these emotions. We discuss the observed altered affective processing and its possible clinical implications.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60731-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60731-4/fulltext)

Suicide in Young Men.

Dr Alexandra Pitman MSc[Econ], Karolina Kryszynska PhD, David Osborn PhD, Prof Michael King PhD

The Lancet

Volume 379, Issue 9834, Pages 2383 - 2392, 23 June 2012

doi:10.1016/S0140-6736(12)60731-4

Suicide is second to only accidental death as the leading cause of mortality in young men across the world. Although suicide rates for young men have fallen in some high-income and middle-income countries since the 1990s, wider mortality measures indicate that rates remain high in specific regions, ethnic groups, and socioeconomic groups within those nations where rates have fallen, and that young men account for a substantial proportion of the economic cost of suicide. High-lethality methods of suicide are preferred by young men: hanging and firearms in high-income countries, pesticide poisoning in the Indian subcontinent, and charcoal-burning in east Asia. Risk factors for young men include psychiatric illness, substance misuse, lower socioeconomic status, rural residence, and single marital status. Population-level factors include unemployment, social deprivation, and media reporting of suicide. Few interventions to reduce suicides in young men have been assessed. Efforts to change help-seeking behaviour and to restrict access to frequently used methods hold the most promise.

<http://www.ncbi.nlm.nih.gov/pubmed/22730951?dopt=Abstract>

J Consult Clin Psychol. 2012 Jun 25. [Epub ahead of print]

The Role of Early Symptom Trajectories and Pretreatment Variables in Predicting Treatment Response to Cognitive Behavioral Therapy.

Lewis CC, Simons AD, Kim HK.

Abstract

Objective:

Research has focused on 2 different approaches to answering the question, "Which clients will respond to cognitive behavioral therapy (CBT) for depression?" One approach focuses on rates of symptom change within the 1st few weeks of treatment, whereas the 2nd approach looks to pretreatment client variables (e.g., hopelessness) to identify clients who are more or less likely to respond. The current study simultaneously examines these 2 lines of research (i.e., early symptom change and pretreatment variables) on the prediction of treatment outcome to determine the incremental utility of each potential predictor.

Method:

The sample consists of 173 clients (66.47% female, 92.49% Caucasian), 18-64 years of age ($M = 27.94$, $SD = 11.42$), receiving treatment for depression and anxiety disorders in a CBT-oriented psychology training clinic. Results: The rate of change in depressive symptom severity from baseline over the 1st 5 treatment sessions significantly predicted treatment outcome. A contemplative orientation to change and medication status positively predicted early symptom change, whereas student status negatively predicted early symptom change. Higher levels of baseline anxiety, precontemplative readiness to change, and global functioning predicted lower levels of depressive symptom severity at termination.

Conclusions:

The findings suggest achieving rapid symptom change early in treatment may be integral to overall success. As such, therapists may wish to target factors such as readiness to change to potentially maximize rapid rate of symptom change and subsequent treatment outcome. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22731838?dopt=Abstract>

Psychol Serv. 2012 Jun 25. [Epub ahead of print]

Adapting the Multifamily Group Model for Treating Veterans With Posttraumatic Stress Disorder.

Sherman MD, Perlick DA, Straits-Tröster K.

Abstract

The Department of Veterans Affairs (VA) health care system's leadership has endorsed family involvement in veterans' mental health care as an important component of treatment. Both veterans and families describe family participation as highly desirable, and research has documented that having healthy social support is a strong protective factor for posttraumatic stress disorder (PTSD). Family psychoeducation has been shown to be effective in preventing relapse among severely mentally ill, and preliminary evidence suggests that family interventions for PTSD may improve veteran and family outcomes. The multifamily group (MFG) treatment model incorporates psychoeducation,

communication training, and problem-solving skill building, and it increases social support through its group format. This article describes the rationale for further adaptation of the MFG model for PTSD, and it reviews issues related to its implementation as a promising adjunctive treatment as part of the continuum of PTSD services available in VA. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22731737?dopt=Abstract>

J Womens Health (Larchmt). 2012 Jun 25. [Epub ahead of print]

Racial/Ethnic Differences in Depressive Symptoms Among Young Women: The Role of Intimate Partner Violence, Trauma, and Posttraumatic Stress Disorder.

Hirth JM, Berenson AB.

Source: Center for Interdisciplinary Research in Women's Health, Obstetrics and Gynecology, University of Texas Medical Branch , Galveston, Texas.

Abstract

Purpose:

It is unclear why rates of depression differ by race/ethnicity among young women. This study examines whether racial/ethnic differences in depressive symptoms are reduced by intimate partner violence (IPV), traumatic events, and posttraumatic stress disorder (PTSD) symptoms among a clinical sample of low-income women.

Methods:

A cross-sectional sample of 2414 young African American, Hispanic, and white women completed a survey that included questions about depression, PTSD symptoms, IPV, and trauma. Binary logistic regression and Poisson regression determined whether reports of PTSD symptoms, IPV, and trauma among white, African American, and Hispanic women affected the differences in depression found in these groups.

Results:

Twenty-four percent reported a level of depressive symptoms that warranted further evaluation for major depressive disorders. White women had elevated levels of depressive symptoms and were more likely to report ≥ 4 symptoms. White women also reported higher rates of PTSD symptoms, IPV, and traumatic events than African American or Hispanic women. Differences in the likelihood of reporting ≥ 4 depressive symptoms by race/ethnicity were reduced after controlling for PTSD symptoms and trauma. PTSD symptoms attenuated the differences in the count of depressive symptoms between white and African American women. After controlling for PTSD symptoms, trauma attenuated the difference in the count of depressive symptoms between Hispanic and white women.

Conclusions:

Elevated levels of trauma and PTSD symptoms among white women compared to African American or Hispanic women may play a role in observed racial/ethnic differences in depressive symptoms.

<https://msrc.fsu.edu/sites/default/files/MSRC%20Screening%20Measures%20White%20paper%20June%202012.pdf> (full text)

Suicide Risk Screening Measures

Peter M. Gutierrez, Ph.D. for the Military Suicide Research Consortium

26 June 2012

Statement of the Problem

The Office of the U.S. Army Surgeon General requested recommendations for the most appropriate suicide risk screening measures to deploy throughout the Service, and in particular whether the Columbia Suicide Severity Rating Scale (C-SSRS) is the best option.

Summary of the relevant literature

A previous MSRC white paper (Gutierrez, 2011) reviewed the C-SSRS, summarizing its strengths and weaknesses and highlighted the additional research that must be conducted prior to recommending wide-scale use of this measure. The C-SSRS, and other similarly purposed clinical interviews, are appropriate and useful as part of a comprehensive assessment, but do not meet the needs of clinicians conducting a brief screening in a range of clinical settings. For screening purposes a measure which does not require extensive staff time to administer, score, and interpret is preferred. Often large numbers of individuals are screened in a short amount of time, frequently in group settings. In selecting screening measures to include in the current review, the following criteria were applied: validated for use with adults; can be administered by wide range of professionals and in multiple clinical settings (i.e., not limited to psychiatric applications); minimally has cut-off scores associated with a measure of self-directed violence; and ideally has predictive validity data (i.e., future self-directed violence). Despite the large number of scales that have been developed over the past 40 years for use in suicide research and clinical care, remarkably few meet the above criteria.

<http://www.ncbi.nlm.nih.gov/pubmed/22730216>

Clin Psychol Psychother. 2012 Jun 22. doi: 10.1002/cpp.1805. [Epub ahead of print]

A Socio-interpersonal Perspective on PTSD: The Case for Environments and Interpersonal Processes.

Maercker A, Horn AB.

Source: Department of Psychology, University of Zurich, Zurich, Switzerland.

Abstract

Post-traumatic stress disorder (PTSD) is a common reaction to traumatic experiences. We propose a socio-interpersonal model of PTSD that complements existing models of post-traumatic memory processes or neurobiological changes. The model adds an interpersonal perspective to explain responses to traumatic stress. The framework draws from lifespan psychology, cultural psychology and research into close relationships and groups. Additionally, clinical knowledge about PTSD is incorporated. This involves knowledge about shame, guilt, estrangement feelings and protective factors, such as social support and forgiveness. Three levels are proposed at which relevant interpersonal processes can be situated and should be adequately researched. First, the individual level comprises social affective states, such as shame, guilt, anger and feelings of revenge. Second, at the close relationship level, social support, negative exchange (ostracism and blaming the victim), disclosure and empathy are proposed as dyadic processes relevant to PTSD research and treatment. Third, the distant social level represents culture and society, in which the collectivistic nature of trauma, perceived injustice, and social acknowledgement are concepts that predict the response trajectories to traumatic stress. Research by the current authors and others is cited in an effort to promote future investigation based on the current model. Methodological implications, such as multi-level data analyses, and clinical implications, such as the need for couple, community or larger-level societal interventions, are both outlined.

KEY PRACTITIONER MESSAGE:

The socio-interpersonal model proposes an interpersonal view of the processes that occur in the aftermath of a traumatic experience. At the individual level, the model integrates the social affective phenomena that clinical research identifies in PTSD patients, including shame, guilt, anger, revenge and the urges or reluctance to disclose. At the level of close relationships, there is an emphasis on the role of the individuals' partner, family or social support in the development or maintenance of PTSD and its recovery. At the distant social level, societal and cultural factors, e.g., individualistic versus collectivistic or other human value orientations, are acknowledged as contributing to the severity and course of PTSD. Increasing attention should be given to new approaches of PTSD treatment that refer to an interpersonal view of PTSD, e.g., communication training, PTSD-specific couples' therapy or community programs.

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<http://www.ncbi.nlm.nih.gov/pubmed/22729980>

J Trauma Stress. 2012 Jun;25(3):307-14. doi: 10.1002/jts.21701.

Benefit finding at war: a matter of time.

Wood MD, Britt TW, Wright KM, Thomas JL, Bliese PD.

Source: United States Army Medical Research Unit-Europe, Heidelberg, Germany.

Abstract

Benefit finding, described as one's ability to find benefits from stressful situations, has been hypothesized as a buffer against the negative effects of stress on mental health outcomes. Nonetheless, many have questioned the buffering potential of benefit finding in the face of prolonged and excessive stress such as is found in the combat environment. This study suggests that the length of a combat deployment and benefit finding may impact the relationship between combat exposure and posttraumatic stress disorder (PTSD) symptoms. Surveys were distributed to U.S. enlisted soldiers ($n = 1,917$), officers, and warrant officers ($n = 163$) of various combat and combat support units deployed to Iraq. A significant 3-way interaction ($\eta^2 = .004$, $p < .05$) revealed that benefit finding buffered soldiers from increased PTSD symptoms under high levels of combat exposure early in the deployment, but not in later months. These results indicate that although benefit finding may be a useful coping approach during the early phases of deployment, prolonged exposure to stress may diminish a soldier's ability to use benefit finding as a method for coping.

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<http://www.ncbi.nlm.nih.gov/pubmed/22729974>

J Trauma Stress. 2012 Jun;25(3):241-51. doi: 10.1002/jts.21699.

A critical evaluation of the complex PTSD literature: Implications for DSM-5.

Resick PA, Bovin MJ, Calloway AL, Dick AM, King MW, Mitchell KS, Suvak MK, Wells SY, Stirman SW, Wolf EJ.

Source: National Center for Posttraumatic Stress Disorder, VA Boston Healthcare System, Boston, Massachusetts, USA; Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts, USA.

Complex posttraumatic stress disorder (CPTSD) has been proposed as a diagnosis for capturing the diverse clusters of symptoms observed in survivors of prolonged trauma that are outside the current definition of PTSD. Introducing a new diagnosis requires a high standard of evidence, including a clear definition of the disorder, reliable and valid assessment measures, support for convergent and discriminant validity, and incremental validity with respect to implications for treatment planning and outcome. In this article, the extant literature on CPTSD is reviewed within the framework of construct validity to evaluate the proposed diagnosis on these criteria. Although the efforts in support of CPTSD have brought much needed attention to limitations in the trauma literature, we conclude that available evidence does not support a new diagnostic category at this time. Some directions for future research are suggested.

Published 2012. This article is a US Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/22729261>

Cad Saude Publica. 2012 Jul;28(7):1312-8.

Accuracy of the Composite International Diagnostic Interview (CIDI 2.1) for diagnosis of post-traumatic stress disorder according to DSM-IV criteria.

Quintana MI, Mari Jde J, Ribeiro WS, Jorge MR, Andreoli SB.

Source: Escola Paulista de Medicina, Universidade Federal de São Paulo, São Paulo, Brasil.

Abstract

The objective was to study the accuracy of the post-traumatic stress disorder (PTSD) section of the Composite International Diagnostic Interview (CIDI 2.1) DSM-IV diagnosis, using the Structured Clinical Interview (SCID) as gold standard, and compare the ICD-10 and DSM IV classifications for PTSD. The CIDI was applied by trained lay interviewers and the SCID by a psychologist. The subjects were selected from a community and an outpatient program. A total of 67 subjects completed both assessments. Kappa coefficients for the ICD-10 and the DSM IV compared to the SCID diagnosis were 0.67 and 0.46 respectively. Validity for the DSM IV diagnosis was: sensitivity (51.5%), specificity (94.1%), positive predictive value (9.5%), negative predictive value (66.7%), misclassification rate (26.9%). The CIDI 2.1 demonstrated low validity coefficients for the diagnosis of PTSD using DSM IV criteria when compared to the SCID. The main source of discordance in this study was found to be the high probability of false-negative cases with regards to distress and impairment as well as to avoidance symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/22724403>

Perspect Psychiatr Care.

2012 Jul;48(3):170-5.

doi: 10.1111/j.1744-6163.2011.00321.x. Epub 2011 Nov 14.

Can anesthesia trigger delayed-onset posttraumatic stress disorder in veterans?

Berger KC, Scharer K.

Source: Kathrene Carter Berger, DNP, BSN, BA, RN, is a PhD student, School of Nursing, University of North Carolina, Chapel Hill, North Carolina, USA; and Kathleen Scharer, PhD, RN PMH CNS-BC, FAAN, is Full Professor, College of Nursing, University of South Carolina, Columbia, South Carolina, USA.

PURPOSE:

The clinical presentation of a 60-year-old Vietnam veteran who developed delayed-onset posttraumatic

stress disorder (PTSD) after surgery is presented along with mechanisms for storing traumatic memory and a discussion of the potential contributions of anesthesia and aging to his clinical presentation.

CONCLUSION:

Although additional research is needed to clarify the contributions of memory processes, anesthesia, and aging in delayed-onset PTSD, prudent clinicians will be cognizant of a potential correlation and screen patients appropriately.

PRACTICE IMPLICATIONS:

A thorough surgical and anesthetic exposure history should be explored in presentations of delayed-onset posttraumatic disorder symptomatology. Additionally, clinicians working with trauma patients who anticipate surgery are uniquely positioned to serve as a liaison between the patient, surgeon, and anesthesiologist, thereby decreasing the potential for delayed-onset PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/22730311?dopt=Abstract>

Depress Anxiety. 2012 Jun;29(6):465-70. doi: 10.1002/da.21910.

Five sessions and counting: considering ultra-brief treatment for panic disorder.

Otto MW, Tolin DF, Nations KR, Utschig AC, Rothbaum BO, Hofmann SG, Smits JA.

Source: Boston University, Boston, Massachusetts.

Abstract

BACKGROUND:

Brief cognitive-behavioral therapy for panic disorder has the potential to lower health care costs and enhance dissemination of evidence-based interventions to clinical practice. This manuscript evaluates the utility of brief cognitive-behavioral therapy for panic disorder.

METHODS:

A narrative review of studies examining the efficacy of cognitive-behavioral brief treatment of panic disorder, with a specific focus on an ultra-brief, 5-session, intervention developed by our group.

RESULTS:

Brief cognitive-behavioral therapy for panic disorder is associated with clinically meaningful symptom improvement reflecting large effect sizes, comparable to those observed for standard protocols.

CONCLUSIONS:

Growing evidence encourages the further evaluation and application of brief cognitive-behavioral therapy for panic disorder. Controlled trials of cognitive-behavioral therapy have established the dramatic benefit that can be offered by brief treatment (often 12-15 sessions) approaches for Axis I disorders.

Yet, as the field advances and core mechanisms of change are identified, there is the potential for offering efficacy in even briefer treatment protocols. In this manuscript, we describe the elements and initial efficacy estimates, based on published studies, for an ultra-brief treatment approach for panic disorder. We also discuss the potential impact, and such brief treatment can have relative to dissemination issues and the desire for the timely end to psychological suffering.

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<http://www.ncbi.nlm.nih.gov/pubmed/22594129?dopt=Abstract>

Mil Med. 2012 Apr;177(4):397-403.

Evaluation of a third-location decompression program for Canadian Forces members returning from Afghanistan.

Garber BG, Zamorski MA.

Source: Deployment Health Section, Canadian Forces Health Services Group Headquarters, 1745 Alta Vista Dr., Ottawa, ON K1A 0K6, Canada.

Abstract

BACKGROUND:

Service members returning from combat can experience difficulty adapting to home life. To help ease this transition, the Canadian Forces provides a Third-location Decompression (TLD) program in Cyprus to members returning from deployment to Afghanistan.

METHODS:

The 5-day program consists of individual free time, structured recreational activities, and educational programming. Its perceived value and impact were measured immediately afterward and 4 to 6 months later.

RESULTS:

Respondents overwhelmingly supported the TLD concept, with 95% agreeing that "some form of TLD is a good idea." Eighty-one percent of participants found the program valuable, and 83% recommended it for future deployments to Afghanistan. Perceived value persisted 4 to 6 months after return, and 74% felt that it helped to make reintegration easier for them.

CONCLUSION:

Canadian Forces members saw value in the TLD program, and most members believed that the program had its intended effect of making the reintegration process easier for them.

<http://www.springerlink.com/content/h373v712x0n24ru2/>

Constructing and Evaluating Self-Report Measures (book chapter)

Peter L. Flom, Phyllis G. Supino and N. Philip Ross

Principles of Research Methodology

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Springer New York

A self-report (a.k.a. survey) is a measure where the respondent supplies information about him or herself. Self-reports are important in medical research because some variables (e.g., attitudes, beliefs, self-judged ability) only can be assessed from information directly furnished by the patient or other subject. A self-report is obtained by questionnaire, interview, or related methods. Questionnaires are written documents that can be self-completed without interviewer involvement or read aloud as part of an interview; interviews usually (but not always) are administered orally; both can be structured (comprise closed-ended questions), unstructured (comprise open-ended questions), or semistructured (comprise a mix of both question types). If answers to a research question can be obtained only via self-report, the investigator should first determine whether an instrument already exists that is reliable, valid, and otherwise suitable for the population of interest. In situations where a new instrument must be developed, the investigator must clearly define the question(s) of interest; identify the population to be surveyed; select the preferred type of self-report/format of measurement; consider inclusion of validation questions, pretest, and pilot test and edit the measure; and test the final battery of questions for reliability and validity. When developing or implementing a survey, the investigator must be certain to observe all ethical and legal aspects of survey methodology.

<http://www.ncbi.nlm.nih.gov/pubmed/22736575?dopt=Abstract>

Drug Test Anal. 2012 Jun 26. doi: 10.1002/dta.1377. [Epub ahead of print]

Mitigation of post-traumatic stress symptoms by Cannabis resin: A review of the clinical and neurobiological evidence.

Passie T, Emrich HM, Karst M, Brandt SD, Halpern JH.

Source: Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover, Germany; Laboratory for Integrative Psychiatry, Division of Alcohol and Drug Abuse, Harvard Medical School, McLean Hospital, Belmont, MA, USA. dr.passie@gmx.de.

Abstract

It is known from clinical studies that some patients attempt to cope with the symptoms of post-traumatic stress disorder (PTSD) by using recreational drugs. This review presents a case report of a 19-

year-old male patient with a spectrum of severe PTSD symptoms, such as intense flashbacks, panic attacks, and self-mutilation, who discovered that some of his major symptoms were dramatically reduced by smoking cannabis resin. The major part of this review is concerned with the clinical and preclinical neurobiological evidence in order to offer a potential explanation of these effects on symptom reduction in PTSD. This review shows that recent studies provided supporting evidence that PTSD patients may be able to cope with their symptoms by using cannabis products. Cannabis may dampen the strength or emotional impact of traumatic memories through synergistic mechanisms that might make it easier for people with PTSD to rest or sleep and to feel less anxious and less involved with flashback memories. The presence of endocannabinoid signalling systems within stress-sensitive nuclei of the hypothalamus, as well as upstream limbic structures (amygdala), point to the significance of this system for the regulation of neuroendocrine and behavioural responses to stress. Evidence is increasingly accumulating that cannabinoids might play a role in fear extinction and antidepressive effects. It is concluded that further studies are warranted in order to evaluate the therapeutic potential of cannabinoids in PTSD. Copyright © 2012 John Wiley & Sons, Ltd.

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<http://www.jmir.org/2012/3/e63/>

Disseminating Self-Help: Positive Psychology Exercises in an Online Trial.

Stephen M Schueller, PhD; Acacia C Parks, PhD

Journal of Medical Internet Research

2012;14(3):e63

doi: 10.2196/jmir.1850

Background:

The recent growth of positive psychology has led to a proliferation in exercises to increase positive thoughts, behaviors, and emotions. Preliminary evidence suggests that these exercises hold promise as an approach for reducing depressive symptoms. These exercises are typically researched in isolation as single exercises. The current study examined the acceptability of several multi-exercise packages using online dissemination.

Objective:

The purpose of this study was to investigate methods of dissemination that could increase the acceptability and effectiveness of positive psychology exercises. To achieve this goal, we compared the use of positive psychology exercises when delivered in packages of 2, 4, or 6 exercises.

Methods:

Self-help-seeking participants enrolled in this study by visiting an online research portal. Consenting

participants were randomly assigned to receive 2, 4, or 6 positive psychology exercises (or assessments only) over a 6-week period. These exercises drew from the content of group positive psychotherapy. Participants visited an automated website that distributed exercise instructions, provided email reminders, and contained the baseline and follow-up assessments. Following each exercise, participants rated their enjoyment of the exercise, answered how often they had used each technique, and completed outcome measures.

Results:

In total, 1364 individuals consented to participate. Attrition rates across the 2-, 4-, and 6-exercise conditions were similar at 55.5% (181/326), 55.8% (203/364), and 52.7% (168/319) respectively but were significantly greater than the attrition rate of 42.5% (151/355) for the control condition ($\chi^2_3 = 16.40, P < .001$). Participants in the 6-exercise condition were significantly more likely than participants in the 4-exercise condition to use both the third ($F_{1,312} = 5.61, P = .02$) and fourth ($F_{1,313} = 6.03, P = .02$) exercises. For 5 of the 6 exercises, enjoyment was related to continued use of the exercise at 6-week follow-up (r 's = .12 to .39). All conditions produced significant reductions in depressive symptoms ($F_{1,656} = 94.71, P < .001$); however, a significant condition by time interaction ($F_{3,656} = 4.77, P = .003$) indicated that this reduction was larger in the groups that received 2 or 4 exercises compared with the 6-exercise or control condition.

Conclusion:

Increasing the number of exercises presented to participants increased the use of the techniques and did not increase dropout. Participants may be more likely to use these skills when presented with a variety of options. Increasing the number of exercises delivered to participants produced a curvilinear relationship with those in the 2- and 4-exercise conditions reporting larger decreases in depressive symptoms than participants in the 6-exercise or control conditions. Although research generally offers a single exercise to test isolate effects, this study supports that studying variability in dissemination can produce important findings.

<http://www.ncbi.nlm.nih.gov/pubmed/22720021?dopt=Abstract>

PLoS One. 2012;7(6):e39025. Epub 2012 Jun 13.

Cortical thinning in patients with recent onset post-traumatic stress disorder after a single prolonged trauma exposure.

Liu Y, Li YJ, Luo EP, Lu HB, Yin H.

Source: Department of Biomedical Engineering, Fourth Military Medical University, Xi'an, Shaanxi, China.

Most of magnetic resonance imaging (MRI) studies about post-traumatic stress disorder (PTSD) focused primarily on measuring of small brain structure volume or regional brain volume changes. There were rare reports investigating cortical thickness alterations in recent onset PTSD. Recent advances in

computational analysis made it possible to measure cortical thickness in a fully automatic way, along with voxel-based morphometry (VBM) that enables an exploration of global structural changes throughout the brain by applying statistical parametric mapping (SPM) to high-resolution MRI. In this paper, Laplacian method was utilized to estimate cortical thickness after automatic segmentation of gray matter from MR images under SPM. Then thickness maps were analyzed by SPM8. Comparison between 10 survivors from a mining disaster with recent onset PTSD and 10 survivors without PTSD from the same trauma indicates cortical thinning in the left parietal lobe, right inferior frontal gyrus, and right parahippocampal gyrus. The regional cortical thickness of the right inferior frontal gyrus showed a significant negative correlation with the CAPS score in the patients with PTSD. Our study suggests that shape-related cortical thickness analysis may be more sensitive than volumetric analysis to subtle alteration at early stage of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/22719754?dopt=Abstract>

Adv Pharmacol Sci. 2012;2012:265724. Epub 2012 Jun 3.

Effects of Nicotine on Emotional Reactivity in PTSD and Non-PTSD Smokers: Results of a Pilot fMRI Study.

Froeliger B, Crowell Beckham J, Feldman Dennis M, Victoria Kozink R, Joseph McClernon F.

Source: Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC 27708, USA.

Abstract

There is evidence that individuals with posttraumatic stress disorder (PTSD) may smoke in part to regulate negative affect. This pilot fMRI study examined the effects of nicotine on emotional information processing in smokers with and without PTSD. Across groups, nicotine increased brain activation in response to fearful/angry faces (compared to neutral faces) in ventral caudate. Patch x Group interactions were observed in brain regions involved in emotional and facial feature processing. These preliminary findings suggest that nicotine differentially modulates negative information processing in PTSD and non-PTSD smokers.

<http://www.ncbi.nlm.nih.gov/pubmed/22717656?dopt=Abstract>

Cardiol Rev. 2012 Jun 20. [Epub ahead of print]

Post-traumatic Stress Disorder: A Fast Track to Premature Cardiovascular Disease?

Wentworth BA, Stein MB, Redwine LS, Xue Y, Taub PR, Clopton P, Nayak KR, Maisel AS.

Source: Department of Psychiatry and Behavioral Medicine, University of California, San Diego
Department of Cardiology, VA San Diego Healthcare System, Balboa Naval Hospital, San Diego.

Abstract

An increasing body of evidence reported in the literature indicates a possible role for post-traumatic stress disorder (PTSD) as a cause for cardiovascular disease (CVD). However, mechanistic evidence on the progression of adverse cardiac outcomes in PTSD is lacking. In this review, we examine the potential paths by which CVD could occur in those with PTSD. Dysregulation of the hypothalamic-pituitary-adrenal axis and autonomic nervous dysfunction are commonly observed in PTSD, which in turn lead to a variety of physiological changes potentially damaging to the heart. Increased inflammation, dysfunction of the vascular endothelium, hypercoagulability, and cardiac hyperreactivity all have been noted in patients with PTSD. Altered neurochemistry, most notably increased arginine vasopressin, as well as an increased prevalence of the metabolic syndrome, may also contribute to adverse cardiac outcomes. While the association between PTSD and physical disease is often complicated by health risk behaviors or comorbid psychiatric conditions, the evidence for a link between PTSD and CVD is substantial. In our examination, we attempt to identify potential cardiac biomarkers that may be useful in detecting increased cardiac risk in PTSD patients. As research in this area is exceedingly limited, we hope to inspire further research, as there is great potential value in identifying prognostically useful cardiac biomarkers so as to predict and prevent the onset of CVD in PTSD patients.

Links of Interest

VA secretary says video consultations can remove stigma of mental health treatment for vets
http://www.washingtonpost.com/world/national-security/va-secretary-says-long-distance-consultations-can-remove-stigma-of-mental-health-treatment/2012/06/20/gJQAYxyBrV_story.html

New USF therapy may ease PTSD
<http://www2.tbo.com/news/news/2012/jun/25/memeto1-new-usf-therapy-may-ease-ptsd-ar-419997/>

Telemedicine Tackles Mental Health Treatment
<http://www.informationweek.com/news/healthcare/mobile-wireless/240002617>

Sleepless in the South: New Study Discovers State and Regional Prevalence of Sleep Issues in the United States
<http://www.sciencedaily.com/releases/2012/02/120223142432.htm>

Sleep Times Influenced by Race, Ethnicity and Country of Origin
<http://www.sciencedaily.com/releases/2012/06/120613091041.htm>

Research Finds Ways That Young Couples Experience Less Relationship Stress, Higher Satisfaction
<http://www.sciencedaily.com/releases/2012/02/120209135058.htm>

Duplicate spending on veterans' care costs billions

http://www.eurekalert.org/pub_releases/2012-06/uoc--dso062612.php

Employment Key to Helping Veterans Adjust to Life Back Home

http://www.nlm.nih.gov/medlineplus/news/fullstory_126608.html

Panetta Outlines Suicide Prevention Strategy

<http://www.defense.gov/news/newsarticle.aspx?id=116867>

Lt. Commander Pam Wall is a psychiatric nurse with the U.S. Navy, and a Jonas Veterans Healthcare Program Scholar. Here she talks about the unique advantages nurses have when it comes to delivering mental health care to wounded veterans.

<http://www.pbs.org/wnet/need-to-know/video/video-american-voices-lt-commander-pam-wall/14128/>

JAMA Patient Page: Insomnia

<http://jama.jamanetwork.com/article.aspx?articleid=1199155>

Former undercover cop helps troops heal unseen wounds

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

Army research looks at new PTSD treatment

http://www.army.mil/article/81916/Army_research_looks_at_new_PTSD_treatment/

'Old Guard' Soldiers, horses assist wounded warriors with therapeutic riding

http://www.army.mil/article/81601/Old_Guard_Soldiers_horses_assist_wounded_warriors_with_therapeutic_riding/

Finally...lower your stress level via virtual birdwatching. (This is wonderful!)

<http://explore.org/#!/live-cams/player/puffin-loafing-ledge-cam>

Research Tip of the Week: [Son of Citation Machine](#)

This is the second iteration of a wonderful online tool that will help you correctly format references both for in-text inclusion and for bibliographies. It outputs your choice of APA or MLA style for print, electronic, audio/video, and web-based resources. I may have mentioned this in a previous Research Update, but I've referred three people to it in the last couple of weeks, so I figured it was worth highlighting again.



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