



## CDP Research Update -- July 19, 2012

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21717/abstract>

**Examining aggression in male vietnam veterans who receive VA services: The role of traumatic events and combat exposure.**

Jenna M. Lenhardt, Jamie M. Howard, Casey T. Taft, Danny G. Kaloupek, Terence M. Keane

Journal of Traumatic Stress

Article first published online: 11 JUL 2012

We examined the relationship between trauma exposure and the perpetration of aggression by male Vietnam veterans (N = 1,328) using archival data from a multisite study conducted by the Cooperative Studies Program of the Department of Veteran Affairs (CSP-334) in the early 1990s. Both traumatic events in civilian life and combat exposure were examined as correlates of aggression. Results indicated that pre- and postmilitary traumatic events and combat exposure were all related to perpetration of aggression at the bivariate level;  $r = .07$ ,  $r = .20$ , and  $r = .13$ , respectively. When these variables were examined simultaneously, only combat exposure ( $\beta = .14$ ,  $p < .001$ ) and postmilitary traumatic events ( $\beta = .20$ ,  $p < .001$ ) were associated with aggression. No interaction effects were found for civilian traumatic events and combat in relation to aggression. Results highlight the importance of attending to the psychological aftermath of exposure to traumatic events experienced during and following deployment before aggressive patterns develop.

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<http://online.liebertpub.com/doi/abs/10.1089/g4h.2012.0014>

**Importance of Patient Culture and Exergaming Design for Clinical Populations: A Case Series on Exercise Adherence in Soldiers with Depression.**

Greg M. Reger, Kevin M. Holloway, Joe Edwards, and Amanda Edwards-Stewart

Online Ahead of Print: July 9, 2012

**Objective:**

Exercise is an effective intervention for depressed individuals, but adherence is often poor. Exergaming may be useful for stimulating motivation and adherence with physical activity. This study piloted the use of the Nintendo® “Wii™ Fit” (Nintendo of America, Inc., Redwood City, CA) as part of cognitive behavioral treatment (CBT) for soldiers.

**Subjects and Methods:**

Male soldiers with depression (N=3) were treated in a military treatment facility using a case-controlled research design. Patients were loaned a “Wii Fit” during five of 10 CBT treatment sessions and asked to exercise at least 20 minutes/day.

**Results:**

Rates of compliance and minutes of exercise were no different during the periods with and without the “Wii Fit.” All three patients reported a reduction in depression severity following treatment.

**Conclusions:**

This study provides important lessons learned for future studies of exergaming for patients with depression. Exergaming software is typically not designed for clinical populations, and certain characteristics of the game may decrease the likelihood of use. Researchers should consider the characteristics of various available exergaming platforms and select one that represents a clinical and cultural fit for their patient population.

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<http://www.tandfonline.com/doi/abs/10.1080/15332691.2012.692942>

**An Examination of the Broaden-and-Build Model of Positive Emotions in Military Marriages: An Actor-Partner Analysis.**

Joyce A. Baptist, Briana S. Nelson Goff

Journal of Couple & Relationship Therapy

Vol. 11, Iss. 3, 2012

How emotional and cognitive processes combined to produce resilience in military marriages post-combat deployments was examined using the “broaden-and-build model of positive emotions” with 40 military couples. The model suggests that positive emotions expand, and negative emotions impede cognitive processes. Using the Actor-Partner Interdependence Model, the association between positive and negative emotions on insight-causation was examined. Actor and partner effects were found for service members’ positive emotions and spouses’ negative emotions but not for service members’ negative emotions and spouses’ positive emotions. Service members’ actor and partner effects were significantly stronger than those of their spouses. Clinical and research implications are discussed.

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<http://content.karger.com/ProdukteDB/produkte.asp?Doi=331595>

### **A 5-Year Longitudinal Study of Posttraumatic Stress Disorder in Primary Care Patients.**

Carlos I. Pérez Benítez, Caron Zlotnick, Robert I. Stout, Fengjuan Lou, Ingrid Dyck, Risa Weisberg, Martin Keller

Psychopathology (DOI: 10.1159/000331595)

Published online: July 12, 2012

Little is known about the clinical course of posttraumatic stress disorder (PTSD) and the clinical predictors of its recovery in primary care patients. We examined 5 years of follow-up of PTSD symptoms using rates of recovery and recurrence, and the predictive value of comorbid mental disorders, treatment participation and psychosocial functioning, on PTSD recovery. We examined 199 participants with PTSD diagnoses, from the Primary Care Anxiety Disorder Project. We found that the course of PTSD in a sample of primary care patients is chronic. Survival analysis revealed that the likelihood of PTSD recovery was 38.0% and of recurrence it was 29.5%. Cox regression analyses indicated that baseline clinical variables did not have a significant relationship with probability of PTSD recovery. However, time-varying models showed that the course of psychosocial impairment was a significant predictor of the likelihood of recovery from PTSD. Findings provide initial empirical support for treatment approaches that focus on psychosocial functioning to reduce PTSD symptoms.

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<http://www.sciencedirect.com/science/article/pii/S0306453012001928>

### **Sympathetic activity and hypothalamo-pituitary–adrenal axis activity during sleep in post-traumatic stress disorder: A study assessing polysomnography with simultaneous blood sampling.**

Saskia van Liempt, Johan Arends, Pierre J.M. Cluitmans, Herman G.M. Westenberg, René S. Kahn, Eric Vermetten

Psychoneuroendocrinology

Available online 7 July 2012

### Background

Nightmares and insomnia in PTSD are hallmark symptoms, yet poorly understood in comparison to the advances toward a biological framework for the disorder. According to polysomnography (PSG), only minor changes in sleep architecture were described. This warrants alternative methods for assessing sleep regulation in PTSD.

### Methods

After screening for obstructive sleep apnea and period limb movement disorder, veterans with PTSD (n = 13), trauma controls (TCs, n = 17) and healthy controls (HCs, n = 15) slept in our sleep laboratory on two consecutive nights with an IV catheter out of which blood was sampled every 20 min from 22:00 h to 08:00 h. Nocturnal levels of plasma adrenocorticotrophic hormone (ACTH), cortisol, melatonin were assessed in conjunction with PSG registration, as well as subjective sleep parameters.

### Results

PTSD patients showed a significant increase in awakenings during sleep in comparison to both control groups. These awakenings were correlated with ACTH levels during the night, and with the subjective perception of sleep depth. Also, heart rate (HR) was significantly increased in PTSD patients as compared with both control groups. The diurnal regulation of ACTH, cortisol and melatonin appeared undisturbed. PTSD patients exhibited lower cortisol levels at borderline significance ( $p = 0.056$ ) during the first half of the night. ACTH levels and cortisol levels during the first half of the night were inversely related to slow wave sleep (SWS).

### Conclusion

This study suggests that hypothalamo-pituitary–adrenal (HPA) axis activity is related to sleep fragmentation in PTSD. Also, activity of the sympathetic nervous system (SNS) is increased during sleep in PTSD. Further research is necessary to explore the potential causal relationship between sleep problems and the activity of the HPA-axis and SNS in PTSD.

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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8634233>

### **Neuropsychological function and suicidal behavior: attention control, memory and executive dysfunction in suicide attempt.**

J. G. Keilp, M. Gorlyn, M. Russell, M. A. Oquendo, A. K. Burke, J. Harkavy-Friedman and J. J. Mann

Psychological Medicine, FirstView Article : pp 1-13 Copyright © Cambridge University Press 2012

### Background

Executive dysfunction, distinct from other cognitive deficits in depression, has been associated with suicidal behavior. However, this dysfunction is not found consistently across samples.

## Method

Medication-free subjects with DSM-IV major depressive episode (major depressive disorder and bipolar type I disorder) and a past history of suicidal behavior (n=72) were compared to medication-free depressed subjects with no history of suicidal behavior (n=80) and healthy volunteers (n=56) on a battery of tests assessing neuropsychological functions typically affected by depression (motor and psychomotor speed, attention, memory) and executive functions reportedly impaired in suicide attempters (abstract/contingent learning, working memory, language fluency, impulse control).

## Results

All of the depressed subjects performed worse than healthy volunteers on motor, psychomotor and language fluency tasks. Past suicide attempters, in turn, performed worse than depressed non-attempters on attention and memory/working memory tasks [a computerized Stroop task, the Buschke Selective Reminding Task (SRT), the Benton Visual Retention Test (VRT) and an N-back task] but not on other executive function measures, including a task associated with ventral prefrontal function (Object Alternation). Deficits were not accounted for by current suicidal ideation or the lethality of past attempts. A small subsample of those using a violent method in their most lethal attempt showed a pattern of poor executive performance.

## Conclusions

Deficits in specific components of attention control, memory and working memory were associated with suicidal behavior in a sample where non-violent attempt predominated. Broader executive dysfunction in depression may be associated with specific forms of suicidal behavior, rather than suicidal behavior per se.

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<http://psycnet.apa.org/journals/spq/27/2/109/>

### **The association between sexual assault and suicidal activity in a national sample.**

Tomasula, Jessica L.; Anderson, Laura M.; Littleton, Heather L.; Riley-Tillman, T. Chris

School Psychology Quarterly,

Vol 27(2), Jun 2012, 109-119.

Sexual violence is a potential key risk factor for adolescent suicidal behavior but has not been studied extensively. Thus, the current study examined the extent to which sexual assault predicted suicide attempts among adolescent students in the national Youth Risk Behavior Surveillance System survey (2007 data). Gender differences in suicidal behavior overall and among sexual assault victims were examined. The results supported that students with sexual assault histories were significantly more likely (odds ratio [OR] = 6.4) to have reported at least one suicide attempt in the past year than students who did not report sexual assault histories. Male students with a sexual assault history reported suicide attempts requiring medical attention more frequently than male attempters without sexual assault histories, as well as both groups of female suicide attempters. Implications of the findings for suicide

prevention and intervention programs are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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<http://www.biomedcentral.com/1471-244X/12/81/abstract>

**A systematic review of help-seeking interventions for depression, anxiety and general psychological distress.**

Amelia Gulliver, Kathleen M Griffiths, Helen Christensen and Jacqueline L Brewer

BMC Psychiatry 2012, 12:81 doi:10.1186/1471-244X-12-81

Published: 16 July 2012

**Background**

Depression and anxiety are treatable disorders, yet many people do not seek professional help. Interventions designed to improve help-seeking attitudes and increase help-seeking intentions and behaviour have been evaluated in recent times. However, there have been no systematic reviews of the efficacy or effectiveness of these interventions in promoting help-seeking. Therefore, this paper reports a systematic review of published randomised controlled trials targeting help-seeking attitudes, intentions or behaviours for depression, anxiety, and general psychological distress.

**Methods**

Studies were identified through searches of PubMed, PsycInfo, and the Cochrane database in November 2011. Studies were included if they included a randomised controlled trial of at least one intervention targeting help-seeking for depression or anxiety or general psychological distress, and contained extractable data on help-seeking attitudes or intentions or behaviour. Studies were excluded if they focused on problems or conditions other than the target (e.g., substance use, eating disorder).

**Results**

Six published studies of randomised controlled trials investigating eight different interventions for help-seeking were identified. The majority of trials targeted young adults. Mental health literacy content was effective ( $d = .12$  to  $.53$ ) in improving help-seeking attitudes in the majority of studies at post-intervention, but had no effect on help-seeking behaviour ( $d = .01, .02$ ). There was less evidence for other intervention types such as efforts to destigmatise or provide help-seeking source information.

**Conclusions**

Mental health literacy interventions are a promising method for promoting positive help-seeking attitudes, but there is no evidence that it leads to help-seeking behaviour. Further research investigating the effects of interventions on attitudes, intentions, and behaviour is required.

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<http://www.ncbi.nlm.nih.gov/pubmed/22792217?dopt=Abstract>

PLoS One. 2012;7(7):e40089. Epub 2012 Jul 5.

**The effectiveness of online cognitive behavioral treatment in routine clinical practice.**

Ruwaard J, Lange A, Schrieken B, Dolan CV, Emmelkamp P.

Source: Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands.

Abstract

CONTEXT:

Randomized controlled trials have identified online cognitive behavioral therapy as an efficacious intervention in the management of common mental health disorders.

OBJECTIVE:

To assess the effectiveness of online CBT for different mental disorders in routine clinical practice.

DESIGN:

An uncontrolled before-after study, with measurements at baseline, posttest, 6-week follow-up, and 1-year follow-up.

SETTING:

1500 adult patients (female: 67%; mean age: 40 years) with a GP referral for psychotherapy were treated at a Dutch online mental health clinic for symptoms of depression (n = 413), panic disorder (n = 139), posttraumatic stress (n = 478), or burnout (n = 470).

INTERVENTIONS:

Manualized, web-based, therapist-assisted CBT, of which the efficacy was previously demonstrated in a series of controlled trials. Standardized duration of treatment varied from 5 weeks (online CBT for Posttraumatic stress) to 16 weeks (online CBT for Depression).

MAIN OUTCOME MEASURES:

Validated self-report questionnaires of specific and general psychopathology, including the Beck Depression Inventory, the Impact of Event Scale, the Panic Disorder Severity Scale-Self Report, the Oldenburg Burnout Inventory, and the Depression Anxiety Stress Scales.

RESULTS:

Treatment adherence was 71% (n = 1071). Study attrition was 21% at posttest, 33% at 6-week FU and 65% at 1-year FU. Mixed-model repeated measures regression identified large short-term reductions in all measures of primary symptoms ( $d = 1.9 \pm 0.2$  to  $d = 1.2 \pm 0.2$ ;  $P < .001$ ), which sustained up to one year after treatment. At posttest, rates of reliable improvement and recovery were 71% and 52% in the completer sample (full sample: 55%/40%). Patient satisfaction was high.



## CONCLUSIONS:

Results suggest that online therapist-assisted CBT may be as effective in routine practice as it is in clinical trials. Although pre-treatment withdrawal and long-term outcomes require further study, results warrant continued implementation of online CBT.

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<http://www.ncbi.nlm.nih.gov/pubmed/22790113?dopt=Abstract>

CNS Spectr. 2012 Mar;17(1):11-5.

### **Post-traumatic stress disorder symptom severity in service members returning from Iraq and Afghanistan with different types of injuries.**

McLay RN, Webb-Murphy J, Hammer P, Volkert S, Klam W.

Source: Naval Medical Center San Diego, Department of Mental Health, San Diego, California, USA.

#### Abstract

##### Introduction

Risk for post-traumatic stress disorder (PTSD) varies in part due to the nature of the traumatic event involved. Both injury and return from combat pose high risk of PTSD symptoms. How different injuries may predispose towards PTSD is less well understood.

##### METHODS:

A retrospective record review was conducted from 1402 service members who had returned to Naval Medical Center San Diego from Iraq or Afghanistan and who had completed the PTSD Checklist as part of their post-deployment screening. Rates of PTSD were examined in relation to mechanism of injury.

##### RESULTS:

Of those without injury, 8% met Diagnostic and Statistical Manual criteria for PTSD. Thirteen percent of those with a penetrating injury, 29% with blunt trauma, and 33% with combination injuries met criteria for PTSD. PTSD severity scores varied significantly according to type of injury.

##### Discussion

The World War I concept of "shell shock" implied that blast-related injuries were more likely to result in psychological symptoms than were other injuries. These data may support that idea. Circumstance of injury, population differences, and reporting bias could also have influenced the results.

##### Conclusion

These results suggest that service members with blunt or combination injuries merit particular attention when screening for PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/22784436?dopt=Abstract>

Implement Sci. 2012 Jul 11;7(1):64. [Epub ahead of print]

**Brief cognitive behavioral therapy in primary care: a hybrid type 2 patient-randomized effectiveness-implementation design.**

Cully JA, Armento ME, Mott J, Nadorff MR, Naik AD, Stanley MA, Sorocco KH, Kunik ME, Petersen NJ, Kauth MR.

Abstract

BACKGROUND:

Despite the availability of evidence-based psychotherapies for depression and anxiety, they are underused in non-mental health specialty settings such as primary care. Hybrid effectiveness-implementation designs have the potential to evaluate clinical and implementation outcomes of evidence-based psychotherapies to improve their translation into routine clinical care practices.

METHODS:

This protocol article discusses the study methodology and implementation strategies employed in an ongoing, hybrid, type 2 randomized controlled trial with two primary aims: (1) to determine whether a brief, manualized cognitive behavioral therapy administered by Veterans Affairs Primary Care Mental Health Integration program clinicians is effective in treating depression and anxiety in a sample of medically ill (chronic cardiopulmonary diseases) primary care patients and (2) to examine the acceptability, feasibility, and preliminary outcomes of a focused implementation strategy on improving adoption and fidelity of brief cognitive behavioral therapy at two Primary Care-Mental Health Integration clinics. The study uses a hybrid type 2 effectiveness/implementation design to simultaneously test clinical effectiveness and to collect pilot data on a multifaceted implementation strategy that includes an online training program, audit and feedback of session content, and internal and external facilitation. Additionally, the study engages the participation of an advisory council consisting of stakeholders from Primary Care-Mental Health Integration, as well as regional and national mental health leaders within the Veterans Administration. It targets recruitment of 320 participants randomized to brief cognitive behavioral therapy (n = 200) or usual care (n = 120). Both effectiveness and implementation outcomes are being assessed using mixed methods, including quantitative evaluation (e.g., intent-to-treat analyses across multiple time points) and qualitative methods (e.g., focus interviews and surveys from patients and providers). Patient-effectiveness outcomes include measures of depression, anxiety, and physical health functioning using blinded independent evaluators. Implementation outcomes include patient engagement and adherence and clinician brief cognitive behavioral therapy adoption and fidelity.

CONCLUSIONS:

Hybrid designs are needed to advance clinical effectiveness and implementation knowledge to improve healthcare practices. The current article describes the rationale and challenges associated with the use of a hybrid design for the study of brief cognitive behavioral therapy in primary care. Although trade-offs

exist between scientific control and external validity, hybrid designs are part of an emerging approach that has the potential to rapidly advance both science and practice.

Trial registration NCT01149772 at <http://www.clinicaltrials.gov/ct2/show/NCT01149772>.

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<http://www.ncbi.nlm.nih.gov/pubmed/22786741?dopt=Abstract>

Mt Sinai J Med. 2012 Jul;79(4):512-23. doi: 10.1002/msj.21320.

### **Cognitive and behavioral treatment options for insomnia.**

Ebben MR, Narizhnaya M.

Source: Weill Cornell Medical College Center for Sleep Medicine, New York, NY. Abstract

Insomnia is a costly disorder that affects a significant number of people. In many cases, insomnia is comorbid with other illnesses, which complicates its diagnosis and treatment. Most often it is treated with medication; however, patients are not always safe using hypnotics, and medication does not attack the source of the disorder. Cognitive behavioral therapies are better for long-term treatment because they address factors causing or perpetuating insomnia, as opposed to treatments that focus on symptoms. This article examines various nonpharmacological treatments for insomnia. In addition, because circadian rhythm disorders may exhibit symptoms similar to insomnia, there is also a brief overview of 2 common circadian rhythm disorders, delayed sleep phase syndrome and advanced sleep phase syndrome. Mt Sinai J Med 79:512-523, 2012 © 2012 Mount Sinai School of Medicine.

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<http://www.ncbi.nlm.nih.gov/pubmed/22786620?dopt=Abstract>

J Trauma Stress. 2012 Jul 11. doi: 10.1002/jts.21713. [Epub ahead of print]

### **Why we should worry about malingering in the VA system: Comment on Jackson et al. (2011).**

McNally RJ, Frueh BC.

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

Abstract

In a recent survey, Jackson et al. (2011) found that clinicians who evaluate veterans for service-connected disability pensions rarely use recommended best practices to assess for posttraumatic stress disorder (PTSD) within the Department of Veterans Affairs (VA). We share their dismay, and we hope that their article will help foster evidence-based assessments for diagnosing PTSD in veterans. Jackson et

al. briefly discussed scholarship on malingering among applicants for service-connected disability compensation for PTSD, concluding that concerns about malingering are largely unfounded. The data they adduce, however, in support of this conclusion actually provide reasons for concern as we document in this article. We cite recent work by labor economists in support of our argument.

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<http://www.ncbi.nlm.nih.gov/pubmed/22794672?dopt=Abstract>

Int J Psychiatry Clin Pract. 2012 Jul 16. [Epub ahead of print]

### **Development of the Insomnia Screening Scale Based on ICSD-II.**

Yeh ZT, Chiang RP, Kang SC, Chiang CH.

Source: Department of Clinical Psychology, Fu Jen Catholic University, Taipei, Taiwan.

#### Abstract

##### Objective

Although various instruments have been developed to evaluate insomniac symptoms in individuals, none of them are based on the International Classification of Sleep Disorder, 2nd (ICSD-II). The purpose of this study is to develop a new scaling system, the Insomnia Screening Scale (ISS) to fit the new diagnostic criteria.

##### Methods

Study 1 was conducted to formulate the new items of the insomnia screening scale (ISS), which were divided into four major subscales, and establish the reliability and validity of the ISS in clinical insomniac subjects. Study 2 tested the external validity of the ISS, which was used in a community survey, and investigated the relationship between ISS and daytime function, especially working memory.

##### Results

The final version of the ISS has good internal consistency ( $\alpha = 0.87-0.98$ ), and explains 64% of the variance. The insomnia group had poor working memory performance on the cognitive tasks.

##### Conclusions

The ICSD-II based ISS is a reliable and valid instrument for evaluating an individual's insomniac symptoms. The major difference between the ISS and the previous instruments is that the ISS not only assess the subjective insomniac and daytime symptoms but also examines the sleep environment and sleep opportunities of the participants.

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<http://www.ncbi.nlm.nih.gov/pubmed/22798638?dopt=Abstract>

Behav Modif. 2012 Jul 13. [Epub ahead of print]

**Latent Classes of PTSD Symptoms in Vietnam Veterans.**

Steenkamp MM, Nickerson A, Maguen S, Dickstein BD, Nash WP, Litz BT.

Abstract

The authors examined heterogeneity in posttraumatic stress disorder (PTSD) symptom presentation among veterans (n = 335) participating in the clinical interview subsample of the National Vietnam Veterans Readjustment Study. Latent class analysis was used to identify clinically homogeneous subgroups of Vietnam War combat veterans. Consistent with previous research, three classes emerged from the analysis, namely, veterans with no disturbance (61.4% of the cohort), intermediate disturbance (25.6%), and pervasive disturbance (12.5%). The authors also examined physical injury, war-zone stressor exposure, peritraumatic dissociation, and general dissociation as predictors of class membership. The findings are discussed in the context of recent conceptual frameworks that posit a range of posttraumatic outcomes and highlight the sizable segment of military veterans who suffer from intermediate (subclinical) PTSD symptoms.

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Combat and Operational Stress Quarterly

Naval Center for Combat & Operational Stress Control

Winter 2012

<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/winter2012ResearchQuarterly.pdf>

Spring 2012

<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/spring2012ResearchQuarterly.pdf>

The Combat & Operational Stress Research Quarterly is a compilation of recent research on combat and operational stress, including relevant findings on the etiology, course and treatment of Posttraumatic Stress Disorder (PTSD). The intent of this publication is to facilitate translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

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[http://www.queri.research.va.gov/tools/vetsed/VetSEd\\_Manual.pdf](http://www.queri.research.va.gov/tools/vetsed/VetSEd_Manual.pdf)

### **The Veteran Supported Education Service Treatment Manual (Vetsed)**

Ellison, M.L., Mueller, L., Henze, K., Corrigan, P., Larson, J., Kieval, N.E., Sawh. L., & Smelson, D.

May 2012

Bedford, MA: ENRM Veterans Hospital, Center for Health Quality, Outcomes, and Economic Research.

Psychosocial rehabilitation techniques have long been considered beneficial for promoting recovery from trauma and stress. However, such techniques have not been sufficiently validated (Penk & Flannery, 2000; Glynn, Drebing, & Penk, 2009). Insufficient validation may be attributed, in part, to the fact that, while theories are strong and deeply embedded within our American cultures, psychosocial rehabilitations often times have lacked operational practices to guide those delivering, as well as those receiving, such services.

The Veteran Supported Education Treatment Manual provided here removes all such insufficiencies for using education as a family of psychosocial rehabilitation techniques for coping with trauma. Such "choose, get, keep" educational approaches specified here began long ago in interventions pioneered by William Anthony, Karen Danley, Sally Rogers, Marianne Farkas, and LeRoy Spaniol in the Center for Psychiatric Rehabilitation at Boston University (e.g., Jansen, Farkas, & Penk, 2007)

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Now, once again, supported education moves into the forefront as one of the primary forms of psychosocial rehabilitation for recovery among combat veterans leaving wars in Iraq and Afghanistan. Once again, operational interventions, based upon supported education, are being designed and developed to speed and to deepen recovery from trauma. The manual presented here comes from clinicians, health care researchers, and educators working together at the VA medical center in Bedford, Massachusetts, the Edith Nourse Rogers Memorial Veterans Hospital, which embodies the tradition of "moral therapies." Given here are the specifics of approaches about how-to-practice supported education. Previously, such approaches were ambiguously embedded in the culture and never clearly defined. But, now, this supported education manual presents pathways and actions to provide supported education for those recovering from trauma to learn resiliency.

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<http://bmo.sagepub.com/content/early/2012/07/11/0145445512450908.abstract>

Behav Modif. 2012 Jul 13. [Epub ahead of print]

### **Latent Classes of PTSD Symptoms in Vietnam Veterans.**

Steenkamp MM, Nickerson A, Maguen S, Dickstein BD, Nash WP, Litz BT.

## Abstract

The authors examined heterogeneity in posttraumatic stress disorder (PTSD) symptom presentation among veterans (n = 335) participating in the clinical interview subsample of the National Vietnam Veterans Readjustment Study. Latent class analysis was used to identify clinically homogeneous subgroups of Vietnam War combat veterans. Consistent with previous research, three classes emerged from the analysis, namely, veterans with no disturbance (61.4% of the cohort), intermediate disturbance (25.6%), and pervasive disturbance (12.5%). The authors also examined physical injury, war-zone stressor exposure, peritraumatic dissociation, and general dissociation as predictors of class membership. The findings are discussed in the context of recent conceptual frameworks that posit a range of posttraumatic outcomes and highlight the sizable segment of military veterans who suffer from intermediate (subclinical) PTSD symptoms.

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[http://journals.lww.com/joem/Abstract/2012/07000/The\\_Experiences\\_of\\_Security\\_Industry\\_Contractors.16.aspx](http://journals.lww.com/joem/Abstract/2012/07000/The_Experiences_of_Security_Industry_Contractors.16.aspx)

### **The Experiences of Security Industry Contractors Working in Iraq: An Interpretative Phenomenological Analysis.**

Messenger, Katy D ClinPsy; Farquharson, Lorna D ClinPsy; Stallworthy, Pippa D ClinPsy; Cawkill, Paul MSc; Greenberg, Neil MD

Journal of Occupational & Environmental Medicine:

July 2012 - Volume 54 - Issue 7 - p 859–867

#### Objective:

To explore the occupational experiences of private security contractors working in a war zone and how it impacts on their mental health.

#### Methods:

Semistructured interviews were conducted with seven contractors employed by a large UK-based private security company. Interpretative phenomenological analysis was used to analyze the interview transcripts. Participants also completed the 12-item General Health Questionnaire and the Posttraumatic Stress Disorder Checklist.

#### Results:

Four overarching themes emerged: the appeal of the job; vulnerability; keep going; and seeking help for stress in the workplace. No clinically significant levels of distress were reported.

#### Conclusions:

Contractors are frequently exposed to stressors known to increase risk of psychiatric difficulty in military

personnel. A number of potential protective factors were identified. Only a minority of participants were open to seeking help for mental health difficulties.

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<http://www.ncbi.nlm.nih.gov/pubmed/22801411?dopt=Abstract>

Mol Psychiatry. 2012 Jul 17. doi: 10.1038/mp.2012.101. [Epub ahead of print]

**Neuropeptide Y and posttraumatic stress disorder.**

Sah R, Geraciotti TD.

Source: Department of Psychiatry and Behavioral Neuroscience, University of Cincinnati, Cincinnati, OH, USA; Department of Veterans Affairs Medical Center, Cincinnati, OH, USA

Abstract

Resiliency to the adverse effects of extraordinary emotional trauma on the brain varies within the human population. Accordingly, some people cope better than others with traumatic stress. Neuropeptide Y (NPY) is a 36-amino-acid peptide transmitter abundantly expressed in forebrain limbic and brain stem areas that regulate stress and emotional behaviors. Studies largely in rodents demonstrate a role for NPY in promoting coping with stress. Moreover, accruing data from the genetic to the physiological implicate NPY as a potential 'resilience-to-stress' factor in humans. Here, we consolidate findings from preclinical and clinical studies of NPY that are of relevance to stress-associated syndromes, most prototypically posttraumatic stress disorder (PTSD). Collectively, these data suggest that reduced central nervous system (CNS) NPY concentrations or function may be associated with PTSD. We also link specific symptoms of human PTSD with extant findings in the NPY field to reveal potential physiological contributions of the neuropeptide to the disorder. In pursuit of understanding the physiological basis and treatment of PTSD, the NPY system is an attractive target. Molecular Psychiatry advance online publication, 17 July 2012; doi:10.1038/mp.2012.101.

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<http://www.ncbi.nlm.nih.gov/pubmed/22800714?dopt=Abstract>

J Psychiatr Res. 2012 Jul 14. [Epub ahead of print]

**The natural history of insomnia: Focus on prevalence and incidence of acute insomnia.**

Ellis JG, Perlis ML, Neale LF, Espie CA, Bastien CH.

Source: Northumbria Centre for Sleep Research, Northumbria University, Newcastle, UK.



## Abstract

Despite Acute Insomnia being classified as a distinct nosological entity since 1979/1980 (ASDC/DSM III-R), there are no published estimates of its prevalence and incidence or data regarding transition to chronic insomnia or remission. This lack of data prevents an understanding of: a) the pathogenesis of insomnia and b) when and how treatment should be initiated. The aim of the present study was to provide such data from two community samples. Samples were recruited in the USA (n = 2861) and the North East of the UK (n = 1095). Additionally, 412 Normal Sleepers from the UK sample were surveyed longitudinally to determine prospectively incidence, transition, and remission rates for acute insomnia and assess whether the acute insomnia was a first episode, recurrent episode, or co-morbid with symptoms of other illnesses. The prevalence of acute insomnia was 9.5% (USA) and 7.9%(UK). The prevalence of three acute insomnia subtypes in the UK were; First-Onset Acute Insomnia 2.6%; Recurrent Acute Insomnia 3.8%; and 1.4% Co-morbid Acute Insomnia. The annual incidence of acute insomnia in the UK sample was between 31.2% and 36.6%. Remission rates fluctuated depending upon the definition of acute insomnia and whether the current episode was first-onset or recurrent. These findings provide preliminary insights into the natural history of insomnia. Such data will serve to inform how and when acute insomnia should be managed and whether such interventions may serve to diminish subsequent morbidity, particularly with respect to Major Depression.

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## Links of Interest

The Wedding

[http://www.slate.com/articles/life/the\\_wedding/2012/07/erwynn\\_umali\\_and\\_will\\_behrens\\_the\\_first\\_gay\\_wedding\\_on\\_a\\_military\\_base\\_.html](http://www.slate.com/articles/life/the_wedding/2012/07/erwynn_umali_and_will_behrens_the_first_gay_wedding_on_a_military_base_.html)

(longish poignant article about the first gay wedding on a military base)

Tool Created to Track Real-Time Chemical Changes in Brain

<http://www.sciencedaily.com/releases/2012/07/120716090326.htm>

Library of Congress Veterans History project

<http://www.loc.gov/vets/vets-home.html>

The Project collects first-hand accounts of U.S. Veterans from the following wars:

- + World War I (1914-1920)
- + World War II (1939-1946)
- + Korean War (1950-1955)
- + Vietnam War (1961-1975)
- + Persian Gulf War (1990-1995)
- + Afghanistan and Iraq conflicts (2001-present)

How to participate:

<http://www.loc.gov/vets/kit.html>

Resilience: The Result of a Totally Fit Force

<http://www.ndu.edu/press/totally-fit-force.html>

Sleep Deprivation May Reduce Risk of PTSD

<http://www.sciencedaily.com/releases/2012/07/120718131750.htm>

Military Pathways Releases Video Series on PTSD

[http://www.health.mil/blog/12-07-18/Military\\_Pathways\\_Releases\\_Video\\_Series\\_on\\_PTSD.aspx](http://www.health.mil/blog/12-07-18/Military_Pathways_Releases_Video_Series_on_PTSD.aspx)

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**Research Tip of the Week: [Bye bye Babel -- Breaking language barriers online](#)**

Most people who need a foreign language translation resource on the web never get any farther than [Google Translate](#). But there are a number of other tools out there, any one of which may be more helpful for the particular task at hand. This article is a good round-up of what's currently available. (And some of the commenters identify additional resources.)

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