



CDP Research Update -- August 16, 2012

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- Links of Interest
- Research Tip of the Week: Developmental Observer

<http://www.tandfonline.com/doi/abs/10.1080/03033910.2012.709171>

Suicide postvention; coping, support and transformation.

Timothy Trimble, Barbara Hannigan, Megan Gaffney

The Irish Journal of Psychology

Version of record first published: 03 Aug 2012

It has been estimated that for every death by suicide, there are at least six bereaved people left behind. Ten participants, five male and five female bereaved by the suicide of a close family member, completed a qualitative questionnaire on postvention experiences. Postvention activities are defined as those which are helpful, supportive and appropriate for individuals bereaved by suicide. Postvention is regarded by some as prevention for the future. Losing a close friend or family member by suicide is often one of many features which are considered risk factors in assessing suicidality in an individual. Survivors are susceptible to a range of mental health difficulties, including further suicidal ideation. Many studies on postvention have focused on grief and pathologies, as opposed to highlighting the aspects of impact, coping and latterly, the potential for psychological survival and transformation. Based on survivor accounts, factors have been identified which contribute towards the experience of bereaved individuals in accessing social, community and professional supports. Key themes include: helpfulness of social supports, support groups as a vehicle to contextualise and normalise feelings, desire for understanding and knowledge from professionals, acknowledgement of traumatic nature of

bereavement. These findings lead to important and much needed empirical and clinical practise-informed recommendations for mental health professionals engaged in service provision and treatment with individuals, families and organisations. The study finds that trauma focused interventions may benefit survivors who also report the desire for greater access to networks and the further development of proactive networks of support. It is clear from the foregoing that postvention supports, using protocols developed from key research, can go some way in reducing the impact of suicide.

<http://www.tandfonline.com/doi/abs/10.1080/10668926.2012.679457>

Veterans' Transitions to Community College: A Case Study.

Holly A. Wheeler

Community College Journal of Research and Practice

Vol. 36, Iss. 10, 2012

Veterans on college campuses are not new; however, the recent influx of veterans returning home from war-time service present challenges to the colleges they attend. The purpose of this qualitative case study was to examine the transition process experienced by veterans leaving military service and attending community college for the first time. This study sought to understand the process veterans experience as they leave overseas deployment in support of wars in Iraq and Afghanistan and negotiate the various changes such a transition entails. Using Schlossberg's (1984) Schlossberg, N. K. (1984). *Counseling adults in transition: Linking practice with theory*. New York, NY : Springer .

<http://www.ncbi.nlm.nih.gov/pubmed/22876980?dopt=Abstract>

Brain Inj. 2012 Aug 9. [Epub ahead of print]

Health and wellness characteristics of persons with traumatic brain injury.

Braden CA, Cuthbert JP, Brenner L, Hawley L, Morey C, Newman J, Staniszewski K, Harrison-Felix C.

Source: Research Department, Craig Hospital, Englewood, CO, USA.

Abstract

Objective: To describe health and wellness characteristics of persons with TBI living in the community, compare to other disability populations and evaluate the associations between health-related constructs. **Design:** Observational. **Setting:** Outpatient rehabilitation hospital and a Veterans Affairs Medical Centre. **Participants:** Seventy-four community-dwelling adults with moderate-to-severe TBI. **Interventions:** None. **Main measures:** Health Promoting Lifestyle Profile II (HPLP-II), Self Rated Abilities Health Practices Scale (SRAHP), Barriers to Health Promoting Activities for Disabled Scale (BHPAD),

Medical Outcomes Study 12-Item Health Status Survey Short Form (SF-12), Personal Resource Questionnaire-adapted (PRQ-a), Perceived Wellness Survey (PWS), Diener Satisfaction with Life Scale (SWLS) and Participation Assessment with Recombined Tools-Objective (PART-O). Results: Health-promoting behaviours, self-efficacy and barriers to health were comparable to other disability populations. Perceived health status, participation and life satisfaction were decreased. Measures of health promotion and self-efficacy were positively associated with perceived mental health status, life satisfaction and participation. Barriers to healthy activities were negatively associated with health promotion, self-efficacy and perceived mental health status. Conclusions: Health and wellness status was below desired levels for the study cohort, and comparable to other disability populations. Better understanding of associations among health-related constructs is needed. Continued research on conceptually-based health and wellness interventions for persons with TBI is recommended.

<http://www.ncbi.nlm.nih.gov/pubmed/22876756?dopt=Abstract>

J Womens Health (Larchmt). 2012 Aug 9. [Epub ahead of print]

Current Challenges in Female Veterans' Health.

Resnick EM, Mallampalli M, Carter CL.

Source: Society for Women's Health Research , Washington, DC.

Abstract

Women in the U.S. military are technically barred from serving in combat specialties, positions, or units; however, since Operation Desert Storm, women have served in forward positions in greater numbers. This increased involvement in combat zones has resulted in exposures to trauma, injury, and a myriad of environmental hazards associated with modern war. Some of these hazards present new health risks specifically relevant to women who have been deployed to or recently returned from Iraq or Afghanistan or both. To address this evolving public health concern, the Society for Women's Health Research (SWHR) convened a 1-day interdisciplinary scientific conference, with speakers and attendees from civilian, military, and veteran settings. The purpose of the conference was to reveal the state-of-the-science on the health of the female veteran and to focus attention on recent advances in biomedical research related to female veterans' health. The following topics were discussed: mental health (posttraumatic stress disorder [PTSD] and depression), urogenital health, musculoskeletal health, and traumatic brain injury (TBI).

<http://www.ncbi.nlm.nih.gov/pubmed/22876800?dopt=Abstract>

MSMR. 2012 Jul;19(7):2-10.

Health of women after wartime deployments: correlates of risk for selected medical conditions among females after initial and repeat deployments to Afghanistan and Iraq, active component, U.S. Armed Forces.

Armed Forces Health Surveillance Center (AFHSC).

Abstract

Women account for approximately 10 percent of all U.S. military deployers to Afghanistan and Iraq. This analysis estimates the percentages of female deployers (n=154,548) who were affected by selected illnesses and injuries after first through third deployments to Iraq/Afghanistan in relation to age group, service branch, military occupation, marital status, pre-deployment medical history, "dwell time" prior to 2nd and 3rd deployments, and length of deployment. Of these factors, diagnosis of a condition before deployment was by far the strongest predictor of diagnosis of the condition after deployment. Durations of dwell times before repeat deployments were not strong predictors of post-deployment diagnoses of any of the conditions considered. For several conditions (e.g., PTSD, disorders of joints, peripheral enthesopathies, infertility), the percentages of deployers diagnosed with the conditions sharply increased with deployment length. Post-deployment morbidity moderately increased with increasing numbers of deployments in the case of some conditions (e.g., PTSD, migraine, musculoskeletal disorders), but not others. The findings suggest that limiting wartime deployments to nine months may have broad beneficial effects on the post-deployment health of female service members. However, limiting the number of wartime deployments and lengthening "dwell times" before repeat deployments would likely not have strong and broad beneficial effects on the health of female veterans. Further research to mitigate the effects of heavy loads and repetitive stresses on the musculoskeletal systems of combat deployed females is indicated.

<http://www.ncbi.nlm.nih.gov/pubmed/22875545?dopt=Abstract>

Adv Mind Body Med. 2012 Spring;26(1):6.

Mindfulness-based Cognitive Therapy: Benefits in Reducing Depression Following a Traumatic Brain Injury.

Bédard M, Felteau M, Marshall S, Campbell S, Gibbons C, Klein R, Weaver B.

Abstract

Context Current therapies for traumatic brain injury (TBI) include pharmacotherapy, psychotherapy, and cognitive rehabilitation. Unfortunately, psychological and emotional issues regularly go untreated in individuals with TBI even after they receive treatment for physical, behavioral, and cognitive issues.

Mindfulness-based cognitive therapy (MBCT) may offer new rehabilitation opportunities for individuals with TBI. Objective To demonstrate the efficacy of MBCT in the treatment of clinically diagnosed depression in a TBI population. Design The research team measured depression, pain frequency and intensity, energy levels, health status, and function preintervention and postintervention. Setting The research team conducted the study at the Ottawa Hospital Rehabilitation Centre, Ontario, Canada. Participants The research team recruited 23 participants from two sources: (1) the brain injury program at the hospital and (2) the local head-injury association. Twenty participants completed the study. Intervention The intervention was 8 weeks in length, with a 90-minute MBCT session once a week. The research team based the specific content of the study's intervention on a combination of Kabat-Zinn's manualized mindfulness-based stress reduction program and Segal and colleague's manual for MBCT. Outcome Measures The research team determined statistical significance using paired t-tests for continuous outcomes and the McNemar chi-square test for dichotomous categorical outcomes. They also calculated effect sizes for all depression measures. Results Postintervention, the study found that MBCT significantly reduced ($P < .050$) depression symptoms on all scales compared to baseline. The study demonstrated medium to large effect sizes for each depression measure. Participants indicated reduced pain intensity ($P = .033$) and increased energy levels ($P = .004$). No significant changes occurred in anxiety symptoms, pain frequency, and level of functioning postintervention. Conclusion MBCT was efficacious in reducing depression in the TBI population, providing ample rationale for further research with more robust designs. This study marks an important step toward the development and provision of MBCT on a wider scale to support the rehabilitation efforts of people who have depression symptoms following TBI. (Adv Mind Body Med. 2012;26(1):14-20.).

<http://www.ncbi.nlm.nih.gov/pubmed/22873772?dopt=Abstract>

BMC Psychiatry. 2012 Aug 8;12(1):105. [Epub ahead of print]

Contributors to suicidality in rural communities: beyond the effects of depression.

Handley TE, Inder KJ, Kay-Lambkin FJ, Stain HJ, Fitzgerald M, Lewin TJ, Attia JR, Kelly BJ.

Abstract

BACKGROUND:

Rural populations experience a higher suicide rate than urban areas despite their comparable prevalence of depression. This suggests the identification of additional contributors is necessary to improve our understanding of suicide risk in rural regions. Investigating the independent contribution of depression, and the impact of co-existing psychiatric disorders, to suicidal ideation and suicide attempts in a rural community sample may provide clarification of the role of depression in rural suicidality.

METHODS:

618 participants in the Australian Rural Mental Health Study completed the Composite International Diagnostic Interview, providing assessment of lifetime suicidal ideation and attempts, affective

disorders, anxiety disorders and substance-use disorders. Logistic regression analyses explored the independent contribution of depression and additional diagnoses to suicidality. A receiver operating characteristic (ROC) analysis was performed to illustrate the benefit of assessing secondary psychiatric diagnoses when determining suicide risk.

RESULTS:

Diagnostic criteria for lifetime depressive disorder were met by 28% (174) of the sample; 25% (154) had a history of suicidal ideation. Overall, 41% (63) of participants with lifetime suicidal ideation and 34% (16) of participants with a lifetime suicide attempt had no history of depression. When lifetime depression was controlled for, suicidal ideation was predicted by younger age, being currently unmarried, and lifetime anxiety or post-traumatic stress disorder. In addition to depression, suicide attempts were predicted by lifetime anxiety and drug use disorders, as well as younger age; being currently married and employed were significant protective factors. The presence of comorbid depression and PTSD significantly increased the odds of reporting a suicide attempt above either of these conditions independently.

CONCLUSIONS:

While depression contributes significantly to suicidal ideation, and is a key risk factor for suicide attempts, other clinical and demographic factors played an important role in this rural sample. Consideration of the contribution of factors such as substance use and anxiety disorders to suicidal ideation and behaviours may improve our ability to identify individuals at risk of suicide. Acknowledging the contribution of these factors to rural suicide may also result in more effective approaches for the identification and treatment of at-risk individuals.

<http://www.ncbi.nlm.nih.gov/pubmed/22871915?dopt=Abstract>

Neuropsychopharmacology. 2012 Aug 8. doi: 10.1038/npp.2012.145. [Epub ahead of print]

Preclinical Evaluation of Reconsolidation Blockade by Clonidine as a Potential Novel Treatment for Posttraumatic Stress Disorder.

Gamache K, Pitman RK, Nader K.

Source: Department of Psychology, McGill University, Montreal, QC, Canada.

Abstract

Exposure to traumatic events can lead to posttraumatic stress disorder (PTSD). Current PTSD treatments typically only produce partial improvement. Hence, there is a need for preclinical research to identify new candidate drugs and to develop novel therapeutic approaches. Animal studies have indicated that fear memories can be weakened by blocking restabilization after retrieval, a process known as reconsolidation. Furthermore, evidence suggests that there are important alterations of the noradrenergic system in PTSD, and hence it may be of interest to study drugs that target this pathway.

Here, we investigated the efficacy of clonidine, an $\alpha(2)$ -adrenoreceptor agonist, to block reconsolidation in an animal model of persistent traumatic memories. Using an auditory fear conditioning paradigm in rats, we tested the efficacy of clonidine to weaken fear memory retention when administered systemically after retrieval. We evaluated dosage, number of treatments, and specificity in reconsolidation blockade. We found that postretrieval administration of clonidine disrupts fear-related memories in a dose-dependent manner and that two treatments are sufficient for maximal memory impairment. Furthermore, we determined that this effect is long lasting and specific to reconsolidation processes as shown by the selectivity to affect reactivated memories and the absence of spontaneous recovery and of postreactivation short-term memory impairment. Our results demonstrate the efficacy of systemic administration of clonidine following retrieval to persistently disrupt fear memory retention through reconsolidation blockade. This study provides important preclinical parameters for future therapeutic strategies involving clonidine to block reconsolidation as a novel treatment for PTSD symptoms. *Neuropsychopharmacology* advance online publication, 8 August 2012; doi:10.1038/npp.2012.145.

<http://www.ncbi.nlm.nih.gov/pubmed/22871912?dopt=Abstract>

Neuropsychopharmacology. 2012 Aug 8. doi: 10.1038/npp.2012.146. [Epub ahead of print]

White Matter Integrity in Highly Traumatized Adults With and Without Post-Traumatic Stress Disorder.

Fani N, King TZ, Jovanovic T, Glover EM, Bradley B, Choi K, Ely T, Gutman DA, Ressler KJ.

Source: Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, USA.

Abstract

Prior structural imaging studies of post-traumatic stress disorder (PTSD) have observed smaller volumes of the hippocampus and cingulate cortex, yet little is known about the integrity of white matter connections between these structures in PTSD samples. The few published studies using diffusion tensor imaging (DTI) to measure white matter integrity in PTSD have described individuals with focal trauma rather than chronically stressed individuals, which limits generalization of findings to this population; in addition, these studies have lacked traumatized comparison groups without PTSD. The present DTI study examined microstructural integrity of white matter tracts in a sample of highly traumatized African-American women with (n=25) and without (n=26) PTSD using a tract-based spatial statistical approach, with threshold-free cluster enhancement. Our findings indicated that, relative to comparably traumatized controls, decreased integrity (measured by fractional anisotropy) of the posterior cingulum was observed in participants with PTSD ($p < 0.05$). These findings indicate that reduced microarchitectural integrity of the cingulum, a white matter fiber that connects the entorhinal and cingulate cortices, appears to be associated with PTSD symptomatology. The role of this pathway in

problems that characterize PTSD, such as inadequate extinction of learned fear, as well as attention and explicit memory functions, are discussed. *Neuropsychopharmacology* advance online publication, 8 August 2012; doi:10.1038/npp.2012.146.

<http://www.ncbi.nlm.nih.gov/pubmed/22888078?dopt=Abstract>

Stress Health. 2012 Aug 9. doi: 10.1002/smi.2443. [Epub ahead of print]

Coping with Stressful or Traumatic Events: What Aspects of Trauma Reactions are Associated with Health Outcomes?

Boals A, Riggs SA, Kraha A.

Source: University of North Texas, TX, USA. adriel@unt.edu.

Abstract

The presence of posttraumatic stress disorder (PTSD) symptoms has been shown to be related to a number of health outcomes. In the current study, we explored which specific aspects of PTSD are most related to health measures. The associations between the specific DSM-IV-TR PTSD criteria (criteria A-F) and five indicators of health and well-being-physical health symptoms, quality of life, mental health, depression and negative affect-were examined. The sample consisted of 711 undergraduates. A non-clinical sample was recruited so there would be variability in the various criteria for PTSD. Multiple regression analyses revealed that the hyperarousal (criterion D) was the most consistent and strongest predictor of outcomes. However, the F criterion (causes significant impairment) predicted additional variance in quality of life, depression and negative affect. These results suggest that it is not just the mere frequency of trauma symptoms that affect well-being but also the disruptive capability of these symptoms. In addition, follow-up analyses indicated that hyperarousal mediated the association between the A2 criterion (traumatic response) and all five outcome measures. These results underscore the importance of the hyperarousal criterion, while also suggesting the need for increased attention to the F criterion when considering the impact of stressful events on health and well-being. Copyright © 2012 John Wiley & Sons, Ltd.

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<http://www.ncbi.nlm.nih.gov/pubmed/22886703?dopt=Abstract>

J Clin Psychol Med Settings. 2012 Aug 11. [Epub ahead of print]

Prevalence and Predictors of Posttraumatic Growth in Accidentally Injured Patients.

Wang Y, Wang H, Wang J, Wu J, Liu X.

Source: Nursing school, Medical College, Tongji University, Room 313, No 1238 Gonghexin Road, Shanghai, 200070, China, wang_yb@tongji.edu.cn.

Abstract

This study examined prevalence and predictors of posttraumatic growth in 180 accidentally injured patients of mainland China in their convalescence stage, investigating its relationships with demographic and accidental injury variables, personality, posttraumatic stress disorder (PTSD) symptoms, and coping styles. Our results showed that posttraumatic growth (PTG) presented mostly in the domain of Relating to Others and indicated that PTG was significantly related to marital status, educational level, personality, coping styles, and PTSD symptoms. Avoidance of PTSD symptoms, Openness to experience, and positive coping were significant predictors of PTG. The findings emphasize that when promoting PTG of accidentally injured patients, healthcare providers should facilitate patients utilizing personal resources, understand PTG coexists with PTSD symptoms, and adjust interventions based on the coping styles the patients have adopted.

<http://www.ncbi.nlm.nih.gov/pubmed/22885656?dopt=Abstract>

J Anxiety Disord. 2012 Jul 25;26(7):762-768. [Epub ahead of print]

When is rumination an adaptive mood repair strategy? Day-to-day rhythms of life in combat veterans with and without posttraumatic stress disorder.

Kashdan TB, Young KC, McKnight PE.

Source: George Mason University, United States.

Abstract

Prior research suggests that rumination and chronic negative emotions serve to maintain emotional disorders. However, some evidence suggests that pondering the nature and meaning of negative experiences can be adaptive. To better understand the function of this dimension of rumination, we studied the use of this strategy in response to negative emotions as they unfold from day to day in veterans with (n=27) and without (n=27) post traumatic stress disorder (PTSD). For two weeks, veterans completed daily questions about when they experienced a bad mood and how often they used rumination to feel differently. It was hypothesized that rumination would attenuate negative emotional reactions in veterans without PTSD, but that rigid, intense negative emotions would persist in veterans with PTSD. Using multilevel modeling, we found that on the same day, rumination was positively associated with negative affect. Because covariation fails to address directionality, we also examined lagged effects from one occasion to the next. For veterans without PTSD, more frequent use of rumination predicted less intense negative affect the next day; there was no support for a model with negative affect predicting rumination the next day. For veterans with PTSD, the prior day's intensity of negative affect was the only predictor of intensity of negative affect the next day. Results support the

value of distinguishing within-day and across day effects, and the presence of PTSD, to clarify contexts when rumination is adaptive.

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<http://www.ncbi.nlm.nih.gov/pubmed/22884217?dopt=Abstract>

Psychiatry Res. 2012 Aug 7. [Epub ahead of print]

Perceptions of PTSD research participation among patients with severe mental illness.

Grubaugh AL, Tuerk PW, Egede LE, Frueh BC.

Source: Ralph H. Johnson Veterans Affairs Medical Center & Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, 109 Bee Street, Charleston, SC 29401, USA.

Abstract

Due to concerns that individuals with severe mental illness (SMI) are too fragile to participate in trauma/PTSD research, we examined reactions to PTSD research participation among these patients. Most patients viewed their participation favorably and were not significantly distressed, suggesting an adequate benefit of trauma/PTSD research participation in this population.

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<http://www.ncbi.nlm.nih.gov/pubmed/22883741?dopt=Abstract>

Mayo Clin Proc. 2012 Aug 7. [Epub ahead of print]

Treatment of Nightmares With Prazosin: A Systematic Review.

Kung S, Espinel Z, Lapid MI.

Source: Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN; Department of Epidemiology and Public Health, University of Miami School of Medicine, Miami, FL.

Abstract

Nightmares, frequently associated with posttraumatic stress disorder and clinically relevant in today's world of violence, are difficult to treat, with few pharmacologic options. We performed a systematic review to evaluate the evidence for the use of prazosin in the treatment of nightmares. A comprehensive search was performed using the databases EMBASE, Ovid MEDLINE, PubMed, Scopus, Web of Science, and Cochrane Database of Systematic Reviews, from their inception to March 9, 2012, using keywords prazosin and nightmares/PTSD or associated terms (see text). Two authors

independently reviewed titles and abstracts and selected relevant studies. Descriptive data and outcomes of interest from eligible studies were extracted by 1 author, and checked by 2 others. The risk of bias of randomized controlled trials (RCTs) was assessed independently by 2 reviewers. Articles met criteria for inclusion if prazosin was used to treat nightmares, and outcome measures included nightmares or related symptoms of sleep disorders. Our search yielded 21 studies, consisting of 4 RCTs, 4 open-label studies, 4 retrospective chart reviews, and 9 single case reports. The prazosin dose ranged from 1 to 16 mg/d. Results were mixed for the 4 RCTs: 3 reported significant improvement in the number of nightmares, and 1 found no reduction in the number of nightmares. Reduced nightmare severity with use of prazosin was consistently reported in the open-label trials, retrospective chart reviews, and single case reports.

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<http://www.ncbi.nlm.nih.gov/pubmed/22883220?dopt=Abstract>

Genes Brain Behav. 2012 Aug 9. doi: 10.1111/j.1601-183X.2012.00833.x. [Epub ahead of print]

ApoE Isoform-Dependent Deficits in Extinction of Contextual Fear Conditioning.

Olsen RH, Agam M, Davis MJ, Raber J.

Source: Department of Behavioral Neuroscience, Oregon Health and Science University, Portland, OR, 97239.

Abstract

The three major human apoE isoforms (apoE2, apoE3, and apoE4) are encoded by distinct alleles (ϵ 2, ϵ 3, and ϵ 4). Compared to ϵ 3, ϵ 4 is associated with increased risk to develop Alzheimer's disease (AD), cognitive impairments in Parkinson's disease (PD), and other conditions. In contrast, a recent study indicated an increased susceptibility to the recurring and re-experiencing symptom cluster of Post Traumatic Stress Disorder (PTSD), as well as related memory impairments, in patients carrying at least one ϵ 2 allele. Contextual fear conditioning and extinction are used in human and animal models to study this symptom cluster. In this study, acquisition (day 1, training), consolidation (day 2, first day of re-exposure) and extinction (days 2-5) of conditioned contextual fear in human apoE2, apoE3, and apoE4 targeted replacement (TR) and C57BL/6J wild-type (WT) mice was investigated. Male and female apoE2 showed acquisition and retrieval of conditioned fear, but failed to exhibit extinction. In contrast, WT, apoE3 and apoE4 mice showed extinction. While apoE2 mice exhibited lower freezing in response to the context on day 2 than apoE3 and apoE4 mice, this cannot explain their extinction deficit as WT mice exhibited similar freezing levels as apoE2 mice on day 2 but still exhibited extinction. Elevating freezing through extended training preserved extinction in controls, but failed to ameliorate extinction deficits in apoE2 animals. These data along with clinical data showing an association of apoE2 with susceptibility to

specific symptom clusters in PTSD supports an important role for apoE isoform in the extinction of conditioned fear.

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<http://www.tandfonline.com/doi/abs/10.1080/19424620.2012.712923>

Deployment and family functioning: A literature review of US operations in Afghanistan and Iraq.

Gabriel L. Schlomer, Stacy Ann Hawkins, Christine Bracamonte Wiggs, Leslie Bosch, Deborah Casper, Noel A. Card, Lynne M. Borden

Family Science

Version of record first published: 07 Aug 2012

The conflicts in Afghanistan and Iraq have led to historically high rates of military deployment for the United States. The increased deployment tempo of the current conflicts necessitates a closer look at the literature on the impact of deployment on families specific to Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). In this article, we review the qualitative and quantitative literature on the impact of OEF and OIF deployment on families. The review included 38 articles organized into four major areas: (1) Family Changes and Transitions, (2) Child Maltreatment, (3) Spouse Stress and Mental Health, and (4) Marital Relationship Quality. Results of this review are discussed in terms of the need for additional research on individual differences between families and greater emphasis on how deployment impacts the well-being of spouses. We conclude with a discussion of limitations.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2012.655621>

Combat-related Parental Deployment: Identifying the Impact on Families with Preschool-age Children.

Angie Waliski, Patti Bokony, JoAnn E. Kirchner

Journal of Human Behavior in the Social Environment

Vol. 22, Iss. 6, 2012

This manuscript describes a qualitative study using focus group methods to gain insight into how combat-related parental deployments affect preschool-age children. Using the Resiliency Model of Role Performance for Service Members, Veterans, and their Families, the authors found that decreases in social connection and individual assets impacted the role performance of all family members. As parental role performance deteriorated, similarly did their children's behaviors and emotions. Results indicate the need for improved military and community support, especially during deployment;

counseling and increased communication within the military, public schools, and family systems; and decreased stigma in help seeking for service personnel and veterans.

<http://online.liebertpub.com/doi/abs/10.1089/jwh.2012.3644>

Current Challenges in Female Veterans' Health.

Eileen M. Resnick, Monica Mallampalli, and Christine L. Carter

Journal of Women's Health

Online Ahead of Print: August 9, 2012

Women in the U.S. military are technically barred from serving in combat specialties, positions, or units; however, since Operation Desert Storm, women have served in forward positions in greater numbers. This increased involvement in combat zones has resulted in exposures to trauma, injury, and a myriad of environmental hazards associated with modern war. Some of these hazards present new health risks specifically relevant to women who have been deployed to or recently returned from Iraq or Afghanistan or both. To address this evolving public health concern, the Society for Women's Health Research (SWHR) convened a 1-day interdisciplinary scientific conference, with speakers and attendees from civilian, military, and veteran settings. The purpose of the conference was to reveal the state-of-the-science on the health of the female veteran and to focus attention on recent advances in biomedical research related to female veterans' health. The following topics were discussed: mental health (posttraumatic stress disorder [PTSD] and depression), urogenital health, musculoskeletal health, and traumatic brain injury (TBI).

<http://psycnet.apa.org/psycinfo/2012-20742-001/>

Deployed Soldiers' Reactions to Exposure and Medication Treatments for PTSD.

Reger, Greg M.; Durham, Tracy L.; Tarantino, Kerith A.; Luxton, David D.; Holloway, Kevin M.; Lee, Jocelyn A.

Psychological Trauma: Theory, Research, Practice, and Policy, Aug 6 , 2012

Only a minority of service members with posttraumatic stress disorder (PTSD) access care despite growing availability of evidence-based and innovative treatments. Although preferences for military personnel have not been established, previous research on civilian populations with PTSD suggest treatment preferences for exposure-based treatments over medications. There are also unique stressors in the deployed environment that may impact treatment preferences, such as close living proximity to peers and leaders, and limited access to typical coping strategies. Soldiers deployed to Iraq (n = 174) were provided a written hypothetical scenario about difficulties after combat exposure and were

provided descriptions of Prolonged Exposure (PE), virtual reality exposure (VRE), and FDA-approved medications for PTSD. Soldiers completed a Treatment Reactions Scale for each treatment type. Responses were significantly more favorable for both PE and VRE relative to medications ($p < .001$). Relative to both exposure therapies, soldiers reacted to medications with significantly stronger agreement to scales reflecting embarrassment/shame for seeking a particular form of treatment, negative occupational/career impact, and perceived debasement for seeking the treatment. Relative to PE, soldiers were significantly less willing to recommend medication treatment and had significantly less confidence/belief in the efficacy of medications. These findings can help inform provider education of treatment options and demonstrate the importance of considering patient reactions to a treatment plan, as preferences may impact adherence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/09515070.2012.698981>

Am I competent enough to be doing this?: A qualitative study of trainees' experiences working with clients who self-injure.

Jack De Stefano, Shawna Atkins, Rick Nelson Noble, Nancy Heath

Counselling Psychology Quarterly

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This study examined the experiences of counsellors in training working with clients who present with non-suicidal self-injury (NSSI) as a basis for understanding how trainees react to and resolve the challenges presented by difficult counselling cases. A qualitative data analysis using consensual qualitative research [Hill, C.E., Knox, S., Thompson, B.J., Nutt Williams, E., Hess, S.A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196–205; Hill, C.E., Thompson, B.J., & Nutt Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517–572] was conducted on 12 transcribed interviews of Master's level trainees who had recently worked with at least one client who self-injured. Three general themes were reflected by the data. Specific to NSSI the findings revealed that trainees created an intuitive model of NSSI that reflected some understanding of the phenomenon despite little or no prior exposure to it. With regard to the work involved in these challenging cases, trainees reported a number of personal struggles and tasks that they needed to resolve while trying to be helpful to these clients. These tasks included managing their emotional reactivity and resolving ethical and confidentiality issues. Engaging in these two tasks heightened their feelings of uncertainty yet also focused them to be highly intentional in their work. Whereas supervision often serves novices well when they struggle, participants reported that supervision only partly alleviated the difficulties they faced. Implications and limitations of these findings are discussed.

<https://www.coloradocollege.edu/dotAsset/6c8edb4b-3b90-41d5-9e40-f696b5777a0d.pdf>

The Role of Narrative in Alternative Counseling for Soldiers and Veterans with PTSD.

Giulio Brandi

Colorado College

AN400: Research in Anthropology

Dr. Sarah Hautzinger

May 2012

Down the dusty roads of Turkey Creek, Fort Carson's recreational area twenty miles south of Colorado Springs, one can find a traditional Lakota sweat lodge known as He ska akicita inipi, the White Mountain Warrior Lodge. The traditionally-run Lakota lodge was established to address the spiritual and cultural needs of Native American soldiers housed at Fort Carson. This paper examines alternative counseling, exemplified by the Lakota sweat lodge, as a means to cope with Post-Traumatic Stress Disorder (PTSD). The lack of cultural frameworks for addressing and enduring PTSD in mainstream American society are highlighted against practices from smaller societies and contextualized within the military/civilian gap. Finally, the role of narrative as it applies to understanding and coping with PTSD is discussed to contextualize the different cultural modalities of modern America and the Lakota as related to trauma.

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

Latent Classes of PTSD Symptoms in Vietnam Veterans.

Maria M. Steenkamp, Angela Nickerson, Shira Maguen, Benjamin D. Dickstein, William P. Nash, and Brett T. Litz

Behav Modif 0145445512450908, first published on July 13, 2012 doi:10.1177/0145445512450908

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.

<http://bmo.sagepub.com/content/36/4/580.abstract>

Behavioral Activation and Therapeutic Exposure: An Investigation of Relative Symptom Changes in PTSD and Depression During the Course of Integrated Behavioral Activation, Situational Exposure, and Imaginal Exposure Techniques.

Daniel F. Gros, Matthew Price, Martha Strachan, Erica K. Yuen, Melissa E. Milanak, and Ron Acierno

Behav Modif July 2012 36: 580-599, first published on June 7, 2012 doi:10.1177/014544551244809

Effectiveness of exposure therapy for posttraumatic stress disorder (PTSD) may be adversely influenced by comorbid disorders. The present study investigated behavioral activation and therapeutic exposure (BA-TE), a new integrated treatment designed specifically for comorbid symptoms of PTSD and depression. Combat veterans with PTSD (N = 117) completed eight sessions of BA-TE that included two phases of treatment: (a) behavioral activation (BA) in which some activities involved situational exposures and (b) BA and situational exposures with imaginal exposures. Findings supported improvements in symptoms of PTSD, and overlapping symptoms of PTSD and depression, but not in nonoverlapping symptoms of depression. The findings also demonstrated a relatively consistent rate of change in PTSD and depression symptoms during BA-TE, despite the addition of imaginal exposures midway through the treatment. Together, these findings provide preliminary support for BA-TE as a treatment for PTSD and depression, and highlight the utility of transdiagnostic treatments in addressing comorbidity and symptom overlap.

Links of Interest

Psychotherapy Is Effective but Underutilized, Review Shows

<http://www.sciencedaily.com/releases/2012/08/120809190641.htm>

Veterans Sue U-Missouri Over 'Heroes Act'

<http://www.courthousenews.com/2012/08/10/49187.htm>

Taking Care of Yourself When Your Spouse Has a Combat Stress Injury

<http://is.gd/l2OlzE>

YouTube series focus on military sexual assault

<http://news.yahoo.com/youtube-series-focus-military-sexual-assault-170906204.html>

With promotion, U.S. Army welcomes first openly gay general

<http://www.latimes.com/news/nation/nationnow/la-na-nn-gay-general-20120811,0,5851176.story>

Zero tolerance in Army for bullying, hazing

http://www.army.mil/article/85308/Zero_tolerance_in_Army_for_bullying_hazing/

Disability review method changed

http://www.army.mil/article/85355/Disability_review_method_changed/

Mind Field: PTSD Resources Available to Soldiers and Military Families

http://blogs.seattleweekly.com/dailyweekly/2012/08/mind_field_ptsd_resources_avai.php

Home Mental Health Care for Gunshot Victims

<http://blog.rwjf.org/humancapital/2012/07/30/home-mental-health-care-for-gunshot-victims/>

Operational Stress Control: Up Close and Very Personal

<http://www.med.navy.mil/sites/nmcsc/nccosc/serviceMembersV2/successStories/operationalStressControlUpCloseAndVeryPersonal/Pages/default.aspx>

Couples Therapy May Help Combat PTSD

<http://health.usnews.com/health-news/news/articles/2012/08/14/couples-therapy-may-help-combat-ptsd>

Is PTSD A Product of War, or Of Our Times?

<http://www.wired.com/wiredscience/2012/08/ptsd-as-a-very-modern-trauma/>

Research Tip of the Week: [Developmental Observer](#)

The subtitle of this great blog is “Musings about adult developmental psychology in everyday life,” and it’s rich in “think pieces” with links to relevant papers, etc. It’s not one of those blogs that is continually being updated, so you won’t go crazy from information overload. Some recent articles:

- [The Development of Wisdom](#)
- [Resilient Families](#)
- [Aging Well](#)
- [A Developmental Exploration of Alcoholics Anonymous](#)

[Peter W. Pruyn](#) is the editor of this blog; he currently works as an organizational development consultant in the [human resources department](#) at Tufts University.

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