



## CDP Research Update -- August 23, 2012

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[http://app.jamanetwork.com/ama.jama/308/7/10\\_1001-2012\\_jama\\_10368.html](http://app.jamanetwork.com/ama.jama/308/7/10_1001-2012_jama_10368.html)

### **Expanding the Boundaries of PTSD Treatment.**

Lisa M. Najavits, PhD

JAMA. 2012;308(7):714-716. doi:10.1001/2012.jama.10368

How best to treat posttraumatic stress disorder (PTSD) is a long-standing question. Treatments for PTSD, which began in the late 19th century, have varied greatly. In the current era, numerous PTSD treatments are available, some with a strong evidence base. In this issue of JAMA, the findings of 2 randomized controlled trials of interventions for PTSD expand the boundaries of treatment to relatively underserved populations: the trial by Mills et al assesses interventions in persons with PTSD and substance dependence, and the trial by Monson et al<sup>4</sup> assesses interventions in couples in which 1 partner has PTSD.

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<http://jama.jamanetwork.com/article.aspx?articleid=1346190>

### **Effect of Cognitive-Behavioral Couple Therapy for PTSD: A Randomized Controlled Trial.**

Candice M. Monson, PhD; Steffany J. Fredman, PhD; Alexandra Macdonald, PhD; Nicole D. Pukay-Martin, PhD; Patricia A. Resick, PhD; Paula P. Schnurr, PhD

Journal of the American Medical Association

Preliminary Communication | August 15, 2012

### Context

Posttraumatic stress disorder (PTSD) is a prevalent condition associated with intimate relationship problems, and intimate relationship factors have been shown to affect individual PTSD treatment outcomes.

### Objective

To compare cognitive-behavioral conjoint therapy for PTSD (a manualized couple therapy delivered to patients with PTSD and their significant others to simultaneously treat PTSD symptoms and enhance relationship satisfaction) with a wait-list condition.

### Design, Setting, and Participants

Randomized controlled trial of heterosexual and same-sex couples (n = 40 couples; n = 80 individuals) in which one partner met criteria for PTSD according to the Clinician-Administered PTSD Scale, conducted from 2008 to 2012 in a Department of Veterans Affairs outpatient hospital setting in Boston, Massachusetts, and a university-based research center in Toronto, Ontario, Canada. Symptoms of PTSD, comorbid conditions, and relationship satisfaction were collected by blinded assessors at baseline, at mid treatment (median, 8.00 weeks [range, 1.71-20.43 weeks] after baseline), and at posttreatment (median, 15.86 weeks [range, 7.14-38.57 weeks] after baseline). An uncontrolled 3-month follow-up (median, 38.21 weeks [range, 28.43-50.57 weeks] after baseline) was also completed.

### Intervention

Couples were randomly assigned to take part in the 15-session cognitive-behavioral conjoint therapy for PTSD protocol immediately (n = 20) or were placed on a wait list for the therapy (n = 20).

### Main Outcome Measures

Clinician-rated PTSD symptom severity was the primary outcome and was assessed with the Clinician-Administered PTSD Scale. Intimate relationship satisfaction, assessed with the Dyadic Adjustment Scale, patient- and partner-rated PTSD symptoms, and comorbid symptoms were secondary outcomes.

### Results

PTSD symptom severity (score range, 0-136) was significantly more improved in the couple therapy condition than in the wait-list condition (mean change difference, -23.21; 95% CI, -37.87 to -8.55). Similarly, patients' intimate relationship satisfaction (score range, 0-151) was significantly more improved in couple therapy than in the wait-list condition (mean change difference, 9.43; 95% CI, 0.04-18.83). The time × condition interaction effect in the multilevel model predicting PTSD symptoms ( $t_{37.5} = -3.09$ ;  $P = .004$ ) and patient-reported relationship satisfaction ( $t_{68.5} = 2.00$ ;  $P = .049$ ) revealed superiority of the couple therapy compared with the wait list. Treatment effects were maintained at 3-month follow-up.

## Conclusion

Among couples in which one partner was diagnosed as having PTSD, a disorder-specific couple therapy, compared with a wait list for the therapy, resulted in decreased PTSD symptom severity and patient comorbid symptom severity and increased patient relationship satisfaction.

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<http://jama.jamanetwork.com/article.aspx?articleid=1346186>

## **Integrated Exposure-Based Therapy for Co-occurring Posttraumatic Stress Disorder and Substance Dependence: A Randomized Controlled Trial.**

Katherine L. Mills, PhD; Maree Teesson, PhD; Sudie E. Back, PhD; Kathleen T. Brady, MD, PhD; Amanda L. Baker, PhD; Sally Hopwood, MPsych (Clin); Claudia Sannibale, PhD; Emma L. Barrett, PhD; Sabine Merz, PhD; Julia Rosenfeld, MPsych (Clin); Philippa L. Ewer, BPsych (Hons)

Journal of the American Medical Association

Original Contribution | August 15, 2012

### Context

There is concern that exposure therapy, an evidence-based cognitive-behavioral treatment for posttraumatic stress disorder (PTSD), may be inappropriate because of risk of relapse for patients with co-occurring substance dependence.

### Objective

To determine whether an integrated treatment for PTSD and substance dependence, Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), can achieve greater reductions in PTSD and substance dependence symptom severity compared with usual treatment for substance dependence.

### Design, Setting, and Participants

Randomized controlled trial enrolling 103 participants who met DSM-IV-TR criteria for both PTSD and substance dependence. Participants were recruited from 2007-2009 in Sydney, Australia; outcomes were assessed at 9 months postbaseline, with interim measures collected at 6 weeks and 3 months postbaseline.

### Interventions

Participants were randomized to receive COPE plus usual treatment (n = 55) or usual treatment alone (control) (n = 48). COPE consists of 13 individual 90-minute sessions (ie, 19.5 hours) with a clinical psychologist.

### Main Outcome Measures

Change in PTSD symptom severity as measured by the Clinician-Administered PTSD Scale (CAPS; scale range, 0-240) and change in severity of substance dependence as measured by the number of

dependence criteria met according to the Composite International Diagnostic Interview version 3.0 (CIDI; range, 0-7), from baseline to 9-month follow-up. A change of 15 points on the CAPS scale and 1 dependence criterion on the CIDI were considered clinically significant.

#### Results

From baseline to 9-month follow-up, significant reductions in PTSD symptom severity were found for both the treatment group (mean difference, -38.24 [95% CI, -47.93 to -28.54]) and the control group (mean difference, -22.14 [95% CI, -30.33 to -13.95]); however, the treatment group demonstrated a significantly greater reduction in PTSD symptom severity (mean difference, -16.09 [95% CI, -29.00 to -3.19]). No significant between-group difference was found in relation to improvement in severity of substance dependence (0.43 vs 0.52; incidence rate ratio, 0.85 [95% CI, 0.60 to 1.21]), nor were there any significant between-group differences in relation to changes in substance use, depression, or anxiety.

#### Conclusion

Among patients with PTSD and substance dependence, the combined use of COPE plus usual treatment, compared with usual treatment alone, resulted in improvement in PTSD symptom severity without an increase in severity of substance dependence.

Trial Registration [isrctn.org](http://www.isrctn.org) Identifier: ISRCTN12908171

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<http://jama.jamanetwork.com/article.aspx?articleid=1346195>

#### **JAMA Patient Page: Posttraumatic Stress Disorder**

Lise M. Stevens, MA; Alison E. Burke, MA; Robert M. Golub, MD

Journal of the American Medical Association

JAMA. 2012;308(7):729-729. doi:10.1001/jama.2012.4082

After people experience a very stressful event, they may feel that they should be able to move on and “just handle it” or “get over it.” Some experiences, however, are so traumatic that some individuals have serious problems coping and functioning in their daily lives afterward. They may have posttraumatic stress disorder (PTSD). The August 15, 2012, issue of JAMA includes 2 articles about treatment of PTSD. This Patient Page is based on one previously published in the August 1, 2007, issue of JAMA.

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<http://www.sciencedirect.com/science/article/pii/S0165032712002480>

#### **Women’s mental health clinic: A naturalistic description of the population attended in the San Diego VA Health Care System during a one year period.**

R. Correa, B. Parry

Journal of Affective Disorders, Available online 10 August 2012

### Background

Due to specific gender predispositions to present certain illnesses, increasing incorporation of women in the U.S. military system represents an important challenge to both medical and mental health providers. The aim of this report is to describe the main characteristics of the population attended in a mental health women's clinic at the San Diego Veterans Administration (VA) health care system.

### Method

Present study is a comprehensive clinical report based on a retrospective analysis of data. The authors searched the San Diego VA Health Care database to find the main epidemiological and clinical characteristics of the population attended during a one year period. Epidemiological and clinical features of the sample are presented. Authors also describe, using clinical examples, the most important psychopathological expressions.

### Results

The most prevalent psychiatric diagnosis was major depressive disorder (n=28; 19.51%) followed by dysthymic disorder (n=8; 19.51%) and bipolar disorder (n=3; 7.31%). Authors discuss the importance of three variables: social isolation, quality of adaptive mechanisms and the role of self-stigmatization as crucial factors related to patient's clinical outcomes.

### Limitations

The main limitation of this review derives from its naturalistic and descriptive methodology.

### Conclusions

The majority of patients treated in our clinic experience some type of affective disorder. Main factors associated to recovery are: social integration and spiritual support, utilization of mature defense mechanisms and upper-level coping strategies and psycho-educational interventions directed to prevent self stigmatization. Clinicians should be aware of these factors in order to promote "upper-level coping strategies".

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<http://www.springerlink.com/content/6028905502w818p8/>

### **Changes in Mindfulness Following a Mindfulness Telehealth Intervention.**

Barbara L. Niles, Anka A. Vujanovic, Amy K. Silberbogen, Antonia V. Seligowski and Carrie M. Potter

### Mindfulness

Published online 04 August 2012

The goal of this pilot study was to examine changes in self-reported levels of mindfulness in the context of an 8-week mindfulness telehealth intervention for military veterans with combat-related posttraumatic stress disorder (PTSD). Participants were 24 male veterans with PTSD aged 23 to 66

(M = 55.2). Participants were randomized to either a mindfulness telehealth intervention or a PTSD psychoeducation telehealth condition. Both interventions consisted of two in-person sessions and six telephone sessions. Measures were collected pre- and posttreatment and at 6-week follow-up and included the Mindful Attention Awareness Scale (MAAS), the White Bear Suppression Inventory (WBSI), and the Five Facets of Mindfulness Questionnaire (FFMQ). Conditions by time interaction effects were found in the expected direction for the MAAS, WBSI, FFMQ Observing, and FFMQ Describing facets, indicating gains in skills for the mindfulness group over the course of the study. Results also suggest that a brief telehealth intervention introducing mindfulness skills may be effective in increasing levels of mindfulness as measured by these instruments. Limitations include a small sample size and lack of intent-to-treat analyses. The present study represents one of the few published studies to use multiple measures of mindfulness to examine changes in mindfulness skills and the first known published study to examine changes in mindfulness following a brief telehealth intervention.

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<http://www.tandfonline.com/doi/abs/10.1080/13642537.2012.713185>

**Issues in psychotherapeutic encounters of patients suspected of post-traumatic stress disorder malingering.**

David Potik, Eliezer Feldinger, Shaul Schreiber

European Journal of Psychotherapy & Counselling

Vol. 14, Iss. 3, 2012

The literature indicates on high rates of post-traumatic stress disorder (PTSD) malingering in various mental health settings but only few articles relate to therapeutic encounters with this population. The aim of this article is to present some of the difficulties that characterize psychotherapeutic encounters with patients suspected of PTSD malingering, and to examine the vicissitudes of significant elements of psychotherapy during these complex clinical situations. Some therapeutic interventions and indications that may help therapists to distinguish between patients with exaggerated symptomatology who suffer from true mental distress, and from full malingerers are also provided. It is argued that therapists and policy makers should relate to PTSD malingering more seriously due to the negative consequences of this phenomenon.

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<http://www.sciencedirect.com/science/article/pii/S0165178112003903>

**Insight into mental illness and self-stigma: The mediating role of shame proneness.**

Ilanit Hasson-Ohayon, Shir Ehrlich-Ben Or, Kobi Vahab, Revital Amiaz, Mark Weiser, David Roe

Psychiatry Research, Available online 10 August 2012



Insight into mental illness and self-stigma among persons with serious mental illness (SMI) have been found to be related, but the process behind this relation is still unclear. The current study examined whether shame and guilt proneness mediates or moderates the relation between insight into mental illness and self-stigma among persons with SMI. Sixty persons with SMI completed questionnaires that assessed their insight, shame, guilt proneness, and self-stigma. Results reveal that shame proneness but not guilt proneness mediates the relation between insight and self-stigma. The theoretical and clinical implications of the differences between shame and guilt and their relation to the development of self-stigma are discussed.

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<http://www.biolumoodanxietydisord.com/content/2/1/14/abstract>

### **Somatic therapies for treatment-resistant depression: ECT, TMS, VNS, DBS.**

Cristina Cusin and Darin D Dougherty

Biology of Mood & Anxiety Disorders

Published: 17 August 2012

The field of non-pharmacological therapies for treatment resistant depression (TRD) is rapidly evolving and new somatic therapies are valuable options for patients who have failed numerous other treatments. A major challenge for clinicians (and patients alike) is how to integrate the results from published clinical trials in the clinical decision-making process. We reviewed the literature for articles reporting results for clinical trials in particular efficacy data, contraindications and side effects of somatic therapies including electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), vagal nerve stimulation (VNS) and deep brain stimulation (DBS). Each of these devices has an indication for patients with different level of treatment resistance, based on acuteness of illness, likelihood of response, costs and associated risks. ECT is widely available and its effects are relatively rapid in severe TRD, but its cognitive adverse effects may be cumbersome. TMS is safe and well tolerated, and it has been approved by FDA for adults who have failed to respond to one antidepressant, but its use in TRD is still controversial as it is not supported by rigorous double-blind randomized clinical trials. The options requiring surgical approach are VNS and DBS. VNS has been FDA-approved for TRD, however it is not indicated for management of acute illness. DBS for TRD is still an experimental area of investigation and double-blind clinical trials are underway.

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<http://www.ncbi.nlm.nih.gov/pubmed/22893849>

Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.17734. Epub 2012 Aug 8.

**Prevalence of post-traumatic stress disorder among patients with substance use disorder: it is higher than clinicians think it is.**

Gielen N, Havermans RC, Tekelenburg M, Jansen A.

Source: Mondriaan, Heerlen, The Netherlands.

Abstract

**OBJECTIVES:**

This study had three objectives. Firstly, the prevalence of post-traumatic stress disorder (PTSD) and trauma exposure was compared between individuals with and without substance use disorder (SUD). Secondly, we compared self-rating of PTSD and clinical judgement. Thirdly, an analysis of the characteristics of SUD/PTSD patients was performed.

**METHODS:**

The sample consisted of 423 patients with SUD and 206 healthy controls. All individuals were screened on PTSD using the self-rating inventory for PTSD.

**RESULTS:**

Significantly higher numbers of PTSD and trauma exposure were found in the SUD group (resp. 36.6 and 97.4%). PTSD went frequently unnoticed when relying on clinical judgement alone. Patients with SUD/PTSD were significantly more often unemployed and had a lower educational level. Axis I comorbidity and especially depressive disorders were more common in the SUD/PTSD group.

**CONCLUSION:**

It is concluded that patients with SUD/PTSD are a substantial and vulnerable subgroup in addiction treatment facilities and that a systematic screening for PTSD is required.

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<http://www.ncbi.nlm.nih.gov/pubmed/22893847>

Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.18805. Epub 2012 Jul 25.

**Examining potential contraindications for prolonged exposure therapy for PTSD.**

van Minnen A, Harned MS, Zoellner L, Mills K.

Source: Behavioural Science Institute, Radboud University Nijmegen, NijCare, the Netherlands.

Abstract

Although prolonged exposure (PE) has received the most empirical support of any treatment for post-traumatic stress disorder (PTSD), clinicians are often hesitant to use PE due to beliefs that it is contraindicated for many patients with PTSD. This is especially true for PTSD patients with comorbid problems. Because PTSD has high rates of comorbidity, it is important to consider whether PE is indeed contraindicated for patients with various comorbid problems. Therefore, in this study, we examine the evidence for or against the use of PE with patients with problems that often co-occur with PTSD, including dissociation, borderline personality disorder, psychosis, suicidal behavior and non-suicidal self-

injury, substance use disorders, and major depression. It is concluded that PE can be safely and effectively used with patients with these comorbidities, and is often associated with a decrease in PTSD as well as the comorbid problem. In cases with severe comorbidity, however, it is recommended to treat PTSD with PE while providing integrated or concurrent treatment to monitor and address the comorbid problems.

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<http://www.ncbi.nlm.nih.gov/pubmed/22893842>

Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.16206. Epub 2012 Jun 12.

### **Neuroendocrine and immune responses to a cognitive stress challenge in veterans with and without PTSD.**

de Kloet CS, Vermetten E, Rademaker AR, Geuze E, Westenberg HG.

Source: Rivierduinen, Institute for Mental Health Care, Division Psychiatry, Leiden, The Netherlands.

#### Abstract

#### BACKGROUND:

PTSD has been associated with altered hypothalamus-pituitary-adrenal-axis (HPA-axis), immune and sympathetic nervous system (SNS) regulation. The purpose of this study was to evaluate the effect of cognitive stress on these systems in PTSD patients and controls.

#### METHODS:

The subjective units of distress score (SUDS), NK-cell response, plasma levels of noradrenalin and ACTH in response to cognitive stress were assessed in male veterans with PTSD (n=15) and age, region and year of deployment matched veterans without psychopathology (n=15).

#### RESULTS:

The challenge induced an increase in SUDS, noradrenalin, ACTH and NK-cell response in both groups. Baseline levels of ACTH were lower in PTSD patients. The test was experienced as more stressful by PTSD patients and resulted in an augmented ACTH response in patients. The noradrenalin and NK-cell responses showed no group differences. The ACTH response correlated with the severity of symptoms in patients, and the noradrenalin response correlated with the ACTH and NK-cell response in controls, but not in patients.

#### DISCUSSION:

PTSD patients experience more distress and present with an exaggerated pituitary response to this stressor. In addition, our results suggest an altered interaction between the HPA-axis, SNS and immune system in PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/22893838>

Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.18597. Epub 2012 Apr 27.

**Bonding after trauma: on the role of social support and the oxytocin system in traumatic stress.**

Olf M.

Source: Department of Psychiatry, Academic Medical Center, University of Amsterdam & Arq Psychotrauma Expert Group, Diemen, The Netherlands.

Abstract

This paper outlines the state of affairs in psychobiological research on psychotrauma and PTSD with a focus on the role of the oxytocin system in traumatic stress. With a high prevalence of trauma and PTSD in the Netherlands, new preventive and therapeutic interventions are needed. The focus is on the role of social support and bonding in coming to grips with psychological trauma, about the oxytocin system as a basis for reducing the stress response and creating a feeling of bonding, about binding words to painful emotions in psychotherapy, and about the bonds between researchers and clinicians.

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<http://www.ncbi.nlm.nih.gov/pubmed/22891755>

Genet Test Mol Biomarkers. 2012 Aug 14. [Epub ahead of print]

**Consumer Perspectives on Genetic Testing for Psychiatric Disorders: The Attitudes of Veterans with Posttraumatic Stress Disorder and Their Families.**

Dedert EA, Elbogen EB, Hauser MA, Hertzberg JS, Wilson SM, Dennis MF, Calhoun PS, Kirby AC, Beckham JC.

Source: Durham NC Veterans Affairs Medical Center , Durham, North Carolina.

Abstract

The perspectives of patients with posttraumatic stress disorder (PTSD) on genetic research have not yet been investigated in the genetics research literature. To provide a basis for research on attitudes toward genetic research in PTSD, we surveyed the U.S. Military Afghanistan/Iraq-era veterans with PTSD and their social support companions to investigate the attitudes and knowledge about genetics and genetic testing. One hundred forty-six veterans (76 with PTSD and 70 without PTSD) participated in this study. Each veteran participant had a corresponding companion (primarily spouses, but also relatives and friends) who they identified as a primary member of their social support network. Participants and companions completed self-report measures on knowledge of genetics and attitudes toward genetic testing for PTSD. Results indicated that, relative to veterans without PTSD, veterans with PTSD had similar levels of genetic knowledge, but less-favorable attitudes toward genetic testing. Differences persisted after controlling for age and genetics knowledge. No differences between companions of

those with and without PTSD were observed. Results suggest that the perspective of those with PTSD regarding genetic testing is in need of further investigation, especially if potentially beneficial genetic testing for PTSD is to be utilized in the target population.

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<http://www.ncbi.nlm.nih.gov/pubmed/22890651?dopt=Abstract>

Acta Neurochir Suppl. 2013;115:87-90.

### **Cerebral hemodynamic changes after wartime traumatic brain injury.**

Razumovsky A, Tigno T, Hochheimer SM, Stephens FL, Bell R, Vo AH, Severson MA, Marshall SA, Oppenheimer SM, Ecker R, Armonda RA.

Source: Sentient NeuroCare Services, Inc, 11011 McCormick Rd, Suite 200, Hunt Valley, MD, USA, arazumovsky@sentientmedical.com.

#### Abstract

Traumatic brain injury (TBI) is associated with the severest casualties from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). From October 1, 2008, the U.S. Army Medical Department initiated a transcranial Doppler (TCD) ultrasound service for TBI; included patients were retrospectively evaluated for TCD-determined incidence of post-traumatic cerebral vasospasm and intracranial hypertension after wartime TBI. Ninety patients were investigated with daily TCD studies and a comprehensive TCD protocol, and published diagnostic criteria for vasospasm and increased intracranial pressure (ICP) were applied. TCD signs of mild, moderate, and severe vasospasms were observed in 37%, 22%, and 12% of patients, respectively. TCD signs of intracranial hypertension were recorded in 62.2%; 5 patients (4.5%) underwent transluminal angioplasty for post-traumatic clinical vasospasm treatment, and 16 (14.4%) had cranioplasty. These findings demonstrate that cerebral arterial spasm and intracranial hypertension are frequent and significant complications of combat TBI; therefore, daily TCD monitoring is recommended for their recognition and subsequent management.

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<http://www.ncbi.nlm.nih.gov/pubmed/22576135?dopt=Abstract>

J Bus Contin Emer Plan. 2012 Spring; 5(4):298-315.

### **Emergency and crisis management: critical incident stress management for first responders and business organisations.**

Guenthner DH.

Source: Lincoln County Emergency Management Office, 715 Jeffers St, North Platte, NE 69101, USA. dguenthner@capellauniversity.edu

## Abstract

A literature review was performed on critical incident stress after September 11th, 2001 (9/11), and Hurricanes Katrina and Rita, which focused on the need to implement a holistic critical incident stress management programme for first responders and business organisations. Critical incident stress management is required to handle acute stress and other distress in the face of natural or man-made disasters, including terrorist attacks. A holistic approach to community resilience through a well-planned and implemented critical incident stress management programme has been shown in the literature to promote self-help and self-efficacy of individuals and organisations. The interventions and programme elements defined clearly show how a number of different intervention and prevention strategies will promote business and community resilience and also self-efficacy in a culturally-diverse community and organisation. Implementing a critical incident stress management programme within a responding business organisation is critical because of the fact that first responders are the most susceptible every day to exposure to critical incidents that will affect their mental health; and business employees will suffer some of the same maladies as first responders in the event of a disaster or crisis. Utilising the framework provided, a holistic critical incident stress management programme can be implemented to help reduce the effects of burnout, absenteeism, acute stress, post-traumatic stress, substance use and traumatic stress, and to work to promote community resilience and toughen individuals against the effects of stress. Taking care of the needs of the employees of a business organisation, and of those of first responders, is clearly required.

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<http://cardinalscholar.bsu.edu/handle/123456789/196142>

### **Combat to campus: the needs of the transitioning student veteran.**

April Krowel

Master's Thesis, Teacher's College, Ball State University

July 2012

This study aimed to fill a gap in the literature regarding how veterans adjust to college and veterans' experiences differ from the average nonveteran college student. One hundred seventy-seven nonveteran and 24 veteran undergraduate students completed the Student Adaptation to College Questionnaire (SACQ), which was used to compare military status (veteran, nonveteran) and sex (male, female), and military capacity (Active Duty, National Guard/Reserve, nonveteran) in relation to the SACQ subscales (academic, social, personal-emotional, and institutional attachment adjustment). The results of the current study were not significant. However, the results might indicate a trend in college adjustment among both nonveterans and student veterans. Future research is necessary to further assess the areas of difficulty among student veterans.

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<http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2012.00766.x/abstract>

**Coping behaviors used by Army wives during deployment separation and their perceived effectiveness.**

Blank, C., Lt Col, L. A. A., Maj, B. K., Connors, R. A. and Padden, D. L.

Journal of the American Academy of Nurse Practitioners

Article first published online: 14 AUG 2012

**Purpose:**

The purpose of this descriptive correlational study was to describe the coping behaviors used by Army wives during deployment separation, the perceived effectiveness of the coping behaviors used, and the correlation between the two variables.

**Data sources:**

A secondary analysis was conducted to examine coping use and perceived effectiveness, measured by the Jalowiec Coping Scale (JCS), in a sample of 102 Army wives surveyed during deployment separation.

**Conclusions:**

The most used coping subscales from the JCS were the optimistic and supportant and the most effective were the supportant and confrontive. The strongest correlations between coping use and effectiveness were found in the supportant subscale, which measures use of support systems ( $r = 0.77, p < .00$ ), and the confrontive subscale, which includes behaviors of constructive problem solving ( $r = 0.62, p < .00$ ). The use and effectiveness of individual behaviors are also identified.

**Implications for practice:**

Identifying effective and ineffective coping behaviors of spouses of deployed troops can potentially reduce stress and improve well-being. Primary care providers should encourage military spouses to engage in optimistic thinking, seek out spiritual support, talk to others in a similar situation, and participate in physical activity.

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<http://psycnet.apa.org/psycinfo/2012-21627-001/>

**Associations of Postdeployment PTSD Symptoms With Predeployment Symptoms in Iraq-Deployed Army Soldiers.**

MacDonald, Helen Z.; Proctor, Susan P.; Heeren, Timothy; Vasterling, Jennifer J.

Psychological Trauma: Theory, Research, Practice, and Policy, Aug 13, 2012

Prior to deployment, military personnel may experience a range of symptoms typically associated with posttraumatic stress disorder (PTSD); however, the relationship of specific preexisting symptoms characteristic of PTSD to postdeployment PTSD symptoms is not well understood. This prospective study

examined (a) pre- to postdeployment changes in reexperiencing, avoidance, numbing, and hyperarousal symptoms among Iraq-deployed military personnel, and (b) pre- to postdeployment associations among these symptom groupings. Seven-hundred and seventy-four U.S. Army soldiers completed the PTSD Checklist pre- and postdeployment to Iraq. Participants demonstrated increases in reexperiencing, avoidance, and hyperarousal symptom severity but not in severity of numbing symptoms from pre- to postdeployment. Predeployment numbing was positively correlated with all postdeployment symptom clusters, and predeployment hyperarousal was positively correlated with postdeployment hyperarousal, reexperiencing, and numbing. Findings highlight the role of preexisting numbing and hyperarousal symptoms in the evolution of PTSD symptoms following trauma exposure. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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<http://psycnet.apa.org/psycinfo/2012-21630-001/>

### **Interventions to Increase Attendance at Psychotherapy: A Meta-Analysis of Randomized Controlled Trials.**

Oldham, Mary; Kellett, Stephen; Miles, Eleanor; Sheeran, Paschal

Journal of Consulting and Clinical Psychology, Aug 13 , 2012

#### **Objective:**

Rates of nonattendance for psychotherapy hinder the effective delivery of evidence-based treatments. Although many strategies have been developed to increase attendance, the effectiveness of these strategies has not been quantified. Our aim in the present study was to undertake a meta-analysis of rigorously controlled studies to quantify the effects of interventions to promote psychotherapy attendance.

#### **Method:**

The inclusion criteria were that studies (a) concerned attendance at individual or group psychotherapy by adults, (b) used a randomized controlled trial design to test an attendance strategy, and (c) used an objective measure of attendance. Computerized literature searches and hand searching resulted in a total of 31 randomized controlled trials that involved 33 independent tests of strategies for reducing treatment refusal and premature termination (N = 4,422). Effect sizes from individual studies were meta-analyzed, and moderator analyses were conducted.

#### **Results:**

Interventions had a small-to-medium effect on attendance across studies ( $d = .38$ ). Interventions to reduce treatment refusal and premature termination were similarly effective ( $d = .37$  and  $.39$ , respectively). Choice of appointment time or therapist, motivational interventions, preparation for psychotherapy, informational interventions, attendance reminders, and case management were the most effective strategies. Diagnosis also moderated effect sizes; samples with a single diagnosis benefited more from attendance interventions compared to samples with a variety of diagnoses.



Conclusions:

Interventions to increase attendance at adult psychotherapy are moderately effective. However, relatively few studies met the strict study inclusion criteria. Further methodologically sound and theoretically informed interventions geared at increasing attendance are required.

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<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/summer2012ResearchQuarterly.pdf>

**Combat & Operational Stress Research Quarterly – Summer 2012**

Naval Center for Combat & Operational Stress Control (NCCOSC)

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates 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.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00006>

Epidemiology and Prevention of Combat-Related Post-Traumatic Stress in OEF/OIF/OND Service Members.

Authors: Hermann, Barbara A.; Shiner, Brian; Friedman, Matthew J.

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 1-6(6)

This article summarizes information about the prevalence of post-traumatic stress disorder (PTSD) in military personnel and Veterans who have served in the Iraq and Afghanistan conflicts as well as the disorder's impact and efforts to prevent it in this population. We examine prevalence in light of epidemiologic methods and discuss associated outcomes, etiology, and factors affecting risk for PTSD. Prevention strategies are presented both in terms of individual-level interventions and operational strategies designed to mitigate the development of PTSD. Our findings indicate that while research into the prevalence and consequences of PTSD in the Iraq and Afghanistan cohort has been significant, relatively little is known about the effectiveness of approaches designed to prevent it.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00010>

### **Screening, Diagnosis, and Treatment of Post-Traumatic Stress Disorder.**

Authors: Wisco, Blair E.; Marx, Brian P.; Keane, Terence M.

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 7-13(7)

Post-traumatic stress disorder (PTSD) is a prevalent problem among military personnel and veterans. Identification of effective screening tools, diagnostic technologies, and treatments for PTSD is essential to ensure that all individuals in need of treatment are offered interventions with proven efficacy. Well-validated methods for screening and diagnosing PTSD are now available, and effective pharmacological and psychological treatments can be offered. Despite these advances, many military personnel and veterans do not receive evidence-based care. We review the literature on screening, diagnosis, and treatment of PTSD in military populations, and discuss the challenges to implementing the best evidence-based practices in clinical settings.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00011>

### **Prevention and Care of Combat-Related PTSD: Directions for Future Explorations.**

Authors: Riggs, David S.; Sermanian, Diana

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 14-20(7)

In the past decade, military personnel supporting the wars in Iraq and Afghanistan have faced multiple deployments and repeated traumatic stressors. Despite efforts to prevent post-traumatic stress disorder (PTSD) and other combat-related emotional difficulties, a significant number of military personnel experience psychological injuries during and following their deployments. Despite increased attention to prevention and treatment of these problems, it is clear that substantially more work is required to fully understand the emotional impact of combat and to better intervene to prevent potentially chronic problems. In the present article, the authors discuss possible avenues for future research and interventions (clinical and otherwise) to better prevent the development of combat-related PTSD. We discuss screening, assessment, education, and intervention for PTSD throughout the deployment cycle. In this discussion, we attend to both the needs of the current cohort of combat veterans and the potential advances that may mitigate the severity and chronicity of post-traumatic problems arising from future conflicts.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00012>

### **Epidemiology and Prevention of Substance Use Disorders in the Military.**

Authors: Surratt, Deborah; Ozanian, Alfred; Traenkner, Barbara

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 21-28(8)

U.S. military service members have been in active combat for more than 10 years. Research reveals that combat exposure increases the risk of substance use disorders, post-traumatic stress disorder, major depression, and tobacco use. The Services and the field of addiction medicine are working hard to find a common definition for prescription drug misuse, which is a growing concern in both the general U.S. population and the force. Meanwhile, leaders at all levels of Department of Defense are diligently working to address barriers to care, particularly stigma related to substance abuse care, by seeking a balance between improving service member privacy in order to encourage self-referral for medical care and a commander's need to know the status of the unit and its combat readiness. The treatment and management of substance abuse disorders are a complex force health issue that requires the use of evidence-based medical interventions and policies that are consistent with them.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00013>

**Evidence-Based Screening, Diagnosis, and Treatment of Substance Use Disorders Among Veterans and Military Service Personnel.**

Authors: Hawkins, Eric J.; Grossbard, Joel; Benbow, Jim; Nacev, Vladimir; Kivlahan, Daniel R.

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 29-38(10)

Substance use disorders (SUDs) are among the most common and costly conditions in veterans and active duty military personnel, adversely affecting their health and occupational and personal functioning. The pervasive burden of SUD has been a continuing concern for the Department of Veterans Affairs (VA) and Department of Defense (DoD), particularly as large numbers of service members return from Operations Enduring and Iraqi Freedom. The VA and DoD have prioritized implementation of evidence-based practices and treatment services to enhance the recognition and management of SUD in general medical and SUD specialty-care settings. This article summarizes the clinical practice guidelines for identifying, diagnosing, and treating SUD in VA and DoD general medical and SUD specialty-care settings, highlights evidence-based pharmacotherapy and psychosocial interventions for managing SUD, and describes barriers to successful treatment of veterans and service members at risk for SUD in VA and DoD health care systems.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00014>

**Next Steps in Addressing the Prevention, Screening, and Treatment of Substance Use Disorder in Active Duty and Veteran Operation Enduring Freedom and Operation Iraqi Freedom Populations.**

Authors: Tollison, Sean J.; Henderson, Ryan C.; Baer, Johns S.; Saxon, Andrew J.

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 39-46(8)

The two articles presented previously in this volume provide state-of-the-art reviews of the etiology, epidemiology, screening and treatment of substance use disorder (SUD). This article identifies next steps in research and development for understanding and treating SUD in Operation Enduring Freedom/Operation Iraqi Freedom service members and veterans. Four promising areas are reviewed: advances in psychopharmacological treatment of SUD, innovations in behavioral treatments, the use of technological advances for the screening and treatment of SUD, and integration of treatment services. Future directions are explored and suggestions for research, development and implementation of each of these trends are discussed.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00015>

### **Prevalence of DSM-IV Major Depression Among U.S. Military Personnel: Meta-Analysis and Simulation.**

Authors: Gadermann, Anne M.; Engel, Charles C.; Naifeh, James A.; Nock, Matthew K.; Petukhova, Maria; Santiago, Patcho N.; Wu, Benjamin; Zaslavsky, Alan M.; Kessler, Ronald C.

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 47-59(13)

A meta-analysis of 25 epidemiological studies estimated the prevalence of recent Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) major depression (MD) among U.S. military personnel. Best estimates of recent prevalence (standard error) were 12.0% (1.2) among currently deployed, 13.1% (1.8) among previously deployed, and 5.7% (1.2) among never deployed. Consistent correlates of prevalence were being female, enlisted, young (ages 17-25), unmarried, and having less than a college education. Simulation of data from a national general population survey was used to estimate expected lifetime prevalence of MD among respondents with the sociodemographic profile and none of the enlistment exclusions of Army personnel. In this simulated sample, 16.2% (3.1) of respondents had lifetime MD and 69.7% (8.5) of first onsets occurred before expected age of enlistment. Numerous methodological problems limit the results of the meta-analysis and simulation. The article closes with a discussion of recommendations for correcting these problems in future surveillance and operational stress studies.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00016>

### **Screening, Diagnosis, and Treatment of Depression.**

Authors: Greenberg, Jeffrey; Tesfazion, Anderson A.; Robinson, Christopher S.

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 60-66(7)

The U.S. military and its civilian partners have identified that psychological health problems such as depression and traumatic brain injury represent a significant threat to the health and readiness of the

military force. Depression is a growing problem in the military with rates increasing from 2007 to 2010 across all services. Depression can be correlated with negative outcomes such as risk of suicide, risk of harm to others, incarceration, family problems including divorce, and occupational and social problems such as unemployment and homelessness. The military seeks to mitigate and prevent these negative outcomes through screening, diagnosis, and treatment of disorders such as depression. To support that effort, we have reviewed a sample of the literature base to support best practices for the screening, assessment, and treatment of depression within the Military Health System.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00017>

### **Mild Traumatic Brain Injury Screening, Diagnosis, and Treatment.**

Authors: Marshall, Kathryn R.; Holland, Sherray L.; Meyer, Kimberly S.; Martin, Elisabeth Moy; Wilmore, Michael; Grimes, Jamie B.

Source: Military Medicine, Volume 177, Supplement 1, August 2012 , pp. 67-75(9)

The majority of combat-related traumatic brain injury (TBI) within the U.S. Armed Forces is mild TBI (mTBI). This article focuses specifically on the screening, diagnosis, and treatment aspects of mTBI within the military community. Aggressive screening measures were instituted in 2006 to ensure that the mTBI population is identified and treated. Screenings occur in-theater, outside the contiguous United States, and in-garrison. We discuss specific screening procedures at each screening setting. Current diagnosis of mTBI is based upon self-report or through witnesses to the event. TBI severity is determined by specific Department of Defense criteria. Abundant clinician resources are available for mTBI in the military health care setting. Education resources for both the patient and the clinician are discussed in detail. An evidence-based clinical practice guideline for the care of mTBI was created through collaborative efforts of the DoD and the U.S. Department of Veterans Affairs. Although symptoms following mTBI generally resolve with time, active treatment is centered on symptom management, supervised rest, recovery, and patient education. Medical specialty care, ancillary services, and other therapeutic services may be required.

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00018>

### **Diagnosis and Management of Moderate and Severe Traumatic Brain Injury Sustained in Combat.**

Authors: Marshall, Scott A.; Riechers, Ronald G.

Source: Military M Traumatic brain injury exists in a spectrum of severity among wounded personnel.

The evaluation and clinical presentation, initial management, and treatment interventions to prevent secondary injury processes for combat-associated moderate and severe traumatic brain injury are

reviewed. Promising therapies are discussed, and a current review of the literature is provided. *edicine*, Volume 177, Supplement 1, August 2012 , pp. 76-85(10)

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<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/A00108s1/art00019>

**Traumatic Brain Injury: Next Steps, Research Needed, and Priority Focus Areas.**

Authors: Helmick, Kathy; Baugh, Laura; Lattimore, Tracie; Goldman, Sarah

Source: *Military Medicine*, Volume 177, Supplement 1, August 2012 , pp. 86-92(7)

Traumatic brain injury (TBI) has been not only a major focus of concern during the recent conflicts in Afghanistan and Iraq, but also among our garrison service members. The prevalence of these injuries has compelled the nation and Congress to invest in the development of policies and programs that support evidence-based care for the full continuum of TBI, from mild (otherwise known as concussion) to severe and penetrating brain injuries. Although, the Department of Defense has made great strides in the areas of TBI clinical care, education, and research, there remains a great need to leverage scientific, policy, and clinical advancement to maximize care of the service member. The purpose of this article is to outline the 7 major areas of work currently being undertaken to help advance the field of TBI. The 7 areas include: (1) eliminating undetected mild traumatic brain injury through prompt early diagnosis, (2) ensuring force readiness and addressing cultural barriers, (3) improving collaborations with the Department of Veterans Affairs, other federal agencies, and academic and civilian organizations, (4) improving deployment-related assessments, (5) deploying effective treatments, (6) conducting military-relevant and targeted research, and (7) enhancing information technology systems.

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<http://www.sciencedirect.com/science/article/pii/S0005796712001209>

**Comparative Effectiveness of CBT Interventions for Co-Morbid Chronic Pain & Insomnia: A Pilot Study.**

Moynihan, Sara Matteson-Rusby, Carla R. Jungquist, Yinglin Xia, Xin Tu, Michael L. Perlis

*Behaviour Research and Therapy*

Available online 11 August 2012

Introduction

Chronic pain is difficult to treat and often precedes or exacerbates sleep disturbances such as insomnia. Insomnia, in turn, can amplify the pain experience. Both conditions are associated with inflammatory processes, which may be involved in the bi-directional relationship between pain and sleep. Cognitive behavioral therapy (CBT) for pain and CBT for insomnia are evidence based interventions for, respectively, chronic pain and insomnia. The study objectives were to determine the feasibility of

combining CBT for pain and for insomnia and to assess the effects of the combined intervention and the stand alone interventions on pain, sleep, and mood outcomes compared to a control condition.

#### Methods

Twenty-one adults with co-occurring chronic pain and chronic insomnia were randomized to either CBT for pain, CBT for insomnia, combined CBT for pain and insomnia, or a wait-list control condition.

#### Results

The combined CBT intervention was feasible to deliver and produced significant improvements in sleep, disability from pain, depression and fatigue compared to the control condition. Overall, the combined intervention appeared to have a strong advantage over CBT for pain on most outcomes, modest advantage over both CBT for insomnia in reducing insomnia severity in chronic pain patients.

#### Discussion

CBT for pain and CBT for insomnia may be combined with good results for patients with co-occurring chronic pain and insomnia.

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<http://www.tandfonline.com/doi/abs/10.1080/15427609.2012.705551>

### **Long-Term Implications of Military Service for Later-Life Health and Well-Being.**

Avron Spiro, Richard A. Settersten

Research in Human Development

Vol. 9, Iss. 3, 2012

This introduction begins a special issue on Military Service in the Life Course: Implications for Later-Life Health and Well-Being. It highlights the pressing need for a lifespan approach to the effects of military service that considers positive and negative effects. The first two articles focus on Vietnam veterans. Park et al. examine how captivity stressors, mental health, and individuals' background characteristics were related to mental health 30 years after repatriation. Pless Kaiser et al. examine current health among women veterans in relation to warzone stress, and considered whether posttraumatic stress disorder symptoms mediated the effects of warzone stress on mental and physical health. In contrast, Jahn et al. examine a diverse group of veterans, drawing on theories of posttraumatic growth to explore whether the combination of combat exposure and posttraumatic stress disorder in early life affect coping with cancer in later life. Finally, Settersten, Jr., et al. examine how World War II veterans appraised specific dimensions of military service after the war and over 40 years later, as well as later-life reflections on the role of military service in their life course. In sum, these articles illustrate how the impact of potentially traumatic experiences in early life can reverberate throughout life, particularly their long-term effects (positive as well as negative) on physical and mental health. With the growing number of veterans in societies today, these articles reveal that some, but not all, may well carry their burdens of military service long after they have laid down their weapons.

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<http://brn.sagepub.com/content/early/2012/07/23/1099800412454453.abstract>

**Lower Heart Rate Variability Associated With Military Sexual Trauma Rape and Posttraumatic Stress Disorder.**

Elizabeth Ann Davis Lee and Sue A. Theus

Biol Res Nurs 1099800412454453, first published on August 15, 2012

Low heart rate variability (HRV) can occur with psychological disorders such as posttraumatic stress disorder (PTSD). The purpose of this study was to examine the association between PTSD by trauma type and decreased HRV measures in female veterans with cardiac symptoms. This secondary analysis utilized data from a previous study of female veterans (n = 125) examined for cardiac symptoms by Holter and electrocardiogram recordings at a Veterans Affairs medical center. The mean HRV measure from three 10-s data segments with spontaneous respirations was obtained for each subject. PTSD diagnosis and type of trauma exposure were collected from mental health consult notes. Chi-square was used for frequency of subject characteristics; independent t tests and one-way analysis of variance (ANOVA) compared means of HRV measures between trauma types. Statistical significance was set at  $p < .05$  a priori. By ANOVA, significantly lower log-transformed standard deviation of all normal sinus rhythm R-R intervals (SDNN) and log-transformed square root of the mean of the sum of the squares of differences between adjacent normal sinus rhythm R-R intervals (RMSSD) were found in the PTSD group with documented rape military sexual trauma (MST) compared to other groups including no PTSD, PTSD following MST with rape not specified, combat exposure, and nonmilitary-related trauma; lower HRV measures were not found with other PTSD types of trauma. This study suggests rape MST with concomitant PTSD may be a risk factor for decreased HRV in female veterans examined for cardiac symptoms.

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<http://online.liebertpub.com/doi/abs/10.1089/gtmb.2012.0048>

**Consumer Perspectives on Genetic Testing for Psychiatric Disorders: The Attitudes of Veterans with Posttraumatic Stress Disorder and Their Families.**

Eric A. Dedert, Eric B. Elbogen, Michael A. Hauser, Jeff S. Hertzberg, Sarah M. Wilson, Michelle F. Dennis, Patrick S. Calhoun, Angela C. Kirby, and Jean C. Beckham

Genetic Testing and Molecular Biomarkers

Online Ahead of Print: August 14, 2012

The perspectives of patients with posttraumatic stress disorder (PTSD) on genetic research have not yet been investigated in the genetics research literature. To provide a basis for research on attitudes toward genetic research in PTSD, we surveyed the U.S. Military Afghanistan/Iraq-era veterans with PTSD and



their social support companions to investigate the attitudes and knowledge about genetics and genetic testing. One hundred forty-six veterans (76 with PTSD and 70 without PTSD) participated in this study. Each veteran participant had a corresponding companion (primarily spouses, but also relatives and friends) who they identified as a primary member of their social support network. Participants and companions completed self-report measures on knowledge of genetics and attitudes toward genetic testing for PTSD. Results indicated that, relative to veterans without PTSD, veterans with PTSD had similar levels of genetic knowledge, but less-favorable attitudes toward genetic testing. Differences persisted after controlling for age and genetics knowledge. No differences between companions of those with and without PTSD were observed. Results suggest that the perspective of those with PTSD regarding genetic testing is in need of further investigation, especially if potentially beneficial genetic testing for PTSD is to be utilized in the target population.

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<http://www.bjamp.org/files/2012-5-3/bjamp-2012-5-3-a525.pdf>

### **Are Psychiatrists Paying Attention to Sleep?**

Adeel Meraj

British Journal of Medical Practitioners

2012;5(3):a525

Sleep medicine is a relatively new medical discipline since the 1970's. It has developed tremendously and has come across as an independent discipline in the United States over the last thirty years. The US has a well-developed and respected sleep medicine training structure which allows specialists from various disciplines, including psychiatry, to acquire specialty training in sleep and become certified sleep specialists. This is not the case in Europe and the United Kingdom where there is no structured training and the practice of sleep medicine is limited to respiratory physicians (such as pulmonologists). In the last decade there has been an increased interest among US psychiatry residents in pursuing further training in sleep medicine. This article gives a brief overview of the development of sleep medicine in the US in the past 30 years and the current structure of training in the US compared to several European countries. It highlights the value of sleep medicine as a career choice for psychiatrists and the advantage psychiatrists have in treating sleep disorders.

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<http://www.tandfonline.com/doi/abs/10.1080/15427609.2012.705555>

### **Distress and Resilience After Cancer in Veterans.**

Allison L. Jahn, Levi Herman, Jennifer Schuster, Aanand Naik, Jennifer Moye

Research in Human Development

Vol. 9, Iss. 3, 2012

Combat exposure and posttraumatic stress have the potential to affect distress in response to cancer, a common late-life stressor. Models of posttraumatic growth suggest that distress can produce varying avenues for resilience. A primarily male, veteran sample completed interviews regarding how combat exposure and posttraumatic stress relate to distress and growth in cancer survivors. While combat alone did not predict greater distress, combat veterans with current combat-related posttraumatic stress symptoms reported the greatest distress following cancer. These same veterans showed cancer-related growth. This is the first large-scale study examining the relationships among combat, posttraumatic stress, and emotional health following cancer.

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<http://www.tandfonline.com/doi/abs/10.1080/15427609.2012.705553>

### **Women Vietnam Veterans: Do PTSD Symptoms Mediate Effects of Warzone Service on Health?**

Anica Pless Kaiser, Avron Spiro, Lewina Onyi Lee, Jeanne Mager Stellman

Research in Human Development

Vol. 9, Iss. 3, 2012

We used regression models to assess the impact of warzone stress on physical and mental health of 975 female Vietnam veteran nurses, and whether current PTSD symptoms mediated these relations. Women's Vietnam Memorial Project members were surveyed in 1998, with analyses adjusted for age, length of military service, and current health symptoms. Findings suggest that among women nurses deployed to Vietnam, the effects of warzone stress many years earlier on current health are both direct and indirect, mediated by PTSD symptoms. The legacy of wartime deployment remains, although muted in its expression, in military nurses nearly 30 years after their return.

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<http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA562465>

### **Cyberspace and Real-World Behavioral Relationships: Towards the Application of Internet Search Queries to Identify Individuals at Risk for Suicide.**

Casey C. Miller, B.S. Computer Engineering

Captain, USAF

Thesis Presented to the Faculty

Department of Electrical and Computer Engineering

Graduate School of Engineering and Management

Air Force Institute of Technology

Air University  
Air Education and Training Command

In Partial Fulfillment of the Requirements for the Degree of Master of Science in Computer Engineering

The Internet has become an integral and pervasive aspect of society. Not surprisingly, the growth of ecommerce has led to focused research on identifying relationships between user behavior in cyberspace and the real world – retailers are tracking items customers are viewing and purchasing in order to recommend additional products and to better direct advertising. As the relationship between online search patterns and realworld behavior becomes more understood, the practice is likely to expand to other applications. Indeed, Google Flu Trends has implemented an algorithm that accurately charts the relationship between the number of people searching for flu-related topics on the Internet, and the number of people who actually have flu symptoms in that region. Because the results are real-time, studies show Google Flu Trends estimates are typically two weeks ahead of the Center for Disease Control.

The Air Force has devoted considerable resources to suicide awareness and prevention. Despite these efforts, suicide rates have remained largely unaffected. The Air Force Suicide Prevention Program assists family, friends, and co-workers of airmen in recognizing and discussing behavioral changes with at-risk individuals. Based on other successes in correlating behaviors in cyberspace and the real world, is it possible to leverage online activities to help identify individuals that exhibit suicidal or depressionrelated symptoms?

This research explores the notion of using Internet search queries to classify individuals with common search patterns. Text mining was performed on user search histories for a one-month period from nine Air Force installations. The search histories were clustered based on search term probabilities, providing the ability to identify relationships between individuals searching for common terms. Analysis was then performed to identify relationships between individuals searching for key terms associated with suicide, anxiety, and post-traumatic stress disorder. Findings based on the calculated  $\chi^2$ -test statistic demonstrate a strong correlation between the individuals who searched for the key terms. The results demonstrate the utility of clustering individuals who exhibit similar search patterns and provide the foundation for future efforts to bridge the gap between cyberspace and real-world situational awareness for identifying at-risk individuals.

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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3415825/>

**The Contributions of Prior Trauma and Peritraumatic Dissociation to Predicting Post-Traumatic Stress Disorder Outcome in Individuals Assessed in the Immediate Aftermath of a Trauma.**

Cole Gregory Youngner, BA, Mark S. Burton, BA, Matthew Price, PhD, Lindsey Zimmerman, MA, Megan Crawford Kearns, PhD, Debra Houry, MD, MPH, and Barbara Olasav Rothbaum, PhD, ABPP

Western Journal of Emergency Medicine

## Objective

This study analyzed predictors of post-traumatic stress disorder (PTSD) in civilian trauma victims to assess how peritraumatic dissociation (PD) relates to PTSD symptom development. We examined PD and PTSD symptoms from a prior trauma simultaneously to better understand the extent to which past and current reactions to a trauma can predict the development of PTSD for a current trauma.

## Methods

Participants (N=48) were recruited from the emergency department (ED) of a large, southeastern hospital and assessed immediately after a trauma and again at 4 weeks and 12 weeks post-trauma. We used both self-report and interviewer-based questionnaires to assess PD and PTSD symptoms for prior and current trauma.

## Results

A hierarchical linear regression revealed that at 4-week follow up, when controlling for several demographic variables and trauma type, a model including both PD and PTSD symptoms from a prior trauma significantly predicted PTSD outcome ( $F(47)= 3.70, p=0.00$ ), with PD and prior PTSD symptoms significantly contributing 17% and 9% of variance respectively. At 12 weeks, PTSD symptoms from prior trauma ( $\beta=0.094, p=0.538$ ) and PD ( $\beta=-0.017, p=0.909$ ) did not account for a significant proportion of the variance in PTSD for the enrolling trauma.

## Conclusion

Prior and current reactions to trauma are both important factors in predicting the development of PTSD symptoms to a current trauma. The more immediate measurement of PD during presentation to the ED may explain the strength of its relationship to PTSD symptom development. Furthermore, our findings support the use of PTSD symptoms of a past trauma, as opposed to trauma frequency, as a predictor of PTSD from a subsequent trauma. Methodological limitations and future directions are discussed.

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<http://www.sciencedirect.com/science/article/pii/S0887618512000977>

## **Pharmacological Treatment of Anxiety Disorders: Current Treatments and Future Directions.**

Frank J. Farach, Larry D. Pruitt, Janie J. Jun, Alissa B. Jerud, Lori A. Zoellner, Peter P. Roy-Byrne

Journal of Anxiety Disorders

Available online 14 August 2012

Modern pharmacological treatments for anxiety disorders are safer and more tolerable than they were 30 years ago. Unfortunately, treatment efficacy and duration have not improved in most cases despite a greater understanding of the pathophysiology of anxiety. Moreover, innovative treatments have not reached the market despite billions of research dollars invested in drug development. In reviewing the literature on current treatments, we argue that evidence-based practice would benefit from better research on the causes of incomplete treatment response as well as the comparative efficacy of drug

combinations and sequencing. We also survey two broad approaches to the development of innovative anxiety treatments: the continued development of drugs based on specific neuroreceptors and the pharmacological manipulation of fear-related memory. We highlight directions for future research, as neither of these approaches is ready for routine clinical use.

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### **Links of Interest**

Study shows PTSD symptoms improve when substance abuse treatment added

<http://thechart.blogs.cnn.com/2012/08/15/study-shows-ptsd-symptoms-improve-when-substance-abuse-treatment-added/>

Expansion of treatment court sought for outstate Minn. veterans

<http://minnesota.publicradio.org/display/web/2012/08/12/regional/veterans-court/>

Suicide prevention events celebrate life

[http://www.army.mil/article/85687/Suicide\\_prevention\\_events\\_celebrate\\_life/](http://www.army.mil/article/85687/Suicide_prevention_events_celebrate_life/)

War is not necessarily the cause of post-traumatic stress disorder

[http://www.eurekalert.org/pub\\_releases/2012-08/au-win081712.php](http://www.eurekalert.org/pub_releases/2012-08/au-win081712.php)

Common parasite may trigger suicide attempts

[http://www.eurekalert.org/pub\\_releases/2012-08/msu-cpm081612.php](http://www.eurekalert.org/pub_releases/2012-08/msu-cpm081612.php)

Combat medics receive battlefield stress training

[http://www.army.mil/article/85552/Combat\\_medics\\_receive\\_battlefield\\_stress\\_training/](http://www.army.mil/article/85552/Combat_medics_receive_battlefield_stress_training/)

Anxious? Depressed? Literate? Try Bibliotherapy

<http://bigthink.com/think-tank/anxious-depressed-literate-try-bibliotherapy>

ADHD May Raise Girls' Risk for Suicide as Young Adults

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_128375.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_128375.html)

Promising PTSD treatment faces hurdle

<http://www.stripes.com/news/promising-ptsd-treatment-faces-hurdle-1.186247>

US Army grants \$3 million for anti-suicide nasal spray research

<http://rt.com/usa/news/us-army-anti-suicide-spray-036/>

Army morale declines in survey; Soldiers cite failings of senior officers and some worry service may be going 'soft'

[http://www.boston.com/news/nation/articles/2012/08/19/army\\_survey\\_finds\\_only\\_one\\_in\\_four\\_soldiers\\_confident\\_in\\_branches\\_future/](http://www.boston.com/news/nation/articles/2012/08/19/army_survey_finds_only_one_in_four_soldiers_confident_in_branches_future/)

Several Strategies Fight Insomnia in Mood-Disorder Patients

<http://psychnews.psychiatryonline.org/newsArticle.aspx?articleid=1310503>

Psychologists Link Emotion to Vividness of Perception and Creation of Vivid Memories

<http://www.sciencedaily.com/releases/2012/08/120820132340.htm>

Cognitive-Behavioral Therapy Can Ease Insomnia

<http://psychcentral.com/news/2012/08/20/cognitive-behavioral-therapy-can-ease-insomnia/43395.html>

10 Things Your Marriage Counselor Won't Say

<http://www.smartmoney.com/plan/health-care/10-things-your-marriage-counselor-wont-say-1345237916645/>

How Well You Sleep May Hinge on Race

<http://www.nytimes.com/2012/08/21/health/how-well-you-sleep-may-hinge-on-race.html>

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**Research Tip of the Week:** [Judge David L. Bazelon Center for Mental Health Law](#)

The mission of the Judge David L. Bazelon Center for Mental Health Law is to protect and advance the rights of adults and children who have mental disabilities. The Bazelon Center envisions an America where people who have mental illnesses or developmental disabilities exercise their own life choices and have access to the resources that enable them to participate fully in their communities.

Of particular interest here – [the collection of reports, issue papers and manuals](#).

A “Current Issues” dropdown menu at the top of the page allows you to select different areas of the site to browse.

Note that the site is more policy-oriented than clinical.

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