



## CDP Research Update -- August 30, 2012

### What's Here:

- Anxiety and Depression in Marines Sent to War in Iraq and Afghanistan.
- The Effect of Traditional Masculine Gender Role Adherence on Community Reintegration Following Traumatic Brain Injury in Military Veterans.
- Posttraumatic Stress Disorder in the U.S. Warfighter: Sensitivity to Punishment and Antidepressant Use Contribute to Decision-Making Performance.
- Interest in Partner-Involved Services Among Veterans Seeking Mental Health Care From a VA PTSD Clinic.
- The Role of Relationships in Completed Suicide: A Gendered Analysis of Suicide Notes.
- Promoting Military Cultural Awareness in an Off-post Community of Behavioral Health and Social Support Service Providers.
- The Children of Military Service Members: Challenges, Supports, and Future Educational Research.
- Effects of Partner Attachment Quality on PTSD Severity with Combat-Exposed Veterans.
- Effectiveness of deep transcranial magnetic stimulation combined with a brief exposure procedure in post-traumatic stress disorder – A pilot study.
- Traumatic Brain Injury: Next Steps, Research Needed, and Priority Focus Areas.
- Mild Traumatic Brain Injury Screening, Diagnosis, and Treatment.
- Epidemiology and Prevention of Combat-Related Post-Traumatic Stress in OEF/OIF/OND Service Members.
- Screening, Diagnosis, and Treatment of Post-Traumatic Stress Disorder.
- Screening, Diagnosis, and Treatment of Depression.
- Epidemiology and Prevention of Substance Use Disorders in the Military.

- Evidence-Based Screening, Diagnosis, and Treatment of Substance Use Disorders Among Veterans and Military Service Personnel.
- Prevalence of DSM-IV Major Depression Among U.S. Military Personnel: Meta-Analysis and Simulation.
- PTSD: Another Forensic Epidemic of Pseudo-illness.
- Preventing relapse in recurrent depression using mindfulness-based cognitive therapy, antidepressant medication or the combination: trial design and protocol of the MOMENT study.
- The relative and unique contributions of emotion dysregulation and impulsivity to posttraumatic stress disorder among substance dependent inpatients.
- A consideration of select pre-trauma factors as key vulnerabilities in PTSD.
- Time-course of eye movement-related decrease in vividness and emotionality of unpleasant autobiographical memories.
- Do PTSD symptoms and trauma-related cognitions about the self constitute a vicious cycle? Evidence for both cognitive vulnerability and scarring models.
- The effects of temporal unpredictability in anticipation of negative events in combat veterans with PTSD.
- Patients' experience of return to work rehabilitation following traumatic brain injury: A phenomenological study.
- Group music therapy for patients with persistent post-traumatic stress disorder - an exploratory randomized controlled trial with mixed methods evaluation.
- How do clients experience reliving as part of trauma-focused cognitive behavioural therapy for posttraumatic stress disorder?
- The many facets of meaning making: Comparing multiple measures of meaning making and their relations to psychological distress.
- Association of Cotherapy Supervision With Client Outcomes, Attrition, and Trainee Effectiveness in a Psychotherapy Training Clinic.
- Factors Associated With Physical Aggression Among US Army Soldiers.
- Relational dimension of irritability following traumatic brain injury: A qualitative analysis.
- Lower Heart Rate Variability Associated With Military Sexual Trauma Rape and Posttraumatic Stress Disorder.

- The effects of age on initiation of mental health treatment after positive PTSD screens among Veterans Affairs primary care patients.
- Treating ethnic minority adults with anxiety disorders: current status and future recommendations.
- Anxiety and Depression in Marines Sent to War in Iraq and Afghanistan.
- Evaluation of cortisol level and cell-mediated immunity response changes in individuals with post-traumatic stress disorder as a consequence of war.
- Suicide and War: The Mediating Effects of Negative Mood, Posttraumatic Stress Disorder Symptoms, and Social Support among Army National Guard Soldiers.
- Impact of Posttraumatic Stress Disorder on the Relationship Quality and Psychological Distress of Intimate Partners: A Meta-Analytic Review.
- Posttraumatic Stress Disorder Patients' Experiences of Hope.
- Effect of Cognitive-Behavioral Therapy on Neural Correlates of Fear Conditioning in Panic Disorder.
- Update on emerging drugs for insomnia.
- What Is the Role of Sedating Antidepressants, Antipsychotics, and Anticonvulsants in the Management of Insomnia?
- Major Depression and Fitness to Fly by Different Aviation Authorities.
- Resilience in Military Marriages Experiencing Deployment.
- Links of Interest
- Research Tip of the Week: World War II Poster Collection at Northwestern University Library

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[http://journals.lww.com/jonmd/Abstract/publishahead/Anxiety\\_and\\_Depression\\_in\\_Marines\\_Sent\\_to\\_War\\_in.99989.aspx](http://journals.lww.com/jonmd/Abstract/publishahead/Anxiety_and_Depression_in_Marines_Sent_to_War_in.99989.aspx)

**Anxiety and Depression in Marines Sent to War in Iraq and Afghanistan.**

Booth-Kewley, Stephanie PhD; Highfill-McRoy, Robyn M. MPH; Larson, Gerald E. PhD; Garland, Cedric F. DrPH, FACE; Gaskin, Thomas A. PhD

Journal of Nervous & Mental Disease:

POST AUTHOR CORRECTIONS, 23 August 2012

Although the effects of combat deployment on posttraumatic stress disorder have been extensively studied, little is known about the effects of combat deployment on depression and anxiety. This study examined the factors associated with anxiety and depression in a sample of 1560 US Marines who were deployed to Iraq and Afghanistan. Eleven demographic and psychosocial factors were studied in relation to depression and anxiety. Five factors emerged as significant in relation to depression: deployment-related stressors, combat exposure, attitudes toward leadership, mild traumatic brain injury symptoms, and marital status. The same factors, with the exception of marital status, emerged as significant in relation to anxiety. Deployment-related stressors had a stronger association with both depression and anxiety than any other variable, including combat exposure. This finding is important because deployment-related stressors are potentially modifiable by the military.

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[http://aladinrc.wrlc.org/bitstream/handle/1961/11079/Meyers\\_american\\_0008E\\_10263display.pdf](http://aladinrc.wrlc.org/bitstream/handle/1961/11079/Meyers_american_0008E_10263display.pdf)

### **The Effect of Traditional Masculine Gender Role Adherence on Community Reintegration Following Traumatic Brain Injury in Military Veterans.**

Meyers, Noah Matthew  
(dissertation)

Degree awarded: Ph.D. Psychology. American University  
2012-08-22

Although returning from deployment and reintegrating into one's community is a difficult task for any military veteran, these tasks can be especially difficult for veterans sustaining a traumatic brain injury (TBI) during deployment. Due to the unique cognitive and social deficits caused by the injury, individuals (predominately male) who sustain a TBI have a more difficult time reintegrating into their communities and report a poorer subjective quality of life than do individuals and veterans with other serious injuries. The present study examined the effect of level of traditional masculine gender role cognitions, attitudes, and behaviors on community reintegration outcomes in a sample of 60 male military veterans who had sustained a TBI during deployment. Data was collected through self-report measures and cognitive tests, and analyses were carried out using correlation, mediation, and moderation models. Results suggested that greater endorsement of traditional masculine gender role beliefs, attitudes, and behaviors was related to: (a) poorer outcomes on certain measures of community reintegration (i.e., livings skills and relationships); and (b) poorer outcomes in living skills and increased psychosocial difficulties only for participants with greater verbal cognitive flexibility. Findings were discussed in relation to previous research and future directions.

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<http://tmt.sagepub.com/content/early/2012/08/21/1534765612455228.abstract>

### **Posttraumatic Stress Disorder in the U.S. Warfighter: Sensitivity to Punishment and Antidepressant Use Contribute to Decision-Making Performance.**

Michael N. Dretsch, Kenneth J. Thiel, Jeremy R. Athy, Sandra Born, and Kathy Prue-Owens

Traumatology 1534765612455228, first published on August 23, 2012

Little research has been done to explore the integrity of emotion-based decision-making performance in individuals with posttraumatic stress disorder (PTSD). In the current study, performance on two decision-making tasks with both positive and negative reinforcement, the standard Iowa Gambling Task (IGT) and the variant Iowa Gambling Task (vIGT), and measures of mood symptoms, were compared between U.S. active-duty soldiers diagnosed with PTSD (n = 23) and soldiers with no PTSD (n = 23). The results revealed that the PTSD group, when compared to controls, reported significantly higher anxiety and depression symptoms. The PTSD group showed similar behavioral performance as controls on the standard IGT but failed to choose advantageously on the vIGT, which has been shown to reflect hypersensitivity to punishment. Medicated participants, being treated with antidepressants, showed significantly better overall performance on the IGT but not on the vIGT compared to nonmedicated participants. The results suggest that soldiers being treated for PTSD have a unique decision-making pattern that may be attributed to difficulty in processing delayed reward when presented with immediate punishment.

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<http://psycnet.apa.org/psycinfo/2012-22116-001/>

### **Interest in Partner-Involved Services Among Veterans Seeking Mental Health Care From a VA PTSD Clinic.**

Meis, Laura A.; Schaaf, Kathryn Wilder; Erbes, Christopher R.; Polusny, Melissa A.; Miron, Lynsey R.; Schmitz, Theresa M.; Nugent, Sean M.

Psychological Trauma: Theory, Research, Practice, and Policy, Aug 20 , 2012

Associations between PTSD and difficulties in intimate relationships have prompted national calls for partner-involvement in treatment for PTSD. However, research is limited evaluating patient preferences for the format of these services or predictors of these preferences. Such information is vital to shaping services so they are relevant to those most interested in them and to those with greatest need. To address these gaps, we surveyed 185 coupled veterans as they presented for mental health appointments at a VA PTSD treatment clinic. We assessed broad interest in greater partner-involvement, specific interest in couple therapy, and potential predictors of these interests, including family concerns, relationship satisfaction, PTSD symptom severity, and combat era. We found unique positive associations between interest in partner-involvement and both family concerns and relationship satisfaction, suggesting those most interested in partner-involvement are likely those experiencing the greatest family concerns and the most satisfied in their intimate relationships. Associations between interest and PTSD severity were nonsignificant. Interest in couple therapy was significantly greater among returning veterans than Vietnam/Korean War Veterans. However, these two groups did not vary significantly in their interest in greater partner-involvement more broadly. Discussion of findings

considers the roles of both insight into PTSD-related family problems and relationship satisfaction in motivating interest in partner-involvement in care, the potential need to address motivation for partner-involvement among veterans in distressed relationships, and the importance of alternative methods of partner-involvement to full courses of couple therapy, particularly for Vietnam/Korean War era veterans. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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<http://etd.ohiolink.edu/view.cgi/Delgado%20Kolina%20J.pdf?wsuppsych1340656093>

### **The Role of Relationships in Completed Suicide: A Gendered Analysis of Suicide Notes.**

Delgado, Kolina J.

Doctor of Psychology (PsyD)  
Wright State University Professional Psychology Program  
School of Professional Psychology  
2013

Suicide is the eleventh leading cause of death in the United States. As such, it has been described as a major health problem. In the United States the male to female suicide ratio is approximately 4:1. Comparative analyses of suicide between men and women are needed to provide a more complete understanding of the suicide phenomenon. The current study built upon the literature related to gender and the role of relationships in suicidality. Through the analysis of suicide notes written by individuals who completed suicide, this study provides new insight into the role of gender and interpersonal dynamics in suicide and supplements information obtained from the suicide notes with coroner's records, providing for a more complete picture. The overall sample included 167 cases of completed suicide occurring between 2000 and 2009 in which a suicide note was left by the decedent. All cases had been referred to the Montgomery County Coroner's Office (Dayton, Ohio). Twenty-seven of the 167 cases were identified as being motivated by relationship problems. A content analysis and thematic analysis was completed comparing the 27 relationally motivated cases to the overall sample. In addition, a comparison was made between the male and female note writers in the relationally-motivated sample. There were substantial differences between the relationally motivated sample and the overall sample. In addition, there were striking male/female differences within the relationally motivated sample. These findings and their clinical implications will be discussed.

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

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

Christi Duette Luby

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

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

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[http://www.esc19.net/brac/military\\_family\\_resources/Children\\_of\\_MilitaryServiceMembers\\_RER\\_INPR\\_ESS091211.pdf](http://www.esc19.net/brac/military_family_resources/Children_of_MilitaryServiceMembers_RER_INPR_ESS091211.pdf)

### **The Children of Military Service Members: Challenges, Supports, and Future Educational Research.**

Kris M. Tunac De Pedro, University of Southern California

Ron Avi Astor, University of Southern California

Rami Benbenishty, Bar Ilan University, Israel

Jose Nunez Estrada, San Diego State University

Gabrielle De Joie Smith, University of Southern California

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REVIEW OF EDUCATIONAL RESEARCH - IN PRESS

In print-- DECEMBER 2011 Issue

The wars in Afghanistan and Iraq have led to concerning psychological, behavioral, and academic outcomes for children in military families. Of the 1.2 million school-aged children of military service members, only 86,000 actually attend schools administered by the Department of Defense on military installations throughout the world ("Military K-12 partners," n.d.). The remaining military children attend schools administered by civilian public schools, private schools, and other civilian-run educational agencies. At present, there is a knowledge gap in educational research regarding military-connected schools and students. Given the lack of educational research on military children, the primary objective of this review is to outline findings from non-educational disciplinary empirical literatures that are of direct relevance to schooling for educational researchers who want to conduct studies on military-connected schools and students. The authors reviewed studies on military children and their families that examined links between special circumstances and stressors as well as outcomes that are known to impact students' school experiences. A synthesis of literature generated six themes: mental health in military families, child maltreatment, the impact of deployment on military children and families, the

reintegration experience, war-related trauma of the returning veteran parent, and the experience of Reservist and Guard families in civilian contexts. The article concludes with a heuristic model for future educational research, including linkages to school reform.

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<http://mds.marshall.edu/etd/341/>

### **Effects of Partner Attachment Quality on PTSD Severity with Combat-Exposed Veterans.**

Robert Desmond Shura

Date of Award: 2013

Degree Name: Psychology

College of Liberal Arts, Marshall University

Type of Degree: Psy.D.

Document Type: Dissertation

Posttraumatic stress disorder (PTSD) as a response to a traumatic stressor encompasses re-experiencing, avoidance, and hyperarousal. Although many individuals will experience a traumatic stressor in the course of a lifetime, only a fraction fully develop PTSD. The purpose of this dissertation was to inform the question as to why some develop PTSD as a response to combat exposure and others do not. This study used the PTSD Checklist – Military Version (PCL-M), Trauma Symptom Inventory - 2 (TSI-2) and the Attachment and Clinical Issues Questionnaire (ACIQ) to test if secure partner attachments predict PTSD severity, anger, and somatization. These models were not statistically significant. However, exploratory analysis revealed that poorer peer relationships and a withdrawal pattern of social engagement significantly predict PTSD according to the TSI-2 TRAUMA factor score,  $R^2 = .41$ ,  $F(2, 19) = 6.56$ ,  $p = .007$ . These results suggest that better peer relationships may buffer the negative effects of combat exposure. Treatment implications and future research questions are discussed.

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<http://www.sciencedirect.com/science/article/pii/S1935861X12001477>

### **Effectiveness of deep transcranial magnetic stimulation combined with a brief exposure procedure in post-traumatic stress disorder – A pilot study.**

Moshe Isserles, MD, MSc, Arie Y. Shalev, MD, Yiftach Roth, PhD, Tuvia Peri, PhD, Ilan Kutz, MD, Elad Zlotnick, MSc, Abraham Zangen, PhD

Brain Stimulation, Available online 18 August 2012

#### Background

Post-traumatic stress disorder (PTSD) is a debilitating anxiety disorder induced by traumatic experiences. To date, psychotherapy and drug treatment achieve only partial success, indicating need for further development of treatment strategies.



Recent research has found that impaired acquired fear extinction capability serves as an important factor at the pathogenesis of the disorder. Medial prefrontal cortex (mPFC) hypo-activity has been implicated in this extinction impairment, providing insight as to why some trauma exposed individuals will develop PTSD.

#### Objective

To test whether fear extinction can be facilitated and therapeutic effect achieved by repeated mPFC deep transcranial magnetic stimulation (DTMS) of PTSD patients resistant to standard treatment.

#### Methods

In a double-blind study, 30 PTSD patients were enrolled and randomly assigned into 3 treatment groups: A) DTMS after brief exposure to the traumatic event with the script-driven imagery procedure; B) DTMS after brief exposure to a non-traumatic event; C) sham stimulation after brief exposure to the traumatic event.

#### Results

Significant improvement was demonstrated in the intrusive component of the CAPS scale in patients administered DTMS after exposure to the traumatic event script, while patients in the control groups showed no significant improvement. Similar trend was demonstrated in the Total-CAPS score as in the other rating scales. A significant reduction in the HR response to the traumatic script was evident in group A, further supporting the above results.

#### Conclusions

Combining brief script-driven exposure with DTMS can induce therapeutic effects in PTSD patients. A wide multi-center study is suggested to substantiate these findings.

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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.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/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/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/art00012>

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

Authors: Sirratt, 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/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.tandfonline.com/doi/abs/10.1080/00450618.2012.713002>

**PTSD: Another Forensic Epidemic of Pseudo-illness.**

David Samuel Bell, John Reginald Champion

Australian Journal of Forensic Sciences

Version of record first published: 17 Aug 2012

In June 2011, a ministerial Review of Injury Management Practices in the New South Wales Police Force revealed a rapidly growing epidemic of psychiatric disorder. It mirrors a previous Australian epidemic of pseudo-illness impelled by forensic forces known as RSI. The history of its development and eventual demise provides insights into the influences behind the current epidemic.

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<http://www.biomedcentral.com/1471-244X/12/125/abstract>

**Preventing relapse in recurrent depression using mindfulness-based cognitive therapy, antidepressant medication or the combination: trial design and protocol of the MOMENT study.**

Marloes J Huijbers, Jan Spijker, A. Rogier T Donders, Digna JF van Schaik, Patricia van Oppen, Henricus G Ruhé, Marc BJ Blom, Willem A Nolen, Johan Ormel, Gert Jan van der Wilt, Willem Kuyken, Philip Spinhoven and Anne EM Speckens

BMC Psychiatry 2012, 12:125

Published: 27 August 2012

#### Background

Depression is a common psychiatric disorder characterized by a high rate of relapse and recurrence. The most commonly used strategy to prevent relapse/recurrence is maintenance treatment with antidepressant medication (mADM). Recently, it has been shown that Mindfulness-Based Cognitive Therapy (MBCT) is at least as effective as mADM in reducing the relapse/recurrence risk. However, it is not yet known whether combination treatment of MBCT and mADM is more effective than either of these treatments alone. Given the fact that most patients have a preference for either mADM or for MBCT, the aim of the present study is to answer the following questions. First, what is the effectiveness of MBCT in addition to mADM? Second, how large is the risk of relapse/recurrence in patients withdrawing from mADM after participating in MBCT, compared to those who continue to use mADM after MBCT?

#### Methods

Two parallel-group, multi-center randomized controlled trials are conducted. Adult patients with a history of depression (3 or more episodes), currently either in full or partial remission and currently treated with mADM (6 months or longer) are recruited. In the first trial, we compare mADM on its own with mADM plus MBCT. In the second trial, we compare MBCT on its own, including tapering of mADM, with mADM plus MBCT. Follow-up assessments are administered at 3-month intervals for 15 months. Primary outcome is relapse/recurrence. Secondary outcomes are time to, duration and severity of relapse/recurrence, quality of life, personality, several process variables, and incremental cost-effectiveness ratio.

#### Discussion

Taking into account patient preferences, this study will provide information about a) the clinical and cost-effectiveness of mADM only compared with mADM plus MBCT, in patients with a preference for mADM, and b) the clinical and cost-effectiveness of withdrawing from mADM after MBCT, compared with mADM plus MBCT, in patients with a preference for MBCT.

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<http://www.ncbi.nlm.nih.gov/pubmed/22917752?dopt=Abstract>

Drug Alcohol Depend. 2012 Aug 20. [Epub ahead of print]

**The relative and unique contributions of emotion dysregulation and impulsivity to posttraumatic stress disorder among substance dependent inpatients.**

Weiss NH, Tull MT, Anestis MD, Gratz KL.

Source: Jackson State University, Department of Psychology, 1325 J.R. Lynch Street, Jackson, MS 39217, USA.

Abstract

**BACKGROUND:**

Despite elevated rates of posttraumatic stress disorder (PTSD) among substance use disorder (SUD) patients, as well as the clinical relevance of this co-occurrence, few studies have examined psychological factors associated with a PTSD-SUD diagnosis. Two factors worth investigating are emotion dysregulation and impulsivity, both of which are associated with PTSD and SUDs. Therefore, this study examined associations between PTSD and facets of emotion dysregulation and impulsivity within a sample of trauma-exposed SUD inpatients.

**METHODS:**

Participants were an ethnically diverse sample of 205 SUD patients in residential substance abuse treatment. Patients were administered diagnostic interviews and completed a series of questionnaires.

**RESULTS:**

Patients with PTSD (n=58) reported significantly higher levels of negative urgency (i.e., the tendency to engage in impulsive behaviors when experiencing negative affect) and lower sensation seeking, as well as higher levels of emotion dysregulation and the specific dimensions of lack of emotional acceptance, difficulties engaging in goal-directed behavior when upset, difficulties controlling impulsive behaviors when distressed, limited access to effective emotion regulation strategies, and lack of emotional clarity. Further, overall emotion dysregulation emerged as a significant predictor of PTSD status, accounting for unique variance in PTSD status above and beyond facets of impulsivity (as well as other relevant covariates).

**CONCLUSIONS:**

Results suggest that emotion dysregulation may contribute to the development, maintenance, and/or exacerbation of PTSD and highlight the potential clinical utility of targeting emotion dysregulation among SUD patients with PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/22917742?dopt=Abstract>

Clin Psychol Rev. 2012 Jul 20;32(7):630-641. [Epub ahead of print]

**A consideration of select pre-trauma factors as key vulnerabilities in PTSD.**

Bomyea J, Risbrough V, Lang AJ.

Source: San Diego State University/University of California, San Diego, Joint Doctoral Program in Clinical Psychology, La Jolla, CA, USA.

## Abstract

Posttraumatic stress disorder (PTSD) is a pathological response to a traumatic event. A number of risk and vulnerability factors predicting PTSD development have been identified in the literature. Many of these variables are specific factors occurring during and after exposure to a traumatic event or are not measured prospectively to assess temporal sequence. Recent research, however, has begun to focus on pre-trauma individual differences that could contribute to risk for developing PTSD. The present review proposes that a number of biological and cognitive vulnerability factors place individuals at risk for PTSD development prior to the actual experience of trauma. Accordingly, this review provides a summary of evidence for a select number of these factors as pre-trauma vulnerabilities to PTSD. Included is a discussion of biological factors, including molecular genetic studies of systems regulating serotonin, catecholamines, and glucocorticoids as well as aspects of the neuroendocrine system. Specific cognitive factors are also considered, including intelligence, neuropsychological functioning and cognitive biases such as negative attributional style and appraisals. For each factor, the present review summarizes evidence to date regarding PTSD vulnerability and highlights directions for future research in this area.

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<http://www.ncbi.nlm.nih.gov/pubmed/22537073?dopt=Abstract>

Memory. 2012 May;20(4):346-57. Epub 2012 Mar 9.

### **Time-course of eye movement-related decrease in vividness and emotionality of unpleasant autobiographical memories.**

Smeets MA, Dijks MW, Pervan I, Engelhard IM, van den Hout MA.

Source: Clinical & Health Psychology, Utrecht University, Utrecht, The Netherlands.  
m.a.m.smeets@uu.nl

## Abstract

The time-course of changes in vividness and emotionality of unpleasant autobiographical memories associated with making eye movements (eye movement desensitisation and reprocessing, EMDR) was investigated. Participants retrieved unpleasant autobiographical memories and rated their vividness and emotionality prior to and following 96 seconds of making eye movements (EM) or keeping eyes stationary (ES); at 2, 4, 6, and 10 seconds into the intervention; then followed by regular larger intervals throughout the 96-second intervention. Results revealed a significant drop compared to the ES group in emotionality after 74 seconds compared to a significant drop in vividness at only 2 seconds into the intervention. These results support that emotionality becomes reduced only after vividness has dropped. The results are discussed in light of working memory theory and visual imagery theory, following which the regular refreshment of the visual memory needed to maintain it in working memory is interfered with by eye movements that also tax working memory, which affects vividness first.



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<http://www.ncbi.nlm.nih.gov/pubmed/22910478?dopt=Abstract>

Psychiatry Res. 2012 Aug 18. [Epub ahead of print]

**Do PTSD symptoms and trauma-related cognitions about the self constitute a vicious cycle? Evidence for both cognitive vulnerability and scarring models.**

Shahar G, Noyman G, Schnidel-Allon I, Gilboa-Schechtman E.

Source: The Stress, Risk, and Resilience Lab, Department of Psychology, Ben-Gurion University of the Negev, Israel; Department of Psychiatry, Yale University School of Medicine, Israel.

Abstract

Cognitive models of PTSD posit that negative cognitions regarding self and world underlie the disorder. In contrast, scarring models - which postulate that distress brings about an elevation in vulnerability - predict the inverse relationship. Both models were tested amongst 156 Israeli trauma victims. Participants were assessed for PTSD symptoms and trauma-related cognitions (negative thoughts regarding self and world) over 2 weeks (T1), 4 weeks (T2), and 12 weeks (T3) following the traumatic event. A cross-lagged structural equation modeling analysis yielded evidence for both cognitive vulnerability and scarring. Baseline PTSD was prospectively associated with an increase in negative cognitions regarding both self and world during the T1-T2 period. Negative cognitions regarding the self were prospectively associated with an increase in PTSD symptoms during both T1-T2 and T2-T3 periods. PTSD symptoms and negative cognitions regarding the self thus appear to form a vicious cognitive-symptomatic cycle which might impede recovery.

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<http://www.ncbi.nlm.nih.gov/pubmed/22910447?dopt=Abstract>

J Affect Disord. 2012 Aug 18. [Epub ahead of print]

**The effects of temporal unpredictability in anticipation of negative events in combat veterans with PTSD.**

Simmons AN, Flagan TM, Wittmann M, Strigo IA, Matthews SC, Donovan H, Lohr JB, Paulus MP.

Source: Research Service, VA San Diego Healthcare System, San Diego, CA 92130, United States; Psychiatry Service, VA San Diego Healthcare System, San Diego, CA, United States; VA Center of Excellence for Stress and Mental Health (CESAMH), San Diego, CA, United States; Department of Psychiatry, University of California, San Diego, La Jolla, CA, United States.

Abstract

#### BACKGROUND:

Exposure to psychological stress during combat can lead to posttraumatic stress disorder (PTSD). Anticipation of aversive events is often associated with an intense emotional state in individuals with PTSD. Both the valence (i.e., positive or negative) of the anticipated event and the degree of temporal predictability (i.e., one's ability to predict when an event will occur) have profound effects on an individual's emotional experience. This investigation tested the hypothesis that individuals with combat-related PTSD would show increased activation in the insula and related emotion-processing circuitry when anticipating emotionally significant events such as portrayed in combat-related images, and this heightened response within the insula would be particularly enhanced during temporal unpredictability.

#### METHODS:

About 15 male veterans with PTSD and 15 male veterans with combat-exposure but no current or lifetime history of PTSD (combat exposed controls/CEC) performed a temporal unpredictability anticipation task of unpleasant (combat-related) and pleasant images during fMRI.

#### RESULTS:

As expected, greater activation in the bilateral anterior insulae was observed in the PTSD versus the CEC subjects during anticipation of combat-related images when the anticipatory period was of uncertain duration ( $p < 0.05$ ). Furthermore, activation in the right anterior insula was related to greater perceived threat in the CEC group ( $\rho = 0.619$ ).

#### LIMITATIONS:

The current study looks only at combat-related PTSD in a modest preliminary sized sample.

#### CONCLUSIONS:

These findings suggest that an excessive anticipatory reaction in individuals with PTSD to temporally unpredictable aversive stimulus may relate to greater perceived threat. These findings are concordant with psychological models of PTSD that focus on the association of PTSD with the experience of decreased predictability and control.

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<http://www.ncbi.nlm.nih.gov/pubmed/22905786?dopt=Abstract>

Neuropsychol Rehabil. 2012 Aug 21. [Epub ahead of print]

#### **Patients' experience of return to work rehabilitation following traumatic brain injury: A phenomenological study.**

Hooson JM, Coetzer R, Stew G, Moore A.

Source: North Wales Brain Injury Service , Colwyn Bay Hospital , Colwyn Bay , UK.

Abstract

Many persons with traumatic brain injury (TBI) are young adults who, prior to their TBI, were in paid employment. Psychosocial outcome after TBI, for many, remains poor. This includes low rates of return to pre-injury work or education, among others. This qualitative study explored the experience of return to work (RTW) rehabilitation with 10 individuals who sustained TBI. Data were collected from semi-structured interviews. Transcripts were analysed using interpretative phenomenological analysis (IPA). Some of the main findings from this study included the following: Individuals find the RTW experience difficult and painful. They experience a distinct grief reaction in the process of exploring re-engagement in occupation following TBI. In view of these and other findings, changes to RTW rehabilitation should be considered to facilitate the optimal support for patients with TBI engaging in the RTW rehabilitation process.

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<http://www.ncbi.nlm.nih.gov/pubmed/22903909?dopt=Abstract>

Psychol Psychother. 2012 Jun;85(2):179-202. doi: 10.1111/j.2044-8341.2011.02026.x. Epub 2011 Jun 20.

**Group music therapy for patients with persistent post-traumatic stress disorder - an exploratory randomized controlled trial with mixed methods evaluation.**

Carr C, d'Ardenne P, Sloboda A, Scott C, Wang D, Priebe S.

Source: East London Foundation NHS Trust, London, UK Unit for Social and Community Psychiatry, Queen Mary, University of London Guildhall School of Music & Drama, London, UK London School of Hygiene and Tropical Medicine, London, UK.

Abstract

**Objectives.** Not all patients with post-traumatic stress disorder (PTSD) respond to cognitive behavioural therapy (CBT). Literature suggests group music therapy might be beneficial in treating PTSD. However, feasibility and effectiveness have not been assessed. The study objectives were to assess whether group music therapy was feasible for patients who did not respond to CBT, and whether it has an effect on PTSD symptoms and depression. **Design.** The study employed mixed methods comprising of an exploratory randomized controlled trial, qualitative content analysis of therapy, and patient interviews. **Method.** Patients with significant PTSD symptoms (n= 17) following completion of CBT were randomly assigned to treatment (n= 9) or control groups (n= 8). The treatment group received 10 weeks of group music therapy after which exit interviews were conducted. Control group patients were offered the intervention at the end of the study. Symptoms were assessed on the Impact of Events Scale-Revised and Beck Depression Inventory II at the beginning and end of treatment. **Results.** Treatment-group patients experienced a significant reduction in severity of PTSD symptoms (-20.18; 95% confidence interval [CI]: [-31.23, -9.12]) and a marginally significant reduction in depression (-11.92; 95%CI: [-24.05, 0.21]) at 10 weeks from baseline compared to the control. Patients viewed music therapy as helpful and reported experiences concur with current literature. **Conclusions.** Group music therapy appears feasible and effective for PTSD patients who have not sufficiently responded to CBT.

Limitations include the small sample size and lack of blinding. Further research should address these limitations, test sustainability, and identify specific factors that address symptoms in treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/22903886?dopt=Abstract>

Psychol Psychother. 2011 Dec;84(4):458-75. doi: 10.1111/j.2044-8341.2010.02012.x. Epub 2011 May 18.

### **How do clients experience reliving as part of trauma-focused cognitive behavioural therapy for posttraumatic stress disorder?**

Shearing V, Lee D, Clohessy S.

Source: Isis Education Centre, Warneford Hospital, Oxford, UK.

#### **Abstract**

**Objectives.** Reliving is an integral part of trauma-focused cognitive-behavioural therapy (CBT), a recommended treatment for post-traumatic stress disorder (PTSD) with a convincing evidence base supporting its use. However, the literature suggests that clinicians are reluctant to use reliving in therapy. The aim of this study was to explore participants' experiences of undergoing reliving as part of CBT for PTSD in order to further clinicians' understanding of client experiences of reliving. **Design.** This was a qualitative study. Semi-structured interviews were conducted and the transcripts analyzed using interpretative phenomenological analysis (IPA) (Smith, Jarman, & Osborn, 1999). **Method.** Seven participants who had completed the reliving component of trauma-focused CBT in the previous month were recruited through therapists working in specialist trauma services, and semi-structured interviews were conducted using a topic guide. The transcripts were analyzed using IPA to enable the research questions to be addressed. **Results.** Three super-ordinate themes and 11 subordinate themes were developed to reflect participants' common and distinct experiences. The three super-ordinate themes were 'overcoming ambivalence', 'painful but achievable', and 'positive change'. **Conclusions.** This study provided useful information about participants' experiences of reliving during CBT for PTSD. Clinical implications regarding the therapeutic relationship, preparing clients for reliving, and the impact of reliving were suggested. Implications for future research were identified including extending the scope of the study, exploring differences in participants' experiences, and exploring unexpected findings.

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<http://www.ncbi.nlm.nih.gov/pubmed/22900850?dopt=Abstract>

Memory. 2012 Aug 17. [Epub ahead of print]

**The many facets of meaning making: Comparing multiple measures of meaning making and their relations to psychological distress.**

Waters TE, Shallcross JF, Fivush R.

Source: Department of Psychology , Emory University , Atlanta , GA , USA.

Abstract

The goals of the present study were to (1) provide a first examination of the potential overlap/independence of three meaning making constructs emerging from distinct literatures, (2) examine those meaning making constructs in relation to psychological distress and (3) assess the extent to which these constructs relate to unique variance regarding psychological distress. Multiple measures of meaning making, including narrative coherence, cognitive mechanisms, narrative theme and post-traumatic growth, and their relations to psychological distress, measured as PTSD and depression, were compared in narratives written by university undergraduates regarding their most traumatic events. Results show that growth, elements of narrative coherence and narrative theme independently relate to PTSD, but not to depression. Stepwise multiple regression analyses and partial correlations suggest that the inclusion of multiple measures of meaning making account for additional variance within psychological distress. These findings suggest that meaning making is multifaceted.

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<http://www.ncbi.nlm.nih.gov/pubmed/22899235?dopt=Abstract>

J Clin Psychol. 2012 Aug 15. doi: 10.1002/jclp.21902. [Epub ahead of print]

**Association of Cotherapy Supervision With Client Outcomes, Attrition, and Trainee Effectiveness in a Psychotherapy Training Clinic.**

Tanner MA, Gray JJ, Haaga DA.

Source: American University.

Abstract

OBJECTIVE:

Cotherapy supervision has been hypothesized to enhance client outcomes and trainee effectiveness, but there is little empirical evidence relevant to either claim. This study tested both hypotheses, using data from the supervision of psychology doctoral students conducting cognitive behavioral therapy in a university-based clinic.

#### METHOD:

Groups of clients treated by supervisor-trainee duos and groups of clients treated by solo trainees with varying exposure to cotherapy supervision were compared on changes in symptoms as measured with the Outcome Questionnaire (OQ-45) and on dropout rates.

#### RESULTS:

Clients showed statistically significant reductions in symptoms from pretreatment to posttreatment. However, there were no significant group differences in the magnitude of change or in client retention.

#### CONCLUSIONS:

No support was obtained for the hypothesized benefits of cotherapy supervision. Clients treated by a cotherapy (supervisor and supervisee) team did not improve more than did clients treated by solo trainees. Furthermore, clients treated by (solo) trainees who had received cotherapy supervision did not improve more than did clients treated by trainees who had not received cotherapy supervision.

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<http://www.ncbi.nlm.nih.gov/pubmed/22898873?dopt=Abstract>

Aggress Behav. 2012 Sep;38(5):357-67. doi: 10.1002/ab.21436. Epub 2012 Jul 2.

#### **Factors Associated With Physical Aggression Among US Army Soldiers.**

Gallaway MS, Fink DS, Millikan AM, Bell MR.

Source: Behavioral and Social Health Outcomes Program (BSHOP), US Army Institute of Public Health, US Army Public Health Command, Aberdeen Proving Ground, Aberdeen, Maryland.

#### Abstract

There are a growing number of studies that have approximated levels of aggression and associated outcomes among combat veterans returning from Iraq and Afghanistan using brief screening assessments. However, further research to evaluate the relative role of combat exposures and overt physical behaviors is required to further elucidate potential associations between military service, combat deployment, and overt physical aggression. The purpose of the current study was to assess the prevalence of self-reported physical aggression in a sample of US Army soldiers using an adaptation of the Revised Conflict Tactics Scale (CTS2), and examine factors associated with higher levels of aggression. A population-based cross-sectional study was conducted at a single US Army Installation within a sample of active duty US Army soldiers (n = 6,128) from two large units. Anonymous surveys were collected 6 months following deployment to measure overt aggressive behaviors, posttraumatic stress disorder, anxiety, depression, traumatic brain injury, and misuse of alcohol. There were a relatively higher number of minor and severe physical overt aggressive actions reported among soldiers who previously deployed, notably highest among deployed soldiers reporting the highest levels of

combat intensity. Soldiers screening positive for the misuse of alcohol were also significantly more likely to report relatively higher levels of physical aggression. This study quantified overt aggressive behaviors and associated factors, showing increasing combat exposures may result in increased physical aggression. Clinicians treating service members returning from combat may consider assessing relative levels of combat. *Aggr. Behav.* 38:357-367, 2012. Published 2012 Wiley Periodicals, Inc.†

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<http://www.ncbi.nlm.nih.gov/pubmed/22897407?dopt=Abstract>

*Brain Inj.* 2012 Aug 16. [Epub ahead of print]

**Relational dimension of irritability following traumatic brain injury: A qualitative analysis.**

Hammond FM, Davis CS, Cook JR, Philbrick P, Hirsch MA.

Source: Carolinas Rehabilitation, Carolinas Healthcare System, Charlotte, NC, USA.

**Abstract**

Background: Irritability is a common long-term sequelae of traumatic brain injury (TBI). In a prior study on TBI irritability, relational interactions were one of four dimensions of irritability occurrence and precipitation. This present analysis examines these same data in greater detail. Methods: Fifty focus group transcripts from a study on irritability were re-analysed to examine: (1) irritability in spousal relationships following TBI, (2) retrospective accounts of spousal interactions contributing to irritability and (3) impact of irritability on marital relationships. Grounded Theory was used to develop themes, metacodes and theories. Results: Several theories emerged regarding irritability with respect to spousal relations, all based on the overarching theory that irritability in people with TBI has a strong relational component involved in triggering, experiencing and preventing irritability. Sub-theories supporting this include: (1) irritability breeds further irritability, (2) spousal responses can trigger irritability among persons with TBI and vice versa, (3) difficulties making emotional connections may incite negative interactions, (4) expectations of others may contribute to irritable behaviour, and (5) communication breakdowns may provoke irritability. Conclusions: Irritability associated with TBI resides in the family system as well as the individual. In treating irritability one should include comprehensive assessment and assistance to improve interpersonal interactions.

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<http://www.ncbi.nlm.nih.gov/pubmed/22899708?dopt=Abstract>

*Biol Res Nurs.* 2012 Aug 15. [Epub ahead of print]

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

Lee EA, Theus SA.

Source: University of Tennessee Health Science Center, Memphis, TN, USA.

#### Abstract

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://www.ncbi.nlm.nih.gov/pubmed/22898446?dopt=Abstract>

Gen Hosp Psychiatry. 2012 Aug 13. [Epub ahead of print]

#### **The effects of age on initiation of mental health treatment after positive PTSD screens among Veterans Affairs primary care patients.**

Lu MW, Carlson KF, Duckart JP, Dobscha SK.

Source: Mental Health and Neurosciences Division, Portland VA Medical Center, Portland, OR, USA; Department of Psychiatry, Oregon Health & Science University, Portland, OR, USA.

#### Abstract

##### OBJECTIVE:

The objective was to examine differences by age in mental health treatment initiation in Veterans Health Administration (VA) primary care patients after positive posttraumatic stress disorder (PTSD) screens.



#### METHODS:

This was a retrospective cohort study of 71,039 veterans who were administered PTSD screens during primary care encounters in 2007 at four Pacific Northwest VA medical center sites and who had no specialty mental health clinic visits or PTSD diagnoses recorded in the year before screening. Main outcome measures were attendance of any specialty mental health clinic visits or receipt of any antidepressant medication in the year after a positive PTSD screen.

#### RESULTS:

Older veterans, compared with veterans less than 30 years old, were less likely to attend any specialty mental health visits after positive PTSD screens [adjusted odds ratios (ORs) ranged from .57 to .12, all  $P < .001$ ], and veterans 75 years and older were less likely to receive any antidepressant medication (adjusted OR=.56,  $P < .001$ ).

#### CONCLUSIONS:

Initiation of mental health treatment among veterans who screen positive for PTSD varies significantly by age. Further research should examine whether this is due to differences in base rates of PTSD, treatment preferences, provider responses to screens or other age-related barriers to mental health treatment.

Published by Elsevier Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/22417877?dopt=Abstract>

J Anxiety Disord. 2012 May;26(4):488-501. Epub 2012 Feb 10.

#### **Treating ethnic minority adults with anxiety disorders: current status and future recommendations.**

Carter MM, Mitchell FE, Sbrocco T.

Source: Department of Psychology, American University, Washington, DC 20016, United States.  
mcart@american.edu

#### Abstract

The past three decades have witnessed an increase in the number of empirical investigations examining the phenomenology of anxiety and related conditions. There has also been an increase in efforts to understand differences that may exist between ethnic groups in the expression of the anxiety disorders. In addition, there is now substantial evidence that a variety of treatment approaches (most notably behavioral and cognitive behavioral) are efficacious in remediating anxiety. However, there continues to be comparatively few treatment outcome studies investigating the efficacy of anxiety treatments among minority populations. In this paper, we review the extant treatment outcome research for African American, Hispanic/Latino[a] American, Asian American, and Native Americans suffering with one of the anxiety disorders. We discuss some of the specific problems with the research in this area, and then

provide specific recommendations for conducting treatment outcome research with minority populations in the future.

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<http://www.ncbi.nlm.nih.gov/pubmed/22922233>

J Nerv Ment Dis. 2012 Aug 23. [Epub ahead of print]

### **Anxiety and Depression in Marines Sent to War in Iraq and Afghanistan.**

Booth-Kewley S, Highfill-McRoy RM, Larson GE, Garland CF, Gaskin TA.

Source: Naval Health Research Center, San Diego, CA; †Department of Family and Preventive Medicine and Moores UCSD Cancer Center, University of California, San Diego; and ‡Headquarters, US Marine Corps, Combat Operational Stress Control, Quantico, VA.

#### Abstract

ABSTRACT: Although the effects of combat deployment on posttraumatic stress disorder have been extensively studied, little is known about the effects of combat deployment on depression and anxiety. This study examined the factors associated with anxiety and depression in a sample of 1560 US Marines who were deployed to Iraq and Afghanistan. Eleven demographic and psychosocial factors were studied in relation to depression and anxiety. Five factors emerged as significant in relation to depression: deployment-related stressors, combat exposure, attitudes toward leadership, mild traumatic brain injury symptoms, and marital status. The same factors, with the exception of marital status, emerged as significant in relation to anxiety. Deployment-related stressors had a stronger association with both depression and anxiety than any other variable, including combat exposure. This finding is important because deployment-related stressors are potentially modifiable by the military.

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<http://www.ncbi.nlm.nih.gov/pubmed/22926353>

Med Glas Ljek komore Zenicko-doboj kantona. 2012 Aug;9(2):218-22.

### **Evaluation of cortisol level and cell-mediated immunity response changes in individuals with post-traumatic stress disorder as a consequence of war.**

Masoudzadeh A, Modanloo Kordi M, Ajami A, Azizi A.

Source: Department of Psychiatry and Research Center and Behavioral Sciences, Mazandaran University of Medical Sciences, 2Mazandaran University of Medical Sciences, 3Immunology Department, School of Medicine, Mazandaran University of Medical Sciences; Sari, 4Private Psychiatric Practice, Bandarabbas; Iran.

## Abstract

**Aim** To investigate the level of blood and urine cortisol and cell mediated immunity response changes among patients with posttraumatic stress disorder resulting from war. **Method** In this case-control study, 20 patients with post traumatic stress disorder (PTSD) with the mean age of 41.9+7.6 and 20 healthy individuals (control group) with the mean age of 42.4+7.6 were compared. At the beginning, 24-hour urine and blood samples were obtained, and three antigens, tuberculosis, tetanus and candida were injected sub-cutaneously. Skin reaction was evaluated for each of the injections. Analysis was performed using t-test. **Results** There was a significant increase regarding cell-mediated immunity in cases in comparison with the controls ( $p = 0.017$ ) and also a significant increase of blood cortisol was observed in cases ( $p = 0.003$ ). There was no significant difference in two groups regarding urine cortisol level. **Conclusion** This study showed that there was a significant difference in the activation of cell-mediated immunity in PTSD patients as compared to the control group. This increase in activity was not due to the influence of life stressors or intensity of illness signs or following illnesses. It is recommended to study and treat the autoimmune disease in PTSD patients more seriously in the countries like Iran that were involved in war problems.

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<http://www.ncbi.nlm.nih.gov/pubmed/22924892>

Suicide Life Threat Behav. 2012 Aug;42(4):453-69. doi: 10.1111/j.1943-278X.2012.00104.x.

### **Suicide and War: The Mediating Effects of Negative Mood, Posttraumatic Stress Disorder Symptoms, and Social Support among Army National Guard Soldiers.**

Griffith J.

Source: James Griffith, Army National Guard, Damascus, MD, USA.

## Abstract

The mediating effects of posttraumatic stress disorder (PTSD) symptoms, negative mood, and social support on the relationship of war experiences to suicidality were examined. The research literature suggested a sequence among study scales representing these constructs, which was then tested on survey data obtained from a sample of National Guard soldiers ( $N = 4,546$ ). Results from structural equation modeling suggested that war experiences may precipitate a sequence of psychological consequences leading to suicidality. However, suicidality may be an enduring behavioral health condition. War experiences showed no direct effects on postdeployment suicidality, rather its effect was indirect through PTSD symptoms and negative mood. War experiences were, however, predictive of PTSD symptoms, as would be expected. PTSD symptoms showed no direct effect on postdeployment suicidality, but showed indirect effects through negative mood. Results also suggested that suicidality is relatively persistent, at least during deployment and postdeployment. The percentage of those at risk for suicide was low both during and after deployment, with little association between suicidality and time since returning from deployment. Additionally, few soldiers were initially nonsuicidal and then

reported such symptoms at postdeployment. Implications of relationships of both negative mood and combat trauma to suicidality are discussed, as well as possible mediating effects of both personal dispositions and social support on relationships of war experiences to PTSD, negative mood, and suicidality.

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<http://www.ncbi.nlm.nih.gov/pubmed/22924422>

J Fam Psychol. 2012 Aug 27. [Epub ahead of print]

**Impact of Posttraumatic Stress Disorder on the Relationship Quality and Psychological Distress of Intimate Partners: A Meta-Analytic Review.**

Lambert JE, Engh R, Hasbun A, Holzer J.

Abstract

The authors conducted a meta-analysis of the literature on associations between trauma survivors' PTSD symptoms and the (a) relationship quality and (b) psychological distress of intimate partners. Results yielded a small combined effect size ( $r = -.24$ ) for the association between PTSD and partners' perceived relationship quality. Gender and military status moderated this association with a larger effect size for female partners of male trauma survivors than for male partners of female trauma survivors and a larger effect size for military samples than for civilians. The effect size of the association between PTSD and partners' psychological distress was moderate in magnitude ( $r = .30$ ). Analysis of hypothesized moderators indicated this association was stronger among military than civilian samples. The association was also stronger among samples of survivors who experienced traumatic events in the more distant past compared with those who experienced more recent events. Results support the systemic impact of one family member's PTSD symptoms and highlight areas for future research. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/22923386>

Qual Health Res. 2012 Aug 24. [Epub ahead of print]

**Posttraumatic Stress Disorder Patients' Experiences of Hope.**

Levi O, Liechtentritt R, Savaya R.

Abstract

In this qualitative study we examined the experience and perception of hope of 10 Israeli soldiers with chronic posttraumatic stress disorder (PTSD), with the goal of achieving an understanding of the

manners in which hope intertwines with trauma. The results indicate that hope is an integrative, changing, multidimensional phenomenon which plays a unique role in the individual's life. Viewing hope as a crucial aspect of human life was further evident when participants referred to the traumatic event. Hope and trauma are interconnected phenomena. The form of hope a person possesses thus shapes the manner in which the traumatic event is perceived, whereas the trauma clearly reshapes the individual's form of hope. We discuss practical implications for treatment of chronic PTSD, based on the important role of hope at times of trauma, as well as on the interrelation between hope and trauma.

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<http://www.ncbi.nlm.nih.gov/pubmed/22921454?dopt=Abstract>

Biol Psychiatry. 2012 Aug 23. [Epub ahead of print]

### **Effect of Cognitive-Behavioral Therapy on Neural Correlates of Fear Conditioning in Panic Disorder.**

Kircher T, Arolt V, Jansen A, Pyka M, Reinhardt I, Kellermann T, Konrad C, Lueken U, Gloster AT, Gerlach AL, Ströhle A, Wittmann A, Pfleiderer B, Wittchen HU, Straube B.

Source: Department of Psychiatry and Psychotherapy, Philipps-University Marburg, Marburg, Germany; Department of Psychiatry, Psychotherapy, and Psychosomatics, Medical School, Rheinisch-Westfälische Technische Hochschule (RWTH), Aachen, Germany.

#### Abstract

##### BACKGROUND:

Learning by conditioning is a key ability of animals and humans for acquiring novel behavior necessary for survival in a changing environment. Aberrant conditioning has been considered a crucial factor in the etiology and maintenance of panic disorder with agoraphobia (PD/A). Cognitive-behavioral therapy (CBT) is an effective treatment for PD/A. However, the neural mechanisms underlying the effects of CBT on conditioning processes in PD/A are unknown.

##### METHODS:

In a randomized, controlled, multicenter clinical trial in medication-free patients with PD/A who were treated with 12 sessions of manualized CBT, functional magnetic resonance imaging (fMRI) was used during fear conditioning before and after CBT. Quality-controlled fMRI data from 42 patients and 42 healthy subjects were obtained.

##### RESULTS:

After CBT, patients compared to control subjects revealed reduced activation for the conditioned response (CS+ > CS-) in the left inferior frontal gyrus (IFG). This activation reduction was correlated with reduction in agoraphobic symptoms from t1 to t2. Patients compared to control subjects also demonstrated increased connectivity between the IFG and regions of the "fear network" (amygdalae, insulae, anterior cingulate cortex) across time.

## CONCLUSIONS:

This study demonstrates the link between cerebral correlates of cognitive (IFG) and emotional ("fear network") processing during symptom improvement across time in PD/A. Further research along this line has promising potential to support the development and further optimization of targeted treatments.

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<http://www.ncbi.nlm.nih.gov/pubmed/22920041?dopt=Abstract>

Expert Opin Emerg Drugs. 2012 Sep;17(3):295-8.

### **Update on emerging drugs for insomnia.**

Sullivan S.

Source: Stanford University School of Medicine, Department of Psychiatry , Palo Alto, CA , USA +1 650 723 6601 ; shannon.s.sullivan@stanford.edu.

#### Abstract

In recent years, there has been no evidence that the problem of chronic insomnia has faded in the least in US adults; on the contrary, a recent estimate of annual lost productivity due to insomnia was \$63.2 billion dollars. However, the proportion of insomniacs who are treated continues to be low, indicating the need for continued development and dissemination of effective therapies. Hypnotic drug development has arguably become more focused in recent years, particularly upon the highly anticipated novel target, the orexin (hypocretin) system. Merck's suvorexant (MK-4305) is the first compound of the so-called dual orexin receptor antagonist (DORA) class expected to be submitted for FDA approval, with a new drug application anticipated in 2012. While there has also been some new activity in the modulation of well-characterized targets with well-characterized agents, such as CNS histamine receptors with low-dose doxepin, a decades-old antidepressant and GABA(A) with sublingual zolpidem, experience with melatonin and serotonin modulators suggests that other targets also exist. Diversifying insomnia drug targets may expand possibilities for customizing hypnotic administration to individualized patient presentation and mechanistic underpinnings. In addition, it may offer improved avenues for combining medications with non-drug treatments such as cognitive behavioral therapy for insomnia (CBT-I).

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<http://www.ncbi.nlm.nih.gov/pubmed/22923053?dopt=Abstract>

Curr Psychiatry Rep. 2012 Aug 17. [Epub ahead of print]

### **What Is the Role of Sedating Antidepressants, Antipsychotics, and Anticonvulsants in the Management of Insomnia?**

McCall C, McCall WV.

Source: Wake Forest University School of Medicine, Medical Center Blvd., #2644, Winston-Salem, NC, 27157, USA, cmccall@wakehealth.edu.

#### Abstract

Psychiatric medications such as antidepressants, antipsychotics, and anticonvulsants are commonly prescribed by physicians for the off-label use of improving sleep. Reasons for preferential prescription of these medications over FDA-approved insomnia drugs may include a desire to treat concurrent sleep problems and psychiatric illness with a single medication, and/or an attempt to avoid hypnotic drugs due to their publicized side effects. However, there have been few large studies demonstrating the efficacy and safety of most off-label medications prescribed to treat insomnia. In addition, many of these medications have significant known side effect profiles themselves. Here we review the pertinent research studies published in recent years on antidepressant, antipsychotic, and anticonvulsant medications frequently prescribed for sleep difficulties. Although there have been few large-scale studies for most of these medications, some may be appropriate in the treatment of sleep issues in specific well-defined populations.

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<http://www.ingentaconnect.com/content/asma/ asem/2012/00000083/00000009/art00012>

### **Major Depression and Fitness to Fly by Different Aviation Authorities.**

Authors: Vuorio, Alpo; Laukkala, Tanja; Navathe, Pooshan

Source: Aviation, Space, and Environmental Medicine, Volume 83, Number 9, September 2012 , pp. 909-911

Safety issues are paramount in aviation and careful treatment protocols have been developed to ensure fitness to fly among aviators recovering from major depressive episodes (MDE). Aeromedical examiners (AMEs) do not necessarily treat depressive patients frequently, so they often consult psychiatrists; however, psychiatrists are rarely familiar with aviator treatment protocols. U.S., Canadian, and Australian regulations allow several choices among antidepressant drugs for flying pilots recovering from an MDE. Symptom stability times before the possible return to flying duties vary from 4 wk to 12 mo. So far European regulations have not allowed antidepressants, but the situation may change.

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<http://www.springerlink.com/content/n54225604w328pr2/>

### **Resilience in Military Marriages Experiencing Deployment.**

Jared R. Anderson, Yvonne Amanor-Boadu, Sandra M. Stith and Rachel E. Foster

Handbook of Family Resilience

Springer New York, 2013

Separation due to deployment is a hallmark of married life for military couples. As a result of U.S. military engagement in the Middle East since 9/11, known as Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), these separations resulting from military related deployments have become more frequent and longer. According to recent Department of Defense statistics, since September 11, 2001, over two million service members have been deployed, with nearly 800,000 deploying more than once. In total, U.S. troops have deployed 3.3 million times (Tan, 2009). Since 56 % of the nearly 1.5 million service members are married and 71 % of all officers in the military are married, the vast majority of military couples have experienced one or multiple deployments. The most dominant narrative related to the effects of military service in general, and specifically to deployment to combat zones, is that deployment harms personal well-being and marriages, often irreparably (Dao & Einhorn, 2010). However, there is also evidence that deployment seems to have little effect on marital stability (Karney & Crown, 2007), and many report that deployment strengthened their marriage (Kaiser Family Foundation, 2004). The purpose of this chapter is to begin to understand and describe how some marriages are able to be resilient following the stress of deployment.

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### **Links of Interest**

Early bird or night owl? Blood test reads personal body clock

<http://www.latimes.com/health/boostershots/la-sci-sn-body-clock-20120827,0,718683.story>

GW Veterans looks to expand presence

<http://www.gwhatchet.com/2012/08/27/gw-veterans-looks-to-expand-presence/>

Aaron Beck, MD, Receives International Award for Contributions to Medicine

<http://westmorelandtimes.com/news/2012/08/aaron-beck-md-receives-international-award-for-contributions-to-medicine-2808120849170178001/>

Is it Time for Therapy? Warning signs a loved one might need counseling

<http://www.dailyrx.com/warning-signs-loved-one-might-need-counseling>

Crisis Intervention Teams For Vets: Sure Beats Jail

<http://nation.time.com/2012/08/22/crisis-intervention-teams-for-vets-sure-beats-jail/>



How Cops Can Best Deal With Vets

<http://nation.time.com/2012/08/27/how-cops-can-best-deal-with-vets/>

Public Safety De-escalation Tactics for Military Veterans (podcast transcript)

[http://www.cops.usdoj.gov/html/podcasts/the\\_beat/08-2012/TheBeat-082012-Transcript.txt](http://www.cops.usdoj.gov/html/podcasts/the_beat/08-2012/TheBeat-082012-Transcript.txt)

(The podcast is here: [http://www.cops.usdoj.gov/html/podcasts/the\\_beat/08-2012/TheBeat\\_08-2012.mp3](http://www.cops.usdoj.gov/html/podcasts/the_beat/08-2012/TheBeat_08-2012.mp3))

The psychology of heroism: Why some people leap in front of bullets

<http://www.cnn.com/2012/08/13/health/psychology-heroism/index.html>

First opera about Iraq War reaches out to veterans suffering from PTSD

[http://entertainment.nbcnews.com/\\_news/2012/08/01/12971324-first-opera-about-iraq-war-reaches-out-to-veterans-suffering-from-ptsd](http://entertainment.nbcnews.com/_news/2012/08/01/12971324-first-opera-about-iraq-war-reaches-out-to-veterans-suffering-from-ptsd)

Veteran successful in taking on PTSD

<http://www.journal-news.net/page/content.detail/id/583312/Veteran-successful-in-taking-on-PTSD.html>

Survivor Guilt Related to PTSD

[http://riverjournal.com/vivvo/features/veterans/2522-survivorguilt\\_veterans\\_harmelin\\_082012.html](http://riverjournal.com/vivvo/features/veterans/2522-survivorguilt_veterans_harmelin_082012.html)

Army Veteran Overcomes Battle Scars to Play Football for Clemson

<http://www.nola.com/newsflash/index.ssf/story/army-veteran-overcomes-battle-scars-to-play-football-for-clemson-clemson-sc/944b6fa3c68e73b5d55d1dbde34f3ea2>

Wife of alumnus veteran suffers with husband battling PTSD

[http://www.purdueexponent.org/features/article\\_cf0c23bc-4e54-5a05-ac6a-848206f1c678.html](http://www.purdueexponent.org/features/article_cf0c23bc-4e54-5a05-ac6a-848206f1c678.html)

Veterans in the justice system pose special challenges for courts, corrections

[http://blog.oregonlive.com/oregonatwar/2012/08/veterans\\_in\\_the\\_justice\\_system.html](http://blog.oregonlive.com/oregonatwar/2012/08/veterans_in_the_justice_system.html)

Fort Bragg research examines value of virtual reality as PTSD treatment

[http://www.army.mil/article/86183/Fort\\_Bragg\\_research\\_examines\\_value\\_of\\_virtual\\_reality\\_as PTSD\\_treatment/](http://www.army.mil/article/86183/Fort_Bragg_research_examines_value_of_virtual_reality_as PTSD_treatment/)

Zebrafish Study Explains Why the Circadian Rhythm Affects Your Health

<http://www.sciencedaily.com/releases/2012/08/120828073049.htm>

September Army-wide stand down to support suicide prevention

[http://www.army.mil/article/86213/September\\_Army\\_wide\\_stand\\_down\\_to\\_support\\_suicide\\_prevention/](http://www.army.mil/article/86213/September_Army_wide_stand_down_to_support_suicide_prevention/)

Spirituality May Boost Mental Health: Study

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_128572.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_128572.html)

Behavioral health study aims to improve health of the force

[http://www.army.mil/article/86117/Behavioral\\_health\\_study\\_aims\\_to\\_improve\\_health\\_of\\_the\\_force/](http://www.army.mil/article/86117/Behavioral_health_study_aims_to_improve_health_of_the_force/)

Comprehensive Soldier Fitness aims to boost performance, resilience of Soldiers, families

[http://www.army.mil/article/86141/Comprehensive\\_Soldier\\_Fitness\\_aims\\_to\\_boost\\_performance\\_resilience\\_of\\_Soldiers\\_families/](http://www.army.mil/article/86141/Comprehensive_Soldier_Fitness_aims_to_boost_performance_resilience_of_Soldiers_families/)

New Suicide Prevention Therapy Tackles Psychological Trauma

[http://www.health.mil/blog/12-08-20/New\\_Suicide\\_Prevention\\_Therapy\\_Tackles\\_Psychological\\_Trauma.aspx](http://www.health.mil/blog/12-08-20/New_Suicide_Prevention_Therapy_Tackles_Psychological_Trauma.aspx)

Vet Can't Sue U.S. Over Therapist's Sexual Abuse

<http://www.courthousenews.com/2012/08/28/49719.htm>

Women Who Cheat on (or With) Soldiers Get Viciously Outed on Facebook

<http://jezebel.com/5938483/cheat-on-or-with-a-guy-in-the-military-and-you-will-get-shamed-on-facebook>

Air Force vet's dream is medical school; USF's new center could help him get there

<http://www.tampabay.com/news/health/air-force-vets-dream-is-medical-school-usfs-new-center-could-help-him-get/1248612>

Identity crisis: A U.S. veteran and a casualty of war

<http://www.latimes.com/news/nationworld/world/la-oe-meehan-veterans-identity-20120830,0,6900853.story>

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**Research Tip of the Week: [World War II Poster Collection](#) at Northwestern University Library**

The 338 items, primarily World War II-era posters, featured in this site's database were collected and preserved by the Northwestern University Government and Geographic Information and Data Services Department. Issued by various U.S. government agencies, these posters represent the government's effort, through art, illustration, and photographs, to pull the American people together in a time of adversity for the country and its population.

...

The posters were intended for display in libraries, post offices, schools, factories, and other public places. Some address home efforts for conservation of materials and rationing; others exhort workers to greater productivity and quality output; while others warn of the dangers of innocently leaking critical defense information to unsuspected enemy agents (see the Topics list). Women are encouraged to work in factories or military support positions, and instructed how to behave in these situations. Some of the posters are targeted directly at school children, including charts illustrating how specific savings amounts could outfit the equipment and

supplies needed by a brave G.I. soldier. Various series address themes such as nutrition, or investment in war bonds. Some themes were repeated by several government agencies, and some mottoes or insignia appear in a variety of settings, such as the goal of investing "At least 10%" in war bonds.

[Browse or search the collection.](#)



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