



CDP Research Update -- September 6, 2012

What's Here:

- A Positive Psychological Approach to Suicide Risk in a Clinical Sample.
- Perfectionism and Suicide Ideation: An Assessment of the Specific Vulnerability Hypothesis and Stress Generation Model.
- Supporting the Behavioral Health of Returning Service Members and Their Families: Challenges and Opportunities.
- Interaction of Combat Exposure and Unit Cohesion in Predicting Suicide-Related Ideation Among Post-Deployment Soldiers.
- The Posttraumatic Stress Disorder (PTSD) Family Workshop: A Pilot Study of Preliminary Outcomes and Effect Sizes of an Attachment-Based Intervention for Family Members of Veterans with Combat-Related PTSD.
- Telepresence Technology in Divorce and Separation.
- Mental health and somatic symptom severity is associated with reduced physical activity among US Iraq and Afghanistan veterans.
- Exposure to Prescription Drugs Labeled for Risk of Adverse Effects of Suicidal Behavior or Ideation among 100 Air Force Personnel who Died by Suicide, 2006–2009.
- Early Interventions for PTSD: A Review.
- Predictors of Inpatient and Outpatient Healthcare Utilization in Veterans With Traumatic Brain Injury.
- Insomnia treatment acceptability and preferences of male Iraq and Afghanistan combat Veterans and their healthcare providers.
- Combat Veterans: Resiliency in Postsecondary Education Attainment.
- Elimination of PTSD and Psychiatric Symptoms in One to Six Sessions in Two Civilian Women and One Female Iraq War Veteran Using Healing from the Body Level Up (HBLUTM) Methodology, an Energy Psychology Approach.

- Service user perspectives on psychosocial assessment following self-harm and its impact on further help-seeking: A qualitative study.
- Effects of Participation in a Mindfulness Program for Veterans With Posttraumatic Stress Disorder: A Randomized Controlled Pilot Study.
- 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.
- Adjustment of Children and Youth in Military Families: Toward Developmental Understandings.
- Hemicrania Continua Headache in a Veteran with Posttraumatic Stress Disorder and Major Depressive Disorder without Traumatic Brain Injury.
- A coordinate-based meta-analytic model of trauma processing in posttraumatic stress disorder.
- Incidence of Postconcussion Symptoms in Psychiatric Diagnostic Groups, Mild Traumatic Brain Injury, and Comorbid Conditions.
- Understanding the neurobiology of fear conditioning and emergence of posttraumatic stress disorder psychobiology: commentary on blanchard et Al.
- Self-Awareness and Health-Related Quality of Life After Traumatic Brain Injury.
- Non-Pharmacological Treatment of Insomnia.
- Mediators of cognitive-behavioral therapy for insomnia: A review of randomized controlled trials and secondary analysis studies.
- Nocturnal time monitoring behavior ("clock-watching") in patients presenting to a sleep medical center with insomnia and posttraumatic stress symptoms.
- Prediction of Suicide Using Analytic Algorithms.
- Healing Touch With Guided Imagery for PTSD in Returning Active Duty Military: A Randomized Controlled Trial.
- Do Veterans With Posttraumatic Stress Disorder Receive First-Line Pharmacotherapy? Results From the Longitudinal Veterans Health Survey.
- Diagnosing PTSD: Lessons From Neuropsychology.
- Long-term consequences of mild traumatic brain injury.

- Reproductive and Other Health Outcomes in Iraq and Afghanistan Women Veterans Using VA Health Care: Association with Mental Health Diagnoses.
- Making sense of traumatic memories: Memory qualities and psychological symptoms in emerging adults with and without abuse histories.
- Etiopathogenic perspectives on chronic psycho traumatic and chronic psychotic symptoms: The hypothesis of a hyperdopaminergic endophenotype of PTSD.
- Holism at the National Intrepid Center of Excellence (NICoE).
- Quality of life and socio-professional reintegration after mild traumatic brain injury.
- Links of Interest
- Research Tip of the Week: NLM Distance Education Program Resources

<http://dc.library.okstate.edu/utis/getfile/collection/Dissert/id/73842/filename/74533.pdf>

A Positive Psychological Approach to Suicide Risk in a Clinical Sample.

Collin L. Davidson

Submitted to the Faculty of the Graduate College of the Oklahoma State University in partial fulfillment of the requirements for the Degree of
DOCTOR OF PHILOSOPHY
July, 2012

Joiner's (2005) interpersonal-psychological theory of suicidal behavior proposed that individuals who have a desire (due to high levels of thwarted belongingness and perceived burdensomeness) and the acquired capability to die by suicide are at particularly high risk for suicide attempts and completions. Research has also identified constructs that are associated with lower suicide risk (i.e., protective factors) such as hope and optimism. The current study investigated the interpersonal-psychological theory, hope, and optimism in a sample of outpatient therapy-seeking adults. Results were mainly consistent with our hypotheses that the interpersonal-psychological theory would predict higher levels of suicidal ideation and hope and optimism would predict lower levels of the components of Joiner's theory and suicidal ideation.

https://circle.ubc.ca/bitstream/handle/2429/43075/ubc_2012_fall_chen_chang.pdf

Perfectionism and Suicide Ideation: An Assessment of the Specific Vulnerability Hypothesis and Stress Generation Model.

Chang Chen

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS in The Faculty of Graduate Studies (Psychology)
THE UNIVERSITY OF BRITISH COLUMBIA (Vancouver)
August 2012

The relationship between trait perfectionism and suicide behaviours (see Hewitt, Flett, Sherry, & Caelian, 2006; O'Connor, 2007 for reviews) has been reported in many studies and there is very strong evidence that one interpersonal component of perfectionism, socially prescribed perfectionism (i.e., the perception that others require perfection of oneself) is particularly relevant in suicide ideation and attempt among psychiatric adolescents as well as clinical and nonclinical adults (e.g., Enns et al., 2001). However, few studies have examined the mechanism by which trait perfectionism is associated with suicidality. Hewitt and Flett (1993, 2002) suggested that perfectionism can play a moderating role in producing psychopathology by enhancing or exacerbating the aversiveness of congruent or ego-involving stressful events (i.e., Specific Vulnerability Hypothesis). Perfectionistic behaviour also can play a mediating role in its association with psychopathology by contributing to the generation of stress (i.e., Stress Generation Model). Hence, the general purpose of this paper was to examine whether perfectionism generates and interacts with life stress in influencing suicide ideation measured concurrently as well as longitudinally. The current study measured perfectionism traits, stress, depression, hopelessness, and suicide ideation among 437 community adults (mean age=58.6, men=175) six months apart. Consistent with the Specific Vulnerability Hypothesis (Hewitt & Flett, 1993), a significant Perfectionism x Stress interaction was found for self-oriented perfectionism (i.e., striving relentlessly to perfectionistic personal standards) and achievement stress in predicting Time 2 suicide ideation among female participants even after controlling for Time 1 suicide ideation and depression. Socially prescribed perfectionism, however, also interacted significantly with achievement stress to predict Time 2 suicide ideation among female participants, hence providing partial support for Specific Vulnerability Hypothesis. Furthermore, mediational analyses via bootstrapping indicated that stress (i.e., achievement stress, interpersonal stress) mediated the relationship between socially prescribed perfectionism and subsequent levels of suicide ideation for both genders. Together, the current findings support the notion that certain perfectionism traits can act as vulnerability factors that enhance or generate stresses in influencing risk of suicide ideation. Implications of the present findings for understanding the perfectionism-suicide link and assessment and treatment for perfectionistic patients are discussed.

<http://www.amcapstore.com/files/3037114/uploaded/NW.Fall2012final.pdf>

Supporting the Behavioral Health of Returning Service Members and Their Families: Challenges and Opportunities.

David S. Wood, Ph.D.

AMCAP Networker
Association of Mormon Counselors and Psychotherapists
Fall 2012

Veterans often return home with a variety of reactions to the conditions they have been exposed to. Dr. Wood provides information on challenges and opportunities associated with servicing veterans and their families as they seek support and assistance in adjusting to life back at home. He also discusses the nature of and the needs associated with veterans who suffer from Posttraumatic Stress Disorder (PTSD), other disorders, and suicidal ideation.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.2012.00106.x/abstract>

Interaction of Combat Exposure and Unit Cohesion in Predicting Suicide-Related Ideation Among Post-Deployment Soldiers.

MITCHELL, M. M., GALLAWAY, M. S., MILLIKAN, A. M. and BELL, M.

Suicide and Life-Threatening Behavior

Article first published online: 31 AUG 2012

Suicide is one of the leading causes of death among U.S. Army soldiers. Suicide-related ideation, which is associated with suicide attempts and suicide, can cause considerable distress. In a sample of 1,663 recently redeployed soldiers, we used factor analysis and structural equation modeling to test the associations between combat exposure, unit cohesion, and their interaction in predicting suicide-related ideation. We found that combat exposure was a significant risk factor for suicide-related ideation, while unit cohesion was a significant protective factor. The significant interaction between the two factors indicated that soldiers who experienced greater combat exposure but also had higher levels of unit cohesion had relatively lower levels of suicide-related ideation. In addition, those who had higher levels of combat exposure and lower unit cohesion were most at risk for suicide-related ideation. Our findings indicate the importance of unit cohesion in protecting soldiers from suicide-related ideation and suggest a higher risk group of soldiers who should be targeted for interventions.

<http://gradworks.umi.com/3517079.pdf>

The Posttraumatic Stress Disorder (PTSD) Family Workshop: A Pilot Study of Preliminary Outcomes and Effect Sizes of an Attachment-Based Intervention for Family Members of Veterans with Combat-Related PTSD.

Jennifer M. Courtney

A Dissertation

Submitted to the University at Albany, State University of New York in Partial
Fulfillment of the Requirements for the degree of Doctor of Philosophy
School of Social Welfare
2012

Objective:

Social support and secure attachment confer protection against the development of posttraumatic stress disorder (PTSD) after trauma exposure. Yet there are few empirically-supported interventions for PTSD that address the impact on the family and significant relationships. This research is an intervention development study for "The PTSD Family Workshop," an attachment-based group intervention for family members of veterans with combat-related PTSD. The study examines preliminary outcomes and treatment effect sizes and tests research hypotheses.

Methods:

Research hypotheses were tested through an adaptation of a partial crossover design. All research was conducted at the Stratton VA Medical Center and all participants were family members of veterans receiving treatment for combat-related PTSD. Intervention content includes PTSD psycho-education, a description of the impact of PTSD on veterans and their important others and the factors that influence resilience and readjustment. Participants were recruited for participation in 4 groups; each group being composed of an Immediate (n=17) and a Delay (n=11) condition. Participants completed standardized pre-test, post-delay and post-intervention assessments. Study domains included knowledge of PTSD, caregiver empathic concern, caregiver adaptive coping behavior and caregiver burden.

Results:

Data analyses revealed that participants who completed the PTSD Family Workshop reported a significant increase in their knowledge of PTSD, their empathic concern and their adaptive coping behaviors as compared to wait-list participants. Analyses of caregiver burden were not significant. Treatment effect sizes were calculated at $d=1.66$, $d=.50$ and $d=.60$ for knowledge of PTSD, caregiver empathic concern and caregiver adaptive coping behaviors respectively.

Conclusion:

Research findings support the development and study of innovative treatments for veterans with combat-related PTSD. Results are encouraging and suggest that brief intervention can be of benefit for family members of veterans with PTSD. Overall, this work increased access for psycho-education and support for family members of veterans in the VA system and provided preliminary data for a larger scale controlled study to test intervention efficacy and examine its relationship to outcomes for veterans.

http://www.forensicpsychologyunbound.ws/OAJFP/Volume_4_2012_files/Wolman%202012.pdf

Telepresence Technology in Divorce and Separation.

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Open Access Journal of Forensic Psychology
<http://www.forensicpsychologyunbound.ws/> -- 2012.4: 51-68

This study examined user satisfaction of telepresence technology (Skype and FaceTime) between distanced parents and their children after divorce. Questionnaires and clinical interviews were conducted with parents and children. Results were overwhelmingly positive, with use of telepresence technology experienced as more natural, intimate, and satisfying than telephone contact. Findings held for children as young as age one, challenging the attachment theory notion (Garber, 2011) that young children are unable to feel attached through the use of telepresence technology. Nothing replaces physical presence. Telepresence technology will be so ubiquitous and advanced, however, that distance may become a minimal barrier to intimacy. Implications for divorce decrees are discussed, including the need for appropriate legislation and evaluation of telepresence technology in court removal decisions.

<http://www.sciencedirect.com/science/article/pii/S0091743512003908>

Mental health and somatic symptom severity is associated with reduced physical activity among US Iraq and Afghanistan veterans.

Preventive Medicine

Available online 30 August 2012

Objective

Ensuring that Iraq and Afghanistan veterans engage in adequate physical activity is essential to prevent metabolic and cardiovascular diseases, and promote psychological well-being. Identifying factors associated with physical activity in this population will yield areas for targeted interventions aimed at increasing activity.

Method

Correlates of meeting physical activity recommendations (≥ 150 minutes/week of moderate-to-vigorous physical activity [MVPA]) were examined in Iraq/Afghanistan veterans assessed at intake to VA Puget Sound Healthcare System's post-deployment health clinic (May,2005-August,2009; N = 266).

Results

The majority were male (94.3%) and Caucasian (70.7%), with an average age of 29.8 (SD = 7.3) years. Participants engaged in a median of 180 weekly MVPA minutes. Among those meeting (59%) and not meeting (41%) recommendations, median weekly MVPA minutes were 540 and 0, respectively. In multivariate regression models, higher levels of depression ($p = .042$) and somatic ($p = .018$) symptom severity were associated with significantly decreased odds of meeting physical activity recommendations.

Conclusion

Overall, physical activity engagement among Iraq/Afghanistan veteran VA patients was above the level specified in national recommendations. Those with higher depressive and somatic symptoms were less likely to meet physical activity recommendations and may benefit from targeted physical activity promotion interventions.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.2012.00112.x/abstract>

Exposure to Prescription Drugs Labeled for Risk of Adverse Effects of Suicidal Behavior or Ideation among 100 Air Force Personnel who Died by Suicide, 2006–2009.

LAVIGNE, J. E., MCCARTHY, M. M., CHAPMAN, R., PETRILLA, A. and KNOX, K. L.

Suicide and Life-Threat Behavior

Article first published online: 31 AUG 2012

Prescription drugs for many indications are labeled with warnings for potential risk of suicidal ideation or behavior. Exposures to prescription drugs labeled for adverse effects of suicidal behavior or ideation among 100 Air Force personnel who died by suicide between 2006 and 2009 are described. Air Force registry data were linked to administrative prescription data. Descriptive statistics illustrate utilization: 89 personnel had a prescription history, 35 filled at least one prescription labeled with a warning, 26 had antidepressants on hand at death, and 2 died by drug overdose. Most airmen were not exposed to any prescriptions labeled for risk of suicidal ideation or behavior prior to death by suicide.

<http://onlinelibrary.wiley.com/doi/10.1002/da.21997/abstract>

Early Interventions for PTSD: A Review.

Kearns, M. C., Ressler, K. J., Zatzick, D. and Rothbaum, B. O.

Depression and Anxiety

Article first published online: 31 AUG 2012

The high prevalence of trauma exposure and subsequent negative consequences for both survivors and society as a whole emphasize the need for secondary prevention of posttraumatic stress disorder. However, clinicians and relief workers remain limited in their ability to intervene effectively in the aftermath of trauma and alleviate traumatic stress reactions that can lead to chronic PTSD. The scientific literature on early intervention for PTSD is reviewed, including early studies on psychological debriefing, pharmacological, and psychosocial interventions aimed at preventing chronic PTSD. Studies on fear extinction and memory consolidation are discussed in relation to PTSD prevention and the potential importance of immediate versus delayed intervention approaches and genetic predictors are briefly reviewed. Preliminary results from a modified prolonged exposure intervention applied within hours of trauma exposure in an emergency room setting are discussed, along with considerations related to intervention reach and overall population impact. Suggestions for future research are included. Prevention of PTSD, although currently not yet a reality, remains an exciting and hopeful possibility with current research approaches translating work from the laboratory to the clinic.

http://journals.lww.com/headtraumarehab/Abstract/publishahead/Predictors_of_Inpatient_and_Outpatient_Healthcare.99884.aspx

Predictors of Inpatient and Outpatient Healthcare Utilization in Veterans With Traumatic Brain Injury.

Drag, Lauren PhD; Renninger, Christopher BS; King, Robert BS; Hoblyn, Jennifer MD, MPH

Journal of Head Trauma Rehabilitation:

POST AUTHOR CORRECTIONS, 29 August 2012

Objective:

Traumatic brain injury (TBI) can place a significant financial and resource burden on healthcare systems. This study examined predictors of outpatient and inpatient healthcare utilization in veterans with a history of TBI.

Methods:

A secondary analysis was conducted on data from 1565 veterans with TBI and 1565 veterans without TBI seen for healthcare services at the VA Palo Alto Health Care System between 2000 and 2010. Patterns and predictors of outpatient and inpatient medical and psychiatric care were examined.

Results:

Veterans with TBI utilized significantly more services compared with the control group. The TBI group was seen for more than 160 000 outpatient services and was almost 9 times more likely to be hospitalized than the control group. Although psychiatric disorders were more prevalent in the TBI group and associated with increased medical and mental health utilization within the TBI group, they did not account fully for the significant group differences.

Conclusions:

Veterans with a history of TBI have much greater healthcare needs than veterans without TBI, likely

because of non-TBI-related factors. Increased monitoring and early intervention treatments may be warranted for certain at-risk veterans with the goal of minimizing their need for long-term or extensive healthcare services in the future.

<http://www.rehab.research.va.gov/jour/2012/496/pdf/epstein496.pdf>

Insomnia treatment acceptability and preferences of male Iraq and Afghanistan combat Veterans and their healthcare providers.

Dana R. Epstein, PhD, RN; Judith L. Babcock-Parziale, PhD; Patricia L. Haynes, PhD; Christine A. Herb, MC, RN

Journal of Rehabilitation Research & Development (VA)

Volume 49, Number 6, 2012, Pages 867–878

Sleep difficulty is a prevalent problem among returning Veterans. Although there is strong evidence for the efficacy and durability of cognitive-behavioral treatment for insomnia (CBT-I) in the general population, the interventions require motivation, attention, and adherence from patients to achieve successful outcomes. Given the unique characteristics of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Veterans who have experienced blast-related injuries and other trauma, CBT-I for these patients may require modification, including alternative delivery methods, to ensure effective implementation and positive outcomes. We interviewed 18 OIF/OEF Veterans who screened positive for mild traumatic brain injury and 19 healthcare providers to determine the acceptability of insomnia treatments and preferences for the interventions and treatment delivery. Veterans and providers had distinct preferences for insomnia treatment and its delivery. The treatments the Veterans found most acceptable were also the ones they preferred: relaxation treatment and pharmacotherapy. The providers identified relaxation therapy as the most acceptable treatment. Veterans preferred the individual treatment format as well as electronic methods of treatment delivery. Despite some differences between patients and providers, a compromise through modification of empirically supported behavioral treatments is feasible, and implications for preference-based insomnia intervention development and testing are discussed.

<http://gradworks.umi.com/1517787.pdf>

Combat Veterans: Resiliency in Postsecondary Education Attainment.

John F. Scott II

A THESIS

Presented to the School of Social Work

California State University, Long Beach

In Partial Fulfillment
Of the Requirements for the Degree
Master of Social Work
May 2012

The purpose of this qualitative study was to explore resiliency factors veterans use when transitioning from military to community colleges, and then on to four year academic institutions. Data were collected from conducting 12 one-on-one interviews with veterans who were 21-26 years old.

Study results showed participants had difficulties upon returning from a combat zone and transitioning to life as a civilian and student, however there was mitigating factors that assisted veterans with this transition. Participants reported that resource centers, veteran peer to peer interaction, campus veteran clubs, and academic counselors with knowledge of military culture as most beneficial for successful transfers

Future research is needed on Iraq and Afghanistan veterans and their pursuit of postsecondary education. Recommendations include comprehensive needs assessments for veterans at community colleges, as well as conducting program efficacy reviews of existing services available on college campuses.

http://72.167.195.46/user_files/documents/ijhc/articles/Swack-12-3.pdf

Elimination of PTSD and Psychiatric Symptoms in One to Six Sessions in Two Civilian Women and One Female Iraq War Veteran Using Healing from the Body Level Up (HBLUTM) Methodology, an Energy Psychology Approach.

Judith A. Swack, PhD

The International Journal of Healing and Caring On Line

September, 2012

Volume 12, No. 3

Background:

PTSD is a serious problem in the United States, and not just among veterans. The U.S. National Comorbidity Replication Survey estimated the lifetime prevalence of PTSD among adults at 6.8% and that women were more than twice as likely as men to have PTSD at some point in their lives. Therefore, it is important to develop rapid and effective treatment methods for PTSD. Energy psychology techniques have been found effective for rapidly treating trauma and PTSD.

Objectives:

This series of case studies focuses on the use of Healing from the Body Level Up (HBLUTM) methodology, an Energy Psychology approach, for the treatment of PTSD in women. This study also

features a description of the History Trauma protocol for treating blocked memories of trauma without ever having to access them consciously, thus preventing retraumatization during treatment.

Measurements:

A civilian nurse, a civilian artist, and an Iraq War veteran. Their symptoms were assessed prior to and following HBLU treatment using: 1. the SA-45, a well-validated instrument for measuring anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization; 2. the PCL-C (the civilian assessment for PTSD) for the two civilian women; and 3. the PCL-M (the military assessment for PTSD) for the female Iraq War veteran. In all cases, testing was done just prior to treatment.

Results:

The civilian nurse, after one HBLU session, was retested at 3 ½ weeks and again 8 months later. Both times, she demonstrated complete recovery from PTSD and a return to normalcy in all nine areas of the SA-45. The civilian artist, after one HBLU session, was retested at 2 weeks and again 4 months later. Both times she demonstrated complete recovery from PTSD. At 2 weeks, she demonstrated a return to normalcy in all 5 areas that had initially tested as abnormal. At 4 months, she demonstrated a return to normalcy in 4 out of 5 of these areas. The Iraq veteran, after 6 HBLU sessions, was retested at 3 months, and again 14 months later. Both times, she demonstrated complete recovery from PTSD. At 3 months she demonstrated a return to normalcy in 6 out of 7 areas initially testing as abnormal on the SA-45. At follow-up testing 14 months later, she demonstrated a return to normalcy in all 7 of these areas. All three subjects demonstrated complete and lasting recovery from PTSD.

Conclusion:

This study demonstrates the clinical efficacy of HBLU as a brief therapy approach in treating PTSD and co-occurring conditions in women. There is also a clear cost-effectiveness demonstrated in this therapy, compared to other, commonly used treatments for PTSD.

<http://www.sciencedirect.com/science/article/pii/S0165032712005782>

Service user perspectives on psychosocial assessment following self-harm and its impact on further help-seeking: A qualitative study.

Cheryl Hunter, Khatidja Chantler, Navneet Kapur, Jayne Cooper

Journal of Affective Disorders

Available online 24 August 2012

Background

Psychosocial assessment is a central aspect of managing self-harm in hospitals, designed to encompass needs and risk, and to lead to further care. However, little is known about service user experiences of assessment, or what aspects of assessment service users value. The aim of this study was to explore

service user experiences of assessment, and examine the short-term and longer-term meanings of assessment for service users.

Method

Interpretative phenomenological analysis was applied to 13 interviews with service users following hospital attendance, and seven follow-up interviews conducted 3 months later.

Results

Few participants had a clear understanding of assessment's purpose. Assessment had the potential to promote or challenge hope, dependent on whether it was experienced as accepting or critical. If follow-up care did not materialise, this reinforced hopelessness and promoted disengagement from services.

Limitations

The study sample was small and the participants heterogeneous in terms of self-harm history, method and intent, which may limit the transferability of the findings to other settings. Only self-report data on clinical diagnosis were collected.

Conclusions

This was the first study to utilise an in-depth qualitative approach to investigate service user experiences of assessment and follow-up. The findings suggest that re-conceptualising psychosocial assessment as primarily an opportunity to engage service users therapeutically may consequently affect how health services are perceived. In order to maintain benefits established during the hospital experience, follow-up needs to be timely and integrated with assessment.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.21911/abstract>

Effects of Participation in a Mindfulness Program for Veterans With Posttraumatic Stress Disorder: A Randomized Controlled Pilot Study.

Kearney, D. J., McDermott, K., Malte, C., Martinez, M. and Simpson, T. L.

Journal of Clinical Psychology

Article first published online: 28 AUG 2012

Objective

To assess outcomes associated with Mindfulness-Based Stress Reduction (MBSR) for veterans with PTSD.

Methods

Forty-seven veterans with posttraumatic stress disorder (PTSD; 37 male, 32 Caucasian) were randomized to treatment as usual (TAU; n = 22), or MBSR plus TAU (n = 25). PTSD, depression, and mental health-related quality of life (HRQOL) were assessed at baseline, posttreatment, and 4-month follow-up. Standardized effect sizes and the proportion with clinically meaningful changes in outcomes were calculated.

Results

Intention-to-treat analyses found no reliable effects of MBSR on PTSD or depression. Mental HRQOL improved posttreatment but there was no reliable effect at 4 months. At 4-month follow-up, more veterans randomized to MBSR had clinically meaningful change in mental HRQOL, and in both mental HRQOL and PTSD symptoms. Completer analyses (≥ 4 classes attended) showed medium to large between group effect sizes for depression, mental HRQOL, and mindfulness skills.

Conclusions

Additional studies are warranted to assess MBSR for veterans with PTSD.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.2012.00104.x/abstract>

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

James Griffith PhD

Suicide and Life-Threatening Behavior

Article first published online: 27 AUG 2012

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.

<http://psycnet.apa.org/psycinfo/2012-23142-001/>

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

Lambert, Jessica E.; Engh, Rachel; Hasbun, Amber; Holzer, Jessica

Journal of Family Psychology, Aug 27 , 2012

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)

<http://onlinelibrary.wiley.com/doi/10.1111/j.1750-8606.2012.00256.x/abstract>

Adjustment of Children and Youth in Military Families: Toward Developmental Understandings.

Valerie Maholmes

Child Development Perspectives

Article first published online: 28 AUG 2012

Nearly, 2 million children in the United States live in military families. Throughout all branches of the U.S. military since September 11, 2001, ca 700,000 children have had or currently have a parent deployed to the combat zones of Iraq or Afghanistan. As a result, researchers are paying increasing attention to the effects of military deployment on children and families. These facts and the changing landscape of military service point to the need to empirically examine the impact of parental military deployment on immediate and longer term child adjustment. The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) recently initiated a research program to address these issues. This article draws on attachment and family stress theories as a frame for discussing the effects of parental deployment on child adjustment and family functioning and for outlining the NICHD research priorities. It discusses areas where developmental science can make important contributions as well as challenges for conducting research in military families.

<http://www.ncbi.nlm.nih.gov/pubmed/22937418>

Case Rep Psychiatry. 2012;2012:937217. Epub 2012 Jun 3.

Hemicrania Continua Headache in a Veteran with Posttraumatic Stress Disorder and Major Depressive Disorder without Traumatic Brain Injury.

Kohrt BA, Duncan E.

Source: Department of Psychiatry and Behavioral Sciences, The George Washington University, Washington, DC 20037, USA.

Abstract

Hemicrania continua is a headache characterized by chronic unremitting unilateral pain associated with ipsilateral autonomic findings. This type of headache responds to high-flow oxygen and indomethacin. This case report describes a male veteran with posttraumatic stress disorder (PTSD) and major depressive disorder who suffers from comorbid hemicrania continua. The psychiatric symptoms were recalcitrant to psychopharmacological intervention. However, when the patient's hemicrania continua was treated appropriately, the patient's psychiatric symptoms also abated. This case demonstrates the need to address physical comorbidities that may exacerbate psychiatric disorders, such as PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/22936519>

Hum Brain Mapp. 2012 Aug 30. doi: 10.1002/hbm.22155. [Epub ahead of print]

A coordinate-based meta-analytic model of trauma processing in posttraumatic stress disorder.

Ramage AE, Laird AR, Eickhoff SB, Acheson A, Peterson AL, Williamson DE, Telch MJ, Fox PT.

Source: Research Imaging Institute, University of Texas Health Science Center at San Antonio, San Antonio, Texas; Department of Psychiatry, University of Texas Health Science Center at San Antonio, San Antonio, Texas. ramagea@uthscsa.edu.

Abstract

Posttraumatic stress disorder (PTSD) has a well-defined set of symptoms that can be elicited during traumatic imagery tasks. For this reason, trauma imagery tasks are often employed in functional neuroimaging studies. Here, coordinate-based meta-analysis (CBM) was used to pool eight studies applying traumatic imagery tasks to identify sites of task-induced activation in 170 PTSD patients and 104 healthy controls. In this way, right anterior cingulate (ACC), right posterior cingulate (PCC), and left precuneus (Pcun) were identified as regions uniquely active in PTSD patients relative to healthy controls. To further characterize these regions, their normal interactions, and their typical functional roles, meta-

analytic connectivity modeling (MACM) with behavioral filtering was applied. MACM indicated that the PCC and Pccun regions were frequently co-active and associated with processing of cognitive information, particularly in explicit memory tasks. Emotional processing was particularly associated with co-activity of the ACC and PCC, as mediated by the thalamus. By narrowing the regions of interest to those commonly active across multiple studies (using CBM) and developing a priori hypotheses about directed probabilistic dependencies amongst these regions, this proposed model-when applied in the context of graphical and causal modeling-should improve model fit and thereby increase statistical power for detecting differences between subject groups and between treatments in neuroimaging studies of PTSD. Hum Brain Mapp, 2012. © 2012 Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/22935025>

Clin Neuropsychol. 2012 Aug 30. [Epub ahead of print]

Incidence of Postconcussion Symptoms in Psychiatric Diagnostic Groups, Mild Traumatic Brain Injury, and Comorbid Conditions.

Donnell AJ, Kim MS, Silva MA, Vanderploeg RD.

Source: The Henry M. Jackson Foundation for the Advancement of Military Medicine , Bethesda , MD , USA.

Abstract

The constellation of physical, cognitive, and emotional symptoms, collectively known as postconcussion syndrome (PCS), is not uniquely associated with concussion, making the etiology of chronic postconcussion symptoms controversial. The current study compared percentages of individuals meeting symptom-based criteria for PCS in a population-based sample of veterans composed of subgroups with various psychiatric diagnoses, a history of mild traumatic brain injury (MTBI), and healthy controls. Participants were identified from 4462 randomly sampled male U.S. Army veterans who served during the Vietnam era. Only 32% of veterans with a history of MTBI met DSM-IV symptom criteria for PCS as compared to 40% of those diagnosed with post-traumatic stress disorder (PTSD), 50% with generalized anxiety disorder (GAD), 57% with major depressive disorder (MDD), and 91% with somatization disorder. Results were consistent with existing literature showing that the PCS symptoms are not unique to concussion, and also provide important base-rate information for neuropsychologists practicing in both clinical and personal injury forensic settings.

<http://www.ncbi.nlm.nih.gov/pubmed/22932729>

J Nerv Ment Dis. 2012 Sep;200(9):740-4.

Understanding the neurobiology of fear conditioning and emergence of posttraumatic stress disorder psychobiology: commentary on blanchard et Al.

Boscarino JA, Figley CR.

Source: Center for Health Research, Geisinger Clinic, Danville, PA; †Departments of Medicine and Pediatrics, Mount Sinai School of Medicine, New York, NY; ‡Department of Psychiatry, Temple University School of Medicine, Philadelphia, PA; and §Disaster Mental Health, School of Social Work, and Traumatology Institute, Tulane University, New Orleans, LA.

Abstract

ABSTRACT: In this article, we discuss the historical evolution of posttraumatic stress disorder (PTSD) after the Vietnam War, with a focus on an article by Blanchard, Kolb, Prins, Gates, and McCoy (J Nerv Ment Dis 179:371-373, 1991) published in this Journal in 1991 entitled Changes in Plasma Norepinephrine to Combat-Related Stimuli Among Vietnam Veterans With Posttraumatic Stress Disorder. In this commentary, we discuss the significance of this brief article and the developments in the PTSD field before, during, and after the Blanchard publication. Within this context, we discuss the eventual recognition in both the clinical and scientific fields that PTSD had a major neurobiological foundation. Finally, we examine the key implication of these discoveries from an epidemiological, a clinical, and a public health perspective.

<http://www.ncbi.nlm.nih.gov/pubmed/22935572>

J Head Trauma Rehabil. 2012 Aug 29. [Epub ahead of print]

Self-Awareness and Health-Related Quality of Life After Traumatic Brain Injury.

Sasse N, Gibbons H, Wilson L, Martinez-Olivera R, Schmidt H, Hasselhorn M, von Wild K, von Steinbüchel N.

Source: Department of Medical Psychology and Medical Sociology (Ms Sasse, Drs Gibbons, and von Steinbüchel), Neurosurgery (Dr Martinez-Olivera), and Neurology (Dr Schmidt), University Medical Center, Göttingen, Germany; Department of Psychology, University of Stirling, Stirling, United Kingdom (Dr Wilson); German Institute for International Educational Research DIPF, Frankfurt am Main, Germany (Dr Hasselhorn); and KvW Neuroscience Consulting, Münster, Germany (Dr von Wild).

Abstract

OBJECTIVE:

To investigate the relations among self-awareness (SA), impaired SA, and health-related quality of life (HRQOL) after traumatic brain injury (TBI).

PARTICIPANTS:

One hundred forty-one adults hospitalized with TBI and their significant others from a cross-sectional multicenter study. Using Glasgow Coma Scale classification, 32 participants had severe injuries, 29 moderate, 44 mild, and 25 complicated mild TBI.

MEASURES:

Patient Competency Rating Scale for Neurorehabilitation; Short Form-36 Health Survey; Cognitive Quality of Life; Quality Of Life after Brain Injury; Hospital Anxiety and Depression Scale; Profile of Mood States; Glasgow Outcome Scale Extended.

METHOD:

Patient Competency Rating Scale for Neurorehabilitation ratings made by participants and their significant others were used to assess SA and discrepancies between the 2 ratings were used to define impaired SA.

RESULTS:

Significant associations were identified between SA and HRQOL, anxiety, depression, and severity of injury. Participants with and without impaired SA differed in cognitive HRQOL and leisure activities. Using multiple regression, no direct predictors of SA were identified, although interaction effects were observed.

CONCLUSION:

After TBI, lower SA is associated with higher estimates of HRQOL, particularly in the cognitive domain. Although the associations are modest, the assessment of SA should play a role in the interpretation of reported HRQOL after TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/22935989?dopt=Abstract>

Neurotherapeutics. 2012 Aug 31. [Epub ahead of print]

Non-Pharmacological Treatment of Insomnia.

Siebern AT, Suh S, Nowakowski S.

Source: Stanford University School of Medicine, Sleep Medicine Center, Redwood City, California, 94063, USA, asiebern@stanford.edu.

Abstract

Insomnia is one of the most common sleep disorders, which is characterized by nocturnal symptoms of difficulties initiating and/or maintaining sleep, and by daytime symptoms that impair occupational, social, or other areas of functioning. Insomnia disorder can exist alone or in conjunction with comorbid medical and/or psychiatric conditions. The incidence of insomnia is higher in women and can increase during certain junctures of a woman's life (e.g., pregnancy, postpartum, and menopause). This article

will focus on an overview of cognitive behavioral therapy for insomnia, evidence of effectiveness for this treatment when insomnia disorder is experienced alone or in parallel with a comorbidity, and a review with promising data on the use of cognitive behavioral therapy for insomnia when present during postpartum and menopause.

<http://www.ncbi.nlm.nih.gov/pubmed/22935473?dopt=Abstract>

Clin Psychol Rev. 2012 Jul 3;32(7):664-675. [Epub ahead of print]

Mediators of cognitive-behavioral therapy for insomnia: A review of randomized controlled trials and secondary analysis studies.

Schwartz DR, Carney CE.

Abstract

The examination of treatment mechanisms in randomized controlled trials (RCTs) has considerable implications for research and clinical practice. Insomnia is a highly prevalent and distressing disorder, associated with many adverse outcomes. Although extensive work has focused on the cognitive-behavioral treatment of insomnia (CBT-I), few studies have directly examined the mechanisms of this intervention. CBT-I is a short-term, multi-component treatment that has demonstrated strong efficacy in treating insomnia. The purpose of the present study is: (a) to investigate if CBT-I works in accordance with its proposed mechanisms, and (b) to evaluate how the field is progressing in its understanding of these processes. This study comprehensively reviewed CBT-I RCTs for their inclusion of mediator variables. Secondary analysis studies were also surveyed for relevant mediator variables. Results demonstrated that 21 RCTs (39% of the total RCTs) and 11 secondary analysis studies examined at least one of the proposed mediators. Results of this review highlight that, although CBT-I appears to be targeting the hypothesized sleep processes, more research is needed to better understand whether CBT-I works in accordance with its theorized mechanisms. Inclusion of mediational analyses in future RCTs and secondary analysis studies would allow for further refinement of CBT-I and improved treatment outcomes.

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<http://www.ncbi.nlm.nih.gov/pubmed/22932731?dopt=Abstract>

J Nerv Ment Dis. 2012 Sep;200(9):821-5.

Nocturnal time monitoring behavior ("clock-watching") in patients presenting to a sleep medical center with insomnia and posttraumatic stress symptoms.

Krakow B, Krakow J, Ulibarri VA, Krakow J.

Source: Sleep & Human Health Institute; †Maimonides Sleep Arts & Sciences, Ltd, Albuquerque; ‡Los Alamos Medical Center Sleep Laboratory, Los Alamos; and §Classical Preparatory School, Albuquerque, NM.

Abstract

Time monitoring behavior (TMB) commonly occurs among insomnia patients, often leads to frustration about sleeplessness, and perpetuates insomnia symptoms. Few studies have explored relationships between time monitoring and insomnia, and none have studied the potential relationships between insomnia, TMB, and posttraumatic stress symptoms (PSSs). In this retrospective chart review of 1078 patients seeking care at a sleep medical center, the patients presented with one of three chief sleep complaints (poor sleep quality, 51%; sleep-disordered breathing, 26%; and insomnia, 24%), and 32% reported moderate to severe PSSs. Both insomnia and time monitoring severity were greater in the 350 patients with PSSs compared with the 728 patients with minimal or no such symptoms. Insomnia and time monitoring severity correlated significantly with total posttraumatic stress scores and most strongly with the arousal subscale. Research on interventions to treat TMB may inform relationships between insomnia and posttraumatic stress.

<https://msrc.fsu.edu/sites/default/files/Analytic%20algorithms%20.pdf>

Prediction of Suicide Using Analytic Algorithms.

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

29 August 2012

The developers of the algorithms are encouraged to conduct the necessary pilot studies to support the feasibility of using this approach to predict suicide in active duty service members. If preliminary data are promising then more extensive trials would need to be conducted in order to demonstrate broad applicability and ultimately the sensitivity, specificity, positive- and negative predictive power of the algorithms.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000009/art00016>

Healing Touch With Guided Imagery for PTSD in Returning Active Duty Military: A Randomized Controlled Trial.

Authors: Jain, Shamini; McMahon, George F.; Hasen, Patricia; Kozub, Madelyn P.; Porter, Valencia; King, Rauni; Guarneri, Erminia M.

Source: Military Medicine, Volume 177, Number 9, September 2012 , pp. 1015-1021(7)

Post-traumatic stress disorder (PTSD) remains a significant problem in returning military and warrants swift and effective treatment. We conducted a randomized controlled trial to determine whether a complementary medicine intervention (Healing Touch with Guided Imagery [HT+GI]) reduced PTSD symptoms as compared to treatment as usual (TAU) returning combat-exposed active duty military with significant PTSD symptoms. Active duty military (n = 123) were randomized to 6 sessions (within 3 weeks) of HT+GI vs. TAU. The primary outcome was PTSD symptoms; secondary outcomes were depression, quality of life, and hostility. Repeated measures analysis of covariance with intent-to-treat analyses revealed statistically and clinically significant reduction in PTSD symptoms ($p < 0.0005$, Cohen's $d = 0.85$) as well as depression ($p < 0.0005$, Cohen's $d = 0.70$) for HT+GI vs. TAU. HT+GI also showed significant improvements in mental quality of life ($p = 0.002$, Cohen's $d = 0.58$) and cynicism ($p = 0.001$, Cohen's $d = 0.49$) vs. TAU. Participation in a complementary medicine intervention resulted in a clinically significant reduction in PTSD and related symptoms in a returning, combat-exposed active duty military population. Further investigation of GT and biofield therapy approaches for mitigating PTSD in military populations is warranted.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3425460/>

Do Veterans With Posttraumatic Stress Disorder Receive First-Line Pharmacotherapy? Results From the Longitudinal Veterans Health Survey.

Prim Care Companion CNS Disord. 2012; 14(2): PCC.11m01162.

Published online 2012 March 8. doi: 10.4088/PCC.11m01162PMCID: Shaili Jain, MD, Mark A. Greenbaum, MA, and Craig S. Rosen, PhD

Objective:

Guidelines addressing the treatment of veterans with posttraumatic stress disorder (PTSD) strongly recommend a therapeutic trial of selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs). This study examined veteran characteristics associated with receiving such first-line pharmacotherapy, as well as how being a veteran of the recent conflicts in Afghanistan and Iraq impact receipt of pharmacotherapy for PTSD.

Method:

This was a national study of 482 Veterans Affairs (VA) outpatients between the ages of 18 and 69 years who had been newly diagnosed with PTSD (DSM-IV criteria: 309.81) during a VA outpatient visit between May 31, 2006, and December 7, 2007. Participants completed a mailed survey between August 11, 2006, and April 6, 2008. Veterans from the Afghanistan and Iraq conflicts and female veterans were intentionally oversampled. Logistic regression models were developed to predict 2 dependent variables: odds of initiating an SSRI/SNRI and, among veterans who initiated an SSRI/SNRI, odds of receiving an adequate therapeutic trial. Each dependent variable was regressed on a variety of sociodemographic and survey characteristics.

Results:

Of the 377 veterans prescribed a psychotropic medication, 73% (n = 276) received an SSRI/SNRI, of whom 61% (n = 168) received a therapeutic trial. Afghanistan and Iraq veterans were less likely to receive a therapeutic trial (odds ratio [OR] = 0.45; 95% CI, 0.27–0.75; P < .01), with presence of a comorbid depression diagnosis in the year after the index episode moderating this relationship, which further decreased the odds of completing a therapeutic trial (OR = 0.29; 95% CI, 0.09–0.95; P < .05).

Conclusions:

Reduced levels of receipt of first-line pharmacotherapy among recent veteran returnees parallel previous findings of less mental health treatment utilization in this population and warrant investigation.

<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.695262>

Diagnosing PTSD: Lessons From Neuropsychology.

Daniel R. Orme

Military Psychology

Volume 24, Issue 4, 2012, pages 397-413

Problematic diagnostic issues related to neurocognitive conditions have been well documented in research using neuropsychological instruments. However, due to the nature of differing assessment methods, these issues have not been as clearly established in the diagnostic assessment of psychiatric disorders that rely on self-report. Nonetheless, they appear relevant. This article summarizes diagnostic-related lessons learned based on clinical neuropsychological research and how they are applicable to the practice of diagnosing psychiatric conditions, post-traumatic stress disorder (PTSD) in particular. Ignoring these lessons raises serious risk for misdiagnosis, inappropriate treatment and services, and iatrogenic illness.

<http://www.ncbi.nlm.nih.gov/pubmed/22945923?dopt=Abstract>

Br J Psychiatry. 2012 Sep;201:172-4.

Long-term consequences of mild traumatic brain injury.

Rona RJ.

Abstract

A debate has ensued about the long-term consequences of mild traumatic brain injury, the 'signature injury' of the Iraq and Afghanistan Wars. Most epidemiological studies have found that mild traumatic brain injury is unrelated to unspecific post-concussion symptoms based on self-reported symptoms. A

longitudinal study, in this issue of the Journal, using objective tests has demonstrated that mild traumatic brain injury has limited lasting neuropsychological consequences.

<http://www.ncbi.nlm.nih.gov/pubmed/22944901?dopt=Abstract>

Womens Health Issues. 2012 Sep;22(5):e461-71.

Reproductive and Other Health Outcomes in Iraq and Afghanistan Women Veterans Using VA Health Care: Association with Mental Health Diagnoses.

Cohen BE, Maguen S, Bertenthal D, Shi Y, Jacoby V, Seal KH.

Source: San Francisco VA Medical Center, San Francisco, California; University of California, San Francisco, California.

Abstract

BACKGROUND:

An increasing number of women serve in the military and are exposed to trauma during service that can lead to mental health problems. Understanding how these mental health problems affect reproductive and physical health outcomes will inform interventions to improve care for women veterans.

METHODS:

We analyzed national Department of Veterans Affairs (VA) data from women Iraq and Afghanistan veterans who were new users of VA healthcare from October 7, 2001, through December 31, 2010 (n = 71,504). We used ICD-9 codes to categorize veterans into five groups by mental health diagnoses (MH Dx): Those with no MH Dx, posttraumatic stress disorder (PTSD), depression, comorbid PTSD and depression, and a MH Dx other than PTSD and depression. We determined the association between mental health category and reproductive and other physical health outcomes defined by ICD-9 codes. Categories included sexually transmitted infections, other infections (e.g., urinary tract infections), pain-related conditions (e.g., dysmenorrhea and dyspareunia), and other conditions (e.g., polycystic ovarian syndrome, infertility, sexual dysfunction). Models were adjusted for sociodemographic and military service factors.

RESULTS:

There were 31,481 patients (44%) who received at least one mental health diagnosis. Women veterans with any mental health diagnosis had significantly higher prevalences of nearly all categories of reproductive and physical disease diagnoses ($p < .0001$ for adjusted prevalences). There was a trend of increasing prevalence of disease outcomes in women with PTSD, depression, and comorbid PTSD and depression (p for trend $< .0001$ for all outcomes).

CONCLUSIONS:

Iraq and Afghanistan women veterans with mental health diagnoses had significantly greater

prevalences of several important reproductive and physical health diagnoses. These results provide support for VA initiatives to address mental and physical health concerns and improve comprehensive care for women veterans.

Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/22943468?dopt=Abstract>

Memory. 2012 Sep 4. [Epub ahead of print]

Making sense of traumatic memories: Memory qualities and psychological symptoms in emerging adults with and without abuse histories.

Greenhoot AF, Sun S, Bunnell SL, Lindboe K.

Source: Department of Psychology , University of Kansas , Lawrence , KS , USA.

Abstract

This study explored the connections between multiple measures of meaning making and psychological adjustment in people with and without histories of abuse. Young adults (n = 177), recollected their three most stressful memories and rated them on importance and emotional and sensory qualities. We analysed the narratives for lexical markers of meaning making and explicit references to meaning or meaning-making attempts. There was little overlap between self-reported qualities and narrative content, and they were differentially predictive of psychological symptoms and transient emotional reactions. Consistent with the PTSD literature, more salient self-report memory characteristics (e.g., visceral emotions), and negative emotion and sensation terms predicted more symptoms. The narrative indices provided the best prediction to psychological adjustment, with several meaning indices (e.g., references to positive impact) predicting reduced symptoms, particularly for the Abuse group. Contrary to meaning-making models, resolutions predicted more symptoms, suggesting that aversive feelings during memory telling may trigger on-the-spot sense making to cope with distress.

<http://www.ncbi.nlm.nih.gov/pubmed/22939767?dopt=Abstract>

Med Hypotheses. 2012 Aug 30. [Epub ahead of print]

Etiopathogenic perspectives on chronic psycho traumatic and chronic psychotic symptoms: The hypothesis of a hyperdopaminergic endophenotype of PTSD.

Auxemery Y.

Source: Ecole du Val-de-Grâce, 1 place Alphonse Laveran, 75005 Paris, France; de Recherche Psychanalyse, Médecine et Société, Université Paris VI, Paris, France.

Abstract

Post traumatic stress disorder (PTSD) is a complex and heterogeneous disorder, which specific symptoms are re-experiencing, increased arousal and avoidance of stimuli associated with the trauma. PTSD has much comorbidity like depression, substance abuse, somatic complaints, repeated dissociative phenomena and transitory or chronic psychotic reactions. PTSD can manifest itself in different clinical forms: some patients present higher symptoms in one domain as compared to another, probably because of abnormalities in different neurobiological systems. Hyposerotonergic and hypernoradrenergic PTSD endophenotypes have been previously identified and the purpose of this paper is to focus on the hypothesis of a hyperdopaminergic endophenotype. The current review discusses several entities: PTSD with psychotic features with or without depression, the comorbide use of psychoactive substances that increase psychotic symptoms and traumatic brain injuries as agents of psycho traumatic and psychotic features. For all of these nosographic entities, the dopaminergic neuromodulation may play a central role. The hypothesis of a hyperdopaminergic endophenotype of PTSD opens up new research and therapeutic perspectives. Although antipsychotics are frequently used for people with PTSD further studies are needed to develop a consensus on the guidelines for treating the psychotic forms of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/22938747?dopt=Abstract>

Explore (NY). 2012 Sep;8(5):282-90.

Holism at the National Intrepid Center of Excellence (NICoE).

Footnote FO, Schwartz L.

Source: Preventive Medicine and Biometrics (HSA), Uniformed Services University of the Health Sciences (USUHS), Bethesda, MD; Institute for Integrative Health (TIH), Baltimore, MD.

Abstract

Traumatic brain injury and posttraumatic stress disorder are the signature injuries of the Iraq and Afghanistan wars. Holistic medicine (comprising multispecialty care integration, patient/family-centered care, wellness interventions, and the construction of architectural "healing environments") has much to offer these patients. In this work we describe the architecture and holistic medicine programming of the National Intrepid Center of Excellence (NICoE), a new clinical research center for traumatic brain injury and posttraumatic stress disorder in the Military Health System. Architecture and clinical process are united in a "design/care continuum" for optimal healing. A groundbreaking institution, the NICoE foreshadows many trends in national healthcare for the 21st century.

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<http://www.ncbi.nlm.nih.gov/pubmed/22938593?dopt=Abstract>

Br J Neurosurg. 2012 Aug 31. [Epub ahead of print]

Quality of life and socio-professional reintegration after mild traumatic brain injury.

Beseoglu K, Roussaint N, Steiger HJ, Hänggi D.

Source: Department of Neurosurgery, Heinrich-Heine-University Düsseldorf , Düsseldorf , Germany.

Abstract

Background. Controversy exists about the influence of intracranial injuries in mild traumatic brain injury (mTBI) on quality of life (QoL). Some patients do not fully recover from mTBI and experience neurocognitive impairment and reduction in quality of life. We evaluated the influence of structural brain damage on QoL and employment status (ES) after mTBI. **Methods.** In a partially prospective design we evaluated QoL using Short-Form-36 (SF36) and current ES three years after trauma in 36 patients with mTBI in a matched pair design with two groups of 18 patients each with and without structural brain damage. **Results.** Both groups showed a reduction in physical (Physical Functioning, Role Physical, Bodily Pain and General Health) and emotional parameters (Vitality, Social Functioning, Role Emotional and Mental Health) without significant difference between both groups ($p = 0.305$, $p = 0.406$, $p = 0.624$, $p = 0.720$, $p = 0.934$, $p = 0.282$, $p = 0.811$ and $p = 0.270$ respectively). ES was independent of structural brain damage and an influential factor for QoL. **Conclusion.** MTBI specific QoL assessment including focus on ES is necessary to identify patients at risk for impaired recovery. Structural brain injury as seen on CT scan is not useful as a prognostic tool to predict QoL or ES after mTBI.

Links of Interest

Potential Treatment for Cognitive Effects of Stress-Related Disorders, Including PTSD

<http://www.sciencedaily.com/releases/2012/08/120830135142.htm>

Research Hones In on Relationship Between Suicide, Combat Exposure

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1284646>

PTSD, Suicide Rates Differ Among U.S., U.K. Troops

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1284571>

APA Partners on Documentary About Challenges of Returning Troops

<http://psychiatryonline.org/newsarticle.aspx?articleid=1217913>

Simple tool may help inexperienced psychiatrists better predict violence risk in patients

http://www.eurekalert.org/pub_releases/2012-09/uomh-stm090412.php

Building spiritual fitness in Kuwait

http://www.army.mil/article/86621/Building_spiritual_fitness_in_Kuwait/

Suicide prevention: A healthy force is a ready force

http://www.army.mil/article/86548/Suicide_prevention_A_healthy_force_is_a_ready_force/

Researchers identify potential treatment for cognitive effects of stress-related disorders

http://www.eurekalert.org/pub_releases/2012-08/cumc-rip082712.php

Repeated Exposure to Traumatic Images May Be Harmful to Health

<http://www.sciencedaily.com/releases/2012/09/120904150108.htm>

Tricare networks eyed to improve veterans' access to care

<http://www.stripes.com/news/us/tricare-networks-eyed-to-improve-veterans-access-to-care-1.188281>

BUSM/VA researchers examine new PTSD diagnosis criteria

http://www.eurekalert.org/pub_releases/2012-09/bumc-bre090512.php

Combat Stress Linked to Brain Changes in Study

http://www.nlm.nih.gov/medlineplus/news/fullstory_128913.html

That giant tarantula is terrifying, but I'll touch it; Expressing your emotions can reduce fear, UCLA psychologists report

http://www.eurekalert.org/pub_releases/2012-09/uoc--tgt090412.php

NFL, Army both work to combat traumatic brain injury

http://www.army.mil/article/86544/NFL_Army_both_work_to_combat_traumatic_brain_injury/

Sick from Stress? Blame Your Mom... And Epigenetics

<http://www.sciencedaily.com/releases/2012/07/120731103037.htm>

Predicting how patients respond to therapy

http://www.eurekalert.org/pub_releases/2012-09/miot-php090612.php

Research Tip of the Week: [NLM Distance Education Program Resources](#)

Use [PubMed](#)? Then you may want to take a look at this page of handouts, tutorials and videos from the [National Library of Medicine](#). While much of what's here will be Way Too Much for the casual/occasional user, there are some basic handouts and tutorials on searching PubMed that will be helpful to anyone needing a refresher on the basics.



From "Be Kind to Nerds" on Facebook

<https://www.facebook.com/media/set/?set=o.350278388362305>

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