



CDP Research Update -- September 13, 2012

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<http://www.amsus.org/images/stories/journal/Vol177No8S/Vol177No8S.pdf>

Psychological Health and Traumatic Brain Injury

Supplement to Military Medicine; Volume 177, No 8S

Supplement sponsored by the Defense Center of Excellence (<http://dcoe.health.mil/>)

In coordination with the Association of Military Surgeons of the United States (AMSUS), the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) developed a supplemental issue of Military Medicine, which features psychological health (PH) and traumatic brain injury (TBI) topics. The supplement is comprised of a series of articles, focused in the following areas: traumatic brain injury, depression, substance use disorder and posttraumatic stress. In addition, the supplement provides health care providers with recent research findings in TBI and PH related to: epidemiology and prevention; screening, diagnosis and treatment; and, next steps, research or resources needed and priority focus areas. This supplemental issue was developed through the collaborative efforts of DCoE, Center for Deployment Psychology, Department of Veterans Affairs, Harvard University, Dartmouth College, U.S. Navy, U.S. Army and Uniformed Services University of the Health Sciences.

<http://www.ncbi.nlm.nih.gov/pubmed/22949296?dopt=Abstract>

Depress Anxiety. 2012 Sep 4. doi: 10.1002/da.21995. [Epub ahead of print]

The Effectiveness of Internet Cognitive Behavioural Therapy for Generalized Anxiety Disorder in Clinical Practice.

Mewton L, Wong N, Andrews G.

Source: School of Psychiatry, University of New South Wales, Sydney, New South Wales, Australia.

Abstract

BACKGROUND:

Clinical trials have demonstrated the efficacy of internet cognitive behavioral therapy (iCBT) in the treatment of generalized anxiety disorder (GAD). The current study aims to determine whether these efficacy findings, established under controlled research conditions, translate into effectiveness in practice.

METHODS:

The sample comprised 588 patients who completed at least one iCBT lesson for GAD through CRUFAD clinic (www.crufadclinic.org). This six-lesson course became available to primary care physicians to prescribe in 2009. Routine data collection included demographics, GAD symptomatology (GAD-7), psychological distress (K-10), and disability (WHODAS).

RESULTS:

All six lessons were completed by 324/588 (55.1%) patients. When compared with completers, noncompleters tended to be younger and based in rural locations. Prior to discontinuing the course, noncompleters demonstrated statistically significant reductions in psychological distress. For those who completed the course, effect sizes on all outcome measures were medium to large and over 60% of moderate-to-severe GAD cases met criteria for remission upon treatment completion.

CONCLUSIONS:

The current study indicates that computerized CBT for GAD is effective in generating positive, clinically significant outcomes among typical patients treated under the usual conditions in primary care. Future research should focus on reducing treatment discontinuation among younger people and those based in rural locations.

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<http://www.ncbi.nlm.nih.gov/pubmed/22946736?dopt=Abstract>

Behav Sleep Med. 2012 Oct;10(4):266-79.

Clinical Management of Insomnia with Brief Behavioral Treatment (BBTI).

Troxel WM, Germain A, Buysse DJ.

Source: Department of Psychiatry and Psychology , University of Pittsburgh.

Abstract

Insomnia is a highly prevalent and debilitating sleep disorder. It is well documented that psychological treatments, including cognitive-behavioral therapy for insomnia (CBTI), are efficacious treatments, with effect sizes of comparable magnitude to that of pharmacologic treatment. However, a critical shortage of specialty-trained clinicians with experience in sleep medicine and cognitive-behavioral therapy principles has limited the widespread dissemination of CBTI. A brief (four sessions; two of which may be phone sessions) treatment, titled "Brief Behavioral Treatment for Insomnia" (BBTI), was developed to address many of the barriers to widespread dissemination associated with standard CBTI. Specifically, BBTI has an explicit behavioral focus, is overtly linked to a physiological model of sleep regulation, and utilizes a hardcopy workbook that facilitates its concise delivery format and ease of training clinicians. BBTI has demonstrated efficacy in treating older adults with insomnia (Buysse et al., 2011). This article describes the rationale for the development of BBTI, provides a session-by-session guide to the delivery of the treatment, and concludes with a discussion of contraindications, combined pharmacotherapy treatment, and future directions for the use of BBTI in diverse populations and utilizing different modalities of delivery.

<http://www.ncbi.nlm.nih.gov/pubmed/22950039?dopt=Abstract>

Brain Behav. 2012 Jul;2(4):357-64.

Mood symptoms contribute to working memory decrement in active-duty soldiers being treated for posttraumatic stress disorder.

Dretsch MN, Thiel KJ, Athy JR, Irvin CR, Sirmon-Fjordbak B, Salvatore A.

Abstract

A significant proportion of military veterans of operations in Afghanistan and Iraq have been diagnosed with posttraumatic stress disorder (PTSD). Growing evidence suggests that neuropsychological deficits are a symptom of PTSD. The current study investigated neurocognitive functioning among soldiers diagnosed with PTSD. Specifically, active-duty soldiers with and without a diagnosis of PTSD were assessed for performance on tests of attention and working memory. In addition, factors such as combat experience, depression, anxiety, PTSD symptom severity, and alcohol consumption were explored as possible mediators of group differences in neurocognitive functioning. Twenty-three active-duty soldiers diagnosed with PTSD were matched with 23 healthy Soldier controls; all were administered the Attention Network Task (ANT), Backward Digit Span (BDS) task, Beck Depression Inventory, Beck Anxiety Inventory, PTSD Checklist-Military Version, Combat Exposure Scale, and Modified Drinking Behavior Questionnaire. Soldiers diagnosed with PTSD performed significantly worse on the working

memory task (BDS) than healthy controls, and reported greater levels of PTSD symptoms, combat exposure, depression, and anxiety. However, after controlling for depression and anxiety symptoms, the relationship between PTSD and working memory was no longer present. The results indicate that PTSD is accompanied by deficits in working memory, which appear to be partially attributed to anxiety and depression symptoms.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000009/art00014>

Projected Rates of Psychological Disorders and Suicidality Among Soldiers Based on Simulations of Matched General Population Data.

Authors: Gadermann, Anne M.; Gilman, Stephen E.; McLaughlin, Katie A.; Nock, Matthew K.; Petukhova, Maria; Sampson, Nancy A.; Kessler, Ronald C.

Military Medicine, Volume 177, Number 9, September 2012 , pp. 1002-1010(9)

Limited data are available on lifetime prevalence and age-of-onset distributions of psychological disorders and suicidal behaviors among Army personnel. We used simulation methods to approximate such estimates based on analysis of data from a U.S. national general population survey with the sociodemographic profile of U.S. Army personnel. Estimated lifetime prevalence of any Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) anxiety, mood, behavior, or substance disorder in this sample was 53.1% (17.7% for mood disorders, 27.2% for anxiety disorders, 22.7% for behavior disorders, and 14.4% for substance disorders). The vast majority of cases had onsets before the expected age of enlistment if they were in the Army (91.6%). Lifetime prevalence was 14.2% for suicidal ideation, 5.4% for suicide plans, and 4.5% for suicide attempts. The proportion of estimated pre-enlistment onsets was between 68.4% (suicide plans) and 82.4% (suicidal ideation). Externalizing disorders with onsets before expected age of enlistment and internalizing disorders with onsets after expected age of enlistment significantly predicted postenlistment suicide attempts, with population attributable risk proportions of 41.8% and 38.8%, respectively. Implications of these findings are discussed for interventions designed to screen, detect, and treat psychological disorders and suicidality in the Army.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000009/art00015>

No Effect of Mild Nonconcussive Injury on Neurocognitive Functioning in U.S. Army Soldiers Deployed to Iraq.

Authors: Dretsch, Michael N.; Coldren, Rodney L.; Kelly, Mark P.; Parish, Robert V.; Russell, Michael L.5

Military Medicine, Volume 177, Number 9, September 2012 , pp. 1011-1014(4)

With neurocognitive testing being heavily relied on for concussion assessments in the U.S. Warfighter, there is a need to investigate the impact of nonconcussive injury on neurocognitive functioning. Objectives: To determine if a nonconcussive injury may have a negative effect on neurocognitive functioning in a deployment setting. Methods: The current study compared scores on computerized and traditional neurocognitive tests of 166 Soldiers deployed to Iraq. Performance on a battery of tests was compared between a group of healthy deployed Soldiers (n = 102) versus a group of deployed Soldiers seeking outpatient care for mild injuries not involving the head or blast exposure (n = 62). Results: The injured group's performance was not significantly lower on any of the measures administered compared to healthy Soldiers. Conclusions: The results suggest that there was no significant effect of nonconcussive injury on neurocognitive functioning. Findings lend support to feasibility of using neurocognitive tests to evaluate the effects of concussion in theater.

<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.

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.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000009/art00017>

Review: Management of Adjustment Disorder in the Deployed Setting.

Author: Fielden, JoEllen Schimmels

Military Medicine, Volume 177, Number 9, September 2012 , pp. 1022-1027(6)

Adjustment disorder is a maladaptive response to a stressor that causes functional impairment. The contribution of deployment stress on the diagnosis and treatment of adjustment disorder has not been previously explored. Despite the high cost and commonality of adjustment disorder as a behavioral health condition diagnosed during deployment, there are few clinical trials and no standardized recommendations found in this review related to treatment of military service members in the deployed setting. This manuscript reviews the best practices for adjustment disorder management and applies these principles to create clinical guidelines and an algorithm for treatment in the deployed setting.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000009/art00018>

The Role of Military Chaplains in Mental Health Care of the Deployed Service Member.

Authors: Besterman-Dahan, Karen¹; Gibbons, Susanne W.²; Barnett, Scott D.¹; Hickling, Edward J.³

Military Medicine, Volume 177, Number 9, September 2012 , pp. 1028-1033(6)

This research utilized a cross-sectional design secondarily analyzing data from active duty military health care personnel who anonymously completed the “2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel.” Sample for this analysis of Operation Iraqi Freedom/Operation Enduring Freedom deployed mental health seeking service members was N = 447. Religiosity/spirituality and psychological distress experienced by active duty military personnel who sought help from military mental health providers (MH), military chaplains (CHC) or both (CHC & MH) were explored and compared. Greater psychosocial distress seen in the CHC & MH group could be a reflection of a successful collaborative model for mental health care that is currently promoted by the military where chaplains are first line providers in an effort to provide services to those in greatest need and ultimately provide them with care from a trained mental health professional. Research and evaluation of chaplain training programs and collaborative models is recommended.

<http://bjp.rcpsych.org/content/201/3/172.abstract>

Long-term consequences of mild traumatic brain injury.

Roberto J. Rona, PhD, FFPH

BJP, September 2012

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://bjp.rcpsych.org/content/201/3/186.abstract>

Neuropsychological outcomes of mild traumatic brain injury, post-traumatic stress disorder and depression in Iraq-deployed US Army soldiers.

Published online ahead of print June 28, 2012, doi: 10.1192/bjp.bp.111.096461

Background

Traumatic brain injury (TBI) is a concern of contemporary military deployments. Whether milder TBI leads to enduring impairment remains controversial.

Aims

To determine the influence of deployment TBI, and post-traumatic stress disorder (PTSD) and depression symptoms on neuropsychological and functional outcomes.

Method

A sample of 760 US Army soldiers were assessed pre- and post-deployment. Outcomes included neuropsychological performances and subjective functional impairment.

Results

In total, 9% of the participants reported (predominantly mild) TBI with loss of consciousness between pre- and post-deployment. At post-deployment, 17.6% of individuals with TBI screened positive for PTSD and 31.3% screened positive for depression. Before and after adjustment for psychiatric symptoms, TBI was significantly associated only with functional impairment. Both PTSD and depression symptoms adjusted for TBI were significantly associated with several neuropsychological performance deficits and functional impairment.

Conclusions

Milder TBI reported by deployed service members typically has limited lasting neuropsychological consequences; PTSD and depression are associated with more enduring cognitive compromise.

<http://www.ncbi.nlm.nih.gov/pubmed/22956047>

Curr Pain Headache Rep. 2012 Sep 7. [Epub ahead of print]

Combat-Related Headache and Traumatic Brain Injury.

Waung MW, Abrams GM.

Source: Department of Neurology, University of California, 505 Parnassus Avenue, Box 0114, San Francisco, CA, 94143, USA, Maggie.Waung@ucsf.edu.

Abstract

Post-traumatic headache is a commonly described complication of traumatic brain injury. Recent studies highlight differences between headache features of combat veterans who suffered traumatic brain injury compared to civilians. Not surprisingly, there is a higher rate of associated PTSD and sleep disturbances among veterans. Factors of lower socioeconomic status, rank, and multiple head injuries appear to have a similar effect on post-traumatic headache in combat-related traumatic brain injury. Areas of discordance in the literature include the effect of prolonged loss of consciousness and the prevalence of specific headache phenotypes following head trauma. To date, there have been no randomized trials of treatment for post-traumatic headache. This may be related to the variability of headache features and uncertainty of pathophysiologic mechanisms. Given this lack of data, many practitioners follow treatment guidelines for primary headaches. Additionally, because of mounting data linking PTSD to post-traumatic headache in combat veterans, it may be crucial to choose multimodal agents and take a multidisciplinary approach to combat-related headache.

<http://www.ncbi.nlm.nih.gov/pubmed/22955133>

Neurology. 2012 Sep 5. [Epub ahead of print]

Outcomes from a US military neurology and traumatic brain injury telemedicine program.

Yurkiewicz IR, Lappan CM, Neely ET, Hesselbrock RR, Girard PD, Alphonso AL, Tsao JW.

Source: From the Harvard Medical School (I.R.Y.), Boston, MA; Office of the Surgeon General Teleconsultation Programs Project Manager (C.M.L.), Telehealth, Southern Regional Medical Command, Ft. Sam Houston, TX; Department of Neurology (E.T.N., A.L.A.), Walter Reed National Military Medical Center, Bethesda, MD; Aerospace Medicine Consultation Division (R.R.H.), United States Air Force School of Aerospace Medicine, Dayton, OH; Department of Veterans Affairs, Center (P.D.G.), Gainesville, FL; US Navy Bureau of Medicine and Surgery (J.W.T.), Washington, DC; and Department of Neurology (J.W.T.), Uniformed Services University of the Health Sciences, Bethesda, MD.

Abstract

OBJECTIVE:

This study evaluated usage of the Army Knowledge Online (AKO) Telemedicine Consultation Program for neurology and traumatic brain injury (TBI) cases in remote overseas areas with limited access to subspecialists. We performed a descriptive analysis of quantity of consults, response times, sites where consults originated, military branches that benefitted, anatomic locations of problems, and diagnoses.

METHODS:

This was a retrospective analysis that searched electronic databases for neurology consults from October 2006 to December 2010 and TBI consults from March 2008 to December 2010.

RESULTS:

A total of 508 consults were received for neurology, and 131 consults involved TBI. For the most part, quantity of consults increased over the years. Meanwhile, response times decreased, with a mean response time of 8 hours, 14 minutes for neurology consults and 2 hours, 44 minutes for TBI consults. Most neurology consults originated in Iraq (67.59%) followed by Afghanistan (16.84%), whereas TBI consults mainly originated from Afghanistan (40.87%) followed by Iraq (33.91%). The most common consultant diagnoses were headaches, including migraines (52.1%), for neurology cases and mild TBI/concussion (52.3%) for TBI cases. In the majority of cases, consultants recommended in-theater management. After receipt of consultant's recommendation, 84 known neurology evacuations were facilitated, and 3 known neurology evacuations were prevented.

CONCLUSIONS:

E-mail-based neurology and TBI subspecialty teleconsultation is a viable method for overseas providers in remote locations to receive expert recommendations for a range of neurologic conditions. These recommendations can facilitate medically necessary patient evacuations or prevent evacuations for which on-site care is preferable.

<http://www.ncbi.nlm.nih.gov/pubmed/22955102>

J Head Trauma Rehabil. 2012 Sep;27(5):370-8.

Psychiatric diagnoses, mental health utilization, high-risk behaviors, and self-directed violence among veterans with comorbid history of traumatic brain injury and substance use disorders.

Olson-Madden JH, Forster JE, Huggins J, Schneider A.

Source: VISN 19 Mental Illness Research, Education and Clinical Center (MIRECC), Denver, Colorado (Dr Olson-Madden, Mr Huggins, and Ms Schneider); Departments of Psychiatry (Dr Olson-Madden) and Pediatrics (Dr Forster), School of Medicine, and Department of Biostatistics and Informatics, Colorado School of Public Health (Dr Forster), University of Colorado Denver, Denver.

Abstract

OBJECTIVES:

To describe various characteristics of veterans with co-occurring histories of traumatic brain injury (TBI) and substance use disorder (SUD) for purposes of hypothesis generation.

STUDY DESIGN:

Archival data collected over a period of 4 years.

PARTICIPANTS:

Sixty-five veterans across eras of service with confirmed histories of TBI and SUD.

METHODS:

Demographic and TBI information were obtained from an archival clinical database. Electronic medical records were reviewed for mental health utilization, psychiatric diagnoses, self-directed violence, and risk-taking behaviors.

RESULTS:

In addition to a SUD, veterans were reported to have an average of 3 additional psychiatric diagnoses and a median of 3 TBIs per person. All utilized various mental health services in addition to substance use treatment. Individuals were found to have engaged in a variety of risky behaviors. There were significant associations between suicidal ideation and assaultive behaviors, as well as between suicide attempt and impulsivity.

CONCLUSIONS:

This study describes a sample of veterans with co-occurring histories of TBI, SUD, risk-taking behaviors, and self-directed violence. More research is needed to examine these complex interrelationships and to identify specific risk factors for intervention/prevention strategies.

<http://www.ncbi.nlm.nih.gov/pubmed/22955100>

J Head Trauma Rehabil. 2012 Sep;27(5):349-60.

Frequent binge drinking after combat-acquired traumatic brain injury among active duty military personnel with a past year combat deployment.

Adams RS, Larson MJ, Corrigan JD, Horgan CM, Williams TV.

Source: Institute for Behavioral Health (Drs Larson and Horgan), The Heller School for Social Policy & Management (Ms Adams and Drs Horgan and Larson), Brandeis University, Waltham, Massachusetts; Department of Physical Medicine & Rehabilitation, The Ohio State University, Columbus, Ohio (Dr Corrigan); and Long Term Studies for the Defense Health Cost Assessment and Program Evaluation, TRICARE Management Activity, Department of Defense, Falls Church, Virginia (Dr Williams).

Abstract

OBJECTIVE:

To determine whether combat-acquired traumatic brain injury (TBI) is associated with postdeployment frequent binge drinking among a random sample of active duty military personnel.

PARTICIPANTS:

Active duty military personnel who returned home within the past year from deployment to a combat theater of operations and completed a survey health assessment (N = 7155).

METHODS:

Cross-sectional observational study with multivariate analysis of responses to the 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, an anonymous, random, population-based assessment of the armed forces.

MAIN MEASURES:

Frequent binge drinking: 5 or more drinks on the same occasion, at least once per week, in the past 30 days. TBI-AC: self-reported altered consciousness only; loss of consciousness (LOC) of less than 1 minute (TBI-LOC <1); and LOC of 1 minute or greater (TBI-LOC 1+) after combat injury event exposure.

RESULTS:

Of active duty military personnel who had a past year combat deployment, 25.6% were frequent binge drinkers and 13.9% reported experiencing a TBI on the deployment, primarily TBI-AC (7.5%). In regression models adjusting for demographics and positive screen for posttraumatic stress disorder, active duty military personnel with TBI had increased odds of frequent binge drinking compared with those with no injury exposure or without TBI: TBI-AC (adjusted odds ratio, 1.48; 95% confidence interval, 1.18-1.84); TBI-LOC 1+ (adjusted odds ratio, 1.67; 95% confidence interval, 1.00-2.79).

CONCLUSIONS:

Traumatic brain injury was significantly associated with past month frequent binge drinking after controlling for posttraumatic stress disorder, combat exposure, and other covariates.

<http://www.ncbi.nlm.nih.gov/pubmed/22954831>

Stud Health Technol Inform. 2012;181:71-7.

Outcomes from a Pilot Study using Computer-Based Rehabilitative Tools in a Military Population.

Sullivan KW, Quinn JE, Pramuka M, Sharkey LA, French LM.

Source: Walter Reed National Military Medical Center.

Abstract

Novel therapeutic approaches and outcome data are needed for cognitive rehabilitation for patients with a traumatic brain injury; computer-based programs may play a critical role in filling existing knowledge gaps. Brain-fitness computer programs can complement existing therapies, maximize neuroplasticity, provide treatment beyond the clinic, and deliver objective efficacy data. However, these approaches have not been extensively studied in the military and traumatic brain injury population. Walter Reed National Military Medical Center established its Brain Fitness Center (BFC) in 2008 as an adjunct to traditional cognitive therapies for wounded warriors. The BFC offers commercially available "brain-training" products for military Service Members to use in a supportive, structured environment. Over 250 Service Members have utilized this therapeutic intervention. Each patient receives subjective

assessments pre and post BFC participation including the Mayo-Portland Adaptability Inventory-4 (MPAI-4), the Neurobehavioral Symptom Inventory (NBSI), and the Satisfaction with Life Scale (SWLS). A review of the first 29 BFC participants, who finished initial and repeat measures, was completed to determine the effectiveness of the BFC program. Two of the three questionnaires of self-reported symptom change completed before and after participation in the BFC revealed a statistically significant reduction in symptom severity based on MPAI and NBSI total scores ($p < .05$). There were no significant differences in the SWLS score. Despite the typical limitations of a retrospective chart review, such as variation in treatment procedures, preliminary results reveal a trend towards improved self-reported cognitive and functional symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/22953442>

Mil Med. 2012 Aug;177(8 Suppl):60-6.

Screening, diagnosis, and treatment of depression.

Greenberg J, Tesfazion AA, Robinson CS.

Source: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, 1335 East West Highway, Silver Spring, MD 20910, USA.

Abstract

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.

<http://www.ncbi.nlm.nih.gov/pubmed/22954859?dopt=Abstract>

Stud Health Technol Inform. 2012;181:218-22.

Designing virtual audiences for fear of public speaking training - an observation study on realistic nonverbal behavior.

Poeschl S, Doering N.

Source: Ilmenau University of Technology.

Abstract

Virtual Reality technology offers great possibilities for Cognitive Behavioral Therapy of fear of public speaking: Clients can be exposed to virtual fear-triggering stimuli (exposure) and are able to role-play in virtual environments, training social skills to overcome their fear. Usually, prototypical audience behavior (neutral, social and anti-social) serves as stimulus in virtual training sessions, although there is significant lack of theoretical basis on typical audience behavior. The study presented deals with the design of a realistic virtual presentation scenario. An audience (consisting of n=18 men and women) in an undergraduate seminar was observed during three frontal lecture sessions. Behavior frequency of four nonverbal dimensions (eye contact, facial expression, gesture, and posture) was rated by means of a quantitative content analysis. Results show audience behavior patterns which seem to be typical in frontal lecture contexts, like friendly and neutral face expressions. Additionally, combined and even synchronized behavioral patterns between participants who sit next to each other (like turning to the neighbor and start talking) were registered. The gathered data serve as empirical design basis for a virtual audience to be used in virtual training applications that stimulate the experiences of the participants in a realistic manner, thereby improving the experienced presence in the training application.

<http://www.ncbi.nlm.nih.gov/pubmed/22956298?dopt=Abstract>

J Abnorm Child Psychol. 2012 Sep 7. [Epub ahead of print]

Prospective Risk Factors for Adolescent PTSD: Sources of Differential Exposure and Differential Vulnerability.

Milan S, Zona K, Acker J, Turcios-Cotto V.

Source: Department of Psychology, University of Connecticut, Storrs, CT, USA,
Stephanie.milan@uconn.edu.

Abstract

There are two types of risk factors for developing PTSD: factors that increase the likelihood of experiencing a potentially traumatizing event and factors that increase the likelihood of developing symptoms following such events. Using prospective data over a two-year period from a large, diverse sample of urban adolescents (n = 1242, Mean age = 13.5), the current study differentiates these two sources of risk for developing PTSD in response to violence exposure. Five domains of potential risk and protective factors were examined: community context (e.g., neighborhood poverty), family risk (e.g., family conflict), behavioral maladjustment (e.g., internalizing symptoms), cognitive vulnerabilities (e.g., low IQ), and interpersonal problems (e.g., low social support). Time 1 interpersonal violence history, externalizing behaviors, and association with deviant peers were the best predictors of subsequent violence, but did not further increase the likelihood of PTSD in response to violence. Race/ethnicity, thought disorder symptoms, and social problems were distinctly predictive of the development of PTSD

following violence exposure. Among youth exposed to violence, Time 1 risk factors did not predict specific event features associated with elevated PTSD rates (e.g., parent as perpetrator), nor did interactions between Time 1 factors and event features add significantly to the prediction of PTSD diagnosis. Findings highlight areas for refinement in adolescent PTSD symptom measures and conceptualization, and provide direction for more targeted prevention and intervention efforts.

<http://www.ncbi.nlm.nih.gov/pubmed/22954846?dopt=Abstract>

Stud Health Technol Inform. 2012;181:149-55.

Psychophysiologic Identification of Subthreshold PTSD in Combat Veterans.

Roy MJ, Costanzo M, Leaman S.

Source: Uniformed Services University, Bethesda, MD, USA.

Abstract

Posttraumatic stress disorder (PTSD) is linked with adverse health outcomes, and many military service members (SMs) are afflicted with it after they return from combat. Since many SMs have an initial honeymoon period characterized by limited symptoms before the onset of full-blown PTSD, the identification of independent predictors of PTSD upon return from deployment could facilitate early intervention. We measured psychophysiologic responses to stimuli including explosions in a Virtual Iraq/Afghanistan environment, as well as a fear potentiated startle paradigm, in a prospective cohort of SMs who did not meet criteria for PTSD and were within 2 months after return from deployment. We report marked psychophysiologic differences between those with ($n = 29$) and without ($n = 30$) subthreshold PTSD symptoms (PTSD Checklist score ≥ 28 vs. < 28). We believe this is evidence that psychophysiologic measures can help to identify individuals at high risk for PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/22954842?dopt=Abstract>

Stud Health Technol Inform. 2012;181:128-32.

The Effectiveness of VR Exposure Therapy for PTSD in Returning Warfighters.

Miyahira SD, Folen RA, Hoffman HG, Garcia-Palacios A, Spira JL, Kawasaki M.

Source: U.S. Army Pacific Regional Medical Command, Honolulu, Hawaii, USA.

Abstract

In the decade following the attack on the World Trade Center, over 2.3 million American military personnel were deployed to Iraq and Afghanistan. Lengthy tours of duty and multiple re-deployments

were characteristic of these operations. Research findings demonstrate that prolonged exposure to combat increases the risk of developing posttraumatic stress disorder (PTSD). The current study was a randomized controlled clinical trial designed to assess the effectiveness of a novel intervention to treat combat-related PTSD in returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) warfighters. A cognitive behavior treatment approach augmented with virtual reality exposure therapy (VRE) was developed, and administered for 10 treatment sessions over 5 weeks. Comparisons with a control group receiving minimal attention (MA) for 5 weeks revealed that the VRE group had significant reductions in the avoidance/numbing symptoms on the Clinician Administered PTSD Scale (CAPS). The VRE group also had significant reductions in guilt at post-treatment compared to the control group.

<http://www.ncbi.nlm.nih.gov/pubmed/22954821?dopt=Abstract>

Stud Health Technol Inform. 2012;181:22-6.

Lessons Learned from the Development of Technological Support for PTSD Prevention: A Review.

Vakili V, Brinkman WP, Neerincx MA.

Source: Delft University of Technology, Netherlands.

Abstract

This review describes the state-of-the-art technologies that support mental resilience training for PTSD prevention. It characterizes four current systems across training approaches; seeks insights via interviews with the system developers; and extracts from these a set of essential guidelines for future developers. The guidelines include four distinct project-limiting factors, which were found to constrain the reviewed developments. These were Culture, Effectiveness, Engineering, and Resource constraints. This research is novel in reviewing technologies for PTSD prevention as opposed to treatment, and in analyzing from the perspective of system development and design issues.

<http://www.ncbi.nlm.nih.gov/pubmed/22953438?dopt=Abstract>

Mil Med. 2012 Aug;177(8 Suppl):21-8.

Epidemiology and prevention of substance use disorders in the military.

Sirratt D, Ozanian A, Traenkner B.

Source: HQ AF Medical Operations Agency/SGHW, 2261 Hughes Avenue, Suite 153, Lackland AFB, TX 78236-1025, USA.

Abstract

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.

<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.716269>

Army Suicides: “Knowns” and an Interpretative Framework for Future Directions.

James Griffith

Military Psychology

Vol. 24, Iss. 5, 2012

Studies have yielded consistent variables associated with military suicides: age (17 to 30 years), gender (male), race (white), and previous mental health conditions. Military experience variables have shown little associations with suicide. Taken together, findings may be explained, in part, by age-specific psychosocial tasks (e.g., intimacy versus isolation and identity versus role confusion). Both relate directly to the extent that the individual is socially integrated—tasks health and medical research literature have described as increasingly more difficult for youth to effectively accomplish. Contextual circumstances, such as gender and race, appear to provide necessary supports to successfully accomplish these psychosocial tasks.

<http://www.pnas.org/content/early/2012/08/27/1206330109.short>

Persistent and reversible consequences of combat stress on the mesofrontal circuit and cognition.

Guido A. van Wingen, Elbert Geuze, Matthán W. A. Caan, Tamás Kozicz, Silvia D. Olabbarriaga, Damiaan Denys, Eric Vermetten, and Guillén Fernández

PNAS 2012 ; published ahead of print September 4, 2012, doi:10.1073/pnas.1206330109

Prolonged stress can have long-lasting effects on cognition. Animal models suggest that deficits in executive functioning could result from alterations within the mesofrontal circuit. We investigated this

hypothesis in soldiers before and after deployment to Afghanistan and a control group using functional and diffusion tensor imaging. Combat stress reduced midbrain activity and integrity, which was associated to compromised sustained attention. Long-term follow-up showed that the functional and structural changes had normalized within 1.5 y. In contrast, combat stress induced a persistent reduction in functional connectivity between the midbrain and prefrontal cortex. These results demonstrate that combat stress has adverse effects on the human mesofrontal circuit and suggests that these alterations are partially reversible.

[http://www.ghpjournal.com/article/S0163-8343\(12\)00261-7/abstract](http://www.ghpjournal.com/article/S0163-8343(12)00261-7/abstract)

Feasibility and acceptability of interventions to delay gun access in VA mental health settings.

Heather Walters, Madhur Kulkarni, Jane Forman, Kathryn Roeder, Jamie Travis, Marcia Valenstein

General Hospital Psychiatry - 07 September 2012 (10.1016/j.genhosppsy.2012.07.012)

Objectives

The majority of VA patient suicides are completed with firearms. Interventions that delay patients' gun access during high-risk periods may reduce suicide, but may not be acceptable to VA stakeholders or may be challenging to implement. Using qualitative methods, stakeholders' perceptions about gun safety and interventions to delay gun access during high-risk periods were explored.

Methods

Ten focus groups and four individual interviews were conducted with key stakeholders, including VA mental health patients, mental health clinicians, family members and VA facility leaders (N=60). Transcripts were consensus-coded by two independent coders, and structured summaries were developed and reviewed using a consensus process.

Results

All stakeholder groups indicated that VA health system providers had a role in increasing patient safety and emphasized the need for providers to address gun access with their at-risk patients. However, VA mental health patients and clinicians reported limited discussion regarding gun access in VA mental health settings during routine care. Most, although not all, patients and clinicians indicated that routine screening for gun access was acceptable, with several noting that it was more acceptable for mental health patients. Most participants suggested that family and friends be involved in reducing gun access, but expressed concerns about potential family member safety. Participants generally found distribution of trigger locks acceptable, but were skeptical about its effectiveness. Involving Veteran Service Organizations or other individuals in temporarily holding guns during high-risk periods was acceptable to many participants but only with numerous caveats.

Conclusions

Patients, clinicians and family members consider the VA health system to have a legitimate role in

addressing gun safety. Several measures to delay gun access during high-risk periods for suicide were seen as acceptable and feasible if implemented thoughtfully.

[http://journals.lww.com/headtraumarehab/Abstract/2012/09000/Psychiatric Diagnoses, Mental Health Utilization,.7.aspx](http://journals.lww.com/headtraumarehab/Abstract/2012/09000/Psychiatric_Diagnoses,_Mental_Health_Utilization,.7.aspx)

Psychiatric Diagnoses, Mental Health Utilization, High-Risk Behaviors, and Self-Directed Violence Among Veterans With Comorbid History of Traumatic Brain Injury and Substance Use Disorders.

Olson-Madden, Jennifer H. PhD; Forster, Jeri E. PhD; Huggins, Joseph MSW, MSCIS; Schneider, Alexandra BA

Journal of Head Trauma Rehabilitation: September/October 2012 - Volume 27 - Issue 5 - p 370–378

Objectives:

To describe various characteristics of veterans with co-occurring histories of traumatic brain injury (TBI) and substance use disorder (SUD) for purposes of hypothesis generation.

Study Design:

Archival data collected over a period of 4 years.

Participants:

Sixty-five veterans across eras of service with confirmed histories of TBI and SUD.

Methods:

Demographic and TBI information were obtained from an archival clinical database. Electronic medical records were reviewed for mental health utilization, psychiatric diagnoses, self-directed violence, and risk-taking behaviors.

Results:

In addition to a SUD, veterans were reported to have an average of 3 additional psychiatric diagnoses and a median of 3 TBIs per person. All utilized various mental health services in addition to substance use treatment. Individuals were found to have engaged in a variety of risky behaviors. There were significant associations between suicidal ideation and assaultive behaviors, as well as between suicide attempt and impulsivity.

Conclusions:

This study describes a sample of veterans with co-occurring histories of TBI, SUD, risk-taking behaviors, and self-directed violence. More research is needed to examine these complex interrelationships and to identify specific risk factors for intervention/prevention strategies.

<http://psycnet.apa.org/journals/rep/57/3/236/>

Trajectories of resilience, depression, and anxiety following spinal cord injury.

Bonanno, George A.; Kennedy, Paul; Galatzer-Levy, Isaac R.; Lude, Peter; Elfström, Mangus L.

Rehabilitation Psychology, Vol 57(3), Aug 2012, 236-247.

Purpose/Objective:

To investigate longitudinal trajectories of depression and anxiety symptoms following spinal cord injury (SCI) as well as the predictors of those trajectories.

Research Method/Design:

A longitudinal study of 233 participants assessed at 4 time points: within 6 weeks, 3 months, 1 year, and 2 years from the point of injury. Data were analyzed using latent growth mixture modeling to determine the best-fitting model of depression and anxiety trajectories. Covariates assessed during hospitalization were explored as predictors of the trajectories.

Results:

Analyses for depression and anxiety symptoms revealed 3 similar latent classes: a resilient pattern of stable low symptoms, a pattern of high symptoms followed by improvement (recovery), and delayed symptom elevations. A chronic high depression pattern also emerged but not a chronic high anxiety pattern. Analyses of predictors indicated that compared with other groups, resilient patients had fewer SCI-related quality of life problems, more challenge appraisals and fewer threat appraisals, greater acceptance and fighting spirit, and less coping through social reliance and behavioral disengagement.

Conclusion/Implications:

Overall, the majority of SCI patients demonstrated considerable psychological resilience. Models for depression and anxiety evidenced a pattern of elevated symptoms followed by improvement and a pattern of delayed symptoms. Chronic high depression was also observed but not chronic high anxiety. Analyses of predictors were consistent with the hypothesis that resilient individuals view major stressors as challenges to be accepted and met with active coping efforts. These results are comparable to other recent studies of major health stressors. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://www.jabfp.com/content/25/5/582.full>

Enhancing Electronic Health Record Measurement of Depression Severity and Suicide Ideation: A Distributed Ambulatory Research in Therapeutics Network (DARTNet) Study.

Robert J. Valuck, Heather O. Anderson, Anne M. Libby, Elias Brandt, Cathy Bryan, Richard R. Allen, Elizabeth W. Staton, David R. West, and Wilson D. Pace

J Am Board Fam Med September-October 2012 25:582-593; doi:10.3122/jabfm.2012.05.110053

Background:

Depression is a leading cause of morbidity worldwide. The majority of treatment for depression occurs in primary care, but effective care remains elusive. Clinical decision making and comparative studies of real-world antidepressant effectiveness are limited by the absence of clinical measures of severity of illness and suicidality.

Methods:

The Distributed Ambulatory Research in Therapeutics Network (DARTNet) was engaged to systematically collect data using the 9-item Patient Health Questionnaire (PHQ-9) at the point of care. We used electronic health records (EHRs) and the PHQ-9 to capture, describe, and compare data on both baseline severity of illness and suicidality and response and suicidality after diagnosis for depressed patients in participating DARTNet practices.

Results:

EHR data were obtained for 81,028 episodes of depression (61,464 patients) from 14 clinical organizations. Over 9 months, data for 4900 PHQ-9s were collected from 2969 patients in DARTNet practices (this included 1892 PHQ-9s for 1019 adults and adolescents who had at least one depression diagnosis). Only 8.3% of episodes identified in our depression cohort had severity of illness information available in the EHR. For these episodes, considerable variation existed in both severity of illness (32.05% with no depression, 26.89% with minimal, 19.54% with mild, 12.04% with moderate, and 9.47% with severe depression) and suicidality (69.43% with a score of 0, 22.58% with a score of 1, 4.97% with a score of 2, and 3.02% with a score of 3 on item 9 of the PHQ-9). Patients with an EHR diagnosis of depression and a PHQ-9 (n = 1019) had similar severity but slightly higher suicidality levels compared with all patients for which PHQ-9 data were available. The PHQ-9 showed higher sensitivity for identifying depression response and emergent (after diagnosis) severity and suicidality; 25% to 30% of subjects had some degree of suicidal thought at some point in time according to the PHQ-9.

Conclusions:

This study demonstrated the value of adding PHQ-9 data and prescription fulfillment data to EHRs to improve diagnosis and management of depression in primary care and to enable more robust comparative effectiveness research on antidepressants.

<http://www.ncbi.nlm.nih.gov/pubmed/22960731?dopt=Abstract>

J Rehabil Med. 2012 Sep 10. doi: 10.2340/16501977-1033. [Epub ahead of print]

Factors associated with the occurrence of sentinel events during transition from hospital to home for individuals with traumatic brain injury.

Nalder E, Fleming J, Cornwell P, Foster M, Haines T.

Source: Centre for Functioning and Health Research, Buranda, Australia. e.nalder@uq.edu.au.

Abstract

Objective: To describe the timing and factors associated with the occurrence of sentinel events (financial strain, difficulty accessing therapy, return to work, accommodation change and independent transport use) during transition to the community for individuals with traumatic brain injury. **Design:** Longitudinal cohort design with data collected pre discharge and at 1, 3 and 6-month follow-ups. **Subjects:** Individuals with moderate to severe traumatic brain injury (n = 127), discharged home from acute care and inpatient rehabilitation. **Methods:** Data were collected using self-report questionnaires (sentinel events questionnaire, Mayo Portland Adaptability Inventory-4, Sydney Psychosocial Reintegration Scale, Depression Anxiety Stress Scale). Logistic regression was used to identify factors associated with sentinel events. **Results:** The most commonly reported events were independent transport use and return to work, reported on 104 and 90 occasions, respectively. A longer hospital stay and poorer community integration were related to negative events (e.g. reduced therapy). The inverse relationship was seen for positive events. Links existed between sentinel events (e.g. previous financial strain increased the likelihood of this event in transition). **Conclusion:** This paper highlights the interplay between personal and environmental factors and life events in shaping transition experiences. Individualised service planning and monitoring of sentinel events is important to promote successful community transition.

<http://www.ncbi.nlm.nih.gov/pubmed/22962640?dopt=Abstract>

Aust Fam Physician. 2012 Sep;41(9):668-71.

Cognitive behaviour therapy - incorporating therapy into general practice.

Harden M.

Abstract

BACKGROUND:

Cognitive behaviour therapy is a talking therapy that looks at the connections between our emotions, thoughts and behaviours within the context of specific circumstances and symptoms.

OBJECTIVE:

This article describes cognitive behaviour therapy, its evidence base and applications. Pathways for further training for general practitioners in cognitive behaviour therapy are described.

DISCUSSION:

Cognitive behaviour therapy is an effective treatment for mild to moderate depression, generalised anxiety disorder, panic disorder with or without agoraphobia, social phobia, post-traumatic stress disorder, and childhood depressive and anxiety disorders. At its simplest, it can take the form of an exercise prescription, teaching relaxation techniques, assistance with sleep hygiene, scheduling pleasurable activities and guiding the patient through thought identification and challenge. With some basic training in the area, GPs are well placed to provide basic cognitive behaviour therapy treatments,

particularly to patients at the mild end of the spectrum of mental health disease, as they already know their patients well and have a therapeutic alliance with them. In some cases, this may be all that is needed; however, patients who have more complicated issues or more severe symptoms may require specialist psychiatrist or psychologist referral.

<http://www.ncbi.nlm.nih.gov/pubmed/22959888?dopt=Abstract>

Conscious Cogn. 2012 Sep 6. [Epub ahead of print]

Effects of experimentally induced dissociation on attention and memory.

Brewin CR, Ma BY, Colson J.

Source: University College London, UK.

Abstract

Dissociation is an important aspect of responses to traumatic events. According to a number of influential theories, it negatively impacts cognitive performance including encoding of the trauma memories, leading to an increased risk of later conditions such as posttraumatic stress disorder (PTSD). We tested this hypothesis experimentally in two studies by inducing dissociation in the laboratory and investigating the effects on several aspects of cognition, including time estimation, digit and spatial span, and story recall. Dissociation was related to decrements in time estimation, digit span, and story retention, but did not affect perceptual attention, spatial span, or immediate story recall. The results are discussed in the context of theoretical models of PTSD and their implications for official questioning of traumatized individuals such as sexual assault survivors.

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<http://www.ncbi.nlm.nih.gov/pubmed/22959679?dopt=Abstract>

J Affect Disord. 2012 Sep 6. [Epub ahead of print]

Killing and latent classes of PTSD symptoms in Iraq and Afghanistan veterans.

Maguen S, Madden E, Bosch J, Galatzer-Levy I, Knight SJ, Litz BT, Marmar CR, McCaslin SE.

Source: San Francisco VA Medical Center and University of California, San Francisco, CA, USA.

Abstract

BACKGROUND:

Our goal was to better understand distinct PTSD symptom presentations in Iraq and Afghanistan

Veterans (N=227) and to determine whether those who killed in war were at risk for being in the most symptomatic class.

METHODS:

We used latent class analysis of responses to the PTSD checklist and logistic regression of most symptomatic class.

RESULTS:

We found that a four-class solution best fit the data, with the following profiles emerging: High Symptom (34% of participants), Intermediate Symptom (41%), Intermediate Symptom with Low Emotional Numbing (10%), and Low Symptom (15%). The largest group of individuals who reported killing (45%) was in the High Symptom class, and those who killed had twice the odds of being in the most symptomatic PTSD class, compared to those who did not kill. Those who endorsed killing a non-combatant (OR=4.56, 95% CI [1.77, 11.7], $p<0.01$) or killing in the context of anger or revenge (OR=4.63, 95% CI=[1.89, 11.4], $p<0.001$) were more likely to belong to the most symptomatic PTSD class, compared to those who did not kill.

LIMITATIONS:

The study was retrospective and cross-sectional. The results may not generalize to veterans of other wars.

CONCLUSIONS:

Killing in war may be an important indicator of risk for developing frequent and severe PTSD symptoms. This has implications for the mental healthcare of veterans, providing evidence that a comprehensive evaluation of returning veterans should include an assessment of killing experiences and reactions to killing.

Published by Elsevier B.V.

<http://www.sciencedirect.com/science/article/pii/S0889159112002449>

37. Relationship of sexual trauma with the health of women veterans.

A.G. Rossiter, F.M. Sahebzamani, M.S. Webb, M.W. Groer

Brain, Behavior, and Immunity

Volume 26, Supplement 1, September 2012, Pages S11

Background:

Women in the military are at risk for exposure to war-related trauma as well as sexual assault and harassment. There is also a significant population for whom these traumatic experiences are layered on pre-military histories of childhood violence and sexual abuse and/or assault.

Purpose:

The purpose of this study was to examine relationships among sexual trauma and mental and physical health in female veterans.

Methods:

Participants were recruited at a day of recognition for women veterans. Fifty-three women volunteered to participate in the study. Variables included measures of PTSD, sexual harassment and assault, depression, sleep quality, perceived stress, anger and anxiety. Allostatic markers included lipids, glucose, blood pressure, BMI, and inflammatory markers.

Results:

Preliminary findings showed that 72% experienced sexual harassment in the military while 25% reported sexual assault. Sexual harassment and assault were significantly related to total cholesterol, perceived stress, depression, pain, anger, anxiety, sleep quality and PTSD. There was a significant relationship between stress and IL-6 while sleep quality was related to IL-10 and IL-6.

Implications:

The association of history of sexual assault and abuse with mental and physical health indicators suggest that these women are at great risk for illness. Interventions at all levels, from personal to societal, are required to deal with these issues.

<http://www.ncbi.nlm.nih.gov/pubmed/22963595?dopt=Abstract>

J Consult Clin Psychol. 2012 Sep 10. [Epub ahead of print]

A Comparison of Cognitive Bias Modification for Interpretation and Computerized Cognitive Behavior Therapy: Effects on Anxiety, Depression, Attentional Control, and Interpretive Bias.

Bowler JO, Mackintosh B, Dunn BD, Mathews A, Dalgleish T, Hoppitt L.

Abstract

Objective:

Computerized cognitive behavioral therapy (cCBT) and cognitive bias modification for interpretation (CBM-I) both have demonstrated efficacy in alleviating social anxiety, but how they compare with each other has not been investigated. The present study tested the prediction that both interventions would reduce anxiety relative to a no-intervention comparison condition, but CBM-I would be particularly effective at modifying threat-related cognitive bias under high mental load.

Method:

Sixty-three primarily Caucasian adults (mean age = 22.7, SD = 5.87; 68.3% female) with high social anxiety, randomly allocated to 3 groups: CBM-I (n = 21), cCBT (n = 21), and a no-intervention control group (n = 21) provided complete data for analysis. Pre- and postintervention (4 sessions lasting 2

weeks, control participants only attended the pre-post sessions) self-report measures of anxiety, depression, attentional control, and threat-related interpretive bias were completed. In addition, interpretive bias under high versus low cognitive load was measured using the Scrambled Sentences Test.

Results:

Both CBM-I and cCBT groups reported significantly reduced levels of social anxiety, trait anxiety, and depression and improved attentional control, relative to the control group, with no clear superiority of either active intervention. Although both active conditions reduced negative bias on the Scrambled Sentences Test completed under mental load, CBM-I was significantly more effective at doing so.

Conclusions:

The results suggest that although not differing in therapeutic efficacy, CBM-I and cCBT might differ in the resilience of their effects when under mental load. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/22965936?dopt=Abstract>

J Trauma Stress. 2012 Sep 10. doi: 10.1002/jts.21734. [Epub ahead of print]

Combining group-based exposure therapy with prolonged exposure to treat U.S. Vietnam veterans With PTSD: A case study.

Ready DJ, Vega EM, Worley V, Bradley B.

Source: Department of Veterans Affairs Medical Center-Atlanta, Decatur, Georgia, USA; Emory University Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia, USA. David.Ready@va.gov.

Abstract

Group-based exposure therapy (GBET) of 16-week duration was developed to treat combat-related posttraumatic stress disorder (PTSD) and decreased PTSD symptoms in 3 noncontrolled open trials with low attrition (0%-5%). Group-based exposure therapy has not produced as much PTSD symptom reduction as Prolonged Exposure (PE) within a U.S. Veterans Affairs PTSD treatment program, although PE had more dropouts (20%). This pilot study was of a model that combined key elements of GBET with components of PE in an effort to increase the effectiveness of a group-based treatment while reducing its length and maintaining low attrition. Twice per week, 8 Vietnam combat veterans with PTSD were treated for 12 weeks, with an intervention that included 2 within-group war trauma presentations per participant, 6 PE style individual imaginal exposure (IE) sessions per participant, daily listening to recorded IE sessions, and daily in vivo exposure exercises. All completed treatment and showed significant reductions on all measures of PTSD with large effect sizes; 7 participants no longer met PTSD criteria on treating clinician administered interviews and a self-report measure at posttreatment.

Significant reductions in depression with large effect sizes and moderate reductions in PTSD-related cognitions were also found. Most gains were maintained 6 months posttreatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/22963576?dopt=Abstract>

Cogn Emot. 2012 Nov;26(7):1335-43. Epub 2012 Mar 9.

Effects of traumatic stress and perceived stress on everyday cognitive functioning.

Boals A, Banks JB.

Source: Department of Psychology , University of North Texas , Denton , TX , USA.

Abstract

Stressful or traumatic events have been shown to impair cognitive functioning on laboratory-based tasks due to stress-related intrusive thoughts and avoidance. However, research on the effects of stress on everyday cognitive functioning has been lacking. A sample of 909 undergraduates completed measures of perceived stress, PTSD symptoms, and everyday cognitive failures. The results revealed that both perceived stress and PTSD symptoms uniquely predicted cognitive failures, even after controlling for a number of potentially confounding variables. Additionally, there was a significant interaction. Participants with low scores on both measures of stress reported the fewest occurrences of everyday cognitive failures. In contrast, participants with elevated scores on either measure of stress reported higher levels of cognitive failures. These results suggest that there are unique negative effects of perceived stress and PTSD symptoms on everyday cognitive functioning and sharpen our understanding of the relationship between stress and cognition.

<http://www.ncbi.nlm.nih.gov/pubmed/22962937?dopt=Abstract>

Aging Ment Health. 2012 Sep 10. [Epub ahead of print]

Distinguishing late-onset stress symptomatology from posttraumatic stress disorder in older combat veterans.

Potter CM, Kaiser AP, King LA, King DW, Davison EH, Seligowski AV, Brady CB, Spiro A 3rd.

Source: VA National Center for PTSD, VA Boston Healthcare System , Boston , MA , USA.

Abstract

Objective: To assess the discriminant validity of late-onset stress symptomatology (LOSS) in terms of its distinction from posttraumatic stress disorder (PTSD). Method: The LOSS Scale, PTSD Checklist - Civilian

Version, and related psychological measures were administered to 562 older male combat veterans via a mailed questionnaire. Analyses focused on: (a) comparing associations of LOSS and PTSD with other psychological variables and (b) examining a hypothesized curvilinear relationship between LOSS and PTSD scores. Results: Compared to PTSD, LOSS was more strongly associated with concerns about retirement and less strongly associated with depression, anxiety, sense of mastery, and satisfaction with life. LOSS also demonstrated a curvilinear relationship with PTSD, such that the positive association between LOSS and PTSD diminished at higher levels of PTSD. Conclusion: LOSS is conceptually and statistically more strongly associated with a normative late-life stressor than is PTSD, but is less strongly related to mental health symptoms and emotional well-being. Additionally, LOSS seems more related to subthreshold PTSD than it is to clinically significant PTSD. The present findings support the discriminant validity of LOSS.

<http://www.ncbi.nlm.nih.gov/pubmed/22522725?dopt=Abstract>

J Trauma Stress. 2012 Apr;25(2):125-33. doi: 10.1002/jts.21677.

Stepped early psychological intervention for posttraumatic stress disorder, other anxiety disorders, and depression following serious injury.

O'Donnell ML, Lau W, Tipping S, Holmes AC, Ellen S, Judson R, Varker T, Elliot P, Bryant RA, Creamer MC, Forbes D.

Source: Australian Centre for Posttraumatic Mental Health, East Melbourne Victoria, Australia.
mod@unimelb.edu.au

Abstract

The best approach for implementing early psychological intervention for anxiety and depressive disorders after a traumatic event has not been established. This study aimed to test the effectiveness of a stepped model of early psychological intervention following traumatic injury. A sample of 683 consecutively admitted injury patients were screened during hospitalization. High-risk patients were followed up at 4-weeks postinjury and assessed for anxiety and depression symptom levels. Patients with elevated symptoms were randomly assigned to receive 4-10 sessions of cognitive-behavioral therapy (n = 24) or usual care (n = 22). Screening in the hospital identified 89% of those who went on to develop any anxiety or affective disorder at 12 months. Relative to usual care, patients receiving early intervention had significantly improved mental health at 12 months. A stepped model can effectively identify and treat injury patients with high psychiatric symptoms within 3 months of the initial trauma.

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<http://www.ncbi.nlm.nih.gov/pubmed/22448802?dopt=Abstract>

Personal Disord. 2011 Oct;2(4):261-78.

The structure of personality disorders in individuals with posttraumatic stress disorder.

Wolf EJ, Miller MW, Brown TA.

Source: National Center for PTSD at VA BostonHealthcare System, Boston, Massachusetts 02130, USA.
erika.wolf@va.gov

Abstract

Research on the structure of personality disorders (PDs) has relied primarily on exploratory analyses to evaluate trait-based models of the factors underlying the covariation of these disorders. This study used confirmatory factor analysis to evaluate whether a model that included both PD traits and a general personality dysfunction factor would account for the comorbidity of the PDs better than a trait-only model. It also examined if the internalizing/externalizing model of psychopathology, developed previously through research on the structure of Axis I disorders, might similarly account for the covariation of the Axis II disorders in a sample of 245 veterans and nonveterans with posttraumatic stress disorder. Results indicated that the best fitting model was a modified bifactor structure composed of nine lower-order common factors. These factors indexed pathology ranging from aggression to dependency, with the correlations among them accounted for by higher-order Internalizing and Externalizing factors. Further, a general factor, reflecting a construct that we termed boundary disturbance, accounted for additional variance and covariance across nearly all the indicators. The Internalizing, Externalizing, and Boundary Disturbance factors evidenced differential associations with trauma-related covariates. These findings suggest continuity in the underlying structure of psychopathology across DSM-IV Axes I and II and provide empirical evidence of a pervasive, core disturbance in the boundary between self and other across the PDs.

Links of Interest

Obama Increasing Crisis Line for Veterans

<http://www.courthousenews.com/2012/09/07/50021.htm>

Vets' Readjustment Issues May Spur PTSD Treatment

http://www.nlm.nih.gov/medlineplus/news/fullstory_128992.html

Warrior Adventure Quest seeks to recondition Soldiers

http://www.army.mil/article/86807/Warrior_Adventure_Quest_seeks_to_recondition_Soldiers/

Airman's wife, jailed after toddler's death, alleges 'horrible mistake'

<http://www.stripes.com/news/air-force/airman-s-wife-jailed-after-toddler-s-death-alleges-horrible-mistake-1.187680>

Depression: Cognitive behavioral therapy better than antidepressants?

<http://www.voxxi.com/depression-cognitive-behavioral-therapy-antidepressants/>

Serving those who served us: Resources for active duty soldiers and veterans

<http://crln.acrl.org/content/73/8/470.short>

Will PTSD By Any Other Name Bring More Troops to Treatment?

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1212609>

Military, VA Can Do Better in PTSD Response, Experts Say

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1310493>

Army Psychiatrist Makes Case for Collaborative Care

<http://psychiatryonline.org/newsarticle.aspx?articleid=1217916>

Stories From A New Generation Of American Soldiers

<http://www.npr.org/2012/09/11/160889089/stories-from-a-new-generation-of-american-soldiers>

Survey Finds Substantial Overlap of Mental Illness, Substance Abuse

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1284578>

Suicide Prevention Expert Outlines New Steps to Tackle Military Suicide

<http://www.sciencedaily.com/releases/2012/09/120910122651.htm>

Military Probes Drug Use By Sergeant's Kids; Boys, 6 and 4, told Air Force police they used bong with dad

<http://www.thesmokinggun.com/documents/air-force-drug-probe-651324>

Suicide prevention: Reaching out a sign of strength

http://www.army.mil/article/87135/Suicide_prevention_Reaching_out_a_sign_of_strength/

NFL legend launches Suicide Prevention Fair

http://www.army.mil/article/87191/NFL_legend_launches_Suicide_Prevention_Fair/

Stress hormones: Good or bad for posttraumatic stress disorder risk?

http://www.eurekalert.org/pub_releases/2012-09/e-sh091212.php

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