



## CDP Research Update -- November 15-22, 2012

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- Emotional Reactivity to a Single Inhalation of 35% Carbon Dioxide and Its Association With Later Symptoms of Posttraumatic Stress Disorder and Anxiety in Soldiers Deployed to Iraq.
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- Efficacy of a brief nightmare treatment for veterans.
- Homeless Military Veterans and the Intersection of Partner Violence.
- Military Psychology: Special Section on Suicide Prevention
- Changes in Sensation Seeking and Need for Structure Before and After a Combat Deployment.
- The Impact of Benefit Finding and Leadership on Combat-Related PTSD Symptoms.
- NOS1AP is associated with increased severity of PTSD and depression in untreated combat veterans.
- Neural responses to threat and reward interact to predict stress-related problem drinking: A novel protective role of the amygdala.

- Suicidal Thoughts and Behavior in 33 Metropolitan Statistical Areas: 2008 to 2010.
- How Disorder-Specific are Depressive Attributions? A Comparison of Individuals with Depression, Post-Traumatic Stress Disorder and Healthy Controls.
- Complex trauma and intimate relationships: The impact of shame, guilt and dissociation.
- The effect of post traumatic stress disorders on rehabilitation among combat-wounded veterans.
- Psychiatric disorders in patients suffering from an acute cerebrovascular accident or traumatic injury, and their effects on rehabilitation: an observational study.
- Brain activation and heart rate during script-driven traumatic imagery in PTSD: Preliminary findings.
- Prospective study of risk factors for suicidal behavior in individuals with anxiety disorders.
- Anxiety sensitivity and aspects of alexithymia are independently and uniquely associated with posttraumatic distress.
- Posttraumatic Stress Disorder and Its Comorbidities Among American Indian Veterans.
- Visual event-related potentials as markers of hyperarousal in Gulf War illness: Evidence against a stress-related etiology.
- More vulnerability of left than right hippocampal damage in right-handed patients with post-traumatic stress disorder.
- Diffusion tensor imaging evidence of white matter disruption associated with loss versus alteration of consciousness in warfighters exposed to combat in Operations Enduring and Iraqi Freedom.
- A window into the invisible wound of war: Functional neuroimaging of REM sleep in returning combat veterans with PTSD.
- Heightened Attentional Capture by Threat in Veterans With PTSD.
- Health Service Utilization Before and After Evidence-Based Treatment for PTSD.
- Psychiatric comorbidities of episodic and chronic migraine.
- Links of Interest
- Research Tip of the Week: [War Trauma Resources for Military, Veterans & Families](#) (PDF)

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<http://www.ncbi.nlm.nih.gov/pubmed/23148803?dopt=Abstract>

Psychol Serv. 2012 Nov;9(4):361-382. Epub 2012 Mar 5.

**Posttraumatic stress disorder in veterans and military personnel: Epidemiology, screening, and case recognition.**

Gates MA, Holowka DW, Vasterling JJ, Keane TM, Marx BP, Rosen RC.

Source: New England Research Institutes, Inc.

Abstract

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that affects 7-8% of the general U.S. population at some point during their lifetime; however, the prevalence is much higher among certain subgroups, including active duty military personnel and veterans. In this article, we review the empirical literature on the epidemiology and screening of PTSD in military and veteran populations, including the availability of sensitive and reliable screening tools. Although estimates vary across studies, evidence suggests that the prevalence of PTSD in deployed U.S. military personnel may be as high as 14-16%. Prior studies have identified trauma characteristics and pre- and posttrauma factors that increase risk of PTSD among veterans and military personnel. This information may help to inform prevention and screening efforts, as screening programs could be targeted to high-risk populations. Large-scale screening efforts have recently been implemented by the U.S. Departments of Defense and Veterans Affairs. Given the prevalence and potential consequences of PTSD among veterans and active duty military personnel, development and continued evaluation of effective screening methods is an important public health need. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6144a3.htm?s\\_cid=mm6144a3\\_x](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6144a3.htm?s_cid=mm6144a3_x)

**Energy Drink Consumption and Its Association with Sleep Problems Among U.S. Service Members on a Combat Deployment — Afghanistan, 2010.**

Morbidity and Mortality Weekly Report (CDC)

November 9, 2012

Beverages marketed as energy drinks have become a popular form of caffeine consumption targeted at young males, with some brands containing the caffeine equivalent of 1–3 cups of coffee or cans of soda (1). Energy drinks also include other ingredients intended to boost physical energy or mental alertness, such as herbal substances, amino acids, sugars, and sugar derivatives; however, caffeine is the main active ingredient (1). Approximately 6% of adolescent and young adult males in U.S. civilian and military populations consume energy drinks daily (2,3). These products generally are unregulated and can have

negative side effects (e.g., caffeine intoxication, overdose, withdrawal, and poor interactions with alcohol) (1). Paradoxically, excess consumption also can increase sleep problems and daytime sleepiness, which can impair performance (1). To determine the extent of energy drink use and the association with sleep problems and sleepiness during combat operations, Walter Reed Army Institute of Research analyzed data collected by Joint Mental Health Advisory Team 7 (J-MHAT 7) to Operation Enduring Freedom in Afghanistan in 2010. The analysis showed that 44.8% of deployed service members consumed at least one energy drink daily, with 13.9% drinking three or more a day. No differences by age or rank were found. Service members drinking three or more energy drinks a day were significantly more likely to report sleeping  $\leq 4$  hours a night on average than those consuming two drinks or fewer. Those who drank three or more drinks a day also were more likely to report sleep disruption related to stress and illness and were more likely to fall asleep during briefings or on guard duty. Service members should be educated regarding the potential adverse effects of excessive energy drink consumption on sleep and mission performance and should be encouraged to moderate their energy drink consumption in combat environments.

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<http://www.ncbi.nlm.nih.gov/pubmed/23137221>

Arch Suicide Res. 2012 Oct;16(4):316-23. doi: 10.1080/13811118.2013.722055.

### **Therapeutic Alliance and Change in Suicidal Ideation during Treatment in Integrated Primary Care Settings.**

Bryan CJ, Corso KA, Corso ML, Kanzler KE, Ray-Sannerud B, Morrow CE.

Source: National Center for Veterans Studies, The University of Utah , Salt Lake City , Utah , USA.

#### **Abstract**

A strong therapeutic alliance is considered to be an essential factor for the effective assessment and management of suicidal patients; however, to date this has received little empirical attention. The current study evaluated the association of future change in suicidal ideation with therapeutic alliance during first appointments with primary care behavioral health consultants. The Behavioral Health Measure (BHM; Kopta & Lowery, 2002 ) and Therapeutic Bond Scale (TBS; CelestHealth Solutions, 2006) were completed by 497 primary care patients who kept 2 to 8 appointments with the integrated behavioral health consultant. Results indicated that suicidal ideation generally improved over the course of several behavioral health appointments and that therapeutic alliance was rated very high by patients. Therapeutic alliance during the first appointment was not associated with eventual change in suicidal ideation.

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[http://opensiuc.lib.siu.edu/cgi/viewcontent.cgi?article=1350&context=gs\\_rp](http://opensiuc.lib.siu.edu/cgi/viewcontent.cgi?article=1350&context=gs_rp)

## **Psychosocial Issues With Post-traumatic Stress Disorder And Treatment For The Veteran Population.**

Joleen Skortz

A Research Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Science in the field of Rehabilitation Counseling

Graduate School

Southern Illinois University Carbondale

June 28, 2012

Post-Traumatic Stress Disorder is an anxiety disorder that occurs after a traumatic event in which the threat of serious injury or death was experienced or witnessed. Symptoms of PTSD are wide ranging often include psychiatric co-morbidity that can significantly affect many aspects of an individual's life. Evidence suggests that PTSD among veterans is increasing, with higher numbers of veterans needing to seek more services. However, evidence suggests that many veterans who have begun to receive treatment for PTSD do not always finish the recommended course of treatment. The Veterans Administration is working to expand mental health services while also discovering ways to overcome barriers for veterans seeking mental health treatment, while also increasing the retention rate among veterans who are receiving services. PTSD has been shown to increase thoughts of suicide among veterans. There are effective treatments for veterans with PTSD which include individual, family, and group therapy. Medication is also utilized to help manage symptoms. The roles of rehabilitation counselors have been acknowledged and expanded to effectively provide the necessary treatment to best serve veterans with PTSD.

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<http://www.sciencedirect.com/science/article/pii/S027273581200164X>

## **Efficacy of Psychological Interventions Aiming to Reduce Chronic Nightmares: A Meta-Analysis.**

Kathrin Hansen, Volkmar Höfling, Tana Kröner, Ulrich Stangier, Regina Steil

Clinical Psychology Review

Available online 7 November 2012

This study presents a meta-analysis of the effectiveness of psychological treatments for chronic nightmares using imaginal confrontation with nightmare contents (ICNC) or imagery rescripting and rehearsal (IRR). Pre-post effect sizes (Hedges'  $g$ ) were calculated for the outcome measures of nightmare frequency, nights per week with nightmares, sleep quality, depression, anxiety, and PTSD severity. Fixed-effects and random-effects models were applied. High effect sizes were found for nightmare frequency ( $g = 1.04$ ), nights per week with nightmares ( $g = 0.99$ ), and PTSD severity ( $g = 0.92$ ). Most of the effect sizes for the secondary outcomes were moderate. One objective was to clarify

whether ICNC or IRR is more important for nightmare reduction. The results indicate that a higher duration of time for ICNC is associated with greater improvements: The minutes of applied ICNC moderate the effect sizes for nightmare frequency at follow-up 2 and for nights per week with nightmares at post and follow-up 1. The percentage of applied ICNC moderates the effect sizes for nightmare frequency and nights per week with nightmares at follow-up 1. Thus, dismantling studies are necessary to draw conclusions regarding whether ICNC or IRR is the most effective in the psychological treatment of chronic nightmares.

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<http://www.gahmj.com/doi/abs/10.7453/gahmj.2012.1.5.001>

### **Resilience Training Program Reduces Physiological and Psychological Stress in Police Officers.**

Rollin McCraty, PhD; Mike Atkinson

Global Advances in H Research suggests that police work is among the most stressful occupations in the world and officers typically suffer a variety of physiological, psychological, and behavioral effects and symptoms. Officers operating under severe or chronic stress are likely to be at greater risk of error, accidents, and overreactions that can compromise their performance, jeopardize public safety, and pose significant liability costs to the organization. Therefore, this study explored the nature and degree of physiological activation typically experienced of officers on the job and the impact of the Coherence Advantage resilience and performance enhancement training on a group of police officers from Santa Clara County, California.

Areas assessed included vitality, emotional well-being, stress coping and interpersonal skills, work performance, workplace effectiveness and climate, family relationships, and physiological recalibration following acute stressors. Physiological measurements were obtained to determine the real-time cardiovascular impact of acutely stressful situations encountered in highly realistic simulated police calls used in police training and to identify officers at increased risk of future health challenges.

The resilience-building training improved officers' capacity to recognize and self-regulate their responses to stressors in both work and personal contexts. Officers experienced reductions in stress, negative emotions, depression, and increased peacefulness and vitality as compared to a control group. Improvements in family relationships, more effective communication and cooperation within work teams, and enhanced work performance also were noted.

Heart rate and blood pressure measurements taken during simulated police call scenarios showed that acutely stressful circumstances typically encountered on the job result in a tremendous degree of physiological activation, from which it takes a considerable amount of time to recover.

Autonomic nervous system assessment based on heart rate variability analysis of 24-hour electrocardiogram (ECG) recordings revealed that 11% of the officers were at higher risk for sudden cardiac death and other serious health challenges. This is more than twice the percentage typically

found in the general population and is consistent with epidemiological data indicating that police officers have more than twice the average incidence of cardiovascular-related disease.

The data suggest that training in resilience building and self-regulation skills could significantly benefit police organizations by improving judgment and decision making, decreasing the frequency of on-the-job driving accidents and the use of excessive force in high-stress situations. Potential outcomes include fewer citizens' complaints, fewer lawsuits, decreased organizational liabilities and increased community safety. Finally, this study highlights the value of 24-hour heart rate variability (HRV) analysis as a useful screening tool to identify officers who are at increased risk, so that efforts can be made to reverse or prevent the onset of disease in these individuals.

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<http://www.alpha-stim.com/wp-content/uploads/Military-Survey-Poster.pdf>

**Efficacy of Cranial Electrotherapy Stimulation for Anxiety, PTSD, Insomnia and Depression: US Military Service Members and Veterans Self Reports.** (poster)

Daniel L. Kirsch, Ph.D., Larry R. Price, Ph.D., Francine Nichols, R.N., Ph.D., Jeffrey A. Marksberry, M.D., Katherine T. Platoni, Psy.D.

Cranial electrotherapy stimulation (CES) is prescribed for US Service Members and veterans for the treatment of anxiety, PTSD, insomnia and depression. The purpose of this study was to examine US Service Members' and veterans' perceptions of the effectiveness and safety of CES treatment. Service Members and Veterans (N=1,514) who had obtained a CES device through the US Department of Defense or US Veterans Affairs Medical Center from 2006-2011 were invited to participate in the web based survey via email. One hundred fifty-two participants returned questionnaires. Data were analyzed using descriptive statistics. Participants reported clinical improvement of  $\geq 25\%$  from using CES for anxiety (66.7%), PTSD (62.5%), insomnia (65.3%) and depression (53.9%). The majority of these participants reported  $\geq 50\%$  clinical improvement. Almost all (99.0%) respondents perceived CES to be safe. Those individuals who were not taking any prescription medication rated CES more effective than the CES and prescription medication group. CES provides US Service Members and veterans with a safe, non-invasive, non-drug, easy to use treatment for anxiety, PTSD, insomnia and depression that can be used in the clinical setting or self-directed at home.

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<http://www.tandfonline.com/toc/wjdd20/8/4>

Journal of Dual Diagnosis

Volume 8, Issue 4, 2012

**Special Issue: Technology-Based Assessments and Interventions Targeting Psychiatric and Substance Use Disorders: Innovations and Opportunities**



- Technology-Based Assessments and Interventions Targeting Psychiatric and Substance Use Disorders: Innovations and Opportunities.
- It's Worth a Try: The Treatment Experiences of Rural and Urban Participants in a Randomized Controlled Trial of Computerized Psychological Treatment for Comorbid Depression and Alcohol/Other Drug Use.
- Use of a Fractional Factorial Experiment to Assess the E-healthcare Application Design Needs of Persons With Dual Diagnosis.
- A Web-Based Behavior Therapy Program Influences the Association Between Cognitive Functioning and Retention and Abstinence in Clients Receiving Methadone Maintenance Treatment.
- How Patients Recovering From Alcoholism Use a Smartphone Intervention.
- Predictors of Self-Stigma in Schizophrenia: New Insights Using Mobile Technologies.
- Do Symptoms and Cognitive Problems Affect the Use and Efficacy of a Web-Based Decision Support System for Smokers With Serious Mental Illness?
- A Pilot Study of Mood Ratings Captured by Mobile Phone Versus Paper-and-Pencil Mood Charts in Bipolar Disorder.
- Toward a Vision for the Development, Study, and Use of Electronic Health Technology for and by People With Psychiatric and/or Substance Use Disorders: A Strengths, Weaknesses, Opportunities, and Threats Analysis and Illustration.
- Brain-Computer Interface Technology for Schizophrenia.
- Ethical Considerations and Social Media: A Case of Suicidal Postings on Facebook.

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<http://cjb.sagepub.com/content/39/12/1633.short>

### **Factors Influencing Subjects' Observed Level of Suicide by Cop Intent.**

Vivian B. Lord

University of North Carolina Charlotte

Criminal Justice and Behavior

December 2012

vol. 39 no. 12 1633-1646

The term suicide by cop (SbC) is used commonly for police-involved shootings that could be considered suicides because of the subject's precipitated actions that demonstrate suicidal intent. The intent of the

subject's actions is often complicated and rarely understood. Using Lord and Sloop's revised SbC decision model, the current study used a legal intervention incidents subset within the National Violent Death Reporting System data established by the Centers for Disease Control and Prevention to examine the intent of subjects who were reported to have died violently through the involvement of law enforcement. The study's results support the importance of multiple points of data to make decisions of SbC. Based on the current model, certain personal characteristics, history of suicide attempts, a domestic dispute in progress, and refusal to surrender significantly contributed to the strength of association. Factors considered indicators of irrational thought were not found to be significant predictors.

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<http://www.sciencedirect.com/science/article/pii/S0165178112004593>

**Alexithymia and low cooperativeness are associated with suicide attempts in male military personnel with adjustment disorder: A case–control study.**

Kyoung-Sae Na, Sei-Joong Oh, Han-Yong Jung, Soyoung Irene Lee, Yong-Ku Kim, Changsu Han, Young-Hoon Ko, Jong-Woo Paik, Shin-Gyeom Kim

Psychiatry Research

Available online 8 November 2012

Subpopulations of patients with adjustment disorder are at increased risk for suicide. The current study investigated whether personality traits, including alexithymia, temperament, and character, are associated with an increased risk of suicide in individuals with adjustment disorder. Age and sex-matched patients meeting the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for adjustment disorder with (n=92) and without (n=92) a history of suicide attempts were recruited for the present study. Ninety-two healthy individuals who did not meet diagnostic criteria for Axis I or II diagnoses were used as controls. The Toronto Alexithymia Scale-20 (TAS-20) and the Temperament and Character Inventory (TCI) were used to assess personality traits. Significantly higher total and subscale scores on the TAS-20, including on the difficulty-identifying-feelings (DIF) and difficulty-describing-feelings (DDF) subscales, and lower scores on the TCI cooperativeness subscale were noted in adjustment-disorder patients with previous suicide attempts. In the multivariate regression analysis, high DDF and DIF and low cooperativeness increased the risk of suicide attempts in adjustment-disorder patients. A subsequent path analysis revealed that high DDF had a direct effect on suicide attempts, whereas high DIF had an indirect effect on suicide attempts via low cooperativeness.

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<http://www.ncbi.nlm.nih.gov/pubmed/23137220>

Arch Suicide Res. 2012 Oct;16(4):303-15. doi: 10.1080/13811118.2013.722054.

**Social problem solving and suicidal behavior: ethnic differences in the moderating effects of loneliness and life stress.**

Hirsch JK, Chang EC, Jeglic EL.

Source: Department of Psychology , East Tennessee State University , Johnson City , Tennessee , USA.

Abstract

The objective of this study was to examine the combined moderating effects of life stress and loneliness on the association between social problem solving ability (SPS) and suicidal behaviors. We assessed SPS, suicidal behavior, loneliness, and stressful life events in a sample of 385 ethnically diverse college students. Overall, only loneliness moderated the association between SPS and suicidal behaviors. Across ethnic groups, loneliness moderated the association between SPS and suicidal behavior for Blacks, Whites, and Asians; life stress was a moderator for Hispanics. For most individuals, loneliness increases the strength of the association between poor problem-solving and suicidal behaviors. For Hispanics, life stress exacerbates this relationship. Ethnically-specific prevention strategies targeting loneliness and life stress may promote effective problem-solving, reducing suicide risk.

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<http://onlinelibrary.wiley.com/doi/10.1002/pits.21661/abstract>

**The Current Status of Graduate Training in Suicide Risk Assessment.**

Liebling-Boccio, D. E. and Jennings, H. R.

Psychology in the Schools

Article first published online: 7 NOV 2012

Directors and coordinators (n = 75) of graduate programs in school psychology approved by the National Association of School Psychologists (NASP) were surveyed regarding their training practices in suicide risk assessment. Respondents viewed the assessment of suicide risk as an important part of graduate instruction, and most believed that students completing training at their institutions would be adequately prepared to perform this task. Almost all directors indicated that a portion of class lectures was dedicated to addressing child/adolescent suicide risk assessment, and students were reportedly exposed to this topic in multiple courses, particularly those associated with practicum and internship. Students in doctoral and nondoctoral programs received comparable training and were judged to be equally prepared to perform suicide-related professional activities in the schools. Gaps in training were revealed involving instruction in the use of quantitative measures of risk, large-scale suicide prevention efforts, interventions with suicidal youth, and postvention activities.

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[http://www.jad-journal.com/article/S0165-0327\(12\)00248-0/abstract](http://www.jad-journal.com/article/S0165-0327(12)00248-0/abstract)

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

R. Correa, B. Parry

Journal of Affective Disorders

Volume 142, Issue 1 , Pages 31-35, 15 December 2012

**Background**

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

**Method**

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

**Results**

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

**Limitations**

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

**Conclusions**

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

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[http://www.jad-journal.com/article/S0165-0327\(12\)00292-3/abstract](http://www.jad-journal.com/article/S0165-0327(12)00292-3/abstract)

**Gender ratio comparisons of the suicide rates and methods in Korea, Japan, Australia, and the United States.**

Myung Hee Ahn, Subin Park, Kyooseb Ha, Soon Ho Choi, Jin Pyo Hong

Journal of Affective Disorders

Volume 142, Issue 1 , Pages 161-165, 15 December 2012

**Background**

The gender ratio (male/female) of suicide rates greatly differs by country and by age group. These differences are accompanied by differences in the use of violent methods of suicide.

**Methods**

The gender ratio of suicide rates and the methods used were calculated from the most recently available official electronic mortality data published by the four countries (two Eastern (Korea and Japan) and two Western (Australia and the United states) countries) and from the World Health Organization [WHO] mortality database. Suicide gender ratios based on 95% Confidence intervals (CIs) were used to compare the countries between age groups.

**Results**

The gender ratio of suicide rates was higher in the United States (3.9) and Australia (3.3), where gender differences in suicide methods were more prominent, than in Korea (1.8) and Japan (2.7). In the United States and Australia, the gender ratios greatly increased in the elderly (age 70 years and over), with a higher use of firearms by men. The gender ratio of suicide rates was lowest (1.0) in the young (age 20–29) in Korea, where hanging was a more common method in women than in men.

**Limitations**

The study does not consider the various other factors that may have influenced gender differences of suicide rate.

**Conclusions**

These findings suggest that differences in suicide methods play a role in determining the differences in the gender ratio of suicide rates between countries. Because suicide methods varied with gender, age, and country and may play a role in the suicide rates of each group, these parameters should be taken into account in the design of suicide prevention measures.

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[http://www.jad-journal.com/article/S0165-0327\(12\)00315-1/abstract](http://www.jad-journal.com/article/S0165-0327(12)00315-1/abstract)

**PTSD symptoms in a cohort of National Guard soldiers deployed to Iraq: Evidence for nonspecific and specific components.**

Christopher R. Erbes, Melissa A. Polusny, Paul A. Arbisi, Erin Koffel

Journal of Affective Disorders

Volume 142, Issue 1 , Pages 269-274, 15 December 2012

#### Background

There is evidence that some of the symptoms included under the current diagnostic criteria for PTSD are not unique to PTSD and instead represent general distress. This study attempted to delineate the nonspecific and specific components of PTSD by examining the relation of PTSD symptoms to trauma exposure and demoralization in a cohort of National Guard soldiers deployed to Iraq.

#### Methods

Data were collected from a cohort of 348 combat deployed National Guard soldiers participating in the readiness and resilience in National Guard soldiers (RINGS) study. Current DSM-IV PTSD diagnoses and trauma exposure were determined 6 to 12 months following soldiers' return from deployment using the Clinician Administered PTSD Scale. Level of trauma exposure (as measured by a combat exposure scale), demoralization and self-reported PTSD symptoms were assessed with self-report questionnaires.

#### Results

Dysphoria symptoms had the weakest relation with trauma exposure and the strongest relation with demoralization. In addition, these symptoms had high rates of endorsement in a group of soldiers without trauma exposure. Intrusions were strongly related to trauma and were significantly higher in the group with trauma exposure compared to the no-trauma group.

#### Limitations

These findings may not generalize to survivors of other types of trauma, service members from other era's, or even service members from different regions or military branches who have different demographic and duty characteristics.

#### Conclusions

Emphasizing symptoms of PTSD that are strongly related to trauma exposure will be important for the differential diagnosis of PTSD.

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[http://www.jad-journal.com/article/S0165-0327\(12\)00007-9/abstract](http://www.jad-journal.com/article/S0165-0327(12)00007-9/abstract)

#### **The role of executive function in posttraumatic stress disorder: A systematic review.**

A. Rosaura Polak, Anke B. Witteveen, Johannes B. Reitsma, Miranda Olff

Journal of Affective Disorders

Volume 141, Issue 1 , Pages 11-21, 1 December 2012

## Background

Although posttraumatic stress disorder (PTSD) has been associated with disturbances in verbal memory, studies examining executive functioning in PTSD show mixed results.

## Methods

A systematic review and meta-analysis were performed to compare executive functioning in patients with current PTSD and controls without any psychiatric disorder. Standard mean differences (SMD) in executive functioning scores were calculated using random-effects models. Covariates were added to examine whether differences exist between subgroups.

## Results

Across 18 studies, 1080 subjects were included. In comparison with 431 exposed controls and 227 healthy controls, 422 people with PTSD showed significantly impaired executive functioning. Subgroup analyses revealed more pronounced differences between PTSD patients and exposed controls than healthy controls. Male gender, higher age, war trauma, and higher severity of co-morbid depressive symptoms were related to poorer executive functioning in PTSD patients compared to exposed controls.

## Limitations

Due to insufficient data and heterogeneity, not all subgroup differences or characteristics could be taken into account.

## Conclusions

Overall, PTSD patients were found to show impaired executive functioning. Future research should further elucidate the subgroup effects and focus on clinical implications with regard to daily functioning and treatment outcome.

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<http://www.ncbi.nlm.nih.gov/pubmed/23137169>

Pain Med. 2012 Nov 8. doi: 10.1111/j.1526-4637.2012.01516.x. [Epub ahead of print]

## **Preliminary Validation of the Defense and Veterans Pain Rating Scale (DVPRS) in a Military Population.**

Buckenmaier CC 3rd, Galloway KT, Polomano RC, McDuffie M, Kwon N, Gallagher RM.

Source: Defense and Veterans Center for Integrative Pain Management, Walter Reed National Military Medical Center, Bethesda, Maryland, USA; Anesthesiology, USUHS, Bethesda, Maryland, USA.

## Abstract

### BACKGROUND:

The Army Surgeon General released the Pain Management Task Force final report in May 2010. Among military providers, concerns were raised that the standard numeric rating scale (NRS) for pain was

inconsistently administered and of questionable clinical value. In response, the Defense and Veterans Pain Rating Scale (DVPRS) was developed.

#### METHODS:

The instrument design integrates pain rating scale features to improve interpretability of incremental pain intensity levels, and to improve communication and documentation across all transitions of care. A convenience sample of 350 inpatient and outpatient active duty or retired military service members participated in the study at Walter Reed Army Medical Center. Participants completed the five-item DVPRS-one pain intensity NRS with and without word descriptors presented in random order and four supplemental items measuring general activity, sleep, mood, and level of stress and the Brief Pain Inventory seven interference items. Using systematic sampling, a random sample was selected for a word descriptor validation procedure matching word phases to corresponding pain intensity on the NRS.

#### RESULTS:

Parallel forms reliability and concurrent validity testing demonstrated a robust correlation. When the DVPRS was presented with the word descriptors first, the correlation between the two ratings was slightly higher,  $r = 0.929$  ( $N = 171$ ;  $P < 0.001$ ), than ordering first without the descriptors,  $r = 0.882$  ( $N = 177$ ;  $P < 0.001$ ). Intraclass correlation coefficient was 0.943 showing excellent alignment of word descriptors by respondents ( $N = 42$ ), matching them correctly with pain level.

#### CONCLUSIONS:

The DVPRS tool demonstrated acceptable psychometric properties in a military population.

Wiley Periodicals, Inc.

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<http://www.security-informatics.com/content/pdf/2190-8532-1-21.pdf>

#### **Social and organizational influences on psychological hardiness: How leaders can increase stress resilience.**

Paul T Bartone (bartonep@gmail.com)

Security Informatics 2012, 1:21 doi:10.1186/2190-

Today's security forces must operate in environments of increasing complexity, uncertainty and change, a fact that has led to increased stress levels along with the challenge to adapt. For many people, such stressful conditions can lead to a range of health problems and performance decrements. But others remain healthy, showing resilience under stress. What accounts for such resilience? This paper focuses on psychological hardiness, a set of mental qualities that has been found to distinguish resilient from non-resilient people. Those high in psychological hardiness show greater commitment – the abiding sense that life is meaningful and worth living; control – the belief that one chooses and can influence his/her own future; and challenge – a perspective on change in life as something that is interesting and exciting. This paper begins with a brief discussion of the major stress sources in modern military and



security operations, and the broad range of factors that can influence resilience in organizations. Next the concept of psychological hardiness is described, including theoretical background and a review of representative research findings. Finally, some strategies are suggested for how psychological hardiness can be built up in organizations, primarily through leader actions and policies. By focusing more attention on increasing psychological hardiness, security organizations can realize enhanced health and performance in the workforce, while also preventing many stress-related problems.

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<http://repositories.tdl.org/ttu-ir/bitstream/handle/2346/46921/GREEN-DISSERTATION.pdf>

### **Identity and Meaning Making of Student Veterans Transitioning to College.**

By Leigh A. Green, B.S., M.Ed.

A Dissertation in COUNSELOR EDUCATION AND SUPERVISION

Submitted to the Graduate Faculty of the Texas Tech University in Partial Fulfillment of the Requirements for the Degree of DOCTOR OF PHILOSOPHY

August 2012

Student veterans are returning to higher education institutions in increasing numbers with the advent of the Post 9/11 G.I. Bill. With over 1.64 million veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) eligible to enter higher education, the campus community needs more information on the needs of enrolling veterans. The purpose of this study is to increase the knowledge base of the identity and meaning making of student veterans as it relates to their transition into university life. Research questions focused on transition issues, identity and meaning making of student veterans as they transitioned from combat deployments to college. Participants included veterans who had been deployed as combat veterans during the OIF and OEF campaigns and were attending the research institution at the time of the study.

Qualitative research methods were utilized to gain a personal understanding of the participants' perceptions of their transition, identity, and meaning making experiences. Grounded research directed the methodological basis for the research since it dictates a constant comparative method when analyzing data. Kegan's Order's of Consciousness guided the interpretation on the student veterans' perception of their meaning making structure.

Results concluded that student veterans viewed themselves as separate from the campus community. The perceptions of transition issues from this study are divided among the following five themes: (1) Maturity, (2) Camaraderie, (3) Frustration with the College Experience, (4) Structure and Routine, and (5) Invisibility and Isolation. Additionally, student veterans illustrated the third and fourth stage of Kegan's Order's of Consciousness. Recommendations for future practice include educating the campus community on the needs of student veterans, promoting programs that assist the transition of student

veterans to campus, investigating the needs of female veterans, and incorporating the multicultural counseling competencies into interactions with student veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/23129288>

J Trauma Stress. 2012 Nov 5. doi: 10.1002/jts.21752. [Epub ahead of print]

**Attachment and Mental Health Symptoms Among U.S. Afghanistan and Iraq Veterans Seeking Health Care Services.**

Currier JM, Holland JM, Allen D.

Source: Mental Health Service, Memphis Veterans Administration Medical Center, Memphis, Tennessee, USA; Department of Clinical Psychology, Fuller Theological Seminary, Pasadena, California, USA.

Abstract

Attachment theory has become a primary framework for understanding adjustment to traumas. In a convenience sample of 157 U.S. service members from the Afghanistan and Iraq wars seeking health care services at a Veterans Administration (VA) hospital, this study examined (a) the impact of attachment characteristics on several key mental health symptoms in this new generation of veterans, (b) the relative frequencies of prominent attachment styles in the sample, and (c) how these higher order orientations related to study outcomes. First, with demographic and military background factors in the model, attachment-related anxiety and avoidance were each uniquely associated with posttraumatic stress symptoms (PTSS), psychiatric distress, and alcohol misuse,  $\beta$ s = .25 to .60. Second, latent class analysis highlighted the underrepresentation of avoidant veterans of a dismissive type in the sample. Third, of the different possible types of attachment insecurities, veterans with a fearful disorganized orientation were also shown to be particularly vulnerable to PTSS and other problems, even when compared to preoccupied-dependent persons. These findings yield further support for the protective benefit of attachment security, while also suggesting the importance of both attachment anxiety and avoidance in the context of postdeployment adjustment.

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<http://pss.sagepub.com/content/early/2012/11/02/0956797612457389.abstract>

**Peace and War: Trajectories of Posttraumatic Stress Disorder Symptoms Before, During, and After Military Deployment in Afghanistan.**

Dorthe Berntsen, Kim B. Johannessen, Yvonne D. Thomsen, Mette Bertelsen, Rick H. Hoyle, and David C. Rubin

Psychological Science 0956797612457389, first published on November 5, 2012

In the study reported here, we examined posttraumatic stress disorder (PTSD) symptoms in 746 Danish soldiers measured on five occasions before, during, and after deployment to Afghanistan. Using latent class growth analysis, we identified six trajectories of change in PTSD symptoms. Two resilient trajectories had low levels across all five times, and a new-onset trajectory started low and showed a marked increase of PTSD symptoms. Three temporary-benefit trajectories, not previously described in the literature, showed decreases in PTSD symptoms during (or immediately after) deployment, followed by increases after return from deployment. Predeployment emotional problems and predeployment traumas, especially childhood adversities, were predictors for inclusion in the nonresilient trajectories, whereas deployment-related stress was not. These findings challenge standard views of PTSD in two ways. First, they show that factors other than immediately preceding stressors are critical for PTSD development, with childhood adversities being central. Second, they demonstrate that the development of PTSD symptoms shows heterogeneity, which indicates the need for multiple measurements to understand PTSD and identify people in need of treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/23137798>

Injury. 2012 Nov 5. pii: S0020-1383(12)00458-5. doi: 10.1016/j.injury.2012.10.009. [Epub ahead of print]

### **Deployment-related injury and posttraumatic stress disorder in US military personnel.**

Macgregor AJ, Tang JJ, Dougherty AL, Galarneau MR.

Source: Department of Medical Modeling, Simulation and Mission Support, Naval Health Research Center, San Diego, CA, United States. Electronic address: [andrew.macgregor@med.navy.mil](mailto:andrew.macgregor@med.navy.mil).

#### Abstract

##### BACKGROUND:

The current military conflicts in Iraq and Afghanistan have resulted in the most US casualties since the Vietnam War. Previous research on the association between deployment-related injury and posttraumatic stress disorder (PTSD) has yielded mixed results.

##### OBJECTIVES:

To examine the effect of battle injury (BI) relative to non-battle injury (NBI) on the manifestation of PTSD symptoms in military personnel and to assess the demographic, injury-specific, and pre-injury factors associated with PTSD following a BI.

##### PATIENTS AND METHODS:

A total of 3403 personnel with deployment-related injury (1777 BI and 1626 NBI) were identified from the Expeditionary Medical Encounter Database. Records were electronically matched to Post-Deployment Health Assessment (PDHA) data completed 1-6 months post-injury. The PTSD screening outcome was identified using a four-item screening tool on the PDHA.

## RESULTS:

Compared to those with NBI, personnel with BI had more severe injuries, reported higher levels of combat exposure, and had higher rates of positive PTSD screen. After adjusting for covariates, personnel with BI were twice as likely to screen positive for PTSD compared to those with NBI (odds ratio [OR], 2.10; 95% confidence interval [CI], 1.60-2.75). In multivariable analysis among battle-injured personnel only, moderate and serious-severe injury (OR, 1.49; 95% CI, 1.12-2.00 and OR, 1.64; 95% CI, 1.01-2.68, respectively), previous mental health diagnosis within 1 year of deployment (OR, 2.69; 95% CI, 1.50-4.81), and previous BI (OR, 1.96; 95% CI, 1.22-3.16) predicted a positive PTSD screen.

## CONCLUSIONS:

Military personnel with BI have increased odds of positive PTSD screen following combat deployment compared to those with NBI. Post-deployment health questionnaires may benefit from questions that specifically address whether service members experienced an injury during combat.

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<http://www.tandfonline.com/doi/abs/10.1080/10911359.2012.707942>

### **Not Just about Posttraumatic Stress Disorder: A Call for Military-Centric Social Work.**

Mark R. Marquez

Journal of Human Behavior in the Social Environment

Vol. 22, Iss. 8, 2012

Most warriors do not get PTSD but can still be affected by war. The “military gestalt,” defined as the complex myriad of “all things military” including the functions, processes, and human elements related to combat, is seriously impacted by the warrior-in-combat construct that is reflective of the person-in-environment construct. Thus, it suggests that problems within the gestalt can be understood and addressed from a military-centric social work perspective and approach. The situation is so insidious that it requires a call to action from all disciplines but, most important, for the social work profession to take the lead.

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=1389369>

### **Emotional Reactivity to a Single Inhalation of 35% Carbon Dioxide and Its Association With Later Symptoms of Posttraumatic Stress Disorder and Anxiety in Soldiers Deployed to Iraq.**

Michael J. Telch, PhD; David Rosenfield, PhD; Han-Joo Lee, PhD; Anushka Pai, PhD

Archives of General Psychiatry

### Context

The identification of modifiable predeployment vulnerability factors that increase the risk of combat stress reactions among soldiers once deployed to a war zone offers significant potential for the prevention of posttraumatic stress disorder (PTSD) and other combat-related stress disorders. Adults with anxiety disorders display heightened emotional reactivity to a single inhalation of 35% carbon dioxide (CO<sub>2</sub>); however, data investigating prospective linkages between emotional reactivity to CO<sub>2</sub> and susceptibility to war-zone stress reactions are lacking.

### Objective

To investigate the association of soldiers' predeployment emotional reactivity to 35% CO<sub>2</sub> challenge with several indices of subsequent war-zone stress symptoms assessed monthly while deployed in Iraq.

### Design, Setting, and Participants

Prospective cohort study of 158 soldiers with no history of deployment to a war zone were recruited from the Texas Combat Stress Risk Study between April 2, 2007, and August 28, 2009.

### Main Outcome Measures

Multilevel regression models were used to investigate the association between emotional reactivity to 35% CO<sub>2</sub> challenge (assessed before deployment) and soldiers' reported symptoms of general anxiety/stress, PTSD, and depression while deployed to Iraq.

### Results

Growth curves of PTSD, depression, and general anxiety/stress symptoms showed a significant curvilinear relationship during the 16-month deployment period. War-zone stressors reported in theater were associated with symptoms of general anxiety/stress, PTSD, and depression. Consistent with the prediction, soldiers' emotional reactivity to a single inhalation of 35% CO<sub>2</sub>-enriched air before deployment significantly potentiated the effects of war-zone stressors on the subsequent development of PTSD symptoms and general anxiety/stress symptoms but not on the development of depression, even after accounting for the effects of trait anxiety and the presence of past or current Axis I mental disorders.

### Conclusion

Soldiers' emotional reactivity to a 35% CO<sub>2</sub> challenge may serve as a vulnerability factor for increasing soldiers' risk for PTSD and general anxiety/stress symptoms in response to war-zone stressors.

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<http://www.systematicreviewsjournal.com/content/pdf/2046-4053-1-53.pdf>

**Military veterans with mental health problems: a protocol for a systematic review to identify whether they have an additional risk of contact with criminal justice systems compared with other veterans groups.**

James Taylor, Tessa Parkes, Sally Haw and Ruth Jepson

Systematic Reviews 2012, 1:53

Published: 6 November 2012

### Background

There is concern that some veterans of armed forces, in particular those with mental health, drug or alcohol problems, experience difficulty returning to a civilian way of life and may subsequently come into contact with criminal justice services and imprisonment. The aim of this review is to examine whether military veterans with mental health problems, including substance use, have an additional risk of contact with criminal justice systems when compared with veterans who do not have such problems. The review will also seek to identify veterans' views and experiences on their contact with criminal justice services, what contributed to or influenced their contact and whether there are any differences, including international and temporal, in incidence, contact type, veteran type, their presenting health needs and reported experiences.

### Methods

In this review we will adopt a methodological model similar to that previously used by other researchers when reviewing intervention studies. The model, which we will use as a framework for conducting a review of observational and qualitative studies, consists of two parallel synthesis stages within the review process; one for quantitative research and the other for qualitative research. The third stage involves a cross study synthesis, enabling a deeper understanding of the results of the quantitative synthesis. A range of electronic databases, including MEDLINE, PsychINFO, CINAHL, will be systematically searched, from 1939 to present day, using a broad range of search terms that cover four key concepts: mental health, military veterans, substance misuse, and criminal justice. Studies will be screened against topic specific inclusion/exclusion criteria and then against a smaller subset of design specific inclusion/exclusion criteria. Data will be extracted for those studies that meet the inclusion criteria, and all eligible studies will be critically appraised. Included studies, both quantitative and qualitative, will then undergo stage-specific analysis and synthesis. The final stage will combine the findings of both syntheses to enable new understandings of why, how, and by how much, military veterans with mental health problems, including problematic drug and alcohol use, come into contact with the criminal justice system.

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<http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.2012.00123.x/abstract>

### **Health Problems and Male Firearm Suicide.**

Hempstead, K., Nguyen, T., David-Rus, R. and Jacquemin, B.

Suicide and Life-Threat Behavior

Article first published online: 5 NOV 2012

Drawing on constructs of masculinity as it relates to both gun ownership and men's health, we use a rich data set, the New Jersey Violent Death Reporting System as well as hospital discharge data, to analyze 3,413 completed male suicides between the years of 2003 and 2009. We test the hypotheses that the use of firearms is more common when physical health problems are cited as suicide circumstances, and that suicide decedents who use firearms have poorer physical health than those who used other methods. Results show that firearms are disproportionately used in male suicides when physical health is listed as a circumstance. Additionally, among suicide decedents with a hospitalization during the 3 years prior to death, those who used firearms were in poorer health than those who used other methods. These findings have implications for prevention efforts, because restricting access to lethal means is an important aspect of suicide prevention.

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<http://gradworks.umi.com/35/27/3527986.html>

**Understanding the Experience of Military Service Members Who Became Disfigured During the Wars Operations Enduring Freedom and Operations Iraqi Freedom.**

by Pichard, Lauren Elisabeth, Psy.D.

ALLIANT INTERNATIONAL UNIVERSITY

Dissertation

October 2012

This phenomenological study interviewed eight, male, military service members who became disfigured during active duty. This study focused on understanding the experience of military service members who became disfigured in Operations Enduring Freedom and Operations Iraqi Freedom, with the exception of one participant who was abducted and beaten while on tour in Guam. He was included due to the difficulty in finding enough participants to reach saturation for the study. Interviews were semi-structured and lasted about an hour and a half and included The Brief Approach/Avoid Coping Skills Questionnaire and the Rosenberg Self Esteem Scale (Finset, Stein, Haugli, Steen, & Lerum, 2002; Rosenberg, 1965). The five categories that emerged to describe the psychosocial variables expressed by the participants include (1) Emotions, (2) Coping Reactions, (3) Self Concept, (4) Relationships with Others, (5) Financial Impact. Themes under the Emotion Category include Inner Conflict, Regret, Stability, Anger, Anxiety, Depression, and Pride. Themes under Coping Reactions are Emotion Focused and Problem Focused Coping. Themes under Self Concept are Positive and Negative Self Concept. Themes under Relationships with Others are Family Impact, Interacting with Strangers, Friendships, and Intimate Relationships. The Financial Category has the themes of Positive and Negative. This study's findings of military service members was similar to other study's findings on people who have acquired disfigurements, namely they have all been affected in a vast psychosocial context.

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<http://gradworks.umi.com/35/29/3529163.html>

**Efficacy of a brief nightmare treatment for veterans.**

by Balliett, Noelle E., Ph.D.

THE UNIVERSITY OF TULSA

Dissertation

October 2012

A nightmare treatment protocol (Exposure, Relaxation, and Rescription Therapy; ERRT) that has been used effectively in civilian populations was adapted (ERRT for military; ERRTM) and tested for efficacy in a trauma-exposed, military sample (N= 19). Previous research has shown that ERRT reduces symptoms of posttraumatic stress disorder (PTSD), depression, physiological arousal to nightmare content, nightmare frequency and intensity, and sleep impairments. Suicidal ideation and suicide attempts are associated with experiencing nightmares, with more frequent and severe nightmares more strongly correlated with suicidal behaviors. At one week following treatment, analyses revealed that scores had decreased on nightmare frequency, depression, sleep impairment, and insomnia severity. Approximately half of the veterans meeting criteria for PTSD prior to beginning treatment no longer met criteria for PTSD at the posttreatment assessment. However, no differences were observed on measures of suicidality, PTSD symptom severity, or nightmare distress over time. Analyses of sleep log data and change among veterans with nightmares following treatment were limited due to low power. Results of this open label, pilot study suggest that participation in ERRTM may offer benefits for veterans suffering from chronic nightmares. These findings support the need for further research investigating ERRTM with larger samples, multiple measurement methods, and randomized controlled designs.

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<http://www.tandfonline.com/doi/abs/10.1080/10911359.2012.707961>

**Homeless Military Veterans and the Intersection of Partner Violence.**

Bradley J. Schaffer

Journal of Human Behavior in the Social Environment

Vol. 22, Iss. 8, 2012

The objective of this paper was to identify, screen, and assess homeless veterans through outreach for domestic abuse services. This study focuses on 507 homeless veterans, from 2002 to 2007 identified in a homeless shelter and a transitional housing program. Homeless veterans completed the Domestic Violence/Abuse Screen (DV/AS) and psychosocial assessment. The majority were males, African American, divorced, Army, Vietnam, substance-dependent, and homeless, while the minorities had combat-PTSD; were charged and convicted of domestic violence; were on supervised parole or



probation; had juvenile records; were victims of domestic violence during rearing; had a perpetrator relative; had prior domestic violence treatment; and were referred for domestic abuse treatment services. There is a lack of research evidence for the effectiveness for screening of homeless veteran partner violence. This sample shows the benefit of integrating domestic abuse screening into homeless programs and more research.

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### [Military Psychology](#)

Volume 24, Issue 6, November-December 2012

Special Section on Suicide Prevention

- Introduction to Special Section on Suicide Prevention  
Larry C. James  
Pages: 565-567  
DOI: 10.1080/08995605.2012.738529
- Correlates of Suicide Among Army National Guard Soldiers  
James Griffith  
Pages: 568-591  
DOI: 10.1080/08995605.2012.736324
- Brief Cognitive Behavioral Therapy (BCBT) for Suicidality in Military Populations  
M. David Rudd  
Pages: 592-603  
DOI: 10.1080/08995605.2012.736325
- An Evidence-Based Clinical Approach to Suicide Prevention in the Department of Defense: The Collaborative Assessment and Management of Suicidality (CAMS)  
David A. Jobes, Rene Lento & Katherine Brazaitis  
Pages: 604-623  
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- In the Wake of Don't Ask Don't Tell: Suicide Prevention and Outreach for LGB Service Members  
Heather Wilder & Jami Wilder  
Pages: 624-642  
DOI: 10.1080/08995605.2012.737725

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.742843>

**Changes in Sensation Seeking and Need for Structure Before and After a Combat Deployment.**

Merle Parmak, Martin C. Euwema, Jacques J. C. Mylle

Military Psychology

Vol. 24, Iss. 6, 2012

In this study, soldiers' adaptation with the situational demands on combat deployment is explored. Certain changes on the level of two needs-based personality characteristics, Sensation Seeking (SS) and Need for Structure (NS) take place across deployment: soldiers who are lower in SS were more inclined to seek for sensations after deployment, and soldiers at the extremes of the NS dimension, modified their behavioral tendencies after deployment towards a moderate level. According to our findings, these changes suggest at least temporal characteristic adaptations with certain environmental demands. We discuss the implications of these findings for research and practice.

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<http://www.tandfonline.com/doi/abs/10.1080/08995605.2012.736321>

### **The Impact of Benefit Finding and Leadership on Combat-Related PTSD Symptoms.**

Michael D. Wood, Heather M. Foran, Thomas W. Britt, Kathleen M. Wright

Military Psychology

Vol. 24, Iss. 6, 2012

Benefit finding and unit leadership have been identified as buffers against the negative effects of combat exposure on posttraumatic stress disorder (PTSD) symptoms. However, little is known about how these different buffers work together to protect military personnel from the negative effects of combat. We examined benefit finding and leadership as buffers of the combat-PTSD symptoms link in a sample of recently returned combat veterans (N = 583). Results revealed that when higher levels of noncommissioned officer (NCO) leadership and benefit finding (BF) were reported, fewer PTSD symptoms were endorsed. Additionally, BF buffered the relationship between combat stress and PTSD symptoms, but only under conditions of supportive officer leadership. Implications of these findings for military settings are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23146198?dopt=Abstract>

J Affect Disord. 2012 Nov 9. pii: S0165-0327(12)00692-1. doi: 10.1016/j.jad.2012.10.013. [Epub ahead of print]

### **NOS1AP is associated with increased severity of PTSD and depression in untreated combat veterans.**

Lawford BR, Morris CP, Swagell CD, Hughes IP, Young RM, Voisey J.

Source: Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Queensland, Australia; Greenslopes Private Hospital, Brisbane, Queensland, Australia.

Abstract

**BACKGROUND:**

Posttraumatic stress disorder (PTSD) and depressive disorder are over represented in combat veterans. Veterans with both disorders have an increased risk of suicide. The nitric oxide synthase 1 adaptor protein (NOS1AP) gene, which modulates stress-evoked N-methyl-d-aspartate (NMDA) activity, was investigated in combat veterans.

**METHODS:**

A comprehensive genetic analysis of NOS1AP and its association with PTSD was investigated in Vietnam combat veterans with PTSD (n=121) and a group of healthy control individuals (n=237). PTSD patients were assessed for symptom severity and level of depression using the Mississippi Scale for Combat-Related PTSD and the Beck Depression Inventory-II (BDI).

**RESULTS:**

The G allele of NOS1AP SNP rs386231 was significantly associated with PTSD (p=0.002). Analysis of variance revealed significant differences in BDI-II and Mississippi scores between genotypes for rs386231 with the GG genotype associated with increased severity of depression (p=0.002 F=6.839) and higher Mississippi Scale for Combat-Related PTSD scores (p=0.033). Haplotype analysis revealed that the C/G haplotype (rs451275/rs386231) was significantly associated with PTSD (p=0.001).

**LIMITATIONS:**

The sample sizes in our study were not sufficient to detect SNP associations with very small effects. In addition the study was limited by its cross sectional design.

**CONCLUSIONS:**

This is the first study reporting that a variant of the NOS1AP gene is associated with PTSD. Our data also suggest that a genetic variant in NOS1AP may increase the susceptibility to severe depression in patients with PTSD and increased risk for suicide.

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<http://www.biolumanxietydisord.com/content/2/1/19/abstract>

**Neural responses to threat and reward interact to predict stress-related problem drinking: A novel protective role of the amygdala.**

Yuliya S Nikolova and Ahmad R Hariri

Biology of Mood & Anxiety Disorders 2012, 2:19

Published: 14 November 2012

### Background

Research into neural mechanisms of drug abuse risk has focused on the role of dysfunction in neural circuits for reward. In contrast, few studies have examined the role of dysfunction in neural circuits of threat in mediating drug abuse risk. Although typically regarded as a risk factor for mood and anxiety disorders, threat-related amygdala reactivity may serve as a protective factor against substance use disorders, particularly in individuals with exaggerated responsiveness to reward.

### Findings

We used well-established neuroimaging paradigms to probe threat-related amygdala and reward-related ventral striatum reactivity in a sample of 200 young adult students from the ongoing Duke Neurogenetics Study. Recent life stress and problem drinking were assessed using self-report. We found a significant three-way interaction between threat-related amygdala reactivity, reward-related ventral striatum reactivity, and recent stress, wherein individuals with higher reward-related ventral striatum reactivity exhibit higher levels of problem drinking in the context of stress, but only if they also have lower threat-related amygdala reactivity. This three-way interaction predicted both contemporaneous problem drinking and problem drinking reported three-months later in a subset of participants.

### Conclusions

These findings suggest complex interactions between stress and neural responsiveness to both threat and reward mediate problem drinking. Furthermore, they highlight a novel protective role for threat-related amygdala reactivity against drug use in individuals with high neural reactivity to reward.

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<http://www.samhsa.gov/data/2k12/NSDUH119/SR119SuicideByMSA2012.pdf>

### **Suicidal Thoughts and Behavior in 33 Metropolitan Statistical Areas: 2008 to 2010.**

National Survey on Drug Use and Health

Substance Abuse and Mental Health Services Administration

In Brief:

- Based on combined 2008 to 2010 data, an annual average of 8.5 million adults aged 18 or older had serious thoughts of suicide in the past year, 2.4 million made a suicide plan, and 1.1 million attempted suicide
- Rates of past year serious thoughts of suicide among adults ranged from 2.0 percent in the Raleigh MSA to 6.5 percent in the Salt Lake City MSA
- Rates of past year suicide planning among adults ranged from 0.2 percent in the Atlanta and Raleigh MSAs to 1.9 percent in the Las Vegas MSA

- Rates of past year suicide attempts among adults ranged from less than 0.1 percent in the Raleigh MSA to 0.8 percent in the Dallas MSA

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<http://www.ncbi.nlm.nih.gov/pubmed/23144516?dopt=Abstract>

Cognit Ther Res. 2012 Dec;36(6):731-739. Epub 2011 Dec 27.

**How Disorder-Specific are Depressive Attributions? A Comparison of Individuals with Depression, Post-Traumatic Stress Disorder and Healthy Controls.**

Gonzalo D, Kleim B, Donaldson C, Moorey S, Ehlers A.

Source: Department of Psychology, University of New York in Prague, Legerova 72, 120 00 Prague, Czech Republic.

Abstract

Depressed individuals tend to assign internal, stable, and global causes to negative events. The present study investigated the specificity of this effect to depression and compared depressive attributional styles of individuals with major depression (MD), post-traumatic stress disorder (PTSD), and healthy controls. We indexed attributional style using the depressive attributions questionnaire in 164 participants. Additionally, we assessed appraisals characteristic of PTSD using the post-traumatic cognitions inventory (PTCI), depressive rumination, trauma history, and depression and PTSD symptom severity. Individuals with MD endorsed a depressive attributional style to a greater extent than both individuals with PTSD, who were not depressed, and healthy controls. Depressive attributional style was associated with the severity of depressive and PTSD symptoms, number and distress of traumatic experiences, frequency of rumination, and post-traumatic cognitions. Depressive attributions and PTCI appraisals independently predicted MD and PTSD symptom severity. They may thus be useful in predicting MD and PTSD, and should be targeted in psychological treatments of these conditions.

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<http://www.ncbi.nlm.nih.gov/pubmed/23141670?dopt=Abstract>

J Affect Disord. 2012 Nov 8. pii: S0165-0327(12)00687-8. doi: 10.1016/j.jad.2012.10.010. [Epub ahead of print]

**Complex trauma and intimate relationships: The impact of shame, guilt and dissociation.**

Dorahy MJ, Corry M, Shannon M, Webb K, McDermott B, Ryan M, F W Dyer K.

Source: Department of Psychology, University of Canterbury, Private Bag 4800, Christchurch 8140, New Zealand; The Cannan Institute, Belmont Private Hospital, Brisbane, Australia. Electronic address: martin.dorahy@canterbury.ac.nz.

## Abstract

### BACKGROUND:

This study examined dissociation, shame, guilt and intimate relationship difficulties in those with chronic and complex PTSD. Little is known about how these symptom clusters interplay within the complex PTSD constellation. Dissociation was examined as a principle organizing construct within complex PTSD. In addition, the impact of shame, guilt and dissociation on relationship difficulties was explored.

### METHODS:

Sixty five treatment-receiving adults attending a Northern Irish service for conflict-related trauma were assessed on measures of dissociation, state and trait shame, behavioral responses to shame, state and trait guilt, complex PTSD symptom severity and relationship difficulties.

### RESULTS:

Ninety five percent (n=62) of participants scored above cut-off for complex PTSD. Those with clinical levels of dissociation (n=27) were significantly higher on complex PTSD symptom severity, state and trait shame, state guilt, withdrawal in response to shame and relationship preoccupation than subclinical dissociators (n=38). Dissociation and state and trait shame predicted complex PTSD. Fear of relationships was predicted by dissociation, complex PTSD and avoidance in response to shame, while complex PTSD predicted relationship anxiety and relationship depression.

### LIMITATIONS:

The study was limited to a relatively homogeneous sample of individuals with chronic and complex PTSD drawn from a single service.

### CONCLUSIONS:

Complex PTSD has significant consequences for intimate relationships, and dissociation makes an independent contribution to these difficulties. Dissociation also has an organizing effect on complex PTSD symptoms.

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<http://www.ncbi.nlm.nih.gov/pubmed/23138086?dopt=Abstract>

Stud Health Technol Inform. 2012;182:114-24.

**The effect of post traumatic stress disorders on rehabilitation among combat-wounded veterans.**

Siddharthan K.

Source: James A Haley Veterans Hospital, 13000 Bruce B Downs Blvd Tampa, Florida 33617 USA.

Abstract

In June 2008 the Congressionally Directed Medical Research Program provided a grant to the Research Foundation at the James A Haley Veterans Hospital in Tampa, Florida to provide care for wounded veterans from Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (OEF/OIF). The telerehabilitation for OEF/OIF returnees with mild or moderate combat related Traumatic Brain Injury (TBI) has as its objectives 1) care coordination for wounded veterans using distance technology via the internet and 2) monitoring of physical and mental health outcomes using a variety of instruments. A total of 75 veterans were enrolled in the study. Our initial findings indicate that 1) Functional capabilities measured by locomotion and mobility appear to have stabilized among our cohort of veterans while deficiencies in cognition (memory, problem solving), psychosocial adjustment (anger, emotional status) and problems in integrating into society pose challenges 2) Those with comorbid PTSD appear to linger in employability and ultimate integration into society as compared to those without the diagnosis 3) Individualized treatment pathways are needed for rehabilitation and ultimate integration into society.

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<http://www.ncbi.nlm.nih.gov/pubmed/23138676?dopt=Abstract>

Eur J Phys Rehabil Med. 2012 Nov 9. [Epub ahead of print]

**Psychiatric disorders in patients suffering from an acute cerebrovascular accident or traumatic injury, and their effects on rehabilitation: an observational study.**

Meroni R, Beghi E, Beghi M, Brambilla G, Cerri C, Perin C, Peroni F, Cornaggia CM.

Source: Department of Rehabilitation Medicine, "Zucchi" Clinical Institutes, Monza, Italy - roberto.meroni@gmail.com.

Abstract

BACKGROUND:

The presence of a post-traumatic psychiatric disorder in patients with acute injuries may have adverse effects on outcomes.

AIM:

In this study our aims were: 1) to assess the frequency of psychiatric disorders after a cerebrovascular accident or traumatic injury requiring rehabilitation; 2) to examine whether there was any correlation between psychiatric disorders and patients' baseline demographic and clinical variables. DESIGN: The study consisted of two phases: the first was cross-sectional and the second prospective with a 12-month follow-up. The period of recruitment was two years. The results of the first phase are presented here. SETTING: The study sample consisted of a consecutive series of patients admitted to hospital because of an acute cerebrovascular accident or a traumatic injury and referred for a rehabilitation program. Two inpatient Rehabilitation Hospitals were involved in the study.

POPULATION:

The sample consisted of 230 consecutive patients with a recent cerebrovascular accident or trauma

included in a rehabilitation program. METHODS: The sample included: 89 men (39%) and 141 women (61%) aged 20-97 years. Psychiatric disorders and motor disabilities were assessed through psychiatric interview and the Mini-International Neuropsychiatric Interview Plus (MINI Plus) and, respectively, with the Functional Independent Measure (FIM). In case of Post-Traumatic Stress Disorder (PTSD), severity was assessed through the Davidson's Trauma Scale. Psychiatric disorders were correlated to demographic and clinical variables through univariate and multivariate analyses, the latter with logistic regression models. RESULTS: The most frequent entry diagnoses were traumatic fracture (41.3%) and stroke (37.0%). Ninety-three patients (40.4%) had one or more psychiatric disturbances at study entry, the commonest being depression (56 cases, 24.7%) and anxiety (23 cases, 10.0%). PTSD was present in 8 cases (3.5%). A history of psychiatric disorder was reported by 55 patients (24.2%) Compared to the rest of the study population, these subjects had more psychopathologic complaints ( $P < 0.001$ ). Mean total FIM score was 54.4 (SD=17.8) and 61.2 (SD=19.6) in patients with and without psychopathology ( $P < 0.01$ ) Independent predictors of psychopathology included past psychiatric history, lower total FIM scores, and limb amputation. Depression was predicted by history of psychiatric disorders and lack of partner.

#### CONCLUSION:

History of psychiatric disorders is the most relevant factor associated with psychopathology in patients with an acute cerebrovascular accident or traumatic injury, followed by lower total FIM scores, and type of pathologic event.

#### CLINICAL REHABILITATION IMPACT:

The presence of psychiatric disorders may potentially influence the rehabilitation process and outcomes; thus their recognition and management are key factors during a rehabilitation program.

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<http://www.ncbi.nlm.nih.gov/pubmed/23137802?dopt=Abstract>

Psychiatry Res. 2012 Nov 5. pii: S0925-4927(12)00209-0. doi: 10.1016/j.psychres.2012.08.007. [Epub ahead of print]

#### **Brain activation and heart rate during script-driven traumatic imagery in PTSD: Preliminary findings.**

Barkay G, Freedman N, Lester H, Louzoun Y, Sapoznikov D, Luckenbaugh D, Shalev AY, Chisin RG, Bonne O.

Source: Department of Psychiatry, Tel Aviv Sourasky Medical Center, 6 Weizman St, Tel Aviv, Israel.

#### Abstract

Patients with posttraumatic stress disorder (PTSD) experience psychological and physiological distress. However, imaging research has mostly focused on the psychological aspects of the disorder. Considered an expression of distress, heart rate (HR) in PTSD is often elevated. In the current study, we sought to identify brain regions associated with increased HR in PTSD. Nine patients with PTSD and six healthy trauma-survivors were scanned resting, clenching teeth and listening to neutral and traumatic scripts.



Brain function was evaluated using H<sub>2</sub>O<sup>15</sup> positron emission tomography (PET). HR was monitored by electrocardiogram. Data were analyzed using statistical parametric mapping (SPM). Subjects with PTSD exhibited a significant increase in HR upon exposure to traumatic scripts, while trauma survivors did not. Correlations between cerebral blood flow and HR were found only in patients with PTSD, in orbitofrontal, precentral and occipital regions. Neither group showed correlation between rCBF and HR in the amygdala or hippocampus. These preliminary results indicate that "top down" CNS regulation of autonomic stress response in PTSD may involve associative, sensory and motor areas in addition to regions commonly implicated in fear conditioning.

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<http://www.ncbi.nlm.nih.gov/pubmed/23137440?dopt=Abstract>

Psychol Med. 2012 Nov 9:1-10. [Epub ahead of print]

**Prospective study of risk factors for suicidal behavior in individuals with anxiety disorders.**

Uebelacker LA, Weisberg R, Millman M, Yen S, Keller M.

Source: Department of Psychiatry and Human Behavior Department of Family Medicine, Warren Alpert Medical School of Brown University, Providence, USA.

Abstract

BACKGROUND:

Anxiety disorders are very common and increase risk for suicide attempts. Little is known about predictors of increased risk specifically among individuals with anxiety disorders. The purpose of this study was to investigate whether specific anxiety disorders and other co-morbid psychiatric disorders, physical health, or work or social functioning increased the future likelihood of a suicide attempts among individuals with anxiety disorders. Method In this prospective study, 676 individuals with an anxiety disorder were followed for an average of 12 years.

RESULTS:

As hypothesized, we found that post-traumatic stress disorder, major depressive disorder (MDD), intermittent depressive disorder (IDD), epilepsy, pain, and poor work and social functioning all predicted a shorter time to a suicide attempt in univariate analyses. In multivariate analyses, baseline MDD and IDD were independent predictors of time to suicide attempt, even when controlling for a past history of suicide attempt. No specific anxiety disorder was an independent predictor of time to attempt in this anxiety-disordered sample. Adding baseline physical health variables and social functioning did not improve the ability of the model to predict time to suicide attempt.

CONCLUSIONS:

Mood disorders and past history of suicide attempts are the most powerful predictors of a future suicide attempt in this sample of individuals, all of whom have an anxiety disorder.

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<http://www.ncbi.nlm.nih.gov/pubmed/19301252?dopt=Abstract>

J Trauma Stress. 2009 Apr;22(2):131-8. doi: 10.1002/jts.20397.

**Anxiety sensitivity and aspects of alexithymia are independently and uniquely associated with posttraumatic distress.**

Zahradnik M, Stewart SH, Marshall GN, Schell TL, Jaycox LH.

Source: Department of Psychology, Dalhousie University, Halifax, Nova Scotia, Canada.  
mzahradn@dal.ca

Abstract

Using a sample of adult survivors of physical trauma requiring hospitalization (N = 677), we examined the relationship of aspects of alexithymia and anxiety sensitivity to symptoms of posttraumatic distress (PTD). At the bivariate level, both aspects of alexithymia and anxiety sensitivity were positively associated with acute PTD symptomatology, but anxiety sensitivity was more strongly related to PTD symptoms. At the multivariate level, both anxiety sensitivity and aspects of alexithymia made unique and independent contributions to both total PTD symptoms and the majority of PTD symptom clusters. At the facet level, anxiety sensitivity-physical concerns and anxiety sensitivity-psychological concerns, and the alexithymic dimension of difficulty identifying feelings, were uniquely associated with acute PTD symptoms. Findings are discussed in terms of potential clinical implications.

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<http://www.ncbi.nlm.nih.gov/pubmed/23149647?dopt=Abstract>

Community Ment Health J. 2012 Nov 13. [Epub ahead of print]

**Posttraumatic Stress Disorder and Its Comorbidities Among American Indian Veterans.**

Westermeyer J, Canive J.

Source: Minneapolis VAMC, Department of Psychiatry and Anthropology, University of Minnesota, Minneapolis, MN, USA, joseph.westermeyer@med.va.gov.

Abstract

Goal consists of describing the demographic and comorbid characteristics associated with Posttraumatic Stress Disorder (PTSD) among American Indian veterans with any lifetime Axis 1 disorder. Sample

included 252 American Indian veterans, obtained from a community sample of 557, using targeted sampling designed to provide a representative sample, structured to include equal numbers of rural and urban veterans and a twofold over sample of women. Data collection involved lifetime diagnoses based on the Diagnostic Interview Schedule/Quick Version/DSM-III-R, demographic characteristics, and combat exposure. Findings Bivariate comparisons showed positive relationships of PTSD with combat exposure, mood disorder and anxiety disorders (excluding PTSD), but a negative relationship with substance use disorder. Binary logistic regression analyses showed an independent association of PTSD with mood and anxiety disorders as well as combat exposure.

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<http://www.ncbi.nlm.nih.gov/pubmed/23149040?dopt=Abstract>

Psychiatry Res. 2012 Nov 10. pii: S0925-4927(12)00206-5. doi: 10.1016/j.psychresns.2012.08.004.  
[Epub ahead of print]

**Visual event-related potentials as markers of hyperarousal in Gulf War illness: Evidence against a stress-related etiology.**

Tillman GD, Calley CS, Green TA, Buhl VI, Biggs MM, Spence JS, Briggs RW, Haley RW, Kraut MA, Hart Jr J.

Source: Center for BrainHealth, The University of Texas at Dallas, USA.

Abstract

An exaggerated response to emotional stimuli is among the many symptoms widely reported by veterans of the 1991 Persian Gulf War. These symptomologies have been attributed to damage and dysfunction associated with deployment-related exposures. We collected event-related potential data from 22 veterans meeting Haley criteria for Gulf War (GW) Syndromes 1-3 and from 8 matched GW veteran controls, who were deployed but not symptomatic, while they performed a visual three-condition oddball task where images authenticated to be associated with the 1991 Persian Gulf War were the distractor stimuli. Hyperarousal reported by ill veterans was significantly greater than that by control veterans, but this was not paralleled by higher amplitude P3a in their ERP responses to GW-related distractor stimuli. Whereas previous studies of PTSD patients have shown higher amplitude P3b responses to target stimuli that are placed amid trauma-related nontarget stimuli, ill veterans in this study showed P3b amplitudes to target stimuli - placed amid GW-related nontarget stimuli - that were significantly lower than those of the control group. Hyperarousal scores reliably predicted P3b, but not P3a, amplitudes. Although many factors may contribute to P3b amplitude differences - most notably depression and poor sleep quality, symptoms that are prevalent in the GW syndrome groups - our findings in context of previous studies on this population are consistent with the contention that dysfunction in cholinergic and dopaminergic neurotransmitter systems, and in white matter and basal ganglia may be contributing to impairments in GW veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/23149034?dopt=Abstract>

Psychiatry Res. 2012 Nov 10. pii: S0925-4927(12)00087-X. doi: 10.1016/j.psychresns.2012.04.009.  
[Epub ahead of print]

**More vulnerability of left than right hippocampal damage in right-handed patients with post-traumatic stress disorder.**

Shu XJ, Xue L, Liu W, Chen FY, Zhu C, Sun XH, Wang XP, Liu ZC, Zhao H.

Source: Department of Pathology and Pathophysiology, Medical School, Jiangnan University, Wuhan 430056, Hubei, China.

Abstract

Previous studies have shown hippocampal abnormalities in people with post-traumatic stress disorder (PTSD), but findings of volume shortages in the hippocampus have been inconsistent. In this study, we investigated changes in hippocampal volume and neuronal metabolites in right-handed PTSD patients to determine their possible relationship(s) with PTSD severity. We performed a case-control study of 11 right-handed PTSD patients and 11 healthy controls using magnetic resonance imaging (MRI) and proton magnetic resonance spectroscopy ( $^1\text{H}$  MRS). Hippocampal volume and metabolite ratios of N-acetylaspartate (NAA) to creatine (Cr) (NAA/Cr) and choline compounds (Cho) to Cr (Cho/Cr) were calculated. The severity of PTSD was evaluated by the Clinician-Administered PTSD Scale (CAPS). There were decreased left and total normalized hippocampal volumes of PTSD patients as compared to controls (6.6% for the left hippocampus,  $P=0.037$ ; 5.5% for total hippocampus,  $P=0.035$ ). Also, bilateral hippocampal NAA/Cr ratio of PTSD patients was reduced compared to controls (left,  $P=0.000$ ; right,  $P=0.001$ ). Volume of left hippocampus was negatively correlated to CAPS-total ( $P=0.038$ ) and CPAS-C ( $P=0.049$ ). Left hippocampal NAA/Cr ratio was negatively correlated to CAPS-total ( $P=0.000$ ), CAPS-B ( $P=0.002$ ), CAPS-C ( $P=0.009$ ) and CAPS-D ( $P=0.036$ ). CAPS-total and CAPS-B were positively correlated to Cho/Cr ratio of the right hippocampus ( $P=0.036$  and  $P=0.048$  respectively). Our results indicate that hippocampal dysfunction is asymmetric in right-handed PTSD patients, with the left side affected more than the right.

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<http://www.ncbi.nlm.nih.gov/pubmed/23149025?dopt=Abstract>

Psychiatry Res. 2012 Nov 10. pii: S0925-4927(12)00096-0. doi: 10.1016/j.psychresns.2012.04.018.  
[Epub ahead of print]

**Diffusion tensor imaging evidence of white matter disruption associated with loss versus alteration of consciousness in warfighters exposed to combat in Operations Enduring and Iraqi Freedom.**

Matthews SC, Spadoni AD, Lohr JB, Strigo IA, Simmons AN.

Source: Veterans Affairs San Diego Healthcare System, USA; Department of Psychiatry, University of California San Diego, 3350 La Jolla Village Drive, Mail code 116-A, La Jolla, CA 92093-0603, USA; VA Center of Excellence for Stress and Mental Health, USA; VA Mental Illness Research, Education and Clinical Center, USA. Electronic address: scmatthews@ucsd.edu.

#### Abstract

The effects on the human brain of mild traumatic brain injury (mTBI), which is defined as a brief alteration (AOC) or loss of consciousness (LOC), are incompletely understood. Major psychiatric illness such as major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) are common after mTBI. Prior research suggests that individuals who develop MDD after blast-related mTBI versus those who do not show significant white matter disruption and higher rates of LOC, suggesting that LOC might be uniquely associated with brain changes that increase the risk of developing mental illness after neurotrauma. Therefore, the objective of this study was to examine the effects of LOC, MDD, and PTSD, on white matter integrity in individuals who reported experiencing mTBI during combat in Operations Enduring and Iraqi Freedom. We hypothesized that LOC would be associated with significant disruption of white matter, above and beyond putative effects of MDD and PTSD. To test this hypothesis, 46 individuals who experienced blast-related mTBI underwent a detailed clinical assessment and diffusion tensor imaging. As hypothesized, LOC versus AOC individuals displayed significantly lower fractional anisotropy (FA) in 14 regions, which included the superior longitudinal fasciculus and corpus callosum. No regions of significant FA difference were identified between individuals with and without PTSD, or between individuals with and without MDD. These preliminary results show that LOC is associated with detectable alterations in brain microstructure and may suggest a brain basis for psychiatric symptoms and mental illness after mTBI.

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<http://www.ncbi.nlm.nih.gov/pubmed/23149024?dopt=Abstract>

Psychiatry Res. 2012 Nov 10. pii: S0925-4927(12)00122-9. doi: 10.1016/j.psychres.2012.05.007.  
[Epub ahead of print]

#### **A window into the invisible wound of war: Functional neuroimaging of REM sleep in returning combat veterans with PTSD.**

Germain A, James J, Insana S, Herringa RJ, Mammen O, Price J, Nofzinger E.

Source: Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA 15213, USA. Electronic address: germax@upmc.edu.

#### Abstract

Relative regional cerebral metabolic rate of glucose in rapid eye movement (REM) sleep and wakefulness was explored in combat veterans with and without PTSD, using positron emission tomography. Hypermetabolism in brain regions involved in arousal regulation, fear responses, and reward processing persist during REM sleep in combat veterans with PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23148782?dopt=Abstract>

J Abnorm Psychol. 2012 Nov 12. [Epub ahead of print]

### **Heightened Attentional Capture by Threat in Veterans With PTSD.**

Olatunji BO, Armstrong T, McHugo M, Zald DH.

#### Abstract

Although an attentional bias for threat-relevant cues has been theorized in posttraumatic stress disorder (PTSD), to date empirical demonstration of this phenomenon has been at best inconsistent. Furthermore, the nature of this bias in PTSD has not been clearly delineated. In the present study, veterans with PTSD (n = 20), trauma-exposed veterans without PTSD (n = 16), and healthy nonveteran controls (n = 22) completed an emotional attentional blink task that measures the extent to which emotional stimuli capture and hold attention. Participants searched for a target embedded within a series of rapidly presented images. Critically, a combat-related, disgust, positive, or neutral distracter image appeared 200 ms, 400 ms, 600 ms, or 800 ms before the target. Impaired target detection was observed among veterans with PTSD relative to both veterans without PTSD and healthy nonveteran controls after only combat-related threat distracters when presented 200 ms, 400 ms, or 600 ms before the target, indicating increased attentional capture by cues of war and difficulty disengaging from such cues for an extended period. Veterans without PTSD and healthy nonveteran controls did not significantly differ from each other in target detection accuracy after combat-related threat distracters. These data support the presence of an attentional bias toward combat related stimuli in PTSD that should be a focus of treatment efforts. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/23148769?dopt=Abstract>

Psychol Serv. 2012 Nov 12. [Epub ahead of print]

### **Health Service Utilization Before and After Evidence-Based Treatment for PTSD.**

Tuerk PW, Wangelin B, Rauch SA, Dismuke CE, Yoder M, Myrick H, Eftekhari A, Acierno R.

#### Abstract

Posttraumatic stress disorder (PTSD) is associated with functional impairment, co-occurring diagnoses, and increased health care utilization. Associated high demand for health care services is an important contributor to the large public-health cost of PTSD. Treatments incorporating exposure therapy are efficacious in ameliorating or eliminating PTSD symptoms. Accordingly, the Veterans Health Administration has made significant investments toward nationwide dissemination of a manualized exposure therapy protocol, prolonged exposure (PE). PE is effective with veterans; however, the relationship between PE and mental health service utilization is unknown. The current study investigates PE as it relates to actual tracked mental health service utilization in an urban VA medical center. A sample of 60 veterans with a diagnosis of PTSD was used to examine mental health service utilization in the 12-months prior to and 12-months after being offered PE. Hierarchical Linear Models and traditional repeated-measures ANOVA were used to estimate R<sup>2</sup>- and d-type effect sizes for service utilization. Associated estimated cost saving are reported. PE was associated with large reductions in symptoms and diagnosis remission. Treatment was also associated with statistically significant, large reductions in mental health service utilization for veterans who completed treatment. Findings suggest that expanding access to PE can increase access to mental health services in general by decreasing ongoing demand for specialty care clinical services. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/23132299?dopt=Abstract>

J Neurol. 2012 Nov 7. [Epub ahead of print]

### **Psychiatric comorbidities of episodic and chronic migraine.**

Buse DC, Silberstein SD, Manack AN, Papapetropoulos S, Lipton RB.

Source: Department of Neurology, Albert Einstein College of Medicine and Montefiore Headache Center, Bronx, NY, USA, [dbuse@montefiore.org](mailto:dbuse@montefiore.org).

#### **Abstract**

Migraine is a prevalent disabling neurological disorder associated with a wide range of medical and psychiatric comorbidities. Population- and clinic-based studies suggest that psychiatric comorbidities, particularly mood and anxiety disorders, are more common among persons with chronic migraine than among those with episodic migraine. Additional studies suggest that psychiatric comorbidities may be a risk factor for migraine chronification (i.e., progression from episodic to chronic migraine). It is important to identify and appropriately treat comorbid psychiatric conditions in persons with migraine, as these conditions may contribute to increased migraine-related disability and impact, diminished health-related quality of life, and poor treatment outcomes. Here, we review the current literature on the rates of several psychiatric comorbidities, including depression, anxiety, and post-traumatic stress disorder, among persons with migraine in clinic- and population-based studies. We also review the link between physical, emotional, and substance abuse, psychiatric disorders, and migraine. Finally, we

review the data on psychiatric risk factors for migraine chronification and explore theories and evidence underlying the comorbidity between migraine and these psychiatric disorders.

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War's Impact Can Haunt Veterans Long After Combat

<http://www.sciencedaily.com/releases/2012/11/121108181138.htm>

Montgomery veterans' groups active but shrinking

<http://www.gazette.net/article/20121107/NEWS/711079568/1070/montgomery-veterans-groups-active-but-shrinking&template=gazette>

How to Overcome Your Biggest Phobia

<http://www.bottomlinepublications.com/content/article/self-improvement/how-to-overcome-your-biggest-phobia>

Accuracy isn't priority as VA battles disability claims backlog

<http://cironline.org/node/3984>

The Growing Rural Isolation of Veterans

<http://www.theatlanticcities.com/politics/2012/11/growing-rural-isolation-veterans/3872/>

See also: Study shows veterans are becoming more segregated in the US

[http://www.eurekalert.org/pub\\_releases/2012-11/sp-ssv110812.php](http://www.eurekalert.org/pub_releases/2012-11/sp-ssv110812.php)

5 Models for Cheaper, Greener Housing for Veterans

<http://www.theatlanticcities.com/housing/2012/11/5-models-veteran-housing-projects/3870/>

Primary Care Needs Help to Recognize, Treat Individuals With Trauma

<http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1384213>

The moral dimensions of PTSD

<http://www.statesmanjournal.com/article/20121115/OPINION/311150016/The-moral-dimensions-PTSD>

Brain Injury and Stress Disorder Strong Indicators of Vision Problems for Veterans

<http://www.aao.org/newsroom/release/20121111a.cfm>

When a Parent Goes to War

<http://kidshealth.org/parent/positive/talk/war.html>

Undiagnosed Eye Problems Plague Some U.S. Veterans

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_131238.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_131238.html)

Bloggers Unite to Spread Message About PTSD Resources

[http://www.health.mil/blog/12-11-12/Bloggers\\_Unite\\_to\\_Spread\\_Message\\_About\\_PSTD\\_Resources.aspx](http://www.health.mil/blog/12-11-12/Bloggers_Unite_to_Spread_Message_About_PSTD_Resources.aspx)



Program helps civilian therapists treat veterans

[http://www.purdueexponent.org/features/article\\_7c5734a5-ef90-52d2-ab57-88c394c3e32f.html](http://www.purdueexponent.org/features/article_7c5734a5-ef90-52d2-ab57-88c394c3e32f.html)

("The idea for the program grew from a similar program provided by the Center for Deployment Psychology...")

Energy Drinks Disrupting U.S. Soldiers' Sleep: CDC

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_131141.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_131141.html)

Wingman Rule to Curb Sex Abuse Is Adopted by Air Force

<http://www.bloomberg.com/news/2012-11-14/wingman-rule-to-curb-sex-abuse-is-adopted-by-air-force.html>

L.A. Psych School Lied, Class Claims

<http://www.courthousenews.com/2012/11/15/52281.htm>

("Students claim in a class action claims that the Los Angeles campus of the Chicago School of Professional Psychology recruited them by lying that it was accredited by the American Psychological Association.")

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#### **Links of Interest**

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**Research Tip of the Week:** [War Trauma Resources for Military, Veterans & Families](#) (PDF)

Listing and description of 500+ resources; compiled and maintained by Dr. Ray Monsour Scurfield, Professor Emeritus of Social Work, University of Southern Mississippi – Gulf Coast, Long Beach, MS (raymond.scurfield@usm.edu); and in private practice with Advanced Psychotherapy, 1403 43rd Ave, Gulfport, MS 39501. 228.897-7730.

128 pages.

## War Trauma Resources for Military, Veterans & Families [Updated 10.1.12]

Compiled and maintained<sup>1</sup> by Dr. Ray Monsour Scurfield, Professor Emeritus of Social Work, University of Southern Mississippi – Gulf Coast, Long Beach, MS ([raymond.scurfield@usm.edu](mailto:raymond.scurfield@usm.edu)); and in private practice with Advanced Psychotherapy, 1403 43<sup>rd</sup> Ave, Gulfport, MS 39501. 228.897-7730.

- This is a listing and description of 500+ resources—though *not an endorsement* unless so specified.
- The most recent updated listing is on my university web-site home page. <http://www.usm.edu/social-work/dr-raymond-scurfield-home-page>. All of the web sites were re-verified as active March 2-13, 2012.
- The descriptive narratives:
  - are selected from the Websites of each resource unless otherwise specified
  - the length of each narrative is *not* necessarily related to the total services provided by the resource or to how effective the resource is. [This list is not “vetted” or otherwise screened for quality.]
- Additions/updates are welcome: If a listed resource is no longer active or the resource information is changed, please send me that information so that I can incorporate it into the next update of this listing.
- I apologize for any inaccuracies, incomplete or missing resource information. Please remember that this is a one-person labor of love. ☺ In compiling this listing, as a Vietnam vet I have been just *amazed* at how many wonderful and active community folks are out there who not only *really care* but also are *doing something* as well on behalf of our Service members, veterans and their families!! ☺

*Pax Mentis* (“peace of mind” – unit motto of the 98<sup>th</sup> Medical Detachment (KO) psychiatric Team, attached to the 8<sup>th</sup> Field Hospital, Nha Trang, Vietnam. I was the Social Work and Administrative Officer, 1968-69.

### Dr. Ray Scurfield

**PS: My University of Southern Mississippi home page includes:**

- 20+ full-text article/handouts available free to the public on war, natural disasters & posttraumatic stress, such as “Beyond Walter Reed”; “War Trauma Warning Signs, Triggers & Survival Modes”; “Dramatic Differences in Deaths at Virginia Tech & Iraq”; “The Nexus Between Iraq and Katrina.”
- information on my Vietnam Trilogy of war books, all published by Algora Publishing, N.Y and available on-line through Amazon, Barnes & Noble, etc.:

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Shirl Kennedy  
Web Content Strategist  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
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301-816-4749