



## CDP Research Update -- February 21, 2013

### What's here:

- Child and Adolescent Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Trauma Other Than Maltreatment or Family Violence (AHRQ)
- Sleep Trends of Active-Duty Service Members Referred for Psychiatric Care: A Descriptive Study.
- Sleep and Resilience: A Longitudinal 37-Year Follow-up Study of Vietnam Repatriated Prisoners of War.
- Warriors in the Academy: Veterans Transition from the Military to Higher Education.
- Experimental Exposure Therapy for Posttraumatic Nightmares.
- Prazosin Treatment of Nightmares Related to Post-Traumatic Stress Disorder.
- A Framework for Bridging Cultural Barriers in Suicide Risk Assessment: The Role of Compatibility Heuristics.
- From Sense-Making to Meaning-Making: Understanding and Supporting Survivors of Suicide.
- Operation BRAVE Families: A Preventive Approach to Lessening the Impact of War on Military Families Through Preclinical Engagement.
- Lifetime's Army Wives, or I Married the Media-Military-Industrial Complex.
- “Thank You for Our Flat Daddy”: Photography, Imagination, and Citizenship as Child’s Play.
- Stellate Ganglion Block Improves Refractory Post-Traumatic Stress Disorder and Associated Memory Dysfunction: A Case Report and Systematic Literature Review.
- Placement of Combat Stress Teams in Afghanistan: Reducing Barriers to Care.
- Risk and Protective Factors Associated With Symptoms of Post-Traumatic Stress, Depression, and Alcohol Misuse in OEF/OIF Veterans.
- Prescription Drug Misuse Among U.S. Active Duty Military Personnel: A Secondary Analysis of the 2008 DoD Survey of Health Related Behaviors.
- Mental Health Characteristics of Sexual Minority Veterans.

- The Association Between Anxiety Disorders And Suicidal Behaviors: A Systematic Review And Meta-analysis.
- The use of clonidine in the treatment of nightmares among patients with co-morbid PTSD and traumatic brain injury.
- Cognitive-behavioral therapy versus other therapies: Redux.
- Posttraumatic Stress Disorder, Depression, and HIV Risk Behavior Among Ohio Army National Guard Soldiers.
- A Formative Evaluation of Two Evidence-Based Psychotherapies for PTSD in VA Residential Treatment Programs.
- Posttraumatic stress disorder diagnostic criteria and suicidal ideation in a South African Police sample.
- The Relationship between Perfectionism and Rumination in Post Traumatic Stress Disorder.
- A Role for Cognitive Rehabilitation in Increasing the Effectiveness of Treatment for Alcohol Use Disorders.
- Cerebellar White Matter Abnormalities following Primary Blast Injury in US Military Personnel.
- Long-term effects of mild traumatic brain injury on cognitive performance.
- For veterans with mild traumatic brain injury, improved posttraumatic stress disorder severity and sleep correlated with symptomatic improvement.
- Relationships Between Alexithymia, Affect Recognition, and Empathy After Traumatic Brain Injury.
- Psychological functioning measures in patients with primary insomnia and sleep state misperception.
- Attention to Threats and Combat-Related Posttraumatic Stress Symptoms: Prospective Associations and Moderation by the Serotonin Transporter Gene.
- Using a Bug-Killing Paradigm to Understand How Social Validation and Invalidation Affect the Distress of Killing.
- Augmenting cognitive behaviour therapy for post-traumatic stress disorder with emotion tolerance training: a randomized controlled trial.
- Traumatic Brain Injury as a Chronic Health Condition.
- Anxiety correlates with somatic symptoms and sleep status at high altitudes.

- The Insomnia Patient Perspective, a Narrative Review.
- The Work and Social Adjustment Scale as a Measure of Dysfunction in Chronic Insomnia: Reliability and Validity.
- Inmates-to-staff Assaults, PTSD and Burnout: Profiles of Risk and Vulnerability.
- TPM: Cloud-based Tele-PTSD Monitor Using Multi-Dimensional Information.
- User-State Sensing for Virtual Health Agents and TeleHealth Applications.
- The relationship between PTSD and chronic pain: mediating role of coping strategies and depression.
- Group exposure therapy treatment for post-traumatic stress disorder in female veterans.
- Links of Interest
- Research Tip of the Week: NIMH Video and Audio about Post-Traumatic Stress Disorder

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<http://www.effectivehealthcare.ahrq.gov/ehc/products/385/1383/CER-107-Child-Trauma-Not-Maltreatment-130206.pdf>

### **Child and Adolescent Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Trauma Other Than Maltreatment or Family Violence**

Agency for Healthcare Research and Quality

February 2013

#### Objectives.

To assess the effectiveness of interventions that target traumatic stress symptoms and syndromes among children exposed to trauma other than maltreatment or family violence (Key Question 1 [KQ 1]), or children exposed to trauma other than maltreatment or family violence who already have symptoms (KQ 2); to identify subgroup characteristics that moderate the effect of an intervention on outcomes (KQ 3); and to assess harms associated with interventions (KQ 4).

#### Data sources.

MEDLINE<sup>®</sup>, The Cochrane Library, Embase, PsycINFO, Cumulative Index to Nursing and Allied Health Literature, International Pharmaceutical Abstracts, and Web of Science. Additional studies were identified from reference lists and technical experts.

#### Review methods.

Two trained reviewers independently selected, extracted data from, and rated the risk of bias of relevant trials and systematic reviews. We did not quantitatively analyze our data because of statistical

heterogeneity, insufficient numbers of similar studies, or variation in outcome reporting; thus, we synthesized the data qualitatively. KQ 1, KQ 2, and KQ 4 present outcomes categorized by intervention type. KQ 3 presents outcomes of interventions categorized by child characteristics.

#### Results.

We found a total of 21 trials and 1 cohort study (reported in 25 articles) of either medium or low risk of bias from our review of 6,647 unduplicated abstracts. We did not find studies that attempted to replicate findings of effective interventions; rather, studies tested unique interventions. No pharmacotherapy intervention demonstrated effectiveness. Studies demonstrating improvement in outcomes generally compared results of interventions with waitlist controls. With a single exception, studies comparing interventions with active controls did not show benefit. Some psychotherapy interventions targeting children exposed to trauma appear promising based on the magnitude and precision of effects found. These interventions were school-based treatments with elements of cognitive behavioral therapy (CBT). We found less compelling evidence regarding potentially promising interventions targeting already existing symptoms, each of which also had elements of CBT.

Authors typically evaluated short-term outcomes. The body of evidence provides no insight into how interventions targeting children exposed to trauma, some of whom already have symptoms, might influence healthy long-term development. We found little evidence on how effectiveness might vary by child characteristics and no evidence on how effectiveness might vary by treatment characteristics or setting. We also found almost no evidence on harms associated with psychological treatments. Only pharmacological interventions attempted to assess harms in this vulnerable population.

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<http://www.jaoa.org/content/113/2/144.abstract>

#### **Sleep Trends of Active-Duty Service Members Referred for Psychiatric Care: A Descriptive Study.**

R. Gregory Lande, DO; Cynthia Gagnani, PhD

J Am Osteopath Assoc February 2013 113:144-150

#### Context:

Military service members have unique experiences that may contribute to sleep problems in this patient population.

#### Objective:

To gather sleep habits and chronic sleep complaints among active-duty service members to identify common characteristics.

#### Methods:

The investigators administered a detailed sleep log, the Pittsburgh Insomnia Rating Scale, the Zung Self-Rating Depression Scale, the Epworth Sleepiness Scale, and the Pre-Sleep Arousal Scale to consenting service members referred to a military psychiatric partial hospitalization program.

Results:

A total of 57 service members participated in this study. Participants reported a mean of less than 5 total hours of sleep and sleep latencies of 30 minutes or more. Tobacco users (n=22) reported nearly a full hour less of total time slept. Service members with combat experience (n=26) reported qualitatively poorer sleep with less total sleep time (P=.05), greater presleep arousal (P=.01), and a substantially greater number of troubling dreams (P=.06) compared with service members without combat experience.

Conclusion:

Chronic sleep issues are common complaints among military personnel, an anecdotal finding confirmed by the results of this study. These results lend support for more detailed sleep assessments, particularly among combat veterans.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000002/art00023>

**Sleep and Resilience: A Longitudinal 37-Year Follow-up Study of Vietnam Repatriated Prisoners of War.**

Authors: Segovia, Francine; Moore, Jeffrey L.; Linnville, Steven; Hoyt, Robert E.; Hain, Robert E.

Source: Military Medicine, Volume 178, Number 2, February 2013 , pp. 196-201(6)

This study examined sleep histories associated with resilience after trauma defined as a continuous lack of psychiatric illness across 37 years. Data were drawn from a 37-year follow-up examination of the effects of the Vietnam prisoner of war (POW) experience. The Robert E. Mitchell Center for POW Studies is a unique institution holding the only longitudinal study of the effects of the American POW experience in existence. The study used a sample of 440 Vietnam repatriated prisoners of war (RPWs). Psychiatric disorders were assessed at repatriation (1973) and were continued annually by a psychiatrist or clinical psychologist. Sleep issues before, during, and after captivity were assessed upon repatriation during medical examinations. Odds ratios examining presence of sleep symptoms show resilient RPWs reporting fewer symptoms compared to nonresilient RPWs before, during, and after captivity. Logistic regression comparing before, during, and after indicates fewer reported sleep disturbance symptoms after captivity was the strongest predictor of resilience ( $b = -0.82$ , Wald  $\chi^2 (1) = 16.70$ ,  $p < 0.000$ ). Reporting fewer sleep complaints, but not necessarily an absence of them before, during, and after the trauma predicts resilience across time.

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<http://digilib.gmu.edu/dspace/handle/1920/7992>

**Warriors in the Academy: Veterans Transition from the Military to Higher Education.**

Anderson, Julia

A Thesis Submitted to the Graduate Faculty of George Mason University  
In Partial Fulfillment of the Requirements for the Degree of  
Master of Arts in Sociology

Fall Semester 2012  
George Mason University  
Fairfax, VA

Veterans of the wars in Iraq and Afghanistan are enrolling in higher education at a rapidly increasing pace. Though there is a growing body of research about this newest generation of student-veterans, what is lacking is an exploration of veteran's social and institutional biography and the qualities of higher education institutions that most impact their transition experience. To address these questions, I conducted a qualitative study about the experiences of military veterans as they transitioned to higher education, observing a student-veteran organization and conducting semi-structured interviews and focus groups with 22 veterans attending a large public university. The research revealed two aspects of their biography that posed challenges when they first arrived on the college campus—social class and military service. Many veterans suffer the “hidden injuries” of coming from a working-class background—an aspect of their transition that has been under-examined. While the military is credited with being an unusually class-leveling institution, time during service does nothing to diminish many of the class effects that make higher education challenging for those who were from poor or working-class homes, therefore social class reemerges as an influential factor in the transition. The military has transformed them in some ways that are particularly misaligned with the university, contributing to what many of them experience as culture shock. Adjustment to life post-“total institution” with the nebulous identity of “veteran” compounded the difficulty of reintegration. My research suggests that veterans in transition seem to experience the university as primarily what it is not. As campuses develop and evaluate initiatives to meet the needs of student-veterans, some best practices have emerged. Two of the recommendations most often mentioned are mentorship programs and university-supported student-veteran organizations; what veterans gain through those organizations and interactions is a sense of belonging. This research offers an important contribution for those committed to assisting student-veterans and offers five concrete suggestions: identify the veterans on campus; facilitate programs that enhance sense of belonging; sensitize faculty; centralize resources; and maintain ongoing dialogue with the student-veteran population.

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<http://ccs.sagepub.com/content/early/2013/02/08/1534650113475701.abstract>

**Experimental Exposure Therapy for Posttraumatic Nightmares.**

Robert S. Cavera, Leah Jacobs, and Robert W. Motta

Clinical Case Studies 1534650113475701, first published on February 12, 2013

Nightmares are one of the most troubling features of posttraumatic stress disorder (PTSD), yet imagery rehearsal training (IRT) is currently the only empirically supported treatment for posttraumatic nightmares. Although IRT is effective, it is unknown whether IRT or the exposure, which is inherent in this procedure, causes the decrease in nightmares. This study will attempt to clarify this issue by using exposure therapy alone to treat a patient with PTSD. The participant is a 39-year-old male who experienced a single traumatic event. Data were collected on his sleep habits, as well as on the frequency and intensity of the nightmares. Results indicate that exposure-based nightmare treatment for PTSD sufferers should be considered in conjunction with standard treatment packages.

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<http://cpnp.org/resource/mhc/2013/01/prazosin-treatment-nightmares-related-post-traumatic-stress-disorder>

### **Prazosin Treatment of Nightmares Related to Post-Traumatic Stress Disorder.**

Lorenz RA, Hayes JW, Saitz M.

Ment Health Clin. 2013;2(7):32.

This case demonstrates the efficacy of prazosin in treating civilian PTSD-related nightmares. Although its mechanism is not fully elucidated, it is clear that prazosin decreases nightmares. Tolerability may limit one's ability to titrate to an effective dose.

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<http://tcp.sagepub.com/content/early/2013/02/06/0011000012471823.abstract>

### **A Framework for Bridging Cultural Barriers in Suicide Risk Assessment: The Role of Compatibility Heuristics.**

James R. Rogers and Elizabeth J. Russell

The Counseling Psychologist 0011000012471823, first published on February 12, 2013

The incidence and prevalence of death by suicide and nonlethal suicidal behaviors such as suicide attempts, thoughts, and feelings are increasing in the United States and throughout the world. Efforts to prevent suicide deaths and suicide attempts, and reduce the likelihood that suicidal thoughts and feelings will lead to those outcomes, rest on the accuracy of suicide risk assessments primarily conducted in the context of clinical interviews. Despite being armed with lists of empirically derived "correlates" of suicide (i.e., risk factors), suicide risk assessment continues to be a challenging task faced by counseling psychologists and other mental health professionals on a daily basis. As Shea (1999) has suggested, this challenge in a large part is a function of differing values and beliefs regarding suicide between the clinician and the client that create barriers to accurate assessment. The thesis of this contribution to the Major Contribution is that the barriers to suicide risk assessment are much broader than values and beliefs when in the context of cultural differences between the clinician and client.

Thus, we present an argument for the adoption of a set of compatibility heuristics as a framework for suicide risk assessment in the cross-cultural suicide risk assessment environment.

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<http://bjsw.oxfordjournals.org/content/early/2013/02/13/bjsw.bct026.abstract>

**From Sense-Making to Meaning-Making: Understanding and Supporting Survivors of Suicide.**

Dolores Angela Castelli Dransart

Br J Soc Work (2013)

First published online: February 14, 2013

This article reports findings from a qualitative study conducted in Switzerland, aimed at understanding how forty-eight survivors made sense of the suicide of a loved one. In-depth interviews were carried out and grounded theory analysis was performed. Suicide shatters the assumptive world of survivors. In their quest for meaning, they undergo three processes. Sense-making is seeking comprehensibility and consists of rebuilding the path which led to suicide and the figure of the person who died. Memory-building encompasses dealing with the legacy of suicide, by preserving reputation and presenting a public storyline intended for people outside the family circle. Meaning-making allows the survivor to journey towards an existential significance of the loss. Four ways of meaning-making were highlighted: for some, suicide becomes the driving force behind a commitment to suicide prevention; for others, it is the source of an increased awareness of life. Other survivors cannot find a constructive personal existential meaning, which prevents the rebuilding of self. Finally, for a minority, suicide is a mishap which needs to be dealt with. Suggestions are made on how social workers can assist survivors in their processes of meaning-making by supporting the elaboration of constructive narratives and offering tailored resources.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000002/art00021>

**Operation BRAVE Families: A Preventive Approach to Lessening the Impact of War on Military Families Through Preclinical Engagement.**

Authors: Smith, Ryan C.; Chun, Ryo Sook; Michael, Robin L.; Schneider, Brett J.

Source: Military Medicine, Volume 178, Number 2, February 2013 , pp. 174-179(6)

Objectives:

Operation Building Resilience and Valuing Empowered Families (OBF) is a preventive, preclinical program that was developed by the Walter Reed National Military Medical Center's Child and Adolescent Psychiatry Service to form a working partnership with families of wounded warrior parents from the war in Iraq and Afghanistan. The OBF staff helps to identify the families' needs and collaborates



with many organizations at Walter Reed National Military Medical Center to provide assistance. This article describes OBF, offers a case description, reviews current preventive programs for children exposed to trauma and disaster, and compares and contrasts OBF to these programs.

Methods:

A literature review was performed, searching Ovid MEDLINE(R) for keywords, such as post-traumatic stress disorder, child and adolescent, family, prevention, and disaster.

Results:

There are an increasing number of preventive programs for children and adolescents throughout the country, especially over the past 10 years. These programs build upon past prevention models. There are few services that offer primary prevention.

Conclusions:

OBF is a military treatment facility-focused preventive program that can serve as a program model for other military treatment facilities and civilian hospitals with the mandate to care for the family members and children of parents who are trauma victims and require long-term care.

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<http://www.tandfonline.com/doi/abs/10.1080/07491409.2012.756441>

**Lifetime's Army Wives, or I Married the Media-Military-Industrial Complex.**

Women's Studies in Communication

Volume 36, Issue 1, 2013, pages 92-112

Lifetime's Army Wives is its most successful serial drama to date, depicting Army families with loved ones deployed in Afghanistan and Iraq. I argue that Army Wives uses marriage to produce gendered propaganda and advance banal militarism. The program achieves verisimilitude and profitability through Lifetime's alliances with the military-industrial complex and thus frames militarism to appeal to viewers historically the most resistant to the military: women.

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[http://citation.allacademic.com/meta/p\\_mla\\_apa\\_research\\_citation/4/1/7/4/4/p417441\\_index.html](http://citation.allacademic.com/meta/p_mla_apa_research_citation/4/1/7/4/4/p417441_index.html)

**“Thank You for Our Flat Daddy”: Photography, Imagination, and Citizenship as Child’s Play.**

Paper presented at the annual meeting of the American Studies Association Annual Meeting, Grand Hyatt, San Antonio, TX

Since 2003, SFC Graphics in Toledo, Ohio has been transforming waist-up snapshots of deployed servicepeople into life-sized posters in a quixotic, domestic form of militarization called the FlatDaddy/Mommy project. At \$49.50 apiece, the resultant images (which often feature their subjects in uniform) are intended to serve as placeholders for the absent loved one, becoming mute but devoted

co-parents and spouses. Mounted on cardboard, they are durable and portable, attending soccer games and presiding over family dinners. FlatDaddies and FlatMommies are one of the most distinctive elements of the American visual culture of the Global War on Terror, and this paper explores the pedagogy of citizenship that they facilitate.

Most FlatDaddy/Mommy families report that the cut-outs serve two purposes for their children: they help maintain a feeling of closeness during deployment, while also easing the transition when real Daddy/Mommy returns from the War. Without discounting these possibilities, or devaluing the love and gratitude that many FlatDaddy/Mommy children and spouses express for their cardboard companions, I consider the dynamics that animate these relationships between photographs and young people. The efficacy of the FlatDaddy/Mommy project hinges on the child's ability and willingness to suspend disbelief and treat the FlatDaddy/Mommy like a real parent, an imaginative labor undertaken less frequently but no less lovingly by some FlatDaddy/Mommy spouses. Ultimately, I argue that this serves as preparation for the work of citizenship and the formation of a bond to the nation-state (particularly during times of war), where imagination and affection bridge the gap between the flat truth of reality and the beloved fantasy of something more.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000002/art00035>

### **Stellate Ganglion Block Improves Refractory Post-Traumatic Stress Disorder and Associated Memory Dysfunction: A Case Report and Systematic Literature Review.**

Authors: Lipov, Eugene G.; Navaie, Maryam; Brown, Peter R.; Hickey, Anita H.; Stedje-Larsen, Eric T.; McLay, Robert N.

Source: Military Medicine, Volume 178, Number 2, February 2013 , pp. e260-e264(5)

The prevalence of post-traumatic stress disorder (PTSD) has reached epidemic proportions among U.S. veterans, many of whom also have concurrent alcohol use disorder. This case report describes improvements in PTSD symptom severity and memory dysfunction in a combat-exposed veteran with persistent PTSD and alcohol use disorder following two treatments of stellate ganglion block (SGB). PTSD severity was measured using the PTSD Checklist, Military Version. Memory function was evaluated using the Rey Auditory Verbal Learning Test. One month after the first SGB, a 43.6% reduction in PTSD severity was observed along with increases in immediate memory (50%), recent memory (28%), and recognition memory (25%). Following a second SGB, PTSD severity decreased by 57.7% and memory function substantially improved, with pronounced changes in immediate memory (50%), recent memory (58%), and recognition memory (36%). One year after SGB treatments, the patient has stopped drinking alcohol, continues to have sustained relief from PTSD, has improved memory function, and has become gainfully employed. Future studies that employ robust epidemiologic methodologies are needed to generate confirmatory evidence that would substantiate SGB's clinical utility as an adjunctive treatment option for PTSD.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000002/art00012>

**Placement of Combat Stress Teams in Afghanistan: Reducing Barriers to Care.**

Authors: Jones, David E.; Jones, Franca; Suttinger, Laura; Toler, Ayessa; Hammond, Patricia; Medina, Steven

Source: Military Medicine, Volume 178, Number 2, February 2013 , pp. 121-125(5)

This article describes the medical planning process whereby combat stress and mental health clinicians were placed at Forward Operating Bases in southern and western Afghanistan during a period of intensive surge operations in 2009-2010. The distribution plan for the Combat Stress Control teams was based on previously published guidance on ratios of combat stress personnel to troop end-strength, population at-risk data, and kinetic activity associated with current and future combat operations. The article concludes with outcome data that validates the distribution decisions made through the planning process. Through dissemination of this information, it is hoped that future planners and clinicians can improve the processes involved in providing combat stress and mental health services to forward-deployed troops.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000002/art00019>

**Risk and Protective Factors Associated With Symptoms of Post-Traumatic Stress, Depression, and Alcohol Misuse in OEF/OIF Veterans.**

Authors: James, Lisa M.; Van Kampen, Emily; Miller, Ryan D.; Engdahl, Brian E.

Source: Military Medicine, Volume 178, Number 2, February 2013 , pp. 159-165(7)

Military personnel returning from the conflicts in Iraq and Afghanistan commonly experience mental health problems and efforts are underway to determine risk and protective factors associated with postdeployment mental health concerns. This study examined the contribution of trait neuroticism, predeployment life events, combat experience, perceptions of threat, and postdeployment social support on mental health symptoms at 6 months, 12 months, and 24 months postdeployment. Two hundred seventy-one veterans completed self-report measures. Hierarchical regression analyses demonstrated that neuroticism predicted post-traumatic stress and depressive symptoms at all 3 time points; perceived threat predicted post-traumatic stress symptoms at Time 1 and Time 2 and depressive symptoms at Time 2. Social support was a strong negative predictor of post-traumatic stress and depressive symptoms. Alcohol misuse was not significantly predicted by any of the variables. The present study highlights the role of perceived threat and trait neuroticism on postdeployment mental health symptoms and indicates social support is a robust protective factor. Efforts aimed at increasing

sustained postdeployment social support may help defend against significant mental health problems among veterans.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000002/art00022>

**Prescription Drug Misuse Among U.S. Active Duty Military Personnel: A Secondary Analysis of the 2008 DoD Survey of Health Related Behaviors.**

Authors: Jeffery, Diana D.; Babeu, Lorraine A.; Nelson, Laura E.; Kloc, Michelle; Klette, Kevin

Source: Military Medicine, Volume 178, Number 2, February 2013 , pp. 180-195(16)

Objectives:

This study identifies predictors of prescription drug misuse among U.S. active duty service members (ADSM). The 2008 Department of Defense Survey of Health-Related Behaviors (HRB) Among Active Duty Military Personnel indicated that ADSM misuse pain relievers, tranquilizers, sedatives, and stimulants at levels ranging from 2% to 17%.

Methods:

Secondary, multivariate analyses of HRB survey data examined predictors of self-reported prescription drug misuse for 4 distinct drug categories.

Results:

Receipt of a pain reliever prescription in the past month, year, or previous year were strong predictors (adjusted odds ratio above 2.0) of misuse for all drug categories; receipt of a prescription for anxiety or depression medication in the past year was the strongest predictor of sedative misuse (adjusted odds ratio = 4.46, 95% confidence intervals 3.18-6.24). Absence of a drug testing program was significantly related to the likelihood of drug misuse for all drug categories.

Conclusions:

ADSM with a history of treatment for pain and mood disorders, and who self-report headaches, sleep disorders, and fatigue are at higher risk for misusing prescription drugs, perhaps in an effort to self-manage symptoms. The results should be interpreted as a starting place for future exploration, not as the sole basis for policy or program development.

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<http://www.tandfonline.com/doi/full/10.1080/00918369.2013.744932>

**Mental Health Characteristics of Sexual Minority Veterans.**

Bryan N. Cochran, Kimberly Balsam, Annesa Flentje, Carol A. Malte, Tracy Simpson

Journal of Homosexuality

Vol. 60, Iss. 2-3, 2013

This study examines the mental health characteristics of sexual minority (lesbian, gay, and bisexual, or LGB) veterans, compared these characteristics to those of an existing Veterans Affairs (VA) sample, and examined the relationship between mental health and anxiety around concealment of LGB identity while in the military. Data regarding LGB veterans' (n = 409) military experiences and current mental health were collected via an online survey; comparison data (n = 15,000) were retrieved from a VA data warehouse. LGB veterans were more likely to screen positive for posttraumatic stress disorder (PTSD), depression, and alcohol problems than the comparison sample. Anxiety around concealment of one's sexual orientation while in the service was related to current depression and PTSD symptoms.

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<http://www.ncbi.nlm.nih.gov/pubmed/23408488>

Depress Anxiety. 2013 Feb 13. doi: 10.1002/da.22074. [Epub ahead of print]

**The Association Between Anxiety Disorders And Suicidal Behaviors: A Systematic Review And Meta-analysis.**

Kanwar A, Malik S, Prokop LJ, Sim LA, Feldstein D, Wang Z, Murad MH.

Source: University of Wisconsin-Madison, Madison, Wisconsin.

Abstract

BACKGROUND:

Although anxiety has been proposed to be a potentially modifiable risk factor for suicide, research examining the relationship between anxiety and suicidal behaviors has demonstrated mixed results. Therefore, we aimed at testing the hypothesis that anxiety disorders are associated with suicidal behaviors and evaluate the magnitude and quality of supporting evidence.

METHODS:

A systematic literature search of multiple databases was conducted from database inception through August 2011. Two investigators independently reviewed and determined the eligibility and quality of the studies based upon a priori established inclusion criteria. The outcomes of interest were suicidal ideations, suicide attempts, completed suicides, and a composite outcome of any suicidal behaviors. We pooled odds ratios from the included studies using random effects models.

RESULTS:

Forty-two observational studies were included. The studies had variable methodological quality due to inconsistent adjustment of confounders. Compared to those without anxiety, patients with anxiety were more likely to have suicidal ideations (OR = 2.89, 95% CI: 2.09, 4.00), attempted suicides (OR = 2.47, 95% CI: 1.96, 3.10), completed suicides (OR = 3.34, 95% CI: 2.13, 5.25), or have any suicidal behaviors (OR = 2.85, 95% CI: 2.35, 3.46). The increase in the risk of suicide was demonstrated for each subtype of

anxiety except obsessive-compulsive disorder (OCD). The quality of this evidence is considered low to moderate due to heterogeneity and methodological limitations.

**CONCLUSIONS:**

This systematic review and meta-analysis provides evidence that the rates of suicides are higher in patients with any type of anxiety disorders excluding OCD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23413663?dopt=Abstract>

Int J Psychiatry Med. 2012;44(2):165-9.

**The use of clonidine in the treatment of nightmares among patients with co-morbid PTSD and traumatic brain injury.**

Alao A, Selvarajah J, Razi S.

Source: VA Medical Center, Syracuse, New York, USA.

Abstract

**OBJECTIVE:**

To describe the successful treatment of PTSD associated nightmares in two patients with PTSD.

**CASE SUMMARIES:**

The report of the successful use of clonidine to treat PTSD associated nightmares among two Veterans following combat exposure.

**DISCUSSION:**

Clonidine, a centrally acting alpha-agonist agent used to treat hypertension, stimulates alpha-adrenoreceptors in the brain stem. This action results in reduced sympathetic outflow from the central nervous system. We hypothesize that this central mechanism of action is why clonidine may be more effective in treating nightmares among patients with PTSD when compared with other agents.

**CONCLUSION:**

Clonidine should be considered as an alternative in the treatment of nightmares among patients with PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23416876?dopt=Abstract>

Clin Psychol Rev. 2013 Jan 24;33(3):395-405. doi: 10.1016/j.cpr.2013.01.004. [Epub ahead of print]

**Cognitive-behavioral therapy versus other therapies: Redux.**

Baardseth TP, Goldberg SB, Pace BT, Wislocki AP, Frost ND, Siddiqui JR, Lindemann AM, Kivlighan DM 3rd, Laska KM, Del Re AC, Minami T, Wampold BE.

Source: University of Wisconsin-Madison, USA; Department of Counseling Psychology, University of Wisconsin-Madison, 335 Education Building, 1000 Bascom Mall, Madison, WI 53706, USA. Electronic address: baardseth@uwalumni.com.

#### Abstract

Despite the evidence suggesting that all treatments intended to be therapeutic are equally efficacious, the conjecture that one form of treatment, namely cognitive-behavioral therapy (CBT), is superior to all other treatment persists. The purpose of the current study was to (a) reanalyze the clinical trials from an earlier meta-analysis that compared CBT to 'other therapies' for depression and anxiety (viz., Tolin, 2010) and (b) conduct a methodologically rigorous and comprehensive meta-analysis to determine the relative efficacy of CBT and bona fide non-CBT treatments for adult anxiety disorders. Although the reanalysis was consistent with the earlier meta-analysis' findings of small to medium effect sizes for disorder-specific symptom measures, the reanalysis revealed no evidence for the superiority of CBT for depression and anxiety for outcomes that were not disorder-specific. Following the reanalysis, a comprehensive anxiety meta-analysis that utilized a survey of 91 CBT experts from the Association of Behavioral and Cognitive Therapists (ABCT) to consensually identify CBT treatments was conducted. Thirteen clinical trials met the inclusion criteria. There were no differences between CBT treatments and bona fide non-CBT treatments across disorder-specific and non-disorder specific symptom measures. These analyses, in combination with previous meta-analytic findings, fail to provide corroborative evidence for the conjecture that CBT is superior to bona fide non-CBT treatments.

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<http://www.ncbi.nlm.nih.gov/pubmed/23417876?dopt=Abstract>

J Trauma Stress. 2013 Feb;26(1):64-70. doi: 10.1002/jts.21777.

#### **Posttraumatic Stress Disorder, Depression, and HIV Risk Behavior Among Ohio Army National Guard Soldiers.**

Marshall BD, Prescott MR, Liberzon I, Tamburrino MB, Calabrese JR, Galea S.

Source: Department of Epidemiology, Columbia University Mailman School of Public Health, New York, New York, USA; Department of Epidemiology, Brown University, Providence, Rhode Island, USA.

#### Abstract

We examined the relationship between posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and human immunodeficiency virus (HIV) risk behavior among the Ohio Army National Guard (OHARNG). We analyzed data collected from a sample of OHARNG enlisted between June 2008 and February 2009. Participants completed interviews assessing HIV risk activities defined by the Behavioral

Risk Factor Surveillance System, and were screened for PTSD and MDD based on DSM-IV criteria according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., DSM-IV; American Psychiatric Association, 1994). Logistic regression was used to examine the independent and combined effects of PTSD and MDD on past-year HIV risk behavior. Of 2,259 participants, 142 (6.3%) reported at least 1 past-year HIV risk behavior. In adjusted models, relative to soldiers with neither disorder, screening positive for MDD only was associated with HIV risk behavior (adjusted odds ratio [AOR] = 2.33, 95% CI = [1.15, 4.71]), whereas PTSD was not significant (AOR = 1.60, 95% CI = [0.80, 3.20]). Participants with both PTSD and depression were most likely to report HIV risk behavior (AOR = 2.75, 95% CI = [1.06, 7.11]). Soldiers with PTSD and MDD may be at greater risk for HIV infection due to increased engagement in HIV risk behavior. Integrated interventions to address mental health problems and reduce HIV risk behavior are in need of development and evaluation.

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<http://www.ncbi.nlm.nih.gov/pubmed/23417875?dopt=Abstract>

J Trauma Stress. 2013 Feb;26(1):56-63. doi: 10.1002/jts.21769.

### **A Formative Evaluation of Two Evidence-Based Psychotherapies for PTSD in VA Residential Treatment Programs.**

Cook JM, O'Donnell C, Dinnen S, Bernardy N, Rosenheck R, Hoff R.

Source: Department of Psychiatry, Yale School of Medicine, New Haven, Connecticut, USA; National Center for PTSD Northeast Program Evaluation Center, West Haven, Connecticut, USA.

#### **Abstract**

Between July 2008 and March 2011, 38 U.S. Department of Veterans Affairs (VA) residential treatment programs for posttraumatic stress disorder (PTSD) participated in a formative evaluation of their programmatic services, including evidenced-based treatments (EBTs). Face-to-face qualitative interviews were conducted with over 250 staff by an independent psychologist along with onsite participant observations. This evaluation coincided with a national VA dissemination initiative to train providers in two EBTs for PTSD: prolonged exposure (PE) and cognitive processing therapy (CPT). A substantial proportion of eligible (based on professional background) residential treatment providers received training in PE (37.4%) or CPT (64.2%), with 9.5% completing case consultation or becoming national trainers in each therapy respectively. In semistructured interviews, providers reported that their clinical programs had adopted these EBTs at varying levels ranging from no adoption to every patient receiving the full protocol. Suggestions for improving the adoption of PE and CPT are noted, including distilling manualized treatments to essential common elements.

Published 2013. This article is a US Government work and is in the public domain in the USA.



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<http://www.ncbi.nlm.nih.gov/pubmed/23417631?dopt=Abstract>

Afr J Psychiatry (Johannesbg). 2013 Jan;16(1):19-22. doi: <http://dx.doi.org/10.4314/ajpsy.v16i1.3>.

**Posttraumatic stress disorder diagnostic criteria and suicidal ideation in a South African Police sample.**

Steyn R, Vawda N, Wyatt GE, Williams JK, Madu SN.

Source: Graduate School of Business Leadership, University of South Africa, Midrand, South Africa.

Abstract

**OBJECTIVE:**

Exposure to traumatic events may precipitate suicidal ideation. Once an individual is diagnosed with PTSD, a suicide risk assessment often follows. This study explores how PTSD symptom criteria correlate with suicidal ideation in a sample of police officers. While the psychometric measures of PTSD often mirror the DSM-IV-TR criteria, focusing on exposure, symptom, and duration criteria, suicidal ideation measures often focus on concepts quite different from that. In this report the focus was on investigating how PTSD symptom criteria correlate with the suicidal ideation.

**METHOD:**

A group of South African police officers (N = 217) were assessed by means of the Posttraumatic Diagnostic Scale and a short version of the Adult Suicide Ideation Questionnaire. Linear and hierarchical regressions were used to determine which PTSD symptom criteria best predict suicidal ideation.

**RESULTS:**

Hyperarousal was the primary predictor of suicidal ideation ( $R(2)$  [adjusted] = 0.249). Intrusive thoughts added only marginally to the model, contributing a further 2.5% to the declared variance. The contributions of the other two symptom types were negligible.

**CONCLUSION:**

In this study hyperarousal correlated significantly with suicidal ideation. It is suggested that practitioners be alert to these symptoms as possible indicators of suicidal ideation. Implications for suicide risk assessment and prevention measures are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23410784?dopt=Abstract>

Behav Cogn Psychother. 2013 Feb 15:1-13. [Epub ahead of print]

**The Relationship between Perfectionism and Rumination in Post Traumatic Stress Disorder.**

Egan SJ, Hattaway M, Kane RT.

Source: Curtin University, Perth, Australia.

#### Abstract

Background: To date no research has investigated the link between Post Traumatic Stress Disorder (PTSD) and perfectionism in a clinical sample. Aims: The aim of the current study was to examine whether there is a relationship between PTSD and perfectionism. This is important to address as many studies have demonstrated a link between other anxiety disorders, eating disorders, depression and perfectionism. The research also aimed to examine whether rumination was a mediator of the relationship between PTSD and perfectionism. Method: The sample consisted of 30 participants who were currently in treatment for PTSD. Results: The results suggest that perfectionism and PTSD symptoms were significantly correlated. In addition, rumination was a significant mediator of the relationship between Concern over Mistakes and PTSD. Conclusions: These findings help increase understanding about the relationships of perfectionism and rumination in PTSD and have implications for the treatment of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23412885?dopt=Abstract>

Neuropsychol Rev. 2013 Feb 15. [Epub ahead of print]

#### **A Role for Cognitive Rehabilitation in Increasing the Effectiveness of Treatment for Alcohol Use Disorders.**

Bates ME, Buckman JF, Nguyen TT.

Source: Center of Alcohol Studies, Rutgers, The State University of New Jersey, 607 Allison Road, Piscataway, NJ, 08854-8001, USA, mebates@rutgers.edu.

#### Abstract

Neurocognitive impairments are prevalent in persons seeking treatment for alcohol use disorders (AUDs). These impairments and their physical, social, psychological and occupational consequences vary in severity across persons, much like those resulting from traumatic brain injury; however, due to their slower course of onset, alcohol-related cognitive impairments are often overlooked both within and outside of the treatment setting. Evidence suggests that cognitive impairments can impede treatment goals through their effects on treatment processes. Although some recovery of alcohol-related cognitive impairments often occurs after cessation of drinking (time-dependent recovery), the rate and extent of recovery is variable across cognitive domains and individuals. Following a long hiatus in scientific interest, a new generation of research aims to facilitate treatment process and improve AUD treatment outcomes by directly promoting cognitive recovery (experience-dependent recovery). This review updates knowledge about the nature and course of cognitive and brain impairments associated with AUD, including cognitive effects of adolescent AUD. We summarize current evidence for indirect and moderating relationships of cognitive impairment to treatment outcome, and discuss how advances in

conceptual frameworks of brain-behavior relationships are fueling the development of novel AUD interventions that include techniques for cognitive remediation. Emerging evidence suggests that such interventions can be effective in promoting cognitive recovery in persons with AUD and other substance use disorders, and potentially increasing the efficacy of AUD treatments. Finally, translational approaches based on cognitive science, neurophysiology, and neuroscience research are considered as promising future directions for effective treatment development that includes cognitive rehabilitation.

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<http://www.ncbi.nlm.nih.gov/pubmed/23409052?dopt=Abstract>

PLoS One. 2013;8(2):e55823. doi: 10.1371/journal.pone.0055823. Epub 2013 Feb 7.

### **Cerebellar White Matter Abnormalities following Primary Blast Injury in US Military Personnel.**

Mac Donald C, Johnson A, Cooper D, Malone T, Sorrell J, Shimony J, Parsons M, Snyder A, Raichle M, Fang R, Flaherty S, Russell M, Brody DL.

Source: Department of Neurology, Washington University School of Medicine, St Louis, Missouri, United States of America.

#### Abstract

Little is known about the effects of blast exposure on the human brain in the absence of head impact. Clinical reports, experimental animal studies, and computational modeling of blast exposure have suggested effects on the cerebellum and brainstem. In US military personnel with isolated, primary blast-related 'mild' traumatic brain injury and no other known insult, we found diffusion tensor MRI abnormalities consistent with cerebellar white matter injury in 3 of 4 subjects. No abnormalities in other brain regions were detected. These findings add to the evidence supporting the hypothesis that primary blast exposure contributes to brain injury in the absence of head impact and that the cerebellum may be particularly vulnerable. However, the clinical effects of these abnormalities cannot be determined with certainty; none of the subjects had ataxia or other detected evidence of cerebellar dysfunction. The details of the blast events themselves cannot be disclosed at this time, thus additional animal and computational modeling will be required to dissect the mechanisms underlying primary blast-related traumatic brain injury. Furthermore, the effects of possible subconcussive impacts and other military-related exposures cannot be determined from the data presented. Thus many aspects of topic will require further investigation.

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<http://www.ncbi.nlm.nih.gov/pubmed/23408228?dopt=Abstract>

Front Hum Neurosci. 2013;7:30. doi: 10.3389/fnhum.2013.00030. Epub 2013 Feb 12.

### **Long-term effects of mild traumatic brain injury on cognitive performance.**

Dean PJ, Sterr A.

Source: Department of Psychology, University of Surrey Guildford, UK.

#### Abstract

Although a proportion of individuals report chronic cognitive difficulties after mild traumatic brain injury (mTBI), results from behavioral testing have been inconsistent. In fact, the variability inherent to the mTBI population may be masking subtle cognitive deficits. We hypothesized that this variability could be reduced by accounting for post-concussion syndrome (PCS) in the sample. Thirty-six participants with mTBI (>1 year post-injury) and 36 non-head injured controls performed information processing speed (Paced Visual Serial Addition Task, PVSAT) and working memory (n-Back) tasks. Both groups were split by PCS diagnosis (4 groups, all n = 18), with categorization of controls based on symptom report. Participants with mTBI and persistent PCS had significantly greater error rates on both the n-Back and PVSAT, at every difficulty level except 0-Back (used as a test of performance validity). There was no difference between any of the other groups. Therefore, a cognitive deficit can be observed in mTBI participants, even 1 year after injury. Correlations between cognitive performance and symptoms were only observed for mTBI participants, with worse performance correlating with lower sleep quality, in addition to a medium effect size association (falling short of statistical significance) with higher PCS symptoms, post-traumatic stress disorder (PTSD), and anxiety. These results suggest that the reduction in cognitive performance is not due to greater symptom report itself, but is associated to some extent with the initial injury. Furthermore, the results validate the utility of our participant grouping, and demonstrate its potential to reduce the variability observed in previous studies.

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<http://www.ncbi.nlm.nih.gov/pubmed/23408213?dopt=Abstract>

J Rehabil Res Dev. 2012 Dec;49(9):1305-20.

#### **For veterans with mild traumatic brain injury, improved posttraumatic stress disorder severity and sleep correlated with symptomatic improvement.**

Ruff RL, Riechers RG 2nd, Wang XF, Piero T, Ruff SS.

Source: Neurology Service, 127(W), Louis Stokes Cleveland Department of Veterans Affairs Medical Center, 10701 East Blvd, Cleveland, OH 44106. robert.ruff1@va.gov.

#### Abstract

This was an observational study of a cohort of 63 Operation Iraqi Freedom/Operation Enduring Freedom veterans with mild traumatic brain injury (mTBI) associated with an explosion. They had headaches, residual neurological deficits (NDs) on neurological examination, and posttraumatic stress disorder (PTSD) and were seen on average 2.5 years after their last mTBI. We treated them with sleep hygiene counseling and oral prazosin. We monitored headache severity, daytime sleepiness using the Epworth

Sleepiness Scale, cognitive performance using the Montreal Cognitive Assessment test, and the presence of NDs. We quantitatively measured olfaction and assessed PTSD severity using the PTSD Checklist-Military Version. Nine weeks after starting sleep counseling and bedtime prazosin, the veterans' headache severity decreased, cognitive function as assayed with a brief screening tool improved, and daytime sleepiness diminished. Six months after completing treatment, the veterans demonstrated additional improvement in headache severity and daytime sleepiness and their improvements in cognitive function persisted. There were no changes in the prevalence of NDs or olfaction scores. Clinical improvements correlated with reduced PTSD severity and daytime sleepiness. The data suggested that reduced clinical manifestations following mTBI correlated with PTSD severity and improvement in sleep, but not the presence of NDs or olfaction impairment.

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<http://www.ncbi.nlm.nih.gov/pubmed/23407425?dopt=Abstract>

J Head Trauma Rehabil. 2013 Feb 12. [Epub ahead of print]

### **Relationships Between Alexithymia, Affect Recognition, and Empathy After Traumatic Brain Injury.**

Neumann D, Zupan B, Malec JF, Hammond F.

Source: Indiana University School of Medicine, Department of Physical Medicine and Rehabilitation and Rehabilitation Hospital of Indiana, Indianapolis (Drs Neumann, Malec, and Hammond); and Department of Applied Linguistics, Brock University, St Catharines, Ontario, Canada (Dr Zupan).

#### Abstract

**OBJECTIVES::** To determine (1) alexithymia, affect recognition, and empathy differences in participants with and without traumatic brain injury (TBI); (2) the amount of affect recognition variance explained by alexithymia; and (3) the amount of empathy variance explained by alexithymia and affect recognition. **PARTICIPANTS::** Sixty adults with moderate-to-severe TBI; 60 age and gender-matched controls. **PROCEDURES::** Participants were evaluated for alexithymia (difficulty identifying feelings, difficulty describing feelings, and externally-oriented thinking); facial and vocal affect recognition; and affective and cognitive empathy (empathic concern and perspective-taking, respectively). **RESULTS::** Participants with TBI had significantly higher alexithymia; poorer facial and vocal affect recognition; and lower empathy scores. For TBI participants, facial and vocal affect recognition variances were significantly explained by alexithymia (12% and 8%, respectively); however, the majority of the variances were accounted for by externally-oriented thinking alone. Affect recognition and alexithymia significantly accounted for 16.5% of cognitive empathy. Again, the majority of the variance was primarily explained by externally-oriented thinking. Affect recognition and alexithymia did not explain affective empathy. **CONCLUSIONS::** Results suggest that people who have a tendency to avoid thinking about emotions (externally-oriented thinking) are more likely to have problems recognizing others' emotions and assuming others' points of view. Clinical implications are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23406317?dopt=Abstract>

Acta Neurol Scand. 2013 Feb 13. doi: 10.1111/ane.12078. [Epub ahead of print]

**Psychological functioning measures in patients with primary insomnia and sleep state misperception.**

Dittoni S, Mazza M, Losurdo A, Testani E, Di Giacomo R, Marano G, Di Nicola M, Farina B, Mariotti P, Mazza S, Della Marca G.

Source: Institute of Neurology, Catholic University, Rome, Italy.

Abstract

**OBJECTIVE:**

Sleep state misperception (SSM) is a term used in the International Classification of Sleep Disorders to indicate people who mistakenly perceive their sleep as wakefulness. SSM is a form of primary insomnia. The aim of this study was to record psychological functioning measures (anxiety, depression, ability to feel pleasure, obsessive-compulsive traits) in a population of patients with primary insomnia and to evaluate the relationship between these measures and the patients' perception of their sleep.

**MATERIALS AND METHODS:**

Seventy-six consecutive patients with primary insomnia were enrolled: 34 men and 42 women, mean age  $53.9 \pm 13.1$ . Sleep study included the following: Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale, Berlin's Questionnaire and home-based polysomnography. Psychometric evaluation included the following: Self-Administered Anxiety Scale, Beck's Depression Inventory, Maudsley's Obsessive Compulsive Inventory, Snaith-Hamilton Pleasure Scale, Eating Attitude Test.

**RESULTS:**

All patients with insomnia had psychometric scores higher than the general population, but very few patients, in both groups, had anxiety or depression scores consistent with severe mood or anxiety disorders. Comparisons between subjective and objective scores confirmed that most sleep parameters were underestimated. Patients with SSM had lower anxiety scores as compared to patients without SSM.

**CONCLUSIONS:**

The study did not succeed in identifying any predictor of sleep misperception. We speculate that a group of patients, rather than being extremely worried by their insomnia, may have a sort of agnosia of their sleep.

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<http://www.ncbi.nlm.nih.gov/pubmed/23407816?dopt=Abstract>

JAMA Psychiatry. 2013 Feb 13;1-9. doi: 10.1001/2013.jamapsychiatry.188. [Epub ahead of print]

**Attention to Threats and Combat-Related Posttraumatic Stress Symptoms: Prospective Associations and Moderation by the Serotonin Transporter Gene.**

Wald I, Degnan KA, Gorodetsky E, Charney DS, Fox NA, Fruchter E, Goldman D, Lubin G, Pine DS, Bar-Haim Y.

Abstract

**IMPORTANCE**

Combat places soldiers at risk for posttraumatic stress disorder (PTSD). The excessive rates of PTSD and other adjustment disorders in soldiers returning home make it imperative to identify risk and resilience factors that could be targeted by novel therapeutic treatments. **OBJECTIVE** To investigate the interplay among attention to threat, combat exposure, and other risk factors for PTSD symptoms in soldiers deployed to combat.

**DESIGN AND SETTING**

Longitudinal prospective study of Israeli Defense Force infantry soldiers carried out in 2008 through 2010. Repeated measurements during a 1-year period included baseline and predeployment data collected in training camps and deployment data collected in the combat theater.

**PARTICIPANTS**

Infantry soldiers (1085 men; mean age, 18.8 years).

**MAIN OUTCOME MEASURES**

Postcombat PTSD symptoms.

**RESULTS**

Soldiers developed threat vigilance during combat deployment, particularly when they were exposed to high-intensity combat, as indicated by faster response times to targets appearing at the location of threat relative to neutral stimuli ( $P < .001$ ). Threat-related attention bias also interacted with combat exposure to predict risk for PTSD ( $P < .05$ ). Bias toward threat at recruitment ( $P < .001$ ) and bias away from threat just before deployment ( $P < .05$ ) predicted postcombat PTSD symptoms. Moreover, these threat-related attention associations with PTSD were moderated by genetic and environmental factors, including serotonin transporter (5-HTTLPR) genotype. **CONCLUSIONS AND RELEVANCE** Combat exposure interacts with threat-related attention to place soldiers at risk for PTSD, and interactions with other risk factors account for considerable variance in PTSD vulnerability. Understanding these associations informs research on novel attention bias modification techniques and prevention of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23407746?dopt=Abstract>

Pers Soc Psychol Bull. 2013 Feb 13. [Epub ahead of print]

**Using a Bug-Killing Paradigm to Understand How Social Validation and Invalidation Affect the Distress of Killing.**

Webber D, Schimel J, Martens A, Hayes J, Faucher EH.

Source: University of Alberta, Edmonton, Canada.

Abstract

Clinical evidence demonstrates that killing among soldiers at war predicts their experience of long-lasting trauma/distress. Killing leads to distress, in part, due to guilt experienced from violating moral standards. Because social consensus shapes what actions are perceived as moral and just, we hypothesized that social validation for killing would reduce guilt, whereas social invalidation would exacerbate it. To examine this possibility in a laboratory setting, participants were led to kill bugs in an "extermination task." Perceptions of social validation/invalidation were manipulated through the supposed actions of a confederate (Study 1) or numerous previous participants (Study 2) that agreed or refused to kill bugs. Distress measures focused on trauma-related guilt. Higher levels of distress were observed when individuals perceived their actions as invalidated as opposed to when they perceived their actions as socially validated. Implications for posttraumatic stress disorder (PTSD) experienced by soldiers and the paradoxical nature of publicly expressing antiwar sentiments are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23406821?dopt=Abstract>

Psychol Med. 2013 Feb 14:1-8. [Epub ahead of print]

**Augmenting cognitive behaviour therapy for post-traumatic stress disorder with emotion tolerance training: a randomized controlled trial.**

Bryant RA, Mastrodomenico J, Hopwood S, Kenny L, Cahill C, Kandris E, Taylor K.

Source: University of New South Wales, NSW, Australia.

Abstract

BACKGROUND:

Many patients do not adhere to or benefit from cognitive behaviour therapy (CBT) for post-traumatic stress disorder (PTSD). This randomized controlled trial evaluates the extent to which preparing patients with emotion regulation skills prior to CBT enhances treatment outcome. Method A total of 70 adult civilian patients with PTSD were randomized to 12 sessions of either supportive counselling followed by CBT (Support/CBT) or emotion regulation training followed by CBT (Skills/CBT).



## RESULTS:

Skills/CBT resulted in fewer treatment drop-outs, less PTSD and anxiety, and fewer negative appraisals at 6 months follow-up than Support/CBT. Between-condition effect size was moderate for PTSD severity (0.43, 95% confidence interval -0.04 to 0.90). More Skills/CBT (31%) patients achieved high end-state functioning at follow-up than patients in Support/CBT (12%) [ $\chi^2(n = 70) = 3.67, p < 0.05$ ].

## CONCLUSIONS:

This evidence suggests that response to CBT may be enhanced in PTSD patients by preparing them with emotion regulation skills. High attrition of participants during the study limits conclusions from this study.

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<http://www.ncbi.nlm.nih.gov/pubmed/23402722?dopt=Abstract>

Arch Phys Med Rehabil. 2013 Feb 9. pii: S0003-9993(13)00108-1. doi: 10.1016/j.apmr.2013.01.023.  
[Epub ahead of print]

### **Traumatic Brain Injury as a Chronic Health Condition.**

Corrigan JD, Hammond FM.

Source: Professor, Department of Physical Medicine and Rehabilitation Wexner Medical Center at The Ohio State University. Electronic address: corrigan.1@osu.edu.

#### Abstract

Growing evidence indicates that multiple types of brain injury, including traumatic brain injury (TBI), are dynamic conditions that continue to change years after onset. For a subset of individuals who incur these injuries, decline occurs over time and is likely due to progressive neurodegenerative processes, co-morbid conditions, aging, behavioral choices and/or psychosocial factors. Deterioration, whether directly or indirectly associated with the original brain injury, necessitates a clinical approach as a chronic health condition, including identification of risk and protective factors, protocols for early identification, evidence-based preventive and ameliorative treatment and training in self-management. We propose that the acknowledgement of chronic brain injury (CBI) will facilitate the research necessary to provide a disease management approach.

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<http://www.ncbi.nlm.nih.gov/pubmed/23403037?dopt=Abstract>

Physiol Behav. 2013 Feb 9. pii: S0031-9384(13)00028-0. doi: 10.1016/j.physbeh.2013.02.001. [Epub ahead of print]

**Anxiety correlates with somatic symptoms and sleep status at high altitudes.**

Dong JQ, Zhang JH, Qin J, Li QN, Huang W, Gao XB, Yu J, Chen GZ, Tang XG, Huang L.

Source: Institute of Cardiovascular Diseases of PLA, Xinqiao Hospital, Third Military Medical University, Chongqing 400037, People's Republic of China.

Abstract

High altitude exposure results in many physical and psychological discomforts, with anxiety and sleep disturbances being the most common ones. This cross-sectional study was performed to explore the relationship between anxiety, somatic symptoms, and sleep status at high altitude. A sample of 426 young males between 18-24years old ascended from low-level land to 3600m, where they acclimated for 40days, before ascending to 4400m. Questionnaires including the Louise Lake Score (LLS, for diagnosis of acute mountain sickness [AMS]), the Self-rating Anxiety Scale (SAS), the Epworth Sleepiness Scale (ESS), and the Athens Insomnia Scale (AIS) were administered immediately before departure from 3600m (40th day) and the day after arrival at 4400m (20days after the first data collection).

Physiological parameters were also measured. We observed that 49 of 426 and 51 of 329 people were diagnosed with anxiety according to SAS at 3600 and 4400m, respectively. Physical symptoms were more severe in subjects with anxiety, and the severity of anxiety was significantly positively correlated to the severity of insomnia and increased heart rate (HR). Overall, these data indicate that after 40days acclimatization in 3600m, anxious persons have more severe somatic symptoms. When ascending to higher altitudes, these individuals are more likely to develop AMS, show more severe symptoms, and are prone to insomnia and more serious daytime sleepiness. Insomnia and elevated HR are indicators of anxiety severity.

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<http://www.ncbi.nlm.nih.gov/pubmed/23402684?dopt=Abstract>

Behav Sleep Med. 2012 Jun 6. [Epub ahead of print]

**The Insomnia Patient Perspective, a Narrative Review.**

Cheung JM, Bartlett DJ, Armour CL, Saini B.

Source: Faculty of Pharmacy , The University of Sydney , Australia.

## Abstract

Insomnia is a common sleep disorder associated with substantial direct and indirect costs, yet there is a strong propensity among patients to self-medicate which often delays professional help. Understanding the process which underpins the initiation, engagement and adherence to insomnia treatment(s) is a vital step for understanding this phenomenon. The current paper explores how the patient perspective has been conceptualized in the research literature and its implications for insomnia treatment and health care delivery. A literature search was conducted using Embase, Medline and PsycINFO databases. Articles have been thematically organized into patient correlates of health behaviors, patient experiences and treatment attitudes. Deferral of professional help among insomnia patients is partially related to barriers embedded in the health care system and patient health beliefs.

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<http://www.ncbi.nlm.nih.gov/pubmed/23402523?dopt=Abstract>

Behav Cogn Psychother. 2013 Feb 12:1-13. [Epub ahead of print]

### **The Work and Social Adjustment Scale as a Measure of Dysfunction in Chronic Insomnia: Reliability and Validity.**

Jansson-Fröjmark M.

Source: Örebro University and Stockholm University, Sweden.

## Abstract

### Background:

Dysfunction is an integral part of chronic insomnia. Despite this, very little effort has yet been made to design and psychometrically validate an insomnia-specific measure of dysfunction. Aims: The purpose was to examine the psychometric properties of the Work and Social Adjustment Scale (WSAS) as a measure of dysfunction in chronic insomnia.

### Method:

Seventy-three patients with chronic insomnia from three subsamples participated. All the patients completed the WSAS, the Insomnia Severity Index (ISI), and sleep diaries over one week. Results: An exploratory factor analysis suggested a one-factor solution for the WSAS, determining dysfunction, accounting for 73.7% of the variance. The internal consistency of the WSAS was  $\alpha = .91$ . The test-retest reliability for the WSAS items was high at .90-.99 and for the entire scale .99. A cut-off at 17 points was established, discriminating those with subclinical versus moderate or severe clinical insomnia (88% sensitivity and 78% specificity). Evidence of convergent and criterion validity was documented via (1) a significant, positive association between the WSAS and ISI and (2) a higher WSAS score among those with severe clinical insomnia, relative to those with moderate clinical and subthreshold insomnia, as well as a higher WSAS score among those with moderate clinical insomnia relative to those with

subthreshold insomnia. The WSAS was also shown to be a treatment-sensitive measure for insomnia patients.

Conclusions:

The WSAS appears as a reliable and valid measure of dysfunction in chronic insomnia. Additional advantages are its shortness, easiness, and treatment-sensitivity.

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<http://www.ncbi.nlm.nih.gov/pubmed/23400884?dopt=Abstract>

J Interpers Violence. 2013 Feb 11. [Epub ahead of print]

### **Inmates-to-staff Assaults, PTSD and Burnout: Profiles of Risk and Vulnerability.**

Boudoukha AH, Altintas E, Rusinek S, Fantini-Hauwel C, Hautekeete M.

Abstract

Prison employees are often confronted with critical incidents and chronic stressors that may lead to trauma or burnout symptoms. However, most of the research on clinical aspects of interpersonal violence in prisons (inmates-to-staff violence, specifically) focuses either on trauma or on burnout. The purpose of the present study is (a) to examine both burnout and posttraumatic stress among prison staff and (b) to examine the influences of inmates-to-staff violent relations on posttraumatic stress in terms of risk profile to develop PTSD. A random sample of French correctional employees has completed various self-reported questionnaires assessing burnout, posttraumatic stress, and stress as well as victimization and demographic characteristics. Correctional employees demonstrated high levels of PTSD symptoms, burnout, and stress. Violent interactions with inmates lead to experienced trauma of all types (PTSD, secondary, or vicarious trauma). Results have highlighted a prison worker's profile prone to PTSD: he or she expresses high levels of emotional exhaustion, intense levels of stress, high levels of depersonalization, and high levels of intrusion, avoidance, and hyperreactivity. This study contributes to an understanding of the literature by explaining the complex association between burnout and posttraumatic stress after interpersonal violence. These findings suggest a need to support prison workers and to address inmates-to-staff relational dynamics.

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<http://www.ncbi.nlm.nih.gov/pubmed/23400205?dopt=Abstract>

Stud Health Technol Inform. 2013;184:471-7.

### **TPM: Cloud-based Tele-PTSD Monitor Using Multi-Dimensional Information.**

Xu R, Mei G, Zhang G, Gao P, Pepe A, Li J.

Source: Intelligent Automation, Inc.

## Abstract

An automated system that can remotely and non-intrusively screen individuals at high risk for Post-Traumatic Stress Disorder (PTSD) and monitor their progress during treatment would be desired by many Veterans Affairs (VAs) as well as other PTSD treatment and research organizations. In this paper, we present an automated, cloud-based Tele-PTSD Monitor (TPM) system based on the fusion of multiple sources of information. The TPM system can be hosted in a cloud environment and accessed through landline or cell phones, or on the Internet through a web portal or mobile application (app).

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<http://www.ncbi.nlm.nih.gov/pubmed/23400148?dopt=Abstract>

Stud Health Technol Inform. 2013;184:151-7.

### **User-State Sensing for Virtual Health Agents and TeleHealth Applications.**

Gratch J, Morency LP, Scherer S, Stratou G, Boberg J, Koenig S, Adamson T, Rizzo A.

Source: University of Southern California, Institute for Creative Technologies.

## Abstract

Nonverbal behaviors play a crucial role in shaping outcomes in face-to-face clinical interactions. Experienced clinicians use nonverbals to foster rapport and "read" their clients to inform diagnoses. The rise of telemedicine and virtual health agents creates new opportunities, but it also strips away much of this nonverbal channel. Recent advances in low-cost computer vision and sensing technologies have the potential to address this challenge by learning to recognize nonverbal cues from large datasets of clinical interactions. These techniques can enhance both telemedicine and the emerging technology of virtual health agents. This article describes our current research in addressing these challenges in the domain of PTSD and depression screening for U.S. Veterans. We describe our general approach and report on our initial contribution: the creation of a large dataset of clinical interview data that facilitates the training of user-state sensing technology.

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<http://www.ncbi.nlm.nih.gov/pubmed/23398939?dopt=Abstract>

Pain. 2013 Jan 11. pii: S0304-3959(13)00003-1. doi: 10.1016/j.pain.2013.01.001. [Epub ahead of print]

### **The relationship between PTSD and chronic pain: mediating role of coping strategies and depression.**

Morasco BJ, Lovejoy TI, Lu M, Turk DC, Lewis L, Dobscha SK.

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

for the Study of Chronic, Comorbid Medical and Psychiatric Disorders, Portland VA Medical Center, Portland, OR, USA. Electronic address: benjamin.morasco@va.gov.

#### Abstract

People with chronic pain and comorbid posttraumatic stress disorder (PTSD) report more severe pain and poorer quality of life than those with chronic pain alone. This study evaluated the extent to which associations between PTSD and chronic pain interference and severity are mediated by pain-related coping strategies and depressive symptoms. Veterans with chronic pain were divided into 2 groups, those with (n=65) and those without (n=136) concurrent PTSD. All participants completed measures of pain severity, interference, emotional functioning, and coping strategies. Those with current PTSD reported significantly greater pain severity and pain interference, had more symptoms of depression, and were more likely to meet diagnostic criteria for a current alcohol or substance use disorder (all p-values <.01). Participants with PTSD reported more use of several coping strategies, including guarding, resting, relaxation, exercise/stretching, and coping self-statements. Illness-focused pain coping (i.e., guarding, resting, and asking for assistance) and depressive symptoms jointly mediated the relationship between PTSD and both pain interference (total indirect effect=0.194, p<.001) and pain severity (total indirect effect=0.153, p=.004). Illness-focused pain coping also evidenced specific mediating effects, independent of depression. In summary, specific pain coping strategies and depressive symptoms partially mediated the relationship between PTSD and both pain interference and severity. Future research should examine whether changes in types of coping strategies after targeted treatments predict improvements in pain-related function for chronic pain patients with concurrent PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/23397693?dopt=Abstract>

Mil Med. 2012 Dec;177(12):1486-91.

#### **Group exposure therapy treatment for post-traumatic stress disorder in female veterans.**

Castillo DT, C' de Baca J, Qualls C, Bornoalova MA.

Source: New Mexico VA Health Care System, Behavioral Health Care Line (116), 1501 San Pedro SE, Albuquerque, NM 87108, USA.

#### Abstract

##### OBJECTIVES:

The purpose of this study was to examine the application of a group exposure therapy model, the content of which consisted solely of repeated imaginal exposure during sessions, in a clinical sample of female veterans with post-traumatic stress disorder (PTSD). Establishing group delivery of exposure therapy will expand options, increase efficiency, and introduce group curative factors.

#### METHODS:

Eighty-eight female veterans with PTSD completed a six-session exposure group, three participants per group, as a component of a larger treatment program. The PTSD symptom checklist (PCL) was used as the outcome measure and administered in each session.

#### RESULTS:

Pre/post-paired t-tests showed significant improvement in PTSD on the PCL, with 40% of completers showing at least a 10-point drop in the PCL scores. In addition, a repeated measures analysis of variance showed a significant main effect and a significant quadratic equation, with expected initial increases in the PCL followed by a decrease below baseline at session 6.

#### CONCLUSIONS:

The group exposure treatment protocol showed positive outcomes on PTSD symptoms in a real-world clinical sample of female veterans. The implications include an expansion of exposure treatment choices for veterans with PTSD and increased options for therapists.

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#### Links of Interest

##### *Must-see:*

##### A Marine Squad's Lone Survivor

("On August 3, 2005, Marine Lance Corporal Travis Williams lost his entire squad in an explosion in Iraq. Seven years later, the noise from his work making custom knives helps him drown out the memories.")

<http://live.wsj.com/video/marine-squads-lone-survivor/58FF8A7E-BD15-4EEC-A61E-53E4CFEAAA53.html>

##### To Reduce Suicide Rates, New Focus Turns to Guns

<http://www.nytimes.com/2013/02/14/us/to-lower-suicide-rates-new-focus-turns-to-guns.html>

##### How to help veterans succeed in college

<http://atwar.blogs.nytimes.com/2013/02/13/how-to-help-veterans-succeed-in-college/>

##### The VA Now May Report Prescription Drug Use

<http://www.courthousenews.com/2013/02/14/54891.htm>

##### Take a look inside the suitcases of the clinically insane

<http://www.fastcocreate.com/1682431/take-a-look-inside-the-suitcases-of-the-clinically-insane>

##### Memory appears susceptible to eradication of fear responses

<http://www.sciencedaily.com/releases/2013/02/130218102914.htm>

##### Study could offer solutions to troops' depression

<http://www.stripes.com/blogs/stripes-central/stripes-central-1.8040/study-could-offer-solutions-to-troops-depression-1.208145>

Military Women Exposed to Combat After Childbirth Face Depression

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_134066.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_134066.html)

Threat bias interacts with combat, gene to boost PTSD risk

<http://www.nih.gov/news/health/feb2013/nimh-13.htm>

Losing hope of a good night's sleep is risk factor for suicide

[http://www.eurekalert.org/pub\\_releases/2013-02/ghsu-lho021413.php](http://www.eurekalert.org/pub_releases/2013-02/ghsu-lho021413.php)

USU Hosts Panel on LGBT Mental Health

<http://www.dcmilitary.com/article/20130221/NEWS11/130229969/usu-hosts-panel-on-lgbt-mental-health>

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**Research Tip of the Week:** [NIMH Video and Audio about Post-Traumatic Stress Disorder](#)

An interesting assortment of video interviews with:

- David Finkel, embedded reporter and author of [The Good Soldiers](#)
- NIMH Director Dr. Thomas Insel and Sergeant Todd Bowers of the organization [Iraq and Afghanistan Veterans of America](#)
- Dr. Francis Lee of Weill-Cornell Medical College, a leading brain derived neurotrophic factor researcher
- Dr. Joseph LeDoux, a New York University neuroscientist
- Dr. Farris Tuma, Chief of the NIMH Traumatic Stress Research Program
- Dr. Robert K. Heinszen, Director of NIMH Division of Services and Intervention Research ([Dr. Heinszen](#) is a major in the Maryland National Guard.)

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