



CDP Research Update -- May 23, 2013

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<https://msrc.fsu.edu/members/newsletter/msrc-newsletter-may-2013>

MSRC News - May 2013

Military Suicide Research Consortium

“A quarterly update on the consortium's progress”

<http://informahealthcare.com/doi/abs/10.3109/01612840.2012.732192>

Life Goes On: The Experiences of Wives of Multiply-Deployed National Guard Soldiers

Brenda Patzel, Maryellen McBride, Judith Bunting, and Tony Anno

Issues in Mental Health Nursing

May 2013, Vol. 34, No. 5 , Pages 368-374

Issues in MenWhether a service member is active duty or part of the National Guard, deployment of these service members is a major issue for most families. There is limited knowledge of the experience of multiple deployments on the family. The purpose of this study was to describe experiences of wives of National Guard soldiers that were deployed more than once. Nine wives were interviewed. An analysis of the interviews revealed four themes: (1) "Life Goes On" (i.e., despite the repeated deployments, life continues at home); (2) the "Guard is a Different Animal" (i.e., life as a National Guard spouse is different from that of an active duty spouse); (3) "It's a Mind-Set" (i.e., how wives cope their husband's deployment); and (4) "Going Back Again" (i.e., wives' experiences of multiple deployments). Exploring how multiple deployments affects wives of National Guard soldiers is helpful in understanding their experiences and the adjustments that must be made in family life. Knowledge of the experiences of these wives may help in formulating more effective interventions with families who have experienced multiple deployments.

<https://www.federalregister.gov/articles/2013/05/14/2013-11410/tentative-eligibility-determinations-presumptive-eligibility-for-psychosis-and-other-mental-illness>

Tentative Eligibility Determinations; Presumptive Eligibility for Psychosis and Other Mental Illness

A Rule by the Veterans Affairs Department on 05/14/13

This document amends the Department of Veterans Affairs (VA) regulation authorizing tentative eligibility determinations to comply with amended statutory authority concerning minimum active-duty service requirements. This document also codifies in regulation statutory presumptions of medical care eligibility for veterans of certain wars and conflicts who developed psychosis within specified time periods and for Persian Gulf War veterans who developed a mental illness other than psychosis within 2 years after service and within 2 years after the end of the Persian Gulf War period.

See: [The VA Modifies Mental Health Benefits](#) (Courthouse News Service)

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21813/abstract>

Mild Traumatic Brain Injury and Treatment Response in Prolonged Exposure for PTSD.

Sripada, R. K., Rauch, S. A. M., Tuerk, P. W., Smith, E., Defever, A. M., Mayer, R. A., Messina, M. and Venners, M.

Journal of Traumatic Stress

Article first published online: 20 MAY 2013

A proportion of U.S. veterans returning from Iraq and Afghanistan have experienced mild traumatic brain injury (mTBI), which is associated with increased risk for developing posttraumatic stress disorder (PTSD). Prolonged Exposure (PE) has proven effectiveness in the treatment of PTSD; however, some clinicians have reservations about using PE with individuals with a history of mTBI. We examined the impact of PE for veterans with PTSD and with or without a history of mTBI in a naturalistic sample of 51 veterans who received PE at a Veterans Health Administration PTSD clinic. We also analyzed previously collected data from a controlled trial of 22 veterans randomly assigned to PE or present centered therapy. For both sets of data, we found that PE reduced symptom levels and we also did not detect an effect for mTBI, suggesting that PE may be helpful for individuals with PTSD and a history of mTBI.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21818/abstract>

Posttraumatic Stress Symptomatology as a Mediator of the Relationship Between Warzone Exposure and Physical Health Symptoms in Men and Women.

Wachen, J. S., Shipherd, J. C., Suvak, M., Vogt, D., King, L. A. and King, D. W.

Journal of Traumatic Stress

Article first published online: 20 MAY 2013

The mediating role of posttraumatic stress symptomatology (PSS) on the association between warzone exposure and physical health symptoms in 7 bodily systems (cardiovascular, dermatological, gastrointestinal, genitourinary, musculoskeletal, neurological, and pulmonary) was examined. We also examined if mediation effects varied as a function of sex. A sample of 317 U.S. Gulf war veterans was assessed for warzone exposure, PSS, and physical health symptoms 10 years after deployment. PSS was significantly associated with postdeployment physical health in all symptom categories when accounting for predeployment health (with effect sizes ranging from a 1.27–1.64 increase in the likelihood of postdeployment physical health symptoms with a 1 standard deviation increase in the PSS symptoms). PSS severity mediated the relationship between warzone exposure and postdeployment symptoms in all physical health domains (with percent mediation ranging 44%–75%). A significant Warzone Exposure × PSS interaction emerged for 5 outcomes such that the effect of PSS on physical health was stronger for veterans reporting lower warzone exposure. No significant interactions with sex emerged. These findings suggest the important influence of PSS on physical health symptoms for both men and women.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21817/abstract>

Trauma-Related Correlates of Alcohol Use in Recently Deployed OEF/OIF Veterans.

Capone, C., McGrath, A. C., Reddy, M. K. and Shea, M. T.

Journal of Traumatic Stress

Article first published online: 20 MAY 2013

The co-occurrence of posttraumatic stress disorder (PTSD) and alcohol use disorders (AUDs) is well documented. Little is known about the factors that contribute to alcohol use and the development of AUDs among military personnel following deployment. The primary aim of this study was to examine trauma-related correlates of alcohol use in recently deployed Operation Enduring Freedom/Operation Iraqi Freedom veterans. Members of the Rhode Island National Guard and Army Reserves (N = 238) completed an in-person, initial assessment an average of 6 months postdeployment. Multiple regression analyses examined predictors of drinking outcomes (combat exposure, total PTSD symptoms, and PTSD symptom clusters) after accounting for gender, age, and history of AUD. Results indicated that total PTSD symptoms, but not combat exposure, significantly predicted alcohol use at the initial assessment. When PTSD symptom clusters were considered separately, reexperiencing symptoms (Cluster B) were the strongest predictor of total alcohol use (B = 3.58, p = .002) and heavy drinking episodes (B = 0.31, p = .005). Implications for these findings include early identification of risk factors that could lead to the development of AUDs, and the importance of integrated treatment approaches for co-occurring PTSD and AUD among veterans postdeployment.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21814/abstract>

The Co-Occurrence of Major Depressive Disorder Among Individuals With Posttraumatic Stress Disorder: A Meta-Analysis.

Rytwinski, N. K., Scur, M. D., Feeny, N. C. and Youngstrom, E. A.

Journal of Traumatic Stress

Article first published online: 20 MAY 2013

Although co-occurring posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) is associated with greater distress, impairment, and health care utilization than PTSD alone, the magnitude of this problem is uncertain. This meta-analysis aimed to estimate the mean prevalence of current MDD co-occurrence among individuals with PTSD and examine potential moderating variables (U.S. nationality, gender, trauma type, military service, referral type) that may influence the rate of PTSD and MDD co-occurrence. Meta-analytic findings (k = 57 studies; N = 6,670 participants) revealed that 52%, 95% confidence interval [48, 56], of individuals with current PTSD had co-occurring MDD. When outliers were removed, military samples and interpersonal traumas demonstrated higher rates of MDD among individuals with PTSD than civilian samples and natural disasters, respectively. U.S. nationality, gender, and referral type did not significantly account for differences in co-occurrence rates. This high co-occurrence rate accentuates the importance of routinely assessing MDD among individuals with PTSD and continuing research into the association between these disorders.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21811/abstract>

Feasibility and Desirability of Web-Based Mental Health Screening and Individualized Education for Female OEF/OIF Reserve and National Guard War Veterans.

Sadler, A. G., Mengeling, M. A., Torner, J. C., Smith, J. L., Franciscus, C. L., Erschens, H. J. and Booth, B. M.

Journal of Traumatic Stress

Article first published online: 20 MAY 2013

Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Reserve and National Guard (RNG) service members have an increased risk for postdeployment mental health (MH) and readjustment problems, yet most do not access needed care. It is unknown if RNG servicewomen experiencing postdeployment readjustment symptoms are aware these may signify treatable MH concerns or if this knowledge activates care-seeking. The aims of this proof-of-concept study were to determine the feasibility of web-based MH screening for postdeployment MH symptoms to inform individualized psychoeducation, and to assess user perceptions about the online instrument and process, MH care access, and VA and other MH care. A midwestern sample (N = 131) of recently deployed (past 24 months) OEF/OIF RNG Army and Air Force servicewomen participated. High rates of combat experiences (95%) and military sexual trauma (50%) were reported. Positive screens for key symptoms of MH problems were prevalent. One third (31%) of satisfaction survey completers indicated online information reduced discomfort with seeking MH care; 42% reported they would subsequently seek MH assessment. Participants interviewed by telephone indicated that stigma and limited knowledge about women-specific services were key reasons servicewomen do not use MH care. This study demonstrated web-based screenings with individualized psychoeducation are implementable and favorable to RNG servicewomen.

<http://informahealthcare.com/doi/abs/10.3109/01612840.2012.751639>

Events Prior to Completed Suicide: Perspectives of Family Survivors.

Kathleen Peters, Gillian Murphy, and Debra Jackson

Issues in Mental Health Nursing 2013 34:5, 309-316

Relatively little is known about the experiences of those bereaved by suicide, particularly in the weeks leading to the death of a loved one. This study used a qualitative methodology to explore the perspectives of close survivors of a completed suicide. Ten people who were bereaved by suicide participated in face-to-face interviews that were digitally recorded, transcribed verbatim, and thematically analysed. Analysis revealed the following three themes: He Tried to Hang Himself: Purposeful indications of the intent to end life; They Still Ignored It: Disappointment with health services; and Nobody Talked to Me: Exclusion of family members from treatment information. Prior to

the suicide of their loved one, participants had identified that the loved one was at risk and perceived they were unable to acquire appropriate assistance from services. Rather, services were perceived by participants as unsupportive and inadequate. Health and social service professionals could benefit from further specialised education concerning suicide and its sequelae to ensure more effective and sensitive care delivery to suicide survivors.

<http://cpx.sagepub.com/content/early/2013/05/13/2167702613486630.abstract>

Cognitive Emotion Regulation and Written Exposure Therapy for Posttraumatic Stress Disorder.

Blair E. Wisco, Denise M. Sloan, and Brian P. Marx

Clinical Psychological Science

Published online before print May 13, 2013

We examined the extent to which cognitive emotion-regulation (ER) strategies moderated posttraumatic stress disorder (PTSD) treatment outcome among 40 motor vehicle accident survivors. Participants were randomly assigned to either a brief written exposure therapy (WET) condition or a waitlist condition and were assessed pre- and posttreatment and at a 3-month follow-up. Positive-reappraisal and putting-into-perspective strategies at baseline interacted with condition to predict symptom change over time. Both strategies predicted greater reductions in PTSD in the waitlist group, suggesting facilitation of natural recovery. However, positive reappraisal was associated with smaller reductions in PTSD in the WET group, suggesting that this strategy may interfere with treatment. Treatment also reduced use of the maladaptive ER strategy of rumination. These results provide evidence that putting-into-perspective and positive-reappraisal strategies are beneficial in the absence of treatment and that certain types of ER strategies may reduce response to WET, highlighting the importance of future research examining ER during treatment.

<http://www.jmir.org/2013/5/e82/>

Internet-Delivered Interpersonal Psychotherapy Versus Internet-Delivered Cognitive Behavioral Therapy for Adults With Depressive Symptoms: Randomized Controlled Noninferiority Trial.

Tara Donker, PhD; Kylie Bennett, BA(Hons), BSc; Anthony Bennett, BAppSc; Andrew Mackinnon, PhD; Annemieke van Straten, PhD; Pim Cuijpers, PhD; Helen Christensen, PhD; Kathleen M Griffiths, PhD

Journal of Medical Internet Research

May 13, 2013

Background:

Face-to-face cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) are both effective

treatments for depressive disorders, but access is limited. Online CBT interventions have demonstrated efficacy in decreasing depressive symptoms and can facilitate the dissemination of therapies among the public. However, the efficacy of Internet-delivered IPT is as yet unknown.

Objective:

This study examines whether IPT is effective, noninferior to, and as feasible as CBT when delivered online to spontaneous visitors of an online therapy website.

Methods:

An automated, 3-arm, fully self-guided, online noninferiority trial compared 2 new treatments (IPT: n=620; CBT: n=610) to an active control treatment (MoodGYM: n=613) over a 4-week period in the general population. Outcomes were assessed using online self-report questionnaires, the Center for Epidemiological Studies Depression scale (CES-D) and the Client Satisfaction Questionnaire (CSQ-8) completed immediately following treatment (posttest) and at 6-month follow-up.

Results:

Completers analyses showed a significant reduction in depressive symptoms at posttest and follow-up for both CBT and IPT, and were noninferior to MoodGYM. Within-group effect sizes were medium to large for all groups. There were no differences in clinical significant change between the programs. Reliable change was shown at posttest and follow-up for all programs, with consistently higher rates for CBT. Participants allocated to IPT showed significantly lower treatment satisfaction compared to CBT and MoodGYM. There was a dropout rate of 1294/1843 (70%) at posttest, highest for MoodGYM. Intention-to-treat analyses confirmed these findings.

Conclusions:

Despite a high dropout rate and lower satisfaction scores, this study suggests that Internet-delivered self-guided IPT is effective in reducing depressive symptoms, and may be noninferior to MoodGYM. The completion rates of IPT and CBT were higher than MoodGYM, indicating some progress in refining Internet-based self-help. Internet-delivered treatment options available for people suffering from depression now include IPT.

Trial Registration: International Standard Randomized Controlled Trial Number (ISRCTN): 69603913; <http://www.controlled-trials.com/ISRCTN69603913> (Archived by WebCite at <http://www.webcitation.org/6FjMhmE1o>)

<http://repositories.tdl.org/utswmed-ir/handle/2152.5/1311>

The Role of Cognitive Processing Therapy in Treating Post Traumatic Cognitions and Symptoms Associated with Military Sexual Trauma.

Vera, Kristie Marie

UT Southwestern Electronic Theses and Dissertations

May 17, 2013

BACKGROUND:

Military Sexual Trauma (MST) is psychological trauma that results from sexual assault while in the military service. One common anxiety disorder following MST is Posttraumatic Stress Disorder (PTSD). Negative cognitions about the event, the self, and the world are hypothesized to be associated with the onset and persistence of PTSD.

SUBJECTS:

The participant data for this study was taken from a larger study that examined the effectiveness of Cognitive Processing Therapy (CPT) for treating Military Sexual Trauma-related (MST) Post Traumatic Stress Disorder (PTSD). The sample consisted of 76 participants, 63 female veterans and 13 male veterans.

METHOD:

Participants were randomized into two groups who received either CPT or PCT. The participants were assessed at baseline using the CAPS, PCL, BDI-II and PTCI. They participated in 12 therapy sessions and were assessed using the same measures at post-treatment, 2, 4, and 6-month follow-ups.

RESULTS:

The current study provides preliminary evidence that the number of negative cognitions is decreased over time in both CPT and PCT interventions for veterans with PTSD related to MST. Also, that the decrease in number of negative cognitions is positively related with decreased PTSD and depression symptoms.

DISCUSSION:

These findings are important because they support the idea that negative cognitions contribute to PTSD and depression symptoms, while also providing evidence that CPT and PCT are effective in reducing negative cognitions.

<http://onlinelibrary.wiley.com/doi/10.1111/famp.12031/abstract>

Linguistic Indicators of Wives' Attachment Security and Communal Orientation During Military Deployment.

Borelli, J. L., Sbarra, D. A., Randall, A. K., Snavely, J. E., St. John, H. K. and Ruiz, S. K.

Family Process

Article first published online: 14 MAY 2013

Military deployment affects thousands of families each year, yet little is known about its impact on nondeployed spouses (NDSs) and romantic relationships. This report examines two factors—attachment security and a communal orientation with respect to the deployment—that may be crucial to successful

dyadic adjustment by the NDS. Thirty-seven female NDSs reported on their relationship satisfaction before and during their partner's deployment, and 20 also did so 2 weeks following their partner's return. Participants provided a stream-of-consciousness speech sample regarding their relationship during the deployment; linguistic coding of sample transcripts provided measures of each participant's (a) narrative coherence, hypothesized to reflect attachment security with respect to their deployed spouse; and (b) frequency of first person plural pronoun use (we-talk), hypothesized to reflect a communal orientation to coping. More frequent first person plural pronoun use—we-talk—was uniquely associated with higher relationship satisfaction during the deployment, and greater narrative coherence was uniquely associated with higher relationship satisfaction during postdeployment. Discussion centers on the value of relationship security and communal orientations in predicting how couples cope with deployment and other types of relationship stressors.

<http://www.tandfonline.com/doi/abs/10.1080/10926771.2013.785454>

A Review of Reviews Examining Neurological Processes Relevant to Impact of Parental PTSD on Military Children: Implications for Supporting Resilience.

Alexa Smith-Osborne, Ann Wilder, Elizabeth Reep

Journal of Aggression, Maltreatment & Trauma

Volume 22, Issue 5, 2013

In this study, 10 recent meta-analytic and systematic review studies were synthesized on the neurological underpinnings of stress and trauma with implications for the impact of parental post-traumatic stress disorder (PTSD) and resilience among military children. Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) group guidelines and utilizing a validated quality assessment tool, this systematic review of reviews incorporated results from more than 35,971 individuals with stress exposures, effects, or disorders and healthy controls. This synthesis found support for important gene, physiology, and environment correlations and interactions that predict increased risk for stressful life events and PTSD, but not direct transmission, among military children. Future research is needed to determine if these constitute indirect pathways of intergenerational transmission in military children.

<http://www.ingentaconnect.com/content/springer/emdr/2013/00000007/00000002/art00002>

A Case Study: The Integration of Intensive EMDR and Ego State Therapy to Treat Comorbid Posttraumatic Stress Disorder, Depression, and Anxiety.

Lobenstine, Farnsworth; Courtney, Deborah

Journal of EMDR Practice and Research, Volume 7, Number 2, 2013 , pp. 65-80(16)

This study used a quantitative, single-case study design to examine the effectiveness of the integration of intensive eye movement desensitization and reprocessing (EMDR) and ego state therapy for the treatment of an individual diagnosed with comorbid posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD). The participant received 25.5 hr of treatment in a 3-week period, followed with 12 hr of primarily supportive therapy over the next 6-week period. Clinical symptoms decreased as evidenced by reduction in scores from baseline to 6-week follow-up on the following scales: Beck Depression Inventory (BDI) from 46 (severe depression) to 15 (mild mood disorder), Beck Anxiety Inventory (BAI) from 37 (severe anxiety) to 25 (moderate anxiety), and Impact of Events Scale from 50 (severe PTSD symptoms) to 12 (below PTSD cutoff). Scores showed further reductions at 6-month follow-up. Results show the apparent effectiveness of the integration of intensive EMDR and ego state work.

<http://www.sciencedirect.com/science/article/pii/S0022399913001670>

A prospective study of physical fitness, obesity, and the subsequent risk of mental disorders among healthy young adults in army training.

Marlene E. Gubata, Nadia Urban, David N. Cowan, David W. Niebuhr

Journal of Psychosomatic Research, Available online 15 May 2013

Objective

Mental health disorders contribute substantially to medical and occupational morbidity. The role of fitness and physical activity in the prevention of mental health disorders is not well established, but epidemiologic data suggest that physical activity can protect against anxiety and depression.

Method

The analyses presented in this report, from a prospective cohort study, evaluate the association between fitness (as measured by a 5-minute step test), and being overweight (defined as exceeding weight and body fat allowances) at military entrance, with subsequent onset of mental disorder diagnosis in the first year of service. The association between risk factors and mental disorder diagnosis was analyzed using multivariate Poisson regression with the adjusted incidence rate ratio (aIRR) as the measure of association.

Results

Among weight-qualified participants, factors associated with increased incidence of mental disorder included failing the physical fitness test (aIRR: 1.36, $p < 0.0001$), female sex (aIRR: 2.17, $p < 0.0001$), and smoking (aIRR: 1.49, $p < 0.0001$). Among fit participants, being overweight was not significantly associated with mental disorder (aIRR: 1.11, $p = 0.1540$).

Conclusions

This test has potential military utility as an adjunct part of the medical examination process. Additional research is needed among civilians to determine if similar associations exist. If so, intervention studies

should be conducted to determine if improving physical fitness reduces subsequent psychiatric disorder risk, particularly among young adults entering into stressful situations.

<http://www.sciencedirect.com/science/article/pii/S0749379713001712>

Interventions to Prevent Post-Traumatic Stress Disorder : A Systematic Review.

Catherine A. Forneris, PhD, ABPP, Gerald Gartlehner, MD, MPH, Kimberly A. Brownley, PhD, Bradley N. Gaynes, MD, MPH, Jeffrey Sonis, MD, MPH, Emmanuel Coker-Schwimmer, MPH, Daniel E. Jonas, MD, MPH, Amy Greenblatt, BA, Tania M. Wilkins, MS, Carol L. Woodell, BSPH, Kathleen N. Lohr, PhD, MPhil, MA

American Journal of Preventive Medicine

Volume 44, Issue 6, June 2013, Pages 635–650

Context

Traumatic events are prevalent worldwide; trauma victims seek help in numerous clinical and emergency settings. Using effective interventions to prevent post-traumatic stress disorder (PTSD) is increasingly important. This review assessed the efficacy, comparative effectiveness, and harms of psychological, pharmacologic, and emerging interventions to prevent PTSD.

Evidence acquisition

The following sources were searched for research on interventions to be included in the review: MEDLINE; Cochrane Library; CINAHL; EMBASE; PILOTS (Published International Literature on Traumatic Stress); International Pharmaceutical Abstracts; PsycINFO; Web of Science; reference lists of published literature; and unpublished literature (January 1, 1980 to July 30, 2012). Two reviewers independently selected studies, extracted data or checked accuracy, assessed study risk of bias, and graded strength of evidence. All data synthesis occurred between January and September 2012.

Evidence synthesis

Nineteen studies covered various populations, traumas, and interventions. In meta-analyses of three trials (from the same team) for people with acute stress disorder, brief trauma-focused cognitive behavioral therapy was more effective than supportive counseling in reducing the severity of PTSD symptoms (moderate-strength); these two interventions had similar results for incidence of PTSD (low-strength); depression severity (low-strength); and anxiety severity (moderate-strength). PTSD symptom severity after injury decreased more with collaborative care than usual care (single study; low-strength). Debriefing did not reduce incidence or severity of PTSD or psychological symptoms in civilian traumas (low-strength). Evidence about relevant outcomes was unavailable for many interventions or was insufficient owing to methodologic shortcomings.

Conclusions

Evidence is very limited regarding best practices to treat trauma-exposed individuals. Brief cognitive

behavioral therapy may reduce PTSD symptom severity in people with acute stress disorder; collaborative care may help decrease symptom severity post-injury.

<http://onlinelibrary.wiley.com/doi/10.1111/jsm.12201/abstract>

Sexual Dysfunction in Male Iraq and Afghanistan War Veterans: Association with Posttraumatic Stress Disorder and Other Combat-Related Mental Health Disorders: A Population-Based Cohort Study.

Breyer, B. N., Cohen, B. E., Bertenthal, D., Rosen, R. C., Neylan, T. C. and Seal, K. H.

The Journal of Sexual Medicine

Article first published online: 16 MAY 2013

Introduction

Mental health disorders are prevalent in the United States, Iraq, and Afghanistan war veterans. Mental illness, including posttraumatic stress disorder (PTSD) with or without psychiatric medications, can increase the risk for male sexual dysfunction, threatening quality of life.

Aims

We sought to determine the prevalence and correlates of sexual dysfunction among male Iraq and Afghanistan veterans.

Methods

We performed a retrospective cohort study of 405,275 male Iraq and Afghanistan veterans who were new users of U.S. Department of Veterans Affairs healthcare from October 7, 2001 to September 30, 2009 and had 2-year follow-up.

Main Outcome Measures

We determined the independent association of mental health diagnoses and sexual dysfunction after adjusting for sociodemographic and military service characteristics, comorbidities, and medications.

Results

Veterans with PTSD were more likely to have a sexual dysfunction diagnosis, be prescribed medications for sexual dysfunction, or both (10.6%), compared with veterans having a mental diagnosis other than PTSD (7.2%), or no mental health diagnosis (2.3%). In a fully adjusted model, PTSD increased the risk of sexual dysfunction by more than threefold (adjusted risk ratio = 3.61, 95% CI = 3.48–3.75). Veterans with mental health disorders, particularly PTSD, were at the highest risk of sexual dysfunction when prescribed psychiatric medications (adjusted risk ratio = 4.59, 95% CI = 4.41–4.77).

Conclusions

Among U.S. combat veterans, mental health disorders, particularly PTSD, increased the risk of sexual dysfunction independent of the use of psychiatric medications.

<http://www.sciencedirect.com/science/article/pii/S0272735813000706>

Pretrauma risk factors for posttraumatic stress disorder: A systematic review of the literature.

Julia A. DiGangi, Daisy Gomez, Leslie Mendoza, Leonard A. Jason, Christopher B. Keys, Karestan C. Koenen

Clinical Psychology Review

Available online 14 May 2013

As it has become clear that most individuals exposed to trauma do not develop PTSD, it has become increasingly important to examine pretrauma risk factors. However, PTSD research has overwhelmingly relied on retrospective accounts of trauma, which is beleaguered by problems of recall bias. To further our understanding of PTSD's etiology, a systematic review of 54 prospective, longitudinal studies of PTSD published between 1991–2013 were examined. Inclusion criteria required that all individuals were assessed both before and after an index trauma. Results revealed six categories of pretrauma predictor variables: 1) Cognitive abilities; 2) Coping and response styles; 3) Personality factors; 4) Psychopathology; 5) Psychophysiological factors; and 6) Social ecological factors. The results indicated that many variables, previously considered outcomes of trauma, are pretrauma risk factors. The review considered these findings in the context of the extant retrospective PTSD literature in order to identify points of overlap and discrepancy. Pretrauma predictor categories were also used to conceptualize variable risk for PTSD. Limitations and directions for future research are discussed.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1688032>

Repetitive Traumatic Brain Injury, Psychological Symptoms, and Suicide Risk in a Clinical Sample of Deployed Military Personnel.

Craig J. Bryan, PsyD, ABPP; Tracy A. Clemans, PsyD

JAMA Psychiatry

Published online May 15, 2013

Importance

Traumatic brain injury (TBI) is believed to be one factor contributing to rising suicide rates among military personnel and veterans. This study investigated the association of cumulative TBIs with suicide risk in a clinical sample of deployed military personnel referred for a TBI evaluation.

Objective

To determine whether suicide risk is more frequent and heightened among military personnel with multiple lifetime TBIs than among those with no TBIs or a single TBI.

Design

Patients completed standardized self-report measures of depression, posttraumatic stress disorder (PTSD), and suicidal thoughts and behaviors; clinical interview; and physical examination. Group comparisons of symptom scores according to number of lifetime TBIs were made, and generalized regression analyses were used to determine the association of cumulative TBIs with suicide risk.

Participants

Patients included 161 military personnel referred for evaluation and treatment of suspected head injury at a military hospital's TBI clinic in Iraq.

Main Outcomes and Measures

Behavioral Health Measure depression subscale, PTSD Checklist–Military Version, concussion symptoms, and Suicide Behaviors Questionnaire–Revised.

Results

Depression, PTSD, and TBI symptom severity significantly increased with the number of TBIs. An increased incidence of lifetime suicidal thoughts or behaviors was associated with the number of TBIs (no TBIs, 0%; single TBI, 6.9%; and multiple TBIs, 21.7%; $P = .009$), as was suicidal ideation within the past year (0%, 3.4%, and 12.0%, respectively; $P = .04$). The number of TBIs was associated with greater suicide risk (β [SE] = .214 [.098]; $P = .03$) when the effects of depression, PTSD, and TBI symptom severity were controlled for. A significant interaction between depression and cumulative TBIs was also found ($\beta = .580$ [.283]; $P = .04$).

Conclusions and Relevance

Suicide risk is higher among military personnel with more lifetime TBIs, even after controlling for clinical symptom severity. Results suggest that multiple TBIs, which are common among military personnel, may contribute to increased risk for suicide.

<https://digarchive.library.vcu.edu/handle/10156/4240>

Applying the Social Norms Approach to Help Seeking Behavior in the Military.

Hamilton, Janette

Thesis; Master of Science, Counseling Psychology

Virginia Commonwealth University

Date: 2013-05-13

OBJECTIVE:

The study assessed the applicability of the social norms approach to help-seeking behavior in the military by exploring whether Service Members are affected by perceptions of peers' beliefs about stigma related barriers to mental health care.

METHOD:

Data were collected from members of the Virginia National Guard (N= 84) during Yellow Ribbon events. Using surveys, Service Members' own perceptions and their perceptions of their peers' beliefs about barriers to seeking psychological care were gathered.

RESULTS:

Participants' own beliefs about barriers to care were positively correlated with perceptions of peers' beliefs. Variance in help-seeking status was better accounted for by participants' own beliefs on stigma-related barriers to care, but perceptions of peers' beliefs were also correlated with help-seeking status.

CONCLUSION:

Personal costs of seeking help according to personal and perceptions of peers' beliefs are explored, as well as implications, next steps for future research, and limitations.

<http://dukespace.lib.duke.edu/dspace/handle/10161/7105>

Family Reintegration Experiences of Soldiers with Combat-Related Mild Traumatic Brain Injury.

Hyatt, Kyong Suk

Dissertation, Nursing

Duke University

2013

More than 300,000 soldiers have returned from Southwest Asia (i.e., Iraq and Afghanistan) with combat-related mild traumatic brain injuries (mTBIs) associated with exposure to improvised explosive devices (IEDs). Despite less visible physical injuries, these soldiers demonstrate varying levels of physical and cognitive symptoms that impact their post-mTBI family reintegration. The existing literature acknowledges post-mTBI changes in the injured individual affect family functioning; however, post-injury family functioning, such as coping and adaptation, has not been explored. The intent of this dissertation is to explore the problems and challenges of military family reintegration following mTBI. Nine soldiers with mTBI and their spouses participated for a total of 27 interviews. Both joint and separate individual interviews were conducted to explore their post-mTBI family reintegration experiences. Participants included active duty soldiers with mTBI who were between 2 and 24 months post-deployment and their civilian spouses. Strauss and Corbin's grounded theory methodology was used to collect and analyze the data. This dissertation study consists of three papers, each of which explored experiences that surround family reintegration following mTBI.

The first paper is a comprehensive literature review, examining commonly reported mTBI signs/symptoms, and the impact of these symptoms on the injured individuals and their families. The

findings also suggest that psychological distress symptoms such as depression and anxiety are common in injured individuals and their families after mTBI.

The second paper explores the family reintegration processes of post-mTBI soldiers and their spouses. The majority of participants interviewed, both soldiers and their spouses, indicated that symptoms such as irritability, memory loss, and cognitive deficit affected their family reintegration. Some participants reported they had accepted the changes and were working toward a new normal, whereas others indicated these changes were unacceptable and continued their efforts to resume pre-injury functioning.

The third paper examined the experiences of soldiers and their spouses about seeking treatment for mTBI-related symptoms. The majority of interviewed soldiers and their spouses indicated that a delayed diagnosis, difficulty accessing mental health care, and having to navigate an unfamiliar military healthcare system were their biggest challenges. Post-mTBI soldiers experienced significant disruption due to mismatched expectations among themselves and other family members concerning their post-injury capabilities. More research is needed in order to develop effective post-injury rehabilitation programs for soldiers with mTBI and their families.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21809/abstract>

Support Mechanisms and Vulnerabilities in Relation to PTSD in Veterans of the Gulf War, Iraq War, and Afghanistan Deployments: A Systematic Review.

Wright, B. K., Kelsall, H. L., Sim, M. R., Clarke, D. M. and Creamer, M. C.

Journal of Traumatic Stress

Article first published online: 13 MAY 2013

Pretrauma factors of psychiatric history and neuroticism have been important in highlighting vulnerability to posttraumatic stress disorder (PTSD), whereas posttrauma support mechanisms have been associated with positive health and well-being outcomes, particularly in veterans. The relationship between these factors and PTSD has not been the subject of a systematic review in veterans. An online search was conducted, supplemented by reference list and author searches. Two investigators systematically and independently examined eligible studies. From an initial search result of 2,864, 17 met inclusion criteria. A meta-analysis of unit cohesion involving 6 studies found that low unit cohesion was associated with PTSD, standardised mean difference of -1.62 , 95% confidence interval (CI) $[-2.80, -0.45]$. A meta-analysis of social support involving 7 studies found that low social support was associated with PTSD, standardised mean difference of -12.40 , 95% CI $[-3.42, -1.38]$. Three of 5 studies found a significant relationship between low-family support and PTSD; insufficient data precluded a meta-analysis. Regarding pretrauma vulnerability, 2 studies on psychiatric history and 1 on neuroticism found positive relationships with PTSD. Posttrauma factors of low support were associated with higher

reporting of PTSD. Cross-sectional methodology may be inadequate to capture complex relationships between support and PTSD; more longitudinal research is required.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22128/abstract>

Development of a Guided Self-Help (GSH) Program for the Treatment of Mild-to-Moderate Posttraumatic Stress Disorder (PTSD).

Lewis, C., Roberts, N., Vick, T. and Bisson, J. I.

Depression and Anxiety

Article first published online: 13 MAY 2013

Background

There is a shortage of suitably qualified therapists able to deliver evidence-based treatment for posttraumatic stress disorder (PTSD), precluding timely access to intervention. This work aimed to develop an optimally effective, feasible, and acceptable guided self-help (GSH) program for treatment of the disorder.

Methods

The study followed Medical Research Council (MRC) guidance for the development of a complex intervention. A prototype GSH program was developed through an initial modeling phase. Systematic reviews of the literature informed a portfolio of up-to-date information for key stakeholders to consider and discuss in a series of focus groups and semistructured interviews, which included 10 mental health professionals with expertise in the fields of GSH and/or PTSD, and seven former PTSD sufferers. Data were analyzed through a process of Inductive Thematic Analysis and used to inform the content, delivery, and guidance of a GSH program for PTSD. The prototype was piloted with 19 PTSD sufferers in two pilot studies, and refined on the basis of their quantitative results and qualitative feedback.

Results

The final version was available online and in hardcopy. It included 11 modules, some being mandatory and others optional, allowing tailoring of the intervention to meet an individual's specific needs. Qualitative and quantitative results of the pilot studies supported its efficacy in terms of reducing traumatic stress symptoms and its acceptability to PTSD sufferers.

Conclusions

Delivering psychological treatment in a GSH format shows promise as an effective and acceptable way of treating mild-to-moderate PTSD.

<http://www.tandfonline.com/doi/abs/10.1080/13803395.2013.798398>

Neuropsychological functioning of combat veterans with posttraumatic stress disorder and mild traumatic brain injury.

Jason R. Soble, Lisa B. Spanierman, Julie Fitzgerald Smith

Journal of Clinical and Experimental Neuropsychology

Published online: 15 May 2013

This study examined the neuropsychological performance of 125 outpatient Operation Enduring Freedom/Operation Iraqi Freedom combat veterans with posttraumatic stress disorder (PTSD) and nonacute mild traumatic brain injury (TBI) (n = 66) and PTSD (n = 59) across multiple cognitive domains to determine whether mild TBI results in greater impairment among those with PTSD. Profile analyses revealed that veterans with PTSD and mild TBI did not differ significantly from those with just PTSD across domains, suggesting that comorbid mild TBI does not result in an additive effect. A norms-based comparison also revealed that neither group demonstrated impaired performance on any of the objective neuropsychological measures examined. However, both groups endorsed moderately elevated symptoms of depression and anxiety, indicating that comorbid psychopathology may contribute to subjective cognitive complaints.

<http://journal.publications.chestnet.org/article.aspx?articleID=1687333>

Sleep Disorders in U.S. Military Personnel: A High Rate of Comorbid Insomnia and Obstructive Sleep Apnea.

Vincent Mysliwiec, MD, FCCP; Jessica Gill, PhD; Hyunhwa Lee, PhD; Tristin Baxter, AAS; Roslyn Pierce, BS; Taura L. Barr, PhD; Barry Krakow, MD; Bernard J. Roth, MD, FCCP

Chest

Published online May 16, 2013

Background:

Sleep disturbances are among the most common symptoms of military personnel who return from deployment. The objective of our study was to determine the presence of sleep disorders in U.S. Military Personnel referred for evaluation of sleep disturbances after deployment and examine associations between sleep disorders and service-related diagnoses of depression, mild traumatic brain injury (TBI), pain and post-traumatic stress disorder (PTSD).

Methods:

Cross-sectional study of military personnel with sleep disturbances who returned from combat within 18

months. Sleep disorder rendered by clinical evaluation and polysomnogram with validated instruments to diagnose service-related illnesses.

Results:

Of 110 military personnel included in our analysis, 97.3% were male (mean age 33.6 ± 8.0 years; mean BMI of 30.0 ± 4.3) and 70.9% returned from combat within 12 months. Nearly half, 47.3% met diagnostic criteria for 2 or more service-related diagnoses. Sleep disorders were diagnosed in 88.2% and 11.8% had a normal sleep evaluation and served as controls. Overall, 62.7% met diagnostic criteria for obstructive sleep apnea (OSA) and 63.6% for insomnia. The exclusive diagnoses of insomnia and OSA were present in 25.5% and 24.5% respectively; 38.2% had comorbid insomnia and OSA. Military personnel with comorbid insomnia and OSA were significantly more likely to meet criteria for depression ($p < 0.01$) and PTSD ($p < 0.01$) compared to controls and those with OSA.

Conclusions:

Comorbid insomnia and OSA is a frequent diagnosis in military personnel referred for evaluation of sleep disturbances after deployment. This diagnosis, which is difficult to treat, may explain the refractory nature of many service-related diagnoses.

<http://ftp.rta.nato.int/public/PubFullText/RTO/MP/STO-MP-SAS-095/MP-SAS-095-12.doc> (Word)

Cost–Benefit Analysis of Resilience Training.

Dr. Victor L. Kallen & Dr. J.E. (Hans) Korteling

NATO

2013

Military deployment in theaters of war, like Iraq or Afghanistan, may cause considerable psychosocial disturbances in any given soldier. These symptoms may develop over time into full blown—deployment related—psychopathology, with severe consequences, not only for the individual involved but for their families, colleagues, friends, and society as well. However, a considerable proportion of the deployed military personnel do not develop clear-cut, diagnosable, psychiatric disorders (like PTSD, substance abuse, or depression), but nevertheless experience mild and/or temporary psychological symptoms that may undermine quality of life, motivation, and productivity. Although generally ignored in statistics, there is now a general consensus that the economic impact of this latter group may be at least as severe as the more overt medical costs associated with their diagnosed peers. For this reason, multiple armies within NATO are now investigating methods to increase the psychological resilience of their soldiers. With progressive implementation of adequate training, support, and intervention methods and policies, potential reductions in personnel costs ranging up to 30% (or several hundred million U.S. dollars for a medium-sized army with regular deployments) have been suggested.

<http://www.ingentaconnect.com/content/springer/emdr/2013/00000007/00000002/art00001>

EMDR Individual Protocol for Paraprofessional Use: A Randomized Controlled Trial With First Responders.

Jarero, Ignacio; Amaya, Carolina; Givaudan, Martha; Miranda, Alaide

Journal of EMDR Practice and Research, Volume 7, Number 2, 2013 , pp. 55-64(10)

The eye movement desensitization and reprocessing (EMDR) individual protocol for paraprofessional use in acute trauma situations (EMDR-PROPARG) is part of a project developed at the initiative of Dr. Francine Shapiro. This randomized clinical trial examined the effectiveness of the protocol administered by experienced EMDR therapists. There were 39 traumatized first responders on active duty randomly assigned to receive two 90-min sessions of either EMDR-PROPARG or of supportive counseling. Participants in the EMDR-PROPARG group showed benefits immediately after treatment, with their scores on the Short PTSD Rating Interview (SPRINT) showing further decreases at 3-month follow-up. In comparison, supportive counseling participants experienced a nonsignificant decrease after treatment and an increase in the SPRINT scores at the second follow-up. The significant difference between the two treatments provides preliminary support for EMDR-PROPARG's effectiveness in reducing severity of posttraumatic symptoms and subjective global improvement. More controlled research is recommended to evaluate further the efficacy of this intervention.

<http://www.psycontent.com/content/x768623636m65317/>

The Effect of Suicide-Related Internet Use on Users' Mental Health.

Hajime Sueki

Crisis: The Journal of Crisis Intervention and Suicide Prevention

Crisis 2013

Background:

Previous studies have shown that suicide-related Internet use can have both negative and positive psychological effects.

Aims:

This study examined the effect of suicide-related Internet use on users' suicidal ideation, depression/anxiety tendency, and loneliness.

Method:

A two-wave panel study of 850 Internet users was conducted via the Internet.

Results:

Suicide-related Internet use (e.g., browsing websites about suicide methods) had negative effects on

suicidal ideation and depression/anxiety tendency. No forms of suicide-related Internet use, even those that would generally be considered positive, were found to decrease users' suicidal ideation. In addition, our results suggest that the greater the suicidal ideation and feelings of depression and loneliness of Internet users, the more they used the Internet.

Conclusion:

Since suicide-related Internet use can adversely influence the mental health of young adults, it is necessary to take measures to reduce their exposure to such information.

<http://www.bluestarfam.org/blog/view/survey-launches>

2013 Military Families Lifestyle Survey

Blue Star Families

May 17, 2013

The results of our 2013 Military Families Lifestyle Survey were released today and they paint an important picture about not only the concerns our military families but also the varied silver linings that so many find.

One of my favorite findings from the survey was this:

Respondents also reported positive aspects of their children's experiences in military life: 73% of respondents noted the adaptability of their children, 68% saw an increase in independence, 67% reported an increase in resilience, and 59% reported an increased sense of pride.

<http://www.ncbi.nlm.nih.gov/pubmed/23686026>

J Neuropsychiatry Clin Neurosci. 2013 Mar 1;25(2):103-10. doi: 10.1176/appi.neuropsych.12030058.

Concepts and strategies for clinical management of blast-induced traumatic brain injury and posttraumatic stress disorder.

Chen Y, Huang W, Constantini S.

After exposure of the human body to blast, kinetic energy of the blast shock waves might be transferred into hydraulic energy in the cardiovascular system to cause a rapid physical movement or displacement of blood (a volumetric blood surge). The volumetric blood surge moves through blood vessels from the high-pressure body cavity to the low-pressure cranial cavity, causing damage to tiny cerebral blood vessels and the blood-brain barrier (BBB). Large-scale cerebrovascular insults and BBB damage that occur globally throughout the brain may be the main causes of non-impact, blast-induced brain injuries, including the spectrum of traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD). The

volumetric blood surge may be a major contributor not only to blast-induced brain injuries resulting from physical trauma, but may also be the trigger to psychiatric disorders resulting from emotional and psychological trauma. Clinical imaging technologies, which are able to detect tiny cerebrovascular insults, changes in blood flow, and cerebral edema, may help diagnose both TBI and PTSD in the victims exposed to blasts. Potentially, prompt medical treatment aiming at prevention of secondary neuronal damage may slow down or even block the cascade of events that lead to progressive neuronal damage and subsequent long-term neurological and psychiatric impairment.

<http://www.ncbi.nlm.nih.gov/pubmed/23687563>

Eur J Psychotraumatol. 2013 May 15;4. doi: 10.3402/ejpt.v4i0.20706. Print 2013.

Evidence for proposed ICD-11 PTSD and complex PTSD: a latent profile analysis.

Cloitre M, Garvert DW, Brewin CR, Bryant RA, Maercker A.

Source: National Center for PTSD, Veterans Affairs Palo Alto Health Care System, Palo Alto, CA, USA ; Department of Psychiatry and Child and Adolescent Psychiatry, New York University, Langone Medical Center, New York, NY, USA.

BACKGROUND:

The WHO International Classification of Diseases, 11th version (ICD-11), has proposed two related diagnoses, posttraumatic stress disorder (PTSD) and complex PTSD within the spectrum of trauma and stress-related disorders.

OBJECTIVE:

To use latent profile analysis (LPA) to determine whether there are classes of individuals that are distinguishable according to the PTSD and complex PTSD symptom profiles and to identify potential differences in the type of stressor and severity of impairment associated with each profile.

METHOD:

An LPA and related analyses were conducted on 302 individuals who had sought treatment for interpersonal traumas ranging from chronic trauma (e.g., childhood abuse) to single-incident events (e.g., exposure to 9/11 attacks).

RESULTS:

THE LPA REVEALED THREE CLASSES OF INDIVIDUALS: (1) a complex PTSD class defined by elevated PTSD symptoms as well as disturbances in three domains of self-organization: affective dysregulation, negative self-concept, and interpersonal problems; (2) a PTSD class defined by elevated PTSD symptoms but low scores on the three self-organization symptom domains; and (3) a low symptom class defined by low scores on all symptoms and problems. Chronic trauma was more strongly predictive of complex PTSD than PTSD and, conversely, single-event trauma was more strongly predictive of PTSD. In addition, complex PTSD was associated with greater impairment than PTSD. The LPA analysis was completed both

with and without individuals with borderline personality disorder (BPD) yielding identical results, suggesting the stability of these classes regardless of BPD comorbidity.

CONCLUSION:

Preliminary data support the proposed ICD-11 distinction between PTSD and complex PTSD and support the value of testing the clinical utility of this distinction in field trials. Replication of results is necessary.

<http://www.ncbi.nlm.nih.gov/pubmed/23684979>

Psychiatry Res. 2013 May 16. pii: S0925-4927(13)00004-8. doi: 10.1016/j.psychres.2013.01.002.
[Epub ahead of print]

Neural response to errors in combat-exposed returning veterans with and without post-traumatic stress disorder: A preliminary event-related potential study.

Rabinak CA, Holman A, Angstadt M, Kennedy AE, Hajcak G, Phan KL.

Source: Mental Health Service, Veteran's Administration Ann Arbor Healthcare System, Ann Arbor, MI, USA; Department of Psychiatry and University of Michigan, 4250 Plymouth Rd. Box 2232, Ann Arbor, MI 48109, USA. Electronic address: rabinak@umich.edu.

Post-traumatic stress disorder (PTSD) is characterized by sustained anxiety, hypervigilance for potential threat, and hyperarousal. These symptoms may enhance self-perception of one's actions, particularly the detection of errors, which may threaten safety. The error-related negativity (ERN) is an electrocortical response to the commission of errors, and previous studies have shown that other anxiety disorders associated with exaggerated anxiety and enhanced action monitoring exhibit an enhanced ERN. However, little is known about how traumatic experience and PTSD would affect the ERN. To address this gap, we measured the ERN in returning Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans with combat-related PTSD (PTSD group), combat-exposed OEF/OIF veterans without PTSD [combat-exposed control (CEC) group], and non-traumatized healthy participants [healthy control (HC) group]. Event-related potential and behavioral measures were recorded while 16 PTSD patients, 18 CEC, and 16 HC participants completed an arrow version of the flanker task. No difference in the magnitude of the ERN was observed between the PTSD and HC groups; however, in comparison with the PTSD and HC groups, the CEC group displayed a blunted ERN response. These findings suggest that (1) combat trauma itself does not affect the ERN response; (2) PTSD is not associated with an abnormal ERN response; and (3) an attenuated ERN in those previously exposed to combat trauma but who have not developed PTSD may reflect resilience to the disorder, less motivation to do the task, or a decrease in the significance or meaningfulness of 'errors,' which could be related to combat experience.

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<http://www.ncbi.nlm.nih.gov/pubmed/22890384>

Psychopathology. 2013;46(1):45-54. doi: 10.1159/000338640. Epub 2012 Aug 7.

Psychological symptoms as long-term consequences of war experiences.

Priebe S, Jankovic Gavrilovic J, Bremner S, Ajdukovic D, Franciskovic T, Galeazzi GM, Kucukalic A, Lecic-Tosevski D, Morina N, Popovski M, Schützwohl M, Bogic M.

Source: Unit for Social and Community Psychiatry, Queen Mary University of London, London, UK.
s.priebe@qmul.ac.uk

BACKGROUND/AIMS:

War experiences can affect mental health, but large-scale studies on the long-term impact are rare. We aimed to assess long-term mental health consequences of war in both people who stayed in the conflict area and refugees.

METHOD:

On average 8 years after the war in former Yugoslavia, participants were recruited by probabilistic sampling in 5 Balkan countries and by registers and networking in 3 Western European countries. General psychological symptoms were assessed on the Brief Symptom Inventory and posttraumatic stress symptoms on the Impact of Event Scale-Revised.

RESULTS:

We assessed 3,313 interviewees in the Balkans and 854 refugees. Paranoid ideation and anxiety were the severest psychological symptoms in both samples. In multivariable regressions, older age, various specific war experiences and more traumatic experiences after the war were all associated with higher levels of both general psychological and posttraumatic stress symptoms in both samples. Additionally, a greater number of migration stressors and having only temporary legal status in the host country were associated with greater severity of symptoms in refugees.

CONCLUSIONS:

Psychological symptoms remain high in war-affected populations many years after the war, and this is particularly evident for refugees. Traumatic war experiences still predict higher symptom levels even when the findings have been adjusted for the influence of other factors.

Copyright © 2012 S. Karger AG, Basel.

<http://www.ncbi.nlm.nih.gov/pubmed/21227404>

J Behav Ther Exp Psychiatry. 2012 Dec;43 Suppl 1:S67-75. doi: 10.1016/j.jbtep.2010.12.009. Epub 2010 Dec 22.

Reducing unwanted trauma memories by imaginal exposure or autobiographical memory elaboration: an analogue study of memory processes.

Ehlers A, Mauchnik J, Handley R.

Source: Department of Psychology, PO77, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF, UK. anke.ehlers@kcl.ac.uk

Unwanted memories of traumatic events are a core symptom of post-traumatic stress disorder. A range of interventions including imaginal exposure and elaboration of the trauma memory in its autobiographical context are effective in reducing such unwanted memories. This study explored whether priming for stimuli that occur in the context of trauma and evaluative conditioning may play a role in the therapeutic effects of these procedures. Healthy volunteers (N = 122) watched analogue traumatic and neutral picture stories. They were then randomly allocated to 20 min of either imaginal exposure, autobiographical memory elaboration, or a control condition designed to prevent further processing of the picture stories. A blurred picture identification task showed that neutral objects that preceded traumatic pictures in the stories were subsequently more readily identified than those that had preceded neutral stories, indicating enhanced priming. There was also an evaluative conditioning effect in that participants disliked neutral objects that had preceded traumatic pictures more. Autobiographical memory elaboration reduced the enhanced priming effect. Both interventions reduced the evaluative conditioning effect. Imaginal exposure and autobiographical memory elaboration both reduced the frequency of subsequent unwanted memories of the picture stories.

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<http://www.ncbi.nlm.nih.gov/pubmed/22385734>

Addict Behav. 2013 Feb;38(2):1555-62. doi: 10.1016/j.addbeh.2012.02.004. Epub 2012 Feb 15.

Differential roles of thought suppression and dispositional mindfulness in posttraumatic stress symptoms and craving.

Garland EL, Roberts-Lewis A.

Source: College of Social Work, Florida State University, University Center, Building C, Tallahassee, FL 32306-2570, USA. egarland@fsu.edu

Exposure to traumatic events often results in severe distress which may elicit self-medication behaviors. Yet, some individuals exposed to trauma do not develop post-traumatic stress symptoms and comorbid addictive impulses. In the wake of traumatic events, psychological processes like thought suppression and mindfulness may modulate post-traumatic stress and craving for substances. We examined the differential roles of mindfulness and suppression in comorbid post-traumatic stress and craving among a sample of 125 persons with extensive trauma histories and psychiatric symptoms in residential

treatment for substance dependence. Results indicated that thought suppression, rather than extent of trauma history, significantly predicted post-traumatic stress symptom severity while dispositional mindfulness significantly predicted both post-traumatic stress symptoms and craving. In multiple regression models, mindfulness and thought suppression combined explained nearly half of the variance in post-traumatic stress symptoms and one-quarter of the variance in substance craving. Moreover, multivariate path analysis indicated that prior traumatic experience was associated with greater thought suppression, which in turn was correlated with increased post-traumatic stress symptoms and drug craving, whereas dispositional mindfulness was associated with decreased suppression, post-traumatic stress, and craving. The maladaptive strategy of thought suppression appears to be linked with adverse psychological consequences of traumatic life events. In contrast, dispositional mindfulness appears to be a protective factor that buffers individuals from experiencing more severe post-traumatic stress symptoms and craving.

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<https://msrc.fsu.edu/sites/msrc.fsu.edu/files//MSRC%20Cholesterol%20and%20Suicide.pdf>

Reviewing the Relationship between Cholesterol and Suicide

Military Suicide Research Consortium

May 17, 2012

Research looking at cholesterol and its relationship to suicide stemmed from the increase in suicide and injuries following the use of a cholesterol lowering drug (Penttinen et al. 1995; Hibbeln, et al. 1996). Since then numerous studies have evaluated this relationship, and mixed results have been reported.

<http://www.ncbi.nlm.nih.gov/pubmed/23674940>

J Clin Sleep Med. 2013 May 15;9(5):481-91. doi: 10.5664/jcsm.2672.

Sensitivity and specificity of polysomnographic criteria for defining insomnia.

Edinger JD, Ulmer CS, Means MK.

Source: VA and Duke University Medical Centers, Durham, NC.

STUDY OBJECTIVES:

In recent years, polysomnography-based eligibility criteria have been increasingly used to identify candidates for insomnia research, and this has been particularly true of studies evaluating pharmacologic therapy for primary insomnia. However, the sensitivity and specificity of PSG for identifying individuals with insomnia is unknown, and there is no consensus on the criteria sets which should be used for participant selection. In the current study, an archival data set was used to test the

sensitivity and specificity of PSG measures for identifying individuals with primary insomnia in both home and lab settings. We then evaluated the sensitivity and specificity of the eligibility criteria employed in a number of recent insomnia trials for identifying primary insomnia sufferers in our sample.

DESIGN:

Archival data analysis.

SETTINGS:

Study participants' homes and a clinical sleep laboratory.

PARTICIPANTS:

ADULTS: 76 with primary insomnia and 78 non-complaining normal sleepers.

MEASUREMENTS AND RESULTS:

ROC and cross-tabs analyses were used to evaluate the sensitivity and specificity of PSG-derived total sleep time, latency to persistent sleep, wake after sleep onset, and sleep efficiency for discriminating adults with primary insomnia from normal sleepers. None of the individual criteria accurately discriminated PI from normal sleepers, and none of the criteria sets used in recent trials demonstrated acceptable sensitivity and specificity for identifying primary insomnia.

CONCLUSIONS:

The use of quantitative PSG-based selection criteria in insomnia research may exclude many who meet current diagnostic criteria for an insomnia disorder. CITATION: Edinger JD; Ulmer CS; Means MK. Sensitivity and specificity of polysomnographic criteria for defining insomnia. *J Clin Sleep Med* 2013;9(5):481-491.

<http://onlinelibrary.wiley.com/doi/10.1111/papt.12008/abstract>

Clinical study results from a randomized controlled trial of cognitive behavioural guided self-help in patients with partially remitted depressive disorder.

Schlögelhofer, M., Willinger, U., Wiesegger, G., Eder, H., Priesch, M., Itzlinger, U., Bailer, U., Schosser, A., Leisch, F. and Aschauer, H.

Article first published online: 17 MAY 2013

Objectives

Cognitive behavioural guided self-help has been shown to be effective in mild and moderate depressive disorder. It is not known, however, if it is effective in individuals with partially remitted depressive disorder, which is a serious clinical problem in up to 50–60% of treated patients. This study is the first one to examine the clinical benefit of this intervention in this patient population.

Design

For the purpose of this study, a single-blind, randomized controlled design was used.

Method

We randomized 90 individuals with partially remitted depressive disorder either to cognitive behavioural guided self-help plus psychopharmacotherapy (n = 49) or psychopharmacotherapy alone (n = 41). They were clinically assessed at regular intervals with ratings of depressive symptoms and stress-coping strategies over a 3-week run-in period and a 6-week treatment period.

Results

After 6 weeks, intention-to-treat analysis (n = 90) showed that patients treated with cognitive behavioural guided self-help plus psychopharmacotherapy did not have significantly lower scores on the Hamilton Rating Scale of Depression (17-item version; HRSD-17) and on the Beck Depression Inventory (BDI) compared to patients treated with psychopharmacotherapy alone. When negative stress-coping strategies were considered, there was a significant difference between the two groups at the end of treatment with respect to the BDI but not to the HRSD-17.

Conclusions

Guided self-help did not lead to a significant reduction in symptom severity in patients with partially remitted depressive disorder after a 6-week intervention. However, the intervention leads to a reduction of negative stress-coping strategies.

Practitioner points

- Cognitive behavioural guided self-help did not significantly improve depressive symptoms measured with the Hamilton Rating Scale of Depression (17-item version; HRSD-17) in patients with partially remitted depressive disorder.
- Improvements were found in reducing negative stress-coping strategies for those allocated to the cognitive behavioural guided self-help, which significantly improved Beck Depression Inventory but not HRSD-17.
- These findings suggest that cognitive behavioural guided self-help may offer some assistance in managing negative stress-coping strategies.

<http://www.painjournalonline.com/article/S0304-3959%2813%2900095-X/abstract>

The Pain Course: A randomised controlled trial of a clinician-guided Internet-delivered cognitive behaviour therapy program for managing chronic pain and emotional well-being.

PAIN

Volume 154, Issue 6 , Pages 942-950, June 2013

Blake F. Dear, Nick Titov, Kathryn Nicholson Perry, Luke Johnston, Bethany M. Wootton, Matthew D. Terides, Ron M. Rapee, Jennifer L. Hudson

The present study evaluated the efficacy of a clinician-guided Internet-delivered cognitive behaviour therapy (iCBT) program, the Pain Course, to reduce disability, anxiety, and depression associated with chronic pain. Sixty-three adults with chronic pain were randomised to either a Treatment Group or waitlist Control Group. Treatment consisted of 5 iCBT-based lessons, homework tasks, additional resources, weekly e-mail or telephone contact from a Clinical Psychologist, and automated e-mails. Twenty-nine of 31 Treatment Group participants completed the 5 lessons during the 8-week program, and posttreatment and 3-month follow-up data were collected from 30/31 and 29/31 participants, respectively. Treatment Group participants obtained significantly greater improvements than Control Group participants in levels of disability, anxiety, depression, and average pain levels at posttreatment. These improvements corresponded to small to large between-groups effect sizes (Cohen's d) at posttreatment for disability ($d=.88$), anxiety ($d=.38$), depression ($d=.66$), and average pain ($d=.64$), respectively. These outcomes were sustained at follow-up and participants rated the program as highly acceptable. Overall, the clinician spent a total mean time of 81.54minutes (SD 30.91minutes) contacting participants during the program. The results appear better than those reported in iCBT studies to date and provide support for the potential of clinician-guided iCBT in the treatment of disability, anxiety, and depression for people with chronic pain.

<http://www.sciencedirect.com/science/article/pii/S0925492713000048>

Neural response to errors in combat-exposed returning veterans with and without post-traumatic stress disorder: A preliminary event-related potential study.

Christine A. Rabinak, Alexis Holman, Mike Angstadt, Amy E. Kennedy, Greg Hajcak, Kinh Luan Phan

Psychiatry Research: Neuroimaging

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Post-traumatic stress disorder (PTSD) is characterized by sustained anxiety, hypervigilance for potential threat, and hyperarousal. These symptoms may enhance self-perception of one's actions, particularly the detection of errors, which may threaten safety. The error-related negativity (ERN) is an electrocortical response to the commission of errors, and previous studies have shown that other anxiety disorders associated with exaggerated anxiety and enhanced action monitoring exhibit an enhanced ERN. However, little is known about how traumatic experience and PTSD would affect the ERN. To address this gap, we measured the ERN in returning Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans with combat-related PTSD (PTSD group), combat-exposed OEF/OIF veterans without PTSD [combat-exposed control (CEC) group], and non-traumatized healthy participants [healthy control (HC) group]. Event-related potential and behavioral measures were recorded while 16 PTSD patients, 18 CEC, and 16 HC participants completed an arrow version of the flanker task. No difference in the magnitude of the ERN was observed between the PTSD and HC groups; however, in comparison with the PTSD and HC groups, the CEC group displayed a blunted ERN response. These findings suggest that (1) combat trauma itself does not affect the ERN response; (2) PTSD is not

associated with an abnormal ERN response; and (3) an attenuated ERN in those previously exposed to combat trauma but who have not developed PTSD may reflect resilience to the disorder, less motivation to do the task, or a decrease in the significance or meaningfulness of 'errors,' which could be related to combat experience.

http://journals.psychiatryonline.org/data/Journals/AJP/926889/May13_RJ.pdf

Talking to Our Patients About DSM

The Residents' Journal/American Journal of Psychiatry

May 2013

Volume 8, Issue 5

This issue of the Residents' Journal includes a special section on DSM-5. The section begins with an article by Editor-in-Chief Monifa Seawell, M.D., on the importance of educating ourselves and our patients about DSM and how the diagnostic changes in DSM-5 might affect the mental health community as well as treatment. Next, Hassan M. Minhas, M.D., and Associate Editor Arshya Vahabzadeh, M.D., discuss autism spectrum disorder as a new diagnostic category in DSM-5 and how the revised criteria might result in more accurate diagnosis. Last, Senior Editor Sarah M. Fayad, M.D., provides an overview of transitioning to DSM-5 while in psychiatric residency training or fellowship, emphasizing changes to the multiaxial system, dimensional assessments, and changes to diagnoses.

Links of Interest

New advances in cognitive behavioral therapy

http://www.eurekalert.org/pub_releases/2013-05/cu-nai052213.php

Can The Invisible War Help Put an End to Military Rape?

<http://www.theatlantic.com/sexes/archive/2013/05/can-i-the-invisible-war-i-help-put-an-end-to-military-rape/275843/>

Courtroom use of mental illness manual often debated

<http://news.yahoo.com/blogs/lookout/courtroom-mental-illness-manual-often-debated-134108880.html>

Military Sex Abuse Has Long-Term Impact For Vets

<http://www.npr.org/templates/story/story.php?storyId=185542858>

The Future of Simple Blood Based Tests to Diagnose Mild TBI

<http://www.internationalbrain.org/articles/the-future-of-simple-blood-based-tests-to-diagnose-mild-tbi/>

Email Works for Anxiety Therapy

<http://www.medpagetoday.com/MeetingCoverage/APA/39299>

New PTSD drug may allow vets to reprogram traumatic memories

<http://www.rawstory.com/rs/2013/05/22/new-ptsd-drug-may-allow-vets-to-reprogram-traumatic-memories/>

Revised disability evaluation system improves process for departing Soldiers

http://www.army.mil/article/103572/Revised_disability_evaluation_system_improves_process_for_departing_Soldiers/

Ketamine shows significant therapeutic benefit in people with treatment-resistant depression

http://www.eurekalert.org/pub_releases/2013-05/tmsh-ks051513.php

For combat veterans suffering from post-traumatic stress disorder, 'fear circuitry' in the brain never rests

http://www.eurekalert.org/pub_releases/2013-05/nlmc-fcv051713.php

DoD Mental Health, Traumatic Brain Injury Center Receives New Director

http://www.dcoe.health.mil/MediaCenter/News/details/13-05-17/DoD_Mental_Health_Traumatic_Brain_Injury_Center_Receives_New_Director.aspx

Good Marriage Can Buffer Effects of Dad's Depression On Young Children

<http://www.sciencedaily.com/releases/2013/05/130522150531.htm>

'Landscapes of Resilience' to study how people use nature as a source of recovery

http://www.eurekalert.org/pub_releases/2013-05/ufs--or052213.php

Socioeconomic Status and Anxiety/Stress/Depression are Associated with Suicidal Thoughts Among Adults Who Served in the U.S. Military: A Latent Class Analysis

<https://cste.confex.com/cste/2013/webprogram/Paper2024.html>

Resource of the Week – [MedlinePlus: Veterans and Military Health](#)

[MedlinePlus](#) is a resource from the [National Institutes of Health](#) that is designed for patients and their families. Maintained by the [National Library of Medicine](#), it offers a large, organized collection of links to *vett*ed information from reliable sources about “diseases, conditions, and wellness issues.” Searching for health information on the Internet can be a minefield, given the abundance of [quackery](#) and links to sites that are more interested in selling you something than informing you. If you start your search at MedlinePlus rather than Google, you are guaranteed to end up with high quality information.

The section on Veterans and Military Health was most recently updated in mid-May. There’s a box on the page where you can enter your e-mail address and you will be informed whenever there’s an update.

Health Topics

Drugs & Supplements

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Veterans and Military Health



People who serve in the military and veterans face some different health issues than civilians. During wartime, the main health concerns are life-threatening injuries. These include shrapnel and gunshot wounds, [lost limbs](#), and [head injuries](#). Some service members might also have health problems from exposure to environmental hazards, such as contaminated water, chemicals and infections.

Service members and veterans are at risk for mental health problems, too. These include anxiety, [post-traumatic stress disorder](#), depression and substance abuse.

Get Veterans and Military Health updates by email



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Photo Courtesy of U.S. Army/Justin K. Thomas

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My HealtheVet

[My HealtheVet](#), the Gateway to Veteran Health and Wellness

TRICARE

[TRICARE](#) is the healthcare program for active duty and retired service personnel, their eligible family members and survivors.

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