

CDP Research Update -- August 8, 2013

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- Cognitive behavioral therapy for insomnia as a preparatory treatment for exposure therapy for posttraumatic stress disorder.
- The impact of exercise on suicide risk: examining pathways through depression, PTSD, and sleep in an inpatient sample of veterans.
- Cognitive processing of trauma and attitudes toward disclosure in the first six months after military deployment.
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- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
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<http://www.fas.org/sgp/crs/natsec/R43168.pdf>

Military Sexual Assault: Chronology of Activity in Congress and Related Resources

Barbara Salazar Torreon

Information Research Specialist

Congressional Research Service

July 30, 2012

This report focuses on activity in Congress regarding recent high profile incidents of sexual assault in the military. Included are separate sections on the official responses related to these incidents by the Department of Defense (DOD), the Administration, and Congress including legislation in the 113 th Congress. The last section is a resource guide for sources in this report and related materials on sexual assault and prevention.

http://www.rand.org/pubs/occasional_papers/OP382.html

Physical and Psychological Health Following Military Sexual Assault: Recommendations for Care, Research, and Policy

by Coreen Farris, Terry L. Schell, Terri Tanielian

RAND Corporation

2013

Awareness of military sexual assault — sexual assault of a servicemember — has been increasing within the Department of Defense (DoD). The DoD is striving to improve this situation, but unique conditions of life in the military may make response to these events more difficult than within the civilian sector. This paper reviews the prevalence of sexual assault among servicemembers, victim responses in the

immediate aftermath of a sexual assault, barriers to disclosure, victim needs, and DoD efforts to provide necessary resources to victims. The authors review civilian guidelines for the care of physical injuries, response to STI/HIV and pregnancy risk, forensic services, advocacy and support services, and formal mental health care. They then review DoD directives, forms, and guidelines for sexual assault victim care, revealing that these generally are consistent with civilian guidelines. However, little is known about the fidelity with which these DoD recommendations are implemented. The authors close with recommendations for future research to support the DoD's commitment to a culture free of sexual assault, including a comprehensive, longitudinal epidemiological study of military sexual assault, a needs assessment of disclosed and undisclosed military victims, an evaluation of the training enterprise, and an evaluation to document the extent to which DoD directives requiring immediate, evidence-based care for military victims are being implemented with fidelity.

<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/summer2013ResearchQuarterly.pdf>

Combat and Operational Stress Research Quarterly

Naval Center for Combat & Operational Stress Control (NCCOSC)

Summer 2013

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

<http://link.springer.com/article/10.1007/s10567-013-0151-1>

Military and Veteran Family-Centered Preventive Interventions and Care: Making Meaning of Experiences Over Time.

William R. Beardslee

Clinical Child and Family Psychology Review

July 2013

This commentary discusses key themes in four conceptually related papers in this special issue on military families. Individually, the papers highlight the importance of the experiences of young children, the vital role of family narratives, the need for effective communication in families with a combat-injured member, and the need to understand the many dimensions of grieving and loss. Taken together,

they compellingly make the case for family-centered care approaches and interventions. They also emphasize the need for families to understand and make meaning together of the experiences they have undergone and that this is a long-term, ongoing, dynamic, and interactive process.

<http://www.gipsy.uni-goettingen.de/gjp-article-zimmermann-malingering.pdf>

Detection of Malingering in the Assessment of Occupational Disability in the Military.

Peter Zimmermann, Jens T. Kowalski, Christina Alliger-Horn, Heidi Danker-Hopfe, Anika Engers, Rolf Meermann, Rainer Hellweg

German Journal of Psychiatry

August 1, 2013

Background:

So far only few data are available on the assessment of malingering in the examination of occupational disability due to psychiatric disorders.

Method:

103 German soldiers admitted to an Armed Forces hospital for treatment or medical certification without clinical suspect of malingered symptomatology were compared with an instructed simulation group of healthy participants (control group, N=40)). The Morel Emotional Numbing Test (MENT) and the Structured Inventory for Malingered Symptomatology (SIMS) were used.

Results:

MENT and SIMS exhibited high sensitivity (.85 / 1.0) and specificity (.92 / .72) in this matter. Covariance analysis including age, rank, status, education, training, admission reason and diagnosis showed that the study group (clinical patients vs. instructed malingerers) alone explained 66.30% (60.73%) of the variance.

Conclusions:

MENT and SIMS seem to be useful tools for the detection of malingering in occupational disability examination, especially when applied in combination.

<http://www.journalofsubstanceabusetreatment.com/article/S0740-5472%2813%2900088-3/abstract>

Follow-up care for alcohol misuse among OEF/OIF veterans with and without AUD and PTSD.

Joel R. Grossbard, Eric J. Hawkins, Gwen T. Lapham, Emily C. Williams, Anna D. Rubinsky, Tracy L. Simpson, Karen H. Seal, Daniel R. Kivlahan, Katharine A. Bradley

Journal of Substance Abuse Treatment - 01 August 2013

Little is known about follow-up care for alcohol misuse in the Veterans Affairs (VA) health care system among Operations Enduring and Iraqi Freedom (OEF/OIF) veterans with and without alcohol use disorders (AUD) and/or posttraumatic stress disorder (PTSD). Using data from 4725 OEF/OIF VA outpatients with alcohol screening (2006–2010), we compared the prevalence of follow-up for alcohol misuse—brief intervention (BI) or referral to treatment—among patients with and without AUD and/or PTSD. Among 933 (19.7%) patients with alcohol misuse (AUDIT-C ≥ 5), 77.0% had AUD and/or PTSD. Rates of BI or referral for alcohol misuse were higher among patients with AUD (76.9%) and both AUD and PTSD (70.1%) compared to those with PTSD only (53.1%) and neither AUD nor PTSD (52.3%). Among OEF/OIF VA outpatients with alcohol misuse, those with AUD had higher rates of follow-up for alcohol misuse than those without, but PTSD was not associated with differential follow-up.

<http://www.tandfonline.com/doi/abs/10.1080/1034912X.2013.812189>

Psychological Benefits of Participation in Three-dimensional Virtual Worlds for Individuals with Real-world Disabilities.

Richard L. Gilbert, Nora A. Murphy, Alice B. Krueger, Ann R. Ludwig, Torri Y. Efron

International Journal of Disability, Development and Education

Vol. 60, Iss. 3, 2013

One hundred and ninety-six individuals with real-world disabilities were administered a battery of psychological adjustment measures soon after joining the three-dimensional virtual world of Second Life®. After three months, 61 participants who continued to be actively involved in Second Life were re-administered the adjustment measures and completed a survey about their virtual and real-life experiences during the interval between assessments. Participants' scores significantly improved on measures of affective states (depression, anxiety, positive emotion, life satisfaction, and feelings of loneliness) and self-evaluation (self-esteem). An index of overall change was associated with the number of virtual friends and group affiliations in Second Life, as well as feelings about the self as a result of involvement in the virtual world. The current study provides initial empirical support that three-dimensional virtual worlds can serve as a psychologically beneficial context for individuals with real-life disabilities.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2013.805639>

Dimensions of Suicidality: Analyzing the Domains of the SIS-MAP Suicide Risk Assessment Instrument and the Development of a Brief Screener.

Megan E. Johnston, Charles Nelson, Amresh Shrivastava

Archives of Suicide Research

Vol. 17, Iss. 3, 2013

This study aimed at validating the domains of suicidality assessed by the Scale for Impact of Suicidality—Management, Assessment and Planning of Care (SIS-MAP) and creating a brief screener based on the full scale. A total of 50 individuals with suicidal ideation were given the SIS-MAP interview. Support was found for these domains of suicide risk; in particular, the subscales of ideation and protective factors for suicide risk were highly reliable. For each domain of suicidality, items most predictive of total risk index scores were selected to create a brief screener aimed at expediting the assessment process. The screener was reliable, predicted overall suicide risk index scores, and approached significance in predicting subsequent suicide attempts.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2013.777000>

Stigma and Suicide Warning Signs.

M. David Rudd, Jeffrey M. Goulding, Cory J. Carlisle

Archives of Suicide Research

Vol. 17, Iss. 3, 2013

The current study explored the relationship between stigma and suicide warning signs using a case vignette methodology. Three comparable vignettes were used varying only the essential warning signs, including heart attack, suicidality without specific mention of suicidal thinking, and suicidality with specific mention of suicidal thoughts and associated intent to die. After reading the vignette, participants responded to questions gauging urgency of response, along with their appraisal of the situation across six domains including: seriousness, time (how quickly should they respond), comfort 1 (how comfortable they were with the situation in general), sureness (how sure they were in their response), comfort 2 (how comfortable they were in implementing their response), and hopefulness (how hopeful they were that their response would be helpful). Consistent with study hypotheses, results indicated that participants were significantly less comfortable, less sure, and less hopeful when responding to a suicidal crisis when compared to a heart attack. In addition, participants were significantly less likely to access emergency services for a seriously suicidal individual in comparison to someone suffering a heart attack, instead choosing to talk with family and friends first. The potential moderating effects of family and individual history of psychiatric illness and treatment, along with current individual psychological symptoms, were also explored and discussed, with no significant impact uncovered. The importance of more targeted efforts to train individuals to not just recognize suicide warning signs, but on how to specifically respond, is emphasized.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2013.777001>

The Role of Autonomy Needs in Suicidal Ideation: Integrating the Interpersonal-Psychological Theory of Suicide and Self-Determination Theory.

Ryan M. Hill, Jeremy W. Pettit

Archives of Suicide Research

Vol. 17, Iss. 3, 2013

This study investigated the role of autonomy satisfaction in the development of suicidal ideation by integrating two theoretical models of suicide-related behaviors. The first hypothesized a direct effect of autonomy on suicidal ideation. The second hypothesized an indirect effect of autonomy on suicidal ideation via perceived burdensomeness and thwarted belongingness. This was a cross-sectional study of 449 college students, who were predominantly female (73.1%) and Hispanic (70.6%), with a mean age of 20.40 years (SD = 4.38, range 18–50 years). Participants were recruited from a psychology participant pool and completed self-report survey measures for course credit. The model of indirect effects provided the best fit to the data; relatedness, autonomy, and competence were significantly associated with higher thwarted belongingness and perceived burdensomeness, which, in turn, were significantly associated with higher suicidal ideation. Future studies should test this model longitudinally and consider autonomy as a possible avenue for the prevention of suicide-related behaviors.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2013.805647>

Affective Instability Prior to and after Thoughts about Self-Injury in Individuals With and At-Risk of Psychosis: A Mobile Phone Based Study.

J. E. Palmier-Claus, J. Ainsworth, M. Machin, G. Dunn, E. Barkus, C. Barrowclough, A. Rogers, S. W. Lewis

Archives of Suicide Research

Vol. 17, Iss. 3, 2013

It has been proposed that affective instability may be associated with thoughts about self-injury. The aim of this study was to test the hypotheses that instability in feelings of depression, but not anxiety, guilt, or hostility, would predict greater concurrent and subsequent thoughts about self-injury. Thirty-six individuals with psychosis completed questions on touch-screen mobile phones at semi-random times each day for one week. The instability of depression predicted greater concurrent and subsequent levels of thoughts about self-injury, even when controlling for depression level. Conversely, self-injurious thoughts predicted more stable depression. The instability of guilt, anxiety, and hostility did not significantly predict levels of thoughts about self-injury. Results indicate that a variable depressive state may trigger the onset of thoughts about self-injury, which increases the risk of its subsequent

recurrence. The onset of self-injurious thoughts may, however, have a stabilizing effect on subsequent depression.

http://stg.jfponline.com/pdf%2F6208%2F6208JFP_Article3.pdf

When war follows combat veterans home.

Shawn F. Kane, MD; Adam K. Saperstein, MD; Christopher W. Bunt, MD; Mark B. Stephens, MD

The Journal of Family Practice

August 2013

Vo. 62, No. 8

While combat survivability is at an all-time high, vets return home to private struggles with depression, PTSD, traumatic brain injury, and substance abuse. Here's how to spot these patients in civilian medical practices and the steps you can take to help them.

<http://dc.uwm.edu/etd/168/>

Examining the Lived Experience of Student Veterans Using Photovoice Methodology.

Nikhil Tomar, University of Wisconsin-Milwaukee

Thesis, Master of Science

May 2013

The primary objective of this study was to understand the lived experience of student veterans using photovoice methodology. After returning from service veterans struggle most with school (Plach & Haertlein Sells, 2013). Student veterans experience difficulty in time management, and transitioning to student life (Radford, 2009). They spend more time working at jobs and caring for dependents than non-veteran students, but spend equivalent time studying. They perceive less engagement with faculty and campus support than their peers (NSSE, 2010). For many veterans, education is a primary occupation but there is dearth of data about their lived experience and factors that help or hinder their pursuit of educational goals. This study employed a qualitative research design using photovoice methodology (Wang & Burris, 1997) to gain such insight.

Student veterans were recruited after obtaining Institutional Review Board approval and informed consent. After being trained in the photovoice methodology, participants were provided with cameras to capture aspects of their life that they wanted to convey regarding the transition process through photography. With their photographs as references, participants engaged in group discussions (audio

recorded), and wrote narratives that they consider important to convey to multiple audiences including researchers, health promotion providers, university personnel and policy makers. These narratives conveyed lived experiences that reflect challenges experienced while attaining an education and factors that helped them to overcome such challenges. Narratives and discussion session transcripts were analyzed using thematic analysis and descriptive coding.

Analysis lead to formulation of four themes: 1) reminiscence of past duty and reflections on military life, 2) transition from military to civilian student life, and 3) entry to a new stage of life and 4) university and community environment. Findings from this study can help researchers, health promotion providers, the higher education community, and policy makers to acknowledge the factors that challenge or support student veterans so that programs and services can be offered to assist them in attaining their educational goals.

http://calhoun.nps.edu/public/bitstream/handle/10945/34647/13Jun_Comeaux_Aris.pdf

An exploratory study of pre-admission predictors of hardiness and retention for United States Military Academy cadets using regression modeling.

Comeaux, Aris J.

Master's Thesis

Naval Postgraduate School

June 2013

This study uses regression techniques on United States Military Academy (USMA) cadet/ candidate data in order to develop a hardiness - prediction model and explore retention during and after graduation from USMA. We created several data sets using 42 variables from three cohorts (N= 3,716) and analyzed them using regression techniques. Preliminary results showed high school type and the interaction between gender and parents' education level as significant. Specifically, private religious high schools and male cadets with less - educated fathers are positive predictors of hardiness ($R^2 = 0.05$).

Model quality improved in subsequent regressions by identifying a target population. Among varsity football players (N= 149), less - educated mothers and liberal political views are negative predictors of hardiness while race and parents' military service history (African Americans with fathers who served in the military) and prep school attendance are positive predictors of hardiness ($R^2 = 0.97$).

Logistic regression results suggest military, physical, and academic performance are positive predictors of USMA retention while hardiness - challenge, participation in varsity athletics, and less - educated fathers are negative predictors.

Logistic regression results identified basic branch as the sole positive predictor of U.S. Army officer retention beyond a USMA graduates' sixth year of active federal service. Infantry officers, followed by

military police, arm or and engineers, remain i n service longer (medical corps and aviation branch officers excluded).

http://scholarlyrepository.miami.edu/oa_dissertations/1061/

CPSP as a Mediator of Resiliency and Coping Among Military Healthcare Personnel.

Christopher P. Weidlich, University of Miami

Dissertation (PhD), Nursing

July 11, 2013

Military healthcare providers who were exposed to direct combat activity are shown to have an increased prevalence of depression and PTSD compared to healthcare providers reporting less frequent exposure. To address these issues, the Army leadership recognized the Care Provider Support Program (CPSP) as a way to improve the resiliency of healthcare providers. The purpose of this pilot longitudinal cohort study was to update what is currently known about the resiliency, coping, and compassion fatigue of Army and Civilian Nurses, LPNs, and Medics who treat wounded Soldiers and whether these factors can be improved over a sustained period of time. Methodology: A prospective cohort pilot study was implemented to investigate the long-term effects of resiliency training (CPSP) on Army and Civilian Nurses, LPNs, and Medics (n = 93) at Womack Army Medical Center at Fort Bragg, North Carolina. Measures: Prior to receiving and 30-days after receiving CPSP training, participants were administered the Connor-Davidson Resilience Scale (CD-RISC), the Ways of Coping Questionnaire (WCQ) by Lazarus and Folkman, and Professional Quality of Life (ProQOL) Questionnaire. Demographic information was also collected. Twenty-eight Army Nurses, LPNs, and Medics returned follow up questionnaires. Results: CPSP training did not affect resiliency scores on the CD-RISC or coping scores as measured by the WCQ. CPSP was significant in reducing burnout as measured by the ProQOL questionnaire, leading to decreased compassion fatigue. Conclusions: Based on the results of this study, CPSP training was effective in reducing burnout, which leads to decreased compassion fatigue in a group of Army Nurses and Civilian, LPNs, and Medics.

<http://www.ncbi.nlm.nih.gov/pubmed/23906002>

Curr Alzheimer Res. 2013 Aug 2. [Epub ahead of print]

Military Risk Factors for Cognitive Decline, Dementia and Alzheimer's Disease.

Veitch DP, Friedl EK, Weiner WM.

Source: Center for Imaging of Neurodegenerative Diseases, Veterans Medical Center and Departments of Radiology, Medicine, Psychiatry and Neurology, University of California, San Francisco, San Francisco, CA. michael.weiner@ucsf.edu.

Delayed neurological health consequences of environmental exposures during military service have been generally underappreciated. The rapidly expanding understanding of Alzheimer's disease (AD) pathogenesis now makes it possible to quantitate some of the likely longterm health risks associated with military service. Military risk factors for AD include both factors elevated in military personnel such as tobacco use, traumatic brain injury (TBI), depression, and post-traumatic stress disorder (PTSD) and other nonspecific risk factors for AD including, vascular risk factors such as obesity and obesity-related diseases (e.g., metabolic syndrome), education and physical fitness. The degree of combat exposure, Vietnam era Agent Orange exposure and Gulf War Illness may also influence risk for AD. Using available data on the association of AD and specific exposures and risk factors, the authors have conservatively estimated 423,000 new cases of AD in veterans by 2020, including 140,000 excess cases associated with specific military exposures. The cost associated with these excess cases is approximately \$5.8 billion to \$7.8 billion. Mitigation of the potential impact of military exposures on the cognitive function of veterans and management of modifiable risk factors through specifically designed programs will be instrumental in minimizing the impact of AD in veterans in the future decades.

<http://www.sciencedirect.com/science/article/pii/S1877042813015966>

A Study of Alexithymia and Dissociative Experiences in Soldiers and Male University Students.

Usha Barahmand, Roqaiyeh Hozoori

Procedia - Social and Behavioral Sciences, Volume 84, 9 July 2013, Pages 165–170

Aim

The purpose of the present study was to compare alexithymia and dissociative experiences in soldiers and male students.

Method

Using a randomized and stratified cluster sampling method and a causal comparative design, a sample of 183 males recruited to do their military service and 208 male university students was selected. Data were collected using a demographic data sheet, the Toronto Alexithymia Scale and the Dissociative Experiences Scale and analyzed using multivariate analysis of variance (MANOVA) and Pearson's correlation coefficients.

Results

Findings indicate that total alexithymia scores correlated positively with total scores on dissociative experiences. Difficulty identifying feelings and externally oriented thinking were associated with depersonalization and derealization, and externally oriented thinking was also associated with amnesic dissociation. While soldiers and university students did not differ in total scores on dissociative

experiences, soldiers tended to score higher on alexithymia. Furthermore, soldiers scored higher on difficulty in identifying feelings and externally oriented thinking and lower on imaginative involvement. The two groups did not differ in terms of difficulty in describing feelings, amnesic dissociation, depersonalization and derealization. A comparison of single and married males revealed greater involvement and less externally oriented thinking in unmarried males.

<http://www.biomedcentral.com/1471-2458/13/716/abstract>

Rank, job stress, psychological distress and physical activity among military personnel.

Lilian Cristina Martins and Claudia S Lopes

BMC Public Health 2013, 13:716

Published: 3 August 2013

Background

Physical fitness is one of the most important qualities in armed forces personnel. However, little is known about the association between the military environment and the occupational and leisure-time dimensions of the physical activity practiced there. This study assessed the association of rank, job stress and psychological distress with physical activity levels (overall and by dimensions).

Methods

This a cross-sectional study among 506 military service personnel of the Brazilian Army examined the association of rank, job stress and psychological distress with physical activity through multiple linear regression using a generalized linear model.

Results

The adjusted models showed that the rank of lieutenant was associated with most occupational physical activity (beta = 0.324; CI95% 0.167; 0.481); "high effort and low reward" was associated with more occupational physical activity (beta = 0.224; CI95% 0.098; 0.351) and with less physical activity in sports / physical exercise in leisure (beta = -0.198; CI95% -0.384; -0.011); and psychological distress was associated with less physical activity in sports / exercise in leisure (beta = -0.184; CI95% -0.321; -0.046).

Conclusions

The results of this study show that job stress and rank were associated with higher levels of occupational physical activity. Moreover job stress and psychological distress were associated with lower levels of physical activity in sports/exercises. In the military context, given the importance of physical activity and the psychosocial environment, both of which are related to health, these findings may offer input to institutional policies directed to identifying psychological distress early and improving work relationships, and to creating an environment more favorable to increasing the practice of leisure-time physical activity.

<http://psycnet.apa.org/psycinfo/2013-26986-001/>

Latent Class Differences Explain Variability in PTSD Symptom Changes During Cognitive Processing Therapy for Veterans.

Schumm, Jeremiah A.; Walter, Kristen H.; Chard, Kathleen M.

Psychological Trauma: Theory, Research, Practice, and Policy, Jul 29 , 2013

Despite demonstrated effectiveness of cognitive-behavioral psychotherapies for posttraumatic stress disorder (PTSD), there is limited research on the trajectory of PTSD symptom change during the course of these therapies. In addition, existent findings are mixed, making it difficult to know how individuals' PTSD symptoms will change from week to week during psychotherapy. The study presented here uses general growth mixture modeling (GGMM) to test the hypothesis that multiple latent classes will explain individual differences in PTSD symptom change during the course of cognitive processing therapy (CPT). Participants were 207 U.S. military veterans with PTSD who received CPT through an outpatient Veterans Affairs PTSD treatment program. Participants were mostly male (89%), White (81%), and averaged 42 years old. The PTSD Checklist (PCL), Clinician-Administered PTSD Scale (CAPS), and the Beck Depression Inventory-II (BDI-II) were administered at pre- and posttreatment; the PCL was also administered weekly to assess PTSD symptom changes during CPT. GGMM showed that a quadratic growth model with three distinct latent classes best explained the trajectory of PTSD symptom reductions during CPT. The following variables significantly predicted latent class membership: age; ethnicity; having combat as the worst trauma; and pretreatment PCL, CAPS, and BDI-II scores. In turn, class membership significantly predicted posttreatment PCL, BDI-II, and CAPS scores. This study is novel in showing that latent class differences in PTSD symptom reductions are useful in explaining why individuals exhibit variable rates of PTSD symptom change during psychotherapy and differing outcomes after psychotherapy. These findings may improve the ability to more accurately anticipate individual differences in PTSD symptom changes and responses to psychotherapy. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/00223891.2013.819512>

Accuracy of MMPI-2-RF Validity Scales for Identifying Feigned PTSD Symptoms, Random Responding, and Genuine PTSD.

Lisa H. Mason, Anne L. Shandera-Ochsner, Kimberly D. Williamson, Jordan P. Harp, Maryanne Edmundson, David T. R. Berry, Walter M. High

Journal of Personality Assessment

Published online: 01 Aug 2013

The Minnesota Multiphasic Personality Inventory–2–RF (MMPI–2–RF) validity scales were evaluated to determine accuracy when differentiating honest responding, random responding, genuine posttraumatic stress disorder (PTSD), and feigned PTSD. Undergraduate students (n = 109), screened for PTSD, were randomly assigned to 1 of 4 instructional groups: honest, feign PTSD, half random, and full random. Archival data provided clinical MMPI–2–RF profiles consisting of 31 veterans diagnosed with PTSD. Veterans were diagnosed with PTSD using a structured interview and had passed a structured interview for malingering. Validity scales working as a group had correct classification rates of honest (96.6%), full random (88.9%), genuine PTSD (80.7%), fake PTSD (73.1%), and half random (44.4%). Results were fairly supportive of the scales' ability to discriminate feigning and full random responding from honest responding of normal students as well as veterans with PTSD. However, the RF validity scales do not appear to be as effective in detecting partially random responding.

<http://www.jmir.org/2013/7/e154/>

An Internet-Based Guided Self-Help Intervention for Panic Symptoms: Randomized Controlled Trial.

van Ballegooijen W, Riper H, Klein B, Ebert DD, Kramer J, Meulenbeek P, Cuijpers P

J Med Internet Res 2013;15(7):e154

Background:

Internet-based guided self-help is efficacious for panic disorder, but it is not known whether such treatment is effective for milder panic symptoms as well.

Objective:

To evaluate the effectiveness of Don't Panic Online, an Internet-based self-help course for mild panic symptoms, which is based on cognitive behavioral principles and includes guidance by email.

Methods:

A pragmatic randomized controlled trial was conducted. Participants (N=126) were recruited from the general population and randomized to either the intervention group or to a waiting-list control group. Inclusion criteria were a Panic Disorder Severity Scale-Self Report (PDSS-SR) score between 5-15 and no suicide risk. Panic symptom severity was the primary outcome measure; secondary outcome measures were anxiety and depressive symptom severity. Measurements were conducted online and took place at baseline and 12 weeks after baseline (T1). At baseline, diagnoses were obtained by telephone interviews.

Results:

Analyses of covariance (intention-to-treat) showed no significant differences in panic symptom reduction between groups. Completers-only analyses revealed a moderate effect size in favor of the intervention group (Cohen's d=0.73, P=.01). Only 27% of the intervention group finished lesson 4 or more (out of 6). Nonresponse at T1 was high for the total sample (42.1%). Diagnostic interviews showed that many participants suffered from comorbid depression and anxiety disorders.

Conclusions:

The Internet-based guided self-help course appears to be ineffective for individuals with panic symptoms. However, intervention completers did derive clinical benefits from the intervention.

<http://www.biomedcentral.com/1471-244X/13/199>

An investigator-blinded, randomized study to compare the efficacy of combined CBT for alcohol use disorders and social anxiety disorder versus CBT focused on alcohol alone in adults with comorbid disorders: the Combined Alcohol Social Phobia (CASP) trial protocol.

Baillie AJ, Sannibale C, Stapinski LA, Teesson M, Rapee RM, Haber PS.

BMC Psychiatry 2013, 13:199

Background

Alcohol use disorders and social anxiety disorder are common and disabling conditions that frequently co-exist. Although there are efficacious treatments for each disorder, only two randomized controlled trials of interventions for these combined problems have been published. We developed a new integrated treatment for comorbid Social Anxiety Disorder and Alcohol Use Disorder based on established Motivational Interviewing (MI) and Cognitive Behaviour Therapy (CBT) interventions for the separate disorders. Compared to established MI/CBT for alcohol use disorders this new intervention is hypothesised to lead to greater reductions in symptoms of social anxiety and alcohol use disorder and to produce greater improvements in quality of life. Higher levels of alcohol dependence will result in relatively poorer outcomes for the new integrated treatment.

Methods/design

A randomised controlled trial comparing 9 sessions of individual integrated treatment for alcohol and social phobia with 9 sessions of treatment for alcohol use problems alone is proposed. Randomisation will be stratified for stable antidepressant use. Post treatment clinical assessments of alcohol consumption and diagnostic status at 3 and 6 month follow-up will be blind to allocation.

Discussion

The proposed trial addresses a serious gap in treatment evidence and could potentially define the appropriate treatment for a large proportion of adults affected by these problems.

Trial registration

Australian New Zealand Clinical Trials Registry: ACTRN12608000228381.

<http://mech-ing.com/journal/Archive/2013/7/DOKLADI/1/040.N.Atanasova.tech-tes-2013.pdf>

Methods of developing psychological resilience in the military.

Postolache A. M., PhD; Atanasova Krasteva N.

Machines, Technologies, Materials

SSN 1313-0226. ISSUE 7/2013

In the report it is given the definition of the people's resilience from the point of view of the psychology. There are analyzed the characteristics of the resilience, many of which can be improved and strengthened. The different ways to build resilience within individuals there are offered. In this connection the basis of the report is the conducted research with the cadets from two military academies in Romania and Bulgaria. The research shows the different methods used of developing psychological resilience by the two populations investigated and the differences between the Romanian students and the Bulgarian ones. The results from the research could be very useful for military specialists, leaders, lecturers for improving military training and psychological preparation of military personnel.

<http://jama.jamanetwork.com/article.aspx?articleid=1724276>

Risk Factors Associated With Suicide in Current and Former US Military Personnel.

LeardMann CA, Powell TM, Smith TC, et al.

JAMA. 2013;310(5):496-506.

Importance

Beginning in 2005, the incidence of suicide deaths in the US military began to sharply increase. Unique stressors, such as combat deployments, have been assumed to underlie the increasing incidence. Previous military suicide studies, however, have relied on case series and cross-sectional investigations and have not linked data during service with postservice periods.

Objective

To prospectively identify and quantify risk factors associated with suicide in current and former US military personnel including demographic, military, mental health, behavioral, and deployment characteristics.

Design, Setting, and Participants

Prospective longitudinal study with accrual and assessment of participants in 2001, 2004, and 2007. Questionnaire data were linked with the National Death Index and the Department of Defense Medical Mortality Registry through December 31, 2008. Participants were current and former US military personnel from all service branches, including active and Reserve/National Guard, who were included in the Millennium Cohort Study (N = 151 560).

Main Outcomes and Measures

Death by suicide captured by the National Death Index and the Department of Defense Medical Mortality Registry.

Results

Through the end of 2008, findings were 83 suicides in 707 493 person-years of follow-up (11.73/100 000 person-years [95% CI, 9.21-14.26]). In Cox models adjusted for age and sex, factors significantly associated with increased risk of suicide included male sex, depression, manic-depressive disorder, heavy or binge drinking, and alcohol-related problems. None of the deployment-related factors (combat experience, cumulative days deployed, or number of deployments) were associated with increased suicide risk in any of the models. In multivariable Cox models, individuals with increased risk for suicide were men (hazard ratio [HR], 2.14; 95% CI, 1.17-3.92; $P = .01$; attributable risk [AR], 3.5 cases/10 000 persons), and those with depression (HR, 1.96; 95% CI, 1.05-3.64; $P = .03$; AR, 6.9/10 000 persons), manic-depressive disorder (HR, 4.35; 95% CI, 1.56-12.09; $P = .005$; AR, 35.6/10 000 persons), or alcohol-related problems (HR, 2.56; 95% CI, 1.56-4.18; $P < .001$; AR, 7.7/10 000 persons). A nested, matched case-control analysis using 20:1 control participants per case confirmed these findings.

Conclusions and Relevance

In this sample of current and former military personnel observed July 1, 2001-December 31, 2008, suicide risk was independently associated with male sex and mental disorders but not with military-specific variables. These findings may inform approaches to mitigating suicide risk in this population.

Despite universal access to health care services, mandatory suicide prevention training, and other preventive efforts, suicide has become one of the leading causes of death in the US military in recent years.¹⁻³ Suicide rates across the population of active-duty US military personnel began to increase sharply in 2005 from a baseline rate of 10.3 to 11.3 per 100 000 persons to a rate of 16.3 per 100 000 persons in 2008, with the highest rates among Marine Corps and Army personnel (19.9 and 19.3 per 100 000 persons).⁴ Since 2009, suicide rates among those on active-duty status have stabilized at approximately 18 per 100 000.

Despite this increase, suicide remains a rare outcome that is challenging to study. Studies among military populations have not been able to adequately examine the association between deployment characteristics and suicide following military discharge.^{2,5-6} Military separations due to medical or administrative reasons (eg, mental disorders, substance misuse, misconduct) are likely to bias incidence figures and risk-factor estimates in studies that fail to link records between active service and postmilitary periods.⁶ Separation of service members with mental disorders, for example, could lead to underestimates of incidence or risks associated with these conditions in studies based only on active-duty members, and possibly overestimates in studies that only involve veterans.⁶⁻⁷ Previous studies have not linked US Department of Defense data with national death records, thus limiting the ability to conduct comprehensive studies across inservice and postservice time periods.

Understanding the circumstances and factors leading to suicide in military members and identifying appropriate interventions is of high priority to military and civilian leaders. This study prospectively

examined and quantified factors associated with suicide risk in a large population of active, Reserve, and National Guard members across all branches of the military during and following service.

<http://jama.jamanetwork.com/article.aspx?articleid=1724275>

Concurrent Naltrexone and Prolonged Exposure Therapy for Patients With Comorbid Alcohol Dependence and PTSD: A Randomized Clinical Trial.

Foa EB, Yuskos DA, McLean CP, et al.

JAMA. 2013;310(5):488-495.

Importance

Alcohol dependence comorbid with posttraumatic stress disorder (PTSD) has been found to be resistant to treatment. In addition, there is a concern that prolonged exposure therapy for PTSD may exacerbate alcohol use.

Objective

To compare the efficacy of an evidence-based treatment for alcohol dependence (naltrexone) plus an evidence-based treatment for PTSD (prolonged exposure therapy), their combination, and supportive counseling.

Design, Setting, and Participants

A single-blind, randomized clinical trial of 165 participants with PTSD and alcohol dependence conducted at the University of Pennsylvania and the Philadelphia Veterans Administration. Participant enrollment began on February 8, 2001, and ended on June 25, 2009. Data collection was completed on August 12, 2010.

Interventions

Participants were randomly assigned to (1) prolonged exposure therapy plus naltrexone (100 mg/d), (2) prolonged exposure therapy plus pill placebo, (3) supportive counseling plus naltrexone (100 mg/d), or (4) supportive counseling plus pill placebo. Prolonged exposure therapy was composed of 12 weekly 90-minute sessions followed by 6 biweekly sessions. All participants received supportive counseling.

Main Outcomes and Measures

The Timeline Follow-Back Interview and the PTSD Symptom Severity Interview were used to assess the percentage of days drinking alcohol and PTSD severity, respectively, and the Penn Alcohol Craving Scale was used to assess alcohol craving. Independent evaluations occurred prior to treatment (week 0), at posttreatment (week 24), and at 6 months after treatment discontinuation (week 52).

Results

Participants in all 4 treatment groups had large reductions in the percentage of days drinking (mean change, -63.9% [95% CI, -73.6% to -54.2%] for prolonged exposure therapy plus naltrexone; -63.9%

[95% CI, -73.9% to -53.8%] for prolonged exposure therapy plus placebo; -69.9% [95% CI, -78.7% to -61.2%] for supportive counseling plus naltrexone; and -61.0% [95% CI, -68.9% to -53.0%] for supportive counseling plus placebo). However, those who received naltrexone had lower percentages of days drinking than those who received placebo (mean difference, 7.93%; $P = .008$). There was also a reduction in PTSD symptoms in all 4 groups, but the main effect of prolonged exposure therapy was not statistically significant. Six months after the end of treatment, participants in all 4 groups had increases in percentage of days drinking. However, those in the prolonged exposure therapy plus naltrexone group had the smallest increases.

Conclusions and Relevance

In this study of patients with alcohol dependence and PTSD, naltrexone treatment resulted in a decrease in the percentage of days drinking. Prolonged exposure therapy was not associated with an exacerbation of alcohol use disorder.

Related Editorial: [Treatment of Comorbid Substance Dependence and Posttraumatic Stress Disorder](#)

<http://www.ncbi.nlm.nih.gov/pubmed/23918158>

J Gen Intern Med. 2013 Aug 6. [Epub ahead of print]

Sexual Violence and Mental Health Symptoms Among National Guard and Reserve Soldiers.

Walsh K, Koenen KC, Cohen GH, Ursano R, Gifford RK, Fullerton CS, Galea S.

Source: Department of Epidemiology, Columbia University, 722 West 168th Street, Rm 520, New York, NY, 10032, USA, klw2153@columbia.edu.

BACKGROUND:

Reserve and National Guard (NG) soldiers report disproportionate mental health problems relative to active duty military upon returning from the Iraq and Afghanistan conflicts. However, few studies have examined whether exposure to particular types of traumatic events (e.g., lifetime sexual violence) is associated with this increased burden of psychopathology.

OBJECTIVE:

The current study examined the prevalence of lifetime sexual violence exposure as well as the adjusted odds and population attributable fraction of psychopathology associated with sexual violence in a large sample of male and female Reserve and NG soldiers.

DESIGN:

Baseline structured telephone interviews were conducted in 2009.

PARTICIPANTS:

1,030 Reserve (23 % female) and 973 NG (15 % female) soldiers.

MAIN MEASURES:

Four items assessed lifetime and deployment-related sexual violence. Probable lifetime and past-year posttraumatic stress disorder (PTSD) and depression were assessed with the PTSD Checklist and the Patient Health Questionnaire, respectively.

KEY RESULTS:

Lifetime sexual violence prevalence was 37.4 % and 27.6 % among Reserve and NG women, and 4.3 % and 3.7 % among Reserve and NG men, respectively. Recent deployment-related sexual violence ranged from 1.4 to 2.6 % for women and 0 % for men. Regression analyses indicated that the adjusted odds of probable past-year and lifetime PTSD and depression were 1.2 to 3.5 times greater among those reporting sexual violence relative to non-victims. The proportion of probable lifetime PTSD and depression attributable to sexual violence was 45.2 % and 16.6 %, respectively, in the Reserves, and 10.3 % and 6.2 %, respectively, in the NG.

CONCLUSIONS:

Lifetime sexual violence prevalence was high among female soldiers, with approximately one-third of Reserve and National Guard women reporting a history. The majority of sexual violence was not related to the most recent deployment; however, sexual violence contributed to a high burden of psychopathology. Findings emphasize a need to screen for lifetime sexual violence and associated mental disorders in military samples.

<http://www.ncbi.nlm.nih.gov/pubmed/23917126>

J Anxiety Disord. 2013 Jul 9;27(5):494-502. doi: 10.1016/j.janxdis.2013.06.007. [Epub ahead of print]

PTSD symptoms, disclosure, and relationship distress: Explorations of mediation and associations over time.

Campbell SB, Renshaw KD.

Source: Department of Psychology, George Mason University, United States. Electronic address: scampbep@masonlive.gmu.edu.

Emotional numbing symptoms of posttraumatic stress disorder (PTSD) are negatively associated with relationship satisfaction in combat veterans and their romantic partners. Many speculate that one mechanism of this association may be decreased disclosure by veterans, but previous studies lacked appropriate data to test this hypothesis. In a sample of 224 OIF/OEF-era National Guard service members (SMs) and 214 of their romantic partners, we measured SMs' PTSD symptoms. Four to six months later, we assessed both partners' reports of SMs' emotional disclosure and both partners' relationship satisfaction (83 SMs and 91 partners completed Time 2). In a path analysis, SMs' emotional numbing was negatively associated with their later relationship satisfaction. Furthermore, SMs' emotional numbing was negatively associated with both partners' reports of SMs' emotional disclosure. Finally, SMs' emotional numbing exerted significant or nearly significant indirect effects on both

partners' relationship satisfaction via decreased emotional disclosure. The findings demonstrated the importance of accounting for both partners' perceptions when studying couple functioning in the context of PTSD or treating PTSD via conjoint intervention.

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<http://www.ncbi.nlm.nih.gov/pubmed/23914721>

Psychol Bull. 2013 Aug 5. [Epub ahead of print]

Episodic Memory, Perceptual Memory, and Their Interaction: Foundations for a Theory of Posttraumatic Stress Disorder.

Brewin CR.

A number of autobiographical memory theories and clinical theories of posttraumatic stress disorder (PTSD) make claims that are different from standard views of memory and have been the subject of controversy. These claims include the existence of a long-term perceptual memory system supporting conscious experience separate to episodic memory; greater involvement of perceptual memory in the response to emotion-laden and personally meaningful events; increased perceptual memory intrusions accompanied by impaired episodic memory for the traumatic event among PTSD patients; and a lack of association, or inverse association, between indices of voluntary recall and involuntary images relating to the same traumatic materials. In this article I review current research on perceptual memory, which supports the presence of long-term representations that are selective or incomplete reflections of sensory input. The functional independence of perceptual and episodic memory is illustrated by research on verbal overshadowing but is most clearly exemplified by the strong evidence in favor of enhanced perceptual memory and impaired episodic memory in PTSD. Theoretical predictions concerning the relation between perceptual priming and the development of intrusive images, the effect of verbal versus visuospatial secondary tasks on intrusive trauma images, and the independence of voluntary and involuntary memory for the same materials have garnered widespread support. Reasons for the continuing controversy over traumatic memory are discussed, and some implications of the review for general theories of recall and recognition, clinical theories of PTSD, and "special mechanism" views of memory are set out. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23909055>

Am J Psychother. 2013;67(2):109-33.

Two war-torn soldiers: combat-related trauma through an intersubjective lens.

Carr RB.

Source: Walter Reed National Military Medical Center at Bethesda, Uniformed Services University of the Health Sciences, Bethesda, MD, USA. Russell.b.carr.mil@health.mil

The author, himself an Iraq war veteran, presents a contemporary psychodynamic understanding, known as intersubjective therapy, of combat-related Post-traumatic Stress Disorder (PTSD). At the onset of this case example, the patient was highly suicidal and his PTSD symptoms had not responded to a first-line treatment: manualized cognitive processing therapy. Robert Stolorow's intersubjective, psychodynamic approach to traumatic emotional experiences was then selected for treatment, and illustrates how combat in Afghanistan shattered this soldier's world and self experience. Therapeutic action arises from this intersubjective perspective by providing a relational home so that unendurable emotions can be borne, processed, and integrated to achieve a more constant and individualized sense of self. Being a two-person model of therapy, the author also describes how his work with this traumatized soldier affected him, ultimately contributing to his own sense of authentic existing. The author discusses the need for therapists to recognize and acknowledge to traumatized patients their shared finitude and the ubiquity of trauma. In the Postscript, the patient describes what he felt was therapeutic and contrasts this to his previous experiences with manualized cognitive processing therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/23376871>

Ann Clin Psychiatry. 2013 Feb;25(1):59-66.

A 3-year longitudinal study examining the effect of resilience on suicidality in veterans.

Youssef NA, Green KT, Beckham JC, Elbogen EB.

Source: Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Mid-Atlantic Mental Illness Research, Education, Durham, NC, USA. nagy.youssef@duke.edu

BACKGROUND:

This study prospectively evaluated the correlation and role of resilience and resilience factors in predicting suicidal ideation and attempts in veterans.

METHODS:

In this 3-year longitudinal study, 178 Iraq and Afghanistan war veterans were evaluated for a number of clinical and demographic variables. Longitudinal follow-up was performed at approximately 3 years.

RESULTS:

Resilience at the initial assessment predicted lower suicidality at follow-up, controlling for suicidality at the initial assessment, suggesting a protective effect for resilience. With respect to specific domains of resilience, secure relationships and positive acceptance of change significantly predicted lower suicidality.

CONCLUSIONS:

These findings have important implications for clinical care and for guiding future research efforts to increase resilience among returning soldiers.

<http://www.ncbi.nlm.nih.gov/pubmed/23909060>

Am J Psychother. 2013;67(2):203-14.

Cognitive behavioral therapy for insomnia as a preparatory treatment for exposure therapy for posttraumatic stress disorder.

Baddeley JL, Gros DF.

Source: Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC 29401, USA.
jennabaddeley@gmail.com

Insomnia is present in a majority of individuals with posttraumatic stress disorder (PTSD). However, when both disorders are present, disagreements exist about whether to provide exposure therapy for PTSD before insomnia treatment, or vice versa. The current case study describes the psychological treatment of a psychotherapy-naïve veteran with comorbid insomnia and PTSD. The patient initially refused exposure therapy for PTSD; thus, cognitive-behavioral therapy for insomnia (CBTi) was a first-step treatment. Cognitive Behavior Therapy for Insomnia provided insomnia symptom relief psychoeducation and self-monitoring of PTSD symptoms prepared the patient to enter exposure therapy. After six CBTi sessions, the patient completed seven sessions of trauma-specific exposure therapy. At the conclusion of treatment and at 90-day follow up, the patient demonstrated significant reductions in insomnia and PTSD symptoms. Findings support the safe and effective use of CBTi in patients with comorbid insomnia and PTSD to improve sleep and facilitate entry into exposure therapy for PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23901428>

Suicide Life Threat Behav. 2013 Jun;43(3):279-89.

The impact of exercise on suicide risk: examining pathways through depression, PTSD, and sleep in an inpatient sample of veterans.

Davidson CL, Babson KA, Bonn-Miller MO, Souter T, Vannoy S.

Source: Denver VA Medical Center, Denver, CO, USA. collin.davidson@va.gov

Suicide has a large public health impact. Although effective interventions exist, the many people at risk for suicide cannot access these interventions. Exercise interventions hold promise in terms of reducing suicide because of their ease of implementation. While exercise reduces depression, and reductions in

depressive symptoms are linked to reduced suicidal ideation, no studies have directly linked exercise and suicide risk. The current study examined this association, including potential mediators (i.e., sleep disturbance, posttraumatic stress symptoms, and depression), in a sample of Veterans. SEM analyses revealed that exercise was directly and indirectly associated with suicide risk. Additionally, exercise was associated with fewer depressive symptoms and better sleep patterns, each of which was, in turn, related to lower suicide risk.

<http://www.ncbi.nlm.nih.gov/pubmed/23109281>

J Clin Psychol. 2013 Mar;69(3):209-21. doi: 10.1002/jclp.21930. Epub 2012 Oct 26.

Cognitive processing of trauma and attitudes toward disclosure in the first six months after military deployment.

Currier JM, Lisman R, Irene Harris J, Tait R, Erbes CR.

Source: Fuller Theological Seminary, Department of Clinical Psychology, Pasadena, CA 91101, USA.
jcurrier@fuller.edu

OBJECTIVES:

To examine the role of cognitive processing and attitudes toward trauma disclosure among newly returned veterans of the Iraq and Afghanistan wars.

METHOD:

In total, 110 veterans completed the Cognitive Processing of Trauma Scale, Disclosure of Trauma Questionnaire, and assessments of posttraumatic stress symptoms (PTSS), depression, and posttraumatic growth (PTG).

RESULTS:

Both maladaptive and adaptive processing were the strongest predictors of PTSS and depression, β s = .21 to .38. However, urge to discuss trauma was the main predictor of PTG, β = .53. Correlational findings suggested that veterans' willingness to discuss their traumas and reactivity to doing so were related with their processing of these experiences, r s = .23 to .40.

CONCLUSION:

This study provides further support for the critical intersection between cognitive processing and disclosure, while also suggesting the need for more research on the intra- and inter-personal dimensions of these constructs in negative and constructive outcomes after trauma.

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<http://www.ncbi.nlm.nih.gov/pubmed/23922442>

J Neurol Neurosurg Psychiatry. 2013 Sep;84(9):v-e1. doi: 10.1136/jnnp-2013-306103.3.

Posttraumatic stress disorder and the brain.

Brewin C.

Chris Brewin is a Consultant Clinical Psychologist at the Traumatic Stress Clinic and Professor in the Research Department of Clinical, Educational & Health Psychology, University College London. He is a joint author of the dual representation theory of posttraumatic stress disorder, was centrally involved in shaping and overseeing Camden & Islington's lead role in the mental health response to the 2005 London bombings, and is the author of "Posttraumatic Stress Disorder: Malady or myth?" (Yale University Press 2003). A substantial number of structural and functional neuroimaging studies have been conducted with individuals suffering from PTSD. Many of them, however, have produced strikingly similar sets of findings to studies of depression and schizophrenia, for example involving reduced hippocampal volume and deficits in prefrontal control over limbic structures, particularly the amygdala. Investigations typically include only one psychiatric diagnosis and overlook the considerable symptom overlap between disorders. Also frequently overlooked is the presence of childhood adversity in patients' backgrounds, which is associated with neural changes in its own right. Hence previous research has not succeeded in distinguishing the correlates of generic aetiological or psychopathological factors from the specific processes that differentiate one disorder from another. This is essential if viable and well-targeted neurobiological models are to be developed that have clinical applications. Most imaging research has drawn on a limited set of basic science models such as fear conditioning. Despite its important contribution, the fear conditioning model of PTSD and paradigms such as script-driven imagery do not address important features such as the conscious reexperiencing of trauma and the distinction between voluntary and involuntary memory. The revised dual representation theory of PTSD (DRT) focusses on the difference between voluntary trauma memories and involuntary flashbacks, vivid images that are experienced in the present. Flashbacks are an important treatment target and are addressed in trauma-focussed cognitive-behaviour therapy. According to DRT, flashbacks are primarily supported by sensation-based representations created by activity in the dorsal visual stream, insula, and amygdala that have become disconnected from corresponding contextualised representations created by activity in the ventral visual stream and medial temporal lobe. Structural and functional studies will be described that focus on flashbacks and attempt to distinguish how the neural signature of PTSD is different from depression. Understanding the underlying processes and neural basis of these therapeutic target symptoms promises to generate more precise treatments, whether psychological or biological.

<http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm>

Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

U.S. Preventive Services Task Force (USPSTF)

May 2013

The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.

<http://www.ncbi.nlm.nih.gov/pubmed/23376603>

J Anxiety Disord. 2013 Jan;27(1):155-62. doi: 10.1016/j.janxdis.2012.11.002. Epub 2012 Dec 10.

Disgust, mental contamination, and posttraumatic stress: unique relations following sexual versus non-sexual assault.

Badour CL, Feldner MT, Babson KA, Blumenthal H, Dutton CE.

Source: University of Arkansas, Department of Psychological Science, Fayetteville, AR 72701, USA.
cbadour@uark.edu

Disgust and mental contamination (or feelings of dirtiness and urges to wash in the absence of a physical contaminant) are increasingly being linked to traumatic event exposure and posttraumatic stress (PTS) symptomatology. Evidence suggests disgust and mental contamination are particularly relevant to sexual assault experiences; however, there has been relatively little direct examination of these relations. The primary aim of the current study was to assess disgust and mental contamination-based reactivity to an individualized interpersonal assault-related script-driven imagery procedure. Participants included 22 women with a history of traumatic sexual assault and 19 women with a history of traumatic non-sexual assault. Sexual assault and PTS symptom severity predicted greater increases in disgust, feelings of dirtiness, and urges to wash in response to the traumatic event script. Finally, assault type affected the association between PTS symptom severity and increases in feelings of dirtiness and urges to wash in response to the traumatic event script such that these associations were only significant among sexually assaulted individuals. These findings highlight the need for future research focused on elucidating the nature of the relation between disgust and mental contamination and PTS reactions following various traumatic events.

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<http://www.ncbi.nlm.nih.gov/pubmed/23899597>

Prog Mol Biol Transl Sci. 2013;119:137-54. doi: 10.1016/B978-0-12-396971-2.00006-3.

Control of sleep and wakefulness in health and disease.

Zeitzer JM.

Source: Department of Psychiatry and Behavioral Sciences, Stanford University, Palo Alto, California, USA; Mental Illness Research Education and Clinical Center, VA Palo Alto Health Care System, Palo Alto, California, USA.

Sleep and wake are actively promoted states of consciousness that are dependent on a network of state-modulating neurons arising from both the brain stem and hypothalamus. This network helps to coordinate the occurrence of a sleep state in billions of cortical neurons. In many neurological diseases, there is a specific disruption to one of the components of this network. Under conditions of such disruptions, we often gain an improved understanding of the underlying function of the specific component under nonpathological conditions. The loss or dysfunction of one of the hypothalamic or brain stem regions that are responsible for promotion of sleep or wake can lead to disruptions in sleep and wake states that are often subtle, but sometime quite pronounced and of significant medical importance. By understanding the neural substrate and its pathophysiology, one can more appropriately target therapies that might help the specific sleep disruption. This chapter reviews what is currently understood about the neurobiological underpinnings of sleep and wake regulation and how various pathologies evoke changes in these regulatory mechanisms.

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Links of Interest

Therapy by Internet May Be More Effective Than You'd Think

http://www.slate.com/blogs/future_tense/2013/08/01/therapy_by_internet_may_be_more_effective_than_you_d_think.html

Docs can safely treat alcoholism, PTSD together: study

<http://www.chicagotribune.com/health/sns-rt-us-alcoholism-ptsd-20130806,0,7964457.story>

Website Teaches Coping Skills to Military Community

http://www.health.mil/News_And_Multimedia/News/detail/13-08-07/Website_Teaches_Coping_Skills_to_Military_Community.aspx

Army addresses sexual assault prevention at Year of Military Women panel

http://www.army.mil/article/108505/Army_addresses_sexual_assault_prevention_at_Year_of_Military_Women_panel/

BUSM professor honored with lifetime achievement award for work on PTSD

http://www.eurekalert.org/pub_releases/2013-08/bumc-bph080213.php

DoD Mental Health, Traumatic Brain Injury Center Receives New Director

[http://www.health.mil/blog/13-07-](http://www.health.mil/blog/13-07-31/DoD_Mental_Health_Traumatic_Brain_Injury_Center_Receives_New_Director.aspx)

[31/DoD_Mental_Health_Traumatic_Brain_Injury_Center_Receives_New_Director.aspx](http://www.health.mil/blog/13-07-31/DoD_Mental_Health_Traumatic_Brain_Injury_Center_Receives_New_Director.aspx)

A week's worth of camping synchs internal clock to sunrise and sunset, CU-Boulder study finds

http://www.eurekalert.org/pub_releases/2013-08/uoca-aww073013.php

Research Tip of the Week: More help with APA citations

Last week's research tip was [an FAQ about APA style](#) from the American Psychological Association. But if you just want a list of quick examples for citing different types of materials, you may want to bookmark [this page](#) from the [Dudley Knox Library](#) at the Naval Postgraduate Center.



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	JUSTICE Act of 2009, S. 1686, 111th Cong., 1st Sess. (2009). In text: (S. 1686, 2009)
	Every Vote Counts Amendment, H.J. Res. 4, 110th Cong., 1st Sess. (2007). In text: (H.J. Res. 4, 2007)
Book Chapters (in edited books)	Trinkunas, Harold A., (2009). Energy security: The case of Venezuela. In D. Moran & J. A. Russell (Eds.), <i>Energy security and global politics: The militarization of resource management</i> (pp. 175-187). New York: Routledge. In text: (Trinkunas, 2009)
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