



CDP Research Update -- August 29, 2013

What's here:

- Post-Traumatic Stress Disorder and Other Mental Health Problems in the Military: Oversight Issues for Congress
- FOCUS -- Current Issue: Posttraumatic Stress Disorder and Traumatic Brain Injury
- Suicide Prevention Strategies and Resources to Improve Services for Service Members, Veterans, and their Families (webinar)
- Stigma and demographic correlates of help-seeking intentions in returning service members.
- Effects of Military Deployment on Pregnancy Outcomes.
- Sex differences in DNA methylation may contribute to risk of PTSD and depression: a review of existing evidence.
- Postdeployment Threat-Related Attention Bias Interacts With Combat Exposure to Account for PTSD and Anxiety Symptoms in Soldiers.
- Perceived social support buffers the impact of PTSD symptoms on suicidal behavior: Implications into suicide resilience research.
- "No Such Thing as a Night's Sleep": The Embattled Sleep of American Fighting Men from World War II to the Present
- A meaningful life is worth living: Meaning in life as a suicide resiliency factor.
- When knowing what to do is not sufficient to make good decisions: Deficient use of explicit understanding in remitted patients with histories of suicidal acts.
- Early PTSD Symptom Trajectories: Persistence, Recovery, and Response to Treatment: Results from the Jerusalem Trauma Outreach and Prevention Study (J-TOPS).
- The Role of Trauma-Specific Irrational Beliefs and Sociodemographic Risk Factors in Posttraumatic Stress Responses.
- Pharmacological Treatment of Comorbid PTSD and Substance Use Disorder: Recent Progress.
- Young Age at Army Enlistment Is Associated With Greater War Zone Risks.

- Women Veterans in Higher Education: Transitions and Transformative Learning Experiences
- Early affective processing in patients with acute posttraumatic stress disorder: magnetoencephalographic correlates.
- Time-Dependent Effects of Cortisol on the Contextualization of Emotional Memories.
- Effects of ketamine on major depressive disorder in a patient with posttraumatic stress disorder.
- Insomnia, Excessive Sleepiness, Excessive Fatigue, Anxiety, Depression and Shift Work Disorder in Nurses Having Less than 11 Hours in-Between Shifts.
- Relationship between maladaptive cognitions about sleep and recovery in patients with borderline personality disorder.
- Headache and insomnia: their relation reviewed.
- Epigenetic Risk Factors in PTSD and Depression.
- Gender Differences in the Risk and Protective Factors Associated With PTSD: A Prospective Study of National Guard Troops Deployed to Iraq.
- The Relationship of PTSD to Negative Cognitions: A 17-Year Longitudinal Study.
- A characterization of adult victims of sexual violence: results from the national epidemiological survey for alcohol and related conditions.
- Dangerous safe havens: institutional betrayal exacerbates sexual trauma.
- Psychological consequences of sexual assault.
- Integrating Life Skills into Relationship and Marriage Education: The Essential Life Skills for Military Families Program.
- Cognitive Processing Therapy for Veterans with Comorbid PTSD and Alcohol Use Disorders.
- Traumatic stress reactivity promotes excessive alcohol drinking and alters the balance of prefrontal cortex-amygdala activity.
- Stress-response pathways are altered in the hippocampus of chronic alcoholics.
- Evaluating the needs of military and veterans' families in a polytrauma setting.
- Memory deficits, postconcussive complaints, and posttraumatic stress disorder in a volunteer sample of veterans.
- Effectiveness of prolonged exposure for PTSD in older veterans.

- Links of Interest
- Research Tip of the Week: Automatically Score the Biggest Travel Savings (Without All the Hassle)

<http://www.fas.org/sgp/crs/natsec/R43175.pdf>

Post-Traumatic Stress Disorder and Other Mental Health Problems in the Military: Oversight Issues for Congress

Katherine Blakeley, Analyst in Foreign Affairs

Don J. Jansen, Analyst in Defense Health Care Policy

Congressional Research Service

August 8, 2013

Military servicemembers suffering from post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and depression, as well as military suicides, continue to be a major concern of Congress. Numerous legislative provisions have been enacted over the past years to address these issues. Members will likely seek to offer legislation in the 113th Congress to address this complex set of issues. This report is intended to provide assistance in understanding the issues associated with psychological health in the active duty forces, potential congressional responses, and what questions may remain unanswered.

Key points in this report include the following:

- mental disorders such as PTSD are poorly understood and in most cases cannot be physically identified but, rather, must be diagnosed using symptoms reported by the servicemember;
- estimates of the prevalence of mental health conditions in any given population may be greatly affected by the methodology used;
- diagnoses of mental health conditions among active duty servicemembers have increased substantially relative to non-deployed servicemembers. This increase may be due to the psychological toll of exposure to conflict, but may also be due in part to increased and improved screening methods as well as Department of Defense (DOD) efforts to reduce the stigma associated with seeking mental health treatment that might dissuade some servicemembers from reporting mental health concerns or accessing care; and
- reliable evidence is lacking as to the quality of mental health care and counseling offered in DOD facilities. A 2012 Institute of Medicine (IOM) study recommended that DOD undertake efforts to measure the effectiveness of efforts to improve quality, such as training providers in evidence-

based practice, that are not integrated into the system of mental health care offered in DOD treatment facilities.

Significant areas for potential congressional oversight activities regarding psychological health in the active duty forces include the following:

- research into the causes and physical manifestations of psychological health conditions, screening tools, and treatments;
- the effectiveness of screening and treatment efforts;
- servicemembers' access to mental health care, including efforts to reduce the stigma of seeking mental health care, waiting times for care, staffing levels of mental health treatment professionals, mental health care available in remote or deployed settings, and care available to de-activated Reserve and Guard members;
- the quality of mental health care available to servicemembers, including the use of appropriate and effective treatments by qualified mental health treatment professionals;
- oversight of ongoing program evaluation efforts, including evaluation of the variety of suicide-prevention, stigma-reduction, and transition assistance programs within the services and DOD; and
- the costs of mental health care for active duty servicemembers, including present costs through the Defense Health Program, as well as the future costs of mental health care once servicemembers are no longer part of the active duty forces.
- Health consequences of sexual violence against women.

<http://www.psychnews.psychiatryonline.org/issue.aspx?journalid=21>

FOCUS

Current Issue: Posttraumatic Stress Disorder and Traumatic Brain Injury

Summer 2013, Vol. 11, No. 3

The recent Institute of Medicine (IOM) report estimates that as many as 520,000 of the "Operation Enduring Freedom" (OEF) and "Operation Iraqi Freedom" (OIF) service members from the conflicts in Afghanistan and Iraq, respectively, are expected to develop posttraumatic stress disorder (PTSD) (1). Traumatic brain injury (TBI) is considered the "signature" wound of these recent conflicts, as protective body armor is allowing more service members to survive previously fatal injuries than in past conflicts (2). These military personnel combined with the civilian prevalence estimates of about 7%–10% of the general population indicate that PTSD is a major public health concern (3). Comorbidity is the rule rather

than the exception with PTSD, as the majority of individuals with PTSD have more than one comorbid disorder, with the minority (17% women and 15% men) presenting with only PTSD (4). It is usually the comorbid conditions that bring them to the attention of healthcare and mental healthcare professionals rather than the PTSD. Therefore, we think it is imperative that all mental healthcare professionals screen for and respond to the presence of PTSD in their patients. To that end, we dedicate this issue of FOCUS to PTSD and traumatic brain injury (TBI).

CLINICAL SYNTHESIS

PTSD: Evidence-Based Psychotherapy and Emerging Treatment Approaches

Cole G. Youngner, B.A.; Maryrose Gerardi, Ph.D.; Barbara O. Rothbaum, Ph.D., ABPP

PTSD: Pharmacotherapeutic Approaches

Matthew J. Friedman, M.D., Ph.D.

Prevention and Early Intervention: PTSD Following Traumatic Events

Suzanne C. Leaman, Ph.D.; Megan C. Kearns, Ph.D.; Barbara O. Rothbaum, Ph.D., ABPP

Clinical Considerations in the Evaluation and Management of Patients Following Traumatic Brain Injury

Henry J. Orff, Ph.D.; Chelsea C. Hays; Ashlee A. Heldreth, B.A., B.S.; Murray B. Stein, M.D., M.P.H.;

Elizabeth W. Twamley, Ph.D.

Performance in Practice: Clinical Module for the Care of Patients With Posttraumatic Stress Disorder

Farifteh F. Duffy, Ph.D.; Laura J. Fochtmann, M.D.; Thomas Craig, M.D.; Joyce C. West, Ph.D., M.P.P.; Eve K. Mościcki, Sc.D., M.P.H.

Ask the Expert: Posttraumatic Stress Disorder and Traumatic Brain Injury

Robert J. Ursano, M.D.

Patient Management Exercise: Posttraumatic Stress Disorder

Terence M. Keane, Ph.D.

Highlights of Changes from DSM-IV to DSM-5: Posttraumatic Stress Disorder

American Psychiatric Association Division of Research

Ethics Commentary: Treatment of PTSD Empirically Based and Ethical Clinical Decision Making

Shawn P. Cahill, Ph.D.; RaeAnn Anderson, M.S.

Communication Commentary: Communication With the Trauma Survivor: The Importance of Responsive Support

Dorothy E. Stubbe, M.D.

INFLUENTIAL PUBLICATIONS

Bibliography: Posttraumatic Stress Disorder and Traumatic Brain Injury

Abstracts: Posttraumatic Stress Disorder and Traumatic Brain Injury

Augmenting Cognitive Behaviour Therapy for Post-Traumatic Stress Disorder with Emotion Tolerance Training: A Randomized Controlled Trial

R. A. Bryant; J. Mastrodomenico; S. Hopwood; L. Kenny; C. Cahill; E. Kandris; K. Taylor

Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence Review: Managing Posttraumatic Stress Disorder in Combat Veterans With Comorbid Traumatic Brain Injury

Bruce Capehart, M.D., M.B.A.; Dale Bass, Ph.D.

A Guide to Guidelines for the Treatment of PTSD and Related Conditions

David Forbes; Mark Creamer; Jonathan I. Bisson; Judith A. Cohen; Bruce E. Crow; Edna B. Foa; Mathew J. Friedman; Terence M. Keane; Harold S. Kudler; Robert J. Ursano

A Meta-Analytic Review of Prolonged Exposure for Posttraumatic Stress Disorder

Mark B. Powers; Jacqueline M. Halpern; Michael P. Ferenschak; Seth J. Gillihan; Edna B. Foa

<http://www.sprc.org/sites/sprc.org/files/SAMHSA%20SMVF%20Suicide%20Prevention%20Webinar%20July%2030%202013.pdf>

Suicide Prevention Strategies and Resources to Improve Services for Service Members, Veterans, and their Families (webinar)

Substance Abuse and Mental Health Services Administration

July 30, 2013

Janet Kemp, R.N., Ph.D. Department of Veterans Affairs; Julie Ebin, Ed.M. Suicide Prevention Resource Center, Casey Olson National Guard Bureau; Luana J. Ritch, Ph.D. Nevada Mental Health Services

PowerPoint slides

<http://www.ncbi.nlm.nih.gov/pubmed/23335155>

J Trauma Stress. 2013 Feb;26(1):77-85. doi: 10.1002/jts.21772. Epub 2013 Jan 18.

Stigma and demographic correlates of help-seeking intentions in returning service members.

Blais RK, Renshaw KD.

Source: Department of Psychology, University of Utah, Salt Lake City, Utah, USA. rebecca.blais@va.gov

Many U.S. Iraq/Afghanistan-era veterans return from deployment with posttraumatic stress (PTS) symptoms, but few veterans seek psychological help. Research on barriers to care is growing, but the link between stigma and help-seeking is understudied. The present study examined anticipated enacted

stigma from military and nonmilitary sources, self-stigma, PTS, perceived likelihood of deploying again, marital status, and history of mental health care engagement as correlates of help-seeking intentions from a mental health professional or medical doctor/advance practice registered nurse (MD/APRN) in a sample of 165 combat veterans. Using structural equation modeling, results demonstrated that self-stigma was negatively associated with help-seeking intentions from a mental health professional and MD/APRN with small-to-medium effect sizes. Being married was positively associated with help-seeking intentions from a mental health professional and MD/APRN with small effect sizes. History of previous mental health care engagement was positively associated with help-seeking intentions from a mental health professional with a medium effect size, but unrelated to help-seeking intentions from a MD/APRN. Anticipated enacted stigma from any source, PTS, and greater perceived likelihood of deploying again were unrelated to help-seeking intentions from a mental health professional and MD/APRN. Implications for interventions aimed at decreasing self-stigma and increasing intention to seek help are discussed.

Copyright © 2013 International Society for Traumatic Stress Studies.

<http://ispub.com/IJGO/17/3/14509>

Effects of Military Deployment on Pregnancy Outcomes.

C M Tarney, C Berry-Caban, K Berryman, P Whitecar

Internet Journal of Gynecology and Obstetrics. 2013 Volume 17 Number 3

OBJECTIVE:

To determine if deployment of a spouse to a combat zone during pregnancy increases the risk for preterm delivery, obstetrical complications, or postpartum depression.

STUDY DESIGN:

An anonymous survey was administered to patients presenting for routine appointments at the OB/GYN clinics at Womack Army Medical Center, located in Fort Bragg, North Carolina. The survey asked patients to answer questions regarding their first pregnancy. Pregnancy outcomes from women whose spouses were deployed during their first pregnancy (deployed group) were compared to women whose spouses were not deployed during their first pregnancy (non-deployed group).

RESULTS:

A total of 308 surveys were completed and used for analysis. More than a two-fold increased risk for preterm delivery was detected in the spouse deployed group compared to the non-deployed group (8.9% versus 21.4%). The risk of postpartum depression was more than doubled between the two groups (9.0% vs. 16.4%). No other statistically significant obstetrical outcomes were detected.

CONCLUSION: Military deployment of a spouse may be associated with a higher incidence of preterm delivery and postpartum depression. Further research is needed to confirm these findings and to develop measures to mitigate these risk factors.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22167/abstract>

Sex differences in DNA methylation may contribute to risk of PTSD and depression: a review of existing evidence.

Uddin, M., Sipahi, L., Li, J. and Koenen, K. C.

Depression and Anxiety

Article first published online: 19 AUG 2013

There are well-established sex differences in the prevalence of certain mental disorders. Work in animal models has provided us with an emerging understanding of the role that epigenetic factors play in establishing sex differences in the brain during development. Similarly, work in animal models, and a more limited but growing literature based on human studies, has demonstrated that DNA methylation (DNAm) changes occur in response to environmental stress, with some of these occurring in a sex-specific manner. In this review, we explore whether DNAm plays a role in contributing to the observed sex differences in prevalence of mental disorders in which stress contributes significantly to their etiologies, specifically posttraumatic stress disorder (PTSD) and depression. We propose that investigating sex differences in DNAm among genes known to influence brain development may help to shed light on the sexually dimorphic risk for, or resilience to, developing PTSD and depression.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22157/abstract>

Postdeployment Threat-Related Attention Bias Interacts With Combat Exposure to Account for PTSD and Anxiety Symptoms in Soldiers.

Sipos, M. L., Bar-Haim, Y., Abend, R., Adler, A. B. and Bliese, P. D.

Depression and Anxiety

Article first published online: 19 AUG 2013

Background

Recent studies suggest that assessment of threat-related attention bias may be useful in identifying soldiers at risk for clinical symptoms. The present study assessed the degree to which soldiers experienced combat events and showed attentional threat avoidance affected their reported levels of post-traumatic stress disorder (PTSD) and anxiety symptoms.

Methods

Four months after a combat deployment to Iraq, 63 US soldiers completed a survey assessing combat exposures and clinical symptoms as well as a dot-probe task assessing threat-related attention bias.

Results

Significant three-way interactions regressing threat reaction times (RTs), neutral RTs, and combat exposure on PTSD and anxiety symptoms were observed. Specifically, soldiers with high levels of combat exposure, who were more likely to demonstrate attentional bias away from threat, were also more symptomatic.

Conclusion

These results demonstrate the potential of threat-related attention bias as a behavioral marker of PTSD and anxiety symptoms in a high-risk military occupational context.

<http://www.sciencedirect.com/science/article/pii/S0010440X13002083>

Perceived social support buffers the impact of PTSD symptoms on suicidal behavior: Implications into suicide resilience research.

M. Panagioti, P.A. Gooding, P.J. Taylor, N Tarrier

Comprehensive Psychiatry, Available online 20 August 2013

Background

A growing body of research has highlighted the importance of identifying resilience factors against suicidal behavior. However, no previous study has investigated potential resilience factors among individuals with Posttraumatic Stress Disorder (PTSD). The aim of this study was to examine whether perceived social support buffered the impact of PTSD symptoms on suicidal behavior.

Methods

Fifty-six individuals who had previously been exposed to a traumatic event and reported PTSD symptoms in the past month ($n = 34$, 60.7% participants met the full criteria for a current PTSD diagnosis) completed a range of self-report measures assessing PTSD symptoms, perceived social support and suicidal behavior. Hierarchical regression analyses were conducted to examine whether perceived social support moderates the effects of PTSD symptoms on suicidal behavior.

Results

The results showed that perceived social support moderated the impact of the number and severity of PTSD symptoms on suicidal behavior. For those who perceived themselves as having high levels of social support, an increased number and severity of PTSD symptoms were less likely to lead to suicidal behavior.

Conclusions

The current findings suggest that perceived social support might confer resilience to individuals with PTSD and counter the development of suicidal thoughts and behaviors. The milieu of social support potentially provides an area of further research and an important aspect to incorporate into clinical interventions for suicidal behavior in PTSD or trauma populations.

<http://jsh.oxfordjournals.org/content/early/2013/08/18/jsh.sht049.abstract>

“No Such Thing as a Night's Sleep”: The Embattled Sleep of American Fighting Men from World War II to the Present

Alan Derickson

Journal of Social History

First published online: August 19, 2013

This project aims to contribute to our understanding of the fraught relations of sleep and wakefulness in late modern America. The essay argues that the experience of sleep loss has been a widely prevalent phenomenon within the ranks of the modern American military. The study focuses on the Second World War, an inflection point in the trend toward sustained and continuous operations and other marathon activities. The nature of much combat in that global conflict demanded of fighting men unprecedented levels of stamina and resiliency, levels which often exceeded the limits of human endurance in terms of maintaining alertness and even consciousness. Under considerable pressure to perform and commonly faced with inhospitable conditions for obtaining rest, fighters struggled to meet the steep challenge of prolonged wakefulness through self-discipline and ingenuity. In this ongoing effort from the 1940s up to the present, American warriors have been aroused by fear, chemical stimulants, and a desire not to betray their comrades' trust. This essay seeks to complicate somewhat our sense of modern manhood by drawing attention to wakeful self-denial as a significant factor in gender identity formation. Acceptance, and sometimes celebration, of sleep deprivation in the armed forces reflected and reinforced cultural values and social practices of “tough-guy” masculinity, and carried those hard values and practices into civil society.

<http://www.sciencedirect.com/science/article/pii/S0165178113004460>

A meaningful life is worth living: Meaning in life as a suicide resiliency factor.

Evan M. Kleiman, Jenna K. Beaver

Psychiatry Research, Available online 23 August 2013

Given the high rate of suicide worldwide, it is imperative to find factors that can confer resiliency to suicide. The goal of the present study was to examine the search for and the presence of meaning in life as possible resilience factors. We hypothesized that the presence of, but not the search for, meaning in life would predict decreased suicidal ideation over an eight-week time period and decreased lifetime odds of a suicide attempt. We also examined a subsidiary hypothesis that the presence of, but not the search for, meaning in life would mediate the relationship between the two variables associated with the interpersonal psychological theory of suicide (i.e., perceived burdensomeness and thwarted belongingness) and suicidal ideation. Our results were generally in support of our hypothesis: presence of meaning in life predicted decreased suicidal ideation over time and lower lifetime odds of a suicide attempt. Surprisingly, search for meaning in life also predicted decreased suicidal ideation over time. Finally, the search for, but not presence of, meaning in life mediated the relationship between the interpersonal psychological theory variables and suicidal ideation. These findings suggest that interventions that target meaning in life may be useful to attenuate suicide risk in individuals.

<http://www.sciencedirect.com/science/article/pii/S0165178113003867>

When knowing what to do is not sufficient to make good decisions: Deficient use of explicit understanding in remitted patients with histories of suicidal acts.

Fabrice Jollant, Sébastien Guillaume, Isabelle Jaussent, Antoine Bechara, Philippe Courtet

Psychiatry Research, Available online 22 August 2013

Disadvantageous decision-making has been reported in patients who had attempted suicide and may represent a cognitive risk factor for suicide. Making decisions necessitates both implicit/associative and explicit/analytic processes. Here, we explored explicit mechanisms, and hypothesized that suicide attempters fail to use explicit understanding to make favorable choices. The Iowa Gambling Task (IGT) was used to assess decision-making in 151 non-depressed patients with a history of mood disorder and suicidal act, 81 non-depressed patients with a history of mood disorders but no suicidal act, and 144 healthy individuals. After performing the task, we assessed the explicit understanding of the participants of the contingencies in the task, i.e. which options yielded higher gain or loss. Correct explicit understanding was reported less often in suicide attempters and affective controls than in healthy controls (45.7% and 42.0% vs. 66.0%). Moreover, understanding was associated with better performance in healthy and affective controls, but not in suicide attempters, with no between-group difference among those who did not reach understanding. Patients with histories of suicide attempt, therefore, show a disconnection between what they “know” and what they “do”, possibly reflecting underlying impairments in implicit associative processes. These cognitive alterations should be addressed in preventative interventions targeting suicide.

Early PTSD Symptom Trajectories: Persistence, Recovery, and Response to Treatment: Results from the Jerusalem Trauma Outreach and Prevention Study (J-TOPS).

Isaac R. Galatzer-Levy, Yael Ankri, Sara Freedman, Yossi Israeli-Shalev, Pablo Roitman, Moran Gilad, Arie Y. Shalev

PLoS ONE 8(8): e70084.

Context

Uncovering heterogeneities in the progression of early PTSD symptoms can improve our understanding of the disorder's pathogenesis and prophylaxis.

Objectives

To describe discrete symptom trajectories and examine their relevance for preventive interventions.

Design

Latent Growth Mixture Modeling (LGMM) of data from a randomized controlled study of early treatment. LGMM identifies latent longitudinal trajectories by exploring discrete mixture distributions underlying observable data.

Setting

Hadassah Hospital unselectively receives trauma survivors from Jerusalem and vicinity.

Participants

Adult survivors of potentially traumatic events consecutively admitted to the hospital's emergency department (ED) were assessed ten days and one-, five-, nine- and fifteen months after ED admission. Participants with data at ten days and at least two additional assessments (n = 957) were included; 125 received cognitive behavioral therapy (CBT) between one and nine months.

Approach

We used LGMM to identify latent parameters of symptom progression and tested the effect of CBT on these parameters. CBT consisted of 12 weekly sessions of either cognitive therapy (n = 41) or prolonged exposure (PE, n = 49), starting 29.8±5.7 days after ED admission, or delayed PE (n = 35) starting at 151.8±42.4 days. CBT effectively reduced PTSD symptoms in the entire sample.

Main Outcome Measure

Latent trajectories of PTSD symptoms; effects of CBT on these trajectories.

Results

Three trajectories were identified: Rapid Remitting (rapid decrease in symptoms from 1- to 5-months; 56% of the sample), Slow Remitting (progressive decrease in symptoms over 15 months; 27%) and Non-Remitting (persistently elevated symptoms; 17%). CBT accelerated the recovery of the Slow Remitting class but did not affect the other classes.

Conclusions

The early course of PTSD symptoms is characterized by distinct and diverging response patterns that are centrally relevant to understanding the disorder and preventing its occurrence. Studies of the pathogenesis of PTSD may benefit from using clustered symptom trajectories as their dependent variables.

http://eprints.hud.ac.uk/18173/1/The_Role_of_Trauma-Specific_Irrational_Beliefs_and_Sociodemographic_Risk_Factors_in_Posttraumatic_Stress_Responses_final.pdf

The Role of Trauma-Specific Irrational Beliefs and Sociodemographic Risk Factors in Posttraumatic Stress Responses.

Hyland, Philip, Shevlin, Mark, Adamson, Gary and Boduszek, Daniel

University of Huddersfield Repository
2013

Posttraumatic stress responses have been linked to a range of social - cognitive and sociodemographic factors. Rational Emotive Behaviour Therapy suggests that responding to a traumatic life event with a set of irrational beliefs should play a crucial role in predicting the development of posttraumatic stress disorder (PTSD: Ellis, 2001) . The current study assessed the role of trauma - specific irrational beliefs in the prediction of clinically relevant posttraumatic stress responses, while controlling for a range of important sociodemographic factors. A sample of 313 trauma - exposed military and law enforcement personnel took part in the current study and were divided into two groups according to the intensity of reported PTSD symptomology . Results of the binary logistic regression indicated that trauma - specific Catastrophizing, Low Frustration Tolerance, and Depreciation beliefs , respectively, significantly predicted belonging to the group reporting strong symptoms of PTSD compared to those reporting mild symptoms of PTSD . These results provide important evidence of the role of irrational beliefs in posttraumatic stress responses and highlight the importance of considering context - specific variants of each irrational belief process.

<http://www.sciencedirect.com/science/article/pii/S0306460313002293>

Pharmacological Treatment of Comorbid PTSD and Substance Use Disorder: Recent Progress.

Mehmet Sofuoglu, Robert Rosenheck, Ismene Petrakis

Addictive Behaviors, Available online 22 August 2013

Previous research has identified a strong association between posttraumatic stress disorder (PTSD) and substance use disorders (SUD), necessitating the development of treatments that address both

conditions. Some pharmacotherapies are effective for the treatment of PTSD and SUD alone, however; no medications have been proven to be effective for the combination of these conditions. We review the recent advances in pharmacological treatment of comorbid PTSD and SUD. A randomized clinical trial of sertraline, a serotonin reuptake inhibitor (SSRI), did not show overall efficacy for comorbid PTSD and alcohol dependence (AD), although it may have efficacy among light drinkers. Another clinical trial demonstrated the efficacy of both disulfiram and naltrexone for the treatment of AD in individuals with PTSD. A more recent clinical trial suggested that norepinephrine uptake inhibitors may also have efficacy for the treatment of comorbid PTSD and AD. In animal and preliminary human studies, brain norepinephrine or glutamate/GABA have emerged as potential treatment targets for comorbid PTSD and SUD. Noradrenergic medications that are promising for comorbid PTSD and SUD include prazosin, guanfacine, and atomoxetine. Promising glutamate /GABA medications include topiramate, memantine, acamprostate, N-acetylcysteine (NAC), and ketamine. The safety and efficacy of these medications for the treatment of PTSD and SUD need to be tested in controlled clinical trials.

http://www.child-soldiers.org/user_uploads/pdf/youngageatarmyenlistmentisassociatedwithgreaterwarzonrisksfinal21aug4368182.pdf

Young Age at Army Enlistment Is Associated With Greater War Zone Risks.

Gee, D. and Goodman, A.

ForcesWatch; Child Soldiers International (2013)

When enlisting into the British Army, minors (aged 16 or 17) are more likely than adults to join the combat Infantry, which has suffered a higher rate of fatality in Afghanistan than has the rest of the Army. This gives cause for concern that enlisted minors, once deployable to Afghanistan at age 18, may have faced a relatively higher risk of fatality, non-fatal injury or traumatic stress-related psychiatric disorder.

This study examines the relative risk of fatality in Afghanistan among enlisted Army recruits who joined as minors versus those who joined as adults.

We researched the enlistment ages and enlistment dates of soldiers who died as a consequence of deployment to Afghanistan and had enlisted during a ten-year period between 1999-00 and 2008-09 (n=209). Using published data on the enlistment ages of the Army's total intake for each of the ten years under investigation, we then calculated the relative odds of fatality for those who enlisted in each of three age groups: at age 16, at age 17 and at age 18 or over.

Given that rates of drop-out during training were known to be higher among minors (39.4%) than adults (24.1%) over a five-year period from 2007-08 to 2011-12, we used this as a basis for estimating the number of soldiers who enlisted in each age group and also successfully completed their training; we then ran the analysis for each age group again.

We found that soldiers who had joined the Army at age 16 were approximately 50% more likely to die as a consequence of deployment to Afghanistan than were those who had enlisted as adults (odds ratio 1.52, 95% CI 1.10-2.10 $p=0.01$). When we accounted for estimated training drop-out rates among minors and adults, soldiers who enlisted at age 16 and completed training were almost twice as likely to die as a consequence of deployment to Afghanistan than were those who enlisted as adults and completed training (odds ratio 1.92, 95% CI 1.39-2.66), $p<0.001$). We found no significant evidence that those enlisting at age 17 faced a level of risk different from those who enlisted at 18 or above, although a non-significant trend was seen after including their higher drop-out rates in the model.

We speculate that the substantially higher relative risk faced by soldiers who enlisted at 16 is due mainly to two factors: i) the over-representation of this enlistment age group in the Infantry, where the fatality rate in Afghanistan has been approximately six times the rate in the rest of the Army; and ii) the longer average career length among soldiers who enlist at age 16 and complete their training, leading to a larger number of tours of duty.

Finally, we hypothesise that the elevated risk of fatality among soldiers who enlisted at age 16 may also indicate an increased risk of non-fatal physical injury and mental health problems. We do this on the basis of: (i) evidence that rates of non-fatal injuries and fatalities in Afghanistan show a constant relationship; (ii) studies showing that fatality rates show a similarly constant relationship to psychiatric casualties⁸ and a higher prevalence of mental health problems among personnel with combat roles including the Infantry; and (iii) studies which show that young people from disadvantaged backgrounds have heightened vulnerability to trauma-related mental health problems.

This paper indicates that, whilst minors in the Army are protected from the dangers of deployment until they reach adulthood at age 18, they are likely to face a greater long-term risk of physical and psychiatric harm when compared with those who enlist as adults.

<http://dspace.rowan.edu/handle/10927/872>

Women Veterans in Higher Education: Transitions and Transformative Learning Experiences

Kurz, Jeffrey

Thesis -- M.A. Higher Education

College of Education

Rowan University

2013

The purpose of this study was to evaluate women veteran transitions and transformative learning experiences at the Richard Stockton College of New Jersey and to replicate Dahan's (2008) study on student veterans conducted at Rowan University. The theoretical framework that guided this study was Mezirow's Transformative Theory, and Schlossberg's Transition Theory and Mattering Study to uncover various themes related to military experiences. A mixed-methods research design was used to

understand transition and transformative learning experiences. A random sample of nine women veteran students was obtained from an internal college database provided by the Office of Veteran Affairs. Participants were asked to complete a Likert-type survey using a five-point scale to assess their attitudes of mattering on campus. Six interviews were conducted to uncover various themes of transition and transformative learning experiences. The Statistical Program for the Social Sciences (SPSS) was used to input all quantitative data for the purpose of descriptive statistics. Sisco's (1981) Rules and Procedures for Logical Analysis of Written Data were used as a tool for all content analysis in this study. The findings in this study support Dahan's (2008) study that women student veterans perceive that they matter and are satisfied with veteran specific services on campus. The findings also suggest that women student veterans encountered varied transformative learning experiences while in the military.

<http://www.ncbi.nlm.nih.gov/pubmed/23977010>

PLoS One. 2013 Aug 19;8(8):e71289. doi: 10.1371/journal.pone.0071289.

Early affective processing in patients with acute posttraumatic stress disorder: magnetoencephalographic correlates.

Burgmer M, Rehbein MA, Wrenger M, Kandil J, Heuft G, Steinberg C, Pfleiderer B, Junghöfer M.

Source: Department of Psychosomatics and Psychotherapy, University Hospital of Münster, Münster, Germany.

BACKGROUND:

In chronic PTSD, a preattentive neural alarm system responds rapidly to emotional information, leading to increased prefrontal cortex (PFC) activation at early processing stages (<100 ms). Enhanced PFC responses are followed by a reduction in occipito-temporal activity during later processing stages. However, it remains unknown if this neuronal pattern is a result of a long lasting mental disorder or if it represents changes in brain function as direct consequences of severe trauma.

METHODOLOGY:

The present study investigates early fear network activity in acutely traumatized patients with PTSD. It focuses on the question whether dysfunctions previously observed in chronic PTSD patients are already present shortly after trauma exposure. We recorded neuromagnetic activity towards emotional pictures in seven acutely traumatized PTSD patients between one and seven weeks after trauma exposure and compared brain responses to a balanced healthy control sample. Inverse modelling served for mapping sources of differential activation in the brain.

PRINCIPAL FINDINGS:

Compared to the control group, acutely traumatized PTSD patients showed an enhanced PFC response to high-arousing pictures between 60 to 80 ms. This rapid prefrontal hypervigilance towards arousing pictorial stimuli was sustained during 120-300 ms, where it was accompanied by a reduced affective modulation of occipito-temporal neural processing.

CONCLUSIONS:

Our findings indicate that the hypervigilance-avoidance pattern seen in chronic PTSD is not necessarily a product of an endured mental disorder, but arises as an almost immediate result of severe traumatisation. Thus, traumatic experiences can influence emotion processing strongly, leading to long-lasting changes in trauma network activation and expediting a chronic manifestation of maladaptive cognitive and behavioral symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/23972529>

Biol Psychiatry. 2013 Aug 20. pii: S0006-3223(13)00641-0. doi: 10.1016/j.biopsych.2013.06.022. [Epub ahead of print]

Time-Dependent Effects of Cortisol on the Contextualization of Emotional Memories.

van Ast VA, Cornelisse S, Meeter M, Joëls M, Kindt M.

Source: Department of Clinical Psychology (VAVa, MK), University of Amsterdam, Amsterdam. Electronic address: V.A.vanAst@uva.nl.

BACKGROUND:

The inability to store fearful memories into their original encoding context is considered to be an important vulnerability factor for the development of anxiety disorders like posttraumatic stress disorder. Altered memory contextualization most likely involves effects of the stress hormone cortisol, acting via receptors located in the memory neurocircuitry. Cortisol via these receptors induces rapid nongenomic effects followed by slower genomic effects, which are thought to modulate cognitive function in opposite, complementary ways. Here, we targeted these time-dependent effects of cortisol during memory encoding and tested subsequent contextualization of emotional and neutral memories.

METHODS:

In a double-blind, placebo-controlled design, 64 men were randomly assigned to one of three groups: 1) received 10 mg hydrocortisone 30 minutes (rapid cortisol effects) before a memory encoding task; 2) received 10 mg hydrocortisone 210 minutes (slow cortisol) before a memory encoding task; or 3) received placebo at both times. During encoding, participants were presented with neutral and emotional words in unique background pictures. Approximately 24 hours later, context dependency of their memories was assessed.

RESULTS:

Recognition data revealed that cortisol's rapid effects impair emotional memory contextualization, while cortisol's slow effects enhance it. Neutral memory contextualization remained unaltered by cortisol, irrespective of the timing of the drug.

CONCLUSIONS:

This study shows distinct time-dependent effects of cortisol on the contextualization of specifically

emotional memories. The results suggest that rapid effects of cortisol may lead to impaired emotional memory contextualization, while slow effects of cortisol may confer protection against emotional memory generalization.

© 2013 Society of Biological Psychiatry.

<http://www.ncbi.nlm.nih.gov/pubmed/23971230>

AANA J. 2013 Apr;81(2):118-9.

Effects of ketamine on major depressive disorder in a patient with posttraumatic stress disorder.

Womble AL.

Source: Southeastern Pain Management, Gadsden, Alabama, USA. Arthur.Womble@us.army.mil

Ketamine has been used in anesthesia for many years and in various environments with an acceptable safety margin. The side effects of hallucinations and paranoid thoughts need to be overcome for acceptance of ketamine infusion in mainstream psychiatry. In this case report, the anesthesia department was consulted because of familiarity with the medication and the ability to modulate unacceptable side effects with its use as is done in monitored anesthesia care. It is proposed that ketamine has potential for treatment of major depression associated with posttraumatic stress disorder (PTSD) in combat veterans. This patient, who had debilitating and treatment-resistant major depression and PTSD, was treated by intravenous infusion of ketamine and experienced substantial short-term resolution of symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/23976964>

PLoS One. 2013 Aug 15;8(8):e70882. doi: 10.1371/journal.pone.0070882.

Insomnia, Excessive Sleepiness, Excessive Fatigue, Anxiety, Depression and Shift Work Disorder in Nurses Having Less than 11 Hours in-Between Shifts.

Eldevik MF, Flo E, Moen BE, Pallesen S, Bjorvatn B.

Source: Norwegian Competence Center for Sleep Disorders, Haukeland University Hospital, Bergen, Norway ; Department of Public Health and Primary Health Care, University of Bergen, Bergen, Norway.

STUDY OBJECTIVE:

To assess if less than 11 hours off work between work shifts (quick returns) was related to insomnia, sleepiness, fatigue, anxiety, depression and shift work disorder among nurses.

METHODS:

A questionnaire including established instruments measuring insomnia (Bergen Insomnia Scale), sleepiness (Epworth Sleepiness Scale), fatigue (Fatigue Questionnaire), anxiety/depression (Hospital Anxiety and Depression Scale) and shift work disorder was administered. Among the 1990 Norwegian nurses who participated in the study; 264 nurses had no quick returns, 724 had 1-30 quick returns and 892 had more than 30 quick returns during the past year. 110 nurses did not report the number of quick returns during the past year. The prevalence of insomnia, excessive sleepiness, excessive fatigue, anxiety, depression and shift work disorder was calculated within the three groups of nurses. Crude and adjusted logistic regression analyses were performed to assess the relation between quick returns and such complaints.

RESULTS:

We found a significant positive association between quick returns and insomnia, excessive sleepiness, excessive fatigue and shift work disorder. Anxiety and depression were not related to working quick returns.

CONCLUSIONS:

There is a health hazard associated with quick returns. Further research should aim to investigate if workplace strategies aimed at reducing the number of quick returns may reduce complaints among workers.

<http://www.ncbi.nlm.nih.gov/pubmed/23972789>

Psychiatry Res. 2013 Aug 23. pii: S0165-1781(13)00464-2. doi: 10.1016/j.psychres.2013.08.004. [Epub ahead of print]

Relationship between maladaptive cognitions about sleep and recovery in patients with borderline personality disorder.

Plante DT, Frankenburg FR, Fitzmaurice GM, Zanarini MC.

Source: Department of Psychiatry, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA. Electronic address: dplante@wisc.edu.

Borderline personality disorder (BPD) has been associated with maladaptive cognitive processes including dysfunctional attitudes and a negative attribution style. Comorbid insomnia affects the course of multiple psychiatric disorders, and has been associated with the absence of recovery from BPD. Because dysfunctional beliefs and attitudes are common among patients with insomnia, the purpose of this study was to evaluate the association between maladaptive sleep-related cognitions and recovery status (symptomatic remission plus good concurrent psychosocial functioning) in patients with BPD. Two hundred and twenty three BPD patients participating in the McLean Study of Adult Development (MSAD) were administered the Dysfunctional Beliefs and Attitudes about Sleep questionnaire (DBAS-16) as part of the 16-year follow-up wave. Maladaptive sleep cognitions were compared between recovered

(n=105) and non-recovered (n=118) BPD participants, in analyses that adjusted for age, sex, depression, anxiety, and primary sleep disorders. Results demonstrated that non-recovered BPD patients had significantly more severe maladaptive sleep-related cognitions as measured by the overall DBAS-16 score. These results demonstrate an association between dysfunctional beliefs and attitudes about sleep and recovery status among BPD patients. Further research is warranted to evaluate treatments targeted towards maladaptive sleep-related cognitions, and their subsequent effects on the course of BPD.

© 2013 Published by Elsevier Ireland Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/23971156>

Cranio. 2013 Jul;31(3):165-70.

Headache and insomnia: their relation reviewed.

Tran DP, Spierings EL.

Source: Northeastern University, USA.

OBJECTIVE:

Headache and insomnia are both very common and burdensome complaints worldwide. Numerous articles have been written on the relation between them, but the number of scientific articles is limited. The purpose of this review is to summarize the current scientific literature and analyze it in light of the nature of the headache-insomnia relation.

METHODS:

An extensive literature search was conducted using the terms, headache, migraine, insomnia, sleep, sleep deprivation, and sleep loss, on the search engines PubMed, ScienceDirect, Medline, and Google Scholar. A total of twelve research articles were found, discussing the relation of insomnia to headache in general, tension-type headache, migraine, and chronic headache. The majority of the studies are cross-sectional but two are longitudinal.

RESULTS:

The studies suggest an association between headache and insomnia but an asymmetrical one, with headache being more associated with insomnia than the other way around. Therefore, in the association of headache and insomnia, other factors associated with headache or migraine probably play a role, as well.

CONCLUSION:

As insomnia appears to be a risk factor for headache or migraine onset, insomnia patients should probably be routinely evaluated for headache. As it also seems a risk factor for increased headache frequency, in particular in tension headache and migraine, patients with these conditions should probably be routinely treated for insomnia, if present, as part of their overall management.

<http://www.ncbi.nlm.nih.gov/pubmed/23966957>

Front Psychiatry. 2013 Aug 7;4:80. doi: 10.3389/fpsyt.2013.00080. eCollection 2013.

Epigenetic Risk Factors in PTSD and Depression.

Raabe FJ, Spengler D.

Source: Molecular Neuroendocrinology, Max Planck Institute of Psychiatry , Munich , Germany.

Epidemiological and clinical studies have shown that children exposed to adverse experiences are at increased risk for the development of depression, anxiety disorders, and posttraumatic stress disorder (PTSD). A history of child abuse and maltreatment increases the likelihood of being subsequently exposed to traumatic events or of developing PTSD as an adult. The brain is highly plastic during early life and encodes acquired information into lasting memories that normally subserve adaptation. Translational studies in rodents showed that enduring sensitization of neuronal and neuroendocrine circuits in response to early life adversity are likely risk factors of life time vulnerability to stress. Hereby, the hypothalamic-pituitary-adrenal (HPA) axis integrates cognitive, behavioral, and emotional responses to early-life stress and can be epigenetically programmed during sensitive windows of development. Epigenetic mechanisms, comprising reciprocal regulation of chromatin structure and DNA methylation, are important to establish and maintain sustained, yet potentially reversible, changes in gene transcription. The relevance of these findings for the development of PTSD requires further studies in humans where experience-dependent epigenetic programming can additionally depend on genetic variation in the underlying substrates which may protect from or advance disease development. Overall, identification of early-life stress-associated epigenetic risk markers informing on previous stress history can help to advance early diagnosis, personalized prevention, and timely therapeutic interventions, thus reducing long-term social and health costs.

<http://www.ncbi.nlm.nih.gov/pubmed/23965264>

Psychiatry. 2013 Fall;76(3):256-72. doi: 10.1521/psyc.2013.76.3.256.

Gender Differences in the Risk and Protective Factors Associated With PTSD: A Prospective Study of National Guard Troops Deployed to Iraq.

Kline A, Ciccone DS, Weiner M, Interian A, St Hill L, Falca-Dodson M, Black CM, Losonczy M.

This study examines gender differences in post-traumatic stress symptoms (PTSS) and PTSS risk/protective factors among soldiers deployed to Iraq. We pay special attention to two potentially modifiable military factors, military preparedness and unit cohesion, which may buffer the deleterious psychological effects of combat. Longitudinal data were collected on 922 New Jersey National Guard soldiers (91 women) deployed to Iraq in 2008. Anonymous surveys administered at pre- and post-

deployment included the PTSD Checklist (PCL), the Unit Support Scale, and a preparedness scale adapted from the Iowa Gulf War Study. Bivariate analyses and hierarchical multiple regression were used to identify predictors of PTSS and their explanatory effects on the relationship between gender and PTSS. Women had a higher prevalence of probable post-deployment PTSD than men (18.7% vs. 8.7%; OR = 2.45; CI [1.37, 4.37]) and significantly higher post-deployment PTSS (33.73 vs. 27.37; $p = .001$). While there were no gender differences in combat exposure, women scored higher on pre-deployment PTSS (26.9 vs. 23.1; $p \leq .001$) and lower on military preparedness (1.65 vs. 2.41; $p \leq .001$) and unit cohesion (32.5 vs. 38.1; $p \leq .001$). In a multivariate model, controlling for all PTSS risk/resilience factors reduced the gender difference as measured by the unstandardized Beta (B) by 45%, with 18% uniquely attributable to low cohesion and low preparedness. In the fully controlled model, gender remained a significant predictor of PTSS but the effect size was small ($d = .26$). Modifiable military institutional factors may account for much of the increased vulnerability of women soldiers to PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23965263>

Psychiatry. 2013 Fall;76(3):241-55. doi: 10.1521/psyc.2013.76.3.241.

The Relationship of PTSD to Negative Cognitions: A 17-Year Longitudinal Study.

Dekel S, Peleg T, Solomon Z.

With the growing interest in the role of cognitions in PTSD, this prospective study examined the course and bi-directional relationship between post-trauma cognitions and symptoms of PTSD. A sample of Israeli combat veterans, including former prisoners of war, was assessed in 1991, and later followed up in 2003 and 2008. PTSD symptoms were measured at three time points. Cognitions concerning the self and the world were measured twice. Applying Autoregressive Cross-Lagged (ARCL) modeling strategy, initial PTSD symptoms predicted subsequent negative cognitions but not vice versa. In addition, repeated measures design revealed that individuals with chronic PTSD symptoms had relatively negative cognitions that further amplified with time. More specifically, increasingly negative cognitions were documented among ex-prisoners of war. The main findings suggest that negative cognitions are fueled by PTSD and that in chronic PTSD there is an amplification of pathogenic outcomes over time. Discussion of the findings is in the context of current cognitive models of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23965262>

Psychiatry. 2013 Fall;76(3):223-40. doi: 10.1521/psyc.2013.76.3.223.

A characterization of adult victims of sexual violence: results from the national epidemiological survey for alcohol and related conditions.

Xu Y, Olfson M, Villegas L, Okuda M, Wang S, Liu SM, Blanco C.

Sexual violence can cause acute and persistent negative psychological outcomes among children and adults in a community. Previous studies have frequently reported high prevalence of prior child and adolescent sexual abuse among adult victims of sexual violence. This raises uncertainty over the specific contribution of sexual victimization in adulthood to the adverse psychological outcomes. The present study draws on a large nationally representative sample of adults without history of childhood sexual abuse, and applies diagnostic criteria of DSM-IV, in order to investigate the risk factors and psychiatric comorbidities correlated with sexual victimization in adulthood. In a large representative sample of U.S. adults without history of childhood sexual abuse, 2.5% reported sexual victimization in adulthood. Female gender, living alone, economic disadvantage, and a history of childhood adversities and parental psychopathology were identified as risk factors. Adult sexual victimization increased the risk of developing a variety of psychiatric disorders, especially PTSD (HR = 3.43, 95% CI [2.67, 4.41]) and drug abuse (HR = 3.38, 95% CI [2.49, 4.58]). Conversely, pre-existing psychiatric psychopathology, particularly PTSD (HR = 3.99, 95% CI [2.68, 5.94]) and dysthymia (HR = 2.26, 95% CI [1.42, 3.59]), increased the likelihood of sexual victimization in adulthood. Childhood experience and adulthood sociodemographic characteristics are important in affecting the risk of being sexually victimized in adulthood. Psychiatric disorders can act as both risk factors and outcomes of adult sexual victimization.

<http://www.ncbi.nlm.nih.gov/pubmed/23417879>

J Trauma Stress. 2013 Feb;26(1):119-24. doi: 10.1002/jts.21778.

Dangerous safe havens: institutional betrayal exacerbates sexual trauma.

Smith CP, Freyd JJ.

Source: Department of Psychology, University of Oregon, Eugene, Oregon, USA. carlys@uoregon.edu

Research has documented the profound negative impact of betrayal within experiences of interpersonal trauma such as sexual assault (Freyd, 1994, 1996; Freyd, DePrince, & Gleaves, 2007). In the current study of college women (N = 345, 79% Caucasian; mean age = 19.69 years, SD = 2.55), we examined whether institutional failure to prevent sexual assault or respond supportively when it occurs may similarly exacerbate posttraumatic symptomatology-what we call "institutional betrayal." Almost half (47%) of the women reported at least one coercive sexual experience and another 21% reported no coercion, but at least one unwanted sexual experience (total reporting unwanted sexual experiences, N = 233). Institutional betrayal (e.g., creating an environment where these experiences seemed more likely, making it difficult to report these experiences) was reported across different unwanted sexual experiences (47% and 45% of women reporting coercion and no coercion, respectively). Those women who reported institutional betrayal surrounding their unwanted sexual experience reported increased levels of anxiety ($R(2) = .10$), trauma-specific sexual symptoms ($R(2) = .17$), dissociation ($R(2) = .11$), and problematic sexual functioning ($R(2) = .12$). These results suggest that institutions have the power to cause additional harm to assault survivors.

Copyright © 2013 International Society for Traumatic Stress Studies.

<http://www.ncbi.nlm.nih.gov/pubmed/23182852>

Best Pract Res Clin Obstet Gynaecol. 2013 Feb;27(1):27-37. doi: 10.1016/j.bpobgyn.2012.08.015. Epub 2012 Nov 24.

Psychological consequences of sexual assault.

Mason F, Lodrick Z.

Source: St Andrew's Healthcare, Billing Road, Northampton NN1 5DG, UK. fmason@standrew.co.uk

Sexual violence is an important issue worldwide and can have long-lasting and devastating consequences. In this chapter, we outline the psychological reactions to serious sexual assault and rape, including development of post-traumatic stress disorder. Myths and stereotypes surrounding this subject, and their potential effect on the emotional response and legal situation, are discussed.

Copyright © 2012. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/22975432>

Best Pract Res Clin Obstet Gynaecol. 2013 Feb;27(1):15-26. doi: 10.1016/j.bpobgyn.2012.08.012. Epub 2012 Sep 10.

Health consequences of sexual violence against women.

Jina R, Thomas LS.

Source: School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, 7 York Road, Parktown, Johannesburg 2193, South Africa. ruxana.jina@gmail.com

Sexual violence can lead to a multitude of health consequences, including physical, reproductive and psychological. Some may be fatal, whereas others, such as unhealthy behaviours, may occur indirectly as a result of the violence. In total, these result in a significant health burden and should be considered by service providers, government authorities and non-governmental agencies. For women who present early, immediate care should be provided with plans for follow up. Mental-health interventions are important, as women who are sexually assaulted have the highest burden of post-traumatic stress disorder. Cognitive- behavioural therapy has been found to be effective for preventing and treating post-traumatic stress disorder, but psychological debriefing for preventing post-traumatic stress disorder is not recommended. Implementing a routine screening and intervention programme in obstetrics and gynaecology departments may be valuable, as reproductive health consequences are common.

<http://onlinelibrary.wiley.com/doi/10.1111/fare.12027/abstract>

Integrating Life Skills into Relationship and Marriage Education: The Essential Life Skills for Military Families Program.

Carroll, E. B., Orthner, D. K., Behnke, A., Smith, C. M., Day, S. and Raburn, M.

Family Relations

Volume 62, Issue 4, pages 559–570, October 2013

Military personnel and families experience significant challenges and need skills that will prepare them for extended periods of separation and other military demands. Relationship and marriage education programs are often helpful. However, there is a need for life skills programs that also teach military members to manage finances and legal matters, garner social support, and access community resources that are not often accessible to personnel and families in the National Guard and Military Reserves. Essential Life Skills for Military Families was developed to integrate relationship and life skills into a short-term course that has been offered to National Guard and Military Reserve members and families. This article describes the theoretical basis for the program, the program evaluation, and qualitative findings from participants, and identifies strategies for overcoming challenges to offering this kind of relationship skills program.

<http://www.sciencedirect.com/science/article/pii/S0306460313002311>

Cognitive Processing Therapy for Veterans with Comorbid PTSD and Alcohol Use Disorders.

Debra Kaysen, Jeremiah Schumm, Eric R. Pedersen, Richard W. Seim, Michele Bedard-Gilligan, Kathleen Chard

Addictive Behaviors, Available online 24 August 2013

Posttraumatic stress disorder (PTSD) and alcohol-use disorders (AUD) frequently present comorbidly in veteran populations. Traditionally those with alcohol dependence have been excluded from PTSD treatment outcome studies, thus we do not know how those with alcohol dependence may tolerate or respond to PTSD-specific interventions; no studies to date have examined the extent to which cognitive PTSD interventions are tolerated or effective for those with comorbid PTSD/AUD. The present study examines the extent to which CPT is tolerated by and effective in treating PTSD symptoms for veterans with PTSD and AUD, as compared to veterans with PTSD only in an outpatient treatment setting. Data were obtained through chart review of 536 veterans diagnosed with PTSD who had received at least 1 session of CPT at a Midwestern US Veterans Affairs hospital. Nearly half ($n = 264$, 49.3%) of the veterans

in the study exhibited a current or past AUD diagnosis. Participants were grouped into the following diagnostic groups: current AUD (past 12 months), past AUD (prior to 12 months), and no AUD. Participants completed an average of 9 sessions of CPT with no significant difference between AUD diagnostic groups on the number of CPT sessions completed. Individuals with past AUD had higher initial symptoms of self-reported PTSD symptoms than those with no AUD. All groups reported significant reductions in PTSD symptoms and depression over time. Overall, the results suggest that CPT appears well tolerated among veterans with comorbid AUD and is associated with significant reductions in symptoms of PTSD and depression in an outpatient treatment setting.

<http://www.ncbi.nlm.nih.gov/pubmed/23982628>

Transl Psychiatry. 2013 Aug 27;3:e296. doi: 10.1038/tp.2013.70.

Traumatic stress reactivity promotes excessive alcohol drinking and alters the balance of prefrontal cortex-amygdala activity.

Edwards S, Baynes BB, Carmichael CY, Zamora-Martinez ER, Barrus M, Koob GF, Gilpin NW.

Source: Committee on the Neurobiology of Addictive Disorders, The Scripps Research Institute, La Jolla, CA, USA.

Post-traumatic stress disorder (PTSD) and alcoholism are highly comorbid in humans and have partially overlapping symptomatic profiles. The aim of these studies was to examine the effects of traumatic stress (and stress reactivity) on alcohol-related behaviors and neuronal activation patterns. Male Wistar rats were trained to respond for alcohol, were exposed to predator odor (bobcat urine) paired with context and were tested for short- and long-term avoidance of the predator odor-paired context, alcohol self-administration and compulsivity of alcohol responding. Rats were re-exposed to the odor-paired context for western blot analysis of ERK phosphorylation in subregions of the medial prefrontal cortex (mPFC) and the amygdala. Rats that avoided the predator-paired chamber (Avoiders) exhibited persistent avoidance up to 6 weeks post conditioning. Avoiders exhibited increases in operant alcohol responding over weeks, as well as more compulsive-like responding for alcohol adulterated with quinine. Following re-exposure to the predator odor-paired context, Avoiders and Non-Avoiders exhibited unique patterns of neuronal activation in subregions of the mPFC and the amygdala, which were correlated with changes in avoidance and alcohol drinking. Furthermore, activity of upstream regions was differentially predictive of downstream regional activity in the Avoiders versus Non-Avoiders. An animal model for assessing the effect of traumatic stress on alcohol drinking reveals individual differences in neuronal activation patterns associated with re-exposure to traumatic stress-related stimuli, and may provide insight into the neural mechanisms underlying excessive alcohol consumption in humans with PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23981442>

Alcohol. 2013 Aug 24. pii: S0741-8329(13)00097-9. doi: 10.1016/j.alcohol.2013.07.002. [Epub ahead of print]

Stress-response pathways are altered in the hippocampus of chronic alcoholics.

McClintick JN, Xuei X, Tischfield JA, Goate A, Foroud T, Wetherill L, Ehringer MA, Edenberg HJ.

Source: Department of Biochemistry and Molecular Biology, Indiana University School of Medicine, Indianapolis, IN 46202, USA.

The chronic high-level alcohol consumption seen in alcoholism leads to dramatic effects on the hippocampus, including decreased white matter, loss of oligodendrocytes and other glial cells, and inhibition of neurogenesis. Examining gene expression in post mortem hippocampal tissue from 20 alcoholics and 19 controls allowed us to detect differentially expressed genes that may play a role in the risk for alcoholism or whose expression is modified by chronic consumption of alcohol. We identified 639 named genes whose expression significantly differed between alcoholics and controls at a False Discovery Rate (FDR) ≤ 0.20 ; 52% of these genes differed by at least 1.2-fold. Differentially expressed genes included the glucocorticoid receptor and the related gene FK506 binding protein 5 (FKBP5), UDP glycosyltransferase 8 (UGT8), urea transporter (SLC14A1), zinc transporter (SLC39A10), Interleukin 1 receptor type 1 (IL1R1), thioredoxin interacting protein (TXNIP), and many metallothioneins. Pathways related to inflammation, hypoxia, and stress showed activation, and pathways that play roles in neurogenesis and myelination showed decreases. The cortisol pathway dysregulation and increased inflammation identified here are seen in other stress-related conditions such as depression and post-traumatic stress disorder and most likely play a role in addiction. Many of the detrimental effects on the hippocampus appear to be mediated through NF- κ B signaling. Twenty-four of the differentially regulated genes were previously identified by genome-wide association studies of alcohol use disorders; this raises the potential interest of genes not normally associated with alcoholism, such as suppression of tumorigenicity 18 (ST18), BCL2-associated athanogene 3 (BAG3), and von Willebrand factor (VWF).

Copyright © 2013 Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/23438007>

Rehabil Psychol. 2013 Feb;58(1):106-10. doi: 10.1037/a0031693.

Evaluating the needs of military and veterans' families in a polytrauma setting.

Wilder Schaaf KP, Kreutzer JS, Danish SJ, Pickett TC, Rybarczyk BD, Nichols MG.

Source: Department of Physical Medicine and Rehabilitation, VA Commonwealth University, Box 980542, Richmond, VA 23298-0542, USA. wilderkp@vcu.edu

OBJECTIVE:

To examine the perceived importance of needs and the extent to which they are met among a sample of family members in an inpatient polytrauma setting.

METHOD:

The Family Needs Questionnaire was administered to 44 family members of patients at the Polytrauma Rehabilitation Center at McGuire Veterans Affairs Medical Center over a 30-month period.

RESULTS:

Families rated health information needs as most important and most frequently met. conversely, family members rated emotional support and instrumental support needs as least important and most frequently unmet.

CONCLUSION:

Preliminary data suggest that the similarity between family needs in military and civilian settings is noteworthy, and provide direction for development of empirically based family intervention models for polytrauma settings.

<http://www.ncbi.nlm.nih.gov/pubmed/23978082>

Rehabil Psychol. 2013 Aug;58(3):245-52. doi: 10.1037/a0032953.

Memory deficits, postconcussive complaints, and posttraumatic stress disorder in a volunteer sample of veterans.

Larson E, Zollman F, Kondiles B, Starr C.

Source: Department of Physical Medicine and Rehabilitation, Feinberg School of Medicine, Northwestern University.

Purpose: To better understand how memory impairment is related to postconcussive complaints and to posttraumatic stress disorder (PTSD) and whether these relationships remain after controlling for premorbid cognitive ability. Method: We examined memory impairment, premorbid cognitive ability, postconcussive complaints, and symptoms of PTSD in 205 veterans, 135 of who gave a self-reported history of concussion and exposure to a traumatic life event. We limited our sample to those who gave good effort on cognitive testing according to a symptom validity measure. Results: Although memory impairment was not associated with a history of concussion, it was associated with severity of postconcussive complaints. That association was no longer significant after controlling for premorbid IQ. A similar analysis yielded slightly different findings for PTSD. Memory impairment was associated with PTSD diagnosis, although it was not associated with severity of PTSD symptoms after controlling for premorbid ability. Conclusions: These data are consistent with multifactorial models of the etiology of postconcussion disorder and PTSD such as the "burden of adversity hypothesis" described by Brenner, Vanderploeg, and Terrio (2009). In such models, symptom severity and course of recovery are

determined not only by trauma severity but (also) premorbid risk factors and postonset complications.
(PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23977816>

Int J Psychiatry Med. 2013;45(2):111-24.

Effectiveness of prolonged exposure for PTSD in older veterans.

Yoder MS, Lozano B, Center KB, Miller A, Acierno R, Tuerk PW.

Source: Ralph H. Johnson Department of Veterans Affairs Medical Center, Charleston, SC 29401, USA.
yoderm@muscc.edu

Exposure-based therapy is an effective treatment for PTSD, including combat-related PTSD. However, questions remain within PTSD treatment literature and among front-line clinicians about the appropriateness of exposure-based therapies for older adults. The current study examined the effectiveness of Prolonged Exposure (PE) in reducing PTSD and depression symptoms in a sample of 65 Veterans age 60 and older who were diagnosed with PTSD via structured clinical interview. In addition to within-subject repeated measure analyses, the entire intent to treat sample was compared to treatment completers. Within group d-type effect sizes across both groups were large (1.13-1.90) and the retention rate was high (85%). Importantly, no adverse medical or psychiatric events were reported over the course of the study. Results are discussed and limitations, along with future directions, are presented.

Links of Interest

President and Soldier: 3 Meetings, and a Lesson in Resilience

<http://www.nytimes.com/2013/08/23/us/politics/obama-and-a-soldier-3-meetings-and-a-lesson-in-resilience.html>

Practice makes perfect: Managing chronic anxiety

http://www.nwintimes.com/niche/get-healthy/mental-health/practice-makes-perfect-managing-chronic-anxiety/article_eef665e2-a84d-5689-8a65-8a44df4602d7.html

New SHARP director says Army must defeat sexual assault to maintain public trust

http://www.army.mil/article/109810/New_SHARP_director_says_Army_must_defeat_sexual_assault_to_maintain_public_trust/

In the face of trauma, distance helps people find clarity, study shows

http://www.eurekalert.org/pub_releases/2013-08/uota-itf082213.php

Tearing Down Walls that Keep Veterans from Good Jobs

<http://social.dol.gov/blog/tearing-down-walls-that-keep-veterans-from-good-jobs/>

Trapped in trauma: Male victims confront sexual assault in military

<http://www.tampabay.com/news/military/veterans/trapped-in-trauma-male-victims-confront-sexual-assault-in-military/2138176>

Even Mild Stress Can Make It Difficult to Control Your Emotions

<http://www.sciencedaily.com/releases/2013/08/130826180520.htm>

Veterans Affairs, Defense Depts. spend billions in effort to coordinate records

<http://www.publicintegrity.org/2013/08/27/13253/veterans-affairs-defense-depts-spend-billions-spend-billions-effort-coordinate>

Consortia focus on PTSD, mild traumatic brain injury

http://www.army.mil/article/109961/Consortia_focus_on_PSTD_mild_traumatic_brain_injury/

Research Tip of the Week: [Automatically Score the Biggest Travel Savings \(Without All the Hassle\)](#)

Booking a trip is always a bit of a gamble. No matter how carefully you time your purchase or comparison shop, travel prices fluctuate so often and wildly that you can never be sure they won't drop later (meaning, you overpaid). Now the good news: Whether you've booked a flight, made a hotel reservation, or rented a car, most allow you to take advantage of price fluctuations after you buy—as long as you know about them. Here are the free tools you can use to get the lowest travel prices—effortlessly and automatically.

Tips, tricks, and downloads for getting things done.

DOWNLOADS · PRODUCTIVITY · DIY
MONEY · JOBS · SECURITY

TOP STORIES

How to Clean Up the Bird's Nest of Cables Behind Your TV

How I Optimize for Happiness at Work

10 Easy Ways You Can Save Money Tonight

Plan Your Free Online Education at Lifehacker U: Fall Semester 2013

How Can I Learn to Dress Better?

Improve Your Facebook News Feed in Minutes with the "Organize" Tool

Build an Automatic Plant Watering System from Plastic Bags and Thread

Bring a Little Fantasy to Your Desktop with These Wallpapers

Dropbox Plus Adds Folder Trees to Dropbox's Website

I'm Nick Gray, Founder of Museum Hack, and This Is How I Work



MELANIE PINOLA 5/04/12 8:00am

50,232 🔥 2 ★ 7 💬

Automatically Score the Biggest Travel Savings (Without All the Hassle)



Booking a trip is always a bit of a gamble. No matter how carefully you time your purchase or comparison shop, travel prices fluctuate so often and wildly that you can never be sure they won't drop later (meaning, you overpaid). Now the good news: Whether you've booked a flight, made a hotel reservation, or rented a car, most allow you to take advantage of price fluctuations after you buy—as long as you know about them. Here are the free tools you can use to get the lowest travel prices—effortlessly and automatically.

AutoSlash: Automatic Price Reductions on Car Rentals



Home Coupons Blog & Tips Help About Us

Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749