



## CDP Research Update -- September 19, 2013

### What's here:

- 2013 Wounded Warrior Project® Survey Report of Findings
- PTSD and Suicide Prevention: PTSD Monthly Update – September
- Legion releases report on TBI and PTSD (American Legion)
- Organizational commitment in the military: Application of a profile approach.
- The Impact of Multiple Deployments and Social Support on Stress Levels of Women Married to Active Duty Servicemen.
- Implementation of Cognitive Therapy for PTSD in Routine Clinical Care: Effectiveness and Moderators of Outcome in a Consecutive Sample.
- Prevention of chronic PTSD with early cognitive behavioral therapy. A meta-analysis using mixed-effects modeling.
- Deployment-Related Insomnia in Military Personnel and Veterans.
- Coming Home: The Experiences and Implications of Reintegration
- From the Laboratory to the Therapy Room: National Dissemination and Implementation of Evidence-Based Psychotherapies in the U.S. Department of Veterans Affairs Health Care System.
- Electrocortical Processing of Social Signals of Threat in Combat-related Post-Traumatic Stress Disorder.
- Military- and sports-related mild traumatic brain injury: an overview.
- Determinants of the development of post-traumatic stress disorder, in the general population.
- Posttraumatic stress disorder and symptoms among American Indians and Alaska Natives: a review of the literature.
- The self and involuntary memory: Identifying with the victim increases memory accessibility for stressful events.
- Experimentally-induced dissociation impairs visual memory.

- PTSD in the armed forces: What have we learned from the recent cohort studies of Iraq/Afghanistan?
- Maladaptive Dependency Schemas, Posttraumatic Stress Hyperarousal Symptoms, and Intimate Partner Aggression Perpetration.
- Initial Psychometric Evaluation of the Moral Injury Questionnaire—Military Version.
- Connecting after killing : an exploration of the intersubjective space between therapist and client when combat rests between them.
- A revised taxonomy of assistance animals
- Traumatic Brain Injury: Guidance in a Forensic Context from Outcome, Dose–Response, and Response Bias Research.
- Pain and somatic symptoms are sequelae of sexual assault: Results of a prospective longitudinal study.
- Mild Traumatic Brain Injury: A Place for Social Work.
- Review of interventions designed to address drinking among soldiers.
- Operating characteristics of the PTSD Checklist in a military primary care setting.
- Post-Admission Cognitive Therapy (PACT) for the Prevention of Suicide in Military Personnel With Histories of Trauma: Treatment Development and Case Example.
- Life meaning following combat among Air Force security forces personnel.
- Veterans' Attitudes toward Work and Disability Compensation: Associations with Substance Abuse.
- Characteristics and Drinking Patterns of Veterans with Alcohol Dependence With and Without Post-Traumatic Stress Disorder.
- A meta-analysis of neuropsychological markers of vulnerability to suicidal behavior in mood disorders.
- Promoting posttraumatic growth among OIF/OEF veterans : a theoretical exploration of the challenges of reintegration
- Early life stressors and suicidal ideation: Mediation by interpersonal risk factors.
- Field procedures in the army study to assess risk and resilience in servicemembers (Army STARRS).

- Internet-Based Guided Self-Help for Several Anxiety Disorders: A Randomized Controlled Trial Comparing a Tailored With a Standardized Disorder-Specific Approach.
- Depressive symptoms and sleep: A population-based polysomnographic study.
- PTSD Checklist Scoring Rules for Elderly Veterans Affairs Outpatients.
- Contextualisation in the revised dual representation theory of PTSD: A response to Pearson and colleagues.
- Weight change following US military service.
- Postconcussional disorder and PTSD symptoms of military-related traumatic brain injury associated with compromised neurocircuitry.
- The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial.
- Physical Therapist-Delivered Cognitive-Behavioral Therapy: A Qualitative Study of Physical Therapist Perceptions and Experiences.
- Developing nursing curriculum to facilitate the delivery of holistic care to the military veteran.
- Trauma-related guilt : conceptual development and relationship with posttrauma psychopathology
- White Paper: Looking Critically at Reintegration of Post 9-11 Era Military Veterans
- Links of Interest
- Resource of the Week: Finding Public Domain & Creative Commons Images

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<http://www.woundedwarriorproject.org/media/505955/2013-alumni-survey-results.pdf>

### **2013 Wounded Warrior Project® Survey Report of Findings**

Martha Franklin, Wayne Hintze, Michael Hornbostel, Scott Smith, Chris Manglitz, Rebecca Noftsinger, Jafar Haider, Melissa Wilson

Prepared by:

Westat

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1600 Research Boulevard Rockville, Maryland 20850 - 3129

July 23, 2013

In 2010, Wounded Warrior Project® (WWP) began conducting an annual WWP Alumni survey. We work with two outside organizations — RAND and Westat — to collect and analyze the survey results. WWP plans to conduct this survey over a five year period (2010 - 2014) to establish baseline data and identify trends among Alumni, compare outcomes to members of other military populations, and measure the impact of WWP services and programs.

The information gathered from this survey is critical for fulfilling our mission of providing programs that honor and empower Wounded Warriors. Based on the trends in feedback over the last three years, WWP has refined existing programs and developed new initiatives to better serve Wounded Warriors and their families.

See: *Stars and Stripes* article -- [Survey: Newest wounded veterans struggling but resilient](#)

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<http://www.legion.org/veteranshealthcare/217116/legion-releases-report-tbi-and-ptsd>

### **Legion releases report on TBI and PTSD**

American Legion

September 11, 2013

The American Legion released a report on Sept. 11 that is the culmination of a study the wartime veterans organization did on current treatments and best practices for traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD).

The report, entitled "The War Within," includes findings and recommendations based on comprehensive research, conducted from January 2011 to February 2013, by an American Legion ad hoc committee chaired by William Detweiler, past national commander of the Legion.

Detweiler said the report shows that while the Department of Defense (DoD) and the Department of Veterans Affairs (VA) use a number of traditional medical treatments for TBI and PTSD cases, "they have not done a lot of research on alternative methods. There's no simple answer to what works as far as PTSD or TBI is concerned, but we found that the (DoD and VA) medical profession shied away from certain things which they considered to be alternative medicine."

For example, Detweiler said that hyperbaric oxygen therapy (HBOT) is one alternative treatment that "works for some people. It's not the answer for everybody, but (DoD and VA) have shied away from putting any serious money into doing studies."

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<http://content.govdelivery.com/accounts/USVHA/bulletins/8aeb81>

**PTSD and Suicide Prevention: PTSD Monthly Update - September**

Veterans Health Administration

September 17, 2013

September is Suicide Prevention Month.

Going through trauma may increase a person's risk for suicide. Studies also show that suicide risk may be higher in people who have PTSD.

This update focuses on what we know about the relationships between suicide, trauma and PTSD, and on ways to help prevent suicide.

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<http://psycnet.apa.org/journals/mil/25/4/381/>

**Organizational commitment in the military: Application of a profile approach.**

Meyer, John P.; Kam, Chester; Goldenberg, Irina; Bremner, Nicholas L.

Military Psychology, Vol 25(4), Jul 2013, 381-401.

According to the 3-component model of commitment, the individual components of commitment— affective (AC), normative (NC), and continuance (CC)—combine to form profiles, and these profiles have different implications for behavior and well-being. We tested these propositions in a military context and also examined conditions (perceived organizational support, organizational justice, job satisfaction, and satisfaction with leadership) that might contribute to the development of commitment profiles. Latent profile analyses of data from 6,501 respondents to the 2010 Canadian Forces Retention Survey revealed 6 distinct profiles. Personnel with profiles reflecting strong AC and NC reported the most favorable work conditions, stay intentions, and well-being; uncommitted personnel and those with CC-dominant profiles reported the least favorable conditions, were most active in job search activities, and scored highest on anxiety and depression. The value of taking a profile approach, and the implications of managing work conditions to promote optimal profiles, are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://afs.sagepub.com/content/early/2013/08/30/0095327X13500651.abstract>

**The Impact of Multiple Deployments and Social Support on Stress Levels of Women Married to Active Duty Servicemen.**

Elizabeth P. Van Winkle and Rachel N. Lipari

Armed Forces & Society

Published online before print September 4, 2013

Using a large-scale survey, we examined the relationship between number of deployments experienced by female spouses of active duty military members and these spouses' perceived stress. Results suggest a nonlinear relationship such that spouses who had not experienced a deployment reported the lowest stress levels. Stress levels increase after initial deployments and decrease after approximately two deployments, which may indicate an element of resiliency that builds up as spouses acclimate to a deployment lifestyle. Stress levels again increase after several deployments, which may signify limitations to this resiliency over time. A secondary finding showed that higher levels of social support predicted lower levels of stress, above and beyond the number of deployments. This relationship between social support and stress helped explain the negative relationship between parental status and stress. That is, spouses with children may have lower stress levels due to the social network that accompanies parental status.

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<http://www.sciencedirect.com/science/article/pii/S000579671300154X>

### **Implementation of Cognitive Therapy for PTSD in Routine Clinical Care: Effectiveness and Moderators of Outcome in a Consecutive Sample.**

Anke Ehlers, Ph.D, Nick Grey, Jennifer Wild, Richard Stott, Sheena Liness, Alicia Deale, Rachel Handley, Idit Albert, Deborah Cullen, Ann Hackmann, John Manley, Freda McManus, Francesca Brady, Paul Salkovskis, David M. Clark

Behaviour Research and Therapy, Available online 10 September 2013

#### **Objective**

Trauma-focused psychological treatments are recommended as first-line treatments for Posttraumatic Stress Disorder (PTSD), but clinicians may be concerned that the good outcomes observed in randomized controlled trials (RCTs) may not generalize to the wide range of traumas and presentations seen in clinical practice. This study investigated whether Cognitive Therapy for PTSD (CT-PTSD) can be effectively implemented into a UK National Health Service Outpatient Clinic serving a defined ethnically mixed urban catchment area.

#### **Method**

A consecutive sample of 330 patients with PTSD (age 17-83) following a wide range of traumas were treated by 34 therapists, who received training and supervision in CT-PTSD. Pre and post treatment data (PTSD symptoms, anxiety, depression) were collected for all patients, including dropouts. Hierarchical linear modeling investigated candidate moderators of outcome and therapist effects.

#### **Results**

CT-PTSD was well tolerated and led to very large improvement in PTSD symptoms, depression and anxiety. The majority of patients showed reliable improvement/ clinically significant change: intent-to-treat: 78.8%/ 57.3%; completer: 84.5%/ 65.1%. Dropouts and unreliable attenders had worse outcome. Statistically reliable symptom exacerbation with treatment was observed in only 1.2% of patients.

Treatment gains were maintained during follow-up (M = 280 days, n = 220). Few of the selection criteria used in some RCTs, demographic, diagnostic and trauma characteristics moderated treatment outcome, and only social problems and needing treatment for multiple traumas showed unique moderation effects. There were no random effects of therapist on symptom improvement, but therapists who were inexperienced in CT-PTSD had more dropouts than those with greater experience.

#### Conclusions

The results support the effectiveness of CT-PTSD and suggest that trauma-focused cognitive behavior therapy can be successfully implemented in routine clinical services treating patients with a wide range of traumas.

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<http://link.springer.com/article/10.1007/s11920-013-0401-4>

#### **Deployment-Related Insomnia in Military Personnel and Veterans.**

Adam D. Bramoweth, Anne Germain

Current Psychiatry Reports

September 2013, 15:401

Insomnia is a prevalent disorder that greatly impacts military personnel, especially those deployed in support of combat efforts. Deployment-related stressors like combat exposure, mild traumatic brain injury (mTBI) irregular sleep-wake schedules, and adjustment to the return home all contribute to insomnia. However, insomnia can also exacerbate the deployment experience and is a risk factor for traumatic stress reactions such as PTSD, depression, and suicide. Military personnel with mTBI are significantly impacted by insomnia; the majority experience sleep disruption and this can impede recovery and rehabilitation. As more service members return home from deployment, treatment is vital to reduce the impact of insomnia. Preliminary outcome data, showing positive results for reduction of sleep disruption, has been found with treatments such as combined cognitive behavioral treatment of insomnia (CBTI) and imagery rehearsal therapy (IRT), preference-based interventions, as well as efforts to broadly disseminate CBTI. The recent literature on the impact and treatment of deployment-related insomnia is reviewed.

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<http://georgia4h.org/omk/content/Reintegration%20Survey%20Report.pdf>

#### **Coming Home: The Experiences and Implications of Reintegration**

Lydia Marek , Ph . D. , Principal Investigator,

Department of Human Development and Family & Community Research Lab at Virginia Tech :  
Donna Brock, M.A., Carissa D’Aniello, M.A. Katherine A. Hickey, B.S. Glenn Hollingsworth, M.A. Andrea  
Mendes, M.S. Lyn E. Moore, M.A. Kate O’Rourke, M.A.

August 2013

Even though military families have been found to be very resilient in the face of adversity, these families experience a variety of stressors and difficulties associated with reintegration period . However, what we don’t fully understand yet is how these military individuals cope and respond to each other during the process of reintegration and what can be done to encourage and promote ongoing flexibility and resilience . Additionally, we know very little about how the use of formal military supports or programs impact upon the their ability to cope with reintegration stressors and what helps the family to be healthier through this process. This study attempts to address these gaps.

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<http://psycnet.apa.org/psycinfo/2013-31043-001/>

**From the Laboratory to the Therapy Room: National Dissemination and Implementation of Evidence-Based Psychotherapies in the U.S. Department of Veterans Affairs Health Care System.**

Karlin, Bradley E.; Cross, Gerald

American Psychologist, Sep 2 , 2013

Despite their established efficacy and recommendation—often as first-line treatments—in clinical practice guidelines, evidence-based psychotherapies (EBPs) have largely failed to make their way into mainstream clinical settings. Numerous attempts over the years to promote the translation of EBPs from science to practice, typically relying on one-dimensional dissemination approaches, have yielded limited success. As part of the transformation of its mental health care system, the Veterans Health Administration (VHA) of the U.S. Department of Veterans Affairs (VA) is working to disseminate and implement a number of EBPs for various mental and behavioral health conditions throughout the VA health care system. This article examines VHA’s multidimensional model and specific strategies, involving policy, provider, local systems, patient, and accountability levels, for promoting the national dissemination and implementation of EBPs in VHA. In addition, the article identifies key lessons learned and next steps for further promoting EBP delivery and sustainability in the VA health care system. Beyond promoting the availability of effective treatments for veterans returning from Iraq and Afghanistan and for veterans of previous combat eras, VHA’s EBP dissemination and implementation model and key lessons learned may help to inform other private and public health care systems interested in disseminating and implementing EBPs. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0005796713001538>

**Prevention of chronic PTSD with early cognitive behavioral therapy. A meta-analysis using mixed-effects modeling.**

Sören Kliem, Christoph Kröger

Behaviour Research and Therapy, Available online 5 September 2013

Post-traumatic stress disorder (PTSD) is of great interest to public health, due to the high burden it places on both the individual and society. We meta-analysed randomized-controlled trials to examine the effectiveness of early trauma-focused cognitive-behavioral treatment (TFCBT) for preventing chronic PTSD. Systematic bibliographic research was undertaken to find relevant literature from on-line databases (Pubmed, PsycINFO, Psycdex, Medline). Using a mixed-effect approach, we calculated effect sizes (ES) for the PTSD diagnoses (main outcome) as well as PTSD and depressive symptoms (secondary outcomes), respectively. Calculations of ES from pre-intervention to first follow-up assessment were based on 10 studies. A moderate effect ( $ES = 0.54$ ) was found for the main outcome, whereas ES for secondary outcomes were predominantly small ( $ES = 0.27-0.45$ ). The ES for the main outcome decreased to small ( $ES = 0.34$ ) from first follow-up to long-term follow-up assessment. The mean dropout rate was 16.7% pre- to post-treatment. There was evidence for the impact of moderators on different outcomes (e.g., the number of sessions on PTSD symptoms). Future studies should include survivors of other trauma types (e.g., burn injuries) rather than predominantly survivors of accidents and physical assault, and should compare early TFCBT with other interventions that previously demonstrated effectiveness.

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<http://www.ncbi.nlm.nih.gov/pubmed/24025760>

Biol Psychol. 2013 Sep 8. pii: S0301-0511(13)00192-0. doi: 10.1016/j.biopsycho.2013.08.009. [Epub ahead of print]

**Electrocortical Processing of Social Signals of Threat in Combat-related Post-Traumatic Stress Disorder.**

Macnamara A, Post D, Kennedy A, Rabinak CA, Phan KL.

Source: Department of Psychiatry, University of Illinois at Chicago. Electronic address: amacnamara@psych.uic.edu.

Post-traumatic stress disorder (PTSD) is characterized by avoidance, emotional numbing, increased arousal and hypervigilance for threat following a trauma. Thirty-three veterans (19 with PTSD, 14 without PTSD) who had experienced combat trauma while on deployment in Iraq and/or Afghanistan completed an emotional faces matching task while electroencephalography was recorded. Vertex positive potentials (VPPs) elicited by happy, angry and fearful faces were smaller in veterans with versus without PTSD. In addition, veterans with PTSD exhibited smaller late positive potentials (LPPs) to angry

faces and greater intrusive symptoms predicted smaller LPPs to fearful faces in the PTSD group. Veterans with PTSD were also less accurate at identifying angry faces, and accuracy decreased in the PTSD group as hyperarousal symptoms increased. These findings show reduced early processing of emotional faces, irrespective of valence, and blunted prolonged processing of social signals of threat in conjunction with impaired perception for angry faces in PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24021513>

J Clin Psychiatry. 2013 Aug;74(8):e17. doi: 10.4088/JCP.12011nr2c.

**Military- and sports-related mild traumatic brain injury: an overview.**

Peskind ER, Brody D, Cernak I, McKee A, Ruff RL.

Source: From the Veterans Affairs (VA) Northwest Network Mental Illness Research, Education, and Clinical Center (MIRECC); Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine; and the University of Washington Alzheimer's Disease Research Center, Seattle.

Concussions are more serious than previously believed, and awareness of this fact has been increasing in both military and sports settings. Also known as mild traumatic brain injury (mTBI), concussions often occur multiple times in the same service member or athlete. These brain injuries can seriously and negatively affect patients, leading to changes in personality, sleep problems, and cognitive impairments. They can also increase the risk for suicide, posttraumatic stress disorder, depression, and anxiety. In some people, repetitive mTBI can lead to chronic traumatic encephalopathy (CTE), a neurodegenerative disorder. Evidence-based treatments are needed for both mTBI and CTE. Currently, symptom management and patient education are the best strategies to help those who have received multiple concussions. Education about preventing concussions and the use of return-to-play guidelines are especially important for young athletes.

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<http://www.ncbi.nlm.nih.gov/pubmed/24022753>

Soc Psychiatry Psychiatr Epidemiol. 2013 Sep 11. [Epub ahead of print]

**Determinants of the development of post-traumatic stress disorder, in the general population.**

Perrin M, Vandeleur CL, Castelao E, Rothen S, Glaus J, Vollenweider P, Preisig M.

Source: Department of Psychiatry, Center for Research in Psychiatric Epidemiology and Psychopathology (CEPP), University Hospital of Lausanne, Site de Cery, 1008, Prilly, Switzerland.

**PURPOSE:**

To assess (1) the lifetime prevalence of exposure both to trauma and post-traumatic stress disorder (PTSD); (2) the risk of PTSD by type of trauma; and (3) the determinants of the development of PTSD in the community.

**METHODS:**

The Diagnostic Interview for Genetic Studies was administered to a random sample of an urban area (N = 3,691).

**RESULTS:**

(1) The lifetime prevalence estimates of exposure to trauma and PTSD were 21.0 and 5.0 %; respectively, with a twice as high prevalence of PTSD in women compared to men despite a similar likelihood of exposure in the two sexes; (2) Sexual abuse was the trauma involving the highest risk of PTSD; (3) The risk of PTSD was most strongly associated with sexual abuse followed by preexisting bipolar disorder, alcohol dependence, antisocial personality, childhood separation anxiety disorder, being victim of crime, witnessing violence, Neuroticism and Problem-focused coping strategies. After adjustment for these characteristics, female sex was no longer found to be significantly associated with the risk of PTSD.

**CONCLUSIONS:**

The risk for the development of PTSD after exposure to traumatic events is associated with several factors including the type of exposure, preexisting psychopathology, personality features and coping strategies which independently contribute to the vulnerability to PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24022752>

Soc Psychiatry Psychiatr Epidemiol. 2013 Sep 11. [Epub ahead of print]

**Posttraumatic stress disorder and symptoms among American Indians and Alaska Natives: a review of the literature.**

Bassett D, Buchwald D, Manson S.

Source: Department of Epidemiology, University of Washington, Seattle, WA, USA, dbassett@uw.edu.

**PURPOSE:**

American Indians and Alaska Natives (AI/ANs) experience high rates of trauma and posttraumatic stress disorder (PTSD). We reviewed existing literature to address three interrelated questions: (1) What is the prevalence of PTSD and PTSD symptoms among AI/ANs? (2) What are the inciting events, risk factors, and co-morbidities in AI/ANs, and do they differ from those in the general U.S. population? (3) Are studies available to inform clinicians about the course and treatment of PTSD in this population?

#### METHODS:

We searched the PubMed and Web of Science databases and a database on AI/AN health, capturing an initial sample of 77 original English-language articles published 1992-2010. After applying exclusion criteria, we retained 37 articles on prevalence of PTSD and related symptoms among AI/AN adults. We abstracted key information and organized it in tabular format.

#### RESULTS:

AI/ANs experience a substantially greater burden of PTSD and related symptoms than U.S. Whites. Combat experience and interpersonal violence were consistently cited as leading causes of PTSD and related symptoms. PTSD was associated with bodily pain, lung disorders, general health problems, substance abuse, and pathological gambling. In general, inciting events, risk factors, and co-morbidities appear similar to those in the general U.S. population.

#### CONCLUSIONS:

Substantial research indicates a strikingly high incidence of PTSD in AI/AN populations. However, inciting events, risk factors, and co-morbidities in AI/ANs, and how they may differ from those in the general population, are poorly understood. Very few studies are available on the clinical course and treatment of PTSD in this vulnerable population.

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<http://www.ncbi.nlm.nih.gov/pubmed/24021857>

Conscious Cogn. 2013 Sep 7;22(4):1298-1304. doi: 10.1016/j.concog.2013.08.006. [Epub ahead of print]

#### **The self and involuntary memory: Identifying with the victim increases memory accessibility for stressful events.**

Krans J.

Source: The University of New South Wales, School of Psychology, Sydney, NSW 2052, Australia.  
Electronic address: j.krans@unsw.edu.au.

Autobiographical memory is intimately linked to the self. However, the relation between the self and involuntary recall has been understudied. Theoretically, the more relevant an event is to the self the more accessible the memory should be. In line with this prediction, the present study tested the hypothesis that self-relevance of a stressor modulates involuntary recall. Healthy student participants viewed distressing film clips and were presented with information that defined the main characters as more or less similar to them, or without any information about the characters. In line with predictions, participants in the high self-relevance condition reported more involuntary memories of the film clips after one week compared to participants in the low self-relevance and control conditions. The findings support the theoretical relation between the self and memory accessibility and extend findings from previous research to the domain of involuntary recall.

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<http://www.ncbi.nlm.nih.gov/pubmed/24021847>

Conscious Cogn. 2013 Sep 7;22(4):1189-1194. doi: 10.1016/j.concog.2013.07.007. [Epub ahead of print]

**Experimentally-induced dissociation impairs visual memory.**

Brewin CR, Mersaditabari N.

Source: University College London, United Kingdom. Electronic address: c.brewin@ucl.ac.uk.

Dissociation is a phenomenon common in a number of psychological disorders and has been frequently suggested to impair memory for traumatic events. In this study we explored the effects of dissociation on visual memory. A dissociative state was induced experimentally using a mirror-gazing task and its short-term effects on memory performance were investigated. Sixty healthy individuals took part in the experiment. Induced dissociation impaired visual memory performance relative to a control condition; however, the degree of dissociation was not associated with lower memory scores in the experimental group. The results have theoretical and practical implications for individuals who experience frequent dissociative states such as patients with posttraumatic stress disorder (PTSD).

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<http://www.ncbi.nlm.nih.gov/pubmed/24020848>

J Ment Health. 2013 Oct;22(5):397-401. doi: 10.3109/09638237.2013.819422.

**PTSD in the armed forces: What have we learned from the recent cohort studies of Iraq/Afghanistan?**

Goodwin L, Rona RJ.

Source: King's Centre for Military Health Research, Department of Psychological Medicine , King's College London , London , UK.

Post-traumatic stress disorder (PTSD) was formally recognised as a psychiatric disorder in 1980, largely in response to America's attempts to make sense of the costs of the Vietnam war [Wessely, S., & Jones, E. (2004). Psychiatry and the 'lessons of Vietnam': What were they, and are they still relevant? *War & Society*, 22(1), 89-103.]. Interestingly, all of this occurred without much contribution from epidemiology, which came later (Wessely & Jones, 2004). This cannot be said of the current conflicts, where from the outset there has been a focus of attention on the epidemiology of PTSD in those who served in either Iraq or Afghanistan, even whilst the conflicts were ongoing. In this editorial, we focus on this recent epidemiological contribution to the understanding of PTSD in military personnel.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21850/abstract>

**Maladaptive Dependency Schemas, Posttraumatic Stress Hyperarousal Symptoms, and Intimate Partner Aggression Perpetration.**

Kachadourian, L. K., Taft, C. T., Holowka, D. W., Woodward, H., Marx, B. P. and Burns, A.

Journal of Traumatic Stress

Article first published online: 12 SEP 2013

This study examined the associations between maladaptive dependency-related schemas, posttraumatic stress disorder (PTSD) hyperarousal symptoms, and intimate-partner psychological and physical aggression in a sample of court-referred men (N = 174) participating in a domestic-abuser-intervention program. The men were largely African American; average age was 33.5 years. The extent to which hyperarousal symptoms moderated the association between dependency schemas and aggression was also examined. Maladaptive dependency-related schemas were positively associated with severe psychological, and mild and severe physical aggression perpetration. Hyperarousal symptoms were positively associated with mild and severe psychological aggression, and mild physical aggression perpetration. Multiple regression analyses showed a significant interaction for mild physical aggression: For those with high levels of hyperarousal symptoms, greater endorsement of maladaptive dependency schemas was associated with the perpetration of aggression ( $B = 0.98$ ,  $p = .001$ ). For those with low levels of hyperarousal symptoms, there was no association between dependency schemas and aggression ( $B = 0.04$ , ns). These findings suggest that focusing on problematic dependency and PTSD-hyperarousal symptoms in domestic-abuser-intervention programs may be helpful, and that examining related variables as possible moderators between dependency schemas and intimate aggression would be a fruitful area for future research.

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<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1866/abstract>

**Initial Psychometric Evaluation of the Moral Injury Questionnaire—Military Version.**

Currier, J. M., Holland, J. M., Drescher, K. and Foy, D.

Clinical Psychology & Psychotherapy

Article first published online: 10 SEP 2013

Moral injury is an emerging construct related to negative consequences associated with war-zone stressors that transgress military veterans' deeply held values/beliefs. Given the newness of the construct, there is a need for instrumentation that might assess morally injurious experiences (MIEs) in this population. Drawing on a community sample of 131 Iraq and/or Afghanistan Veterans and clinical sample of 82 returning Veterans, we conducted an initial psychometric evaluation of the newly developed Moral Injury Questionnaire—Military version (MIQ-M)—a 20-item self-report measure for

assessing MIEs. Possibly due to low rates of reporting, an item assessing sexual trauma did not yield favourable psychometric properties and was excluded from analyses. Veterans in the clinical sample endorsed significantly higher scores across MIQ-M items. Factor analytic results for the final 19 items supported a unidimensional structure, and convergent validity analyses revealed that higher scores (indicative of more MIEs) were correlated with greater general combat exposure, impairments in work/social functioning, posttraumatic stress and depression in the community sample. In addition, when controlling for demographics, deployment-related factors and exposure to life threat stressors associated with combat, tests of incremental validity indicated that MIQ-M scores were also uniquely linked with suicide risk and other mental health outcomes. These findings provide preliminary evidence for the validity of the MIQ-M and support the applicability of this measure for further research and clinical work with Veterans. Copyright © 2013 John Wiley & Sons, Ltd.

### **Key Practitioner Message**

Military service can confront service members with experiences that undermine their core sense of humanity and violate global values and beliefs. These types of experiences increase the risk for posttraumatic maladjustment in this population, even when accounting for rates of exposure to life threat traumas.

Moral injury is an emerging construct to more fully capture the many possible psychological, ethical, and spiritual/existential challenges among persons who served in modern wars and other trauma-exposed professional groups. There is currently a need for psychometrically sound instrumentation for assessing morally injurious experiences (MIEs).

The Moral Injury Questionnaire – Military Version (MIQ-M) was developed to provide a tool for assessing possible MIEs among military populations. This study provides preliminary evidence of the validity – including factorial, concurrent, and incremental – and clinical utility of the MIQ-M for further applications in clinical and research contexts.

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<https://dspace.smith.edu/handle/11020/24246>

### **Connecting after killing : an exploration of the intersubjective space between therapist and client when combat rests between them.**

Simoni, Alicia L

Thesis (M.S.W.)--Smith College School for Social Work, 2013

This qualitative study examines how the psychological dimensions of killing in combat manifest in intersubjective space between civilian therapists and service member clients. The investigation is based on interviews with 10 civilian therapists who provide psychotherapy to combat service members who have killed or think they may have killed in combat. The reality of killing in combat renders most individuals both viscerally and existentially uncomfortable, and thus is often turned away from. Civilian

psychotherapists are not immune to this. The aim of this study was to explore how therapists' subjectivities—in the form of conscious and unconscious actions, thoughts, and emotions regarding the reality of killing in combat—manifest, explicitly and implicitly, in a therapeutic dyad with combat service members. The findings of the research reveal a range of ways in which therapists' actions and presence were different with combat service members than with other client populations, including in the form of a more powerful empathic alliance, increased self-disclosure, and greater attentiveness to power differentials and mutuality in the clinical interaction. Furthermore, analysis of some of the explicit and implicit dynamics between therapists and service members points to potentially compelling ways in which mutual influence is experienced in these dyads, particularly as it relates to intrapsychic and interpersonal experiences of alienation and denial associated with killing in combat as well as to the interplay between individual and collective responsibility for war's devastation.

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<http://www.rehab.research.va.gov/jour/2013/506/pdf/parenti506.pdf>

### **A revised taxonomy of assistance animals**

Journal of Rehabilitative Research & Development (VA)

Volume 50, Number 6, 2013

Pages 745–756

The use of animals in various assistive, therapeutic, and emotional support roles has contributed to the uncoordinated expansion of labels used to distinguish these animals. To address the inconsistent vocabulary and confusion, this article proposes a concise taxonomy for classifying assistance animals. Several factors were identified to differentiate categories, including (1) whether the animal performs work or tasks related to an individual's disability; (2) the typical level of skill required by the animal performing the work or task; (3) whether the animal is used by public service, military, or healthcare professionals; (4) whether training certifications or standards are available; and (5) the existence of legal public access protections for the animal and handler. Acknowledging that some category labels have already been widely accepted or codified, six functional categories were identified: (1) service animal; (2) public service animal; (3) therapy animal; (4) visitation animal; (5) sporting, recreational, or agricultural animal; and (6) support animal. This taxonomy provides a clear vocabulary for use by consumers, professionals working in the field, researchers, policy makers, and regulatory agencies.

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<http://onlinelibrary.wiley.com/doi/10.1002/bsl.2088/abstract>

### **Traumatic Brain Injury: Guidance in a Forensic Context from Outcome, Dose–Response, and Response Bias Research.**

Sweet, J. J., Goldman, D. J. and Guidotti Breting, L. M.



Article first published online: 9 SEP 2013

Traumatic brain injury (TBI) occurs at a high incidence, involving millions of individuals in the U.S. alone. Related to this, there are large numbers of litigants and claimants who are referred annually for forensic evaluation. In formulating opinions regarding claimed injuries, the present review advises experts to rely on two sets of information: TBI outcome and neuropsychological dose–response studies of non-litigants and non-claimants, and response bias literature that has demonstrated the relatively high risk of invalid responding among examinees referred within a secondary gain context, which in turn has resulted in the development of specific assessment methods. Regarding prospective methods for detecting possible response bias, both symptom validity tests, for measuring over-reporting of symptoms on inventories and questionnaires, and performance validity tests, for measuring insufficient effort on ability tests, are considered essential. Copyright © 2013 John Wiley & Sons, Ltd.

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<http://onlinelibrary.wiley.com/doi/10.1002/j.1532-2149.2013.00395.x/abstract>

**Pain and somatic symptoms are sequelae of sexual assault: Results of a prospective longitudinal study.**

Ulirsch, J.C., Ballina, L.E., Soward, A.C., Rossi, C., Hauda, W., Holbrook, D., Wheeler, R., Foley, K.A., Batts, J., Collette, R., Goodman, E. and McLean, S.A.

European Journal of Pain

Article first published online: 10 SEP 2013

Background

Cross-sectional studies have shown that chronic musculoskeletal pain and somatic symptoms are frequently reported by sexual assault (SA) survivors; however, prospective studies examining pain and somatic symptoms in the months after SA have not been performed.

Methods

Women SA survivors 18 years of age or older who presented for care within 48 h of SA were recruited. Pain in eight body regions (head and face, neck, breast, arms, abdomen, back, genital and pelvic, and legs) and 21 common somatic symptoms (e.g., headache, nausea, insomnia, persistent fatigue) were assessed (0–10 numeric rating scale in each body region) at the time of presentation, 1-week, 6-week and 3-month interview. Post-traumatic stress disorder (PTSD) symptoms were assessed at the 6-week and 3-month interview.

Results

Clinically significant new or worsening pain (CSNWP) symptoms were common among study participants 6 weeks after SA [43/74, 58% (95% CI, 47–69%)] and 3 months after SA [40/67, 60% (95% CI, 48–71%)]

and generally occurred in regions not experiencing trauma. Women SA survivors also experienced an increased burden of many common somatic symptoms: 8/21 (38%) and 11/21 (52%) common somatic symptoms showed a significant increase in severity 6 weeks and 3 months after SA, respectively. Correlations between PTSD, CSNWP and somatic symptoms were only low to moderate, suggesting that these outcomes are distinct.

#### Conclusions

New and/or clinically worsening pain and somatic symptoms, lasting at least 3 months, are sequelae of SA. Further studies investigating pain and somatic symptoms after SA are needed.

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<http://www.tandfonline.com/doi/abs/10.1080/00981389.2013.799111>

#### **Mild Traumatic Brain Injury: A Place for Social Work.**

Page Walker Buck, Jocelyn Spencer Sagrati, Rachel Shapiro Kirzner

Social Work in Health Care

Vol. 52, Iss. 8, 2013

Mild traumatic brain injury (mTBI) has emerged as a significant public health issue. Increases in both the prevalence and awareness of this injury have resulted in a greater demand for mTBI-informed care. Our exploratory, qualitative study examines the work lives of front-line mTBI professionals. Findings suggest that mTBI rehabilitation work often requires substantial emotional energy given the impact that injury-related issues have on professionals' therapeutic work with clients. We suggest that social work, with a focus on the psychosocial implications of injury and recovery, is well-positioned to take a larger role in mTBI care and rehabilitation.

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<http://psycnet.apa.org/journals/mil/25/4/365/>

#### **Review of interventions designed to address drinking among soldiers.**

Kazemi, Donna M.; Berry-Cabán, Cristóbal S.; Becker, Christopher; Hiebert, Jean

Military Psychology, Vol 25(4), Jul 2013, 365-380.

Heavy and abusive alcohol use is a major health problem facing military service members. We reviewed literature on alcohol intervention programs targeting military personnel to assess the methodological quality and effectiveness of the programs. Although the search yielded more than 42,000 citations, only 150 met initial screening criteria. Eighteen studies had sufficient evidence to meet secondary screening and of these only 10 studies were included in the review. These studies employed several types of interventions, but only 1 used a randomized controlled trial. Our findings indicate that there is greater need to assess intervention strategies, and there is a particular need for high-quality studies using

randomized controlled trials with standardized assessment tools to improve the generalizability of the findings. We discuss the implications of our findings for future research in this area. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://psycnet.apa.org/journals/pas/25/3/1032/>

### **Operating characteristics of the PTSD Checklist in a military primary care setting.**

Gore, Kristie L.; McCutchan, Phoebe K.; Prins, Annabel; Freed, Michael C.; Liu, Xian; Weil, Jennifer M.; Engel, Charles C.

Psychological Assessment, Vol 25(3), Sep 2013, 1032-1036.

The Department of Defense (DoD) is implementing universal behavioral health screening for all DoD health-care beneficiaries presenting to military primary care clinics. The PTSD Checklist–Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993) is used for the identification of posttraumatic stress disorder (PTSD); however, the operating characteristics of the PCL-C remain unstudied in this population. This study examined the operating characteristics of the PCL-C in a sample of 213 patients from 3 Washington, D.C., area military primary care clinics. Blinded raters independently assessed PTSD using the PTSD Symptom Scale Interview (Foa, Riggs, Dancu, & Rothbaum, 1993) as the diagnostic criterion standard. The receiver operating characteristic curve revealed that PCL-C scores accounted for 92% of the area under the curve. A PCL-C score of 31 optimized sensitivity (0.93) and specificity (0.90), and the multilevel likelihood ratio was 5.50 (95% confidence interval [2.26, 13.37]). Internal consistency (0.97) and test–retest reliability (0.87 after a median 13 days) were strong. Results suggest that a PCL-C score of 31 is the optimal cutoff score for use in a military primary care setting serving active duty service members, dependents, and retirees. These findings offer military primary care providers preliminary data to interpret PCL-C scores and to inform treatment decisions as part of routine clinical practice. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://ccs.sagepub.com/content/early/2013/09/06/1534650113501863.abstract>

### **Post-Admission Cognitive Therapy (PACT) for the Prevention of Suicide in Military Personnel With Histories of Trauma: Treatment Development and Case Example.**

Laura Neely, Kari Irwin, J. T. Carreno, Ponce Kanchana Perera, Geoffrey Grammer, Marjan Ghahramanlou-Holloway

Published online before print September 9, 2013

To date, no inpatient evidence-based psychotherapeutic interventions have been developed for suicidal individuals with psychological trauma. Therefore, we have adapted, refined, implemented, and pilot-tested an inpatient-based cognitive behavioral therapy protocol, named Post-Admission Cognitive

Therapy (PACT), for the prevention of suicide. This article briefly describes the theoretical and research underpinnings for PACT, components of the treatment protocol, and clinical challenges. A case study of a traumatized military service member hospitalized following a suicide attempt is presented. Baseline and follow-up assessment data show general improvements in suicide ideation, depression, hopelessness, and Post Traumatic Stress Disorder symptomatology over time. While the data for the presented case appears promising, the efficacy of PACT remains unknown and is currently under investigation in a randomized controlled trial. Recommendations for clinicians and students who deliver care to suicidal psychiatric inpatients are provided.

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<http://psycnet.apa.org/journals/mil/25/4/354/>

### **Life meaning following combat among Air Force security forces personnel.**

Bryan, Craig J.; Elder, William B.; McNaughton-Cassill, Mary; Osman, Augustine; Hernandez, Ann Marie; Allison, Sybil

Military Psychology, Vol 25(4), Jul 2013, 354-364.

An active duty Air Force ground combat unit (n = 189) completed surveys about trauma and combat exposure, mood symptoms, and meaning in life. Two dimensions of deployment-related traumas were assessed: combat (e.g., firing weapons, being fired upon) and aftermath (e.g., seeing dead bodies, injury). Results of regression analyses indicated that Airmen who experienced more intense combat reported less presence of meaning in life, although the significant interaction with gender suggested declines in meaning in life were especially pronounced among males with higher combat intensity. In contrast, more intense aftermath exposure was associated with slightly stronger meaning in life, with no differences by gender. Intensity of combat exposure might differentially affect perceived meaning in life for male versus female combatants. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0306460313002645>

### **Veterans' Attitudes toward Work and Disability Compensation: Associations with Substance Abuse.**

Sarah Meshberg-Cohen, Kathryn Reid-Quiñones, Anne C. Black, Marc I. Rosen

Addictive Behaviors, Available online 11 September 2013

#### Introduction

Veterans deemed disabled for conditions resulting from, or aggravated by, their service in the military are eligible for service-connected disability payments. Despite many positive effects of disability payments, one concern is that Veterans with psychiatric conditions who receive disability payments are less likely to be employed compared to those who are denied benefits. Little is known about the

attitudes of substance using Veterans, for whom work is a particularly important part of recovery, toward work and disability compensation.

#### Methods

This study compared the responses of Veterans with (n = 33) and without substance use problems (n = 51) to questions about work's significance and its relationship to disability payments. T- and chi-square tests were conducted to determine if Veterans with substance use problems differed from the others on work-related attitudes and perceptions of the relation between work and Veterans' benefits.

#### Results

Veterans endorsed high levels of agreement with statements that working would lead to loss of benefits. Veterans with substance use agreed more strongly that they would rather turn down a job offer than lose financial benefits.

#### Conclusions

The greater preference for disability payments among substance-using Veterans may reflect a realistic concern that they are particularly likely to have difficulty maintaining employment. The widespread concern among Veterans that work will lead to loss of VA disability payments is striking given the ambiguity about how likely loss of benefits actually is, and should be addressed during the service-connection application process.

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<http://www.sciencedirect.com/science/article/pii/S0306460313002499>

### **Characteristics and Drinking Patterns of Veterans with Alcohol Dependence With and Without Post-Traumatic Stress Disorder.**

Brian Fuehrlein, Elizabeth Ralevski, Erin O'Brien, J. Serrita Jane, Albert J. Arias, Ismene L. Petrakis

Addictive Behaviors, Available online 11 September 2013

Alcohol use disorders and post-traumatic stress disorder (PTSD) are highly prevalent and commonly co-occur, notably in veterans. We explored differences in the pre-treatment characteristics of veterans with alcohol dependence (AD) alone compared to those with co-occurring AD and PTSD. Veterans were recruited to participate in two different treatment studies and baseline characteristics were compared. Those with co-occurring illnesses demonstrated significantly higher pre-treatment pathology across all psychopathological domains. While those with AD alone averaged more days of drinking and had more heavy drinking days, those with co-occurring illnesses reported more drinking-related symptoms. The presence of a major depressive episode had no effect on drinking. Within the PTSD group, combat exposure was associated with increased drinking independent of the severity of PTSD symptoms. This study underscores the importance of screening for comorbidity in clinical treatment settings, and for collecting detailed drinking histories and assessing psychiatric symptoms across all domains of psychopathology.

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<http://europepmc.org/abstract/MED/24016405/>

**A meta-analysis of neuropsychological markers of vulnerability to suicidal behavior in mood disorders.**

Richard-Devantoy S, Berlim MT, Jollant F

Psychological Medicine [2013;1-11]

**BACKGROUND:**

Suicidal behavior results from a complex interplay between stressful events and vulnerability factors, including cognitive deficits. However, it is not clear which cognitive tests may best reveal this vulnerability. The objective was to identify neuropsychological tests of vulnerability to suicidal acts in patients with mood disorders.

**METHOD:**

A search was made of Medline, EMBASE and PsycINFO databases, and article references. A total of 25 studies (2323 participants) met the selection criteria. A total of seven neuropsychological tests [Iowa gambling task (IGT), Stroop test, trail making test part B, Wisconsin card sorting test, category and semantic verbal fluencies, and continuous performance test] were used in at least three studies to be analysed.

**RESULTS:**

IGT and category verbal fluency performances were lower in suicide attempters than in patient controls [respectively,  $g = -0.47$ , 95% confidence interval (CI)  $-0.65$  to  $-0.29$  and  $g = -0.32$ , 95% CI  $-0.60$  to  $-0.04$ ] and healthy controls, with no difference between the last two groups. Stroop performance was lower in suicide attempters than in patient controls ( $g = 0.37$ , 95% CI  $0.10$ - $0.63$ ) and healthy controls, with patient controls scoring lower than healthy controls. The four other tests were altered in both patient groups versus healthy controls but did not differ between patient groups.

**CONCLUSIONS:**

Deficits in decision-making, category verbal fluency and the Stroop interference test were associated with histories of suicidal behavior in patients with mood disorders. Altered value-based and cognitive control processes may be important factors of suicidal vulnerability. These tests may also have the potential of guiding therapeutic interventions and becoming part of future systematic assessment of suicide risk.

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<https://dspace.smith.edu/handle/11020/24193>

**Promoting posttraumatic growth among OIF/OEF veterans : a theoretical exploration of the challenges of reintegration**

Clements, Erin E.

Thesis (M.S.W.)--Smith College School for Social Work, 2013

Approximately 2.2 million men and women have been deployed in service of the wars in Iraq and Afghanistan. And veterans are returning to their communities in large numbers, many of them with a range of visible and invisible medical and psychological injuries and needs (Tanielian & Jaycox, 2008; Hoge et al., 2004; Hoge, Auchterloni, & Milliken, 2006). The process of veterans re-entering civilian society following a deployment is known as reintegration (Demers, 2011). While the mental health issues and needs of returning OIF/OEF veterans have been widely studied (Tanielian & Jaycox, 2008) their experiences and struggles related to reintegration remain largely unexplored by researchers (Institute of Medicine; 2010; Doyle & Peterson. 2005). In this paper I explore the reintegration challenges that veterans face from both a micro and a macro perspective. I first use trauma theories as a way to understand the intrapersonal challenges that veterans may face during reintegration. I then use the framework of the military-civilian cultural gap to explore some of the macro level challenges facing OIF/OEF veterans as they reintegrate into their larger civilian communities. Finally, I focus on posttraumatic growth as a potential outcome of both combat-related trauma and reintegration. I present Tedeschi's (2011) model for facilitating posttraumatic growth on a micro-level through individual therapy and discuss ways in which that model may be enacted within the broader civilian community to construct a more conducive civilian arena for posttraumatic growth.

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<http://www.sciencedirect.com/science/article/pii/S0191886913012300>

### **Early life stressors and suicidal ideation: Mediation by interpersonal risk factors.**

Megan E. Puzia, Morganne A. Kraines, Richard T. Liu, Evan M. Kleiman

Personality and Individual Differences, Available online 7 September 2013

Childhood abuse is a major public health concern that has been consistently associated with many deleterious outcomes, including suicidal ideation (SI) and behavior. The processes through which early abuse experiences confer risk for suicidality are unclear. Drawing on [Joiner's \(2005\)](#) interpersonal theory of suicide, we hypothesized that the relationship between SI and childhood abuse would be specific to childhood emotional abuse, and that this relationship would be mediated by thwarted belongingness and perceived burdensomeness. Participants ( $n = 189$ ) with moderate to severe childhood abuse completed measures of childhood abuse, perceived burdensomeness, and lack of belongingness at the baseline assessment, and a measure of SI at a 7-week follow-up assessment. We found partial support for the study hypotheses. Childhood emotional abuse, but not childhood physical or sexual abuse, was found to be prospectively associated with SI. Perceived burdensomeness but not thwarted belongingness mediated this relationship. These findings suggest that the relationship between SI and childhood abuse may be specific to emotional abuse, and that this abuse subtype confers risk for ideation through increasing the individual's sense of hindering or burdening to others within the social network. Implications of these findings are discussed.

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<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1400/abstract>

**Field procedures in the army study to assess risk and resilience in servicemembers (Army STARRS).**

Heeringa, S. G., Gebler, N., Colpe, L. J., Fullerton, C. S., Hwang, I., Kessler, R. C., Naifeh, J. A., Nock, M. K., Sampson, N. A., Schoenbaum, M., Zaslavsky, A. M., Stein, M. B. and Ursano, R. J.

International Journal of Methods in Psychiatric Research

Article first published online: 3 SEP 2013

The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) is a multi-component epidemiological and neurobiological study of unprecedented size and complexity designed to generate actionable evidence-based recommendations to reduce US Army suicides and increase basic knowledge about determinants of suicidality by carrying out coordinated component studies. A number of major logistical challenges were faced in implementing these studies. The current report presents an overview of the approaches taken to meet these challenges, with a special focus on the field procedures used to implement the component studies. As detailed in the paper, these challenges were addressed at the onset of the initiative by establishing an Executive Committee, a Data Coordination Center (the Survey Research Center [SRC] at the University of Michigan), and study-specific design and analysis teams that worked with staff on instrumentation and field procedures. SRC staff, in turn, worked with the Office of the Deputy Under Secretary of the Army (ODUSA) and local Army Points of Contact (POCs) to address logistical issues and facilitate data collection. These structures, coupled with careful fieldworker training, supervision, and piloting, contributed to the major Army STARRS data collection efforts having higher response rates than previous large-scale studies of comparable military samples. Copyright © 2013 John Wiley & Sons, Ltd.

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<http://www.ncbi.nlm.nih.gov/pubmed/24041199>

Psychotherapy (Chic). 2013 Sep 16. [Epub ahead of print]

**Internet-Based Guided Self-Help for Several Anxiety Disorders: A Randomized Controlled Trial Comparing a Tailored With a Standardized Disorder-Specific Approach.**

Berger T, Boettcher J, Caspar F.

Internet-delivered self-help with minimal therapist guidance has shown promising results for a number of diagnoses. Most of the evidence comes from studies evaluating standardized disorder-specific treatments. A recent development in the field includes transdiagnostic and tailored Internet-based treatments that address comorbid symptoms and a broader range of patients. This study evaluated an Internet-based tailored guided self-help treatment, which targeted symptoms of social anxiety disorder, panic disorder with or without agoraphobia, and generalized anxiety disorder. The tailored treatment



was compared both with standardized disorder-specific Internet-based treatment and with a wait-list control group. Both active treatment conditions were based on cognitive-behavioral therapy and lasted for 8 weeks. A total of 132 individuals meeting diagnostic criteria for at least one of the anxiety disorders were randomly assigned to 1 of the 3 conditions. Both treatment groups showed significant symptom reductions as compared with the wait-list control group on primary disorder-unspecific measures of anxiety, depression, and general symptomatology and on secondary anxiety disorder-specific measures. Based on the intention-to-treat sample, mean between-group effect sizes were  $d = 0.80$  for the tailored treatment and  $d = 0.82$  for the standardized treatment, versus wait-list controls. Treatment gains were maintained at 6-month follow-up. No differences were found between the 2 active treatment conditions on any of the measures, including a telephone-administered diagnostic interview conducted at posttreatment. The findings suggest that both Internet-based tailored guided self-help treatments and Internet-based standardized treatments are promising treatment options for several anxiety disorders. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/24041750>

Psychiatry Res. 2013 Sep 13. pii: S0165-1781(13)00496-4. doi: 10.1016/j.psychres.2013.08.036. [Epub ahead of print]

### **Depressive symptoms and sleep: A population-based polysomnographic study.**

Castro LS, Castro J, Hoexter MQ, Quarantini LC, Kauati A, Mello LE, Santos-Silva R, Tufik S, Bittencourt L.

Source: Departamento de Psicobiologia, Universidade Federal de Sao Paulo, Sao Paulo, SP, Brazil(1).

The goals of the present study were to determine the prevalence of depression in the adult population of Sao Paulo, Brazil and to explore the relationship among sociodemographic, physical and psychological factors, sleep-related symptoms and polysomnography parameters. Participants of a cross-sectional study (N=1101) were administered questionnaires and submitted to polysomnography. A score >20 in the Beck Depression Inventory was used to describe depression. Results revealed that the prevalence of depression was 10.9%. Estimates were higher in women and were significantly higher among housewives, non-workers and individuals with lower education and income. A combination of sleep-related symptoms and impaired quality of life was 2.5 times more frequent among depressed than non-depressed. Co-morbid insomnia and anxiety were positively associated to depressive symptomatology. There were no alterations in the polysomnography parameters, in either group. The occurrence of sleep apnea with values on the apnea-hypopnea index  $\geq 5$  was similar and frequent in both groups (around 30%). The findings suggest that depressive symptoms were associated with low education, low income, severe comorbid symptomatology, and impaired quality of life. Considering the high prevalence of sleep apnea, these results point to potential social and financial burdens associated with the depressive symptomatology and various sleep diagnoses.

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<http://www.ncbi.nlm.nih.gov/pubmed/24041524>

Am J Geriatr Psychiatry. 2013 Sep 13. pii: S1064-7481(13)00196-6. doi: 10.1016/j.jagp.2013.03.009.  
[Epub ahead of print]

### **PTSD Checklist Scoring Rules for Elderly Veterans Affairs Outpatients.**

Yeager DE, Magruder KM.

Source: Mental Health Service, Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC;  
Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC.  
Electronic address: yeagerde@musc.edu.

#### **OBJECTIVE:**

To assess the diagnostic performance of the PTSD Checklist (PCL) for three age groups (<50, 50-64, and ≥65 years).

#### **METHODS:**

The PCL was compared with the Clinician Administered PTSD Scale, a gold standard for the diagnosis of post-traumatic stress disorder. Receiver operating characteristic curves and the corresponding area under the receiver operating characteristic curve (AUC) and measures of sensitivity and specificity were used to assess the performance of and to determine optimal cutscores for the PCL across the three groups. Analyses were based on 858 randomly selected primary care patients who participated in a study conducted at four Veterans Administration medical centers.

#### **RESULTS:**

AUCs were high for all three age groups (87.55%-88.26%), and there were no significant differences in AUCs across age groups  $\chi^2$ . Optimal cutscores, however, varied considerably: 24 for the oldest group, 34 for the middle group, and 43 for the youngest group.

#### **CONCLUSION:**

Recommend use of lower PCL cutscore for older Veterans Administration primary care patients.

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<http://www.ncbi.nlm.nih.gov/pubmed/24041427>

J Behav Ther Exp Psychiatry. 2013 Aug 6. pii: S0005-7916(13)00061-X. doi: 10.1016/j.jbtep.2013.07.011.  
[Epub ahead of print]

### **Contextualisation in the revised dual representation theory of PTSD: A response to Pearson and colleagues.**

Brewin CR, Burgess N.

Source: University College London, UK. Electronic address: c.brewin@ucl.ac.uk.

Three recent studies (Pearson, 2012; Pearson, Ross, & Webster, 2012) purported to test the revised dual representation theory of posttraumatic stress disorder (Brewin, Gregory, Lipton, & Burgess, 2010) by manipulating the amount of additional information accompanying traumatic stimulus materials and assessing the effect on subsequent intrusive memories. Here we point out that these studies involve a misunderstanding of the meaning of "contextual" within the theory, such that the manipulation would be unlikely to have had the intended effect and the results are ambiguous with respect to the theory. Past and future experimental tests of the theory are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/22491091>

Int J Obes (Lond). 2013 Feb;37(2):244-53. doi: 10.1038/ijo.2012.46. Epub 2012 Apr 10.

### **Weight change following US military service.**

Littman AJ, Jacobson IG, Boyko EJ, Powell TM, Smith TC; Millennium Cohort Study Team.

Collaborators (39)

Source: Seattle Epidemiologic Research and Information Center, Veterans Affairs Puget Sound Health Care System, Seattle, WA 98101, USA. alyson@u.washington.edu

#### **BACKGROUND:**

Although overweight and obesity are less prevalent among active-duty military personnel compared with similar persons not serving in the military, no such differences have been observed between veterans and non-veterans.

#### **OBJECTIVES:**

To assess the magnitude of weight changes before, concurrent with and following discharge from the military, relative to weight during service, and to determine the demographic, service-related and psychological characteristics associated with clinically important weight gain among those who were discharged from military service during follow-up.

#### **METHODS:**

Eligible Millennium Cohort Study participants (n=38 686) completed the questionnaires approximately every 3 years (2001, 2004 and 2007) that were used to estimate annual weight changes, as well as the percentage experiencing clinically important weight gain, defined as  $\geq 10\%$ . Analyses were stratified by sex.

## RESULTS:

Weight gain was greatest around the time of discharge from service and in the 3 years before discharge (1.0-1.3 kg per year), while it was nearly half as much during service (0.6-0.7 kg per year) and 3 years after service ended (0.7 kg per year). Consequently, 6-year weight gain was over 2 kg greater in those who were discharged compared with those who remained in the military during follow-up (5.7 vs 3.5 kg in men; 6.3 vs 4.0 kg in women). In those who were discharged, younger age, less education, being overweight at baseline, being in the active-duty component (vs Reserve/National Guard) and having experienced deployment with combat exposures (vs non-deployment) were associated with increased risks of clinically important weight gain. Conclusions: This study provides the first prospectively collected evidence for an increased rate of weight gain around the time of military discharge that may explain previously reported higher rates of obesity in veterans, and identifies characteristics of higher-risk groups. Discharge from military service presents a window of risk and opportunity to prevent unhealthy weight gain in military personnel and veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/24038816>

Hum Brain Mapp. 2013 Sep 13. doi: 10.1002/hbm.22358. [Epub ahead of print]

### **Postconcussional disorder and PTSD symptoms of military-related traumatic brain injury associated with compromised neurocircuitry.**

Yeh PH, Wang B, Oakes TR, French LM, Pan H, Graner J, Liu W, Riedy G.

Source: Traumatic Brain Injury Image Analysis Lab, Department of Radiology, Henry Jackson Foundation for the Advancement of Military Medicine, Rockville, Maryland.

Traumatic brain injury (TBI) is a common combat injury, often through explosive blast, and produces heterogeneous brain changes due to various mechanisms of injury. It is unclear whether the vulnerability of white matter differs between blast and impact injury, and the consequences of microstructural changes on neuropsychological function are poorly understood in military TBI patients. Diffusion tensor imaging (DTI) techniques were used to assess the neurocircuitry in 37 US service members (29 mild, 7 moderate, 1 severe; 17 blast and 20 nonblast), who sustained a TBI while deployed, compared to 14 nondeployed, military controls. High-dimensional deformable registration of MRI diffusion tensor data was followed by fiber tracking and tract-specific analysis along with region-of-interest analysis. DTI results were examined in relation to post-concussion and post-traumatic stress disorder (PTSD) symptoms. The most prominent white matter microstructural injury for both blast and nonblast patients was in the frontal fibers within the fronto-striatal (corona radiata, internal capsule) and fronto-limbic circuits (fornix, cingulum), the fronto-parieto-occipital association fibers, in brainstem fibers, and in callosal fibers. Subcortical superior-inferiorly oriented tracts were more vulnerable to blast injury than nonblast injury, while direct impact force had more detrimental effects on anterior-posteriorly oriented tracts, which tended to cause heterogeneous left and right hemispheric asymmetries of white matter connectivity. The tractography using diffusion anisotropy deficits revealed

the cortico-striatal-thalamic-cerebellar-cortical (CSTCC) networks, where increased post-concussion and PTSD symptoms were associated with low fractional anisotropy in the major nodes of compromised CSTCC neurocircuitry, and the consequences on cognitive function were explored as well. Hum Brain Mapp, 2013. © 2013 Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/24030613>

Am J Psychiatry. 2013 Sep 1;170(9):1041-50. doi: 10.1176/appi.ajp.2013.12070899.

**The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial.**

Driessen E, Van HL, Don FJ, Peen J, Kool S, Westra D, Hendriksen M, Schoevers RA, Cuijpers P, Twisk JW, Dekker JJ.

**OBJECTIVE**

The efficacy of psychodynamic therapies for depression remains open to debate because of a paucity of high-quality studies. The authors compared the efficacy of psychodynamic therapy with that of cognitive-behavioral therapy (CBT), hypothesizing nonsignificant differences and the noninferiority of psychodynamic therapy relative to CBT.

**METHOD**

A total of 341 adults who met DSM-IV criteria for a major depressive episode and had Hamilton Depression Rating Scale (HAM-D) scores  $\geq 14$  were randomly assigned to 16 sessions of individual manualized CBT or short-term psychodynamic supportive therapy. Severely depressed patients (HAM-D score  $\geq 24$ ) also received antidepressant medication according to protocol. The primary outcome measure was posttreatment remission rate (HAM-D score  $\leq 7$ ). Secondary outcome measures included mean posttreatment HAM-D score and patient-rated depression score and 1-year follow-up outcomes. Data were analyzed with generalized estimating equations and mixed-model analyses using intent-to-treat samples. Noninferiority margins were prespecified as an odds ratio of 0.49 for remission rates and a Cohen's d value of 0.30 for continuous outcome measures.

**RESULTS**

No statistically significant treatment differences were found for any of the outcome measures. The average posttreatment remission rate was 22.7%. Noninferiority was shown for posttreatment HAM-D and patient-rated depression scores but could not be demonstrated for posttreatment remission rates or any of the follow-up measures.

**CONCLUSIONS**

The findings extend the evidence base of psychodynamic therapy for depression but also indicate that

time-limited treatment is insufficient for a substantial number of patients encountered in psychiatric outpatient clinics.

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<http://www.ncbi.nlm.nih.gov/pubmed/24029300>

Phys Ther. 2013 Sep 12. [Epub ahead of print]

**Physical Therapist-Delivered Cognitive-Behavioral Therapy: A Qualitative Study of Physical Therapist Perceptions and Experiences.**

Nielsen M, Keefe FJ, Bennell K, Jull GA.

Source: M. Nielsen, PhD, BSocWk (Hons), Division of Physiotherapy, School of Health and Rehabilitation Sciences, The University of Queensland, Physiotherapy Therapies Building 84A, Brisbane, Queensland, 4072, Australia.

**BACKGROUND:**

The importance of the biopsychosocial model in assessment and treatment of chronic musculoskeletal conditions is recognized. Physical therapists (PTs) have been encouraged to develop psychologically informed practice. Little is known about the process of PTs' learning and delivering of psychological interventions within the practice context.

**OBJECTIVE:**

To investigate PTs' experiences and perspectives of a cognitive behavioral-informed training and intervention process as part of a randomized controlled trial (RCT) involving adults with painful knee osteoarthritis.

**DESIGN:**

A qualitative design was employed. Participants were PTs trained to deliver the Pain Coping Skills Training (PCST) program.

**METHODS:**

8 PTs trained to deliver PCST were interviewed by telephone at 4 time-points during the 12-month RCT period. Interviews were audio-recorded, transcribed verbatim into computer-readable files and analysed using Framework Analysis.

**RESULTS:**

Thematic categories identified were: training; experience delivering PCST; impact on general clinical practice; and perspectives on PCST and physical therapy practice. PTs reported positive experiences with PCST training and program delivery. They thought that their participation in the RCT had enhanced their general practice. Although some components of the PCST program were familiar, PTs found delivering the program was quite different to regular practice. PTs believed the PCST training, a 3 to 4-day workshop followed by formal mentoring and performance feedback from a psychologist for 3-6 months

and during the RCT, was critical to their ability to effectively deliver the PCST intervention. PTs identified a number of challenges in delivering PCST in their normal practice.

**CONCLUSION:**

PTs can be trained to confidently deliver a PCST program. They believe that training enhanced their clinical practice. Comprehensive training and mentoring by psychologists was crucial to ensure treatment fidelity.

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<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=36605>

**Developing nursing curriculum to facilitate the delivery of holistic care to the military veteran.**

Michelle Beckford, Corinne Ellis

Open Journal of Nursing

Vol.3 No.5, September 2013

Daily media coverage tells the story of challenges facing returning members of the United States Military. High rates of suicide, more than twenty per day, horrific traumatic injuries necessitating challenging physical and emotional healing, and lingering post-traumatic stress disorders warranting the most advanced methods of treatment are reported daily. As America recoils from two prolonged overseas wars, the need for prepared healthcare providers is essential not only for the Veterans Administration (VA), but also for civilian based healthcare systems. The bulk of nursing education literature seems to evidence a void regarding this segment of the population. What seems like a prime education focus remains yet to be enacted in most nursing programs. The authors have responded to this challenge, by creating curricula developed to increase nursing student awareness of veterans' unique needs, and to prepare undergraduate nursing students to provide quality care to veterans. Through the creation of a laboratory simulation scenario, students learned how to holistically view and respond to the needs of a veteran client. Debriefing allowed for reviewing the experience and discussing concerns. Outcomes measured via pre- and post- testing survey reflected the complexity of patient care needs. Students were asked to rate their ability to identify and prioritize appropriate nursing interventions. Anecdotal feedback was positive in that students consistently expressed a need to have additional simulation experiences.

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<http://sdsu-dspace.calstate.edu/handle/10211.10/5129>

**Trauma-related guilt : conceptual development and relationship with posttrauma psychopathology**

Wilkins, Kendall Clarke

Ph. D. Thesis – Clinical Psychology  
University of California, San Diego and San Diego State University  
2013

Trauma-related guilt has been linked to more severe post traumatic outcomes, yet little effort has been made to conceptualize the construct of posttraumatic guilt or empirically evaluate existing theoretical models. To address this need, the present study conducted a systematic empirical evaluation of the theoretical model of trauma-related guilt proposed by Kubany and Watson (2003). This model hypothesizes that emotional and physical distress related to the trauma memory partially mediates the relationship between guilt cognitions and posttraumatic guilt. This investigation aimed to : (1) empirically evaluate Kubany and Watson's components of posttraumatic guilt model; (2) extend this model in male Veterans by evaluating models where by guilt cognitions, distress, and posttraumatic guilt were related to posttraumatic stress disorder (PTSD) and depression (MDD) symptom severity; and (3) explore the prognostic significance of posttraumatic guilt, PTSD, and MDD symptoms for treatment course in female IPV survivors. This investigation examined male Iraq and Afghanistan Veterans (n = 149) and female IPV survivors with (n =30) and without (n = 39) alcohol/substance use disorders. Aims 1 and 2 were evaluated using path analysis. Aim 3 was explored using Pearson's product moment correlations. Kubany and Watson's components of posttraumatic guilt model demonstrated the hypothesized indirect effect in male Veterans (indirect effect = .14, SE = .04, 95% CI = [.05-.21]). In the extended model examining the relationship between the components of posttraumatic guilt model and PTSD, the hypothesized indirect path suggesting the relationship between guilt-related cognitions, distress, and PTSD is mediated by posttraumatic guilt became non-significant as the model was respecified. Results related to MDD models paralleled these findings. Support for Kubany and Watson's model was inconsistent in female IPV survivors. Significant correlations were detected between change in posttraumatic guilt and change in PTSD ( $r = .52, p = .04$ ) and MDD symptoms ( $r = .81, p < .01$ ) from mid-treatment to post-treatment. Findings provide support for Kubany and Watson's model in male Veterans while highlighting the need to further define the distress component included in this model. Correlational findings within female IPV survivors suggest a mechanistic link may exist between trauma-related guilt and PTSD and MDD.

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<https://soilcarboncenter.k-state.edu/militaryaffairs/docs/Reintegrating-Post-9-11-Military-Veterans.pdf>

### **White Paper: Looking Critically at Reintegration of Post 9-11 Era Military Veterans**

Arthur S. De Groat, Kansas State University

Richard P. Crowley, Invictus Consulting LLC

Despite its best intentions and a significant commitment of resources, the U.S. Army is not effectively fulfilling its institutional responsibility to adequately prepare its departing veterans to enter into productive civilian life and employment at the conclusion of their time in uniform.



The combination of an ineffectual understanding of the complex dynamics of adult transition, a reliance on flawed assumptions regarding the nature of private sector employment, and a misplaced faith in the viability of historical models has resulted in the estimated 2.6 million veterans of the “Gulf War - II era” being insufficiently prepared to reintegrate into a civil society that is less familiar with the culture and experiences of military service than at any time in history.

These shortfalls are contributing to staggering (and ever - accelerating) human, economic and social costs. The long - term consequences of these costs will likely erode the nation’s relationship with its Army, negatively influence the next generation of eligible citizens’ propensity to join the service, and gravely threaten the existence of the All - Volunteer Force. The challenge is daunting. To understand and ultimately overcome it will require the Army to introspectively evaluate its assumptions and practices, and to collaborate with external partners in new ways.

The goals of this theoretical paper are to 1) define, clarify and better understand the contemporary factors contributing to, and the consequences of, this generation of veterans’ collective struggles to transition effectively by forming and applying an empirical framework; and 2) to stimulate and enable further inquiry by analyzing, describing, and documenting the findings from my inter - disciplinary scientific and practical literature inquiry . Recommended solutions are noticeably absent – I limit the scope of this paper to explanation , not suggestion . Also, although behavioral health issues and the challenges of effectively caring for the unseen wounds of battle are clearly interwoven throughout the transition process, they are intentionally omitted to maintain focus on the paper’s goals. As a result of my academic emphasis and decade of practical work assisting soldiers in transition, I focus on the experience of the U.S. Army in particular.

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### **Links of Interest**

New spotlight on mental health in security screening

<http://www.politico.com/story/2013/09/mental-health-security-screening-96967.html>

Depression May Be Worse When Accompanied by Anger, Irritability

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_140569.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_140569.html)

Resilience training comes to Pentagon

[http://www.army.mil/article/111275/Resilience\\_training\\_comes\\_to\\_Pentagon/](http://www.army.mil/article/111275/Resilience_training_comes_to_Pentagon/)

Pinpointing the Molecular Path That Makes Antidepressants Act Quicker

<http://www.sciencedaily.com/releases/2013/09/130914093310.htm>

Virtual reality, real help for veterans

<http://www.bostonglobe.com/lifestyle/health-wellness/2013/09/15/virtual-reality-helps-veterans-with-ptsd/iM2o9DV3OdbzBCp4FJB01O/story.html>

5 Questions with Candace Drake of the Joint Ambulatory Care Center (about PE)

<http://www.pnj.com/article/20130915/NEWS12/309150011/5-Questions-Candace-Drake-Joint-Ambulatory-Care-Center>

Military Researchers Advance Treatment Studies for PTSD, Depression

[http://www.health.mil/News\\_And\\_Multimedia/News/detail/13-09-16/Military\\_Researchers\\_Advance\\_Treatment\\_Studies\\_for\\_PTSD\\_Depression.aspx](http://www.health.mil/News_And_Multimedia/News/detail/13-09-16/Military_Researchers_Advance_Treatment_Studies_for_PTSD_Depression.aspx)

Brain Is Hard-Wired for Chronic Pain

<http://www.sciencedaily.com/releases/2013/09/130917093908.htm>

Army STARRS study busting myths on suicide

[http://www.army.mil/article/111451/Army\\_STARRS\\_study\\_busting\\_myths\\_on\\_suicide/](http://www.army.mil/article/111451/Army_STARRS_study_busting_myths_on_suicide/)

Emotional attachment to robots could affect outcome on battlefield

[http://www.eurekalert.org/pub\\_releases/2013-09/uow-eat091713.php](http://www.eurekalert.org/pub_releases/2013-09/uow-eat091713.php)

Chronic care management does not result in increased abstinence from alcohol

[http://www.eurekalert.org/pub\\_releases/2013-09/tjnj-ccm091213.php](http://www.eurekalert.org/pub_releases/2013-09/tjnj-ccm091213.php)

Therapy helps beat sleep problem

<http://www.tele-management.ca/2013/09/therapy-helps-beat-sleep-problem/>

Crisis Line Counselors Share Compassion

[http://www.health.mil/News\\_And\\_Multimedia/News/detail/13-09-17/Crisis\\_Line\\_Counselors\\_Share\\_Compassion.aspx](http://www.health.mil/News_And_Multimedia/News/detail/13-09-17/Crisis_Line_Counselors_Share_Compassion.aspx)

Intensive Substance-Abuse Treatment Fails to Deliver Better Results: Study

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_140749.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_140749.html)

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**Resource of the Week:** [Finding Public Domain & Creative Commons Images](#)

This research guide from Harvard Law School will point you in the direction of free-to-use graphics for presentations, papers, marketing materials, etc.

When you are adding images, videos and other content that you did not create to your presentation, it is important to make sure that you are not violating anyone's copyright. One way to do so is to find public domain images for your presentations. Copyright.gov explains the public domain as follows: "A work of authorship is in the "public domain" if it is no longer under copyright protection or if it failed to meet the requirements for copyright protection. Works in the public domain may be used freely without the permission of the former copyright owner." Because such works can be used without first seeking permission, they are ideal for many projects, particularly those that will extend beyond educational uses.

## HARVARD LAW SCHOOL LIBRARY

Harvard Library » Research Guides » Harvard Law School Library » Finding Public Domain &amp; Creative Commons Images





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## Finding Public Domain &amp; Creative Commons Images

Tags: creative commons, how\_to, images, public

domain

This guide will help you find and correctly attribute public domain and Creative Commons images for your project or presentation.

Last Updated: Sep 11, 2013 | URL: [http://guides.library.harvard.edu/Finding\\_Images](http://guides.library.harvard.edu/Finding_Images) |  Print Guide |  RSS Updates |  Email Alerts |Public Domain & Creative Commons Content  Print PageSearch Guides:  This Guide 

## PUBLIC DOMAIN



When you are adding images, videos and other content that you did not create to your presentation, it is important to make sure that you are not violating anyone's copyright. One way to do so is to find public domain images for your presentations.

Copyright.gov explains the public domain as follows: "A work of authorship is in the "public domain" if it is no longer under copyright protection or if it failed to meet the requirements for copyright protection. Works in the public domain may be used freely without the permission of the former copyright owner." Because such works can be used without first seeking permission, they are ideal for many projects, particularly those that will extend beyond educational uses.

## CREATIVE COMMONS



If you can't find Public Domain images that fit your needs, you can also use Creative Commons-licensed content as long as you ensure that you correctly attribute this content to its creator according to the terms of the license under which the image is offered. You can find more information about this on the Creative Commons FAQ.

Still not sure how Creative Commons licenses work? This video will give you an overview of the topic:

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Shirl Kennedy

Web Content Strategist

Center for Deployment Psychology

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