



CDP Research Update -- March 2, 2017

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<https://content.govdelivery.com/accounts/USVHA/bulletins/189f613>

Is it PTSD? - PTSD Monthly Update, January 2017

National Center for PTSD (VA)

If you have experienced a traumatic event and are having symptoms you might be wondering whether you have PTSD. Here are some things you can do to learn more:

- Take the PTSD Checklist (A Self Screen)
- Watch videos from Veterans who have experienced PTSD on AboutFace: How I Knew I Had PTSD.
- View a short animated film describing PTSD symptoms.

<http://www.tandfonline.com/doi/full/10.1080/15325024.2017.1284485>

Potential Moderators of Racial Differences in Responses to Traumatic Events.

Katie E. Despeaux & Danielle R. Jahn

Journal of Loss and Trauma

Published online: 23 Jan 2017

<http://dx.doi.org/10.1080/15325024.2017.1284485>

Research regarding the influence of race on outcomes after trauma has been mixed, and we aimed to identify potential moderators of the relation between race and posttraumatic stress disorder (PTSD)–related outcomes. We conducted a secondary analysis of data from 477 participants in the Collaborative Psychiatric Epidemiology Surveys. African American individuals reported a shorter duration of and less frequent PTSD symptoms than Caucasian individuals, and also endorsed a greater number of reexperiencing and avoidance symptoms. Education, socioeconomic status, and social

support did not significantly moderate relations between age of worst trauma and PTSD-related outcomes. Clinical and research implications are discussed.

<http://psycnet.apa.org/journals/ccp/85/3/187>

Memory support strategies and bundles: A pathway to improving cognitive therapy for depression?

Dong, Lu; Lee, Jason Y.; Harvey, Allison G.

Journal of Consulting and Clinical Psychology
Vol 85(3), Mar 2017, 187-199
<http://dx.doi.org/10.1037/ccp0000167>

Objective:

Therapist use of memory support (MS) alongside treatment-as-usual, with the goal of enhancing patient recall of treatment contents, has been of recent interest as a novel pathway to improve treatment outcome. The memory support intervention (MSI) involves treatment providers' using 8 specific MS strategies to promote patient memory for treatment. The present study examines to what extent therapist use of MS strategies and bundles improves patient recall of treatment contents and treatment outcome.

Method:

The data were drawn from a pilot RCT reported elsewhere. Participants were 48 adults (mean age = 44.27 years, 29 females) with major depressive disorder (MDD), randomized to receive 14 sessions of either CT + Memory Support (n = 25) or CT-as-usual (n = 23). Therapist use of MS was coded using the Memory Support Rating Scale. Patient memory and treatment outcomes were assessed at baseline, midtreatment (patient recall only), posttreatment, and 6-month follow-up.

Results:

Participants in CT + Memory Support received significantly higher amount of MS relative to CT-as-usual. Although not reaching statistical significance, small-to-medium effects were observed between MS strategies and patient recall in the expected direction. Although MS variables were not significantly associated with changes in continuous depressive symptoms, MS was associated with better global functioning. MS also exhibited small to medium effects on treatment response and recurrence in the

expected direction but not on remission, though these effects did not reach statistical significance.

Conclusions:

These results provide initial empirical evidence supporting an active method for therapists to implement MS strategies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ccp/85/3/267>

A randomized controlled trial of a smartphone app for posttraumatic stress disorder symptoms.

Kuhn, Eric; Kanuri, Nitya; Hoffman, Julia E.; Garvert, Donn W.; Ruzek, Josef I.; Taylor, C. Barr

Journal of Consulting and Clinical Psychology

Vol 85(3), Mar 2017, 267-273

<http://dx.doi.org/10.1037/ccp0000163>

Objective:

Posttraumatic stress disorder (PTSD) is highly prevalent in the population, but relatively few affected individuals receive treatment for it. Smartphone applications (apps) could help address this unmet need by offering sound psychoeducational information and evidence-based cognitive behavioral coping tools. We conducted a randomized controlled trial to assess the efficacy of a free, publicly available smartphone app (PTSD Coach) for self-management of PTSD symptoms.

Method:

One hundred 20 participants who were an average of 39 years old, mostly women (69.2%) and White (66.7%), recruited primarily through online advertisements, were randomized to either a PTSD Coach (n = 62) or a waitlist condition (n = 58) for 3 months. Web-administered self-report measures of PTSD, PTSD symptom coping self-efficacy, depression, and psychosocial functioning were conducted at baseline, posttreatment, and 3 months following treatment.

Results:

Following the intent-to-treat principle, repeated-measures analyses of variance

(ANOVAs) revealed that at posttreatment, PTSD Coach participants had significantly greater improvements in PTSD symptoms ($p = .035$), depression symptoms ($p = .005$), and psychosocial functioning ($p = .007$) than did waitlist participants; however, at posttreatment, there were no significant mean differences in outcomes between conditions. A greater proportion of PTSD Coach participants achieved clinically significant PTSD symptom improvement ($p = .018$) than waitlist participants.

Conclusion:

PTSD Coach use resulted in significantly greater improvements in PTSD symptoms and other outcomes relative to a waitlist condition. Given the ubiquity of smartphones, PTSD Coach may provide a wide-reaching, convenient public health intervention for individuals with PTSD symptoms who are not receiving care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://psycnet.apa.org/journals/ccp/85/3/274>

Habituation of distress and craving during treatment as predictors of change in PTSD symptoms and substance use severity.

Badour, Christal L.; Flanagan, Julianne C.; Gros, Daniel F.; Killeen, Therese; Pericot-Valverde, Irene; Korte, Kristina J.; Allan, Nicholas P.; Back, Sudie E.

Journal of Consulting and Clinical Psychology

Vol 85(3), Mar 2017, 274-281

<http://dx.doi.org/10.1037/ccp0000180>

Objective:

Increasing evidence supports the efficacy of trauma-focused exposure therapy in the treatment of posttraumatic stress disorder (PTSD) and co-occurring substance use disorders. Little is known, however, about the mechanisms of change in treatment for patients with PTSD and co-occurring substance use disorders. The aim of the present study was to examine whether within- and between-session habituation of distress and substance craving during imaginal exposure relates to treatment outcomes among U.S. military veterans with PTSD and a co-occurring substance use disorder ($N = 54$).

Method:

Veterans received Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure, a manualized integrated treatment combining prolonged exposure

with cognitive–behavioral therapy for substance use disorders as part of a larger randomized clinical trial. Self-reported distress and craving ratings were collected during each imaginal exposure session.

Results:

Data were analyzed using a series of random intercept and slope multilevel linear and generalized linear models. Results revealed that between-session habituation of distress and craving was associated with greater improvement in PTSD symptoms during treatment. Between-session habituation of craving was also associated with a marginally greater reduction in frequency of substance use among participants still reporting use during treatment. Within-session habituation of distress was unrelated to treatment outcome.

Conclusion:

Together, these findings indicate that habituation in both distress and craving may be important in maximizing treatment outcome for patients with PTSD and comorbid substance use disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://www.healio.com/psychiatry/journals/jpn/2017-2-55-2/{b0d29d02-5e64-4f81-a827-79dcacb31284}/enhancing-resilience-in-active-duty-military-personnel>

Enhancing Resilience in Active Duty Military Personnel.

Sonya Crabtree-Nelson, PhD, LCSW; LCDR Peter DeYoung, NC USN, RN-BC, CEN, MSN

Journal of Psychosocial Nursing and Mental Health Services

February 2017 - Volume 55 · Issue 2: 44-48

DOI: 10.3928/02793695-20170210-06

A systematic, evidence-based training program to support active duty military personnel through building unit-level resiliency in preparation for anticipated individual times of crisis is needed. Mental health nurses and social workers in the military possess critical training and expertise in identifying and supporting individual and community resilience factors. Their knowledge of the protective aspects of resilience can and should be used to educate all active duty military personnel, ensure military leaders are knowledgeable

in how best to support their units, and provide research on the effectiveness of pre-combat resilience training.

<http://www.sciencedirect.com/science/article/pii/S0747563217301322>

Latent-level relations between DSM-5 PTSD symptom clusters and problematic smartphone use.

Ateka A. Contractor, Sheila B. Frankfurt, Nicole H. Weiss, Jon D. Elhai

Computers in Human Behavior
Volume 72, July 2017, Pages 170-177
<http://dx.doi.org/10.1016/j.chb.2017.02.051>

Common mental health consequences following the experience of potentially traumatic events include Posttraumatic Stress Disorder (PTSD) and addictive behaviors. Problematic smartphone use is a newer manifestation of addictive behaviors. People with anxiety severity (such as PTSD) may be at risk for problematic smartphone use as a means of coping with their symptoms. Unique to our knowledge, we assessed relations between PTSD symptom clusters and problematic smartphone use. Participants (N = 347), recruited through Amazon's Mechanical Turk (MTurk), completed measures of PTSD and smartphone addiction. Results of the Wald tests of parameter constraints indicated that problematic smartphone use was more related to PTSD's negative alterations in cognitions and mood (NACM) than to PTSD's avoidance factor, Wald $\chi^2(1, N = 347) = 12.51, p = 0.0004$; and more to PTSD's arousal compared to PTSD's avoidance factor, Wald $\chi^2(1, N = 347) = 14.89, p = 0.0001$. Results indicate that problematic smartphone use is most associated with negative affect and arousal among trauma-exposed individuals. Implications include the need to clinically assess problematic smartphone use among trauma-exposed individuals presenting with higher NACM and arousal severity; and targeting NACM and arousal symptoms to mitigate the effects of problematic smartphone use.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12336/full>

Risk Factors for Suicide and Suicidal Behavior Relevant to Emergency Health Care Settings: A Systematic Review of Post-2007 Reviews.

McClatchey, K., Murray, J., Rowat, A. and Chouliara, Z.

Suicide and Life-Threatening Behavior

First published: 21 February 2017

DOI: 10.1111/sltb.12336

Suicide is a global public health problem, and with recent economic and societal changes, there may be emerging risk factors unrecognized by health care professionals. The aim of this systematic review was to update existing suicide risk factor literature applicable to emergency health care settings. A total of 35 articles identified from PsycINFO, CINAHL, and Medline met the inclusion criteria. Results supported the significance of existing suicide risk factors and identified emerging risk factors. The review provides a high-quality update of risk factor literature that could be applied to emergency health care settings; however, further research is needed to confirm emerging risk factors.

<http://psycnet.apa.org/journals/ccp/85/3/267/>

A randomized controlled trial of a smartphone app for posttraumatic stress disorder symptoms.

Kuhn, Eric; Kanuri, Nitya; Hoffman, Julia E.; Garvert, Donn W.; Ruzek, Josef I.; Taylor, C. Barr

Journal of Consulting and Clinical Psychology

Vol 85(3), Mar 2017, 267-273

<http://dx.doi.org/10.1037/ccp0000163>

Objective:

Posttraumatic stress disorder (PTSD) is highly prevalent in the population, but relatively few affected individuals receive treatment for it. Smartphone applications (apps) could help address this unmet need by offering sound psychoeducational information and evidence-based cognitive behavioral coping tools. We conducted a randomized controlled trial to assess the efficacy of a free, publicly available smartphone app (PTSD Coach) for self-management of PTSD symptoms.

Method:

One hundred 20 participants who were an average of 39 years old, mostly women (69.2%) and White (66.7%), recruited primarily through online advertisements, were randomized to either a PTSD Coach (n = 62) or a waitlist condition (n = 58) for 3 months. Web-administered self-report measures of PTSD, PTSD symptom coping self-efficacy, depression, and psychosocial functioning were conducted at baseline, posttreatment, and 3 months following treatment.

Results:

Following the intent-to-treat principle, repeated-measures analyses of variance (ANOVAs) revealed that at posttreatment, PTSD Coach participants had significantly greater improvements in PTSD symptoms ($p = .035$), depression symptoms ($p = .005$), and psychosocial functioning ($p = .007$) than did waitlist participants; however, at posttreatment, there were no significant mean differences in outcomes between conditions. A greater proportion of PTSD Coach participants achieved clinically significant PTSD symptom improvement ($p = .018$) than waitlist participants.

Conclusion:

PTSD Coach use resulted in significantly greater improvements in PTSD symptoms and other outcomes relative to a waitlist condition. Given the ubiquity of smartphones, PTSD Coach may provide a wide-reaching, convenient public health intervention for individuals with PTSD symptoms who are not receiving care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2600224>

Effect of a Brief Memory Updating Intervention on Smoking Behavior: A Randomized Clinical Trial.

Lisa J. Germeroth, PhD; Matthew J. Carpenter, PhD; Nathaniel L. Baker, MS; et al.

JAMA Psychiatry

2017;74(3):214-223

doi:10.1001/jamapsychiatry.2016.3148

Importance

Recent research on addiction-related memory processes suggests that protracted extinction training following brief cue-elicited memory retrieval (ie, retrieval-extinction [R-

E] training) can attenuate/eradicate the ability of cues to elicit learned behaviors. One study reported that cue-elicited craving among detoxified heroin addicts was substantially attenuated following R-E training and through 6-month follow-up.

Objective

To build on these impressive findings by examining whether R-E training could attenuate smoking-related craving and behavior.

Design, Setting, and Participants

This prospective, mixed-design, human laboratory randomized clinical trial took place between December 2013 and September 2015. Participants were recruited in Charleston, South Carolina. Study sessions took place at the Medical University of South Carolina. The participants were 168 screened volunteer smokers, of whom 88 were randomized; 72 of these 88 participants (81.8%) attended all the follow-up sessions through 1 month. The primary eligibility criteria were current nicotine dependence (DSM criteria), smoking 10 or more cigarettes per day, and a willingness to attempt smoking cessation.

Interventions

Participants were randomly assigned to receive either smoking-related memory retrieval followed by extinction training (the R-E group) or nonsmoking-related retrieval followed by extinction training (the NR-E group).

Main Outcomes and Measures

Primary outcomes were cue-elicited craving and physiological responding to familiar and novel cues in the R-E group vs the NR-E group over a 1-month follow-up period. Secondary outcomes were smoking-related behaviors.

Results

A total of 44 participants were randomly assigned to the R-E group (mean age, 48.3 years; 72.7% male); a total of 44 participants were randomly assigned to the NR-E group, with 43 attending at least 1 training session (mean age, 46.7 years; 55.8% male). The mean craving response to both familiar and novel smoking cues was significantly lower for participants in the R-E group than for participants in the NR-E group at 1-month follow-up (for both cue types: $t_{1225} = 2.1$, $P = .04$, $d = 0.44$, and $\Delta = 0.47$ [95% CI, 0.04-0.90]). The mean numbers of cigarettes smoked per day at 2 weeks and 1-month were significantly lower for the R-E group than for the NR-E group (treatment main effect: $F_{1,68} = 5.4$, $P = .02$, $d = 0.50$, and $\Delta = 2.4$ [95% CI, 0.4-4.5]). Significant differences in physiological responses, urine cotinine level, number of days abstinent, lapse, and relapse were not observed between groups (all between $P = .06$ and $.75$).

Conclusions and Relevance

Retrieval-extinction training substantially attenuated craving to both familiar and novel smoking cues and reduced the number of cigarettes smoked per day by participants 1 month after treatment relative to extinction training alone. Between-group differences were not observed for physiological responses, cotinine level, number of days abstinent, relapse, or lapse. In summary, R-E training is a brief behavioral treatment that targets smoking-related memories and has the potential to enhance relapse prevention.

Trial Registration clinicaltrials.gov Identifier: NCT02154685

See also -- [Behavioral and Pharmacological Strategies for Weakening Maladaptive Reward Memories: A New Approach to Treating a Core Disease Mechanism in Tobacco Use Disorder.](#) (editorial)

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2600226>

Effect of Selective Inhibition of Reactivated Nicotine-Associated Memories With Propranolol on Nicotine Craving.

Yan-Xue Xue, MD, PhD; Jia-Hui Deng, MD; Ya-Yun Chen; et al.

JAMA Psychiatry

2017;74(3):224-232

doi:10.1001/jamapsychiatry.2016.3907

Importance

A relapse into nicotine addiction during abstinence often occurs after the reactivation of nicotine reward memories, either by acute exposure to nicotine (a smoking episode) or by smoking-associated conditioned stimuli (CS). Preclinical studies suggest that drug reward memories can undergo memory reconsolidation after being reactivated, during which they can be weakened or erased by pharmacological or behavioral manipulations. However, translational clinical studies using CS-induced memory retrieval-reconsolidation procedures to decrease drug craving reported inconsistent results.

Objective

To develop and test an unconditioned stimulus (UCS)-induced retrieval-reconsolidation procedure to decrease nicotine craving among people who smoke.

Design, Setting, and Participants

A translational rat study and human study in an academic outpatient medical center among 96 male smokers (aged 18- 45 years) to determine the association of propranolol administration within the time window of memory reconsolidation (after retrieval of the nicotine-associated memories by nicotine UCS exposure) with relapse to nicotine-conditioned place preference (CPP) and operant nicotine seeking in rats, and measures of preference to nicotine-associated CS and nicotine craving among people who smoke.

Intervention

The study rats were injected noncontingently with the UCS (nicotine 0.15 mg/kg, subcutaneous) in their home cage, and the human study participants administered a dose of propranolol (40 mg, per os; Zhongnuo Pharma).

Main Outcomes and Measures

Nicotine CPP and operant nicotine seeking in rats, and preference and craving ratings for newly learned and preexisting real-life nicotine-associated CS among people who smoke.

Results

Sixty-nine male smokers completed the experiment and were included for statistical analysis: 24 in the group that received placebo plus 1 hour plus UCS, 23 who received propranolol plus 1 hour plus UCS, and 22 who received UCS plus 6 hours plus propranolol. In rat relapse models, propranolol injections administered immediately after nicotine UCS-induced memory retrieval inhibited subsequent nicotine CPP and operant nicotine seeking after short (CPP, $d = 1.72$, 95% CI, 0.63-2.77; operant seeking, $d = 1.61$, 95% CI, 0.59-2.60) or prolonged abstinence (CPP, $d = 1.46$, 95% CI, 0.42-2.47; operant seeking: $d = 1.69$, 95% CI, 0.66-2.69), as well as nicotine priming-induced reinstatement of nicotine CPP ($d = 1.28$, 95% CI, 0.27-2.26) and operant nicotine seeking ($d = 1.61$, 95% CI, 0.59-2.60) after extinction. Among the smokers, oral propranolol administered prior to nicotine UCS-induced memory retrieval decreased subsequent nicotine preference induced by newly learned nicotine CS (CS1, Cohen $d = 0.61$, 95% CI, 0.02-1.19 and CS2, $d = 0.69$, 95% CI, 0.10-1.28, respectively), preexisting nicotine CS ($d = 0.57$, 95% CI, -0.02 to 1.15), and nicotine priming (CS1, $d = 0.82$, 95% CI, 0.22-1.41 and CS2, $d = 0.78$, 95% CI, 0.18-1.37, respectively; preexisting nicotine CS, $d = 0.92$, 95% CI, 0.31-1.52), as well as nicotine craving

induced by the preexisting nicotine CS ($d = 0.64$, 95% CI, 0.05-1.22), and nicotine priming ($d = 1.15$, 95% CI, 0.52-1.76).

Conclusions and Relevance

In rat-to-human translational study, a novel UCS-induced memory retrieval-reconsolidation interference procedure inhibited nicotine craving induced by exposure to diverse nicotine-associated CS and nicotine itself. This procedure should be studied further in clinical trials.

See also -- [Behavioral and Pharmacological Strategies for Weakening Maladaptive Reward Memories: A New Approach to Treating a Core Disease Mechanism in Tobacco Use Disorder.](#) (editorial)

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2600225>

Effect of Disorder-Specific vs Nonspecific Psychotherapy for Chronic Depression: A Randomized Clinical Trial.

Elisabeth Schramm, PhD; Levente Kriston, PhD; Ingo Zobel, PhD; et al.

JAMA Psychiatry

2017;74(3):233-242

doi:10.1001/jamapsychiatry.2016.3880

Importance

Chronic depression is a highly prevalent and disabling disorder. There is a recognized need to assess the value of long-term disorder-specific psychotherapy.

Objective

To evaluate the efficacy of the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) compared with that of nonspecific supportive psychotherapy (SP).

Design, Setting, and Participants

A prospective, multicenter, evaluator-blinded, randomized clinical trial was conducted among adult outpatients with early-onset chronic depression who were not taking antidepressant medication. Patients were recruited between March 5, 2010, and October 16, 2012; the last patient finished treatment on October 14, 2013. Data analysis was conducted from March 5, 2014, to October 27, 2016.

Interventions

The treatment included 24 sessions of CBASP or SP for 20 weeks in the acute phase, followed by 8 continuation sessions during the next 28 weeks.

Main Outcomes and Measures

The primary outcome was symptom severity after 20 weeks (blinded observer ratings) as assessed by the 24-item Hamilton Rating Scale for Depression (HRSD-24).

Secondary outcomes were rates of response (reduction in HRSD-24 score of $\geq 50\%$ from baseline) and remission (HRSD-24 score ≤ 8), as well as self-assessed ratings of depression, global functioning, and quality of life.

Results

Among 622 patients assessed for eligibility, 268 were randomized: 137 to CBASP (96 women [70.1%] and 41 men [29.9%]; mean [SD] age, 44.7 [12.1] years) and 131 to SP (81 women [61.8%] and 50 men [38.2%]; mean [SD] age, 45.2 [11.6] years). The mean (SD) baseline HRSD-24 scores of 27.15 (5.49) in the CBASP group and 27.05 (5.74) in the SP group improved to 17.19 (10.01) and 20.39 (9.65), respectively, after 20 weeks, with a significant adjusted mean difference of -2.51 (95% CI, -4.16 to -0.86 ; $P = .003$) and a Cohen d of 0.31 in favor of CBASP. After 48 weeks, the HRSD-24 mean (SD) scores were 14.00 (9.72) for CBASP and 16.49 (9.96) for SP, with an adjusted difference of -3.13 (95% CI, -5.01 to -1.25 ; $P = .001$) and a Cohen d of 0.39. Patients undergoing CBASP were more likely to reach response (48 of 124 [38.7%] vs 27 of 111 [24.3%]; adjusted odds ratio, 2.02; 95% CI, 1.09 to 3.73; $P = .03$) or remission (27 of 124 [21.8%] vs 14 of 111 [12.6%]; adjusted odds ratio, 3.55; 95% CI, 1.61 to 7.85; $P = .002$) after 20 weeks. Patients undergoing CBASP showed significant advantages in most other secondary outcomes.

Conclusions and Relevance

Highly structured specific psychotherapy was moderately more effective than nonspecific therapy in outpatients with early-onset chronic depression who were not taking antidepressant medication. Adding an extended phase to acute psychotherapy seems promising in this population.

Trial Registration clinicaltrials.gov Identifier: NCT00970437.

See also -- [The Need for Research on Treatments of Chronic Depression](#) (editorial)

<http://jamanetwork.com/journals/jamapsychiatry/article-abstract/2595039>

Association of DSM-IV Posttraumatic Stress Disorder With Traumatic Experience Type and History in the World Health Organization World Mental Health Surveys.

Howard Liu, SM; Maria V. Petukhova, PhD; Nancy A. Sampson, BA; et al.

JAMA Psychiatry

2017;74(3):270-281

doi:10.1001/jamapsychiatry.2016.3783

Importance

Previous research has documented significant variation in the prevalence of posttraumatic stress disorder (PTSD) depending on the type of traumatic experience (TE) and history of TE exposure, but the relatively small sample sizes in these studies resulted in a number of unresolved basic questions.

Objective

To examine disaggregated associations of type of TE history with PTSD in a large cross-national community epidemiologic data set.

Design, Setting, and Participants

The World Health Organization World Mental Health surveys assessed 29 TE types (lifetime exposure, age at first exposure) with DSM-IV PTSD that was associated with 1 randomly selected TE exposure (the random TE) for each respondent. Surveys were administered in 20 countries (n = 34 676 respondents) from 2001 to 2012. Data were analyzed from October 1, 2015, to September 1, 2016.

Main Outcomes and Measures

Prevalence of PTSD assessed with the Composite International Diagnostic Interview.

Results

Among the 34 676 respondents (55.4% [SE, 0.6%] men and 44.6% [SE, 0.6%] women; mean [SE] age, 43.7 [0.2] years), lifetime TE exposure was reported by a weighted 70.3% of respondents (mean [SE] number of exposures, 4.5 [0.04] among respondents with any TE). Weighted (by TE frequency) prevalence of PTSD associated with random TEs was 4.0%. Odds ratios (ORs) of PTSD were elevated for TEs involving sexual violence (2.7; 95% CI, 2.0-3.8) and witnessing atrocities (4.2; 95% CI, 1.0-17.8). Prior exposure to some, but not all, same-type TEs was associated with increased vulnerability (eg, physical assault; OR, 3.2; 95% CI, 1.3-7.9) or resilience (eg,

participation in sectarian violence; OR, 0.3; 95% CI, 0.1-0.9) to PTSD after the random TE. The finding of earlier studies that more general history of TE exposure was associated with increased vulnerability to PTSD across the full range of random TE types was replicated, but this generalized vulnerability was limited to prior TEs involving violence, including participation in organized violence (OR, 1.3; 95% CI, 1.0-1.6), experience of physical violence (OR, 1.4; 95% CI, 1.2-1.7), rape (OR, 2.5; 95% CI, 1.7-3.8), and other sexual assault (OR, 1.6; 95% CI, 1.1-2.3).

Conclusion and Relevance

The World Mental Health survey findings advance understanding of the extent to which PTSD risk varies with the type of TE and history of TE exposure. Previous findings about the elevated PTSD risk associated with TEs involving assaultive violence was refined by showing agreement only for repeated occurrences. Some types of prior TE exposures are associated with increased resilience rather than increased vulnerability, connecting the literature on TE history with the literature on resilience after adversity. These results are valuable in providing an empirical rationale for more focused investigations of these specifications in future studies.

Links of Interest

The Challenge of Accessing Birth Control in the Military

<https://www.theatlantic.com/health/archive/2017/02/military-women-birth-control/517452/>

The families of Fort Hood triple murder-suicide victims sue Army for negligence

<https://www.armytimes.com/articles/the-families-of-fort-hood-triple-murder-suicide-victims-sue-army-for-negligence>

Opioid addiction newest battle line for many veterans

<http://www.wral.com/opioid-addiction-newest-battle-line-for-many-veterans/16547427/>

How an Outback co-founder hopes to change treatment for PTSD

<http://www.bizjournals.com/tampabay/news/2017/02/24/how-an-outback-co-founder-hopes-to-change.html>

Behavioral Therapy Market – Global Industry Analysis and Forecast 2016 – 2023

<http://www.medgadget.com/2017/02/behavioral-therapy-market-global-industry-analysis-and-forecast-2016-2023.html>

At military schools, transgender bathroom decisions will be made case by case
<http://www.militarytimes.com/articles/transgender-bathrooms-military-schools-donald-trump-jeff-sessions>

DVBIC Encourages Greater Awareness of Brain Injury During March
[http://www.dcoe.mil/MediaCenter/News/details/17-03-01/DVBIC Encourages Greater Awareness of Brain Injury During March.aspx](http://www.dcoe.mil/MediaCenter/News/details/17-03-01/DVBIC%20Encourages%20Greater%20Awareness%20of%20Brain%20Injury%20During%20March.aspx)

Depression Screening (PHQ-9) - Instructions
<https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/depression-screening>

Scientists survey the state of sleep science
<https://www.sciencedaily.com/releases/2017/02/170222131435.htm>

Successful insomnia treatment may require nothing more than a placebo
<https://www.sciencedaily.com/releases/2017/02/170221220703.htm>

Resource of the Week -- [National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill](#)

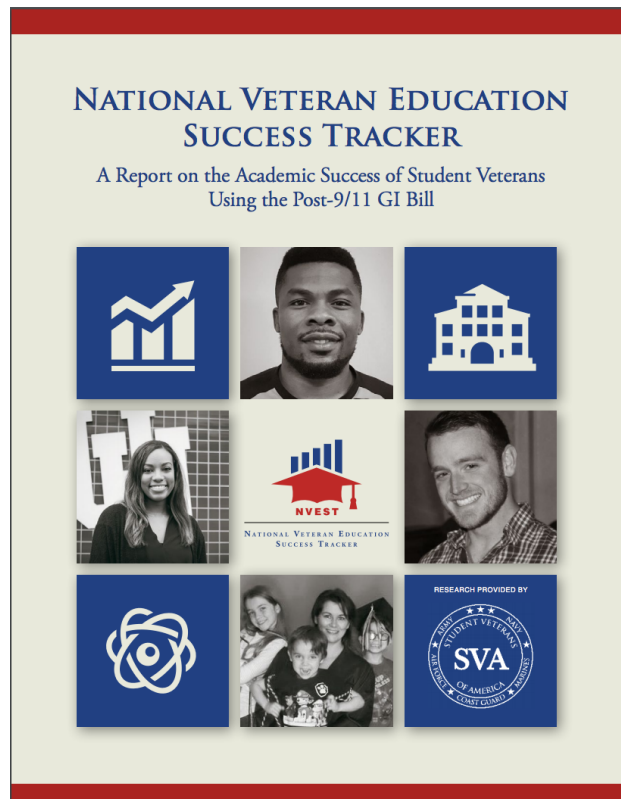
Student Veterans of America (SVA) offers a vision of veterans based on groundbreaking research that shows student veterans are the rightful heirs to the millions who separated after World War II and created a vibrant economy for America.

Compared to their peers, the millions of student veterans who have and are using the Post-9/11 GI Bill since 2009 are the unknown high achievers in higher education. They will become the next doctors, computer engineers, scientists, and business leaders our country needs. SVA's research demonstrates that this largely untapped group of veterans has much to contribute to our nation's success.

In a research project called the National Veteran Education Success Tracker (NVEST), SVA identified the many ways student veterans are outperforming their peers based on success rates, degree-types, and graduation. NVEST is the only research study to review all records of Post-9/11 GI Bill students and quantify how that investment translates for America.

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Since 2009, over 340,000 student veterans have earned over 450,000 post-secondary degrees or certificates using the Post-9/11 GI Bill and the vast majority, 90 percent, are current or prior enlisted service members. SVA projects the Post-9/11 GI Bill – at current funding levels – will generate at least 100,000 degrees every year. Furthermore, women veterans represent 23 percent of degree-earners despite only comprising about 16 percent of the Armed Forces.



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