

May 2015 Medline Topic Alert

Abraham, K. M., D. Ganoczy, et al. (2014). "Receipt of employment services among Veterans Health Administration users with psychiatric diagnoses." *J Rehabil Res Dev* 51(3): 401-414.

This study examined the population-based reach of Veterans Health Administration (VHA) employment services to VHA patients with psychiatric diagnoses. Reach of services includes the percentage and characteristics of people who accessed services compared with those who did not. Using clinical administrative data, we identified patients with a psychiatric diagnosis among a random sample of all patients who received VHA services in 1 yr. Among VHA patients with psychiatric diagnoses, we examined their likelihood of receiving any VHA employment services and specific types of employment services, including supported employment, transitional work, incentive therapy, and vocational assistance. We identified clinical and demographic characteristics associated with receiving employment services. Results indicated that 4.2% of VHA patients with a psychiatric diagnosis received employment services. After adjusting for clinical and demographic characteristics, VHA patients with schizophrenia and bipolar disorder were more likely to receive any employment services and to receive supported employment than were patients with depression, PTSD, or other anxiety disorders. VHA patients with depression and PTSD were more likely to receive transitional work and vocational assistance than patients with schizophrenia. Future studies should examine system-level barriers to receiving employment services and identify types of employment services most appropriate for Veterans with different psychiatric diagnoses.

Asberg, K. and K. Renk (2014). "Perceived stress, external locus of control, and social support as predictors of psychological adjustment among female inmates with or without a history of sexual abuse." *Int J Offender Ther Comp Criminol* 58(1): 59-84.

Given the growing number of women who are incarcerated across the United States, the current study investigated the relationships among female inmates' perceptions of their own stress, external locus of control (LOC), social support adequacy, and various aspects of psychological functioning. Generally, female inmates with a self-reported history of childhood sexual abuse did not differ from their nonabused counterparts on the variables of interest. Results suggested that female inmates' perceptions of higher stress, a higher degree of external LOC, and inadequate social support correlated with greater symptoms of depression and hopelessness as well as lower self-esteem. In regression analyses, stress and social support were significant predictors for depression and anxiety. In contrast, stress was the only significant predictor of hopelessness and self-esteem. Finally, none of the predictors examined here was significant in the prediction of traumatic stress. Overall, findings suggested the importance of stress and social support in the prediction of female inmates' adjustment, specifically their symptoms of depression and anxiety.

Axinn, W. G., D. J. Ghimire, et al. (2013). "Gender, traumatic events, and mental health disorders in a rural Asian setting." *J Health Soc Behav* 54(4): 444-461.

Research shows a strong association between traumatic life experience and mental health and important gender differences in that relationship in the western European Diaspora; but much less is known about these relationships in other settings. We investigate these relationships in a poor rural Asian setting that recently experienced a decade-long armed conflict. We use data from 400 adult interviews in rural Nepal. The measures come from World Mental Health survey instruments clinically validated for this study population to measure depression, posttraumatic stress disorder, and intermittent explosive disorder. Our results demonstrate that traumatic life experience significantly increases the likelihood of mental health disorders in this setting, and that these traumatic experiences have a larger effect on the mental health of women than men. These findings offer important clues regarding the potential mechanisms producing gender differences in mental health in many settings.

Batmanghelidj, C. (2013). "Vulnerable children: creating a service fit for purpose." *Br J Gen Pract* 63(617): 620-621.

Bierer, L. M., H. N. Bader, et al. (2014). "Elevation of 11beta-hydroxysteroid dehydrogenase type 2 activity in Holocaust survivor offspring: evidence for an intergenerational effect of maternal trauma exposure." *Psychoneuroendocrinology* 48: 1-10.

BACKGROUND: Adult offspring of Holocaust survivors comprise an informative cohort in which to study intergenerational transmission of the effects of trauma exposure. Lower cortisol and enhanced glucocorticoid sensitivity have been previously demonstrated in Holocaust survivors with PTSD, and in offspring of Holocaust survivors in association with maternal PTSD. In other work, reduction in the activity of the enzyme 11beta-hydroxysteroid dehydrogenase type 2 (11beta-HSD-2), which inactivates cortisol, was identified in Holocaust survivors in comparison to age-matched, unexposed Jewish controls. Therefore, we investigated glucocorticoid metabolism in offspring of Holocaust survivors to evaluate if similar enzymatic decrements would be observed that might help to explain glucocorticoid alterations previously shown for Holocaust offspring. **METHODS:** Holocaust offspring (n=85) and comparison subjects (n=27) were evaluated with clinical diagnostic interview and self-rating scales, and asked to collect a 24-h urine sample from which concentrations of cortisol and glucocorticoid metabolites were assayed by GCMS. 11beta-HSD-2 activity was determined as the ratio of urinary cortisone to cortisol. **RESULTS:** Significantly reduced cortisol excretion was observed in Holocaust offspring compared to controls (p=.046), as had been shown for Holocaust survivors. However, 11beta-HSD-2 activity was elevated for offspring compared to controls (p=.008), particularly among those whose mothers had been children, rather than adolescents or adults, during World War II (p=.032). The effect of paternal Holocaust exposure could not be reliably investigated in the current sample. **CONCLUSIONS:** The inverse association of offspring 11beta-HSD-2 activity with maternal age at Holocaust exposure is consistent with the influence of glucocorticoid programming. Whereas a long standing reduction in 11beta-HSD-2 activity among survivors is readily

interpreted in the context of Holocaust related deprivation, understanding the directional effect on offspring will require replication and further exploration.

Bohnert, K. M., M. A. Ilgen, et al. (2014). "Tobacco use disorder and the risk of suicide mortality." *Addiction* 109(1): 155-162.

BACKGROUND AND AIMS: Tobacco use may be a risk factor for suicide mortality; however, prior research has produced equivocal findings and has been limited by relatively small sample sizes to study the rare event of suicide, as well as a lack of adjustment for other important factors, including psychiatric illness. We estimate the predictive association between tobacco use disorder and the risk of suicide mortality, adjusting for other important variables. **DESIGN:** A prospective cohort study. **SETTING:** The United States Veterans Health Administration (VHA). **PARTICIPANTS:** All individuals who received VHA services in fiscal year (FY) 2005 and were alive at the start of FY 2006 (n = 4 863 086). **MEASUREMENTS:** Tobacco use disorder was assessed via FYs 2004-05 VHA National Patient Care Database records. The outcome of suicide mortality was assessed during the follow-up interval from the beginning of FY 2006 to the end of FY 2008 using National Death Index records. **FINDINGS:** Of the 4 863 086 individuals in the study, 4823 died by suicide during the follow-up interval. In the unadjusted model, tobacco use disorder was associated with an increased risk of suicide [hazard ratio (HR) = 1.88; 95% confidence interval (CI) = 1.76, 2.02]. After adjustment for model covariates, the association remained statistically significant, although attenuated (HR = 1.36, 95% CI = 1.27, 1.46). **CONCLUSIONS:** Tobacco use disorder may confer a modest excess risk of death by suicide. Psychiatric disorders may partially explain the relationship between tobacco use disorder and suicide.

Brenner, I. and G. Ben-Amitay (2015). "Sexual revictimization: the impact of attachment anxiety, accumulated trauma, and response to childhood sexual abuse disclosure." *Violence Vict* 30(1): 49-65.

It has been proposed that a complexity of personal, interpersonal, and environmental factors is related to sexual revictimization among childhood sexual abuse survivors. In this study, we investigated the relations between attachment dimensions, exposure to accumulated childhood traumas, reaction to childhood sexual abuse disclosure, and adult sexual revictimization. Participants were 60 Israeli women with histories of childhood sexual abuse. Seventy percent of the women reported adult sexual revictimization. Revictimization was related to higher attachment anxiety but not to higher attachment avoidance. Revictimization was also related to emotional and physical child abuse but not to emotional and physical child neglect. Revictimization rates were higher among women who had received negative environmental responses following childhood sexual abuse disclosure than among women who had received supportive reactions and those who had not disclosed childhood sexual abuse at all. Findings were significant even after controlling for severity of childhood sexual abuse. The findings emphasize the role of various contextual-interpersonal factors on revictimization vulnerability among the survivors of childhood sexual abuse.

Brown, E. A., J. A. Kenardy, et al. (2014). "PTSD perpetuates pain in children with traumatic brain injury." *J Pediatr Psychol* 39(5): 512-520.

OBJECTIVE: This study tested theoretical models of the relationship between pain and posttraumatic stress disorder (PTSD) in children with traumatic brain injury (TBI). **METHODS:** Participants consisted of 195 children aged 6-15 years presenting to 1 of 3 Australian hospitals following a mild-severe TBI. Children were assessed at 3, 6, and 18 months after their accident for PTSD (via the Clinician-Administered PTSD Scale for Children and Adolescents [CAPS-CA] clinical interview) as well as physical pain (via the Child Health Questionnaire, 50-item version [CHQ-PF50]). Trained clinicians administered the CAPS-CA at home visits, and the CHQ-PF50 was collected through questionnaires. **RESULTS:** Structural equation modeling found the data supported the mutual maintenance model and also the nested perpetual avoidance model. **CONCLUSIONS:** Both models indicate PTSD is driving the presence of pain, and not vice versa. A fourth model stating this was proposed. Therefore, it may be useful to address PTSD symptoms in treating child pain for expediting recovery.

Chou, C. Y., R. La Marca, et al. (2014). "Heart rate, startle response, and intrusive trauma memories." *Psychophysiology* 51(3): 236-246.

The current study adopted the trauma film paradigm to examine potential moderators affecting heart rate (HR) as an indicator of peritraumatic psychological states and as a predictor of intrusive memories. We replicated previous findings that perifilm HR decreases predicted the development of intrusive images and further showed this effect to be specific to images rather than thoughts, and to detail rather than gist recognition memory. Moreover, a group of individuals showing both an atypical sudden reduction in HR after a startle stimulus and higher trait dissociation was identified. Only among these individuals was lower perifilm HR found to indicate higher state dissociation, fear, and anxiety, along with reduced vividness of intrusions. The current findings emphasize how peritraumatic physiological responses relate to emotional reactions and intrusive memory. The moderating role of individual difference in stress defense style was highlighted.

Cohen, J. A., J. Scheid, et al. (2014). "Transforming trajectories for traumatized children." *J Am Acad Child Adolesc Psychiatry* 53(1): 9-13.

Dalgleish, T., B. Goodall, et al. (2015). "Trauma-focused cognitive behaviour therapy versus treatment as usual for post traumatic stress disorder (PTSD) in young children aged 3 to 8 years: study protocol for a randomised controlled trial." *Trials* 16(1): 116.

BACKGROUND: Following horrific or life-threatening events approximately 10 to 15% of young children develop post traumatic stress disorder (PTSD). The symptoms of this disorder are distressing - nightmares, flashbacks, anger outbursts and disturbed play. These symptoms cause major disruption to a child's functioning and, if left untreated, can persist for many years. As yet, there are no established empirically-validated treatments for PTSD in young children. Trauma-focused cognitive behaviour therapy (TF-CBT) is a psychological intervention that is effective in treating the disorder in older children (8 to 12 years), adolescents and adults. This study examines

TF-CBT adapted for children aged between 3 and 8 years. METHODS/DESIGN: This protocol describes a two-arm exploratory randomised controlled trial comparing TF-CBT to treatment as usual (TAU) in children aged 3 to 8 years with a principal diagnosis of PTSD following a single-event discrete trauma. Using a half-crossover design, 44 participants will be randomly allocated to receive the intervention or to receive TAU. Those allocated to TAU will be offered TF-CBT at the end of the 'treatment' period (approximately 12 weeks) if still indicated. The primary outcome is PTSD diagnosis according to DSM-5 criteria for children 6 years and younger at post-treatment. Secondary outcomes include effects on co-morbid diagnoses and changes in emotion and trauma symptoms at each of the follow-up points (post-treatment, 3-months, 12-months). Additionally, broader efficacy will be considered with regard to treatment feasibility, acceptability and service utilisation. The key targets of the intervention are trauma memory, the interpretation of the meaning of the event, and the management of symptoms. DISCUSSION: This is the first European trial to examine the efficacy of TF-CBT in alleviating PTSD in very young children. As well as providing much-needed data on the utility of the intervention, this exploratory trial will also allow us to gather important information about the feasibility of delivering the treatment in UK National Health Service (NHS) settings, and its acceptability to the children and their families. This study will highlight aspects of the intervention that need improvement or modification in preparation for a full-scale evaluation in a larger sample. TRIAL REGISTRATION: ISRCTN35018680 , registered on 18 November 2013.

Diehle, J., B. C. Opmeer, et al. (2015). "Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: what works in children with posttraumatic stress symptoms? A randomized controlled trial." *Eur Child Adolesc Psychiatry* 24(2): 227-236.

To prevent adverse long-term effects, children who suffer from posttraumatic stress symptoms (PTSS) need treatment. Trauma-focused cognitive behavioral therapy (TF-CBT) is an established treatment for children with PTSS. However, alternatives are important for non-responders or if TF-CBT trained therapists are unavailable. Eye movement desensitization and reprocessing (EMDR) is a promising treatment for which sound comparative evidence is lacking. The current randomized controlled trial investigates the effectiveness and efficiency of both treatments. Forty-eight children (8-18 years) were randomly assigned to eight sessions of TF-CBT or EMDR. The primary outcome was PTSS as measured with the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). Secondary outcomes included parental report of child PTSD diagnosis status and questionnaires on comorbid problems. The Children's Revised Impact of Event Scale was administered during the course of treatment. TF-CBT and EMDR showed large reductions from pre- to post-treatment on the CAPS-CA (-20.2; 95% CI -12.2 to -28.1 and -20.9; 95% CI -32.7 to -9.1). The difference in reduction was small and not statistically significant (mean difference of 0.69, 95% CI -13.4 to 14.8). Treatment duration was not significantly shorter for EMDR ($p = 0.09$). Mixed model analysis of monitored PTSS during treatment showed a significant effect for time ($p < 0.001$) but not for treatment ($p = 0.44$) or the interaction of time by treatment ($p = 0.74$). Parents of children treated with TF-CBT reported a significant reduction of comorbid depressive and hyperactive symptoms. TF-CBT and EMDR are effective and efficient in reducing PTSS in children.

Erich, J. (2014). "Earlier than too late: stopping stress & suicide among emergency personnel. First responders keep killing themselves—why is that, and what can we do about it?" *EMS World* 43(11): 38-47.

Ertl, V., A. Pfeiffer, et al. (2014). "The challenge of living on: psychopathology and its mediating influence on the readjustment of former child soldiers." *PLoS One* 9(7): e102786.

Current civil wars are characterized by the increasing involvement of civilian populations and the systematic employment of child soldiers. An example of such wars was the conflict in Northern Uganda, where the war-affected population is still challenged by the reintegration of formerly abducted children and youths. A cross-sectional, population-based survey, using a multistage cluster sampling approach of 1,113 Northern Ugandans aged between 12 and 25 in camps for internally displaced persons and locally validated instruments was conducted to assess symptoms and diagnoses of Posttraumatic Stress Disorder (PTSD) and probable Depression in war-affected, as well as formerly abducted individuals. Further objectives were to determine predictors of psychopathology and to relate indicators of maladjustment (i.e., impairments in daily and community functioning, somatic complaints, suicidality, aggressiveness and discrimination) to abduction, level of exposure to violence and psychopathology. 43% of the sample reported abduction by the rebel army. Exposure to violence among this group was higher than for non-abducted youths ($t = 28.05$; $p < .001$). PTSD point prevalence rates were 25% among former child soldiers and 7% among the comparison group. High suicidal ideation was present in 16% and 6% respectively. A higher amount of experienced and witnessed event-types ($\beta = .32$, $p < .001$), loss of first-degree relatives ($\beta = .13$, $p < .001$) and the number of event-types involving forced perpetration ($\beta = .23$, $p < .001$) were identified as risk factors of PTSD symptoms in former child soldiers. The associations between abductee-status and indicators of maladjustment were fully mediated by level of trauma exposure and psychopathology. Results show that child soldiering and its psychological sequelae affect a substantial proportion of children and youths. After release or flight, their readjustment depends at least partly on their level of mental traumatization.

Finley, E. P., M. Bollinger, et al. (2015). "A national cohort study of the association between the polytrauma clinical triad and suicide-related behavior among US Veterans who served in Iraq and Afghanistan." *Am J Public Health* 105(2): 380-387.

OBJECTIVES: We examined the association of posttraumatic stress disorder (PTSD), traumatic brain injury, and chronic pain—the polytrauma clinical triad (PCT)—independently and with other conditions, with suicide-related behavior (SRB) risk among Operation Enduring Freedom (OEF; Afghanistan) and Operation Iraqi Freedom (OIF) veterans. **METHODS:** We used Department of Veterans Affairs (VA) administrative data to identify OEF and OIF veterans receiving VA care in fiscal years 2009-2011; we used International Classification of Diseases, Ninth Revision, Clinical Modification codes to characterize 211,652 cohort members. Descriptive statistics were followed by multinomial logistic regression analyses predicting SRB. **RESULTS:** Co-occurrence of PCT conditions was associated with significant increase in suicide ideation risk (odds ratio [OR] = 1.9; 95% confidence interval [CI]=1.5, 2.4) or attempt and ideation (OR=2.6; 95% CI=1.5, 4.6), but did not

exceed increased risk with PTSD alone (ideation: OR=2.3; 95% CI=2.0, 2.6; attempt: OR=2.0; 95% CI=1.4, 2.9; ideation and attempt: OR=1.8; 95% CI=1.2, 2.8). Ideation risk was significantly elevated when PTSD was comorbid with depression (OR=4.2; 95% CI=3.6, 4.8) or substance abuse (OR=4.7; 95% CI = 3.9, 5.6). CONCLUSIONS: Although PCT was a moderate SRB predictor, interactions among PCT conditions, particularly PTSD, and depression or substance abuse had larger risk increases.

Frewen, P. A. and R. A. Lanius (2014). "Trauma-related altered states of consciousness: exploring the 4-D model." *J Trauma Dissociation* 15(4): 436-456.

Frewen and Lanius (in press) recently articulated a 4-D model as a framework for classifying symptoms of posttraumatic stress into those that potentially occur within normal waking consciousness (NWC) versus those that intrinsically represent dissociative experiences of trauma-related altered states of consciousness (TRASC). Four dimensions were specified: time-memory, thought, body, and emotion. The 4-D model further hypothesizes that in traumatized persons, symptoms of TRASC, compared with NWC forms of distress, will be (a) observed less frequently; (b) less intercorrelated, especially as measured as moment-to-moment states; (c) observed more frequently in people with high dissociative symptomatology as measured independently; and (d) observed more often in people who have experienced repeated traumatization, particularly early developmental trauma. The aim of the present research was to begin to evaluate these 4 predictions of the 4-D model. Within a sample of 74 women with posttraumatic stress disorder (PTSD) primarily due to histories of childhood trauma, as well as within a 2nd sample of 504 undergraduates (384 females), the 1st 2 hypotheses of the 4-D model were supported. In addition, within the PTSD sample, the 3rd hypothesis was supported. However, inconsistent with the 4th hypothesis, severity of childhood trauma history was not strongly associated with TRASC. We conclude that the hypotheses articulated by the 4-D model were generally supported, although further research in different trauma-related disorders is needed, and the role of childhood trauma history in the etiology of TRASC requires further research.

Gearing, R. E., K. B. Brewer, et al. (2015). "Prevalence and correlates of depression, posttraumatic stress disorder, and suicidality in Jordanian youth in institutional care." *J Nerv Ment Dis* 203(3): 175-181.

Youth in institutional care centers have higher mental illness rates compared with community populations. Research examining mental illness among youth in institutional care in the Middle East is lacking. This study examines the prevalence and correlates of depression, posttraumatic stress disorder (PTSD), and suicidality of youth in institutional care in Jordan. Data were collected through youth interviews, staff-caregiver surveys, and administrative files. Prevalence rates and logistic regressions were used to model suicidality across depression, PTSD, and comorbid depression/PTSD, controlling for youth characteristics, case history, and social support factors. Institutionalized youth endorsed high rates of mental illness (45% depression, 24% PTSD, 17% depression/PTSD, 27% suicidality). The odds of suicidality for depressed youth were 3.6 times higher. Abuse was significant, with the odds of suicidality for abused youth 4 times higher. Elevated

rates of mental illness and suicidality indicate the importance of addressing these needs within institutions. Developing institutional programs that foster peer relationships is recommended.

Goodkind, J. R., J. M. Hess, et al. (2014). "Reducing refugee mental health disparities: a community-based intervention to address postmigration stressors with African adults." *Psychol Serv* 11(3): 333-346.

Refugees resettled in the United States have disproportionately high rates of psychological distress. Research has demonstrated the roles of postmigration stressors, including lack of meaningful social roles, poverty, unemployment, lack of environmental mastery, discrimination, limited English proficiency, and social isolation. We report a multimethod, within-group longitudinal pilot study involving the adaptation for African refugees of a community-based advocacy and learning intervention to address postmigration stressors. We found the intervention to be feasible, acceptable, and appropriate for African refugees. Growth trajectory analysis revealed significant decreases in participants' psychological distress and increases in quality of life, and also provided preliminary evidence of intervention mechanisms of change through the detection of mediating relationships whereby increased quality of life was mediated by increases in enculturation, English proficiency, and social support. Qualitative data helped to support and explain the quantitative data. Results demonstrate the importance of addressing the sociopolitical context of resettlement to promote the mental health of refugees and suggest a culturally appropriate, and replicable model for doing so.

Hafstad, G. S., G. Dyb, et al. (2014). "PTSD prevalence and symptom structure of DSM-5 criteria in adolescents and young adults surviving the 2011 shooting in Norway." *J Affect Disord* 169: 40-46.

BACKGROUND: Diagnostic criteria for Posttraumatic Stress Disorder (PTSD) have been revised for DSM-5. Two key changes include alteration of the clustering of PTSD symptoms and new PTSD symptom criteria related to negative alterations in cognition and mood. In this study, we empirically investigated these changes. **METHODS:** We interviewed 325 adolescents and young adults who survived the 2011 youth camp shooting at Utoya Island, Norway. The UCLA PTSD Reaction Index for DSM-IV was used to assess symptoms of PTSD. In addition, 11 questions were added to assess the four new symptom criteria within the new DSM-5 symptom categories. **RESULTS:** PTSD prevalence did not differ significantly whether DSM-IV (11.1%) or DSM-5 (11.7%) criteria were used and the Cohens Kappa for consistency between the diagnoses was 0.061. Confirmatory factor analyses showed that the four-factor structure of the DSM-5 fit the data adequately according to the conceptual model outlined. **LIMITATIONS:** The homogeneity of this sample of highly exposed subjects may preclude generalization to less severely exposed groups. Also, we did not assess criterion G in regard to symptoms causing clinically significant distress and functional impairment. **CONCLUSION:** The prevalence of PTSD was quite similar regardless of diagnostic system. The relatively low concordance between the diagnoses has implications for eligibility for a diagnosis of PTSD.

James, L. M., T. Q. Strom, et al. (2014). "Risk-taking behaviors and impulsivity among veterans with and without PTSD and mild TBI." *Mil Med* 179(4): 357-363.

Military personnel commonly experience post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), both of which are associated with premature mortality. The present study examined two factors that may play a role in premature mortality—impulsivity and risk-taking behaviors—in a sample of 234 veterans screening positive for PTSD, mTBI, PTSD + mTBI, and controls. Analyses of variance demonstrated that veterans with PTSD, regardless of mTBI status, reported engaging in more frequent risky behaviors and reported a greater tendency to engage in impulsive behaviors when in a negative affective state. They also reported more pre-military delinquent behaviors and more suicide-related behaviors than controls. The present study highlights associations between impulsivity, risk-taking behaviors, and PTSD, and suggests continuity across the lifespan in terms of a predisposition to engage in impulsive and/or risky behaviors. Thorough evaluation of impulsivity and potentially risky behaviors is important in clinical settings to guide interventions and reduce the mortality and public health impact of high-risk behaviors in veterans.

Kadak, M. T., M. Boysan, et al. (2014). "Psychometric properties of the Turkish version of the child PTSD symptom scale." *Compr Psychiatry* 55(6): 1435-1441.

OBJECTIVE: Psychometric properties of the Turkish version of the Child PTSD Symptom Scale (CPSS) were examined in a sample of young individuals who experienced a severe earthquake. **METHOD:** Subjects were 479 children and adolescents recruited from schools after 18 months of Van earthquake. Mean age was 12.83 (SD+/-1.88), ranging from 8 to 18. **RESULTS:** Psychometric features were generally good for the CPSS. The original three-factor structure was replicated in this study. Internal consistency of the scale was good (ranged from alpha=.70 to alpha=.89 for total and subscale scores). The CPSS demonstrated good convergent validity with Child Post-Traumatic Stress Disorder Reaction Index scores as well as good divergent validity with the State and Trait Anxiety Inventory for Children and Child Depression Inventory. As an evidence for a good discriminant validity, the CPSS successfully distinguished high PTSD individuals from low PTSD individuals. **CONCLUSION:** The CPSS had sound psychometric properties in a Turkish youth population.

Kirsch, D. L., L. R. Price, et al. (2014). "Military service member and veteran self reports of efficacy of cranial electrotherapy stimulation for anxiety, posttraumatic stress disorder, insomnia, and depression." *US Army Med Dep J*: 46-54.

Cranial electrotherapy stimulation (CES) is being prescribed for service members and veterans for the treatment of anxiety, posttraumatic stress disorder (PTSD), insomnia and depression. The purpose of this study was to examine service members' and veterans' perceptions of the effectiveness and safety of CES treatment. Service members and veterans (N=1,514) who had obtained a CES device through the Department of Defense or Veterans Affairs Medical Center from 2006-2011 were invited to participate in the web based survey via email. One hundred fifty-two participants returned questionnaires. Data were analyzed using descriptive statistics. Participants reported clinical improvement of 25% or more from using CES for anxiety (66.7%), PTSD (62.5%), insomnia (65.3%) and depression (53.9%). The majority of these participants reported clinical

improvement of 50% or more. Respondents also perceived CES to be safe (99.0%). Those individuals who were not taking any prescription medication rated CES more effective than the combined CES and prescription medication group. CES provides service members and veterans with a safe, noninvasive, nondrug, easy to use treatment for anxiety, PTSD, insomnia, and depression that can be used in the clinical setting or self-directed at home.

Lai, B. S., M. L. Kelley, et al. (2015). "Posttraumatic Stress, Anxiety, and Depression Symptoms Among Children After Hurricane Katrina: A Latent Profile Analysis." *J Child Fam Stud* 24(5): 1262-1270.

This study utilized Latent Profile Analysis to identify typologies of distress (i.e., patterns of posttraumatic stress, anxiety, and depression symptoms) among children exposed to Hurricane Katrina. Outcomes and risk factors for these pattern groups were examined. Participants were children (n = 353; ages 8-15 years) affected by Hurricane Katrina. Children were assessed at 3 - 7 months (Time 1) and 14 - 17 months (Time 2) post-Katrina. Results identified three pattern groups (No Disturbance, PTS Only, and Mixed Internalizing) at Time 1. Children in the No Disturbance group reported the lowest levels of internal distress, while the Mixed Internalizing group reported the highest levels of internal distress at Time 2. The Mixed Internalizing and the PTS Only groups reported greater school problems than the No Disturbance group at Time 2. Perceived life threat and community violence exposure were risk factors associated with higher likelihood of falling in the PTS Only and Mixed Internalizing groups, compared to the No Disturbance group. Immediate loss and disruption was also a risk factor associated with a higher likelihood of falling in the PTS Only group, compared to the No Disturbance group. Finally, social support from parents or a classmate/friend was a significant protective factor associated with a lower likelihood of falling into a symptomatic pattern group.

Lehavot, K. and T. L. Simpson (2014). "Trauma, posttraumatic stress disorder, and depression among sexual minority and heterosexual women veterans." *J Couns Psychol* 61(3): 392-403.

This study examined the impact of various traumas across the life span on screening positive for current posttraumatic stress disorder (PTSD) and depression among heterosexual and sexual minority women veterans. Women veterans were recruited over the Internet (N = 706, 37% lesbian or bisexual) to participate in an anonymous, online survey. We assessed childhood trauma; adult sexual assault and adult physical victimization before, during, and after the military; combat exposure; perceived sexist discrimination during military service; sexual minority military stressors; past-year sexist events; and whether participants screened positive for PTSD or depression. Binary logistic regressions were used to generate odds ratios and 95% confidence intervals for PTSD and depression, stratified by sexual orientation and controlling for demographic characteristics. Lesbian and bisexual women reported higher rates of trauma across the life span, although in some instances (e.g., sexual assault during and after military service, combat exposure), they did not differ from their heterosexual counterparts. Childhood trauma and traumas that occurred during military service added the most variance to both PTSD and depression models. Sexual assault during military service appeared to be especially harmful with respect to screening positive for PTSD for both sexual

orientation groups. Results revealed a number of other predictors of mental health status for women veterans, some of which differed by sexual orientation. Findings indicate a significant burden of interpersonal trauma for both heterosexual and lesbian/bisexual women veterans and provide information on the distinct association of various traumas with current PTSD and depression by sexual orientation.

Li, C., Y. Liu, et al. (2015). "Long-term effects of early adolescent stress: dysregulation of hypothalamic-pituitary-adrenal axis and central corticotropin releasing factor receptor 1 expression in adult male rats." *Behav Brain Res.*

Post-traumatic stress disorder (PTSD) is a stress-related mental disorder caused by traumatic experiences. Studies have found that exposure to early stressful events is a risk factor for developing PTSD. However, a limited number of studies have explored the effects of traumatic stress in early adolescence on behavior, hypothalamic-pituitary-adrenal (HPA) axis function, central corticotropin releasing factor receptor 1 (CRFR1) expression and the relative vulnerability of PTSD in adulthood. The current study aims to explore these issues using inescapable electric foot shock to induce a PTSD model in early adolescent rats. Meanwhile, running on a treadmill for six weeks and administration of the antagonist with 3.2mg/kg/day of CP-154, 526 for 14 consecutive days were used as therapeutic measures. Presently, the stress (S) group showed more anxiety and depression in the open field (OF) test and elevated plus maze (EPM) test, memory damage in the Y maze test, decreased basal CORT level, increased DEX negative feedback inhibition and exacerbated and longer-lasting reaction to CRH challenge in the DEX/CRH test compared with the control group. Central CRFR1 expression was also changed in the S group, as evidenced by the increased CRFR1 expression in the hypothalamus, amygdala and the prefrontal cortex (PFC). However, treadmill exercise alleviated early adolescent stress-induced behavior abnormalities and improved the functional state of the HPA axis, performing a more powerful effect than the CRFR1 antagonist CP-154, 526. Additionally, this study revealed that the alteration of central CRFR1 expression might play an important role in etiology of PTSD in adulthood.

Li, Y., F. Dong, et al. (2013). "Poly-victimization and executive functions in junior college students." *Scand J Psychol* 54(6): 485-492.

This study sought to characterize executive dysfunctions in poly-victimized students without posttraumatic stress disorder (PTSD) symptoms and the relationship between neuropsychological and behavioral rating measures of executive functions (EFs). Based on self-report data of exposure to victimization and PTSD symptoms, 259 junior college students aged 18-21 years were classified into four groups: poly-victimization with PTSD symptoms (PVP), poly-victimization without PTSD symptoms (PVnP), non-poly-victimization (nPv), and non-victimization (nV). Respondents also completed the Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A). Of the 259 participants, 131 were administered a battery of neuropsychological tests from the Cambridge Neuropsychological Testing Automated Battery (CANTAB). The PVP group and the PVnP group performed worse than the nV group on most BRIEF-A scales. When compared with the nPV group, the PVP group demonstrated poorer performance on the scales of Inhibit, Shift, Emotional Control,

Initiate, and Working Memory, while the PVnP group performed more poorly on the Working Memory scale and the Task Monitor scale. For all BRIEF-A scales, no significant differences were detected between the PVP group and the PVnP group. This study showed no between-group differences for most of the neuropsychological tests except for the Stop Signal Task (SST), and no correlations between these two measures of EFs. Overall, we found evidence of an association between deficits in EFs and poly-victimization. Although our study raises questions about the relationship between these two measures of EFs, it suggests that the use of the BRIEF-A in conjunction with the CANTAB provides a more complete assessment of the executive dysfunctions.

MacGregor, A. J., K. J. Heltemes, et al. (2014). "Dwell time and psychological screening outcomes among military service members with multiple combat deployments." *Mil Med* 179(4): 381-387.

Recent studies have found that longer dwell times, or the period of time between deployments, may be protective against combat-related psychological outcomes. The purpose of this study was to examine the association between dwell time and psychological morbidity, while accounting for combat exposure. U.S. Marines with two combat deployments between 2005 and 2008 were identified from electronic deployment records. Those who screened positive for post-traumatic stress disorder and depression, and who were referred for mental health services were identified from the Post-Deployment Health Assessment. For the final study sample of 3,512 Marines, dwell time was calculated as time between deployments, and was analyzed as a ratio over length of first deployment. After adjustment for all covariates, there was an interaction ($p = 0.01$) between dwell time and combat exposure on mental health referral outcome. For personnel with maximum reported combat exposure, longer dwell times were associated with a 49% to 92% reduced odds of mental health referral. Longer dwell times may be protective against combat-related psychological outcomes. Because multiple deployments are likely to be the norm in future military operations, regulating dwell time, particularly for those with greater risk of combat exposure, should continue to be explored.

Muenzenmaier, K. H., A. A. Seixas, et al. (2015). "Cumulative Effects of Stressful Childhood Experiences on Delusions and Hallucinations." *J Trauma Dissociation*.

The association between stressful childhood experiences (SCE) and psychotic symptoms is still not clearly understood and different causal pathways have been proposed. General estimating equation modeling was used to test the dose-response relationship between SCE and delusions and hallucinations, at baseline and follow-up periods, and the possible confounding effects of dissociation on this relationship. The prevalence of SCE in individuals with psychotic disorders is high with more co-occurring SCE categories being positively associated with more types of delusions and hallucinations. Each additional SCE is associated with 1.20 increase in the incidence rate ratio (IRR) (C.I. 1.09 -1.32) for hallucinations and a 1.19 (C.I. 1.09-1.29) increase for delusions supporting a dose response association. After controlling for the mediating effects of dissociative symptoms at follow up, SCE remain independently associated with delusions. We propose that cumulative SCE can result in complex trauma reactions that present with a broad range of symptomatology including dissociative, PTSD and psychotic symptoms.

Murray, L. K., I. Familiar, et al. (2013). "An evaluation of trauma focused cognitive behavioral therapy for children in Zambia." *Child Abuse Negl* 37(12): 1175-1185.

To monitor and evaluate the feasibility of implementing Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) to address trauma and stress-related symptoms in orphans and vulnerable children (OVC) in Zambia as part of ongoing programming within a non-governmental organization (NGO). As part of ongoing programming, voluntary care-workers administered locally validated assessments to identify children who met criteria for moderate to severe trauma symptomatology. Local lay counselors implemented TF-CBT with identified families, while participating in ongoing supervision. Fifty-eight children and adolescents aged 5-18 completed the TF-CBT treatment, with pre- and post-assessments. The mean number of traumas reported by the treatment completers (N=58) was 4.11. Post assessments showed significant reductions in severity of trauma symptoms ($p < 0.0001$), and severity of shame symptoms ($p < 0.0001$). Our results suggest that TF-CBT is a feasible treatment option in Zambia for OVC. A decrease in symptoms suggests that a controlled trial is warranted. Implementation factors monitored suggest that it is feasible to integrate and evaluate evidence-based mental health assessments and intervention into programmatic services run by an NGO in low/middle resource countries. Results also support the effectiveness of implementation strategies such as task shifting, and the Apprenticeship Model of training and supervision.

Muzik, M., M. Ads, et al. (2013). "Perspectives on trauma-informed care from mothers with a history of childhood maltreatment: a qualitative study." *Child Abuse Negl* 37(12): 1215-1224.

Women who experienced abuse or neglect as children are more likely to have health problems during pregnancy and postpartum, but can be reluctant to seek help due to a lack of trauma-informed services. As part of a larger mixed method study, this component aimed to obtain qualitative data from trauma-exposed new mothers about their health care preferences during the perinatal period with the ultimate goal to design personalized, supportive interventions. Fifty-two trauma-exposed mothers completed a semi-structured interview at seven months postpartum about health care preferences including ideas for programs that promote wellness, thoughts about the influences of being a new mother and possible names for a program serving trauma-exposed mothers. Interviews were transcribed and coded using N-Vivo. Participants described ambivalence about seeking help but also a sincere desire for healing, coupled with hope for the future. This tension was apparent in the discussions highlighting the importance of access to experienced, nonjudgmental, and knowledgeable health and social care staff and volunteers, the wish for both formal, integrated physical and mental health services, and for informal opportunities to meet other trauma-exposed mothers in a non-stigmatizing, child-friendly setting. Finally, positive relationship-building, respect, and safety were identified as key elements of services critical to counteract trauma-related shame and mistrust in others. Services for trauma-exposed mothers should acknowledge the normal ambivalence surrounding seeking help, but promote hope-affirming practices in a family-centered, safe, non-clinical setting that involves children, builds social support,

and provides peer interaction. Program names should reflect optimism and healing rather than trauma.

Narvaez, J. C., K. Jansen, et al. (2014). "Psychiatric and substance-use comorbidities associated with lifetime crack cocaine use in young adults in the general population." *Compr Psychiatry* 55(6): 1369-1376.

OBJECTIVE: To assess the association between lifetime crack cocaine use and psychiatric (post-traumatic stress disorder, current depression, current dysthymia, generalized anxiety disorder, panic disorder with agoraphobia, social phobia, as well as SRQ scores and suicide risk) and substance-use disorders (tobacco, alcohol, cannabis, cocaine, amphetamine, inhalants, sedatives, hallucinogens and opioids) in youth in the general population of the city of Pelotas, RS. **METHOD:** This was a cross-sectional population-based study, involving 1560 participants between 18 and 24 years old. Lifetime substance use and abuse were investigated using the ASSIST inventory. Psychiatric comorbidities were assessed using the Mini-International Neuropsychiatric Interview and symptoms of common mental disorders were evaluated with the Self-Reported Questionnaire (SRQ). **RESULTS:** The prevalence of lifetime crack cocaine use in the sample was 2.5%. Its use was associated with total SRQ scores and the presence of post-traumatic stress disorder, antisocial personality disorder and suicide risk in the final regression model. Tobacco, alcohol, cannabis, cocaine, amphetamine and cocaine dependence were also associated with lifetime use of crack cocaine. **DISCUSSION:** Youth with a history of crack cocaine use had a higher prevalence of psychiatric conditions such as post-traumatic stress disorder, as well as an increased risk of tobacco, alcohol, cannabis, cocaine, amphetamine and inhalant use and dependence.

Noyman-Veksler, G., S. Herishanu-Gilutz, et al. (2015). "Post-natal psychopathology and bonding with the infant among first-time mothers undergoing a caesarian section and vaginal delivery: sense of coherence and social support as moderators." *Psychol Health* 30(4): 441-455.

OBJECTIVE: To investigate the protective role of sense of coherence (SOC) and perceived social support in the effect of emergency/elective caesarian section on post-natal psychological symptoms and impairment in mother-infant bonding. **DESIGN:** Thirty-seven women delivering via an emergency C-section, 21 via elective C-section and 38 through a vaginal delivery were assessed six weeks post-partum (Time 1) as to their post-traumatic stress disorder (PTSD) and depressive symptoms, impairment in bonding and SOC and social support. Symptoms and bonding difficulties were assessed again six weeks later (Time 2). Main and interactive effects of mode of delivery and the protective factors were examined. **MAIN OUTCOME MEASURES:** Post-natal depressive and PTSD symptoms and mother-infant bonding. **RESULTS:** An emergency C-section mode of delivery predicted an increase in PTSD symptoms in Time 2, but only among women with low levels of Time-1 social support. Time-1 SOC predicted a decrease in post-natal PTSD and depression. **CONCLUSIONS:** Social support might buffer against the potentially traumatic effect of an emergency C-section. SOC appears to constitute a powerful dimension of post-natal resilience.

Okello, J., M. De Schryver, et al. (2014). "Differential roles of childhood adversities and stressful war experiences in the development of mental health symptoms in post-war adolescents in northern Uganda." *BMC Psychiatry* 14: 260.

BACKGROUND: Previous studies have shown a relationship between stressful war experiences and mental health symptoms in children and adolescents. To date, no comprehensive studies on the role of childhood adversities have been conducted with war-exposed adolescents living in post-war, low-resource settings in Sub-Saharan Africa. **METHODS:** A cross-sectional study of 551 school-going adolescents aged 13-21 years old was undertaken four years post-war in northern Uganda. Participants completed self-administered questionnaires assessing demographics, stressful war experiences, childhood adversities, posttraumatic stress disorder (PTSD), depression, and anxiety symptoms. **RESULTS:** Our analyses revealed a main effect of gender on all mental health outcomes except avoidance symptoms, with girls reporting higher scores than boys. Stressful war experiences were associated with all mental health symptoms, after adjusting for potential confounders. Childhood adversity was independently associated with depression symptoms but not PTSD, anxiety, and PTSD cluster symptoms. However, in situations of high childhood adversity, our analyses showed that stressful war experiences were less associated with vulnerability to avoidance symptoms than in situations of low childhood adversity. **CONCLUSIONS:** Both stressful war experiences and childhood adversities are risk factors for mental health symptoms among war-affected adolescents. Adolescents with histories of high childhood adversities may be less likely to develop avoidance symptoms in situations of high stressful war experiences. Further exploration of the differential roles of childhood adversities and stressful war experiences is needed.

Orme, G. J. and E. J. Kehoe (2014). "Hardiness as a predictor of mental health and well-being of Australian army reservists on and after stability operations." *Mil Med* 179(4): 404-412.

This study tested whether cognitive hardiness moderates the adverse effects of deployment-related stressors on health and well-being of soldiers on short-tour (4-7 months), peacekeeping operations. Australian Army reservists (N = 448) were surveyed at the start, end, and up to 24 months after serving as peacekeepers in Timor-Leste or the Solomon Islands. They retained sound mental health throughout (Kessler 10, Post-Traumatic Checklist-Civilian, Depression Anxiety Stress Scale 42). Ratings of either traumatic or nontraumatic stress were low. Despite range restrictions, scores on the Cognitive Hardiness Scale moderated the relationship between deployment stressors and a composite measure of psychological distress. Scatterplots revealed an asymmetric pattern for hardiness scores and measures of psychological distress. When hardiness scores were low, psychological distress scores were widely dispersed. However, when hardiness scores were higher, psychological distress scores became concentrated at a uniformly low level.

Ormhaug, S. M., T. K. Jensen, et al. (2014). "The therapeutic alliance in treatment of traumatized youths: relation to outcome in a randomized clinical trial." *J Consult Clin Psychol* 82(1): 52-64.

OBJECTIVE: We examined the contribution of alliance to the outcome of therapy with traumatized youths across two different treatment conditions (trauma-focused cognitive behavioral therapy [TF-CBT] and therapy as usual [TAU]). **METHOD:** Participants were 156 youths (M age = 15.1

years, range = 10-18; 79.5% girls), randomly assigned to TF-CBT or TAU. Symptoms were assessed pretreatment, midtreatment (Session 6), and posttreatment (Session 15). Alliance was assessed after Sessions 1 and 6, using the Therapeutic Alliance Scale for Children-Revised (TASC-R). RESULTS: Alliance scores were comparable across treatment conditions, but TF-CBT participants had significantly lower posttraumatic stress symptoms (PTSS) posttreatment ($d = 0.51$). Hierarchical regression analyses showed that there were no significant alliance effects in models without an Alliance x Treatment Group interaction: Alliance ratings were significant predictors of reduction in PTSS (Est. = -0.53 , $p = .003$, 95% confidence interval [CI] = -0.87 to -0.18) and additional outcomes measured in TF-CBT but not in TAU (PTSS posttreatment: Est. = 0.01 , $p = .647$, 95% CI = -0.29 to 0.47). CONCLUSION: This study was the first to investigate the contribution of alliance to outcome among adolescents with posttraumatic symptoms, treated with TF-CBT or TAU. Our findings indicated that there was an important interaction between alliance and therapeutic approach, as alliance predicted outcome in TF-CBT, but not in the nonspecific treatment condition. A positive working relationship appeared to be especially important in the context of this evidence-based treatment, which requires youth involvement in specific therapy tasks. Further, findings showed that use of a manual did not compromise alliance formation.

Overbeek, M. M., J. C. de Schipper, et al. (2013). "Effectiveness of specific factors in community-based intervention for child-witnesses of interparental violence: a randomized trial." *Child Abuse Negl* 37(12): 1202-1214.

A community-based intervention with specific factors for children and parents exposed to interparental violence (IPV) was compared with a control intervention based on non-specific factors. We hypothesized that participation in an intervention with specific factors, focused on IPV, parenting and coping, would be associated with better recovery. IPV exposed children and parents were group randomized over a specific factors- and control intervention. Baseline, posttest and follow-up measurements of 155 parents and children (aged 6-12 years, 55.5% boys) were fitted in a multilevel model. Outcomes were parent and teacher reported children's internalizing and externalizing problems (CBCL, TRF), child self-reported depressive symptoms (CDI) and parent and child reported children's post-traumatic stress symptoms (TSCYC, TSCC). Based on intention-to-treat and completer analyses, children in the specific factors intervention did not show better recovery than children in the control intervention. Children in both interventions decreased significantly in parent-reported children's internalizing and externalizing problems and post-traumatic stress symptoms. Children reported a decrease in their mean level of depressive and post-traumatic stress symptoms. Teachers reported a decrease in internalizing problems, but not in externalizing problems. No association between time since exposure and level and course of symptoms was found. Treatment differentiation was assessed and both programs were significantly different on hypothesized effective factors. Higher treatment adherence in both programs did not result in a larger difference in recovery. IPV exposed children improve over the course and after participating in a community-based child- and parent program, but specific factors in intervention may not carry additional benefits when implemented in community settings.

Penning, S. L. and S. J. Collings (2014). "Perpetration, revictimization, and self-injury: traumatic reenactments of child sexual abuse in a nonclinical sample of South African adolescents." *J Child Sex Abus* 23(6): 708-726.

Risk factors for traumatic reenactments of child sexual abuse experiences (perpetration, revictimization, and self-injury) were examined in a sample of 718 South African secondary school adolescents. Logistic regression analyses indicated that the most consistent predictors of reenactments were a history of child sexual abuse (rape and/or indecent assault) and respondents' gender, with males being significantly more likely than females to report perpetration (OR = 13.5) and females being more likely to report revictimization (OR = 3.2) and self-injury (OR = 2.5). An analysis restricted to respondents with a history of child sexual abuse indicated that negative abuse-related cognitions were the most consistent predictor of all forms of traumatic reenactment.

Pitre, N. Y., K. E. Kushner, et al. (2015). "Mothering in the wake of childhood violence experiences: reweaving a self and a world at the intersection of history and context." *Health Care Women Int* 36(2): 229-254.

We examined the stories of 12 women mothering growing children at the intersection of personal history (childhood violence experiences) and symbolic, structural, and ideological forces and conditions. Women revealed their determination to reweave a self and a world, that is, to continually reconstruct and reconfigure their lives to change the story for themselves and their children. Women's ability to reweave, however, was facilitated or challenged through intersections with family, networks, single stories, and prescribed rules and routines. We propose that reweaving work is a significant phenomenon to consider as deeper understandings of the dynamic experience of adult resilience are sought.

Pogoda, T. K., K. M. Iverson, et al. (2014). "Concordance of clinician judgment of mild traumatic brain injury history with a diagnostic standard." *J Rehabil Res Dev* 51(3): 363-375.

The concordance of Department of Veterans Affairs (VA) clinician judgment of mild traumatic brain injury (mTBI) history with American Congress of Rehabilitation Medicine (ACRM)-based criteria was examined for Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Veterans. In order to understand inconsistencies in agreement, we also examined the associations between evaluation outcomes and conceptually relevant patient characteristics, deployment-related events, current self-reported health symptoms, and suspected psychiatric conditions. The Veteran sample comprised 14,026 OIF/OEF VA patients with deployment-related mTBI history (n = 9,858) or no history of mTBI (n = 4,168) as defined by ACRM-based criteria. In the majority of cases (76.0%), clinician judgment was in agreement with the ACRM-based criteria. The most common inconsistency was between clinician judgment (no) and ACRM-based criteria (yes) for 21.3% of the patients. Injury etiology, current self-reported health symptoms, and suspected psychiatric conditions were additional factors associated with clinician diagnosis and ACRM-based criteria disagreement. Adherence to established diagnostic guidelines is essential for accurate determination of mTBI history and for understanding the extent to which mTBI symptoms resolve or persist over time in OIF/OEF Veterans.

Prescott, M. R., M. Tamburrino, et al. (2014). "Validation of lay-administered mental health assessments in a large Army National Guard cohort." *Int J Methods Psychiatr Res* 23(1): 109-119.

To report the reliability and validity of key mental health assessments in an ongoing study of the Ohio Army National Guard (OHARNG). The 2616 OHARNG soldiers received hour-long structured telephone surveys including the post-traumatic stress disorder (PTSD) checklist (PCV-C) and Patient Health Questionnaire - 9 (PHQ-9). A subset (N = 500) participated in two hour clinical reappraisals, using the Clinician-Administered PTSD Scale (CAPS) and the Structured Clinical Interview for DSM (SCID). The telephone survey assessment for PTSD and for any depressive disorder were both highly specific [92% (standard error, SE 0.01), 83% (SE 0.02)] with moderate sensitivity [54% (SE 0.09), 51% (SE 0.05)]. Other psychopathologies assessed included alcohol abuse [sensitivity 40%, (SE 0.04) and specificity 80% (SE 0.02)] and alcohol dependence [sensitivity, 60% (SE 0.05) and specificity 81% (SE 0.02)]. The baseline prevalence estimates from the telephone study suggest alcohol abuse and dependence may be higher in this sample than the general population. Validity and reliability statistics suggest specific, but moderately sensitive instruments.

Raabe, S., T. Ehring, et al. (2015). "Imagery Rescripting as stand-alone treatment for posttraumatic stress disorder related to childhood abuse." *J Behav Ther Exp Psychiatry* 48: 170-176.

OBJECTIVE: This case series tested the feasibility and explored the efficacy of Imagery Rescripting (ImRs) as a stand-alone treatment for PTSD related to childhood physical and/or sexual abuse (CA). **METHOD:** Participants (6 women and 2 men) were patients with PTSD related to CA who entered an 8 week treatment program with 16 twice-weekly ImRs sessions. Blind assessments took place at pre- and post-treatment and at 3 month follow-up. **RESULTS:** Participants showed improvement in both self-reported and clinician-rated PTSD symptoms. Gains were maintained at 3-month follow-up. At post-treatment, 50% of participants no longer met criteria for PTSD, and this number increased to 75% at 3 month follow-up. **LIMITATIONS:** The main limitation is the small sample size and the selective nature of the sample, which limits the generalizability of the findings. **CONCLUSIONS:** This pilot study suggests that Imagery Rescripting as stand-alone treatment is feasible and effective without prior stabilization in an outpatient population with CA-related PTSD. Further replication is needed in form of a randomized controlled trial.

Reddy, S., A. M. Dick, et al. (2014). "The effect of a yoga intervention on alcohol and drug abuse risk in veteran and civilian women with posttraumatic stress disorder." *J Altern Complement Med* 20(10): 750-756.

BACKGROUND: Individuals with posttraumatic stress disorder (PTSD) often exhibit high-risk substance use behaviors. Complementary and alternative therapies are increasingly used for mental health disorders, although evidence is sparse. **OBJECTIVES:** Investigate the effect of a yoga intervention on alcohol and drug abuse behaviors in women with PTSD. Secondary outcomes include changes in PTSD symptom perception and management and initiation of evidence-based therapies. **MATERIALS AND METHODS:** The current investigation analyzed data from a pilot randomized controlled trial comparing a 12-session yoga intervention with an assessment control for women age

18 to 65 years with PTSD. The Alcohol Use Disorder Identification Test (AUDIT) and Drug Use Disorder Identification Test (DUDIT) were administered at baseline, after the intervention, and a 1-month follow-up. Linear mixed models were used to test the significance of the change in AUDIT and DUDIT scores over time. Treatment-seeking questions were compared by using Fisher exact tests. RESULTS: The mean AUDIT and DUDIT scores decreased in the yoga group; in the control group, mean AUDIT score increased while mean DUDIT score remained stable. In the linear mixed models, the change in AUDIT and DUDIT scores over time did not differ significantly by group. Most yoga group participants reported a reduction in symptoms and improved symptom management. All participants expressed interest in psychotherapy for PTSD, although only two participants, both in the yoga group, initiated therapy. CONCLUSIONS: Results from this pilot study suggest that a specialized yoga therapy may play a role in attenuating the symptoms of PTSD, reducing risk of alcohol and drug use, and promoting interest in evidence-based psychotherapy. Further research is needed to confirm and evaluate the strength of these effects.

Reiser, E. M., E. M. Weiss, et al. (2014). "Prefrontal-posterior coupling while observing the suffering of other people, and the development of intrusive memories." *Psychophysiology* 51(6): 546-555.

Witnessing the suffering of others, for instance, in hospital emergency rooms but also through televised images in news or reality programs, may be associated with the occurrence of later intrusive memories. The factors contributing to why some people develop intrusive memories and others do not are still poorly understood. N = 121 healthy women were exposed to film scenes showing the suffering of dying, severely injured, and mourning people while their EEG was recorded. Individuals showing greater decreases of functional coupling between prefrontal and posterior cortices (greater decreases of EEG beta coherences) reported more intrusive memories of the witnessed events. This was shown for intrusions in the short term (immediately after viewing the film) as well as in the medium term (intrusive memories over 1 week). The findings illuminate brain mechanisms involved in the encoding of information in ways that make intrusive memories more likely.

Russell, D. W., R. J. Whalen, et al. (2014). "Embedded behavioral health providers: an assessment with the Army National Guard." *Psychol Serv* 11(3): 265-272.

Although the Army has recently begun the practice of embedding behavioral health care providers (EBHP) in units in an effort to improve soldier well-being, the efficacy of this practice has not been evaluated. This study assesses 1 of the first programs implemented by the military. Using cross-sectional data obtained from a confidential survey of 12 company-level units in the California Army National Guard (n = 1,132), this study examines differences between units with and without EBHPs across a number of measures. Multilevel analysis of behavioral health symptoms, unit climate, perceptions of stigma, and practical barriers to care failed to detect main effects between units with EBHPs relative to those without. However, cross-level interactions were detected between unit EBHP status and soldiers reporting close relationship (e.g., spouse, girlfriend/boyfriend) impairment. Exploratory findings suggest that, among soldiers reporting close relationship impairment, those belonging to units with EBHPs reported significantly lower behavioral health

symptoms and significantly more positive unit climates. Based on these limited exploratory findings, this study suggests that EBHPs in reserve units may have a positive effect on a subset of soldiers (i.e., those reporting close relationship impairment). More assessments of embed programs should be conducted, particularly using prospective longitudinal data among randomized units.

Salloum, A., J. Robst, et al. (2014). "Step one within stepped care trauma-focused cognitive behavioral therapy for young children: a pilot study." *Child Psychiatry Hum Dev* 45(1): 65-77.

This pilot study explored the preliminary efficacy, parent acceptability and economic cost of delivering Step One within Stepped Care Trauma-Focused Cognitive Behavioral Therapy (SC-TF-CBT). Nine young children ages 3-6 years and their parents participated in SC-TF-CBT. Eighty-three percent (5/6) of the children who completed Step One treatment and 55.6 % (5/9) of the intent-to-treat sample responded to Step One. One case relapsed at post-assessment. Treatment gains were maintained at 3-month follow-up. Generally, parents found Step One to be acceptable and were satisfied with treatment. At 3-month follow-up, the cost per unit improvement for posttraumatic stress symptoms and severity ranged from \$27.65 to \$131.33 for the responders and from \$36.12 to \$208.11 for the intent-to-treat sample. Further research on stepped care for young children is warranted to examine if this approach is more efficient, accessible and cost-effective than traditional therapy.

Santangelo, P., I. Reinhard, et al. (2014). "Specificity of affective instability in patients with borderline personality disorder compared to posttraumatic stress disorder, bulimia nervosa, and healthy controls." *J Abnorm Psychol* 123(1): 258-272.

Affective instability is a core feature of borderline personality disorder (BPD). The use of advanced assessment methodologies and appropriate statistical analyses has led to consistent findings that indicate a heightened instability in patients with BPD compared with healthy controls. However, few studies have investigated the specificity of affective instability among patients with BPD with regard to relevant clinical control groups. In this study, 43 patients with BPD, 28 patients with posttraumatic stress disorder (PTSD), 20 patients with bulimia nervosa (BN), and 28 healthy controls carried e-diaries for 24 hours and were prompted to rate their momentary affective states approximately every 15 minutes while awake. To quantify instability, we used 3 state-of-the-art indices: multilevel models for squared successive differences (SSDs), multilevel models for probability of acute changes (PACs), and aggregated point-by-point changes (APPCs). Patients with BPD displayed heightened affective instability for emotional valence and distress compared with healthy controls, regardless of the specific instability indices. These results directly replicate earlier studies. However, affective instability did not seem to be specific to patients with BPD. With regard to SSDs, PACs, and APPCs, patients with PTSD or BN showed a similar heightened instability of affect (emotional valence and distress) to that of patients with BPD. Our results give raise to the discussion if affective instability is a transdiagnostic or a disorder-specific mechanism. Current evidence cannot answer this question, but investigating psychopathological mechanisms in everyday life across disorders is a promising approach to enhance validity and specificity of mental health diagnoses.

Schneeberger, A. R., K. Muenzenmaier, et al. (2014). "Use of psychotropic medication groups in people with severe mental illness and stressful childhood experiences." *J Trauma Dissociation* 15(4): 494-511.

Stressful childhood experiences (SCE) are associated with a variety of health and social problems. In people with severe mental illness (SMI) traumatic childhood experiences have been linked to more severe and treatment refractory forms of psychiatric symptoms, including psychotic symptoms. This study evaluates the use of psychotropic medication groups in a population of people with SMI and SCE, testing the association between SCE and prescription medication in an SMI population. A sample of 183 participants with SMI was divided into 2 exposure groups: high SCE (4 to 7 categories of SCE) and low SCE (0 to 3 categories of SCE). Both groups were compared in regard to prescribed dosing of psychotropic medications (antipsychotics, mood stabilizers, antidepressants, and anxiolytics/hypnotics). Participants who endorsed high SCE received higher doses of antipsychotic medications and mood stabilizers than those with low exposure. The results demonstrate that people with higher SCE categories received a higher dosing of psychotropic medication, specifically antipsychotic medication and mood stabilizers.

Scrimin, S., U. Moscardino, et al. (2014). "Socio-ecological correlates of mental health among ethnic minorities in areas of political conflict: a study of Druze adolescents in Israel." *Transcult Psychiatry* 51(2): 209-227.

Children and youths living in areas of political conflict are at increased risk of mental health problems, but little is known about psychosocial adjustment among ethnic minorities living in war-afflicted settings. This cross-sectional study used an ecological approach to investigate the unique contributions of child, family/social, and minority related factors as well as traumatic exposure and perceived discrimination to the mental health of 167 Druze adolescents in Northern Israel. Outcome measures included participants' self-reported posttraumatic stress disorder symptoms, psychological distress, and emotional and behavioral problems. Adolescents reported high indirect exposure, moderate discrimination, strong ethnic identity and high religious involvement. Regression analyses showed that female gender, number of traumatic events, and perceived discrimination were associated with more severe mental health outcomes. In addition, low social support and high religious involvement predicted increased PTSD symptom severity, while stronger ethnic identity was associated with less emotional and behavioral problems. Findings are discussed in terms of the cultural characteristics of the Druze community and highlight the need to consider additional stressors, such as discrimination, when working with ethnic minority youth in conflict zones.

Shallcross, S. L., P. A. Frazier, et al. (2014). "Social resources mediate the relations between attachment dimensions and distress following potentially traumatic events." *J Couns Psychol* 61(3): 352-362.

Insecure adult attachment dimensions are consistently related to poorer posttrauma adjustment, but these relations have rarely been examined prospectively or across a wide range of potentially traumatic events. In addition, the factors mediating these relations are not yet fully understood. Therefore, the first aim of this study was to assess whether anxious and avoidant

attachment dimensions assessed preevent would predict changes in adjustment (e.g., distress) following a broad range of potentially traumatic events. The second aim was to determine whether postevent social resources mediated the relations between attachment dimensions and postevent adjustment. Undergraduate students (N = 1,084) completed preevent measures of attachment dimensions and psychological distress at Time 1 (T1); 73% (n = 789) completed a follow-up survey 2 months later assessing exposure to potentially traumatic events and social resources (Time 2; T2). Those who reported experiencing a potentially traumatic event between T1 and T2 and who completed a final follow-up survey assessing distress 2 months after T2 (Time 3) constituted the sample for the present analyses (n = 174). Individuals with more attachment avoidance and anxiety had greater increases in posttraumatic stress disorder symptoms and general psychological distress. These relations were mediated by social resources (i.e., positive and negative support, social withdrawal) at T2 such that anxious and avoidant attachment dimensions were associated with having fewer social resources following a potentially traumatic event, which in turn was associated with reporting more distress. Implications for research and practice with individuals exposed to potentially traumatic events are discussed.

Skipper, L. D., R. D. Forsten, et al. (2014). "Relationship of combat experiences and alcohol misuse among U.S. Special Operations Soldiers." *Mil Med* 179(3): 301-308.

This study examined the association between specific combat experiences and postdeployment hazardous drinking patterns on selected military populations that are considered high risk, such as personnel belonging to U.S. Army Special Operations Forces. Data collection were conducted in a 5-year span in which 1,323 Special Operations Forces Soldiers were surveyed anonymously from 3 to 6 months after returning from deployment to Iraq/Afghanistan regarding their combat experiences and mental health. Combat items were independently analyzed and placed into the following categories: (1) Fighting, (2) Killing, (3) Threat to oneself, (4) Death/Injury of others, and (5) Atrocities. Alcohol misuse was measured using the Alcohol Use Disorders Identification Test-Consumption. Of the Soldiers sampled, 15% (N = 201) screened positive for alcohol misuse 3 to 6 months postdeployment. Combat experiences relating to fighting, threat to oneself, and atrocities were significantly related to alcohol misuse when analyzed individually. However, when factors were analyzed simultaneously, combat experiences in the fighting category were significantly associated with a positive screen for alcohol misuse. In conclusion, Soldiers belonging to certain elite combat units are significantly more likely to screen positive for alcohol misuse if they are exposed to specific types of fighting combat experiences versus any other type of combat exposure.

Verelst, A., M. De Schryver, et al. (2014). "The mediating role of stigmatization in the mental health of adolescent victims of sexual violence in Eastern Congo." *Child Abuse Negl* 38(7): 1139-1146.

This study aims to explore the factors that explain the mental sequelae of war-related sexual violence and focuses in particular on the role of stigmatization. Drawing on a large-scale quantitative survey undertaken in the war-affected region of eastern Democratic Republic of the Congo, we analyze how stigmatization mediates the mental health impact of sexual violence on adolescent girls who were victims of rape. Twenty-two secondary schools were randomly selected out of a stratified

sample in Bunia, Eastern Congo. In a cross-sectional, population-based survey, 1,305 school-going adolescent girls aged 11-23 completed self-report measures assessing war-related traumatic events, experiences of sexual violence, stigmatization, and mental health symptoms. Of the 1,305 participants, 38.2% (n=499) reported experiences of sexual violence. Victims of sexual violence reported more war-related traumatic events and more stigmatization experiences. Several hierarchical regression analyses examined the mediating impact of stigmatization on the relationship between sexual violence and mental health outcomes, thereby controlling for sociodemographics (age, parental availability, and socioeconomic status) and war-related traumatic exposure. Our findings show that this stigmatization largely explains the mental health impact of sexual violence, in particular, on adolescent girls' reported symptoms of depression (full mediation) and posttraumatic stress (avoidance and total PTSD: full mediation; hyperarousal: partial (40%) mediation). No evidence of mediation by stigmatization was found for symptoms of anxiety and intrusion. Stigmatization plays thus an important role in shaping the mental sequelae of sexual violence, a finding with major consequences for clinical practice.

Vilete, L., I. Figueira, et al. (2014). "Resilience to trauma in the two largest cities of Brazil: a cross-sectional study." *BMC Psychiatry* 14: 257.

BACKGROUND: Resilience is a dynamic process involving the interaction between intrapsychic and social factors of risk and protection. For resilience to be recognized there must be a significant threat to the individual, such as a traumatic event, and a good quality of adjustment. The aim of this study was to identify predisposing factors and possible mechanisms associated with resilience to traumatic events in the general population. **METHODS:** We conducted a cross-sectional study with a random sample, aged 15-75 years, living in the two largest cities in Brazil, who were exposed to trauma (N = 3,231). Positive adaptation to trauma was defined as the lifetime absence of anxiety (including posttraumatic stress disorder), depression and alcohol related disorders in the presence of at least one traumatic event. Logistic regression models predicting resilience were used to estimate the incidence density ratio. This measure expresses the extent to which the rate of resilience differs from the exposed group to the non-exposed group. Moreover, we explored the relationship between positive/negative affect and resilience, using linear regression models. **RESULTS:** Male gender was a predisposing factor to positive adaptation (incidence density ratio [IDR] = 1.34; $p < 0.001$). There was an inverse linear relationship between childhood violence and resilience (IDR = 0.67; 0.53; 0.19; $p < 0.001$). Our findings suggest that the absence of parental mental disease (IDR = 1.35; $p = 0.07$) also predisposes individuals to positive adaptation. **CONCLUSIONS:** This study provides results that help to identify vulnerable groups and protective factors that may lead to a positive adaptation following traumatic experiences.

Waits, W. M., M. B. Ganz, et al. (2014). "Sleep and the use of energy products in a combat environment." *US Army Med Dep J*: 22-28.

BACKGROUND: The use of energy products appears to be widespread among deployed personnel, presumably to combat fatigue and sleep deprivation. However, these products have been associated with unpleasant side effects and adverse events, including insomnia, mood swings,

fatigue, cardiac arrest, and even death. **OBJECTIVE:** To quantify the sleep habits and energy products used among deployed service members in Afghanistan from 2010-2011. **METHODS:** Participants completed an anonymous survey querying their demographic information, sleep habits, combat exposure, and energy product use. **RESULTS:** Respondent data: 83% experienced some degree of insomnia; 28% were using a prescription or over-the-counter sleep aid; 81% reported using at least one energy product daily. The most frequently consumed energy products were caffeinated coffee and soda. Only 4 energy products were used more frequently during deployment than prior to deployment: Rip-It, Tiger, Hydroxycut, and energy drink powders. On average, respondents who increased their use consumed only 2 more servings per week during deployment than they had prior to deployment. Only degree of combat exposure, not quantity of energy products consumed, predicted degree of insomnia. **CONCLUSION:** Energy product consumption by service members during deployment was not dramatically different than predeployment and was not associated with insomnia.

Yokoyama, Y., K. Otsuka, et al. (2014). "Mental health and related factors after the Great East Japan earthquake and tsunami." *PLoS One* 9(7): e102497.

Mental health is one of the most important issues facing disaster survivors. The purpose of this study is to determine the prevalence and correlates of mental health problems in survivors of the Great East Japan Earthquake and Tsunami at 6-11 months after the disaster. The questionnaire and notification were sent to the survivors in three municipalities in the Tohoku area of the Northern part of Honshu, Japan's largest island, between September 2011 and February 2012. Questionnaires were sent to 12,772, 11,411, and 18,648 residents in the Yamada, Otsuchi, and Rikuzentakata municipalities, respectively. Residents were asked to bring the completed questionnaires to their health check-ups. A total of 11,124 or (26.0%) of them underwent health check-ups, and 10,198 were enrolled. We excluded 179 for whom a K6 score was missing and two who were both 17 years of age, which left 10,025 study participants (3,934 male and 6,091 female, mean age 61.0 years). K6 was used to measure mental health problems. The respondents were classified into moderate (5-12 of K6) and serious mental health problems (13+). A total of 42.6% of the respondents had moderate or serious mental health problems. Multivariate analysis showed that women were significantly associated with mental health problems. Other variables associated with mental health problems were: younger male, health complaints, severe economic status, relocations, and lack of a social network. An interaction effect of sex and economic status on severe mental health problems was statistically significant. Our findings suggest that mental health problems were prevalent in survivors of the Great East Japan Earthquake and Tsunami. For men and women, health complaints, severe economic status, relocations, and lack of social network may be important risk factors of poor mental health. For men, interventions focusing on economic support may be particularly useful in reducing mental health problems after the disaster.