New book:
*Future Directions in Post-Traumatic Stress Disorder. Prevention, Diagnosis, and Treatment*

Editors: Marilyn Safir, Helene Wallach, Albert "Skip" Rizzo
Publisher: Springer
http://www.springer.com/psychology/health+and+behavior/book/978-1-4899-7521-8

New Whiteboard videos on the National Center for PTSD website

**Refining Our Ability to Measure Posttraumatic Growth**

Stephanie F. Johnson, Adriel Boals

*Psychological Trauma: Theory, Research, Practice, and Policy*
Dec 2014
DOI: 10.1037/tra0000013

Some investigators question the extent to which the Posttraumatic Growth Inventory (PTGI) measures perceived growth versus genuine positive change. The present study examined whether the PTGI is more likely to assess changes in emotional and psychological functioning when only including events high in event centrality. Event centrality refers to the extent to which an individual construes a stressful experience as a core part of the identity. Following the methodology of Frazier et al. (2009), scores on the PTGI were compared with changes in measures of emotional and psychological functioning. When the authors examined events low in event centrality, their results mimicked those of Frazier et al., such that the associations between PTGI scores and the measures of emotional and psychological functioning were very small. In addition, PTGI scores were associated with greater levels of stress, depression, and anxiety. However, when we examined events that were high in event centrality, we found that the PTGI correlates highly with measures of emotional and psychological functioning and were associated with less stress, depression, and anxiety. These findings were observed both cross-sectionally and prospectively. The results suggest a methodology to improve our ability to measure growth from trauma.

**Cognitive–Behavioral Variables Mediate the Impact of Violent Loss on Post-Loss Psychopathology**

Paul A. Boelen, Jos de Keijser, Geert Smid

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In the current study, the authors used self-reported data of bereaved individuals to examine the role of seven cognitive–behavioral variables in mediating the impact of violent loss: (a) a sense of “unrealness” about the irreversibility of the separation, negative cognitions about (b) the self, (c) life, (d) the future, and (e) catastrophic misinterpretations of grief-reactions, and indices of (f) anxious avoidance and (g) depressive avoidance behavior. Outcomes showed that people bereaved by violent losses (due to homicide, suicide, or accident) had significantly higher symptom-levels of Prolonged Grief Disorder (PGD), posttraumatic stress disorder (PTSD), and depression than persons bereaved by nonviolent losses. Indices
of unrealness, negative cognitions about the self, the future, catastrophic misinterpretations, and depressive avoidance were all significant independent mediators of the linkages between violent loss and symptom-levels of PGD and depression. Negative cognitions about the future, catastrophic misinterpretations, and depressive and anxious avoidance emerged as unique mediators of the association between violent loss and elevated PTSD severity. Findings underscore that cognitive–behavioral variables are a critical component of elevated emotional distress following violent loss.

**Gender differences in the expression of PTSD symptoms among active duty military personnel**

Laurel Hourani, Jason Williams, Robert Bray, Denise Kandel

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This study examined gender differences in PTSD symptoms and symptom factors in the total U.S. active duty force. Data were drawn from the 2008 Department of Defense Survey of Health Related Behaviors among Active Duty Military Personnel including men and women from all services. The results indicated that women expressed more distress than men across almost all the symptoms on the PTSD Checklist except for hypervigilance. Women also scored significantly higher on all four factors examined: Re-experiencing, Avoidance, Emotionally Numb, Hyperarousal. More women than men were distressed by combat experiences that involved some type of violence, such as being wounded, witnessing or engaging in acts of cruelty, engaging in hand-to-hand combat, and, to a lesser extent, handling dead bodies. Men who had been sexually abused had a greater number of symptoms and were consistently more distressed than women on individual symptoms and symptom factors.

**An evaluation of the DSM-5 factor structure for posttraumatic stress disorder in survivors of traumatic injury**

David Forbes, Emma Lockwood, Jon D. Elhai, Mark Creamer, Richard Bryant, Alexander McFarlane, Derrick Silove, Mark W. Miller, Angela Nickerson, Meaghan O'Donnell

*Journal of Anxiety Disorders*

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This study evaluated the fit of the DSM-5 four-factor model and an alternative four-factor model in injury survivors six years post-injury using the Clinician Administered PTSD Scale, updated to include items measuring new DSM-5 symptoms. While both four-factor models fitted the data well, very high correlations between the ‘Intrusions’ and ‘Avoidance’ factors in both models and between the ‘Negative Alterations in Cognitions and Mood’ and ‘Arousal and Reactivity’ factors in the DSM-5 model and the ‘Dysphoria’ and ‘Hyperarousal’ factors in the alternative model were evident, suggesting that a more parsimonious two-factor model combining these pairs of factors may adequately represent the latent structure. Relationships between the factors of each of the four-factor models and the latent factors of Fear and Anxious-Misery/Distress underlying Internalizing disorders were also explored, with findings providing further support for the close relationship between the Intrusion and Avoidance factors. However, these findings also suggested that there may be some utility to distinguishing Negative Alterations in Cognition and Mood symptoms from Arousal and Reactivity symptoms, and/or Dysphoria symptoms from Hyperarousal symptoms. Further studies are required to assess the potential discriminant validity of the two four-factor models.
Prolonged Exposure for PTSD in a Veteran Group: A Pilot Effectiveness Study


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The current study examined a group and individual hybrid treatment that was developed based on Prolonged Exposure (PE) principles. Treatment was 12 weeks in length and consisted of 12 one hour group sessions focused on in vivo exposures, and an average of approximately five hour-long individual imaginal exposure sessions. Data for this study were derived from veterans who participated in 12 cohorts of the Group PE. Significant reductions in PTSD and depression symptoms were found in both completers and intent-to-treat sample analyses. The clinical implications of these findings are discussed.

An α-synuclein gene (SNCA) polymorphism moderates the association of PTSD symptomatology with hazardous alcohol use, but not with aggression-related measures

Casey R. Guillot, Jennifer R. Fanning, Tiebing Liang, Adam M. Leventhal, Mitchell E. Berman

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The purpose of the current study was to investigate whether an α-synuclein gene polymorphism (SNCA rs356195) moderates the association of PTSD symptomatology with externalizing behaviors. We examined the separate and combined effects of PTSD symptomatology and SNCA rs356195 on alcohol- and aggression-related measures in nonclinical participants. Probable PTSD status and SNCA were both associated with externalizing measures. SNCA also moderated the association of PTSD symptomatology with hazardous alcohol use, but not with aggression-related measures. Current findings suggest that variations in SNCA may increase the likelihood that PTSD symptomatology results in excessive alcohol use.

Abuse Characteristics and Individual Differences Related to Disclosing Childhood Sexual, Physical, and Emotional Abuse and Witnessed Domestic Violence


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We surveyed women undergraduates to understand disclosure of childhood sexual, physical, and emotional abuse, and, for the first time, witnessed domestic violence, which many consider to be emotionally abusive. A substantial minority of victims failed to ever disclose their sexual abuse, physical abuse, emotional abuse, and witnessed domestic violence. Overall, abuse-specific factors were better predictors of disclosure than individual-level characteristics. Disclosure of sexual abuse was related to experiencing more frequent abuse (by the same and by multiple perpetrators), being more worried about
Disclosure of physical abuse was related to experiencing more frequent abuse (by the same and multiple perpetrators), being less emotionally close to the perpetrator, being older when the abuse ended, being more worried and upset, and self-labeling as a victim. Disclosure of emotional abuse was associated with being older when the abuse ended, and being more worried and upset. Disclosure was unrelated to victim demographic characteristics or defensive reactions (dissociative proneness, fantasy proneness, repressive coping style, and temporary forgetting), except that among physical and emotional abuse victims, repressors were less likely to disclose than non-repressors. Disclosure of witnessing domestic violence was not significantly related to any factors measured.

One day at a time: The experiences of partners of veterans with posttraumatic stress disorder

Alyssa J. Mansfield, Kim M. Schaper, Alana M. Yanagida, Craig S. Rosen

We mailed surveys to partners of veterans with PTSD as part of a larger study that assessed PTSD-related knowledge, beliefs, treatment involvement, and quality of life. At the end of the survey was an optional free-text section inviting partners to share any other information related to their circumstances. We used this opportunity to explore these partners’ experiences of living with a veteran diagnosed with PTSD. Using a thematic analysis framework, independent raters coded comments relating to relationships, partner/family reactions, protective factors, mental health services, reactions to study participation, and general remarks. Findings highlighted the myriad ways in which PTSD impacts both partners and families, strategies partners use to cope, and specific mental health services they believe would be most beneficial. Responses suggested a continued need to include partner perspectives in future work, and to provide mental health services targeted to partners of veterans with PTSD.

Gender Differences in Trauma Treatment: Do Boys and Girls Respond to Evidence-Based Interventions in the Same Way?

Carlton D. Craig, Ginny Sprang

This article investigates gender differences in trauma symptoms from baseline to end of treatment (trauma-focused cognitive behavioral therapy or parent–child interaction therapy) in children ages 7–18 years. Multivariate analysis of covariance (MANCOVA) and trend analysis using analysis of covariance (ANCOVA) were conducted on baseline and end of treatment UCLA PTSD-RI total scores. Results suggest that female children start at higher reported total posttraumatic stress disorder rates than males, but both groups experience significant symptom reduction during the course of treatment. At posttreatment, girls are still reporting higher symptom levels on the UCLA PTSD-RI than boys, suggesting that their clinical presentation at discharge may differ despite significant treatment gains. A full factorial model including the interaction of dose and gender was not significant. Identification of these gender-specific response patterns are an important consideration in treatment and discharge planning for children who have been trauma-exposed and are presenting for treatment with post trauma exposure disturbances.
Stress-induced alterations in prefrontal dendritic spines: Implications for post-traumatic stress disorder

Kelly M. Moench, Cara L. Wellman

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The deleterious behavioral outcomes associated with medial prefrontal cortex (mPFC) dysfunction have been implicated in multiple psychopathologies, including post-traumatic stress disorder (PTSD). Here we give a brief review of recent studies examining the mechanisms underlying changes in mPFC pyramidal neuron dendritic spines – the primary sites of excitatory input in cortical pyramidal neurons. We begin with an overview of the effects of chronic stress on mPFC dendritic spine density and morphology followed by proposed mechanisms for these changes. We then discuss the time course of stress effects on mPFC as well as potential intercellular influences. Given that many psychopathologies, including PTSD, have different prevalence rates among men and women, we end with a discussion of the sex differences that have been observed in morphological changes in mPFC. Future directions and implications for PTSD are discussed throughout.

Functional significance of a novel 7-factor model of DSM-5 PTSD symptoms: Results from the National Health and Resilience in Veterans Study

Robert H. Pietrzak, Jack Tsai, Cherie Armour, Natalie Mota, Ilan Harpaz-Rotem, Steven M. Southwick

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While PTSD symptoms in DSM-5 clustered into four factors, emerging confirmatory factor analytic studies suggest that this disorder is best characterized by seven symptom clusters, including re-experiencing, avoidance, negative affect, anhedonia, externalizing behaviors, and anxious and dysphoric arousal symptoms. Using data from the National Health and Resilience in Veterans Study (NHRVS), we evaluated clinical and functional correlates of a novel 7-factor model of DSM-5 PTSD symptoms. Differential patterns of associations were observed between DSM-5 PTSD symptom clusters, and psychiatric comorbidities, suicidal ideation, hostility, and functioning and quality of life. Anhedonia symptoms, in particular, were strongly related to current depression, as well as reduced mental functioning and quality of life. Externalizing behaviors were most strongly related to hostility, supporting the convergent validity of this construct. These results suggest that a more refined 7-factor model of DSM-5 PTSD symptoms may provide greater specificity in understanding associations with comorbid psychopathology, suicidal ideation, and functioning and quality of life in U.S. veterans. They further suggest that prevention and treatment efforts that target distinct aspects of the PTSD phenotype may be more effective in mitigating key clinical and functional outcomes in this population.

Evaluating the Merits of Using Brief Measures of PTSD or General Mental Health Measures in Two-Stage PTSD Screening

Nicole M. Steele, Helen P. Benassi, Catherine J. Chesney, Cherie Nicholson, Gerard J. Fogarty

Military Medicine
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This study focused on screening for PTSD symptomatology in deployed male members of the Australian Army while they were on deployment and again 3 to 6 months after they returned home. The first aim was to evaluate the performance of the Primary Care—Posttraumatic Stress Disorder Screen (PC-PTSD) and a 4-item version of the 17-item Posttraumatic Stress Disorder Checklist (PCL). A second aim was to evaluate the role of the Kessler-10 (K10) in psychological screening. The results indicated that the short form of the PCL was a better substitute for the full PCL than the PC-PTSD. Other results suggested that a more efficient screening process can be achieved using an initial K10 screening followed by more intensive PTSD screening for people identified as high risk. An additional advantage of an initial K10 filter is that other forms of mental illness could also be targeted in the second-stage screening.

Is EMDR an effective treatment for people diagnosed with both intellectual disability and post-traumatic stress disorder?

Rosanna C Gilderthorp

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This study aimed to critically review all studies that have set out to evaluate the use of EMDR for people diagnosed with both intellectual disability (ID) and PTSD. Searches of the online databases Psych Info, The Cochrane Database of Systematic Reviews, The Cochrane Database of Randomized Control Trials, CINAHL, ASSIA and Medline were conducted. Five studies are described and evaluated. Key positive points include the high clinical salience of the studies and their high external validity. Several common methodological criticisms are highlighted, however, including difficulty in the definition of the terms ID and PTSD, lack of control in design and a lack of consideration of ethical implications. Overall, the articles reviewed indicate cause for cautious optimism about the utility of EMDR with this population. The clinical and research implications of this review are discussed.