DSM-5 Validated Measures by the National Center for PTSD:

Currently, the following measures have been updated to include DSM-5 criteria for PTSD:

- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).
- PTSD Checklist for DSM-5 (PCL-5).
- Life Events Checklist for DSM-5 (LEC-5).

http://www.ptsd.va.gov/professional/assessment/DSM_5_Validated_Measures.asp

The Evidence for Present-Centered Therapy as a Treatment for Posttraumatic Stress Disorder

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To examine the evidence for present-centered therapy (PCT) as a treatment for PTSD, randomized clinical trials that compared PCT to an existing evidence-based treatment for PTSD were reviewed. A meta-analysis was used to estimate between-treatment differences on targeted measures, secondary measures, and dropout. PCT was found to be as efficacious as the comparison evidence-based treatment in 3 of the 5 trials, and in the 2 cases where a no-treatment condition was included, PCT was superior, with large effect sizes for targeted variables. When results were aggregated using meta-analysis, effects for PCT versus an evidence-based treatment for both targeted and secondary measures were small and nonsignificant. As well, the dropout rate for PCT was significantly less than for the comparison evidence-based treatments. It appears that PCT is an efficacious and acceptable treatment for PTSD.

Posttraumatic Stress and Stigma in Active-Duty Service Members Relate to Lower Likelihood of Seeking Support

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Social support is a robust predictor of resiliency and recovery from PTSD; however, barriers to seeking support are understudied. PTSD and anticipated enacted stigma from family and friends were explored as correlates of the likelihood of seeking support among Iraq/Afghanistan U.S. service members. Results showed that PTSD and anticipated enacted stigma were negatively associated with likelihood of seeking support. Post hoc analyses showed that only dysphoria was significantly related to the likelihood of seeking support after accounting for anticipated enacted stigma and other PTSD clusters. Implications of these findings and ways to increase likelihood of seeking support are discussed.

Effects of the EMDR Protocol for Recent Traumatic Events on Acute Stress Disorder: A Case Series

Sarah L. Buydens, Marshall Wilensky, Barbara J. Hensley,
The purpose of this study was to evaluate the effectiveness of the EMDR protocol for recent traumatic events in the treatment of acute stress disorder. Within weeks of being exposed to an isolated traumatic event, 7 adults diagnosed with acute stress disorder were provided with multiple sessions of the EMDR protocol for recent traumatic events, an extended version of the EMDR therapy standard protocol. In each case, an individual's subjective distress caused by the traumatic events was measured using the Impact of Events Scale-Revised and the goal of alleviating symptoms was accomplished. The positive results suggest the EMDR protocol for recent traumatic events may be an effective means of providing early treatment to victims of trauma, potentially preventing the development of the more severe symptoms of PTSD.

Predictors of PTSD symptoms in adults admitted to a level I trauma center: A prospective analysis


In order to assist in the development of prevention efforts, this study sought to identify early predictors of PTSD symptoms among adults admitted to a Level I trauma center using a novel analytic strategy. Upon admission, participants were screened for PTSD symptoms and provided information on potential predictor variables. Their PTSD symptoms were assessed again three months later. Participants were classified as: symptomatic (positive PTSD screen) or asymptomatic (negative PTSD screen) at the follow-up assessment. Multinomial logistic regression showed that, age, depression, number of premorbid psychiatric disorders, gunshot wound, auto vs. pedestrian accident, and alcohol use predicted who had PTSD symptoms at FU. However, when controlling for PTSD severity at baseline, only age, number of premorbid psychiatric disorders, and gunshot wounds predicted PTSD symptoms at FU. These findings suggest that psychological prevention efforts in trauma centers may be best directed toward adults who are young, have premorbid psychiatric disorders, and those admitted with gunshot wounds.

Lower methylation of glucocorticoid receptor gene promoter 1F in peripheral blood of veterans suffering from post-traumatic stress disorder

Rachel Yehuda, Janine D. Flory, Linda M. Bierer, Clare Henn-Haase, Amy Lehrner, Frank Desarnaud, Iouri Makotkine, Nikolaos P. Daskalakis, Charles R. Marmar, Michael J. Meaney

Enhanced glucocorticoid receptor (GR) sensitivity is present in people with PTSD, but the molecular mechanisms of GR sensitivity are not understood. Epigenetic factors have emerged as one potential mechanism that account for how trauma exposure leads to sustained PTSD symptomatology given that PTSD develops in only a subset of trauma survivors.
Cytosine methylation of a relevant promoter of the GR gene (NR3C1-1F promoter), and three functional neuroendocrine markers of hypothalamic-pituitary-adrenal (HPA) axis function, were examined in a sample of combat veterans. Lower NR3C1-1F promoter methylation in peripheral blood mononuclear cells (PBMCs) was observed in combat veterans with PTSD compared to combat-exposed veterans who did not develop PTSD. Importantly, NR3C1-1F promoter methylation was also associated with three functional measures of glucocorticoid activity that have been associated with PTSD in combat veterans. Finally, NR3C1-1F promoter methylation was inversely correlated with clinical markers and symptoms associated with PTSD. Alterations in NR3C1-1F promoter methylation may reflect enduring changes resulting from combat exposure that lead to functional neuroendocrine alterations. As epigenetic measures are thought to reflect enduring effects of environmental exposures, they may be useful in distinguishing combat-exposed veterans who do or do not develop without PTSD.

**Psychological and Pharmacologic Treatment of Youth with Posttraumatic Stress Disorder : An Evidence-based Review**

Brooks R. Keeshin, Jeffrey R. Strawn

*Child and Adolescent Psychiatric Clinics of North America*

Feb 2014


[No abstract available]

**Specific Trauma Subtypes Improve the Predictive Validity of the Harvard Trauma Questionnaire in Iraqi Refugees**

Bengt B. Arnetz, Carissa L. Broadbridge, Hikmet Jamil, Mark A. Lumley, Nnamdi Pole, Evone Barkho, Monty Fakhouri, Yousif Rofa Talia, Judith E. Arnetz

*Journal of Immigrant and Minority Health*

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Few studies have asked whether trauma subtypes derived from the Harvard Trauma Questionnaire (HTQ) could be superior to this cumulative index in predicting mental health outcomes. A community sample of recently arrived Iraqi refugees completed the HTQ and measures of PTSD and depression symptoms. Principal components analysis of HTQ items revealed a 5-component subtype model of trauma that accounted for more item variance than a 1-component solution. These trauma subtypes also accounted for more variance in PTSD and depression symptoms than did the cumulative trauma index. Trauma subtypes provided more information than cumulative trauma in the prediction of negative mental health outcomes. Therefore, use of these subtypes may enhance the utility of the HTQ when assessing at-risk populations.

**Thought Control Strategies and Rumination in Youth with Acute Stress Disorder and Posttraumatic Stress Disorder Following Single-Event Trauma**

Richard Meiser-Stedman, Alicia Shepperd, Ed Glucksman, Tim Dalgleish, William Yule, Patrick Smith

*Journal of Child and Adolescent Psychopharmacology*
In a prospective longitudinal study of 10–16-year-olds with PTSD, who were survivors of road traffic collisions and assaults, a variety of thought control strategies were assessed in the acute phase. These included strategies thought to be protective (reappraisal, social support) as well as maladaptive (distraction, punishment, worry). Ruminative responses to the trauma were assessed at the follow-up assessment. Posttraumatic stress symptoms (PTSS) at each assessment were associated with the use of punishment and reappraisal, whereas social support and rumination were associated with PTSS symptoms at follow-up. Distraction was unrelated to PTSS at any time point. Rumination accounted for variance in PTSS symptoms at follow-up, even when accounting for baseline PTSS, and was found to mediate the relationships between reappraisal and punishment at baseline and PTSS at the follow-up assessment. The present study found no evidence to support advocating any particular thought control strategy for managing the intrusive symptoms of PTSD in youth in the acute posttrauma phase, and raised concerns over the use of reappraisal coping strategies. The study underscores the importance of ruminative responses in the onset and maintenance of PTSD in trauma-exposed youth.

Theta frequency activity during rapid eye movement (REM) sleep is greater in people with resilience versus PTSD

Nancy Cowdin, Ihori Kobayashi, Thomas A. Mellman

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REM sleep has been implicated in PTSD as well as in emotional adaptation. In this cross-sectional study, thirty young healthy African American adults with trauma exposure were assessed for PTSD status using the Clinician Administered PTSD Scale. Two consecutive night polysomnographic (PSG) recordings were performed and data scored for sleep stages. Quantitative electroencephalographic spectral analysis was used to measure theta frequency components sampled from REM sleep periods of the second-night PSG recordings. Our objective was to compare relative theta power between trauma-exposed participants who were either resilient or had developed PTSD. Results indicated higher right prefrontal theta power during the first and last REM periods in resilient participants compared with participants with PTSD. Right hemisphere prefrontal theta power during REM sleep may serve as a biomarker of the capacity for adaptive emotional memory processing among trauma-exposed individuals.

A feasibility pilot study on the use of text messages to track PTSD symptoms after a traumatic injury

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General Hospital Psychiatry
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Monitoring PTSD symptoms after a traumatic injury is beneficial for patients and providers. Text messages can be used to automatically monitor symptoms and impose minimal burden to patients and providers. The present study piloted such a strategy with traumatic injury patients. An automated daily text message was piloted to evaluate PTSD symptoms after
discharge from the hospital. Patients who experienced a traumatic injury received 15 daily texts and were then followed up at 1-month and 3-months after discharge. 82.8% of the sample responded at least once and the average response rate per participant was 63.1%. Response rates were correlated with PTSD symptoms at baseline but not at any other time. Patient satisfaction with this approach was high. Text messages are a viable method to monitor PTSD symptoms after a traumatic injury. Such an approach should be evaluated on a larger scale as part of a more comprehensive early intervention for traumatic stress.

The Neuropsychological Profile of Comorbid Post-Traumatic Stress Disorder in Adult ADHD

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ADHD and PTSD are often comorbid yet despite the increased comorbidity between the two disorders, to our knowledge, no data have been published regarding the neuropsychological profile of adults with comorbid ADHD and PTSD. Likewise, previous empirical studies of the neuropsychology of PTSD did not control for ADHD status. We sought to fill this gap in the literature and to assess the extent to which neuropsychological test performance predicted psychosocial functioning, and perceived quality of life. Participants were adults with ADHD attending an outpatient mental health clinic and controls without ADHD. Participants completed a large battery of self-report measures and psychological tests. Diagnoses were made using data obtained from structured psychiatric interviews. Differences emerged between control participants and participants with ADHD on multiple neuropsychological tests. Across all tests, control participants outperformed participants with ADHD. These test differences did not account for self-reported quality of life differences between groups. The comorbidity with PTSD in adults with ADHD is associated with weaker cognitive performance on several tasks that appear related to spatial/perceptual abilities and fluency. Neuropsychological test performances may share variance with the quality of life variables yet are not mediators of the quality of life ratings.

Thermal signature of fear conditioning in mild post traumatic stress disorder

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We examined fear processing in PTSD patients with mild symptoms and in individuals who did not develop symptoms (both groups consisting of victims of a bank robbery), through the study of fear-conditioned response. Conditioned responses were quantified by the skin conductance response (SCR) and the facial thermal response, the latter being measured by high-resolution functional thermal infrared imaging. We found (a) a change of the physiological parameters with respect to the baseline condition in both control subjects and PTSD patients during the conditioning phase; (b) the permanence of the conditioning effect in the maintenance phase in both control and PTSD patients; (c) patients and controls did differ for the variation across the phases of the physiological parameters rather than for their absolute values, showing that PTSD patients had a prolonged excitation and higher tonic component of autonomic activity. These results, although preliminary, indicate that the analysis of SCR and facial thermal response during the conditioning paradigm is a promising psychometric method of investigation, even in the case of low level of PTSD symptom severity. This study may suggest feasible approaches for diagnostic screening in the early phases of the disorder and in the assessment of preventive measures and therapies.
Health, Emergency Department Use, and Early Identification of Young Children Exposed to Trauma

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This study aimed to describe the prevalence of physical health symptoms, emergency department (ED) use, and health-related problems in young children (birth through 5 years) affected by trauma, and to predict whether or not children experiencing trauma are more likely to be affected by health-related problems. We conducted a community-based, cross-sectional survey of young children. Traumatic events were assessed by the Traumatic Events Screening Inventory – Parent Report Revised. Child health symptoms and health-related problems were measured using the Caregiver Information Questionnaire. Seventy-two percent of children had experienced at least one type of traumatic event. Children exposed to trauma were also experiencing recent health-related events, including visits to the ED and the doctor for physical health symptoms, and recurring physical health problems. Children previously exposed to high levels of trauma (four or more types of events) were 2.9 times more likely to report having recently visited the ED for health purposes. Preventing recurrent trauma or recognizing early trauma exposure is difficult, but essential if long-term negative consequences are to be mitigated or prevented. Within EDs, there are missed opportunities for identification and intervention for trauma-exposed children, as well as great potential for expanding primary and secondary prevention of maltreatment-associated illness, injury, and mortality.

Sex differences in extinction recall in posttraumatic stress disorder: A pilot fMRI study

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To explore biological markers of sex differences following exposure to psychological trauma, we used a fear learning and extinction paradigm together with functional magnetic resonance imaging (fMRI) and skin conductance response (SCR) to assess individuals with PTSD (18 women; 13 men) and matched trauma-exposed healthy control subjects (13 women; 12 men). Whereas no sex differences appeared within the trauma-exposed healthy control group, both psychophysiological and neural activation patterns within the PTSD group indicated deficient recall of extinction memory among men and not among women. Men with PTSD exhibited increased activation in the left rostral dorsal anterior cingulate cortex during extinction recall compared with women with PTSD. These findings highlight the importance of tracking sex differences in fear extinction when characterizing the underlying neurobiological mechanisms of PTSD psychopathology.

Post-traumatic stress symptoms and adult attachment: A 24 year longitudinal study

We predicted that more severe PTSD symptoms at age 37 would be associated with insecure attachment at age 55 and with worse PTS symptoms 24 years later at age 61, and that age 55 attachment would mediate the influence of earlier PTS symptoms on later symptoms. Data on PTS self-reported symptoms were available for community-dwelling participants from the longitudinal Vietnam Era Twin Study of Aging (VETSA) at ages 37 and 61. At age 55, participants completed the Experiences in Close Relationships Inventory, a measure of adult attachment. PTS symptoms at ages 37 and 61 correlated. Multiple mediation models found significant direct effects of age 37 PTS symptoms on age 61 PTS symptoms. Anxious and avoidant attachment at age 55 predicted PTS symptoms at age 61 and also significantly mediated PTS symptoms over time, showing that insecure attachment increased PTS severity. Participants with higher age 37 PTS symptoms were more likely to have a history of divorce; marital status did not mediate PTS. Analyses demonstrate the persistence of PTS symptoms from early midlife into early old age. Mediation analyses revealed that one path through which PTS symptoms persisted was indirect, through their influence on attachment insecurity. This study provides insight into ongoing interconnections between psychological and interpersonal responses to stress.

Psychological functioning 1 year after a brief intervention using micronutrients to treat stress and anxiety related to the 2011 Christchurch earthquakes: a naturalistic follow-up

Julia J. Rucklidge, Neville Blampied, Brigette Gorman, Heather A. Gordon, Ellen Sole

We investigated whether micronutrients given acutely following the Christchurch earthquakes continued to confer benefit 1 year following the treatment. Sixty-four adults from the original 91 participants experiencing heightened anxiety or stress 2–3 months following the earthquake and who had been randomized to receive three different doses of micronutrients completed on-line questionnaires assessing mood, anxiety, stress, and symptoms associated with post-traumatic stress disorder 1 year after completing the initial study. Twenty-one out of 29 nonrandomized controls who did not receive the treatment also completed the questionnaires. Both the treated and control groups experienced significant improvement in psychological functioning compared with end-of-trial. However, treated participants had better long-term outcomes on most measures compared with controls. Those who stayed on micronutrients through to follow-up or stopped all treatment reported better psychological functioning than those who switched to other treatments including medications. About 10% of the sample continued to have post-traumatic stress disorder symptoms. Disaster survivors improve psychologically over time regardless of receiving intervention; however, those taking micronutrients during the acute phase following a disaster show better outcomes, identifying micronutrients as a viable treatment for acute stress following a natural disaster with maintenance of benefits 1 year later.