Case Report and Theoretical Description of Accelerated Resolution Therapy (ART) for Military-Related Post-Traumatic Stress Disorder

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This article describes a new, brief exposure-based psychotherapy known as Accelerated Resolution Therapy (ART) that is currently being evaluated as a treatment for combat-related post-traumatic stress disorder (PTSD). We describe a case report of an Army veteran with combat-related PTSD who was treated with 2 sessions of ART and experienced significant clinical improvement. We then discuss the theoretical basis and major components of the ART protocol, and differentiate ART with evidence-based psychotherapies currently endorsed by the Department of Defense and Veterans Administration.

Preliminary Evaluation of PTSD Coach, a Smartphone App for Post-Traumatic Stress Symptoms

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PTSD Coach is a mobile app designed to help individuals who have PTSD symptoms better understand and self-manage their symptoms. This study examines user satisfaction, perceived helpfulness, and usage patterns of PTSD Coach in a sample of 45 veterans receiving PTSD treatment. Data indicate that participants were very satisfied with PTSD Coach and perceived it as being moderately to very helpful with their PTSD symptoms. Analysis of focus group data resulted in several categories of app use: to manage acute distress and PTSD symptoms, at scheduled times, and to help with sleep. These findings offer preliminary support for the acceptability and perceived helpfulness of PTSD Coach and suggest that it has potential to be an effective self-management tool for PTSD.

Reduced Corpus-Callosum Volume in Posttraumatic Stress Disorder Highlights the Importance of Interhemispheric Connectivity for Associative Memory

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Because brain magnetic resonance imaging (bMRI) studies in PTSD patients report volume changes in various regions, including white matter and corpus callosum (CC), we aimed to test the relationship between memory deficits and CC volume in PTSD patients. We probed for specific alterations in associative memory in PTSD and measured the volume of subportions within the CC employing bMRI. Our main finding was a reduction in CC white-matter volume in PTSD patients,
as compared to controls, that was correlated with lower associative performance. We propose that CC volume reduction is a substrate for the associative memory deficits found in PTSD.

Association Between Parents’ PTSD Severity and Children's Psychological Distress: A Meta-Analysis

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The authors conducted a meta-analysis of studies on the correlation between parents’ PTSD symptom severity and children's psychological status. The only significant moderator was type of trauma; the effect size was larger for studies with parent–child dyads who were both exposed to interpersonal trauma than for combat veterans and their children and civilian parent–child dyads who were both exposed to war. Results support the importance of considering the family context of trauma survivors and highlight areas for future research.

The DSM-5 dissociative-PTSD subtype: Can levels of depression, anxiety, hostility, and sleeping difficulties differentiate between dissociative-PTSD and PTSD in rape victims?

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The current study takes a novel approach to investigating the presence of a dissociative-PTSD subtype in its use of European victims of sexual assault and rape. Utilizing Latent Profile Analyses, we hypothesised that a discrete group of individuals would represent a dissociative-PTSD subtype. We additionally hypothesised that levels of depression, anger, hostility, and sleeping difficulties would differentiate dissociative-PTSD from a similarly severe form of PTSD in the absence of dissociation. Results concluded that there were four discrete groups termed baseline, moderate PTSD, high PTSD, and dissociative-PTSD. The dissociative-PTSD group encompassed 13.1% of the sample and evidenced significantly higher mean scores on measures of depression, anxiety, hostility, and sleeping difficulties. Implications are discussed in relation to both treatment planning and the newly published DSM-5.

Which Symptoms of Posttraumatic Stress Disorder are Associated with Suicide Attempts?

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The present study aimed to determine which of the specific DSM-IV symptoms of PTSD are independently associated with suicide attempts. Data came from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Among individuals with lifetime PTSD, after adjusting for sociodemographic factors, as well as any mood, substance, personality, or anxiety disorder (excluding PTSD), increasing numbers of re-experiencing and avoidance symptoms were significantly correlated with suicide attempts. Of the specific symptoms, having physical reactions by reminders of the trauma, being unable to recall some part of it, and having the sense of a foreshortened future, were all associated with suicide attempts. These findings will help extend our understanding of the elevated risk for suicide attempts in individuals with PTSD.

Factors associated with comorbidity patterns in full and partial PTSD: findings from the PsyCoLaus study

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Subtypes of comorbid conditions and their associated trauma and clinical characteristics in full and partial PTSD were examined. Latent class analyses (LCA) were performed to derive homogeneous patterns of DSM-IV Axis-I disorders and anti-social personality comorbid to PTSD. Logistic regression models were conducted to characterize these classes by trauma-related and clinical features. The LCA revealed three classes: (1) low comorbidity; (2) high comorbidity with primarily substance-related disorders and a higher proportion of males; and (3) more severe PTSD-symptomatology and higher comorbid anxiety disorders and depression, almost entirely represented by females. Exposure of sexual abuse was more likely in the substance-dependent class and contributed strongly to the distinction between classes. Affective disorders tended to precede the onset of PTSD in the substance-dependent class, whereas phobias were more likely to follow PTSD in the depressed-anxious class. Posttrauma onset of alcohol use disorders in the substance dependent class confirmed the self-medication hypothesis. The three classes of comorbidity and their sequence of onset with PTSD suggest different mechanisms involved in their development. Our findings suggest that PTSD-related comorbidity subtypes also apply to individuals with partial PTSD.

A Systematic Review of Interventions for Anxiety, Depression, and PTSD in Adult Offenders

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This systematic review was undertaken to identify RCTs of pharmacological and non-pharmacological interventions in adult offenders in prison or community settings. Effect sizes for depression interventions ranged from 0.17 to 1.41, for anxiety 0.61 to 0.71 and for posttraumatic stress disorder 0 to 1.41. Cognitive behavioural therapy interventions for the reduction of depression and anxiety in adult offenders appear effective in the short term, though a large-scale trial of sufficient duration is needed to confirm this finding.
Executive function in posttraumatic stress disorder (PTSD) and the influence of comorbid depression

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The objective of this study was to examine several domains of executive functioning in PTSD and the potentially mediating role of comorbid depressive symptoms in the relationship between executive function and PTSD. Executive functioning was assessed in PTSD patients and matched trauma-exposed controls. Our findings indicate that PTSD patients performed significantly worse on executive function than trauma-exposed controls in all domains assessed. PTSD symptoms contributed to executive functioning impairments. Adding depressive symptoms to the model attenuated these effects. PTSD symptom clusters ‘numbing’ and to a lesser extent ‘avoidance’ were more frequently associated with worse executive function than ‘reexperiencing’ and ‘hyperarousal’. Depressive symptoms mediated the relation between PTSD and executive function on some executive function measures, whereas PTSD did not mediate the relation between depression and executive function. PTSD patients perform worse on executive function. The impairments seem to be mostly associated with the less specific PTSD symptom cluster of ‘numbing’. Depressive symptoms seem to mediate the relationship between PTSD and executive function. These findings may have clinical implications with regard to treatment indication and prognosis.

The α-endomannosidase gene (MANEA) is associated with panic disorder and social anxiety disorder

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The association of α-endomannosidase gene (MANEA) variants and cocaine-induced paranoia (CIP) was initially described in a study that used a whole-genome approach. Behavioral effects have been reported for other mannosidase genes, but MANEA function in humans and the clinical potential of the previous findings remain unclear. We hypothesized that MANEA would be associated with psychiatric phenotypes unrelated to cocaine use. We used a multi-stage association study approach starting with four psychiatric disorders to show an association between a MANEA single-nucleotide polymorphism (SNP; rs1133503) and anxiety disorders. In the first study of European American (EA) and African American subjects mostly with comorbid drug or alcohol dependence, we observed an association in EAs of rs1133503 with panic disorder (PD). We replicated this finding in an independent sample of PD cases and extended it in an independent sample of generalized social anxiety disorder cases. MANEA alleles and genotypes were also associated with gene expression differences in whole blood cells. Using publically available data, we observed a consistent effect on expression in brain tissue. We conclude that pathways involving α-endomannosidase warrant further investigation in relation to anxiety disorders.
Cultivating Secondary Traumatic Growth Among Healthcare Workers: The Role of Social Support and Self-Efficacy

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This 2-study longitudinal investigation examined the indirect effects of secondary traumatic stress (STS) on secondary traumatic growth via two mediators: perceived social support and secondary trauma self-efficacy. In particular, we tested if the 2 hypothetical mediators operate sequentially, that is, with secondary trauma self-efficacy facilitating social support (i.e., cultivation hypothesis) and/or social support enhancing self-efficacy (i.e., enabling hypothesis). Participants in Study 1 were behavioral healthcare providers working with U.S. military personnel suffering from trauma. Study 2 was conducted among Polish healthcare workers providing services for civilian survivors of traumatic events. In both studies, multiple mediational analyses showed evidence for the cultivation hypothesis. The relationship between STS at Time 1 and secondary traumatic growth at Time 2 was mediated sequentially by secondary trauma self-efficacy at Time 1 and social support at Time 2. The enabling hypothesis was not supported. Education and development programs for healthcare workers may benefit from boosting self-efficacy with the intent to facilitate perceived social support.

Differential activation of amygdala, dorsal and ventral hippocampus following an exposure to a reminder of underwater trauma

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We examined the impact of exposure to a trauma reminder (under water trauma (UWT)) on the activation of the basolateral amygdala (BLA), dorsal and ventral hippocampus (VH). Rats were exposed to UWT and 24 h later were re-exposed to the context of the trauma. Phosphorylation of the extracellular signal-regulated kinase (ERK) was used as a marker for level of activation of these regions. Significant increase in ERK activation was found in the VH and BLA. Such pattern of activation was not found in animals exposed only to the trauma or in animals exposed only to the trauma reminder. Additionally, the dissociative pattern of activation of the VH sub-regions positively correlated with the activation of the BLA. Our findings suggest a specific pattern of neural activation during recollection of a trauma reminder, with a unique contribution of the VH. Measured 24 h after the exposure to the traumatic experience, the current findings relate to relatively early stages of traumatic memory consolidation. Understanding the neural mechanisms underlying these initial stages may contribute to developing intervention strategies that could reduce the risk of eventually developing PTSD.
Measuring Trauma: Considerations for Assessing Complex and Non-PTSD Criterion A Childhood Trauma

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The current definition of a traumatic event in the DSM-5 may be too narrow to describe the myriad of difficult childhood experiences. Furthermore, youth may develop a distinct pattern of symptoms in relation to complex or multiple childhood trauma, the proposed “developmental trauma disorder”. Researchers in the present study developed and utilized a new measure, the Potentially Traumatic Experiences Questionnaire (PTEQ), to assess patterns in childhood trauma exposure. Two item formats (open-ended vs. closed-ended) were used in order to explore potential differences in reporting. Further, the present study assessed for symptoms associated with DTD following exposure to complex childhood trauma in a sample of adolescents. Participants were eighteen- and nineteen-year-olds who were asked to report retrospectively on their difficult childhood experiences. The results showed that participants reported multiple events that would not be considered ‘traumatic’ by the DSM-V PTSD Criterion A, and those who completed the PTEQ with closed-ended items reported more differentiated trauma types than participants who completed the open-ended questionnaire. Also, participants who reported multiple or chronic events were more likely to endorse symptoms associated with DTD. This study has implications for the diagnosis and treatment of complex trauma experiences in youth.