The National Center for PTSD has updated their Clinician's Guide to Medications for PTSD:
http://www.ptsd.va.gov/professional/treatment/overview/clinicians-guide-to-medications-for-ptsd.asp

Prevalence and Correlates of Posttrauma Distorted Beliefs: Evaluating DSM-5 PTSD Expanded Cognitive Symptoms in a National Sample
Keith S. Cox, Heidi S. Resnick, Dean G. Kilpatrick

Journal of Traumatic Stress
May 2014
DOI: 10.1002/jts.21925
http://onlinelibrary.wiley.com/doi/10.1002/jts.21925/abstract;jsessionid=C2457B0D51AD11DD9162DEDDAC4B39BF.f02t02
?deniedAccessCustomisedMessage=&userIsAuthenticated=false

The fifth edition of the DSM-5 modified the diagnostic criteria for PTSD, including expanding the scope of dysfunctional, posttrauma changes in belief (symptoms D2—persistent negative beliefs and expectations about oneself or the world, and D3—persistent distorted blame of self or others for the cause or consequences of the traumatic event). D2 and D3 were investigated using a national sample of U.S. adults recruited from an online panel. The prevalence of D2 and D3 was substantially higher among those with lifetime PTSD than among trauma-exposed individuals without lifetime PTSD. In multivariate analyses, the strongest associates of D2 were interpersonal assault, witnessing interpersonal assault, gender, and number of reported traumatic events. The strongest correlates of D3 were interpersonal assault, witnessing interpersonal assault, gender, and number of reported traumatic events. The findings suggested the expanded cognitive symptoms in the DSM-5 diagnostic criteria better capture the cognitive complexity of PTSD than those of the DSM-IV.

Predictors of Using Mental Health Services After Sexual Assault
Matthew Price, Tatiana M. Davidson, Kenneth J. Ruggiero, Ron Acierno, Heidi S. Resnick

Journal of Traumatic Stress
May 2014
DOI: 10.1002/jts.21915

The present study hypothesized that White racial status, younger age, being partnered, having health insurance, having previously received mental health treatment, and having more PTSD and depression symptoms would predict utilization of care in the 6 months post sexual assault. This was examined in a sample of female sexual assault victims. Available information on utilizing care varied across assessments. Significant predictors included having previously received mental health treatment, 1 day depressive symptoms, and having private insurance or Medicaid. Alcohol abuse and prior mental health care were associated with a substantial increase in treatment utilization. The findings highlight the need to help victims at risk obtain treatment after sexual assault.

Mental Health Beliefs and Their Relationship With Treatment Seeking Among U.S. OEF/OIF Veterans
Dawne Vogt, Annie B. Fox, Brooke A. L. Di Leone

Journal of Traumatic Stress
May 2014
The current study provided an in-depth examination of mental health-related beliefs and their relationship with mental health and substance abuse service use in a national sample of U.S. Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans. Both concerns about mental health stigma from others and personal beliefs about mental illness and mental health treatment were examined. Data were weighted to adjust for oversampling of women and nonresponse bias. Results revealed substantial variation in the nature of OEF/OIF veterans' mental health beliefs, with greater anticipated stigma in the workplace than from loved ones, and stronger endorsement of negative beliefs related to mental health treatment-seeking than either mental illness or mental health treatment. As expected, individuals with probable mental health problems reported more negative mental health-related beliefs than those without these conditions. Scales addressing negative personal beliefs were related to lower likelihood of seeking care, whereas scales addressing anticipated stigma were not associated with service use. Findings can be applied to address factors that impede treatment seeking.

**Effects of Psychotherapy on Trauma-Related Cognitions in Posttraumatic Stress Disorder: A Meta-Analysis**

Julia Diehle, Katja Schmitt, Joost G. Daams, Frits Boer, Ramón J. L. Lindauer

*Journal of Traumatic Stress*  
May 2014  
DOI: 10.1002/jts.21924  

The goal of our meta-analysis was to determine which psychotherapy most effectively reduces trauma-related cognitions. Our literature search for randomized controlled trials resulted in 16 studies with data from 994 participants. We found significant effect sizes favoring trauma-focused cognitive–behavioral therapy as compared to nonactive or active nontrauma-focused control conditions. Treatment conditions with elements of cognitive restructuring and treatment conditions with elements of exposure, but no cognitive restructuring reduced trauma-related cognitions almost to the same degree. Treatments with cognitive restructuring had small advantages over treatments without cognitive restructuring. We concluded that trauma-focused cognitive–behavioral therapy effectively reduces trauma-related cognitions. Treatments comprising either combinations of cognitive restructuring and imaginal exposure and in vivo exposure, or imaginal exposure and in vivo exposure alone showed the largest effects.

**Prevalence and Risk Factors of Postpartum Posttraumatic Stress Disorder: A Meta-Analysis**

Rebecca Grekin, Michael W. O’Hara

*Clinical Psychology Review*  
May 2014  
DOI: 10.1016/j.cpr.2014.05.003  

The current meta-analysis investigated prevalence and risk factors of postpartum PTSD, both due to childbirth and other events, among community and targeted samples. Prevalence of postpartum PTSD in community samples was estimated to be 3.1% and in at-risk samples at 15.7%. Important risk factors in community samples included current depression, labor experiences such as interactions with medical staff, as well as a history of psychopathology. In at-risk samples, impactful risk factors included current depression and infant complications. Further research should investigate how attitudes towards
pregnancy and childbirth may interact with women’s experiences during delivery. Additionally, studies need to begin to evaluate possible long-term effects that these symptoms may have on women and their families.

**Trauma-related shame and guilt as time-varying predictors of posttraumatic stress disorder symptoms during imagery exposure and imagery rescripting—A randomized controlled trial**

Tuva Øktedalen, Asle Hoffart, Tomas Formo Langkaas

*Psychotherapy Research*
May 2014
DOI:10.1080/10503307.2014.917217
http://www.tandfonline.com/doi/abs/10.1080/.U4oKUyl1pE#U4oenWBZqJk

The specific aims of this study are to examine trauma-related shame and guilt as time-varying predictors of symptoms of PTSD. Sixty-five patients were included in the statistical analyses and the multilevel modeling analyses supported three major findings: (i) patients with a higher level of shame and guilt at the start of treatment displayed a higher level of PTSD symptoms over the course of treatment compared to other patients; (ii) time-specific change in shame and guilt predicted the level of PTSD symptoms 3 days later from session to session during treatment; (iii) no significant differences were evident between prolonged exposure (PE) and modified PE to include imagery rescripting in the within-person process of change in PTSD symptoms from session to session during therapy. This trial reports the first evidence that within-person change in shame and guilt predicts change in PTSD symptoms from session to session during treatment.

**Anatomical deficits in adult posttraumatic stress disorder: A meta-analysis of voxel-based morphometry studies**

Yajing Meng, Changjian Qiu, Hongru Zhu, Sunima Lama, Su Lui, Qiyong Gong, Wei Zhang

*Behavioural Brain Research*
May 2014
DOI: 10.1016/j.bbr.2014.05.021

The aim of the present study was to quantitatively integrate the literature on structural abnormalities seen on individuals with PTSD. Twenty voxel-based analysis studies were analysed through a comprehensive series of meta-analyses. Compared with healthy controls, PTSD patients showed a significant reduction in grey matter (GM) in the left anterior cingulate gyrus (ACC) at the whole-brain level. Several brain regions, including the left ACC, the left insula and the right parahippocampal gyrus were significantly smaller in individuals with PTSD than in trauma-exposed healthy subjects. Furthermore, the clinician-administered PTSD scale scores were negatively correlated with GM in the left ACC and positively correlated with GM in the left insula. In addition, PTSD patients who experienced accidental or non-accidental trauma had anatomical changes in different brain regions. These results suggest that the smaller ACC and insular cortex within the limbic-prefrontal circuit contribute to the pathogenesis of PTSD. Moreover, the PTSD patients with different types of trauma may have different cerebral deficits.

**The potential role of atypical antipsychotics for the treatment of posttraumatic stress disorder**

Changsu Han, Chi-Un Pae, Sheng-Min Wang, Soo-Jung Lee, Ashwin A. Patkar, Praksh S. Masand, Alessandro Serretti

*Journal of Psychiatric Research*
The present meta-analysis was conducted to enhance the sample size power and further the current understanding of the role of atypical antipsychotics (AAs) for the treatment of PTSD. An extensive search of several databases identified 12 appropriate RCTs and available data from 9 of these were included in the final meta-analysis. AAs may have potential benefits for the treatment of PTSD as indicated by changes from baseline of the total score on the Clinician Administered PTSD Scale (CAPS). Additionally, AAs were found to be significantly more effective than a placebo in terms of change from baseline for the intrusion sub-score on the CAPS but there were no significant reductions for the avoidance and hyperarousal sub-symptoms. The responder rate and rate of improvement of depressive symptoms were also significantly higher in the AA group than the placebo group. However, the present results should be interpreted carefully and be translated into clinical practice only with due consideration of the limited quality and quantity of existing RCTs included in this analysis.

Validation of the Use of Video Teleconferencing Technology in the Assessment of PTSD.

Scott D. Litwack, Colleen E. Jackson, May Chen, Denise M. Sloan, Christina Hatgis, Brett T. Litz, Brian P. Marx

Psychological Services
May 2014
DOI: 10.1037/a0036865

The current study evaluated the psychometric characteristics of the Clinician Administered PTSD Scale (CAPS) administered by video teleconferencing with a larger and more diverse sample of veterans. The CAPS raters had high interrater reliability and there were strong correlations between face-to-face CAPS assessments and video teleconferencing CAPS assessments for diagnosis and total severity. The results suggest that the CAPS can and should be used via video teleconferencing with veterans who have barriers to face-to-face evaluations.

Is group imagery rehearsal for posttrauma nightmares as good at reducing PTSD symptoms as group treatment for PTSD?

Melynda D. Casement, Anne Germain,

Psychological Trauma: Theory, Research, Practice, and Policy
May 2014
DOI: 10.1037/a0032636
http://psycnet.apa.org/journals/tra/6/3/259/

A recent meta-analysis by Sloan, Feinstein, Gallagher, Beck, and Keane (2013) indicated that group treatments for PTSD have large effects on PTSD symptoms from pre- to posttreatment and compared to wait-list comparison conditions. This degree of improvement in PTSD symptoms is strikingly similar to that observed in a recent meta-analysis of nightmare-focused imagery rehearsal therapy. The comparable effect sizes suggest that imagery rehearsal for posttrauma nightmares, which is typically delivered in groups, may be as good at reducing PTSD symptoms as other group treatments for PTSD. Future research should directly compare the efficacy of imagery rehearsal to more established PTSD interventions.
A longitudinal study of the role of cortisol in post-traumatic stress disorder symptom clusters

Laura Stoppelbein, Leilani Greening

Anxiety, Stress & Coping: An International Journal
May 2014
DOI:10.1080/10615806.2014.923844
http://www.tandfonline.com/doi/abs/10.1080/U4oMbijI1pE#.U4okSmBZoTA

Cortisol was examined in relation to specific PTSD symptom clusters including re-experiencing, avoidance, numbing, and hyperarousal symptoms. A repeated measures longitudinal design was utilized to predict PTSD symptom clusters. Mothers of children diagnosed with cancer completed a measure of PTSD and they provided salivary cortisol samples at the time of their child's diagnosis as well as monthly for the following 12 months. Multi-level modeling analyses revealed that higher cortisol levels were significantly related to higher levels of numbing symptoms. Although numbing symptoms declined as cortisol levels declined across 12 months post-cancer diagnosis, mothers with higher cortisol levels still reported more numbing symptoms. Re-experiencing, avoidance and hyperarousal symptoms were not found to be related to cortisol level across time. The findings offer support for the role of cortisol in the manifestation of numbing symptoms. Further research is recommended with other trauma groups to maximize generalizations.

Aberrant Neural Connectivity During Emotional Processing Associated With Posttraumatic Stress

Naomi Sadeh, Jeffrey M. Spielberg, Stacie L. Warren, Gregory A. Miller, Wendy Heller

Clinical Psychological Science
May 2014
DOI: 10.1177/2167702614530113
http://cpx.sagepub.com/content/early/2014/05/13/2167702614530113.abstract

This study examined patterns of functional connectivity among key brain regions implicated in the pathophysiology of PTSD in trauma-exposed adults using an emotion-word Stroop task. PTSD symptom severity (particularly hyperarousal symptoms) moderated amygdala-mPFC coupling during the processing of unpleasant words, and this moderation correlated positively with reported real-world impairment and amygdala reactivity. Reexperiencing severity moderated hippocampus-insula coupling during pleasant and unpleasant words. Results provide evidence that PTSD symptoms differentially moderate functional coupling during emotional interference and underscore the importance of examining network connectivity in research on PTSD. They suggest that hyperarousal is associated with negative mPFC-amygdala coupling and that reexperiencing is associated with altered insula-hippocampus function, patterns of connectivity that may represent separable indicators of dysfunctional inhibitory control during affective processing.

Mindfulness-Based Stress Reduction for Posttraumatic Stress Symptoms: Building Acceptance and Decreasing Shame

Rachel E. Goldsmith, James I. Gerhart, Samantha A. Chesney, John W. Burns, Brighid Kleinman, Megan M. Hood

Journal of Evidence-Based Complementary & Alternative Medicine
May 2014
DOI: 10.1177/2156587214533703
http://chp.sagepub.com/content/early/2014/05/07/2156587214533703.abstract
The current pilot study explored whether group mindfulness-based stress reduction therapy reduced posttraumatic stress symptoms, depression, and negative trauma-related appraisals in adult participants who reported trauma exposure and posttraumatic stress or depression. Participants completed 8 sessions of mindfulness-based stress reduction treatment, as well as pretreatment, midtreatment, and posttreatment assessments of psychological symptoms, acceptance of emotional experiences, and trauma appraisals. Posttraumatic stress symptoms, depression, and shame-based trauma appraisals were reduced over the 8-week period, whereas acceptance of emotional experiences increased. Participants’ self-reported amount of weekly mindfulness practice was related to increased acceptance of emotional experiences from pretreatment to posttreatment. Results support the utility of mindfulness-based therapies for posttraumatic stress symptoms and reinforce studies that highlight reducing shame and increasing acceptance as important elements of recovery from trauma.

Impact of the diagnostic changes to post-traumatic stress disorder for DSM-5 and the proposed changes to ICD-11

Meaghan L. O’Donnell, Nathan Alkemade, Angela Nickerson, Mark Creamer, Alexander C. McFarlane, Derrick Silove, Richard A. Bryant, David Forbes

The British Journal of Psychiatry
May 2014
DOI: 10.1192/bjp.bp.113.135285
http://bjp.rcpsych.org/content/early/2014/04/16/bjp.bp.113.135285.abstract

This study aimed to investigate the impact of the changes to diagnostic criteria for PTSD in DSM-5 and the proposed changes in ICD-11 using a large multisite trauma-exposed sample and structured clinical interviews. Randomly selected injury patients admitted to four hospitals were assessed 72 months post trauma. Structured clinical interviews for PTSD and major depressive episode, as well as self-report measures of disability and quality of life were administered. Current prevalence of PTSD under DSM-5 scoring was not significantly different from DSM-IV. However, the ICD-11 prevalence was significantly lower than ICD-10. The PTSD current prevalence was significantly higher for DSM-5 than ICD-11. Using ICD-11 tended to show lower rates of comorbidity with depression and a slightly lower association with disability. The diagnostic systems performed in different ways in terms of current prevalence rates and levels of comorbidity with depression, but on other broad key indicators they were relatively similar. There was overlap between those with PTSD diagnosed by ICD-11 and DSM-5 but a substantial portion met one but not the other set of criteria. This represents a challenge for research because the phenotype that is studied may be markedly different according to the diagnostic system used.

Through the Eyes of the Wounded: A Narrative Analysis of Children’s Sexual Abuse Experiences and Recovery Process

Jennifer M. Foster, W. Bryce Hagedorn

Journal of Child Sexual Abuse
May 2014
DOI:10.1080/10538712.2014.918072
http://www.tandfonline.com/doi/full/10.1080/U4oTi2BZqQE#.U4opHWBZovk

Numerous children receive counseling for sexual abuse, yet their personal perspectives related to the abuse, the impact of making the disclosure, and the recovery process are noticeably absent from the scholarly literature. This study addressed this gap by analyzing trauma narratives written by children as part of a counseling intervention. Qualitative analysis revealed three themes: (a) Memories of the Abuse, (b) The Disclosure and Subsequent Events, and (c) The Healing Journey. Children’s descriptions of their thoughts, feelings, and beliefs about their experiences are delineated and recommendations are provided for counseling professionals to increase the efficacy of care provided.
‘Systemic Trauma’: The Impact on Parents Whose Children Have Experienced Sexual Abuse

Sarah J. Kilroy, Jonathan Egan, Aneta Maliszewska, Kiran M. Sarma

Journal of Child Sexual Abuse
May 2014
DOI:10.1080/10538712.2014.920458
http://www.tandfonline.com/doi/full/10.1080/.U4oTpWBZqQE#.U4opkGBZovk

This paper examines the impact on parents in an Irish context whose children have experienced sexual abuse and aims to explore the pathways to distress. This is in order to understand what factors facilitate or hinder parents from supporting their child to the best of their ability, given that parental support is a crucial moderating factor in children’s recoveries. Semi-structured interviews were carried out with parents in this context and analyzed using a grounded theory methodology. The overall concept that emerged was termed ‘systemic trauma’ and was composed of eight categories that help to explain the pathways of impact for parents. This model can help clinicians understand and respond to the needs of parents in the aftermath of CSA.