Systematic review and meta-analyses of psychosocial interventions for veterans of the military


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This paper addresses the efficacy of psychosocial therapies for common mental health disorders in veterans with a systematic review and meta-analyses of randomised controlled trials (RCTs). Studies of substance dependency disorders and psychosis were excluded. Eligible studies were assessed against methodological quality criteria and data were extracted and analysed. There was evidence for the use of trauma-focused therapies for PTSD and some evidence for psychological interventions in the treatment of borderline personality disorder, depression, insomnia, and panic disorder co-morbid to PTSD. However, methodological quality of many of the studies was less than optimal. Trauma-focused psychological therapies are likely to be effective for combat-related PTSD but there is a need for more research to determine the efficacy of psychological treatments for other mental health disorders in veterans.

Shaping and Integration of a Trauma Therapist

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This article proposes a multifaceted model for the professional development of trauma therapists throughout their professional careers. Education, clinical practice, research and self-reflection are critical, interacting components of this model for competent practice of trauma psychotherapy. The International Society for the Study of Trauma and Dissociation (ISSTD), through its members, professional literature, trainings, and meetings, provides expertise in this area of mental health. ISSTD, in facing its responsibility for educational leadership, has developed a core curriculum of knowledge and a standard of training.

What Contributes to Predicting Change in Treatment of Dissociation: Initial Levels of Dissociation, PTSD, or Overall Distress?

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Individuals with dissociative disorders (DDs) suffer from high levels of dissociation as well as PTSD and general distress. We found that dissociative symptoms including amnesia, depersonalization/derealization, and absorption at the initial assessment of the study ("initial") were related to initial levels of PTSD and general distress, and that changes in dissociative symptoms were related to changes in PTSD and general distress. Initial dissociation was a significant predictor of change in dissociation at 30 months when controlling for length of time for follow-up, length of time practicing therapy, and length of
time treating dissociative patients. Our results suggest that a reduction in dissociative symptoms in DD patients is associated with reductions in the overall severity of dissociative, posttraumatic stress, and distress symptoms.

**Seeking asylum – trauma, mental health and human rights: An Australian perspective**

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Asylum seekers represent a highly traumatised group with experiences of systematic oppression, loss, displacement and exposure to violence. The Australian response to asylum seekers is one that has used prolonged detention with significant negative impact on mental health. This has prompted much social debate and the involvement of clinicians and researchers advocating for the human rights of asylum seekers. This paper reviews the impact of mandatory prolonged detention on asylum seeker mental health and the significance of this for recovery and adaption. It concludes that mandatory detention of high-risk and oppressed groups compounds trauma with potential long-term negative impact on mental health.

**Building Capacity for Responding to Disaster Emotional and Spiritual Needs: A Clergy, Academic, and Mental Health Partnership Model (CAMP)**

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CAMP (clergy, academic, and mental health partnership model) was developed to build capacity and infrastructure for facilitating: (a) disaster emotional and spiritual care training, (b) a clergy and mental health provider network, (c) emotional support/resilience experiences for clergy and mental health providers, (d) community outreach, and (e) direct services to vulnerable populations. Readers will learn about the history, philosophical framework, components, and recommendations for replicating the model. A detailed account will also be provided highlighting how CAMP was implemented in South Mississippi to respond to Hurricane Katrina and more recently to the Deep Water Horizon Oil Spill. This article represents this model's first phase of development, and offers a conceptual framework based on the partners' experiences and lessons learned.

**Attempted Suicide Related Posttraumatic Stress Disorder in Depression – An Exploratory Study**

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Studies evaluating stress hormone regulation after a suicide attempt reported an endocrine pattern similar to PTSD. These findings led to the assumption that an attempted suicide may trigger the development of PTSD-like symptoms. To test this
hypothesis, we retrospectively evaluated the incidence of PTSD in response to an attempted suicide in depressed patients. 46.7% of patients reported PTSD-like symptoms specifically in response to the suicide attempt and independent from other past traumatic experiences. Our findings suggest that depressed patients surviving a suicide attempt experience a severe trauma likely to induce PTSD. We conclude that PTSD-specific medical and psychological interventions should be considered after severe suicide attempts.

**Posttraumatic stress disorder patients’ experiences of hope**

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In this qualitative study we examined the experience and perception of hope of Israeli soldiers with chronic PTSD, with the goal of achieving an understanding of the manners in which hope intertwines with trauma. The results indicate that hope is an integrative, changing, multidimensional phenomenon which plays a unique role in the individual’s life. The form of hope a person possesses shapes the manner in which the traumatic event is perceived, whereas the trauma clearly reshapes the individual’s form of hope. We discuss practical implications for treatment of chronic PTSD, based on the important role of hope at times of trauma, as well as on the interrelation between hope and trauma.

**Support for a novel five-factor model of posttraumatic stress symptoms in three independent samples of Iraq/Afghanistan veterans: a confirmatory factor analytic study**

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Confirmatory factor analyses were used to examine the factor structure of the PTSD Checklist in three independent samples of Iraq/Afghanistan veterans, including two community samples and a treatment-seeking sample. In all three samples, a novel model with five correlated factors reflecting symptoms of re-experiencing, avoidance, emotional numbing, dysphoric arousal, and anxious arousal provided a significantly better representation of PTSD symptoms than the DSM-IV, dysphoria, and numbing models. This model also showed evidence of “excellent fit” in the community samples according to empirically-defined benchmarks. These findings suggest that PTSD symptomatology in both community and treatment-seeking Iraq/Afghanistan veterans may be best represented by a 5-factor model that separates the DSM-IV PTSD hyperarousal symptom cluster into distinct dysphoric arousal and anxious arousal clusters.

**Trauma Exposure and Health: The Role of Depressive and Hyperarousal Symptoms**

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The aim of the present study was to examine the mediating role of reexperiencing, avoidance/numbing, hyperarousal, and depressive symptoms in the relationship between trauma exposure and physical health symptoms. Participants were Spanish female undergraduate students. Physical health symptoms were compared between those who reported trauma exposure and those who did not. Results of the analyses showed that the trauma-exposed group reported significantly more physical health symptoms. Hyperarousal and depressive symptoms uniquely mediated the relationship between trauma exposure and physical health symptoms. Our findings clarify some of the mechanisms by which negative health consequences occur subsequent to trauma exposure.

Processing of Intimacy-Related Stimuli in Survivors of Sexual Trauma: The Role of PTSD

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Using an emotional Stroop paradigm, the present study examined the impact of sexual trauma history (CSA and/or adult sexual assault) and a PTSD diagnosis on the implicit processing of 3 types of word stimuli: intimacy, sexual trauma, and neutral. Based on the results of a structured clinical interview and a behavioral-specific sexual trauma questionnaire, participants were placed in 3 groups: sexual trauma only, sexual trauma and PTSD, and controls. Results indicated that men and women with a history of sexual trauma and a current PTSD diagnosis had increased latency for intimacy-related words and trauma words compared to controls, whereas individuals with only a history of sexual trauma did not differ from controls. Thus, it appears that the presence of symptoms associated with a diagnosis of PTSD is important for implicit processing of intimacy stimuli, rather than having a history of sexual trauma alone. Avoidance, a key feature of PTSD, may strengthen this relationship. More research is needed to determine the mechanisms by which individuals with a history of sexual trauma and PTSD experience intimacy difficulties.

Game-Based Cognitive-Behavioral Therapy (GB-CBT) Group Program for Children Who Have Experienced Sexual Abuse: A Three-Month Follow-Up Investigation

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This study examined the efficacy of a game-based cognitive-behavioral group therapy program for addressing problems typically found among elementary school-aged victims of child sexual abuse immediately after treatment and at three months following treatment. Results indicated that game-based cognitive-behavioral group therapy resulted in improvements in internalizing symptoms, externalizing behavioral problems, total behavioral problems, and personal safety skills both immediately after treatment and at three-month follow-up.
Evaluating Animal-Assisted Therapy in Group Treatment for Child Sexual Abuse

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This study evaluates and compares the effectiveness of three group interventions on trauma symptoms for children who have been sexually abused. All of the groups followed the same treatment protocol, with two of them incorporating variations of animal-assisted therapy. Results indicate that children in the groups that included therapy dogs showed significant decreases in trauma symptoms including anxiety, depression, anger, post-traumatic stress disorder, dissociation, and sexual concerns. In addition, results show that children who participated in the group with therapeutic stories showed significantly more change than the other groups. Implications and suggestions for further research are discussed.