Compensation and Treatment: Disability Benefits and Outcomes of U.S. Veterans Receiving Residential PTSD Treatment

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This study examined the associations among status of compensation, treatment expectations, military cohort, length of stay, and outcomes for veterans. Mixed model longitudinal analyses, with age, gender, and baseline symptoms nested within treatment site in the model, found that treatment expectations were modestly predictive of treatment outcomes. Veterans seeking increased compensation reported marginally lower treatment expectations, and did not experience poorer outcomes compared to veterans not seeking increased compensation with the effect of baseline symptoms partialled out. Veterans from the era of the Iraq and Afghanistan conflicts reported lower treatment expectations and slightly higher symptoms at intake, but had outcomes at discharge equivalent to veterans from other eras with baseline symptoms partialled out. These findings help further inform the debate concerning disability benefits and symptom changes across time.

The Relationship of Sleep Quality and PTSD to Anxious Reactivity from Idiographic Traumatic Event Script-Driven Imagery

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This study provided a test of how poor sleep quality relates to real-time assessment of anxious reactivity to idiographic traumatic event cues. Poor sleep quality and PTSD were related to elevated anxious reactivity to trauma cues. In addition, sleep quality was negatively associated with anxious reactivity among people without PTSD. The current findings, in combination with longitudinal evidence, suggest that poor sleep quality following exposure to a traumatic event may be a risk factor for anxious reactivity to traumatic event cues.

Combat-Related PTSD Nightmares and Imagery Rehearsal: Nightmare Characteristics and Relation to Treatment Outcome

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The characteristics of nightmares of 48 male U.S. Vietnam war veterans with combat-related PTSD, as well as revised dream scripts developed in the course of Imagery Rehearsal therapy, were examined in relation to pretreatment symptomatology and treatment outcome. Although addressing or resolving the nightmare theme with rescripting was associated with a reduction in sleep disturbance, references to violence in the rescripted dream were related to poorer treatment outcome in nightmare frequency. The experience of olfactory sensations in nightmares, a possible index of nightmare intensity, was also related to poorer treatment response. Imagery rehearsal for individuals with severe, chronic...
PTSD and fairly replicative nightmares may be most effective when the rescripted dream incorporates a resolution of the nightmare theme and excludes violent details.

Treatment Improves Symptoms Shared by PTSD and Disordered Eating

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Eating disorders and PTSD are debilitating conditions that frequently co-occur. Participants in the current investigation included women with PTSD who reported a history of rape or physical assault, were in a randomized dismantling study of cognitive processing therapy (CPT), and completed the Eating Disorder Inventory-2 (EDI-2) at pre- and posttreatment. Latent growth modeling results indicated that decreases in PTSD symptom scores were significantly associated with reductions in the Impulse Regulation, Interoceptive Awareness, Interpersonal Distrust, Ineffectiveness, and Maturity Fears subscales of the EDI-2. Thus, PTSD treatment affected symptoms shared by PTSD and eating disorders. Currently, there are no clear guidelines for treatment of comorbid PTSD and eating disorders. Traditional CPT may impact symptoms common to both, but additional therapy may be needed for specific disordered eating attitudes and behaviors.

Pharmacological Secondary Prevention of PTSD in Youth: Challenges and Opportunities for Advancement

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Child and adolescent PTSD is associated with an increased risk for a number of deleterious mental and physical health outcomes that if untreated may persist throughout the life course. We review extant research related to treatment-modifiable peritraumatic predictors of pediatric PTSD, which have informed an emerging field of pharmacologic secondary prevention (i.e., occurring shortly following trauma exposure) of PTSD. Challenges and opportunities for early posttrauma PTSD prevention are described. Finally, we offer new models for biologically informed integration of pharmacologic and psychosocial secondary prevention intervention strategies for children and adolescents.

Combining Group-Based Exposure Therapy With Prolonged Exposure to Treat U.S. Vietnam Veterans With PTSD: A Case Study

David J. Ready, Edward M. Vega, Virginia Worley, Bekh Bradley

Journal of Traumatic Stress
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Group-based exposure therapy (GBET) of 16-week duration was developed to treat combat-related PTSD and decreased PTSD symptoms in 3 noncontrolled open trials with low attrition. GBET has not produced as much PTSD symptom reduction as Prolonged Exposure (PE) within a U.S. Veterans Affairs PTSD treatment program, although PE had more dropouts. This
pilot study was of a model that combined key elements of GBET with components of PE in an effort to increase the effectiveness of a group-based treatment while reducing its length and maintaining low attrition. All completed treatment and showed significant reductions on all measures of PTSD with large effect sizes; 7 participants no longer met PTSD criteria on treating clinician administered interviews and a self-report measure at posttreatment. Significant reductions in depression with large effect sizes and moderate reductions in PTSD-related cognitions were also found. Most gains were maintained 6 months posttreatment.

**Rumination Moderates the Associations Between PTSD and Depressive Symptoms and Risky Behaviors in U. S. Veterans**

Ashley Borders, Lisa M. McAndrew, Karen S. Quigley, Helena K. Chandler

*Journal of Traumatic Stress*

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Risky behaviors, including unsafe sex, aggression, rule breaking, self-injury, and dangerous substance use have become a growing issue for U.S. veterans returning from combat deployments. Evidence in nonveteran samples suggests that risky behaviors reflect efforts to cope with and alleviate depressive and/or anxious symptoms, particularly for individuals with poor emotion-regulation skills. Rumination, or repeated thoughts about negative feelings and past events, is a coping strategy that is associated with several psychopathologies common in veterans. In this cross-sectional study, 91 recently returned veterans completed measures of trait rumination, self-reported risky behaviors, and symptoms of PTSD and depression. Analyses revealed that veterans with more depressive and PTSD symptoms reported more risky behaviors. Moreover, rumination significantly interacted with PTSD symptoms and depressive symptoms, such that psychiatric symptoms were associated with risky behaviors only for veterans with moderate to high levels of rumination. Although cross-sectional, these findings support theory that individuals with poor coping skills may be particularly likely to respond to negative mood states by engaging in risky behaviors. Implications include using rumination-focused interventions with veterans in order to prevent engagement in risky behaviors.

**Contribution of Criterion A2 to PTSD Screening in the Presence of Traumatic Events**

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Criterion A2 according to the DSM-IV for PTSD aims to assess the individual’s subjective appraisal of an event, but it has been claimed that it might not be sufficiently specific for diagnostic purposes. We analyse the contribution of Criterion A2 and DSM-IV criteria to detect PTSD for the most distressing life events experienced by our subjects. Young adults reported their most distressing life events, together with PTSD criteria (Criterion A2, B, C, D, E, and F). PTSD prevalence and criterion specificity and agreement with probable diagnoses were estimated. Our results indicate 80.30% of the individuals experienced traumatic events and met one or more PTSD criteria; 13.22% cases received a positive diagnosis of PTSD. Criterion A2 showed poor agreement with the final probable PTSD diagnosis; excluding it from PTSD diagnosis did not the change the estimated disorder prevalence significantly. Based on these findings it appears that Criterion A2 is scarcely specific and provides little information to confirm a probable PTSD case.
Betrayal trauma and gender differences in posttraumatic stress

Sharon Shin Shin Tang, Jennifer J Freyd

*Psychological Trauma: Theory, Research, Practice, and Policy*
Sep 2012
DOI: 10.1037/a0025765

Using an online survey with a college sample and a community sample, the findings of the current study confirmed prior research that traumas high in betrayal (e.g., abuse by a close other) are more strongly associated with symptoms of posttraumatic stress than traumas lower in betrayal (e.g., natural disaster or abuse by someone not close to the victim). Women also reported higher rates of depression, anxiety, and reexperiencing symptoms of PTSD, but not avoidance and hyperarousal symptoms. The hypothesis that betrayal trauma would mediate the association between gender and PTSD reexperiencing symptoms was supported by statistical significance, but the effect was not substantial.

A survey of practices and recommended treatment interventions among expert therapists treating patients with dissociative identity disorder and dissociative disorder not otherwise specified

Bethany L Brand, Amie C Myrick, Richard J Loewenstein, Catherine C Classen, Ruth Lanius, Scot W McNary, Clare Pain, Frank W Putnam

*Psychological Trauma: Theory, Research, Practice, and Policy*
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Little empirical evidence exists about the treatment of dissociative identity disorder and dissociative disorder not otherwise specified. Thus, we must rely on the clinical literature, which advocates a staged course of treatment. A survey of 36 international experts in the treatment of dissociative disorder (DD) was conducted to learn what treatment interventions they recommended at each stage of treatment. This study provides directions to pursue for future training and research on DD.

I'll be working my way back: A qualitative synthesis on the trauma experience of children

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*Psychological Trauma: Theory, Research, Practice, and Policy*
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Children who experience some kind of traumatic event, such as losing a sibling, witnessing war, or being the victim of abuse or an accident, all have the need to process this event. Few theories exist about the development of posttraumatic stress disorder, specifically in traumatized children. Therefore, a synthesis of qualitative research is conducted in which the available qualitative studies on the children's perspective on traumatic experiences are integrated. A total of 17 English-language peer-reviewed articles were selected and a thematic synthesis was carried out. The core themes in the findings pertain to three domains: the individual, the family, and the community. We found a qualitative synthesis beneficial for creating a complete picture of children dealing with trauma and for strengthening the emerging theory.
Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach

Barbara L Niles, Julie Klunk-Gillis, Donna J Ryngala, Amy K Silberbogen, Amy Paysnick, Erika J Wolf

Psychological Trauma: Theory, Research, Practice, and Policy
Sep 2012
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This pilot study examined two telehealth interventions to address symptoms of combat-related posttraumatic stress disorder (PTSD) in veterans. Results for the 24 participants who completed all assessments indicate that: (1) Telehealth appears to be a feasible mode for delivery of PTSD treatment for veterans; (2) Veterans with PTSD are able to tolerate and report high satisfaction with a brief mindfulness intervention; (3) Participation in the mindfulness intervention is associated with a temporary reduction in PTSD symptoms; and (4) A brief mindfulness treatment may not be of adequate intensity to sustain effects on PTSD symptoms.

Posttraumatic Stress Disorder and Removal from Home as a Primary, Secondary, or Disclaimed Trauma in Maltreated Adolescents

Adrianna Wechsler-Zimring, Christopher A. Kearney, Harpreet Kaur, Timothy Day

Journal of Family Violence
First published 19 Aug 2012
DOI: 10.1007/s10896-012-9467-8

PTSD is common among maltreated youth but it remains unclear as to whether removal from home is as traumatizing as the maltreatment. This study examined 250 maltreated adolescents aged 11–17 years who were grouped on the basis of whether they (1) endorsed removal from home as their primary traumatic event, (2) endorsed removal from home as a secondary traumatic event, but not their primary traumatic event, or (3) did not endorse removal from home as traumatic. PTSD diagnoses as well as symptoms of PTSD, dissociation, depression, posttraumatic cognitions, and anger expression were measured. Adolescents who endorsed removal from home as their primary traumatic event reported significantly lower levels of PTSD and related symptoms than adolescents in the other groups. The findings are discussed within the context of transactions surrounding removal from home and support previous work that PTSD is a critical concern regarding many maltreated youth.

Written exposure as an intervention for PTSD: a randomized clinical trial with motor vehicle accident survivors

Denise M Sloan, Brian P Marx, Michelle J Bovin, Brian A Feinstein, Matthew W Gallagher

Behaviour Research and Therapy
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DOI: 10.1016/j.brat.2012.07.001

The present study examined the efficacy of a brief, written exposure therapy (WET) for PTSD. Participants were 46 adults with a current primary diagnosis of motor vehicle accident-related PTSD. Participants were randomly assigned to either WET or a waitlist (WL) condition. Participants assigned to WET showed significant reductions in PTSD symptom severity at 6- and 18-week post-baseline, relative to WL participants, with large between-group effect sizes. In addition, significantly fewer WET participants met diagnostic criteria for PTSD at both the 6- and 18-week post-baseline assessments, relative to
WL participants. Treatment gains were maintained for the WET participants at the 30-week post baseline assessment. These findings suggest that a brief, written exposure treatment may efficaciously treat PTSD.

### Treatment of co-occurring posttraumatic stress disorder and substance use disorders

Erin C Berenz, Scott F Coffey

**Behaviour Research and Therapy**
First published 24 Jul 2012
DOI: 10.1007/s11920-012-0300-0

Approximately half of individuals seeking SUD treatment meet criteria for current PTSD, and individuals with co-occurring PTSD-SUD tend to have poorer treatment outcomes compared with those without such comorbidity. This paper provides a review of the literature relevant to the treatment of co-occurring PTSD-SUD. The most promising outcome data thus far are for psychosocial treatments that incorporate an exposure therapy component; however, further research is needed, particularly as related to how best to implement these approaches in real-world treatment settings.

### Sexual Revictimization in Adult Women: Examining Factors Associated with Their Childhood and Adulthood Experiences

Cassandra Simmel, Judy L. Postmus, Inseon Lee

**Journal of Child Sexual Abuse**
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DOI: 10.1080/10538712.2012.690836

This study examined the relationship between the experience and disclosure of childhood sexual abuse and subsequent adult sexual violence. Multivariate analyses revealed that physical force during the childhood sexual abuse experience was significant in both children's decisions to disclose as well as in adult revictimization experiences. Furthermore, childhood disclosures were significantly associated with adulthood disclosures about revictimization, but only when there was no action following the childhood disclosure. The implications for enhancing training and education about understanding and responding to children and women's disclosures about sexual violence are discussed.

### A multi-sample confirmatory factor analysis of PTSD symptoms: What exactly is wrong with the DSM-IV structure?

Grant N. Marshall, Terry L. Schell, Jeremy N.V. Miles

**Clinical Psychology Review**
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DOI: 10.1016/j.cpr.2012.10.004

The fit of the DSM-IV model improved dramatically and was a better fit to the data than either four-factor model (Numbing model, Dysphoria model). The ostensible inferiority of the DSM-IV model may be due to a methodological artifact stemming from the order in which symptoms are typically assessed. The provisional decision to revise the structure of PTSD symptoms in the DSM-5 in light of confirmatory factor analytic results may be misguided.
The Long-Term Impact of Physical and Emotional Trauma: The Station Nightclub Fire

Jeffrey C. Schneider, Nhi-Ha T. Trinh, Elizabeth Selleck, Felipe Fregni, Sara S. Salles, Colleen M. Ryan, Joel Stein

PLOS ONE
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DOI: 10.1371/journal.pone.0047339

The objective is to detail the multi-dimensional long-term effects of a large fire on its survivor population and assess differences in outcomes between survivors with and without physical injury. The findings suggest that quality of life, depression and post-traumatic stress outcomes are related to emotional trauma, not physical injury. However, physical injury is correlated with employment outcomes.

The contribution of shame to post-psychotic trauma

Michelle H. Turner, Mark Bernard, Max Birchwood, Chris Jackson, Chris Jones

British Journal of Clinical Psychology
First published 19 Oct 2012
DOI: 10.1111/bjc.12007

Post-psychotic trauma symptoms were correlated with internal and external shame associated with psychosis and general shame. However, the relation between post-psychotic trauma and external shame associated with psychosis remained after controlling for general shame and current affective symptoms. In addition, internal shame had a stronger association with depression. Thus, internal and external shame due to psychosis had different associations with different types of post-psychotic emotional dysfunction. The results support the importance of assessing shame as a multi-faceted construct and suggest that assessing shame directly associated with mental illness is a worthwhile endeavour.

The latent factor structure of acute stress disorder following bank robbery: Testing alternative models in light of the pending DSM-5

Maj Hansen, Mathias Lasgaard, Ask Elklit

British Journal of Clinical Psychology
First published 17 Oct 2012
DOI: 10.1111/bjc.12002

Four different models of the latent structure of ASD were specified and estimated. The analyses were based on a national study of bank robbery victims using the acute stress disorder scale. The present study suggests that the latent structure of ASD may best be characterized according to the four-factor DSM-IV model of ASD (i.e., dissociation, re-experiencing, avoidance, and arousal) following exposure to bank robbery.
Workplace response of companies exposed to the 9/11 World Trade Center attack: a focus-group study

Carol S. North, Betty Pfefferbaum, Barry A. Hong, Mollie R. Gordon, You-Seung Kim, Lisa Lind, David E. Pollio

Disasters
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85 employees of five agencies highly affected by the terrorist attacks of 11 September 2001 participated in 12 focus groups to discuss workplace mental health issues. Managers felt ill prepared to manage the magnitude and the intensity of employees’ emotional responses. Rapid return to work, provision of workplace mental health services, and peer support were viewed as contributory to emotional recovery. Formal mental health services provided were perceived as insufficient. Drawing on their post-9/11 workplace experience, members of these groups identified practical measures that they found helpful in promoting healing outside of professional mental health services. These measures, consistent with many principles of psychological first aid, may be applied by workplace leaders who are not mental health professionals.

What are the risk factors for the comorbidity of posttraumatic stress disorder and depression in a war-affected population? a cross-sectional community study in South Sudan

Touraj Ayazi, Lars Lien, Arne H Eide, Majok Malek Ruom, Edvard Hauff

BMC Psychiatry
19 October 2012
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PTSD only was found in 28% and depression only in 6.4% of the study population. 9.5% of the participants had PTSD-depression comorbid diagnosis. Exposure to traumatic events and socioeconomic disadvantage were significantly associated with having PTSD or PTSD-depression comorbidity but not with depression. Participants with a comorbid condition were more likely to be socioeconomic disadvantaged, have experienced more traumatic events, and showed higher level of psychological distress than participants with PTSD or depression alone. In individuals exposed to war trauma, attention should be given to those who may fulfill criteria for a diagnosis of both PTSD and depression.

Testing Posttraumatic Stress as a Mediator of Childhood Trauma and Adult Intimate Partner Violence Victimization

Jill Theresa Messing, Lareina La Flair, Courtenay E. Cavanaugh, Michelle R. Kanga, Jacquelyn C. Campbell

Journal of Aggression, Maltreatment & Trauma
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DOI: 10.1080/10926771.2012.686963

Path analytic findings revealed potential PTSD partially mediated the relationships between childhood sexual abuse and psychological intimate partner violence (IPV) and childhood sexual abuse and sexual IPV. Potential PTSD did not mediate the relationship between other types of childhood trauma and IPV. This study adds to the literature indicating PTSD as a risk factor for revictimization in the form of adult IPV among women. Screening for and treatment of PTSD among female child sexual abuse survivors could prevent future IPV victimization.
Various beliefs, such as those pertaining to the ultimate purpose in life, contribute to development of meaning after trauma. Developing meaning is a primary way in which individuals respond to traumatic events that allow them to achieve a deep assimilation of previously unacceptable events and to experience emotional and behavioral resolution.