Evidence Based Treatments for Trauma-Related Psychological Disorders
A Practical Guide for Clinicians

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http://www.springer.com/medicine/psychiatry/book/978-3-319-07108-4

Narrative Characteristics of Genocide Testimonies Predict Posttraumatic Stress Disorder Symptoms Years Later

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Psychological Trauma: Theory, Research, Practice, and Policy
Feb 2015
DOI: 10.1037/tra0000024

The purpose of this study was to analyze whether the way that survivors of the 1994 Rwandan Genocide against the Tutsi naturally construct genocide testimonies predicts PTSD symptoms 6 years later. One hundred orphaned heads of household (OHH) who were members of a community association gave testimonies about their genocide experiences in 2002. In 2008, PTSD symptoms of 61 of the original OHH were assessed using a genocide-specific version of the Impact of Events Scale—Revised. Experienced genocide events were coded from the genocide testimonies, and the types of words used in the testimonies were analyzed using the Linguistic Inquiry and Word Count program. Pearson correlations and path analyses assessed the relationships between variables. After accounting for genocide events, touching positively predicted avoidance, and sadness negatively predicted hyperarousal. Sensory descriptions of traumatic experiences in trauma narratives may signify higher risk for mental health problems whereas expressions of sadness may indicate emotional processing and better mental health. Analyzing genocide testimonies may help identify survivors at the highest risk of developing PTSD symptoms, even among a group of survivors who have arguably suffered some of the most severe genocide experiences.

DSM–5 Posttraumatic Stress Disorder Symptoms Associated With Suicide Behaviors in Veterans

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Psychological Trauma: Theory, Research, Practice, and Policy
Feb 2015
DOI: 10.1037/tra0000026

The aim of this study was to examine patterns of DSM–5 PTSD symptom endorsement that differentiated veteran participants with and without a history of suicide behaviors. We enrolled 95 veterans, 32 of whom reported no suicide ideation (SI) or suicide attempts (SA). The 63 remaining participants reported a history of SI, with 28 of the 63 also reporting a historical SA. Participants completed a standardized diagnostic interview (Structured Clinical Interview for DSM–IV–TR), structured interview of suicidal behaviors (Columbia–Suicide Severity Rating Scale), and selected clinical measures. Veterans who reported SI and/or SA were more likely to meet criteria for PTSD on DSM–5 than were veterans who reported neither SI nor SA. Participants who reported SA were more likely to meet criteria for clusters C and D. Finally, at the symptom level, those who reported SI were more likely to report experiencing feelings of alienation. Those who reported a SA were more likely to report avoidance of thoughts and feelings, inability to recall an important aspect of their trauma,
persistent negative beliefs, diminished interest, and feelings of alienation. These findings suggest that targeting specific symptoms of PTSD may aid in treatment of suicidal thoughts and behaviors associated with PTSD.

Telepsychology for Posttraumatic Stress Disorder: a systematic review

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Journal of Telemedicine and Telecare
Feb 2015
DOI: 10.1177/1357633X15571996
http://jtt.sagepub.com/content/early/2015/02/20/1357633X15571996.abstract

The effectiveness of psychological services provided remotely, telepsychology, for the management of PTSD was evaluated. Eleven studies were identified from electronic database searches. Short-term treatment gains were reported for internet and video-based interventions. This included significant medium to large improvements in cognitive and behavioural symptoms of depression, generalised anxiety and posttraumatic stress. However, the equivalence of telepsychology and face-to-face psychotherapy could not be determined, with few comparative studies available. Both treatment gains and deterioration were noted in 6 months following treatment cessation, although this was based on limited follow-up data. Further larger scale and longitudinal research will help to ascertain the minimum requirements for the management and treatment of PTSD in a technology-supported environment.

An Uncontrolled Trial of a Present-Focused Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder

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Journal of Clinical Psychology
Feb 2015
DOI: 10.1002/jclp.22166

The efficacy of a present-focused version of cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD) was examined in a community sample. Seven couples completed pretreatment assessments, including measures of clinician-, self- and partner-rated PTSD symptoms and relationship satisfaction. Six couples completed present-focused CBCT for PTSD and all posttreatment assessments. A seventh couple terminated their relationship prior to completing treatment; therefore, they completed posttreatment symptom measures, but not ratings of relationship satisfaction. Results revealed significant decreases in PTSD symptoms that were associated with medium-to-large effect sizes. Medium effect sizes for changes in relationship satisfaction were found, though were only significant for partners. Results from this pilot study suggest that present-focused CBCT for PTSD may be a promising alternative for individuals who are unwilling to engage in a trauma-focused treatment.

Disclosure and silencing: A systematic review of the literature on patterns of trauma communication in refugee families

Nina Thorup Dalgaard, Edith Montgomery
This systematic review aimed to explore the effects of different degrees of parental disclosure of traumatic material from the past on the psychological well-being of children in refugee families. A majority of studies emphasize the importance of the timing of disclosure and the manner in which it takes place, rather than the effects of open communication or silencing strategies per se. A pattern emerged in which the level of parental disclosure that promotes psychological adjustment in refugee children depends on whether the children themselves have been directly exposed to traumatic experiences, and whether the children are prepubescent or older. The process of trauma disclosure is highly culturally embedded. Future research needs to address the culturally shaped variations in modulated disclosure and further explore how modulated disclosure can be facilitated in family therapy with traumatized refugee families.

Preschool PTSD Treatment (PPT) for a Young Child Exposed to Trauma in the Middle East

Jayme Puff, Kimberly Renk

This case study follows a 5-year-old biracial boy who presented with symptoms of PTSD, separation anxiety, and oppositionality. Cognitive-behavioral therapy (CBT) has been used widely with children to treat a number of anxiety disorders, including PTSD, with success. In the current study, Preschool PTSD Treatment (PPT) was used to treat the symptoms of PTSD in this young boy. After PPT treatment was implemented, he demonstrated significant decreases in his post-traumatic stress symptoms and in his symptoms of separation anxiety and oppositional behavior. In addition, he demonstrated an understanding of and the ability to apply coping and problem-solving skills. Finally, this young boy showed qualitative improvements in academic performance, social interactions, and general emotional and behavioral functioning. This case study added to the growing literature highlighting the utility of using CBT to successfully treat symptoms of PTSD in young children.

Repetitive Transcranial Magnetic Stimulation Ameliorates Anxiety-Like Behavior and Impaired Sensorimotor Gating in a Rat Model of Post-Traumatic Stress Disorder

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This article aimed to assess the benefit of transcranial magnetic stimulation (rTMS) in a rat model of PTSD. Using a modified single prolonged stress (SPS&S) rat model of PTSD, behavioral parameters were acquired using open field test (OFT), elevated plus maze test (EPMT), and prepulse inhibition trial (PPI), with or without 7 days of high frequency (10Hz) rTMS treatment of SPS&S rats. Anxiety-like behavior, impaired SG and increased plasma level of cortisol were observed in SPS&S animals after stress for a prolonged time. Interestingly, rTMS administered immediately after stress prevented those impairment. Stress-induced anxiety-like behavior, increased plasma level of cortisol and impaired PPI occur after stress and
high-frequency rTMS has the potential to ameliorate this behavior, suggesting that high frequency rTMS should be further evaluated for its use as a method for preventing PTSD.

Pharmacotherapy for post-traumatic stress disorder: systematic review and meta-analysis

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The British Journal of Psychiatry
Feb 2015
DOI: 10.1192/bjp.bp.114.148551
http://bjp.rcpsych.org/content/206/2/93.short

This study aimed to determine the efficacy of all types of pharmacotherapy, as monotherapy, in reducing symptoms of PTSD, and to assess acceptability. A systematic review and meta-analysis of randomised controlled trials was undertaken. Selective serotonin reuptake inhibitors were found to be statistically superior to placebo in reduction of PTSD symptoms but the effect size was small. For individual pharmacological agents compared with placebo in two or more trials, we found small statistically significant evidence of efficacy for fluoxetine, paroxetine and venlafaxine. Some drugs have a small positive impact on PTSD symptoms and are acceptable. Fluoxetine, paroxetine and venlafaxine may be considered as potential treatments for the disorder. For most drugs there is inadequate evidence regarding efficacy for PTSD, pointing to the need for more research in this area.

PTSD and depression symptoms are associated with binge eating among US Iraq and Afghanistan veterans

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Eating Behaviors
Apr 2015
DOI: 10.1016/j.eatbeh.2015.01.005

We examined the association of PTSD and depression symptoms with binge eating, a risk factor for obesity, among Iraq/Afghanistan Veterans. Iraq/Afghanistan Veterans were assessed at intake to the VA Puget Sound Healthcare System-Seattle post-deployment clinic (May 2004–January 2007). The Patient Health Questionnaire was used to measure depression and binge eating symptoms, and the PTSD Checklist-Military Version assessed PTSD symptoms. The majority of the sample was male and Caucasian, with an average age of 31.1 (SD = 8.5) years; 16.3% met depression screening criteria, 37.8% met PTSD screening criteria, and 8.4% met binge eating screening criteria. In adjusted models, those meeting depression and PTSD screening criteria were more likely to meet binge eating screening criteria. Continuous measures of PTSD and depression symptom severity were also associated with meeting binge eating screening criteria. PTSD and depression are common conditions among Iraq/Afghanistan Veterans. In the present study, PTSD and depression symptoms were associated with meeting binge eating screening criteria, identifying a possible pathway by which psychiatric conditions lead to disproportionate burden of overweight and obesity in this Veteran cohort. Tailored dietary behavior interventions may be needed for Iraq/Afghanistan Veterans with co-morbid obesity and psychiatric conditions.
Posttraumatic stress disorder, alone or additively with early life adversity, is associated with obesity and cardiometabolic risk

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Nutrition, Metabolism and Cardiovascular Diseases
Feb 2015
DOI: 10.1016/j.numecd.2015.01.007

There is some evidence that PTSD and early life adversity may influence metabolic outcomes such as obesity, diabetes, and cardiovascular disease. However, whether and how these interact is not clear. We analyzed data from a cross-sectional and a longitudinal study to determine how PTSD severity influences obesity, insulin sensitivity, and key measures and biomarkers of cardiovascular risk. We then looked at how PTSD and early life adversity may interact to impact these same outcomes. PTSD severity is associated with increasing risk of obesity, diabetes, and cardiovascular disease, with higher symptoms correlating with higher values of BMI, leptin, fibrinogen, and blood pressure, and lower values of insulin sensitivity. PTSD and early life adversity have an additive effect on these metabolic outcomes. The longitudinal study confirmed findings from the cross sectional study and showed that fat mass, leptin, CRP, ICAM, and TNFRII were significantly increased with higher PTSD severity during a 2.5 year follow-up period. Individuals with early life adversity and PTSD are at high risk and should be monitored carefully for obesity, insulin resistance, and cardiometabolic risk.

Diagnostic Biomarkers for Posttraumatic Stress Disorder: Promising Horizons from Translational Neuroscience Research

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Biological Psychiatry
Jan 2015
DOI: 10.1016/j.biopsych.2015.01.005

Although the diagnostic features of PTSD have been recently reclassified with the emergence of the DSM-5, the disorder remains characterized by hyperarousal, intrusive reminders of the trauma, avoidance of trauma-related cues, and negative cognition and mood. This heterogeneity indicates the presence of multiple neurobiological mechanisms underlying the etiology and maintenance of PTSD. Translational research spanning the past few decades has revealed several potential avenues for the identification of diagnostic biomarkers for PTSD. These include, but are not limited to, monoaminergic transmitter systems, the hypothalamic-pituitary-adrenal axis, metabolic hormonal pathways, inflammatory mechanisms, psychophysiological reactivity, and neural circuits. The current review provides an update to the literature with regard to the most promising putative PTSD biomarkers, with specific emphasis on the interaction between neurobiological influences on disease risk and symptom progression. Such biomarkers will most likely be identified by multi-dimensional models derived from comprehensive descriptions of molecular, neurobiological, behavioral, and clinical phenotypes.

A systematic review and meta-analysis of magnetic resonance imaging measurement of structural volumes in posttraumatic stress disorder

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Psychiatry Research: Neuroimaging
This systematic review and quantitative meta-analysis explore volumetric differences of three key structural brain regions (hippocampus, amygdala and anterior cingulate cortex (ACC)), all of which have been implicated in dysfunction of both salience network (SN) and default mode network (DMN) in PTSD sufferers. A literature search was conducted in May 2013. Nine statistical tests were performed for each of the three regions of interest (ROIs), measuring volume differences in PTSD subjects, healthy and traumatised controls. Hippocampal volume was reduced in subjects with PTSD, with a greater reduction in the left hippocampus. A medium effect size reduction was found in bilateral amygdala volume when compared with findings in healthy controls; however, no significant differences in amygdala volume between PTSD subjects and trauma-exposed controls were found. Significant volume reductions were found bilaterally in the ACC. While often well matched with their respective control groups, the samples of PTSD subjects composed from the source studies used in the meta-analyses are limited in their homogeneity. The current findings of reduced hippocampal volume in subjects with PTSD are consistent with the existing literature. Amygdala volumes did not show significant reductions in PTSD subjects when compared with volumes in trauma-exposed controls—congruous with reported symptoms of hypervigilance and increased propensity in acquisition of conditioned fear memories—but a significant reduction was found in the combined left and right hemisphere volume analysis when compared with healthy controls. Bilateral volume reductions in the ACC may underpin the attentional deficits and inabilities to modulate emotions that are characteristically associated with PTSD patients.