COMBAT & OPERATIONAL STRESS
RESEARCH QUARTERLY
A RESEARCH PUBLICATION FOR PROVIDERS

A PUBLICATION OF THE NAVAL CENTER FOR COMBAT & OPERATIONAL STRESS CONTROL

VOLUME 3 · NO. 3
SUMMER 2011

The ***Combat & Operational Stress Research Quarterly*** is a compilation of recent research on combat and operational stress, including relevant findings on the etiology, course and treatment of Posttraumatic Stress Disorder (PTSD). The intent of this publication is to facilitate translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

Published by:
Naval Center for Combat & Operational Stress Control (NCCOSC)
34960 Bob Wilson Dr., Suite 400
San Diego, CA 92134-6400

All issues of the Combat & Operational Stress Research Quarterly are available online at: www.nccosc.navy.mil.

Email us!
To receive this publication in your inbox, or if you have an article or other submission you would like to have included in a subsequent edition, please contact us at nmcsd.nccosc@med.navy.mil. Also, please contact us if you need assistance pursuing a research study involving combat and operational stress, or if you would like to comment on this publication. Thank you.

Predictors of burnout among military mental health providers

Key Findings: Burnout levels among mental health providers at military facilities were comparable to that of providers working at civilian facilities. Burnout levels among these military mental health providers were higher in females and psychiatrists, and burnout was predicted by longer work hours, increased patient caseloads and having more patients with personality disorders. In contrast, psychologists, providers with more confidants at work and more clinical experience, and those with more traumatic brain injury patients had lower burnout levels.
Study type: Cross-sectional study with self-report assessments
Sample: 97 mental health providers at two U.S. military facilities
Implications: Although burnout levels among mental health providers who work with military patients are comparable to civilian mental health providers, burnout is still an issue that needs to be addressed in order to optimize staff retention and quality of care. Targeting such institutional factors as heavy caseloads and long work hours could help to alleviate burnout among these providers.

Ballenger-Browning, K.K., Schmitz, K.J., Rothacker, J.A., Hammer, P.S., Webb-Murphy, J.A. & Johnson, D.C. (2011). Predictors of burnout among military mental health providers. *Military Medicine, 176* (3), 253-60.

IN THIS EDITION

Pre-existing psychiatric disorders predict post-deployment PTSD regardless of physical injury severity

Key Findings: Service members with one or more mental health disorders prior to deployment were two-and-a-half times more likely to screen positive for PTSD post-deployment compared to those with no mental health disorders, after controlling for pre-deployment PTSD, physical injury severity and a host of other risk factors. Other factors positively associated with post-deployment PTSD included increased combat exposure, longer length of deployment and increased time between return from theater and assessment of symptoms. The authors also found a marginally significant association between injury severity and post-deployment PTSD symptoms.
Study type: Prospective, longitudinal study with self-report assessments
Sample: 22,630 U.S. service members previously deployed to OEF/OIF
Implications: Pre-existing psychiatric disorders are associated with post-deployment PTSD regardless of physical injury severity scores, and appear to be more strongly related to PTSD symptoms than injury severity. These findings may help identify and target prevention or treatment efforts towards individuals at greater risk for PTSD.

Sandweiss, D.A., Slymen, D.J., Leardmann, C.A., Smith, B., White, M.R., Boyko, E.J., et al; for the Millennium Cohort Study Team. (2011). Preinjury psychiatric status, injury severity, and postdeployment posttraumatic stress disorder. *Archives of General Psychiatry, 68* (5), 496-504.

Validation of the Response to Stressful Experiences Scale (RSES)

Key Findings: Validation of the Response to Stressful Experiences Scale (RSES) with military members and veterans resulted in a five-factor scale with good internal consistency, test-retest reliability, and convergent, discriminant and concurrent validity with other measures of resilience. The factors included 1) meaning-making and restoration, 2) active coping, 3) cognitive flexibility, 4) spirituality and 5) self-efficacy. RSES scores were negatively associated with PTSD and depression symptoms and accounted for unique variance in PTSD symptoms above and beyond existing resilience scales, such as the Connor-Davidson Resilience Scale.
Study type: Scale development and validation
Sample: 1,014 active-duty and reserve military personnel and veterans
Implications: The RSES provides a new valid measure of individual differences in cognitive, emotional and behavioral responses to life's most stressful events and could be used to complement existing measures of resilience, such as the Connor-Davidson Resilience Scale.

Johnson, D.C., Polusny, M.A., Erbes, C.R., King, D., King, L., Litz, B.T., et al. (2011). Development and initial validation of the Response to Stressful Experiences Scale. *Military Medicine, 176* (2), 161-9.

Risky behaviors more common post-deployment among prior risk-takers

Key Findings: Risky behavior was retrospectively reported by military personnel (both those who had deployed and those who had never deployed)to be much more common before they entered the military, with personnel who had never deployed reporting more risky behavior and more psychiatric problems as civilians than personnel who had deployed. However, when asked about current behaviors, personnel who had deployed reported more psychiatric problems and risky behavior than those who had never deployed, although the link between deployment and risky behavior was only found among those with a history of risky behavior. Furthermore, psychiatric conditions were associated with higher levels of risky behavior, but psychiatric problems did not mediate the association between deployment and risky behavior.
Study type: Cross-sectional study with self-report assessments
Sample: 2,116 active-duty U.S. Navy and Marine Corps personnel
Implications: Risky behaviors increased post-deployment for individuals who had a history of risk-taking, but this relationship was not accounted for by mental health problems. Future research on the mechanisms behind this association should investigate the desire to recapture the "adrenaline rush" experienced during deployment and habituation to pain and fear from the combat deployment.

Thomsen, C.J., Stander, V.A., McWhorter, S.K., Rabenhorst, M.M. & Milner, J.S. (in press). Effects of combat deployment on risky and self-destructive behavior among active duty military personnel. *Journal of Psychiatric Research*.

Attentional threat avoidance during trauma exposure may predict PTSD

Key Findings: Attentional threat avoidance during imminent danger in trauma-exposed subjects changed to threat attendance a year later, in contrast to non-exposed subjects, who exhibited threat attendance during both time periods. In the trauma-exposed group, stronger attentional threat avoidance during stress exposure predicted higher levels of PTSD symptoms one year later.
Study type: Longitudinal study with self-report assessments and attention dot-probe task
Sample: 18 general population subjects exposed to rocket attacks and 14 non-exposed subjects
Implications: Attention bias away from threat during acute stress may be a risk factor for PTSD. Further investigation into reducing threat avoidance during or shortly after acute stress, possibly through attention bias modification programs, may be warranted to determine if this can assist in preventing or treating PTSD.

Wald, I., Schechner, T., Bitton, S., Holoshitz, Y., Charney, D.S., Muller, D., et al. (2011). Attention bias away from threat during life threatening danger predicts PTSD symptoms at one-year follow-up. *Depression and Anxiety, 28* (5), 406-11.

Risk factors for suicidal ideation in OEF/OIF veterans

Key Findings: The major risk factors associated with suicidal ideation were having a prior suicide attempt, female gender and a depressive disorder diagnosis. In addition, comorbid PTSD and depression put an individual at greater risk for suicidal ideation than either diagnosis alone. The PTSD avoidance symptom cluster was also associated with a higher risk for suicidal ideation than any other cluster. Greater perceived social support was an important protective factor against suicidal ideation.
Study type: Cross-sectional review of initial mental health screening evaluations
Sample: 1,740 OEF/OIF veterans registering with the Houston Veterans' Affairs Medical Center
Implications: These risk and protective factors should be investigated further to support their use in assessing suicide risk and in designing interventions to modify these factors.

Lemaire, C.M. & Graham, D.P. (2011). Factors associated with suicidal ideation in OEF/OIF veterans. *Journal of Affective Disorders, 130* (1-2), 231-8.

Heart rate variability biofeedback may reduce PTSD symptoms in veterans

Key Findings: Veterans with PTSD had significantly lower heart rate variability (HRV) compared to subjects without PTSD at baseline. Veterans with PTSD whose treatment as usual was augmented by HRV biofeedback showed increased HRV and a reduction in PTSD symptoms compared to those who only received treatment as usual.
Study type: Randomized, controlled pilot study
Sample: 20 military veterans with PTSD and 10 subjects without PTSD
Implications: This study provides some evidence of the feasibility and efficacy of HRV biofeedback as an adjunct treatment for veterans with PTSD. Additional randomized, controlled trials with larger samples and standardized treatment as usual conditions are needed to verify the efficacy of this treatment.

Tan, G., Dao, T.K., Farmer, L., Sutherland, R.J. & Gevirtz, R. (2011). Heart rate variability (HRV) and posttraumatic stress disorder (PTSD): a pilot study. *Applied Psychophysiology and Biofeedback, 36* (1), 27-35.

Reviews to Peruse

Sones, H.M., Thorp, S.R. & Raskind, M. (2011). **Prevention of posttraumatic stress disorder.** *The Psychiatric Clinics of North America, 34* (1), 79-94.

Nappi, C.M., Drummond, S.P., Hall, J.M. (in press). **Treating nightmares and insomnia in posttraumatic stress disorder: A review of current evidence.** *Neuropharmacology.*

Wells, T.S., Miller, S.C., Adler, A.B., Engel, C.C., Smith, T.C. & Fairbank JA. (2011). **Mental health impact of the Iraq and Afghanistan conflicts: A review of U.S. research, service provision, and programmatic responses.** *International Review of Psychiatry, 23* (2), 144-52.

Fertout M, Jones N, Greenberg N, Mulligan K, Knight T, Wessely S. (2011). **A review of United Kingdom Armed Forces' approaches to prevent post-deployment mental health problems.** *International Review of Psychiatry, 23* (2), 135-43.

Naval Center COSC Combat & Operational Stress Control

Increased physical activity levels linked to reduced PTSD symptoms

Key Findings: Participants who engaged in less physical activity were more likely to screen positive for PTSD. Those who reported at least 20 minutes of vigorous activity twice a week had significantly reduced odds for new-onset and persistent PTSD symptoms.
Study type: Prospective, longitudinal study with self-report assessments
Sample: 38,883 U.S. service members
Implications: Exercise – particularly vigorous exercise – may be a protective factor against PTSD among U.S. service members. Further investigation is needed to determine whether increasing physical activity regimens among U.S. military personnel could be beneficial in the prevention or treatment of PTSD.

LeardMann, C.A., Kelton, M.L., Smith, B., Littman, A.J., Boyko, E.J., Wells, T.S., et al; for the Millennium Cohort Study Team. (2011). Prospectively assessed posttraumatic stress disorder and associated physical activity. *Public Health Reports, 126* (3), 371-83.

MDMA-assisted psychotherapy may help individuals with treatment-resistant PTSD

Key Findings: PTSD symptoms (as measured by Clinician-Administered PTSD Scale scores) at two-month follow-up were significantly more reduced from baseline in participants given MDMA in combination with psychotherapy compared with those given placebo in combination with psychotherapy. Eight-three percent of those in the active-treatment group demonstrated a clinical response, compared to 25% in the placebo group.
Study type: Randomized, double-blind, placebo-controlled pilot study
Sample: 20 individuals with chronic, treatment-resistant PTSD
Implications: MDMA may be a safe, effective tool to assist psychotherapy sessions for treatment-resistant individuals with PTSD, although more research with larger samples and longer follow-up is needed to confirm this hypothesis.

Mithoefer, M.C., Wagner, M.T., Mithoefer, A.T., Jerome, L. & Doblin, R. (2011). The safety and efficacy of±3,4-methylenedioxymethamphetamine-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: the first randomized controlled pilot study. *Journal of Psychopharmacology, 25* (4), 439-52.

Deployment counseling stressors predict posttraumatic growth among Air Force chaplains

Key Findings: Previously deployed Air Force chaplains reported an array of stressful counseling experiences during deployment, but endorsed positive psychological growth and low compassion fatigue following these experiences. However, stressful counseling experiences predicted both posttraumatic growth and compassion fatigue. In addition, 7.7% of chaplains reported clinically significant PTSD symptoms, which were predicted by combat and operational stressors but not counseling stressors.
Study type: Cross-sectional study with self-report assessments
Sample: 183 previously deployed Air Force chaplains
Implications: Although Air Force chaplains were exposed to numerous operational and counseling stressors while deployed, as a whole they showed signs of resilience and endorsed psychological growth. However, these stressors can impact a minority of caregivers, as some endorsed PTSD symptoms, and counseling stress can result in compassion fatigue for some.

Levy, H.C., Conoscenti, L.M., Tillery, J.F., Dickstein, B.D. & Litz, B.T. (2011). Deployment stressors and outcomes among Air Force chaplains. *Journal of Traumatic Stress, 24* (3), 342-6.

Imagery Rescripting and Exposure Therapy for nightmares and PTSD

Key Findings: After attending six group sessions of Imagery Rescripting and Exposure Therapy (IRET), veterans with PTSD and chronic posttraumatic nightmares had significantly reduced PTSD severity and nightmare frequency as well as increased hours of sleep.
Study type: Treatment evaluation study
Sample: 37 male U.S. veterans with PTSD and nightmares
Implications: IRET may be a potential tool for reducing both nightmares and PTSD symptoms in veterans, although larger, randomized, controlled trials with long-term follow-up are needed.

Long, M.E., Hammons, M.E., Davis, J.L., Frueh, B.C., Khan, M.M., Elhai, J.D., et al. (2011). Imagery rescripting and exposure group treatment of posttraumatic nightmares in Veterans with PTSD. *Journal of Anxiety Disorders, 25* (4), 531-5.

Psychiatric comorbidity, somatization and functional impairment among primary care patients with PTSD

Key Findings: The prevalence of PTSD and trauma exposure without PTSD among primary care patients in this study was 8.6% and 17.5%, respectively. Patients with PTSD reported increased psychiatric comorbidity, somatic symptoms and impaired functioning compared to patients with no PTSD or trauma exposure. Trauma-exposed patients without PTSD reported somatic, psychiatric and functioning problems that were intermediate between the PTSD group and the no-PTSD or trauma-exposure group. Nearly half of the patients with PTSD were not currently receiving any psychological or pharmacological treatment.
Study type: Cross-sectional study with self-report and clinical assessments
Sample: 965 primary care patients
Implications: Primary care providers should be equipped with basic knowledge and tools to identify PTSD, given the high frequency of PTSD in primary care. Somatic symptoms may be the reason that prompts PTSD patients to seek treatment in a primary care facility, thus making it necessary for primary care providers to be able to identify PTSD.

Lowe, B., Kroenke, K., Spitzer, R.L., Williams, J.B., Mussell, M., Rose, M., et al. (2011). Trauma exposure and posttraumatic stress disorder in primary care patients: cross-sectional criterion standard study. *Journal of Clinical Psychiatry, 72* (3), 304-12.

Telehealth treatments may reduce PTSD and depression symptoms

Key Findings: Telehealth treatments for PTSD-related symptoms are linked to significant pre- to post-treatment reduction in PTSD and depression symptoms and result in greater treatment effects than wait-list control conditions. However, telehealth interventions have not been shown to have greater treatment effects for PTSD and depression symptoms compared to telehealth supportive counseling, and telehealth treatments have produced inferior treatment effects for PTSD symptoms relative to a face-to-face intervention.
Study type: Meta-analysis
Sample: 725 participants in 13 studies
Implications: Findings indicate telehealth treatments may be effective in reducing both PTSD and depression symptom severity, but more research is needed to determine if telehealth treatments can produce treatment effects equivalent to that of face-to-face interventions. Such treatments could result in substantially greater treatment utilization, especially among service members and veterans, by reducing access- and stigma-based barriers to care.

Sloan, D.M., Gallagher, M.W., Feinstein, B.A., Lee, D.J. & Pruneau, G.M. (in press). Efficacy of Telehealth Treatments for Posttraumatic Stress-Related Symptoms: A Meta-Analysis. *Cognitive Behaviour Therapy.*

Study Spotlight: Antidepressants and Cognitive Functioning

Do antidepressant medications affect a patient's ability to think and react quickly and appropriately in a combat situation? This is the question that a study at the Naval Medical Center San Diego, facilitated by the Naval Center for Combat & Operational Stress Control (NCCOSC), is poised to answer. This is a particularly pertinent issue because the Navy does not allow service members taking antidepressants to carry a firearm or deploy to an operational zone in which they would be expected to carry firearms unless they obtain a waiver from their provider.

Study participants play a small-firearms simulation video game, during which they are tested for their reaction times, judgment calls and decision-making abilities. The performance of the participants on antidepressants is compared to the performance of other participants who are not taking antidepressants. For more information on the study, email NCCOSC at nmcsd.nccosc@med.navy.mil.

Naval Center COSC Combat & Operational Stress Control

Persistence of sleep problems following cognitive-behavior therapy for PTSD

Key Findings: After individual cognitive-behavior therapy (CBT) for PTSD, participants showed significant improvements in sleep quality, sleep onset latency, sleep efficiency and sleep disturbances. However, these improvements were not fully maintained at the six month follow-up, and 70% of those with baseline sleep difficulties still reported significant sleep problems at follow-up.
Study type: Treatment evaluation study with clinical and self-report assessments
Sample: 55 general population subjects with PTSD
Implications: Although CBT for PTSD improved sleep symptoms initially, sleep symptoms persisted in the majority of patients after several months, especially those with more severe posttraumatic, anxious and depressive symptoms, and poorer general health. Further study is needed to determine how to effectively reduce sleep problems in PTSD patients long-term.

Belleville, G., Guay, S. & Marchand, A. (2011). Persistence of sleep disturbances following cognitive-behavior therapy for posttraumatic stress disorder. *Journal of Psychosomatic Research, 70* (4), 318-27.

Spirituality-specific coping skills may be helpful for some trauma veterans

Key Findings: Trauma-exposed veterans who volunteered for and participated in a group intervention called Building Spiritual Strength (BSS) reported significantly reduced PTSD symptoms compared with those in a wait-list control group. However, the change within the intervention group was not clinically significant
Study type: Randomized, controlled trial
Sample: 54 trauma-exposed veterans assigned to either the intervention (N=26) or wait-list control (N=28)
Implications: Participation in an intervention designed to provide spirituality-specific coping skills to veterans may be helpful for those interested in building such skills, but the clinical significance of the intervention in reducing PTSD symptoms has not been established. Future studies with larger sample sizes and more thorough assessment of outcomes may be warranted.

Harris, J.I., Erbes, C.R., Engdahl, B.E., Thuras, P., Murray-Swank, N., Grace, D., et al. (2011). The effectiveness of a trauma-focused spiritually integrated intervention for veterans exposed to trauma. *Journal of Clinical Psychology, 67* (4), 425-38.

Virtual reality-graded exposure therapy may be effective in reducing PTSD symptoms for OIF/OEF combat veterans

Key Findings: Seven of 10 service members with PTSD who completed virtual reality-graded exposure therapy (VR-GET) showed a clinically significant reduction in combat-related PTSD symptoms (as measured by the Clinician Administered PTSD Scale), whereas only one of nine PTSD patients who completed treatment as usual (TAU) showed similar improvement. The treatment response comparison between the two groups was statistically significant.
Study type: Randomized, controlled trial
Sample: 20 active-duty service members diagnosed with combat-related PTSD from service in OIF/OEF (10 assigned to VR-GET; 10 assigned to treatment as usual)
Implications: In this study, VR-GET was more effective in reducing PTSD symptoms than treatment as usual among active-duty service members with combat-related PTSD. However, a larger sample size, long-term follow-up, a more standardized control group and standardized assessment times are necessary features for future studies to confirm this finding.

McLay, R.N., Wood, D.P., Webb-Murphy, J.A., Spira, J.L., Wiederhold, M.D., Pyne, J.M., et al. (2011). A randomized, controlled trial of virtual reality-graded exposure therapy for post-traumatic stress disorder in active duty service members with combat-related post-traumatic stress disorder. *Cyberpsychology, Behavior and Social Networking, 14* (4), 223-9.

Cognitive functioning among veterans with mTBI and co-morbid psychiatric illnesses

Key Findings: PTSD and other psychiatric illnesses do not necessarily worsen areas of cognitive functioning, such as processing speed, executive functioning and memory, among veterans with mild traumatic brain injury (mTBI), as there were no significant differences on performance measures among veterans with mTBI with or without comorbid PTSD or other psychiatric illnesses.
Study type: Cross-sectional study with self-report and clinical assessments
Sample: 82 veterans with mTBI: mTBI only (N= 26); mTBI with PTSD (N= 20); and mTBI with other psychiatric condition(s) (N= 36)
Implications: These findings contradict previous speculation that mTBI comorbid with PTSD results in worse cognitive functioning than mTBI alone. There

appear to be no negative compounding effects of PTSD or other illnesses on the cognitive functioning of veterans with mTBI. However, evaluation of a larger sample size with varying degrees of TBI severity, including a PTSD-only group and homogenous "other" psychiatric condition groups, and a more thorough evaluation of cognitive functioning are needed to confirm the validity and reliability of these findings.

Gordon, S.N., Fitzpatrick, P.J. & Hilsabeck, R.C. (2011). No effect of PTSD and other psychiatric disorders on cognitive functioning in veterans with mild TBI. *The Clinical Neuropsychologist, 25* (3), 337-47.

Killing in combat predicts PTSD and alcohol misuse

Key Findings: Eleven percent of Gulf War veterans reported killing during their deployment. After controlling for perceived danger, exposure to death and dying and witnessing killing of fellow soldiers, killing was a significant predictor of PTSD symptoms and problem alcohol use.
Study type: Cross-sectional study with self-report assessments
Sample: 317 U.S. Gulf War veterans
Implications: Killing in combat may be a critical factor in post-deployment mental health problems. Mental health assessment and treatment post-deployment should address reactions to killing in combat to prevent development of chronic traumatic stress conditions.

Maguen, S., Vogt, D.S., King, L.A., King, D.W., Litz, B.T., Knight, S.J., et al. (2011). The impact of killing on mental health symptoms in Gulf War veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 3* (1), 21-26.

Concurrent treatment for PTSD and alcohol dependence may be an appropriate option

Key Findings: Patients with comorbid PTSD and alcohol dependence (AD) are more likely to be unemployed, less educated, earn less income and less likely to live with a partner than patients with singular PTSD or AD diagnosis. Comorbid PTSD/AD patients also report higher depression and alcohol cravings than the PTSD-only or AD-only groups, but they did not differ in severity for the remaining PTSD or AD symptoms.
Study type: Cross-sectional study with self-report and clinical assessments
Sample: Individuals seeking treatment for chronic PTSD and AD (N= 167), chronic PTSD only (N= 105), or AD only (N=240)
Implications: The findings suggest that comorbid PTSD/AD patients are more socially and functionally impaired than those with singular diagnoses. However, the lack of significance in symptom severity among the PTSD/AD, PTSD only, and AD only patients suggests that comorbid patients are not more clinically impaired at the onset of treatment than singularly diagnosed patients, thus allowing concurrent treatment to be an appropriate option.

Drapkin, M.L., Yusko, D., Yasinski, C., Oslin, D., Hembree, E. A. & Foa, E. B. (in press). Baseline functioning among individuals with posttraumatic stress disorder and alcohol dependence. *Journal of Substance Abuse and Treatment.*

.

Many individuals with probable PTSD do not recognize their symptoms as indicative of PTSD

Key Findings: None of the trauma injury survivors with probable PTSD participating in this study described their PTSD symptoms as being indicative of PTSD. Many participants believed their symptoms would be short-lived and could be controlled to some extent through a variety of attempts to exert personal control, including using religious or spiritual forms of coping. Some participants thought seeking help from mental health professionals could be beneficial, but only one participant referred to symptom reduction as a benefit of seeking help.

Study type: Cross-sectional study with semi-structured interview assessment
Sample: 23 general population, non-treatment-seeking trauma injury survivors with probable PTSD
Implications: Participants' conceptualizations of their PTSD symptoms may have prevented the recognition of their symptoms as indicative of a serious mental health condition that warrants professional treatment. Further research is needed to determine whether interventions designed to modify conceptualizations of PTSD symptoms can assist in the recognition of this disorder and perceived need for treatment.

Wong, E.C., Kennedy, D., Marshall, G.N. & Gaillot, S. (2011). Making sense of posttraumatic stress disorder: Illness perceptions among traumatic injury survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 3* (1), 67-76.

Test your knowledge!

According to the summary "Cognitive functioning among veterans with mTBI and co-morbid psychiatric illnesses" (pg. 6), how is cognitive functioning affected by having co-morbid psychiatric illnesses among patients with mTBI?

A. Functioning is significantly worsened by having either PTSD or other psychiatric illnesses.

B. Functioning is not affected by PTSD, but is significantly worsened by having other psychiatric illnesses.

C. Functioning is significantly worsened by having PTSD but not other psychiatric illnesses.

D. Functioning is not significantly altered by either PTSD or other psychiatric illnesses.

Answer: D

WWW.NCCOSC.NAVY.MIL

NAVAL CENTER COSC COMBAT & OPERATIONAL STRESS CONTROL