

# CDP

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## **Research Update -- December 6, 2018**

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- The collaborative assessment and management of suicidality (CAMS) versus enhanced care as usual (E-CAU) with suicidal soldiers: Moderator analyses from a randomized controlled trial.
- Anxiety sensitivity and distress tolerance typologies and relations to posttraumatic stress disorder: A cluster analytic approach.
- A systematic approach to the identification and prioritization of psychological health research gaps in the Department of Defense.
- Alcohol use affects sleep duration among military couples.
- Cognitive behavioral treatment for insomnia is equally effective in insomnia patients with objective short and normal sleep duration.
- Links of Interest

- Resource of the Week: Training Clinicians to Deliver Evidence-Based Psychotherapy -- Development of the Training in Psychotherapy (TIP) Tool (RAND)

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<https://content.govdelivery.com/accounts/USVHA/bulletins/21fc4dc>

## **Anniversaries of Traumatic Events, PTSD Monthly Update - November 2018**

National Center for PTSD  
U.S Department of Veterans Affairs

Do you remember the day – the actual date – of your trauma? When that time of year comes around, do you feel more on edge or stressed? Whether the event is something specific only to you or one that gets a lot of attention – like D-Day, 9/11, or Hurricane Katrina – you may feel sad and on edge. These feelings are called an “anniversary reaction” and they may be hard to deal with.

You may feel like you are going through the event again, as if you were back in the past. You might go out of your way to avoid people, places, and things related to the trauma. Negative beliefs and feelings – like guilt or shame – may be more common. Or, you may feel more on high alert, nervous, and on edge.

Anniversary reactions are different for everyone, and there are many ways of coping with them. Here are some strategies you could try:

- Reach out to friends and family ahead of the anniversary
- Plan relaxing activities that you enjoy
- Mark the occasion by visiting a memorial or the grave of a loved one
- Volunteer in your community

Remember that there are good trauma-focused treatments that can provide a long-term solution to the PTSD symptoms that anniversary reactions can bring up. Cognitive Processing Therapy, Prolonged Exposure, and EMDR all address the beliefs and feelings that cause so much pain to people with PTSD. They also equip you with tools to use in the moment when an anniversary reaction comes up.

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<https://www.sciencedirect.com/science/article/abs/pii/S0887618518303669>

## **Which Patients Initiate Cognitive Processing Therapy and Prolonged Exposure in Department of Veterans Affairs PTSD Clinics?**

Craig S. Rosen, Nancy C. Bernardy, Kathleen M. Chard, Barbara Clothier, ... Nina A. Sayer

Journal of Anxiety Disorders

Available online 20 November 2018

<https://doi.org/10.1016/j.janxdis.2018.11.003>

### Highlights

- Only a minority of patients in VA PTSD clinics initiates CPT or PE.
- Most patients, including those getting CPT or PE, had comorbid conditions and disability for PTSD.
- Patients who were hospitalized were 29% less likely to begin CPT or PE.
- Veterans who were male, older, or Hispanic were less likely to initiate CPT or PE.

### Abstract

The United States Department of Veterans Affairs (VA) provides Cognitive Processing Therapy (CPT) and Prolonged Exposure therapy (PE) for PTSD at all of its facilities, but little is known about systematic differences between patients who do and do not initiate these treatments. VA administrative data were analyzed for 6,251 veterans receiving psychotherapy over one year in posttraumatic stress disorder (PTSD) specialty clinics at nine VA medical centers. CPT and PE were initiated by 2,173 (35%) patients. Veterans' probability of initiating either CPT or PE (considered together) was 29% lower (adjusted odds ratio = .61) if they had a psychiatric hospitalization within the same year, and 15% lower (AOR = .78) if they had service-connected disability for PTSD. Veterans' probability of starting CPT or PE was 19% lower (AOR = .74) if they were Hispanic or Latino, 10% lower (AOR = .84), if they were male rather than female, and 9% lower (AOR = .87) if they were divorced, separated or widowed rather than currently married. Probability of receiving CPT or PE was also lower if veterans had more co-occurring psychiatric diagnoses (AOR per diagnosis = .88), were older (AOR per every five years = .95), or lived further away from the VA clinic (AOR per every ten miles = .98). Nonetheless, most patients initiating CPT or PE had two or more comorbidities and were service-connected for PTSD. Observed gender, age and ethnic differences in initiation of CPT and PE appear unrelated to clinical suitability and warrant further study.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478550>

**Treating PTSD in active duty service members using cognitive processing therapy or prolonged exposure therapy: Examining everyday practice at a military outpatient clinic.**

Keith R. Aronson, Janet A. Welsh, Anna Fedotova, Nicole R. Morgan, Daniel F. Perkins & Wendy Travis

Military Psychology

2018; 30:6, 465-475

DOI: 10.1080/08995605.2018.1478550

The Institute of Medicine has stressed the need for evaluations of evidence-based treatments (EBTs) for posttraumatic stress disorder (PTSD) among active duty service members (AD) using a variety of evaluation approaches (Institute of Medicine, 2012). The current study examined the clinical files of 134 service members who completed treatment for PTSD using either prolonged exposure (PE) or cognitive processing therapy at an outpatient clinic. At the completion of each session, therapists made a clinical rating as to whether or not the session was protocol adherent. The total number of treatment sessions and the proportion of sessions rated as being protocol adherent were calculated. Multi-level models estimated the change in patient PTSD and other psychological symptoms over time as a function of clinician-rated protocol adherence and total number of sessions. Approximately 65% of clinic encounters were rated by therapists as being protocol adherent. Significant reductions in PTSD and psychological symptoms were associated with protocol adherence, and this was particularly true for patients who began treatment above clinical thresholds for both PTSD and other psychological symptoms. However, as the number of sessions increased, the impact of protocol adherence was attenuated. Patient characteristics, including gender, ethnicity, and co-morbidity for other psychiatric disorders were not related to symptom change trajectories over time. These findings suggest that protocol adherence and efficiency in delivery of EBTs for the treatment of PTSD with AD is critical.

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[https://www.sciencedirect.com/science/article/pii/S1087079217302046?dgcid=rss\\_sd\\_al](https://www.sciencedirect.com/science/article/pii/S1087079217302046?dgcid=rss_sd_al)  
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## **A Systematic Review of Cognitive Behavioral Therapy for Insomnia Implemented in Primary Care and Community Settings.**

Janet M.Y. Cheung, Denise C. Jarrin, Orlane Ballot, Annika Bharwani, Charles M. Morin

Sleep Medicine Reviews

Available online 23 November 2018

<https://doi.org/10.1016/j.smr.2018.11.001>

The advent of stepped-care and the need to disseminate cognitive behavioral therapy for insomnia (CBT-I) has led to novel interventions, which capitalize on non-specialist venues and/or health personnel. However, the translatability of these CBT-I programs into practice is unknown. This review evaluates the current state of CBT-I programs that are directly implemented in primary care and/or community settings. A literature search was conducted through major electronic databases (N=840) and through snowballing (n=8). After removing duplicates, 104 full-texts were extracted and evaluated against our initial inclusion criteria. Twelve studies including data from 1625 participants were subsequently evaluated for its study design and methodological quality. CBT-I program components varied across studies and included cognitive therapy (n=6), relaxation (n=7), sleep restriction therapy (n=9), stimulus control therapy (n=11) and sleep psychoeducation (n=12). The respective interventions produced small-moderate post-treatment weighted effect sizes for the Insomnia Severity Index (0.40), Pittsburgh Sleep Quality Index (0.37), Sleep Efficiency (0.38), Sleep Onset Latency (0.38), and Wake time After Sleep Onset (0.46) but Total Sleep Time (0.10) did not reach statistical significance. While non-specialist community settings can potentially address the demands for CBT-I across clinical contexts, intervention heterogeneity precluded the full impact of the 12 CBT-I programs to be evaluated.

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<https://www.dovepress.com/management-of-nightmares-in-patients-with-posttraumatic-stress-disorder-peer-reviewed-article-NSS>

**Management of nightmares in patients with posttraumatic stress disorder: current perspectives.**

El-Solh AA

Nature and Science of Sleep

Published 26 November 2018 Volume 2018:10 Pages 409—420

DOI <https://doi.org/10.2147/NSS.S166089>

Nightmares are considered the hallmark of posttraumatic stress disorder (PTSD). Although the characteristics of these distressing dreams may vary with the type of traumatic event, the pathophysiology exposes central dysfunction of brain structures at the level of the hippocampus, amygdala, and locus coeruleus, modulated by neurochemical imbalance in noradrenergic, dopaminergic, and serotonin pathways. Underlying comorbid conditions, including other sleep disorders, may contribute to worsening symptoms. Addressing sleep disruption can alleviate the severity of these nocturnal events and augment the effectiveness of other PTSD treatments. The expansion of behavioral treatment modalities for PTSD-related nightmares has been encouraging, but the core of these interventions is heavily structured around memory manipulation and imagery rescripting. A lack of a standardized delivery and a high dropout rate continue to pose significant challenges in achieving successful outcomes. The efficacy of existing pharmacological studies, such as  $\alpha$ -adrenergic blocking agents, antidepressants, and atypical antipsychotics, has been undermined by methodological limitations and absence of large randomized controlled trials. This review is aimed at reviewing the available treatment strategies for alleviating nightmares in subjects with PTSD. Given the intricate relationship between PTSD and nightmares, future clinical trials have to adopt a more pragmatic approach focused not only on efficacy of novel interventions but also on adjunctive iteration of existing therapies tailored to individual socio-cultural background.

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<https://link.springer.com/article/10.1007/s41347-018-0058-2>

### **The Use of Virtual Clients for Training Behavioral Health Providers: Promises, Challenges and the Way Ahead.**

Sara Kintzle, Christopher Munch, Eva Alday, Sara Ozuna, Mary Keeling, Gisele Corletto, Dax Berg, Hazel Atuel, Carl A. Castro

Journal of Technology in Behavioral Science

December 2018, Volume 3, Issue 4, pp 247–252

<https://doi.org/10.1007/s41347-018-0058-2>

Providing opportunities for training behavioral health providers in clinical practice remains a challenge within the helping professions. To date, the field has relied mostly on role-playing and the use of standardized actors to provide realistic clinical simulations to students. Although highly utilized, both methods come with significant challenges. As technology rapidly develops, so does its role and application within the framework of behavioral health training. One such role is its potential use in providing realistic clinical simulations to develop clinical skills. Along with reviewing the application as well as advantages and challenges to the current training models used to mimic clinical interactions, role play, and standardized actor patients, the purpose of this concept article is to present an alternate clinical skills training model, the use of a virtual client. Described is the use of virtual clients in behavioral health training, including how virtual clients work and their current applications, the advantages and challenges associated with their use and the way forward with their use in behavioral health training. Authors conclude virtual clients have potential as an impactful tool in the development of clinical skills.

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<https://onlinelibrary.wiley.com/doi/10.1002/jts.22347>

### **Attention Deficit Hyperactivity Disorder and Risk of Posttraumatic Stress and Related Disorders: A Prospective Longitudinal Evaluation in U.S. Army Soldiers.**

Jonathon R. Howlett, Laura Campbell-Sills, Sonia Jain, Steven G. Heeringa, Matthew K. Nock, Xiaoying Sun, Robert J. Ursano, Murray B. Stein

Journal of Traumatic Stress

First published: 21 November 2018

<https://doi.org/10.1002/jts.22347>

Cross-sectional associations between attention deficit hyperactivity disorder (ADHD) and posttraumatic stress disorder (PTSD) have been observed, but longitudinal studies assessing this association are lacking. This prospective study evaluated the association between predeployment ADHD and postdeployment PTSD among U.S. Army soldiers. Soldiers who deployed to Afghanistan were surveyed before deployment (T0) and approximately 1 month (T1), 3 months (T2), and 9 months (T3) after their return. Logistic regression was performed to estimate the association between predeployment ADHD and postdeployment (T2 or T3) PTSD among 4,612 soldiers with data at all waves and no record of stimulant medication treatment during the study. To evaluate



specificity of the ADHD–PTSD association, we examined associations among predeployment ADHD, postdeployment major depressive episode (MDE), generalized anxiety disorder (GAD), and suicidal ideation. Weighted prevalence of ADHD predeployment was 6.1% (SE = 0.4%). Adjusting for other risk factors, predeployment ADHD was associated with risk of postdeployment PTSD, adjusted odds ratio (AOR) = 2.13, 95% CI [1.51, 3.00],  $p < .001$ , including incidence among soldiers with no predeployment history of PTSD, AOR = 2.50, 95% CI [1.69, 3.69],  $p < .001$ . ADHD was associated with postdeployment MDE, AOR = 2.80, 95% CI [2.01, 3.91],  $p < .001$ , and GAD, AOR = 3.04, 95% CI [2.10, 4.42],  $p < .001$ , but not suicidal ideation. Recognition of associations between predeployment ADHD and postdeployment PTSD, MDE, and GAD may inform targeted prevention efforts. Future research should examine whether treatment of ADHD is protective against PTSD and related disorders in trauma-exposed individuals.

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<https://onlinelibrary.wiley.com/doi/10.1002/jts.22344>

## **Trauma Memory Processing in Posttraumatic Stress Disorder Psychotherapy: A Unifying Framework.**

Julian D. Ford

Journal of Traumatic Stress

First published: 16 November 2018

<https://doi.org/10.1002/jts.22344>

Trauma memory processing (TMP) is an empirically supported approach to psychotherapy for posttraumatic stress disorder (PTSD). However, TMP is not a single, uniform intervention but instead a paradigm that can be operationalized through a variety of component procedures that have not been systematically elucidated and formally tested. Based on findings from phenomenological/structural and neuroimaging research, a central feature of PTSD is theorized to be the involuntary immersion in trauma memories with diminished awareness or negative appraisals of self and current context. Such intrusive reexperiencing—which is epitomized by, but not limited to, flashbacks—is postulated to underlie PTSD's avoidance, altered emotions and cognitions, dissociative, and hyperarousal/hypervigilance symptoms; it is thus a logical target for TMP. The varied approaches to TMP for PTSD are conceptualized as having the common goal of activation of the neural networks in the brain that underlie two key capacities disrupted by intrusive reexperiencing in PTSD: intentional self-referential

retrieval of memories and suppression of memory retrieval. Therefore, TMP is postulated to involve two core functions (purposeful reflective remembering and memory awareness in situ) and three essential types (in vivo, imaginal, and cognitive reappraisal). Several implications of this framework for clinical practice and research on TMP for PTSD are discussed.

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<https://onlinelibrary.wiley.com/doi/10.1002/jts.22341>

### **Understanding Gender Differences in Resilience Among Veterans: Trauma History and Social Ecology.**

Galina A. Portnoy, Mark R. Relyea, Suzanne Decker, Andrea Shamaskin-Garroway, Mary Driscoll, Cynthia A. Brandt, Sally G. Haskell

Journal of Traumatic Stress

First published: 15 November 2018

<https://doi.org/10.1002/jts.22341>

A social-ecological framework for resilience underscores the importance of conceptualizing individuals embedded within their context when evaluating a person's vulnerability and adaptation to stress. Despite a high level of trauma exposure, most veterans exhibit psychological resilience following a traumatic event. Interpersonal trauma is associated with poorer psychological outcomes than noninterpersonal trauma and is experienced more frequently across the lifespan by women as compared to men. In the present study, we examined gender differences in trauma exposure, resilience, and protective factors among veterans. Participants included 665 veterans who completed a baseline survey assessing traumatic events; 544 veterans (81.8%) completed a 1-year follow-up survey assessing resilience, combat exposure, deployment social support, deployment preparedness, and military sexual trauma (MST). Principal component analyses revealed the Traumatic Life Events Questionnaire categorized into four meaningful components: sexual abuse, interpersonal violence, stranger violence, and accidents/unexpected trauma. Women reported greater exposure to sexual abuse,  $d = 0.76$ ; interpersonal violence,  $d = 0.31$ ; and MST, Cramer's  $V = 0.54$ ; men reported greater exposure to stranger violence, accidents/unexpected trauma, and combat exposure,  $ds = 0.24$ – $0.55$ . Compared to women, men also reported greater social support during deployment,  $d = 0.46$ . Hierarchical linear regression indicated that men's resilience scores were higher than women's,  $\beta = .10$ ,  $p = .032$ , yet this association was no longer significant once we

accounted for trauma type,  $\beta = .07$ ,  $p = .197$ . Results indicate that trauma type is central to resilience and suggest one must consider the social-ecological context that can promote or inhibit resilient processes.

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[https://www.sciencedirect.com/science/article/pii/S1389945718303538?dgcid=rss\\_sd\\_al](https://www.sciencedirect.com/science/article/pii/S1389945718303538?dgcid=rss_sd_al)  
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## **The relationship between obstructive sleep apnea and insomnia: A population-based cross-sectional polysomnographic study.**

B.L. Uhlig, K. Hagen, M. Engstrøm, M. Stjern, ... T. Sand

Sleep Medicine

Available online 17 November 2018

<https://doi.org/10.1016/j.sleep.2018.10.026>

### Highlights

- Overall, 25.2% fulfilled criteria for DSM-V insomnia.
- Prevalence of insomnia did not differ across apnea-hypopnea index severity groups.
- However, insomnia symptom score was lower among those with moderate-to-severe obstructive sleep apnea.
- We found no association between apnea-hypopnea index and insomnia subtype (early, middle or late symptoms).

### Abstract

#### Background

The relationship between insomnia and objectively measured obstructive sleep apnea (OSA) severity has not previously been investigated in both genders in the general population. The main aim of this population-based polysomnography (PSG) study was to evaluate the cross-sectional association between severity of OSA and DSM-V insomnia and insomnia severity.

#### Methods

A random sample of 1200 participants in the third Nord-Trøndelag Health Study (HUNT3) was invited and 213 (18%) aged between 21-82 years underwent an ambulatory PSG, a semi-structured interview, and a sleep-specific questionnaire. A proxy DSM-V insomnia diagnosis as well as an Insomnia Symptom Score (ISS, range 0-12) were calculated from three insomnia questions and one daytime sleepiness symptom question. Participants were then divided into three groups according to their

apnea-hypopnea index (AHI): AHI <5 (without OSA), AHI 5-14.9 (mild OSA), and AHI ≥15 (moderate-to-severe OSA). Associations between prevalence of insomnia and OSA groups were assessed by logistic regression models adjusted for age and gender. Associations between ISS and OSA were assessed in a general linear model with contrasts.

## Results

A total of 25.2% (29.1% women, 12.5% men) had insomnia. Insomnia prevalence did not differ between subjects with and without OSA, but ISS differed significantly between OSA categories (ANCOVA df 2, F=6.73, p=0.001). ISS was lower in the moderate-to-severe OSA-group compared to those without OSA (mean difference -2.68; 95% [CI -4.33, -1.04]; p = 0.002). In subjects with moderate-to-severe OSA, ISS correlated negatively with age (Pearson r= -0.66, p=0.015).

## Conclusion

In this population-based PSG study, no overall statistical association between OSA and insomnia prevalence was found. However, participants with moderate-to-severe OSA reported less insomnia symptoms than subjects without OSA, in particular in older individuals.

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<https://www.ncbi.nlm.nih.gov/pubmed/29882382>

Stress Health. 2018 Oct;34(4):582-588. doi: 10.1002/smi.2822. Epub 2018 Jun 7

## **Savouring as a moderator of the combat exposure-mental health symptoms relationship.**

Sytine AI, Britt TW, Pury CLS, Rosopa PJ.

Engaging in firefights or witnessing death and other types of combat experiences are occupational hazards associated with Post Traumatic Stress Disorder (PTSD) and depression in military personnel returning from combat deployments. The present study examined savouring beliefs as a moderator of the relationship between combat exposure and mental health symptoms among U.S. Army soldiers deployed to Operation Iraqi Freedom and Operation Enduring Freedom. Soldiers (N = 885) completed measures of combat exposure, savouring beliefs, PTSD, and depression. Savouring was negatively related to symptoms of PTSD and depression and moderated the relationship between combat exposure and PTSD and depression among military

personnel. These findings demonstrate that savouring positive life experiences may be beneficial to overall positive mental health and potentially buffer negative mental health symptoms related to traumatic experiences. Discussion focuses on the possibility of training individuals exposed to trauma in savouring techniques.

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<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12530>

### **Lack of Emotional Awareness is Associated with Thwarted Belongingness and Acquired Capability for Suicide in a Military Psychiatric Inpatient Sample.**

Margaret M. Baer BA Jessica M. LaCroix PhD Joy C. Browne MPH Helena O. Hassen BA Kanchana U. Perera MSc Jennifer Weaver MD Alyssa Soumoff MD Marjan Ghahramanlou-Holloway PhD

Suicide and Life-Threatening Behavior

First published: 20 November 2018

<https://doi.org/10.1111/sltb.12530>

#### Objective

To examine potential links between facets of impulsivity and emotion dysregulation to components of the Interpersonal-Psychological Theory of Suicide (thwarted belongingness, perceived burdensomeness, and acquired capability) among U.S. military personnel.

#### Method

The current study performed secondary data analysis from a randomized control trial testing the efficacy of a cognitive therapy for 134 service members (71.64% male, 68.66% Caucasian; mean age: 30.14) admitted to a psychiatric inpatient unit for a suicide-related crisis. We utilized the Difficulties in Emotion Regulation Scale, the Barratt Impulsivity Scale, the Acquired Capability for Suicide Scale, and the Interpersonal Needs Questionnaire.

#### Results

All emotion dysregulation dimensions and one impulsivity facet (attentional) were positively correlated with perceived burdensomeness and thwarted belongingness. Lack of emotional awareness was positively associated with acquired capability. After controlling for depression, hopelessness, and demographic covariates, lack of emotional awareness was significantly associated with both thwarted belongingness

and acquired capability, but not perceived burdensomeness, and impulsivity dimensions did not link to any variable of interest.

#### Conclusions

Findings imply that individuals with reduced emotional awareness may have difficulty cultivating interpersonal bonds and be more vulnerable to elevated acquired capability. Lack of emotional awareness may be a potential contributor to both suicidal desire and capability.

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<https://link.springer.com/article/10.1007/s11126-018-9617-0>

#### **Traumatic Brain Injury and Psychiatric Co-Morbidity in the United States.**

Michael G. Vaughn, Christopher P. Salas-Wright, Rachel John, Katherine J. Holzer, Zhengmin Qian, Christopher Veeh

Psychiatric Quarterly

First Online: 21 November 2018

<https://doi.org/10.1007/s11126-018-9617-0>

The objective of the present study was to provide a nationally representative psychiatric epidemiologic investigation of traumatic brain injury (TBI) and its co-morbid conditions. Data from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC-III) collected between 2012 and 2013 was used. Results indicated that TBI was significantly associated with any lifetime mental health (AOR = 2.32, 95% CI = 1.65–3.70), substance use disorder (AOR = 1.57–1.01-2.42), and violent (AOR = 1.65, 95% CI = 1.03–2.65) and nonviolent (AOR = 1.84, 95% CI = 1.25–2.70) criminal behaviors. In our study, TBI was highly comorbid with psychiatric disorders and especially antisocial behaviors, both violent and non-violent.

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<https://journals.sagepub.com/doi/abs/10.1177/0095327X18809069>

#### **The Digital Divide and Veterans' Health: Differences in Self-Reported Health by Internet Usage.**

Ori Swed, Connor McDevitt Sheehan, John Sibley Butler

Armed Forces & Society

First Published November 21, 2018

<https://doi.org/10.1177/0095327X18809069>

The digital divide's implications on health inequality among American Military veterans has been discussed extensively in research; however, it remains unclear what is the association between Internet usage and health specifically among Veterans. We examine this question by addressing the growing digital gaps in the veteran population, looking at the association of Internet use and self-reported health. Using the National Survey of Veterans we find that compared to those who use the Internet daily, those who use the Internet less frequently have significantly higher odds of reporting "fair" or "poor" self-rated health. The significant association remained when demographic, socioeconomic, and military factors were controlled. While our results indicate that veterans that use the Internet more frequently report more favorable self-reported health, given our data we are unable to distinguish a causal relationship. We conclude by discussing potential policy interventions, targeting helping those who are left behind.

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<https://www.sciencedirect.com/science/article/pii/S0022395618307088>

**The symptoms at the center: Examining the comorbidity of posttraumatic stress disorder, generalized anxiety disorder, and depression with network analysis.**

Matthew Price, Alison C. Legrand, Zoe M.F. Brier, Laurent Hébert-Dufresne

Journal of Psychiatric Research

Volume 109, February 2019, Pages 52-58

<https://doi.org/10.1016/j.jpsychires.2018.11.016>

Highlights

- Symptoms of GAD and MDD were more densely connected to each other than to PTSD.
- 5 communities were detected. MDD and GAD symptoms formed a single community.
- PTSD was divided into 4 communities that did not correspond to the DSM 5 clusters.
- Inability to relax and restricted affect were hub symptoms.
- Comorbidity likely occurs via indirect relations established by the hub symptoms.

## Abstract

Comorbid mental health disorders are highly common in trauma-exposed individuals with posttraumatic stress disorder (PTSD), depression, and generalized anxiety disorder (GAD) among the most common co-occurring conditions. Network models of psychopathology offer a novel method to understand how this comorbidity manifests. The present study examined the presence of symptom communities (groups of highly connected symptoms) within a network of these disorders and hub symptoms (symptoms that connect such communities). Cross-sectional data were obtained from a community sample (N = 1184) of trauma exposed adults. Network analyses identified 5 communities: 1 containing all depression and GAD symptoms and 4 for PTSD. The PTSD communities corresponded to symptoms of intrusion and avoidance, hyperarousal, dysphoria, and negative affect. These communities had varying levels of connectivity to the Depression & GAD community. Symptoms of GAD (inability to relax) and PTSD (restricted or diminished positive emotion) were identified as key hub symptoms for the network. The results suggest symptoms of depression and GAD are highly interrelated and that PTSD is heterogeneous. The comorbidity among these diagnoses is thought to stem from their overlap with negative affect.

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<https://www.ncbi.nlm.nih.gov/pubmed/30451514>

J Fam Psychol. 2018 Nov 19. doi: 10.1037/fam0000477. [Epub ahead of print]

### **Post-deployment parenting in military couples: Associations with service members' PTSD symptoms.**

Giff ST, Renshaw KD, Allen ES

Severity of posttraumatic stress disorder (PTSD) symptoms has been linked to parenting impairments in military service members (SMs), but little is known about how SMs' PTSD is related to their partners' parenting. This study evaluated associations of SMs' PTSD symptoms with parenting indices in SMs and their partners, with additional exploratory analyses of how intrapersonal and interpersonal distress might play a role in such associations. Online self-report measures were completed by 128 SMs who scored >27 on the PTSD Checklist (PCL-M) at baseline and their partners at four timepoints over 1.5 years. Data were analyzed using multilevel modeling, with timepoints nested within individuals within couples. SMs' PTSD symptoms were significantly associated with decreased parenting alliance and increased inconsistent discipline in SMs and partners, increased harsh parenting in SMs only, and increased



supervision in partners only. Couple satisfaction and conflict accounted for PTSD symptoms' association with parenting alliance, and couple conflict accounted for the association with inconsistent discipline. Couple conflict, couple satisfaction, and individual depression accounted for SMs' increased harsh parenting. SM PTSD remained the only predictor of partners' supervision. Limitations include that data were collected from online self-report and from heterosexual Army couples only. Overall, SMs' PTSD symptoms showed associations with parenting in SMs and their partners, with some evidence of compensatory higher supervision by partners. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

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<https://www.nature.com/articles/s41386-018-0276-5>

### **Nausea in the peri-traumatic period is associated with prospective risk for PTSD symptom development.**

Vasiliki Michopoulos, Jessica Maples-Keller, Elizabeth I. Roger, Francesca L. Beaudoin, Jennifer A. Sumner, Barbara O. Rothbaum, Lauren Hudak, Charles F. Gillespie, Ian M. Kronish, Samuel A. McLean & Kerry J. Ressler

Neuropsychopharmacology

Published: 21 November 2018

<https://doi.org/10.1038/s41386-018-0276-5>

While nausea often develops following exposure to trauma, little is known regarding the relationship between peri-traumatic nausea and prospective risk for developing posttraumatic stress disorder (PTSD). We examined the association between peri-traumatic nausea and PTSD symptom development in three independent cohorts. Participants were recruited from (1) the Emergency Departments (ED) at Grady Memorial Hospital (GMH) in Atlanta, GA, (2) from multiple other ED sites in the TRYUMPH Research Network, and (3) from the ED during evaluation for suspected acute coronary syndrome in the REACH cohort. Administration of IV ondansetron, the most predominant antiemetic used at GMH, was used as a surrogate marker for nausea in the initial GMH cohort; nausea was then directly assessed in the internal validation at GMH, and within the replication TRYUMPH Research Network and REACH cohorts. In the GMH cohort (N = 363), ondansetron administration was associated with increased 1- and 3-month posttrauma PTSD symptoms in adjusted models (all p's < 0.05). In the GMH internal validation, nausea significantly predicted 1 month (p = 0.009; n = 68) and 3 month (p = 0.029; n = 54) PTSD symptoms. In the TRYUMPH cohort (N = 1846), patient

reported nausea in the ED was significantly associated with increased PTSD symptoms ( $p = 0.009$ ) in adjusted models. In the REACH cohort ( $N = 758$ ), peri-traumatic nausea was associated with PTSD symptom severity at the 1-month follow-up in adjusted models ( $p$ 's  $\leq 0.008$ ). The current prospective data from three independent cohorts suggest that peri-traumatic nausea is a prospective predictor of PTSD symptom development. Further studies are needed to determine the mechanistic role of nausea as an intermediate phenotype of PTSD risk.

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2715167>

## **Trends in Serious Psychological Distress and Outpatient Mental Health Care of US Adults.**

Olfson M, Wang S, Wall M, Marcus SC, Blanco C.

JAMA Psychiatry

Published online November 28, 2018

doi:10.1001/jamapsychiatry.2018.3550

### Key Points

#### Question

How has the percentage of US adults using outpatient mental health care changed in recent years?

#### Findings

Among 139 862 adult participants from Medical Expenditure Panel Surveys, the percentage of US adults receiving outpatient mental health services increased from 19.08% (2004-2005) to 23.00% (2014-2015). During this period, there was an increase in outpatient mental health service use among adults with serious psychological distress from 54.17% to 68.40% and among adults with less serious or no psychological distress from 17.26% to 21.08%.

#### Meaning

Analysis of a recent national increase in outpatient mental health service use shows that adults with less serious psychological distress accounted for most of the absolute increase, while those with serious psychological distress experienced a larger relative increase in service use.

## Abstract

### Importance

Reports of a recent increase in US outpatient mental health care raise questions about whether it has been driven by rising rates of psychological distress and whether mental health treatment has become either more or less focused on people with higher levels of distress.

### Objective

To characterize national trends in serious psychological distress and trends in outpatient mental health service use by adults with and without serious psychological distress.

### Design, Setting, and Participants

The 2004-2005, 2009-2010, and 2014-2015 Medical Expenditure Panel Surveys (MEPS) were nationally representative surveys taken in US households. The analysis was limited to participants 18 years or older. Dates of this analysis were February 2018 to April 2018.

### Main Outcomes and Measures

Annual national trends in the percentages of adults with serious psychological distress (Kessler 6 scale score  $\geq 13$ ), outpatient mental health service use (outpatient visit with a mental disorder diagnosis, psychotherapy visit, or psychotropic medication), and type of psychotropic medication use (antidepressants, anxiolytics/sedatives, antipsychotics, mood stabilizers, and stimulants). Age- and sex-adjusted odds ratios of the associations of survey period with the odds of serious psychological distress, outpatient mental health service use, and outpatient mental health service use were stratified by level of psychological distress.

### Results

The analysis involved 139 862 adult participants from the 2004-2005, 2009-2010, and 2014-2015 MEPS, including 51.67% women, 48.33% men, 67.11% white adults, and 32.89% nonwhite adults, with an overall mean (SE) age of 46.41 (0.14) years. Serious psychological distress declined overall from 4.82% (2004-2005) to 3.71% (2014-2015), including significant declines among young (3.94% to 3.07%), middle-aged (5.52% to 4.36%), and older adults (5.24% to 3.79%); men (3.94% to 3.09%) and women (5.64% to 4.29%); and major racial/ethnic groups (white, 4.52% to 3.82%; African American, 5.12% to 3.64%; Hispanic, 6.03% to 3.55%; and other, 5.22% to 3.26%). Overall, the percentage of adults receiving any outpatient mental health service increased from 19.08% (2004-2005) to 23.00% (2014-2015) (adjusted odds ratio, 1.25; 95% CI, 1.17-1.34). Although the proportionate increase in outpatient mental health service use for

adults with serious psychological distress (54.17% to 68.40%) was larger than that for adults with less serious or no psychological distress (17.26% to 21.08%), the absolute increase in outpatient mental health service use was almost completely the result of growth in outpatient mental health service use by individuals with less serious or no psychological distress.

#### Conclusions and Relevance

The recent increase in outpatient mental health service use occurred during a period of decline in serious psychological distress. Adults with less serious psychological distress accounted for most of the absolute increase in outpatient mental health service use, while adults with serious psychological distress experienced a greater relative increase in outpatient mental health service use.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1522161>

### **Measuring dispositional optimism in student Veterans: An item response theory analysis.**

Emre Umucu, Jessica M. Brooks, Beatrice Lee, Kanako Iwanaga, Jia-Rung Wu, Ada Chen & Fong Chan

Military Psychology

2018; 30:6, 590-597

DOI: 10.1080/08995605.2018.1522161

#### Background:

The psychometric properties of the Life Orientation Test-Revised (LOT-R) have been established among college students, yet psychometric evidence is lacking for a sample of student Veterans in postsecondary education.

#### Aims:

The purpose of this study was to evaluate psychometric properties of the LOT-R for the assessment of dispositional optimism in student Veterans by using classical test theory (CTT) in conjunction with item response theory (IRT).

#### Method:

A sample of 205 student Veterans were recruited from universities across the United States. Exploratory factor analysis was conducted to test the unidimensionality of the

LOT-R. A polychotomous IRT model using graded response model (GRM) was estimated. Reliability and concurrent validity of the LOT-R were tested.

Results:

CTT in conjunction with IRT validated that the LOT-R is a psychometrically sound unidimensional instrument for assessing the levels of dispositional optimism in student Veterans. The LOT-R was found to be associated with hope, resilience, PERMA, life satisfaction, depression, and anxiety in the theoretically expected directions. The internal consistency reliability coefficient was computed to be .86.

Conclusions:

Given its reliability and validity and applicability among this specific population, clinicians, educators, and researchers might use the LOT-R to assess and monitor dispositional optimism among student Veterans.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1502999>

**Psychological impact of remote combat/graphic media exposure among US Air Force intelligence personnel.**

Alan D. Ogle, Reed Reichwald & J. Brian Rutland

Military Psychology

2018; 30:6, 476-486

DOI: 10.1080/08995605.2018.1502999

Since 2001 there has been a significant increase in the use of intelligence, surveillance, and reconnaissance (ISR) analysis for tactical, operational, and strategic decision makers engaged in global operations. To meet this demand, US Air Force intelligence personnel participate in remote combat and graphic media exploitation operations (e.g., review of still imagery, video, and audio), the long-term psychological effects of which are not well understood. Research to date has focused primarily on outcomes related to how intelligence personnel work, versus the specifics of what they do. Military psychologists embedded in ISR units conducted studies to address this gap. Intelligence analysts participated in focus groups and surveys assessing the frequency of exposure, previous exposures to other potentially traumatic events, symptoms of PTSD, moral injury, and other psychosocial experiences. Results showed that exposure levels, albeit virtual, rivaled or exceeded those reported by a sample of special

operations forces. Results also showed that specific types of exposures (e.g., witnessing US military casualties, civilian casualties, atrocities committed by the enemy) are related to increased posttraumatic stress and other sequelae that may not adequately be captured by standard posttraumatic stress disorder screening measures. The results contribute to the existing literature on posttraumatic stress, shed new light on the emerging construct of moral injury, and highlight challenges presented by remote combat and graphic media exploitation operations to force health sustainment and performance optimization. The authors provide directions for future research and recommendations for ongoing assessment, monitoring, and selection and training of ISR personnel.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1503000>

### **Ethical considerations in the management of military related concussion.**

Patrick Armistead-Jehle

Military Psychology

2018; 30:6, 487-494

DOI: 10.1080/08995605.2018.1503000

Since the year 2000 over 300,000 military service members have been diagnosed with mild traumatic brain injury/concussion. Consequently, this injury has become the subject of increased awareness and study within the military healthcare environment. Although single and/or isolated concussions typically heal in a relatively rapid fashion with limited to no long-term sequelae, there is debate in the field about the impact of repeat concussion. To this end, various ethical challenges arise when managing patients with such injuries. Several papers outlining these issues with regard to athletes have been published in the sports medicine literature. However, because providers caring for military service members must make return-to-duty-decisions, practice within the military setting results in a number of unique ethical considerations. More specifically, management of service members with a history of repeat concussion and increasingly complicated recoveries, as well as the potential for premature return-to-duty are topics of concern for military health care providers. Using the American Psychological Association ethical principles and standards, the current article outlines various ethical challenges to concussion management in the military setting. The ethical principles of Beneficence and Nonmaleficence and Respect for People's Rights and Dignity, as well as the 3 related ethical standards of Competence, Avoiding Harm, and Conflict of

Interest are discussed. Policy changes are highlighted as a proximal solution to these ethical challenges.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1503001>

**The collaborative assessment and management of suicidality (CAMS) versus enhanced care as usual (E-CAU) with suicidal soldiers: Moderator analyses from a randomized controlled trial.**

David Huh, David A. Jobes, Katherine Anne Comtois, Amanda H. Kerbrat, Samantha A. Chalker, Peter M. Gutierrez & Keith W. Jennings

Military Psychology

2018; 30:6, 495-506

DOI: 10.1080/08995605.2018.1503001

Given historically high rates of suicide among military personnel over the past decade the present study analyzed whether key demographic, military, and research-based variables moderated clinical treatment outcomes of 148 suicidal active duty US Army soldiers. This is a secondary analysis of data from a randomized controlled trial comparing the collaborative assessment and management of suicidality (CAMS) to enhanced care as usual (E-CAU; Jobes et al., 2017). Nine potential moderator variables were derived from the suicidology literature, military-specific considerations, and previous CAMS research; these were sex, age, marital status, race, lifetime suicide attempts, combat deployments, time in service, initial distress, and borderline personality disorder diagnosis. The clinical outcomes included six suicide- and mental health-related variables. Six of the eight significant moderator findings in this study showed CAMS outperforming E-CAU in certain subgroups with medium to large effect sizes ranging from 0.48 to 1.50. Collectively, the results suggest that CAMS was associated with the greatest improvement among lower complexity soldier patients, particularly those with lower initial distress and fewer deployments. Those who were married or older generally responded better to CAMS, although the results were not entirely consistent with respect to age. CAMS's effectiveness for married soldiers and those with lower initial distress was a particularly robust finding that persisted when adjusting more stringently for multiple testing. This study sheds light on several factors associated with the success of CAMS among suicidal soldiers that can assist in matching the treatment to those that may benefit the most.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1521682>

**Anxiety sensitivity and distress tolerance typologies and relations to posttraumatic stress disorder: A cluster analytic approach.**

Cassie Overstreet, Emily Brown, Erin C. Berenz, Ruth C. Brown, Sage Hawn, Scott McDonald, Treven Pickett, Carla Kmett Danielson, Suzanne Thomas & Ananda Amstadter

Military Psychology

2018; 30:6, 547-556

DOI: 10.1080/08995605.2018.1521682

A growing literature suggests a relationship between a high anxiety sensitivity (AS; the fear of anxiety and its related consequences)/low distress tolerance (DT; the capacity to tolerate internal negative states) profile and posttraumatic stress disorder (PTSD) symptoms. However, specific profiles have not been identified or examined specifically in Veteran samples. Thus, the aims of the present study were to establish empirically derived profiles created from response patterns on the Anxiety Sensitivity Index and Distress Tolerance Scale and to examine associations with PTSD symptom clusters among a sample of combat-exposed Veterans (N = 250). A cluster analytic approach was used to identify AS/DT profiles, and a series of multivariate analyses of variance with post hoc analyses was conducted to examine the relationship between each AS/DT profile and each PTSD symptom cluster. Results indicated a 3-cluster solution including a high AS/low DT “at risk” profile, a low AS/high DT “resilient” profile, and an average AS/DT “intermediate” profile. The at-risk profile was associated with significantly greater symptoms in each PTSD cluster (i.e., hyperarousal, avoidance, re-experiencing) when compared to the other two profiles. The at-risk profile was also associated with greater depressive symptoms and lower self-reported resilience. These findings extend the previous literature by identifying a high AS/low DT “at risk” profile and its associations with PTSD symptoms, underscoring the potential utility in targeting these affect-regulation constructs for clinical intervention.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1521683>

**A systematic approach to the identification and prioritization of psychological health research gaps in the Department of Defense.**

Jean L. Otto, Erin H. Beech, Daniel P. Evatt, Bradley E. Belsher, Don E. Workman & Marjorie S. Campbell

Military Psychology

2018; 30:6, 557-563

DOI: 10.1080/08995605.2018.1521683

Currently there is no standardized, transparent process for identifying and prioritizing research gaps to guide funding of psychological health research within the Department of Defense. In response to a request for input on prioritized research gaps, a systematic approach for identifying and prioritizing research needs was developed and piloted on the topic of posttraumatic stress disorder (PTSD) and depression in the military. An expert panel was convened consisting of six subject matter experts in military psychological health care and research. The panel created an initial list of research needs by scanning authoritative source reports, including clinical practice guidelines, and policy documents related to the topics of PTSD and depression in the military. After compiling research needs from those documents, the panel eliminated redundancies and combined gaps when appropriate, resulting in 32 potential gaps. The panel further refined these gaps based on four exclusion criteria, and then reviewed published literature and in-progress research to ascertain whether the gap was addressed by existing or ongoing research. This process resulted in a final list of 16 research gaps. Members of the panel independently applied predefined metrics and scored the remaining research gaps to allow for an objective rating for prioritization of the gaps. This process helped elucidate important methodological steps to identify and prioritize research gaps and will inform future iterations of this pilot initiative which may help guide research funding decisions.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1521684>

**Alcohol use affects sleep duration among military couples.**

Tiffany L. Berzins, Manfred H. M. Van Dulmen & Haylee Deluca

Military Psychology

2018; 30:6, 564-575

DOI: 10.1080/08995605.2018.1521684

Alcohol misuse and sleep disorders are highly comorbid, prevalent among service members and their romantic partners, and affected by relationship interdependence. As most military health research focuses on either service members or their spouses, the current study examined dyadic effects of alcohol use on sleep cycle duration in dating and married military couples (N = 149 dyads), using data from the National Longitudinal Study of Adolescent Health. Person-level results from a series of multilevel path models showed partial support for our focal hypothesis implicating high alcohol use in shortened average sleep duration for the service members and their romantic partners.

Specifically, partners of service members who drank more regularly had shorter average sleep durations, as did female service members who drank more alcohol per drinking occasion. At the couple-level, a partner effect indicated that service members' lower depressive symptoms were associated with their partner's shorter average sleep durations. In addition, when service members reported relatively high alcohol-related problems, their partner tended to have a shorter average sleep duration. In contrast, when service members' partners reported relatively high alcohol-related problems, they had a longer average sleep duration. This suggests the consequences of problematic alcohol use for service members' partners depended on each dyad member's drinking patterns. Taken together, these findings underscore the importance of viewing military couples as a dyadic unit in research studies and clinical interventions.

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<https://www.sciencedirect.com/science/article/pii/S1389945718305355>

**Cognitive behavioral treatment for insomnia is equally effective in insomnia patients with objective short and normal sleep duration.**

Tatjana Crönlein, Thomas Wetter, Rainer Rupperecht, Kai Spiegelhalder

Sleep Medicine

Available online 26 November 2018

<https://doi.org/10.1016/j.sleep.2018.10.038>

Highlights

- It has been suggested that insomnia patients with short sleep duration differ from

insomnia patients with normal sleep duration.

- Both groups may respond differently to cognitive behavioral treatment for insomnia (CBT-I).
- CBT-I outcome was compared between insomnia patients with polysomnographically determined short (<6 h) and normal ( $\geq 6$  h) sleep duration.
- CBT-I in this sample was equally effective in insomnia patients with objective short and normal sleep duration.
- These results suggest that the distinction in insomnia with objective short and normal sleep duration may be of limited value for treatment decisions regarding CBT-I.

### Abstract

It has been suggested that insomnia patients with short sleep duration and insomnia patients with normal sleep duration may respond differently to cognitive behavioral treatment for insomnia (CBT-I). To evaluate this hypothesis, we retrospectively examined a large sample of patients with chronic insomnia regarding their outcome post-treatment and six months after participating in a two-week standardized inpatient CBT-I program. Seventy-two women and 20 men with chronic insomnia received standardized inpatient CBT-I and were examined with three nights of polysomnography (two baseline nights and one post-treatment night directly following the two-week treatment). Follow-up measurements of subjective insomnia symptoms were conducted after six months. The CBT-I outcome was compared between insomnia patients with polysomnographically determined short (<6 h) and normal ( $\geq 6$  h) sleep duration. Concerning subjective outcomes, CBT-I was equally effective in insomnia patients with objective short and normal sleep duration. Secondary analyses of polysomnographic data collected at post-treatment revealed that insomnia patients with short sleep duration showed a better treatment response in comparison to those with normal sleep duration. These results suggest that the distinction in insomnia between objective short and normal sleep duration may be of limited value for treatment decisions regarding CBT-I. However, as the overall picture of the literature on this issue is not conclusive, we conclude that further prospective research is necessary to investigate the clinical validity of phenotyping insomnia patients by objective sleep data.

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### Links of Interest

My Husband Was Hurt by an I.E.D. The Lasting Injury Was to Our Family

<https://www.nytimes.com/2018/12/05/magazine/military-caregiver-ptsd-family.html>

Connecticut VA Opens Its Doors To 'Bad Paper' Veterans

<https://www.npr.org/2018/11/26/668358128/connecticut-va-opens-its-doors-to-bad-paper-veterans>

Top 10 Things to Know About PHCoE's Psychological Health Resource Center

<https://www.pdhealth.mil/news/blog/top-10-things-know-about-phcoe-s-psychological-health-resource-center>

Drunk driving among veterans is up nearly 60 percent since 2014, study finds

<https://www.militarytimes.com/off-duty/military-culture/2018/11/29/drunk-driving-among-veterans-is-up-nearly-60-percent-since-2014-study-finds/>

Survey finds strong support for military members, less support for military funding

<https://www.militarytimes.com/news/pentagon-congress/2018/12/01/survey-finds-strong-support-for-military-members-less-support-for-military-funding/>

Soldiers can now earn free journeyman certificates for doing their everyday jobs

<https://www.armytimes.com/news/your-army/2018/11/29/past-present-and-future-soldiers-can-now-earn-free-journeyman-certificates-for-doing-their-everyday-jobs/>

Can We Stop Suicides?

It's been way too long since there was a new class of drugs to treat depression.

Ketamine might be the solution.

<https://www.nytimes.com/2018/11/30/opinion/sunday/suicide-ketamine-depression.html>

Why suicide is falling around the world, and how to bring it down more

<https://www.economist.com/leaders/2018/11/24/why-suicide-is-falling-around-the-world-and-how-to-bring-it-down-more>

Rising Suicide Rates Among Younger Veterans Trigger Alarm Bells at VA

<https://www.military.com/daily-news/2018/12/04/rising-suicide-rates-among-younger-veterans-trigger-alarm-bells-va.html>

In World War I it was called shell shock. Today, it's PTSD, but we still don't fully understand the complex trauma that affects our troops

<https://www.businessinsider.com/we-dont-understand-ptsd-troops-2018-11>

Foreign trolls are targeting veterans on Facebook

<https://www.wired.com/story/trolls-are-targeting-vets-on-facebook/>

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**Resource of the Week: [Training Clinicians to Deliver Evidence-Based Psychotherapy -- Development of the Training in Psychotherapy \(TIP\) Tool](#)**

New, from the RAND Corporation:

The Training in Psychotherapy (TIP) Tool can be applied to community-based psychotherapy trainings to assess their alignment with elements that enhance effectiveness. This document includes the TIP Tool, a user guide, and details on tool development.

Ensuring the availability of evidence-based psychotherapy in the community is a critical component of efforts to address rising mental health needs across the United States. There are many psychotherapy trainings currently designed to increase the competencies of clinicians in community-based settings with respect to delivering evidence-based psychotherapies. However, little is known about the extent to which these trainings incorporate effective approaches for achieving clinical competency in those therapies. The TIP Tool was developed using results from an extensive literature review to identify the core components of trainings that were successful in demonstrating clinician competency in psychotherapy. The literature review focused on trainings for posttraumatic stress disorder, major depressive disorder, and substance use disorder. The literature review was supplemented with consultation with national experts in psychotherapy training and implementation. The tool is intended to be used by individuals interested in assessing the extent to which a training's approach aligns with evidence- and expert-derived core components for facilitating clinician competency.

The authors provide several recommendations for improving training of the mental health workforce for delivering evidence-based psychotherapies: Implement independent assessments of training programs, incorporate new requirements into licensure and certification exams, and offer new standardized certification opportunities.

Tool

## Training Clinicians to Deliver Evidence-Based Psychotherapy

Development of the Training in Psychotherapy  
(TIP) Tool

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