

CDP



Research Update -- December 5, 2019

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<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2756203>

Economic Evaluation of Brief Cognitive Behavioral Therapy vs Treatment as Usual for Suicidal US Army Soldiers.

Bernecker SL, Zuromski KL, Curry JC, et al.

JAMA Psychiatry

Published online November 27, 2019.

doi:<https://doi.org/10.1001/jamapsychiatry.2019.3639>

Key Points

Question

Is brief cognitive behavioral therapy cost-effective vs treatment as usual for preventing suicidal behaviors among at-risk US Army soldiers?

Findings

In this economic evaluation, data from a published clinical trial and multiple epidemiologic data sets were used to estimate that brief cognitive behavioral therapy may be cost saving compared with treatment as usual. Brief cognitive behavioral therapy remained cost-effective in sensitivity analyses that explored alternative scenarios.

Meaning

Brief cognitive behavioral therapy appears to be a cost-effective intervention for at-risk soldiers and should be considered for widespread implementation.

Abstract

Importance

Brief cognitive behavioral therapy (BCBT) is a clinically effective intervention for reducing risk of suicide attempts among suicidal US Army soldiers. However, because specialized treatments can be resource intensive, more information is needed on costs and benefits of BCBT compared with existing treatments.

Objective

To evaluate the cost-effectiveness of BCBT compared with treatment as usual for suicidal soldiers in the US Army.

Design, Setting, and Participants

A decision analytic model compared effects and costs of BCBT vs treatment as usual from a US Department of Defense (DoD) perspective. Model input data were drawn from epidemiologic data sets and a clinical trial among suicidal soldiers conducted from January 31, 2011, to April 3, 2014. Data were analyzed from July 3, 2018, to March 25, 2019.

Interventions

The strategies compared were treatment as usual alone vs treatment as usual plus 12 individual BCBT sessions. Treatment as usual could include a range of pharmacologic and psychological treatment options.

Main Outcomes and Measures

Costs in 2017 US dollars, suicide attempts averted (self-directed behavior with intent to die, but with nonfatal outcome), suicide deaths averted, and incremental cost-effectiveness ratios, assuming a 2-year time horizon for treatment differences but including lifetime costs.

Results

In the base-case analysis, BCBT was expected to avert approximately 23 to 25 more suicide attempts and 1 to 3 more suicide deaths per 100 patients treated than treatment as usual. Sensitivity analyses assuming a range of treatment effects showed BCBT to be cost saving in most scenarios. Using the federal discount rate, the DoD was estimated to save from \$15 000 to \$16 630 per patient with BCBT vs treatment as usual. In a worst-case scenario (ie, assuming the weakest plausible BCBT effect sizes), BCBT cost an additional \$1910 to \$2250 per patient compared with treatment as usual.

Conclusions and Relevance

Results suggest BCBT may be a cost-saving intervention for suicidal active-duty soldiers. The costs of ensuring treatment fidelity would also need to be considered when assessing the implications of disseminating BCBT across the entire DoD.

<https://www.ncbi.nlm.nih.gov/pubmed/30920234>

J Abnorm Psychol. 2019 Apr;128(3):245-255. doi: 10.1037/abn0000420

Longitudinal associations in the direction and prediction of PTSD symptoms and romantic relationship impairment over one year in post 9/11 veterans: A comparison of theories and exploration of potential gender differences.

Creech SK, Benzer JK, Meyer EC, DeBeer BB, Kimbrel NA, Morissette SB

Posttraumatic stress disorder (PTSD) is prevalent among combat veterans and is associated with intimate relationship difficulties. Few studies have examined the prospective longitudinal course of associations between PTSD and relationship difficulties and whether there are gender differences. In a sample comprised of 202 male and female post 9/11 veterans, this study examined gender differences in the association between PTSD symptoms measured 4 times over the course of 1 year and romantic relationship role impairment measured at the beginning and end of that year, accounting for the association of combat stress and noncombat stressful life events. Increases in PTSD symptoms over time were positively associated with increased relationship impairment; however, relationship impairment was not associated with changes in PTSD over time. Gender did not significantly moderate this relationship. However, allowing model parameters to vary between genders revealed that noncombat life stress was associated with changes in PTSD over time for women, but not men. Conversely, only men exhibited associations of baseline levels of combat stress and noncombat stress with baseline relationship functioning, and between baseline relationship functioning and baseline PTSD symptoms. Findings suggest women veterans in particular may benefit from clinical attention to the influence of general stress on PTSD symptoms, while clinical work to improve couple impairment in the context of PTSD symptoms may be beneficial for veterans of both genders. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2756136>

Long-term Outcomes of Cognitive Behavioral Therapy for Anxiety-Related Disorders: A Systematic Review and Meta-analysis.

van Dis EAM, van Veen SC, Hagenaars MA, et al.

Key Points

Question

What is the long-term outcome of cognitive behavioral therapy for anxiety disorders, posttraumatic stress disorder, and obsessive-compulsive disorder?

Findings

In this systematic review and meta-analysis of 69 randomized clinical trials including 4118 patients, cognitive behavioral therapy was associated with better outcomes compared with control conditions among patients with anxiety symptoms within 12 months after treatment completion. At longer follow-up, significant associations were found only for generalized anxiety disorder, social anxiety disorder, and posttraumatic stress disorder; relapse rates (predominantly for panic disorder with or without agoraphobia) after 3 to 12 months were 0% to 14%.

Meaning

The findings suggest that compared with control conditions, cognitive behavioral therapy was generally associated with lower anxiety symptoms within 12 months after treatment completion, but few studies have examined longer-term outcomes.

Abstract

Importance

Cognitive behavioral therapy is recommended for anxiety-related disorders, but evidence for its long-term outcome is limited.

Objective

This systematic review and meta-analysis aimed to assess the long-term outcomes after cognitive behavioral therapy (compared with care as usual, relaxation, psychoeducation, pill placebo, supportive therapy, or waiting list) for anxiety disorders, posttraumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD).

Data Sources

English-language publications were identified from PubMed, PsycINFO, Embase, Cochrane, OpenGrey (1980 to January 2019), and recent reviews. The search strategy included a combination of terms associated with anxiety disorders (eg, panic or phobi*) and study design (eg, clinical trial or randomized controlled trial).

Study Selection

Randomized clinical trials on posttreatment and at least 1-month follow-up effects of cognitive behavioral therapy compared with control conditions among adults with generalized anxiety disorder, panic disorder with or without agoraphobia, social anxiety disorder, specific phobia, PTSD, or OCD.

Data Extraction and Synthesis

Researchers independently screened records, extracted statistics, and assessed study quality. Data were pooled using a random-effects model.

Main Outcomes and Measures

Hedges g was calculated for anxiety symptoms immediately after treatment and at 1 to 6 months, 6 to 12 months, and more than 12 months after treatment completion.

Results

Of 69 randomized clinical trials (4118 outpatients) that were mainly of low quality, cognitive behavioral therapy compared with control conditions was associated with improved outcomes after treatment completion and at 1 to 6 months and at 6 to 12 months of follow-up for a generalized anxiety disorder (Hedges g , 0.07-0.40), panic disorder with or without agoraphobia (Hedges g , 0.22-0.35), social anxiety disorder (Hedges g , 0.34-0.60), specific phobia (Hedges g , 0.49-0.72), PTSD (Hedges g , 0.59-0.72), and OCD (Hedges g , 0.70-0.85). After 12-month follow-up, these associations were still significant for generalized anxiety disorder (Hedges g , 0.22; number of studies [k] = 10), social anxiety disorder (Hedges g , 0.42; k = 3), and PTSD (Hedges g , 0.84; k = 5), but not for panic disorder with or without agoraphobia (k = 5) and could not be calculated for specific phobia (k = 1) and OCD (k = 0). Relapse rates after 3 to 12 months were 0% to 14% but were reported in only 6 randomized clinical trials (predominantly for panic disorder with or without agoraphobia).

Conclusions and Relevance

The findings of this meta-analysis suggest that cognitive behavioral therapy for anxiety-related disorders is associated with improved outcomes compared with control conditions until 12 months after treatment completion. After 12 months, effects were small to medium for generalized anxiety disorder and social anxiety disorder, large for PTSD, and not significant or not available for other disorders. High-quality randomized clinical trials with more than 12 months of follow-up and reported relapse rates are needed.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22464>

Feasibility of Resistance Exercise for Posttraumatic Stress and Anxiety Symptoms: A Randomized Controlled Pilot Study.

James W. Whitworth, Sanaz Nosrat, Nicholas J. SantaBarbara, Joseph T. Ciccolo

Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22464>

Emerging evidence suggests that exercise may beneficially affect posttraumatic stress symptoms (PTSS), but few randomized trials exist. Additionally, the effects of resistance exercise (i.e., weight lifting or strength training) on PTSS have not been thoroughly examined. This study aimed to explore the feasibility of a brief high-intensity resistance exercise intervention for PTSS and related issues, such as anxiety, sleep, alcohol use, and depression, in non-treatment-seeking adults who screened positive for posttraumatic stress disorder (PTSD) and anxiety. The sample included 30 non-treatment-seeking, urban-dwelling adults (M age = 29.10 years, SD = 7.38; 73.3% female) who screened positive for PTSD and anxiety and were randomly assigned to either a 3-week resistance exercise intervention or a time-matched contact control condition. The results suggest the intervention was feasible, with 80.0% ($n = 24$) of participants completing the study, 88.9% of the resistance exercise sessions attended, and no adverse effects reported. Additionally, resistance exercise had large beneficial effects on symptoms of avoidance, $d = 1.26$, 95% CI [0.39, 2.14]; and hyperarousal, $d = 0.90$, 95% CI [0.06, 1.74], relative to the control condition. Resistance exercise also produced large improvements concerning sleep quality, $d = 1.31$, 95% CI [0.41, 2.21], and hazardous alcohol use, $d = 0.99$, 95% CI [0.13, 1.86], compared to the control condition. Overall, the findings suggest that 3 weeks of high-intensity resistance exercise is a feasible intervention for PTSS reduction in non-treatment-seeking adults who screen positive for PTSD and anxiety; additional research is needed to verify these preliminary findings.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22457>

Treating Adults With Complex Posttraumatic Stress Disorder Using a Modular Approach to Treatment: Rationale, Evidence, and Directions for Future Research.

Thanos Karatzias, Marylene Cloitre

Journal of Traumatic Stress

First published: 15 November 2019

<https://doi.org/10.1002/jts.22457>

ICD-11 complex PTSD (CPTSD) is a new condition, and, therefore, there are as yet no clinical trials evaluating interventions for its treatment. In this paper, we provide the rationale for a flexible multimodular approach to the treatment of CPTSD, its feasibility, and some evidence suggesting its potential benefits. The approach highlights flexibility in the selection of empirically supported interventions (or a set of interventions) and the order of delivery based on symptoms that are impairing, severe, and of relevance to the patient. The approach has many potential benefits. It can incorporate the use of interventions for which there is already evidence of efficacy allowing the leveraging of past scientific efforts. It is also consistent with patient-centered care, which highlights the importance of patient choice in identification of the problems to target, interventions to select, and outcomes to monitor. Researchers on modular treatments of other disorders have found that, compared to disorder-specific manualized protocols, flexible multimodular treatment programs are superior in resolving identified problems and are associated with greater therapist satisfaction and reduced patient burden. We briefly identify types of interventions that have been successful in treating trauma-exposed populations as well as emerging interventions that are relevant to the particular problems associated with exposure to complex trauma. We conclude with examples of how such treatments can be organized and tested. Research is now urgently needed on the effectiveness of existing and new intervention approaches to ICD-11 CPTSD treatment.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12603>

Interceptive deficits differentiate suicide groups and associate with self-injurious thoughts and behaviors in a military sample.

Smith, A. R., Dodd, D. R., Ortiz, S. , Forrest, L. N. and Witte, T. K.

Suicide and Life-Threatening Behavior

First published: 19 November 2019

<https://doi.org/10.1111/sltb.12603>

Objective

Previous research shows that interoceptive deficits are associated with harmful behaviors such as nonsuicidal self-injury (NSSI), eating disorder pathology, and suicide attempts. The present study replicates and extends this area of research by examining the association between interoceptive deficits and suicidality in a military sample.

Method

In Study 1, respondents to an online survey (N = 134) answered self-report questionnaires related to interoceptive deficits. Study 2 consisted of a secondary data analysis of 3,764 military service members who had previously completed questionnaires on interoceptive indicators, NSSI, suicide thoughts and attempts, and other psychopathology.

Results

Study 1 demonstrated that our interoceptive deficits latent variable had adequate psychometric properties. In Study 2, multigroup confirmatory factor analysis showed that scores on the interoceptive deficits latent variable were highest among suicide attempters, lowest among those with no suicide history, and intermediary among participants who had thought about but not attempted suicide. The interoceptive deficits latent variable was more strongly related to NSSI and suicidality than were posttraumatic stress disorder symptoms, hopelessness, gender, and age.

Conclusions

These results confirm—and extend to a military sample—previous research showing that interoceptive deficits can provide important information about suicide risk.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22881>

Implementation and feasibility considerations of an avatar-based intervention for military family caregivers.

Sherrie L. Wilcox

Journal of Clinical Psychology

First published: 19 November 2019

<https://doi.org/10.1002/jclp.22881>

Objective

Military family caregivers (MFCGs) are a growing population with well-being and quality of life (QOL) challenges. New technologies can help meet their needs while minimizing disruption to caregiving responsibilities. Preliminary research needs to address intervention implementation challenges before larger-scale efficacy studies are conducted. This study aimed to evaluate the feasibility of implementing an avatar-based intervention and preliminarily investigate outcomes.

Methods

One-hundred twenty-four MFCGs were recruited to participate in this feasibility study. Sixty-four MFCGs completed the intervention. Data were analyzed using repeated-measures analysis of variance to assess 3- and 6-month differences.

Results

Meeting the a priori goal of 50 MFCGs completing the program supported feasibility. Preliminary results indicated significant reductions in depression, anxiety, and somatic symptoms, and significant improvements in physical health and overall QOL.

Conclusions

Findings support for the feasibility of implementing an avatar-based intervention for MFCGs and present promising findings related to improving caregiver well-being and overall QOL.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usz315/5625993>

Accelerated Resolution Therapy-Based Intervention in the Treatment of Acute Stress Reactions During Deployed Military Operations.

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Military Medicine

Published: 18 November 2019

<https://doi.org/10.1093/milmed/usz315>

Introduction:

The treatment and resolution of psychological traumas during military deployments

directly supports medical readiness and the military mission and potentially prevents symptom progression to post-traumatic stress disorder (PTSD). However, current evidence-based trauma-focused psychotherapies can be difficult to employ during military contingency operations due to various barriers. Deployed military behavioral health providers need an effective, trauma-focused intervention that is suitable for the operational environment. In this retrospective case series, we describe how a therapeutic intervention based on accelerated resolution therapy (ART), an emerging trauma-focused psychotherapy, was pivotal in the treatment of acute stress reactions in eight deployed U.S. Army soldiers.

Materials and Method:

ART can be conceptualized as a hybrid of several evidence-based psychotherapy techniques. In brief, ART is a manualized, procedural adaptation of eye movement desensitization and reprocessing (EMDR) that incorporates mindful awareness of emotions and sensations, bilateral eye movements, imaginal exposure, desensitization, visual and cognitive rescripting, and gestalt-style interventions for the processing of traumatic experiences. The eight deployed U.S. soldiers in this case series received a single 45 to 60 minute session of an ART-based intervention within 96 hours of a traumatic death.

Results:

All of the treated soldiers had rapid improvement in both depressive and acute stress symptoms after treatment. Furthermore, the therapeutic benefits were sustained at 1 year postincident despite continued exposure to the stress of deployed military operations for up to 6 months after treatment.

Conclusion:

Based on these encouraging preliminary findings, the authors recommend that behavioral health providers who are preparing to deploy become familiar with ART or related interventions in order to develop the confidence and the skills that are needed to provide timely and effective trauma-focused care for deployed soldiers.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz385/5627754>

Does Validity Measure Response Affect CPT Group Outcomes in Veterans with PTSD?

M Wright Williams, David Graham, Nicole A Sciarrino, Matt Estey, Katherine L McCurry, Pearl Chiu, Brooks King-Casas

Military Medicine

Published: 18 November 2019

<https://doi.org/10.1093/milmed/usz385>

Introduction

There is a dearth of research on the impact of pre-treatment assessment effort and symptom exaggeration on the treatment outcomes of Veterans engaging in trauma-focused therapy, handicapping therapists providing these treatments. Research suggests a multi-method approach for assessing symptom exaggeration in Veterans with posttraumatic stress disorder (PTSD), which includes effort and symptom validity tests, is preferable. Symptom exaggeration has also been considered a “cry for help,” associated with increased PTSD and depressive symptoms. Recently, research has identified resilience as a moderator of PTSD and depressive symptom severity and an important predictor of treatment response among individuals with PTSD. Thus, it is important to examine the intersection of symptom exaggeration, resilience, and treatment outcome to determine whether assessment effort and symptom exaggeration compromise treatment response.

Materials and Methods

We recruited Veterans, aged 18–50 who served during the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) era, from mental health clinics and fliers posted in a large Veterans Affairs Medical Center. Veterans met inclusion criteria if they were diagnosed with PTSD via a clinician-administered assessment. Sixty-one Veterans consented to participate and self-selected into a cognitive processing therapy (CPT) group or treatment-as-usual. We offered self-selection because low recruitment rates delayed treatment start dates and were consistent with a Veteran-centered care philosophy. Veterans were assessed before and after treatment to determine the impact of assessment effort and symptom exaggeration scores on measures of PTSD and depressive symptoms and resilience. This study examined whether assessment effort failure and symptom exaggeration were associated with compromised psychotherapy outcomes in Veterans with PTSD undergoing CPT group. We hypothesized that a pattern of responding consistent with both effort and symptom exaggeration would result in higher (ie, more severe) pre- and post-treatment scores on PTSD and depressive symptom outcome measures and lower resiliency when compared to Veterans providing good effort and genuine responding. Hypotheses were evaluated using bivariate correlation analyses, analysis of variance, and chi-square analyses.

Results

Pre-treatment scores on measures of PTSD and depressive symptoms were higher among Veterans whose pattern of responding was consistent with poor assessment effort and symptom exaggeration; these Veterans also scored lower on a measure of resiliency. At post-treatment, there were no differences between Veterans displaying good and failed effort testing on measures of PTSD and depressive symptoms or in whether they completed treatment. Post-treatment resiliency scores remained significantly lower in those with failed effort testing.

Conclusion

These results suggest that Veterans with PTSD whose validity testing scores are indicative of poor effort and symptom exaggeration may be less resilient but may still complete a CPT group treatment and benefit from treatment at a rate comparable to Veterans who evidence good assessment effort and genuine symptom reporting pre-treatment. These findings also challenge the assumption that pre-treatment assessment effort failure and symptom exaggeration accurately predict poor effort in trauma-focused psychotherapy.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22878>

Changes in anger and aggression after treatment for PTSD in active duty military.

Miles, SR, Dillon, KH, Jacoby, VM, et al.

Journal of Clinical Psychology

First published: 16 November 2019

<https://doi.org/10.1002/jclp.22878>

Objective

To examine whether treating posttraumatic stress disorder (PTSD) reduces anger and aggression and if changes in PTSD symptoms are associated with changes in anger and aggression.

Method

Active duty service members (n = 374) seeking PTSD treatment in two randomized clinical trials completed a pretreatment assessment, 12 treatment sessions, and a posttreatment assessment. Outcomes included the Revised Conflict Tactics Scale and

state anger subscale of the State-Trait Anger Expression Inventory.

Results

Treatment groups were analyzed together. There were small to moderate pretreatment to posttreatment reductions in anger (standardized mean difference [SMD] = -0.25), psychological aggression (SMD = -0.43), and physical aggression (SMD = -0.25). The majority of participants continued to endorse anger and aggression at posttreatment. Changes in PTSD symptoms were mildly to moderately associated with changes in anger and aggression.

Conclusions

PTSD treatments reduced anger and aggression with effects similar to anger and aggression treatments; innovative psychotherapies are needed.

<https://www.sciencedirect.com/science/article/abs/pii/S000578941930139X>

Reward Processing and Decision-Making in Posttraumatic Stress Disorder.

Casey L. May, Blair E. Wisco

Behavior Therapy

Available online 26 November 2019

<https://doi.org/10.1016/j.beth.2019.11.005>

Highlights

- The PTSD group reported lower reward expectation on ambiguous stimuli.
- Reward expectation was not affected by exposure to personalized trauma reminders.
- Outcome satisfaction was not affected by group status or trauma reminders.
- The PTSD group made less advantageous decisions than trauma-exposed controls.
- Decision-making discrepancies were not affected by exposure to trauma reminders.

Abstract

Theory suggests that, in those with posttraumatic stress disorder (PTSD), positive emotion is likely dampened due to re-experiencing of trauma-related stimuli. Prior research has extended positive emotion experiencing to reward processing research

but has not yet examined how trauma cues affect reward processing (i.e., the anticipation of and satisfaction with reward) and decision-making in individuals with PTSD. We compared 24 individuals diagnosed with PTSD to 29 trauma-exposed controls in passive and decision-making phases of a wheel-of-fortune task, following both neutral and trauma inductions. Three types of spinners were used in the task: spinners that were obviously advantageous spinners, obviously disadvantageous spinners, and ambiguously advantageous spinners with outcomes averaging to a net gain. We hypothesized that the PTSD group would report lower reward expectation and lower outcome satisfaction and make less advantageous decisions, differences that would be exacerbated following a trauma prime. The PTSD group reported lower reward expectation than controls for the ambiguous spinners only, suggesting that the reduced anticipation of reward associated with PTSD may be specific to ambiguous stimuli. Reward expectation was not affected by the type of prime. Outcome satisfaction was not affected by PTSD or type of prime. Although only marginally significant, the PTSD group played the ambiguous spinners less often than controls, and played the obviously disadvantageous spinners significantly less often than controls, suggesting that those with PTSD are more aversive to loss. Our findings suggest that PTSD-related deficits are more robust for reward expectation than outcome satisfaction, and support future research examining the role of reward-related decision-making in PTSD.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789419301376>

Predictors of dropout in cognitive processing therapy for PTSD: An examination of trauma narrative content.

Elizabeth Alpert, Adele M. Hayes, J. Ben Barnes, Denise M. Sloan

Behavior Therapy

Available online 26 November 2019

<https://doi.org/10.1016/j.beth.2019.11.003>

Highlights

- Dropout rates in gold-standard PTSD treatments are high.
- We examined dropout predictors in trauma narratives from cognitive processing therapy.
- More negative emotion and ruminative processing predicted lower dropout.
- Physiological trauma responses and overgeneralization predicted higher dropout.
- Narratives can provide useful information for clinicians to maximize engagement.

Abstract

Dropout rates in trauma-focused treatments for adult posttraumatic stress disorder (PTSD) are high. Most research has focused on demographic and pretreatment predictors of dropout, but findings have been inconsistent. We examined predictors of dropout in cognitive processing therapy (CPT) by coding the content of trauma narratives written in early sessions of CPT. Data are from a randomized controlled noninferiority trial of CPT and written exposure therapy (WET) in which CPT showed significantly higher dropout rates than WET (39.7% CPT vs. 6.4% WET). Participants were 51 adults with a primary diagnosis of PTSD who were receiving CPT and completed at least one of three narratives in the early sessions of CPT. Sixteen (31%) in this subsample were classified as dropouts and 35 as completers. An additional nine participants dropped out but could not be included because they did not complete any narratives. Of the 11 participants who provided a reason for dropout, 82% reported that CPT was too distressing. The CHANGE coding system was used to code narratives for pathological trauma responses (cognitions, emotions, physiological responses) and maladaptive modes of processing (avoidance, ruminative processing, overgeneralization), each on a scale from 0 (absent) to 3 (high). Binary logistic regressions showed that, averaging across all available narratives, more negative emotions described during or around the time of the trauma predicted less dropout. More ruminative processing in the present time frame predicted lower rates of dropout, whereas more overgeneralized beliefs predicted higher rates. In the first impact statement alone, more negative emotions in the present time frame predicted lower dropout rates, but when emotional reactions had a physiological impact, dropout was higher. These findings suggest clinicians might attend to clients' written trauma narratives in CPT in order to identify indicators of dropout risk and to help increase engagement.

<https://www.sciencedirect.com/science/article/abs/pii/S000578941930125X>

Intensive, Multi-Couple Group Therapy for PTSD: A Nonrandomized Pilot Study With Military and Veteran Dyads.

Steffany J. Fredman, Alexandra Macdonald, Candice M. Monson, Katherine A. Dondanville, ... Alan L. Peterson

Behavior Therapy

Available online 27 November 2019

<https://doi.org/10.1016/j.beth.2019.10.003>

Highlights

- Brief, intensive couple therapy for PTSD was piloted in a group format.
- Active-duty and veteran couples with PTSD were treated over a weekend.
- All couples completed treatment.
- Patients' PTSD, depression, anxiety, and anger significantly improved.
- Partners' mental health and relationship satisfaction significantly improved.

Abstract

Cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD; Monson & Fredman, 2012) is efficacious in improving PTSD symptoms and relationship adjustment among couples with PTSD. However, there is a need for more efficient delivery formats to maximize engagement and retention and to achieve faster outcomes in multiple domains. This nonrandomized trial was designed to pilot an abbreviated, intensive, multi-couple group version of CBCT for PTSD (AIM-CBCT for PTSD) delivered over a single weekend for 24 couples that included an active-duty service member or veteran with PTSD who had deployed in support of combat operations following September 11, 2001. All couples completed treatment.

Assessments conducted by clinical evaluators 1 and 3 months after the intervention revealed significant reductions in clinician-rated PTSD symptoms ($d_s = -0.77$ and -0.98 , respectively) and in patients' self-reported symptoms of PTSD ($d_s = -0.73$ and -1.17 , respectively), depression ($d_s = -0.60$ and -0.75 , respectively), anxiety ($d_s = -0.63$ to -0.73 , respectively), and anger ($d_s = -0.45$ and -0.60 , respectively), relative to baseline. By 3-month follow-up, partners reported significant reductions in patients' PTSD symptoms ($d = -0.56$), as well as significant improvements in their own depressive symptoms ($d = -0.47$), anxiety ($d = -0.60$), and relationship satisfaction ($d = 0.53$), relative to baseline. Delivering CBCT for PTSD through an abbreviated, intensive multi-couple group format may be an efficient strategy for improving patient, partner, and relational well-being in military and veteran couples with PTSD.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2756202>

How to Identify and Fix Sleep Problems: Better Sleep, Better Mental Health.

John W. Winkelman, MD, PhD

JAMA Psychiatry

Published online November 27, 2019

doi:<https://doi.org/10.1001/jamapsychiatry.2019.3832>

Sleep disturbance and neuropsychiatric illness have a bidirectional relationship, and while treatment of psychiatric illness often improves sleep, independently addressing sleep disturbance may also lead to better mental health (for a review, see study by Pigeon et al¹). Furthermore, sleep complaints, whether they be insomnia, hypersomnia, restless legs syndrome, or nightmares, are often very distressing to the individual experiencing these events. Thus, their identification and treatment may not only improve the severity and course of psychiatric illness, but immediate quality of life as well. Psychiatrists and other mental health professionals are in a good position to evaluate and diagnose sleep disorders as they routinely ask about sleep in the diagnosis of psychiatric illness. Unfortunately, they often have limited training in how to assess these common complaints.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22971>

Mental health conditions in bereaved military service widows: A prospective, case-controlled, and longitudinal study.

Stephen J. Cozza, Kathryn R. Hefner, Joscelyn E. Fisher, Jing Zhou, Carol S. Fullerton, Robert J. Ursano, M. Katherine Shear

Depression & Anxiety

First published: 25 November 2019

<https://doi.org/10.1002/da.22971>

Background/Objectives

Bereavement is associated with increases in prevalence of mental health conditions and in healthcare utilization. Due to younger age and bereavement by sudden and violent deaths, military widows may be vulnerable to poorer outcomes. No systematic research has examined these effects.

Method

Using outpatient medical records from wives of active-duty military service members (SMs), we compared the prevalence of mental health conditions and mental healthcare

visits among case widows (n = 1,375) to matched (on age, baseline healthcare utilization, SM deployment, and rank) nonbereaved control military wives (n = 1,375), from 1 year prior (Yr-1) to 2 years following (Yr+1 and Yr+2) SM death. Prevalence risk ratios and confidence intervals were compared to determine prevalence rates of mental health conditions and outpatient mental healthcare visits over time.

Results

The prevalence of any mental health condition, as well as a distinct loss- and stress-related mental health conditions, significantly increased from Yr-1 to Yr+1 and Yr+2 for cases as did mental healthcare utilization. Widows with persistent disorders (from Yr+1 to Yr+2) exhibited more mental conditions and mental healthcare utilization than widows whose conditions remitted.

Conclusion

Bereavement among military widows was associated with a two- to fivefold increase in the prevalence of depression, posttraumatic stress disorder, and adjustment disorder postdeath, as well as an increase in mental healthcare utilization. An increase in the prevalence of loss- and stress-related conditions beyond 1 year after death indicates persistent loss-related morbidity. Findings indicate the need for access to healthcare services that can properly identify and treat these loss-related conditions.

<https://www.nature.com/articles/s41386-019-0570-x>

Single and repeated ketamine infusions for reduction of suicidal ideation in treatment-resistant depression.

Phillips, J.L., Norris, S., Talbot, J. et al.

Neuropsychopharmacology

Accepted: 11 November 2019

doi:10.1038/s41386-019-0570-x

Repeated administration of subanesthetic intravenous ketamine may prolong the rapid decrease in suicidal ideation (SI) elicited by single infusions. The purpose of this secondary analysis was to evaluate reduction in SI with a single ketamine infusion compared with an active control, and prolonged suppression of SI with repeated and maintenance infusions. Thirty-seven participants with treatment-resistant depression (TRD) and baseline SI first received a single ketamine infusion during a randomized,

double-blind crossover with midazolam. Following relapse of depressive symptoms, participants received six open-label ketamine infusions administered thrice-weekly over 2 weeks. Antidepressant responders ($\geq 50\%$ decrease in Montgomery-Åsberg Depression Rating Scale [MADRS] scores) received four further open-label infusions administered once-weekly. Changes in SI were assessed with the suicide items on the MADRS (item 10, MADRS-SI) and the Quick Inventory of Depressive Symptomatology-Self Report (item 12, QIDS-SI). Linear mixed models revealed that compared with midazolam, a single ketamine infusion elicited larger reduction in SI ($P = 0.01$), with maximal effects measured at 7 days postinfusion ($P < 0.001$, Cohen's $d = 0.83$). Participants had cumulative reductions in MADRS-SI scores with repeated infusions ($P < 0.001$), and no further change with maintenance infusions ($P = 0.94$). QIDS-SI results were consistent with MADRS-SI. Overall, 69% of participants had a complete alleviation of SI following repeated infusions. In TRD, single and repeated ketamine infusions resulted in decreases in SI which were maintained with once-weekly maintenance infusions. This study adds to the growing body of research suggesting ketamine as a possible novel treatment strategy for SI in mood disorders.

<https://www.questia.com/library/journal/1G1-605610835/losing-a-patient-to-suicide-what-we-know-suicide>

Losing a Patient to Suicide: What We Know: Suicide Loss Can Impact Clinicians' Professional Identities, Relationships with Colleagues, and Clinical Work.

Gutin, Nina J.

Current Psychiatry

Vol. 18, No. 10

October 2019

Studies have found that 1 in 2 psychiatrists, (1-4) and 1 in 5 psychologists, clinical social workers, and other mental health professionals, (5) will lose a patient to suicide in the course of their career. This statistic suggests that losing a patient to suicide constitutes a clear occupational hazard. (6,7) Despite this, most mental health professionals continue to view suicide loss as an aberration. Consequently, there is often a lack of preparedness for such an event when it does occur.

This 2-part article summarizes what is currently known about the unique personal and professional issues experienced by cliniciansurvivors (clinicians who have lost patients and/or loved ones to suicide).

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22451>

The Associations Between Physical and Psychological Symptoms and Traumatic Military Deployment Exposures.

Kristin Graham, Amelia Searle, Miranda Van Hooff, Ellie Lawrence-Wood, Alexander McFarlane

Journal of Traumatic Stress

First published: 27 November 2019

<https://doi.org/10.1002/jts.22451>

Current paradigms regarding the effects of traumatic exposures on military personnel do not consider physical symptoms unrelated to injury or illness as independent outcomes of trauma exposure, characteristically dealing with these symptoms as comorbidities of psychological disorders. Our objective was to ascertain the proportions of deployed military personnel who experienced predominantly physical symptoms, predominantly psychological symptoms, and comorbidity of the two and to examine the association between traumatic deployment exposures (TDEs) and these symptomatic profiles. Data were taken from a cross-sectional study of Australian Defence Force personnel who were deployed to the Middle East during 2001–2009 (N = 14,032). Four groups were created based on distributional splits of physical and psychological symptom scales: low-symptom, psychological, physical, and comorbid. Multinomial logistic regression models assessed the probability of symptom group membership, compared with low-symptom, as predicted by self-reported TDEs. Group proportions were: low-symptom, 78.3%; physical, 5.0%; psychological, 9.3%; and comorbid, 7.5%. TDEs were significant predictors of all symptom profiles. For subjective, objective, and human death and degradation exposures, respectively, the largest relative risk ratios (RRRs) were for the comorbid profile, RRRs = 1.47, 1.19, 1.48; followed by the physical profile, RRRs = 1.27, 1.15, 1.40; and the psychological profile, RRRs = 1.22, 1.07, 1.22. Almost half of participants with physical symptoms did not have comorbid psychological symptoms, suggesting that physical symptoms can occur as a discrete outcome trauma exposure. The similar dose–response association between TDEs and the physical and psychological profiles suggests trauma is similarly associated with both outcomes.

<https://link.springer.com/article/10.1007/s41347-019-00114-w>

The Use of Digital Health Technologies to Manage Insomnia in Military Populations.

Renee C. Cavanagh, Rachel Mackey, Lidianne Bridges, Ann Gleason, Robert Ciulla, Logan Micheel, David Bradshaw, Christina M. Armstrong, Tim Hoyt

Journal of Technology in Behavioral Science

First Online: 21 November 2019

<https://doi.org/10.1007/s41347-019-00114-w>

Up to one-third of US Active Duty Service Members endorse insomnia symptoms. To support the overall readiness of service members at home and abroad, this rapid review analyzes findings from clinical trials and the results of an innovative market research protocol investigating digital health technologies to support treatment for insomnia. The authors searched the PubMed database for clinical trials incorporating internet and mobile technologies for treatment of insomnia. Market research used internet search engines to identify insomnia interventions available on the internet, and mobile app distribution platforms to identify insomnia-related mobile apps. A rapid review of the literature found that internet-based cognitive behavioral programs showed similar effectiveness when compared with in-person-delivered cognitive treatments. Similarly, mobile apps developed for smartphones were found to be an effective technology for treating insomnia and sleep disorders. Based on market research findings, this report identified four internet-based treatment programs and five mobile apps for the treatment of insomnia. While there is limited research on this topic, results show a potential for successfully delivering CBT-I treatments for insomnia using the internet and mobile apps. Future evidence-based studies are needed to determine the efficacy of technology-based treatments, and for determining best practices for the military population.

<https://www.sciencedirect.com/science/article/pii/S0190740919304074>

Exploring the context of self-care for youth in military families.

Mallory-Lucier-Greer, Megan McCoy, Jerry Gale, Joseph W. Goetz, Jay A. Mancini

Children and Youth Services Review

Available online 22 November 2019

<https://doi.org/10.1016/j.chilyouth.2019.104599>

Highlights

- For military youth, being female, a minority, and being older were associated with higher anxiety.
- Self-care was initially associated with higher anxiety but not when accounting for relevant bioecological factors.
- Self-efficacy was a salient factor in buffering the relationship between self-care and anxiety.

Abstract

Unsupervised time among youth, known as 'self-care,' has been linked to higher levels of anxiety. The issue of anxiety in self-care is especially salient for youth in military families, because childcare is an important issue for service member retention and focus. We hypothesized that self-care is an appropriate developmental task within certain contexts. Bronfenbrenner's Process-Person-Context-Time (PPCT) framework was employed to explore bioecological factors that buffer the anxiety of military youth in self-care (N = 1,036; mean age = 13.39 years old). Survey results were analyzed to identify factors that moderate the relationship between levels of self-care and anxiety using hierarchical regression analyses. Findings supported the study hypothesis, such that there was an initial positive relationship between more self-care and greater anxiety (e.g., time spent alone correlated with anxiety), and the relationship between self-care and anxiety was moderated when accounting for personal characteristics and context. Specifically, gender (being female) and age (being older) were associated with higher levels of anxiety. Additionally, self-efficacy and geographic location (living inside vs outside the continental US) had a moderating effect on the relationship between self-care and anxiety.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz380/5637579>

Development of the U.S. Army's Suicide Prevention Leadership Tool: The Behavioral Health Readiness and Suicide Risk Reduction Review (R4).

Justin M Curley, MC USA, Elizabeth A Penix, BA, Jayakanth Srinivasan, PhD, Dennis M Sarmiento, MC USA, Leslie H McFarling, PhD, Jenna B Newman, PhD, Laura A Wheeler, MS ARNG

Military Medicine

Published: 22 November 2019

<https://doi.org/10.1093/milmed/usz380>

Introduction

Although numerous efforts have aimed to reduce suicides in the U.S. Army, completion rates have remained elevated. Army leaders play an important role in supporting soldiers at risk of suicide, but existing suicide-prevention tools tailored to leaders are limited and not empirically validated. The purpose of this article is to describe the process used to develop the Behavioral Health Readiness and Suicide Risk Reduction Review (R4) tools for Army leaders that are currently undergoing empirical validation with two U.S. Army divisions.

Materials and Methods

Consistent with a Secretary of the Army directive, approximately 76 interviews and focus groups were conducted with Army leaders and subject matter experts (SMEs) to obtain feedback regarding existing practices for suicide risk management, leader tools, and institutional considerations. In addition, reviews of the empirical literature regarding predictors of suicide and best practices for the development of practice guidelines were conducted. Qualitative feedback, empirical predictors of suicide, and design considerations were integrated to develop the R4 tools. A second series of 11 interviews and focus groups with Army leaders and SMEs was also conducted to validate the design and obtain feedback regarding the R4 tools.

Results

Leaders described preferences for tool processes (eg, incorporating engaged leadership, including multiple risk identification methods), formatting (eg, one page), organization (eg, low-intermediate-high risk scoring system), content (eg, excluding other considerations related to vehicle safety, including readiness implications), and implementation (eg, accounting for leadership judgment, tailoring process to specific leadership echelons, consideration of institutional barriers). Evidence-based predictors of suicide risk and practice guideline considerations (eg, design) were integrated with leadership feedback to develop the R4 tools that were tailored to specific leadership echelons. Leaders provided positive feedback regarding the R4 tools and described the importance of accounting for potential institutional barriers to implementation. This

feedback was addressed by including recommendations regarding the implementation of standardized support meetings between different echelons of leadership.

Conclusions

The R4 development process entailed the simultaneous integration of leadership feedback with evidence-based predictors of suicide risk and design considerations. Thus, the development of these tools builds upon previous Army leadership tools by specifically tailoring elements of those tools to accommodate leader preferences, accounting for potential implementation barriers (eg, institutional factors), and empirically evaluating the implementation of those tools. Future studies should consider utilizing a similar process to develop empirically based resources that are more likely to be incorporated into the routine practice of leaders supporting soldiers at risk of suicide, very often located at the company level and below.

<https://www.ncbi.nlm.nih.gov/pubmed/31750696>

Psychol Serv. 2019 Nov 21. doi: 10.1037/ser0000397. [Epub ahead of print]

Sex differences in predictors of recurrent major depression among current-era military veterans.

Curry JF, Shepherd-Banigan M, Van Voorhees E, Wagner HR, Kelley ML, Strauss J, Naylor J; Veterans Affairs Mid-Atlantic MIRECC Women Veterans Work Group; Veterans Affairs Mid-Atlantic MIRECC Work Group.

Although major depressive disorder (MDD) is a frequent diagnosis among women seeking care in the Veterans Health Administration, little is known about its course. For example, recurrence of MDD and its predictors have been investigated in civilians, but not among female veterans. Because female veterans differ from their civilian counterparts and from male veterans on demographic variables, including race, ethnicity, marital status, and educational level, it is important to identify factors affecting MDD course within this population. We investigated frequency and correlates of recurrent MDD among female veterans and their male counterparts. From a postdeployment research registry of 3,247 participants (660 women and 2,587 men), we selected those with a current episode of MDD (141 women and 462 men). For each sex, we compared those diagnosed with recurrent MDD with those experiencing a single episode on demographics, comorbid diagnoses, family history of mental illness, traumatic experiences, combat exposure, and social support. In contrast to findings in

most civilian samples, recurrent MDD was significantly more frequent in female (70.2%) than in male (45.2%) depressed veterans, $\chi^2(1) = 26.96$, $p < .001$. In multivariable analyses, recurrence among women was associated with greater experiences of childhood abuse and more trauma during military service and with lower rates of posttraumatic stress disorder. Among men, recurrence was associated with older age, family history of psychiatric hospitalization, more postmilitary trauma, and lifetime anxiety disorder and with lower likelihood of war zone deployment. Trauma was associated with recurrence in both sexes, but the features of traumatic events differed in women and men. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.sciencedirect.com/science/article/abs/pii/S0005789419301376>

Predictors of dropout in cognitive processing therapy for PTSD: An examination of trauma narrative content.

Elizabeth Alpert, Adele M. Hayes, J. Ben Barnes, Denise M. Sloan

Behavior Therapy

Available online 26 November 2019

<https://doi.org/10.1016/j.beth.2019.11.003>

Highlights

- Dropout rates in gold-standard PTSD treatments are high.
- We examined dropout predictors in trauma narratives from cognitive processing therapy.
- More negative emotion and ruminative processing predicted lower dropout.
- Physiological trauma responses and overgeneralization predicted higher dropout.
- Narratives can provide useful information for clinicians to maximize engagement.

Abstract

Dropout rates in trauma-focused treatments for adult posttraumatic stress disorder (PTSD) are high. Most research has focused on demographic and pretreatment predictors of dropout, but findings have been inconsistent. We examined predictors of dropout in cognitive processing therapy (CPT) by coding the content of trauma narratives written in early sessions of CPT. Data are from a randomized controlled noninferiority trial of CPT and written exposure therapy (WET) in which CPT showed significantly higher dropout rates than WET (39.7% CPT vs. 6.4% WET). Participants were 51 adults with a primary diagnosis of PTSD who were receiving CPT and

completed at least one of three narratives in the early sessions of CPT. Sixteen (31%) in this subsample were classified as dropouts and 35 as completers. An additional nine participants dropped out but could not be included because they did not complete any narratives. Of the 11 participants who provided a reason for dropout, 82% reported that CPT was too distressing. The CHANGE coding system was used to code narratives for pathological trauma responses (cognitions, emotions, physiological responses) and maladaptive modes of processing (avoidance, ruminative processing, overgeneralization), each on a scale from 0 (absent) to 3 (high). Binary logistic regressions showed that, averaging across all available narratives, more negative emotions described during or around the time of the trauma predicted less dropout. More ruminative processing in the present time frame predicted lower rates of dropout, whereas more overgeneralized beliefs predicted higher rates. In the first impact statement alone, more negative emotions in the present time frame predicted lower dropout rates, but when emotional reactions had a physiological impact, dropout was higher. These findings suggest clinicians might attend to clients' written trauma narratives in CPT in order to identify indicators of dropout risk and to help increase engagement.

<https://www.sciencedirect.com/science/article/abs/pii/S1087079219302163>

Comparative efficacy of imagery rehearsal therapy and prazosin in the treatment of trauma-related nightmares in adults: A meta-analysis of randomized controlled trials.

D.E. Yücel, A.A.P. van Emmerik, C. Souama, J. Lancee

Sleep Medicine Reviews

Available online 28 November 2019

<https://doi.org/10.1016/j.smr.2019.101248>

Pharmacological treatment with prazosin and psychological treatment with imagery rehearsal therapy (IRT) are the two main treatments of posttraumatic nightmares. The American Academy of Sleep Medicine task force recently listed IRT as the recommended treatment for trauma-related nightmares and changed the recommendation of prazosin to 'may be used'. This new recommendation was based on a single prazosin trial and not on a meta-analytic review of all available trials. The current meta-analysis aims to fill this gap in the literature. Eight studies on IRT and seven studies on prazosin (N = 1.078) were analyzed based on the random effects

model. Relative to control groups, prazosin had a moderate to large effect on nightmare frequency ($g = 0.61$), posttraumatic stress symptoms ($g = 0.81$), and sleep quality ($g = 0.85$). IRT showed small to moderate effects on nightmare frequency ($g = 0.51$), posttraumatic symptoms ($g = 0.31$), and sleep quality ($g = 0.51$). No significant differences in effect were observed between prazosin and IRT on any of these outcomes (all p 's $> .10$). It is concluded that downgrading the recommendation of prazosin may be a premature decision and that the aggregated results in this meta-analysis clearly show efficacy of both treatments.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789419301303?>

Do Cognitive Therapy Skills Neutralize Lifetime Stress to Improve Treatment Outcomes in Recurrent Depression?

Jeffrey R. Vittengl, Sonja Stutzman, Aparna Atluru, Robin B. Jarrett

Behavior Therapy

Available online 27 November 2019

<https://doi.org/10.1016/j.beth.2019.10.008>

Highlights

- Patients with depression vary in lifetime exposure to stressful life events (SLE).
- Cognitive therapy (CT) patients also vary in the strength of CT skills they develop.
- We found that SLE predicted poorer CT outcomes for patients with weaker skills.
- SLE did not predict treatment outcomes for CT patients with stronger skills.
- Developing strong CT skills may be especially important for patients with more SLE.

Abstract

Cognitive therapy (CT) is an efficacious treatment for major depressive disorder (MDD), but not all patients respond. Past research suggests that stressful life events (SLE; e.g., childhood maltreatment, emotional and physical abuse, relationship discord, physical illness) sometimes reduce the efficacy of depression treatment, whereas greater acquisition and use of CT skills may improve patient outcomes. In a sample of 276 outpatient participants with recurrent MDD, we tested the hypothesis that patients with more SLE benefit more from CT skills in attaining response and remaining free of relapse/recurrence. Patients with more pre-treatment SLE did not develop weaker CT

skills, on average, but were significantly less likely to respond to CT. However, SLE predicted non-response only for patients with relatively weak skills, and not for those with stronger, CT skills. Similarly, among acute-phase responders, SLE increased risk for MDD relapse/recurrence among patients with weaker CT skills. Thus, the combination of more SLE and weaker CT skills forecasted negative outcomes. These novel findings are discussed in the context of improving CT for depression among patients with greater lifetime history of SLE and require replication before clinical application.

Links of Interest

Why the US military can't recruit more mental health professionals

<https://www.militarytimes.com/pay-benefits/2019/12/02/why-the-us-military-cant-recruit-more-mental-health-professionals/>

Veterans suicide prevention proposal turns into bitter fight between Congress and VA

<https://www.militarytimes.com/news/pentagon-congress/2019/11/25/veterans-suicide-prevention-proposal-turns-into-bitter-fight-between-congress-and-va/>

This class-action lawsuit could help thousands of veterans diagnosed with PTSD

<https://www.usatoday.com/story/news/nation/2019/11/25/class-action-suit-could-help-discharged-veterans-deal-ptsd/4295421002/>

Older vets need more than just appreciation

<https://www.militarytimes.com/opinion/commentary/2019/11/26/older-vets-need-more-than-just-appreciation/>

Air Force advises airmen against using products containing CBD oil

<https://www.airforcetimes.com/news/your-air-force/2019/11/20/air-force-advises-airmen-against-using-products-containing-cbd-oil/>

Should service in Iraq and Afghanistan be a recognized health hazard for vets applying for benefits?

<https://www.militarytimes.com/news/pentagon-congress/2019/11/22/proposed-legislation-would-name-service-in-iraq-afghanistan-a-health-hazard-to-us-troops/>

Veterans Join Airlines in Pushback Against Conduct Unbecoming a Support Dog

<https://www.nytimes.com/2019/11/23/us/politics/comfort-animals-airlines-veterans.html>

Spotlight on Seasonal Depression

<https://www.pdhealth.mil/news/blog/spotlight-seasonal-depression>

Virtual reality helps ease trauma for patients at Tampa veterans hospital

<https://www.tampabay.com/news/military/2019/11/29/virtual-reality-helps-ease-trauma-for-patients-at-tampa-veterans-hospital/>

Military Members Are Now Being Tested for Deadly Synthetic Drug Fentanyl

<https://www.military.com/daily-news/2019/11/26/military-members-are-now-being-tested-deadly-synthetic-drug-fentanyl.html>

U.S. Postal Service Issuing Healing PTSD Semipostal Stamp Dec. 2

<https://about.usps.com/newsroom/national-releases/2019/11/18ma-semipostal-stamp-will-support-those-impacted-by-post-traumatic-stress-disorder-ptsd.htm>

The Army's only 24/7 day care in the US watches over Fort Jackson kids

<https://www.armytimes.com/news/your-army/2019/12/01/the-armys-only-247-day-care-in-the-us-watches-over-fort-jackson-kids/>

Resource of the Week: [Stress in America 2019](#)

From the American Psychological Association (APA):

A year before the 2020 presidential election, Americans report various issues in the news as significant sources of stress, including health care, mass shootings and the upcoming election, according to this year's Stress in America™ survey by the American Psychological Association.

The 2019 Stress in America™ survey was conducted online within the United States by The Harris Poll on behalf of the American Psychological Association between Aug. 1 and Sept. 3, 2019, among 3,617 adults age 18+ who reside in the U.S.

