

CDP



Research Update -- July 2, 2020

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- Links of Interest
- Resource of the Week: PTSD Trials Standardized Data Repository (PTSD-Repository)

<https://www.sciencedirect.com/science/article/pii/S0924977X20301280>

**Experiences with medical cannabis in the treatment of veterans with PTSD:
Results from a focus group discussion.**

Erwin Krediet, Debbie GA Janssen, Eibert R Heerdink, Toine CG Egberts, Eric Vermetten

European Neuropsychopharmacology

Available online 20 June 2020

<https://doi.org/10.1016/j.euroneuro.2020.04.009>

Posttraumatic stress disorder (PTSD) is an often chronic condition for which currently available medications have limited efficacy. Medical cannabis is increasingly used to treat patients with PTSD; however, evidence for the efficacy and safety of cannabinoids is scarce. To learn more about patients' opinions on and experiences with medical cannabis, we organized a focus group discussion among military veterans (N = 7) with chronic PTSD who were treated with medical cannabis. Afterwards, some of their partners (N = 4) joined the group for an evaluation, during which they shared their perspective on their partner's use of medical cannabis. Both sessions were audio-recorded, transcribed verbatim, and analyzed by means of qualitative content analysis. Five overarching themes were identified. The first four themes related to the different phases of medical cannabis use – namely, 1) Consideration; 2) Initiation; 3) Usage; and 4) Discontinuation. The fifth theme related to several general aspects of medical cannabis use. Patients used medical cannabis to manage their symptoms and did not experience an urge to “get high.” They used a variety of different cannabis strains and dosages and reported several therapeutic effects, including an increased quality of sleep. Furthermore, discussions about the experienced stigma surrounding cannabis generated insights with implications for the initiation of medical cannabis use. These results underscore the value of qualitative research in this field and are relevant for the design of future clinical trials on the use of medical cannabis for the treatment of PTSD.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22552>

**Residual Symptoms of Posttraumatic Stress Disorder and Alcohol Use Disorder
Following Integrated Exposure Treatment Versus Coping Skills Treatment.**

Tripp, J.C., Angkaw, A., Schnurr, P.P., Trim, R.S., Haller, M., Davis, B.C. and Norman, S.B.

Journal of Traumatic Stress

First published: 18 June 2020

<https://doi.org/10.1002/jts.22552>

Although some studies have demonstrated residual symptoms in patients who have participated in posttraumatic stress disorder (PTSD) treatment, no studies to date have assessed residual PTSD symptoms following treatment for comorbid alcohol use disorder (AUD) and PTSD (PTSD/AUD). We examined residual symptoms of PTSD and AUD in 73 veterans with PTSD/AUD who completed a posttreatment assessment after being randomized to receive either Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) or Seeking Safety (SS). We used logistic regression to identify differences (a) in residual PTSD and AUD symptoms among participants randomized to COPE versus SS and (b) among those with versus without a posttreatment PTSD/AUD diagnosis within both treatment conditions. Participants randomized to SS were more likely to report persistent avoidance, inability to experience positive emotions, hypervigilance, difficulty concentrating, and difficulty sleeping, ORs = 3.74–6.21. There were no differences between COPE and SS regarding the likelihood of persistent AUD symptoms. Participants without a posttreatment PTSD diagnosis had lower conditional probabilities of most symptoms, although exaggerated startle, OR = 0.71, and irritability/aggression, OR = 0.58, were most likely to persist. Participants without a posttreatment AUD diagnosis had lower conditional probabilities of most symptoms, although withdrawal, OR = 0.21; unsuccessful quit attempts, OR = 0.04; and higher intake, OR = 0.01, were most likely to persist. Findings indicate hyperarousal may warrant additional intervention following PTSD treatment. Residual AUD symptoms may relate to the enduring nature of some AUD symptoms rather than a lack of treatment efficacy.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789420300307>

Predictors of Cognitive Behavioral Therapy for Insomnia (CBTi) Outcomes in Active-Duty U.S. Army Personnel.

Kristi E. Pruiksma, Willie J. Hale, Jim Mintz, Alan L. Peterson, ... Daniel J. Taylor

Highlights

- Identifying predictors of response to CBTi is essential to personalized medicine.
- It is important to identify consistent predictors across samples (e.g., military).
- ISI, TST, depression severity, and history of head injuries predicted CBTi response.
- Military sample replicated previous samples on insomnia severity.

Abstract

Cognitive behavioral therapy for insomnia (CBTi) is well established as the first-line treatment for the management of chronic insomnia. Identifying predictors of response to CBTi should enable the field to efficiently utilize resources to treat those who are likely to respond and to personalize treatment approaches to optimize outcomes for those who are less likely to respond to traditional CBTi. Although a range of studies have been conducted, no clear pattern of predictors of response to CBTi has emerged. The purpose of this study was to examine the impact and relative importance of a comprehensive group of pretreatment predictors of insomnia outcomes in 99 active-duty service members who received in-person CBTi in a randomized clinical trial. Results indicated that higher levels of baseline insomnia severity and total sleep time predicted greater improvements on the Insomnia Severity Index (ISI) following treatment. Higher depression symptoms and a history of head injury predicted a worse response to treatment (i.e., smaller improvements on the ISI). Clinically meaningful improvements, as measured by the reliable change index (RCI), were found in 59% of the sample. Over and above baseline insomnia severity, only depressive symptoms predicted this outcome. Future studies should examine if modifications to CBTi based on these predictors of response can improve outcomes.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789420300319>

Brief Behavioral Treatment for Insomnia vs. Cognitive Behavioral Therapy for Insomnia: Results of a Randomized Noninferiority Clinical Trial Among Veterans.

Adam D. Bramoweth, Lisa G. Lederer, Ada O. Youk, Anne Germain, Matthew J. Chinman

Highlights

- Both BBTI and CBTI resulted in significant reductions of insomnia symptoms.
- There were no significant differences between BBTI and CBTI on any outcome measure.
- Non-inferiority of BBTI vs. CBTI was inconclusive.
- BBTI may be an appropriate intervention for broader implementation in the VA.

Abstract

The goal of this study was to compare a brief behavioral treatment for insomnia (BBTI), which has fewer sessions (4), shorter duration (< 30–45 minutes), and delivers treatment in-person plus phone calls to cognitive behavioral therapy for insomnia (CBTI), which has 5 in-person sessions. The hypothesis was BBTI would be noninferior to CBTI. The Reliable Change Index was used to establish a noninferiority margin (NIM) of 3.43, representing the maximum allowable difference between groups on the pre-post Insomnia Severity Index change (Δ ISI). Sixty-three veterans with chronic insomnia were randomized to either BBTI or CBTI and veterans in both groups had significant reductions of their insomnia severity per the ISI and improved their sleep onset latency, total wake time, sleep efficiency, and sleep quality per sleep diaries. While CBTI had a larger pre-post Δ ISI, this was not significantly different than Δ ISI BBTI and was less than the NIM. However, the 95% confidence interval of the between group pre-post Δ ISI extended beyond the NIM, and thus BBTI was inconclusively noninferior to CBTI. Limitations, such as small sample size and high rate of dropout, indicate further study is needed to compare brief, alternative yet complementary behavioral insomnia interventions to CBTI. Still, evidence-based brief and flexible treatment options will help to further enhance access to care for veterans with chronic insomnia, especially in non-mental-health settings like primary care.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22553>

Defining Moral Injury Among Military Populations: A Systematic Review.

Richardson, N.M., Lamson, A.L., Smith, M., Eagan, S.M., Zvonkovic, A.M. and Jensen, J.

Journal of Traumatic Stress
First published: 22 June 2020
<https://doi.org/10.1002/jts.22553>

Military service often requires engaging in activities, witnessing acts, or immediate decision-making that may violate the moral codes and personal values to which most individuals ascribe. If unacknowledged, these factors can lead to injuries that can affect the physical, psychological, social, and spiritual health of military men and women. The term moral injury has been assigned to these soul-ceasing experiences. Although researchers have attempted to define moral injury and what leads to such experiences, inconsistencies across definitions exist. In addition, nearly all existing definitions have lacked empirical support. The purpose of the present systematic review was to explore how moral injury has been defined in research with military populations, using Cooper's approach to research synthesis as well as PRISMA guidelines. An in-depth review of 124 articles yielded 12 key definitions of moral injury across the literature. Two of these 12 definitions were grounded in empirical evidence, suggesting that much more research is needed to strengthen the face validity and reliability of the construct. Quality rankings were developed to categorize each of the included articles. The findings punctuate the need for empirical evidence to further explore moral injury, particularly among samples inclusive of service members and the biopsychosocial–spiritual experiences associated with such injuries.

<https://onlinelibrary.wiley.com/doi/full/10.1111/jsr.13123>

Telephone-guided imagery rehearsal therapy for nightmares: Efficacy and mediator of change.

Lancee, J, Eftting, M, Kunze, AE

Journal of Sleep Research
First published: 21 June 2020
<https://doi.org/10.1111/jsr.13123>

The currently best-supported psychological treatment for nightmares is imagery rehearsal therapy. The problem, however, is that not enough trained practitioners are available to offer this treatment. A possible solution is to conduct imagery rehearsal therapy in a guided self-help format. In the current study, 70 participants with nightmares according to the fifth edition of the Diagnostic and Statistical Manual of

Mental Disorders were randomized to either telephone-guided imagery rehearsal therapy (n = 36) or a wait-list condition (n = 34). Participants in the imagery rehearsal therapy condition received three sessions over the course of 5 weeks. Every treatment session was followed by telephone support delivered by postgraduate students. Participants who received imagery rehearsal therapy showed larger improvements on nightmare frequency (d = 1.03; p < .05), nightmare distress (d = 0.75; p < .05) and insomnia severity (d = 1.12; p < .001) compared with the participants in the wait-list condition. The effects were sustained at 3- and 6-month follow-up. No significant effects were observed on the number of nights with nightmares per week, anxiety and depression. In line with earlier reports, the treatment effect was mediated by the increase of mastery at mid-treatment, underlining the mechanistic value of mastery in imagery rehearsal therapy. The present study demonstrates that it is possible to deliver imagery rehearsal therapy in a self-help format supported by unexperienced therapists and with relatively little time investment. This opens possibilities in terms of cost-effectiveness, scalability and dissemination of imagery rehearsal therapy in the treatment of nightmares.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/ajad.13067>

Race, Ethnicity, and Clinical Features of Alcohol Use Disorder Among US Military Veterans: Results From the National Health and Resilience in Veterans Study.

Carr, M.M., Potenza, M.N., Serowik, K.L. and Pietrzak, R.H.

The American Journal on Addictions

First published: 22 June 2020

<https://doi.org/10.1111/ajad.13067>

Background and Objectives

Alcohol use disorder (AUD) is highly prevalent in US military veterans, though little is known about whether the psychiatric comorbidities and functional outcomes (ie, clinical features) of AUD differ across race/ethnic groups. We aimed to identify differences in the clinical features of veterans with AUD by race/ethnicity.

Methods

In a sample of veterans with AUD (n = 1212) from the nationally representative National Health and Resilience in Veterans Study, we compared the clinical features associated

with AUD across racial/ethnic groups using analysis of covariance and logistic regression.

Results

Black veterans (n = 60, 34.0%) were less likely to screen positive for lifetime AUD compared with white (n = 1099, 42.7%) and Hispanic (n = 53, 41.5%) veterans. Among those with lifetime AUD, Hispanic veterans were more likely than white veterans to have lifetime and current mood or anxiety disorders (adjusted odds ratio range [AORR] = 2.21-2.52, P < .05). Black veterans were more likely than white veterans to have current mood and anxiety disorders (AORR = 2.01-3.07, P < .05). Hispanic veterans reported poorer functioning and quality of life than white and black veterans (Cohen's d range = 0.12-0.37, P < .05).

Discussion and Conclusions

Black and Hispanic veterans with lifetime AUD may experience a higher disease burden relative to white veterans. Results underscore the importance of race/ethnicity-sensitive assessment, monitoring, and treatment of AUD for veterans.

Scientific Significance

This is the first known study to examine differences by race/ethnicity in the clinical features of Veterans with AUD in a nationally representative sample. Findings suggest higher disease burden for racial/ethnic minority veterans.

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-020-02737-3>

The clinical relevance of early identification and treatment of sleep disorders in mental health care: protocol of a randomized control trial.

Fiona M. ter Heege, Teus Mijster, Maaïke M. van Veen, Gerdina H. M. Pijnenborg, Peter J. de Jong, Gretha J. Boersma & Marika Lancel

BMC Psychiatry

20, 331 (2020)

<https://doi.org/10.1186/s12888-020-02737-3>

Background

Sleep disorders are a risk factor for developing a variety of mental disorders, have a negative impact on their remission rates and increase the risk of relapse. Early

identification and treatment of sleep disorders is therefore of paramount importance. Unfortunately, in mental health care sleep disorders are often poorly recognized and specific treatment frequently occurs late or not at all. This protocol-paper presents a randomized controlled trial investigating the clinical relevance of early detection and treatment of sleep disorders in mental health care. The two aims of this project are 1) to determine the prevalence of sleep disorders in different mental disorders, and 2) to investigate the contribution of early identification and adequate treatment of sleep disorders in individuals with mental disorders to their sleep, mental disorder symptoms, general functioning, and quality of life.

Methods

Patients newly referred to a Dutch mental health institute for psychiatric treatment will be screened for sleep disorders with the self-assessment Holland Sleep Disorders Questionnaire (HSDQ). Patients scoring above the cut-off criteria will be invited for additional diagnostic evaluation and, treatment of the respective sleep disorder. Participants will be randomly assigned to two groups: Immediate sleep diagnostics and intervention (TAU+SI-T0), or delayed start of sleep intervention (TAU+SI-T1; 6 months after inclusion). The effect of sleep treatment as add-on to treatment as usual (TAU) will be tested with regard to sleep disorder symptoms, general functioning, and quality of life (in collaboration with a psychiatric sleep centre).

Discussion

This trial will examine the prevalence of different sleep disorders in a broad range of mental disorders, providing information on the co-occurrence of specific sleep and mental disorders. Further, this study is the first to investigate the impact of early treatment of sleep disorders on the outcome of many mental disorders. Moreover, standard sleep interventions will be tailored to specific mental disorders, to increase their efficacy. The results of this trial may contribute considerably to the improvement of mental health care.

Trial registration

This clinical trial has been retrospectively registered in the Netherlands Trial Register (NL8389; <https://www.trialregister.nl/trial/8389>) on February 2th, 2020.

<https://link.springer.com/article/10.1007/s10826-020-01747-9>

Impact of Seeking Safety Dose on Depression and PTSD Symptoms Among Pregnant and Post-Partum Women.

Julie G. Salvador, Caroline A. Bonham, Danielle K. Duran & Annette S. Crisanti

Journal of Child and Family Studies

Published 24 June 2020

<https://doi.org/10.1007/s10826-020-01747-9>

Seeking Safety (SS) is a present-focused counseling model for individuals struggling with PTSD and/or substance abuse. PTSD and depression, the main outcome measures in this study, are prevalent during the perinatal and postpartum period and have been associated with substance use. Using data from a SAMHSA funded study, we examined the association between the dose of SS and PTSD and depression symptom severity. Data were collected at baseline and at two follow up time points: immediately at discharge from treatment (N = 95), and at six months post-baseline (N = 57). All of the second follow-up interviews were conducted in the community. Participants included 114 pregnant (N = 35) or postpartum (N = 79) women between 18 and 45 years of age admitted into a residential treatment program for substance abuse treatment. Participants completed an average of 7.5 SS sessions during their stay at the residential treatment program. A significant negative association was initially observed between the number of SS sessions and PTSD and depression symptoms. Although the number of SS sessions was no longer significant when baseline demographic and clinical characteristics were accounted for, the importance of the initial finding for future research and clinical practice is discussed. Given the high rates of substance use and mental health problems among pregnant and postpartum women and the negative consequences for these women and their children, further research on the impact of SS, or other trauma-specific similar interventions is needed.

<https://www.sciencedirect.com/science/article/pii/S2213076420300403>

Supporting family caregivers of Veterans: Participant perceptions of a federally-mandated caregiver support program.

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Healthcare

Volume 8, Issue 3, September 2020

<https://doi.org/10.1016/j.hjdsi.2020.100441>

Objectives

To understand patients' and caregivers' experiences with and perceptions of a federally-mandated program within the Department of Veterans Affairs (VA) that provides educational and monetary support to family caregivers of post-9/11 Veterans.

Methods

Twenty-six Veterans and their family caregivers were recruited to participate in individual and dyadic interviews. Interviews lasted between 60 and 90 min and took place between August 2016 and July 2018 in Oregon and Louisiana. Interviews were recorded, transcribed and coded by multiple team members. Recurrent themes and categories were identified through close examination of coded text and comparison within and across transcripts.

Results

Three main themes emerged in the data: 1) appreciation of the caregiver program for validating and compensating family caregiver work; 2) perception that some caregiving activities are less visible, and thus go unrecognized and uncompensated; 3) concern about loss of benefits.

Conclusions

Implications and policy recommendations for programs to support family caregivers, both within the VA and in the context of the broader national movement to support family caregivers, are discussed.

<https://www.sciencedirect.com/science/article/pii/S2589979120300032>

Attentional bias in veterans with deployment-related posttraumatic stress disorder before and after internet-based cognitive behavioral therapy – An eye-tracking investigation.

Annika Kuester, Helen Niemeyer, Sarah Schumacher, Sinha Engel, ... Christine Knaevelsrud

Journal of Behavioral and Cognitive Therapy

Available online 24 June 2020

<https://doi.org/10.1016/j.jbct.2020.03.003>

Veterans with posttraumatic stress disorder (PTSD) often exhibit an attentional bias towards trauma-relevant or generally threatening and negative stimuli. Internet-based cognitive behavioral therapy (ICBT) has been demonstrated to be efficacious in the treatment of PTSD. However, a previous study by our own group failed to find a symptom reduction following ICBT in a sample of traumatized veterans. No previous studies have examined the usefulness of ICBT in terms of modifying attentional bias in PTSD. In an eye-tracking experiment, veterans with deployment-related PTSD were presented with combat-related pictures and general threat-related pictures. These target stimuli were simultaneously displayed with neutral pictures. Additionally, participants were presented with pairs of emotional and neutral faces. Participants received ICBT, and attentional bias was examined pre- and post-intervention and at three-month follow-up. No significant changes in attentional bias were observed, either from pre- to post-intervention or at follow-up. The findings suggest that attentional bias reduction is associated with, rather than being separable from, overall PTSD symptom improvement. The present eye-tracking study was the first longitudinal investigation to examine the effect of ICBT on PTSD-related attentional bias in a sample of veterans. More research is needed to gain a deeper understanding of the underlying mechanisms of attentional bias in PTSD and its modifiability.

<https://www.sciencedirect.com/science/article/pii/S2589979120300202>

It's about time: Examining the role of session timing in Cognitive Processing Therapy in active duty military personnel.

C.J. Eubanks Fleming, Matt Hawrilenko, Jennifer Schuster Wachen, Alan L. Peterson, ... Patricia A. Resick

Journal of Behavioral and Cognitive Therapy

Available online 30 June 2020

<https://doi.org/10.1016/j.jbct.2020.04.001>

Highlights

- Role of session timing was tested in Cognitive Processing Therapy in the military.
- Service members attended sessions on average about every 6.5 days.
- Timing was not related to posttraumatic stress or depression outcomes.
- Session frequency was related to increased dropout from therapy.
- Cognitive Processing Therapy is resilient to scheduling challenges in the military.

Abstract

Current research into Cognitive Processing Therapy (CPT) examines how and for whom CPT works best, with a focus on understanding treatment outcomes in special populations. Session timing appears to have an effect on CPT outcomes in civilian samples, but the role of timing in CPT has not yet been investigated in a military sample. Thus, this study examines the relationships between session frequency and consistency and changes in symptoms and dropout in a trial of CPT in the military. Participants included 135 active duty service members who sought treatment for posttraumatic stress disorder (PTSD; Mage = 32.6 years; 89.6% male; 41.5% White, 26.7% Black, 23.0% Hispanic). Service members participated in 12 sessions of individual CPT intended to be scheduled twice per week, and completed follow-up assessments at 2 weeks and 6 months post-treatment. Results indicated that participants attended sessions about every 6.5 days and that session frequency and consistency were not related to rate of change in PTSD or depression outcomes. Session frequency was related to dropout, such that longer time between sessions was related to increased dropout. These results suggest that the positive outcomes seen after CPT are stable despite the unique challenges in logistics seen with military service members.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22552>

Residual Symptoms of Posttraumatic Stress Disorder and Alcohol Use Disorder Following Integrated Exposure Treatment Versus Coping Skills Treatment.

Tripp, J.C., Angkaw, A., Schnurr, P.P., Trim, R.S., Haller, M., Davis, B.C. and Norman, S.B.

Journal of Traumatic Stress

First published: 18 June 2020

<https://doi.org/10.1002/jts.22552>

Although some studies have demonstrated residual symptoms in patients who have participated in posttraumatic stress disorder (PTSD) treatment, no studies to date have assessed residual PTSD symptoms following treatment for comorbid alcohol use disorder (AUD) and PTSD (PTSD/AUD). We examined residual symptoms of PTSD and AUD in 73 veterans with PTSD/AUD who completed a posttreatment assessment after being randomized to receive either Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) or Seeking Safety (SS). We used logistic

regression to identify differences (a) in residual PTSD and AUD symptoms among participants randomized to COPE versus SS and (b) among those with versus without a posttreatment PTSD/AUD diagnosis within both treatment conditions. Participants randomized to SS were more likely to report persistent avoidance, inability to experience positive emotions, hypervigilance, difficulty concentrating, and difficulty sleeping, ORs = 3.74–6.21. There were no differences between COPE and SS regarding the likelihood of persistent AUD symptoms. Participants without a posttreatment PTSD diagnosis had lower conditional probabilities of most symptoms, although exaggerated startle, OR = 0.71, and irritability/aggression, OR = 0.58, were most likely to persist. Participants without a posttreatment AUD diagnosis had lower conditional probabilities of most symptoms, although withdrawal, OR = 0.21; unsuccessful quit attempts, OR = 0.04; and higher intake, OR = 0.01, were most likely to persist. Findings indicate hyperarousal may warrant additional intervention following PTSD treatment. Residual AUD symptoms may relate to the enduring nature of some AUD symptoms rather than a lack of treatment efficacy.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/cpsp.12358>

Post-traumatic stress disorder and firearm ownership, access, and storage practices: A systematic review.

Stanley, IH, Hom, MA, Marx, BP, Reger, MA

Clinical Psychology: Science and Practice

First published: 25 June 2020

<https://doi.org/10.1111/cpsp.12358>

Most suicides in the United States are enacted with firearms, and firearm ownership/access and unsafe storage are associated with elevated suicide risk. Exaggerated perceptions of threat, which are characteristic of post-traumatic stress disorder (PTSD), might lead to the acquisition and/or unsafe storage of firearms, thereby increasing suicide risk. In this systematic review, we evaluated 17 peer-reviewed manuscripts (18 studies) that examined the relation between PTSD and firearm ownership/access, firearm storage practices, and related features thereof. We found it challenging to interpret results of the existing literature due to heterogeneity of methods employed and methodological limitations (e.g., asynchronous assessment of constructs). We identify multiple avenues for future research to better understand the extent to which PTSD is related to firearm-related variables.

<https://www.sciencedirect.com/science/article/pii/S1389945720302999>

Sleep Health Early in the Coronavirus Disease 2019 (COVID-19) Outbreak in the United States: Integrating Longitudinal, Cross-Sectional, and Retrospective Recall Data.

Chenlu Gao, Michael K. Scullin

Sleep Medicine

Available online 27 June 2020

<https://doi.org/10.1016/j.sleep.2020.06.032>

Highlights

- Good sleep quality helps people resist viral infections and function optimally.
- Global sleep quality was generally resilient to pandemic-related changes to life.
- Sleep worsened in shift workers, caregivers, and people with high COVID-19-related stress.

Abstract

The outbreak of coronavirus disease 2019 (COVID-19) caused substantial changes in lifestyle, responsibilities, and stressors. Such dramatic societal changes might cause overall sleep health to decrease (stress view), to remain unchanged (resilience view), or even to improve (reduced work/schedule burden view). We addressed this question using longitudinal, cross-sectional, and retrospective recall methodologies in 699 American adult participants in late March 2020, two weeks following the enactment of social distancing and shelter-in-place policies in the United States. Relative to baseline data from mid February 2020, cross-sectional and longitudinal analyses demonstrated that average sleep quality was unchanged, or even improved, early in the pandemic. However, there were clear individual differences: approximately 25% of participants reported that their sleep quality had worsened, which was explained by stress vulnerability, caregiving, adverse life impact, shift work, and presence of COVID-19 symptoms. Therefore, the COVID-19 pandemic has detrimentally impacted some individuals' sleep health while paradoxically benefited other individuals' sleep health by reducing rigid work/school schedules such as early morning commitments.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22557>

Implementation Patterns of Two Evidence-Based Psychotherapies in Veterans Affairs Residential Posttraumatic Stress Disorder Programs: A Five-Point Longitudinal National Investigation.

Cook, J.M., Simiola, V., Thompson, R., Mackintosh, M.-A., Rosen, C., Sayer, N. and Schnurr, P.P.

Journal of Traumatic Stress

First published: 25 June 2020

<https://doi.org/10.1002/jts.22557>

The present study examined the patterns of adoption of two evidence-based psychotherapies (EBPs)—prolonged exposure (PE) and cognitive processing therapy (CPT)—in U.S. Department of Veterans Affairs (VA) residential posttraumatic stress disorder (PTSD) treatment programs. A total of 526 providers from 39 programs nationwide completed online quantitative surveys and qualitative interviews, collected at five assessment points between 2008 and 2015, concerning the use of PE and CPT. By the midpoint of the study period, responders from most programs reported having adopted one or both EBPs as either core components of their programs or “tracks” for certain patients within their programs, adoption rates were 52.8% of programs at Time 3, 61.0% at Time 4, and 66.7% at Time 5. Evaluation of adoption patterns over time suggested that CPT was used in more programs and with more patients within programs compared to PE. At Time 5, respondents from half of the programs reported little or no adoption of PE, whereas the CPT adoption rate was reported to be “little or none” for one-fifth of the programs. The adoption of PE was generally slower compared to CPT adoption. The slower rate of adoption may be related to the resource-intensive nature of implementing PE on an individual basis in a residential setting as compared to the multiple ways CPT can be delivered: individually or in group settings, and with or without the inclusion of the trauma narrative. Strategies to improve sustainability measurement and implications for implementation science are discussed.

<https://www.sciencedirect.com/science/article/pii/S2589537020301863>

A comparison of electronically-delivered and face to face cognitive behavioural therapies in depressive disorders: A systematic review and meta-analysis.

Candice Luo, Nitika Sanger, Nikhita Singhal, Kaitlin Pattrick, ... Zainab Samaan

EClinicalMedicine (published by The Lancet)

Available online 27 June 2020, 100442

<https://doi.org/10.1016/j.eclinm.2020.100442>

Background

Cognitive behavioural therapy (CBT) is a widely used treatment for depression. However, limited resource availability poses several barriers to patients seeking access to care, including lengthy wait times and geographical limitations. This has prompted health care services to introduce electronically delivered CBT (eCBT) to facilitate access. Although previous reviews have compared the effects of eCBT to face-to-face CBT, there is an overall lack of adequately powered and up-to-date evidence in the literature to provide a reliable comparison between the two modes of administration. The purpose of this study is to evaluate the effects of eCBT compared to face-to-face CBT through a systematic review of the literature.

Methods

To be eligible for this review, studies needed to be randomized controlled trials evaluating the clinical effectiveness of any form of eCBT compared to face-to-face CBT. These encompassed studies evaluating a wide range of outcomes including severity of symptoms, adverse outcomes, clinically relevant outcomes, global functionality, participant satisfaction, quality of life, and affordability. There were no restrictions on participant age or sex.

We searched MEDLINE, EMBASE, Psych Info, Cochrane CENTRAL and CINAHL databases from inception to February 20th, 2020 using a comprehensive search strategy. All stages of literature screening and data extraction were completed independently in duplicate. Data extraction and risk of bias analyses, including GRADE ratings, were conducted on studies meeting inclusion criteria. Qualitative measures are reported in a narrative summary. We pooled quantitative data in meta-analyses to provide an estimated summary effect. This review adheres to PRISMA reporting guidelines.

Findings

In total, we included 17 studies in our analyses. Our results demonstrated that eCBT was more effective than face-to-face CBT at reducing depression symptom severity (Standardized mean difference [SMD]: -1.73 ; 95% confidence interval [CI]: -2.72 , -0.74 ; GRADE: moderate quality of evidence). There were no significant differences between the two interventions on participant satisfaction (SMD 0.13 95%; CI -0.32 ,

0.59; GRADE: low quality of evidence). One RCT reported eCBT to be less costly than face-to-face CBT (GRADE: low quality of evidence). Results did not differ when stratified by subgroups such as participant age and study location.

Interpretation

Although we found eCBT to have moderate evidence of effectiveness in reducing symptoms of depression, high heterogeneity among studies precludes definitive conclusions for all outcomes. With the current reliance and accessibility of technology to increasing number of people worldwide, serious consideration in utilizing technology should be given to maximize accessibility for depression treatments. Our results found eCBT is at least as effective as face to face CBT, thus eCBT should be offered if preferred by patients and therapists.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12654>

Thwarted Belongingness and Perceived Burdensomeness Explain the Associations of COVID-19 Social and Economic Consequences to Suicide Risk.

Gratz, K.L., Tull, M.T., Richmond, J.R., Edmonds, K.A., Scamaldo, K. and Rose, J.P.

Suicide & Life-Threatening Behavior

First published: 26 June 2020

<https://doi.org/10.1111/sltb.12654>

Objective

The social and economic consequences of COVID-19 and related public health interventions aimed at slowing the spread of the virus have been proposed to increase suicide risk. However, no research has examined these relations. This study examined the relations of two COVID-19 consequences (i.e., stay-at-home orders and job loss) to suicide risk through thwarted belongingness, perceived burdensomeness, and loneliness.

Method

Online data from a nationwide community sample of 500 adults (mean age = 40) from 45 states were collected between March 27 and April 5, 2020. Participants completed measures assessing thwarted belongingness, perceived burdensomeness, loneliness, and suicide risk, as well as whether they (a) were currently under a stay-at-home order and (b) had experienced a recent job loss due to the pandemic.

Results

Results revealed a significant indirect relation of stay-at-home order status to suicide risk through thwarted belongingness. Further, whereas recent job loss was significantly correlated with suicide risk, neither the direct relation of job loss to suicide risk (when accounting for their shared relations to perceived burdensomeness) nor the indirect relation through perceived burdensomeness was significant.

Conclusions

Results highlight the potential benefits of interventions targeting thwarted belongingness and perceived burdensomeness to offset suicide risk during this pandemic.

<https://link.springer.com/article/10.1007/s10879-020-09463-7>

The Nature and Treatment of Pandemic-Related Psychological Distress.

William C. Sanderson, Vinushini Arunagiri, Allison P. Funk, Karen L. Ginsburg, Jacqueline K. Krychiw, Anne R. Limowski, Olenka S. Olesnycky & Zoe Stout

Journal of Contemporary Psychotherapy

Published: 27 June 2020

<https://doi.org/10.1007/s10879-020-09463-7>

The COVID-19 crisis has created a “mental health pandemic” throughout the world. Scientific data are not available to fully understand the nature of the resulting mental health impact given the very recent onset of the pandemic, nevertheless, there is a need to act immediately to develop psychotherapeutic strategies that may alleviate pandemic-related distress. The psychological distress, in particular fear and sadness, is a function of the pandemic’s negative impact upon people’s ability to meet their most basic needs (e.g., physical safety, financial security, social connection, participation in meaningful activities). This paper presents evidence-based cognitive behavioral strategies that should prove useful in reducing the emotional suffering associated with the COVID crisis.

Links of Interest

Center for Deployment Psychology Wins Award for Virtual Insomnia Therapy Feature
<https://usupulse.blogspot.com/2020/06/center-for-deployment-psychology-wins.html>

Understanding the Importance of Military Neuropsychology
<https://www.psychologytoday.com/us/blog/in-the-public-interest/202006/understanding-the-importance-military-neuropsychology>

Army ditches officer promotion photos as part of an effort to eliminate unconscious bias
<https://www.armytimes.com/news/your-army/2020/06/25/army-ditches-promotion-photos-as-part-of-an-effort-to-eliminate-unconscious-bias/>

Lawmaker introduces Brandon Act to improve troops' access to mental health care
<https://www.stripes.com/news/us/lawmaker-introduces-brandon-act-to-improve-troops-access-to-mental-health-care-1.635251>

How schools can help military kids moving to new districts during pandemic
<https://www.militarytimes.com/opinion/commentary/2020/06/29/how-schools-can-help-military-kids-moving-to-new-districts-during-pandemic/>

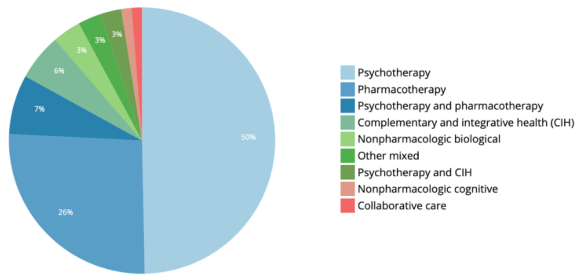
Invisible wounds: understanding PTSD
<https://health.mil/News/Articles/2020/06/26/Invisible-wounds-understanding-PTSD>

Majority of military families say they lack support upon transitioning out, survey finds
<https://www.militarytimes.com/education-transition/2020/06/30/majority-of-military-families-say-they-lack-support-upon-transitioning-out-survey-finds/>

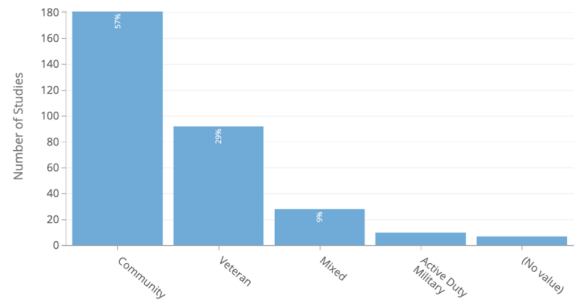
U.S. Commandos at Risk for Suicide: Is the Military Doing Enough?
<https://www.nytimes.com/2020/06/30/magazine/special-operations-suicide-military.html>

Resource of the Week: [PTSD Trials Standardized Data Repository](#) (PTSD-Repository)

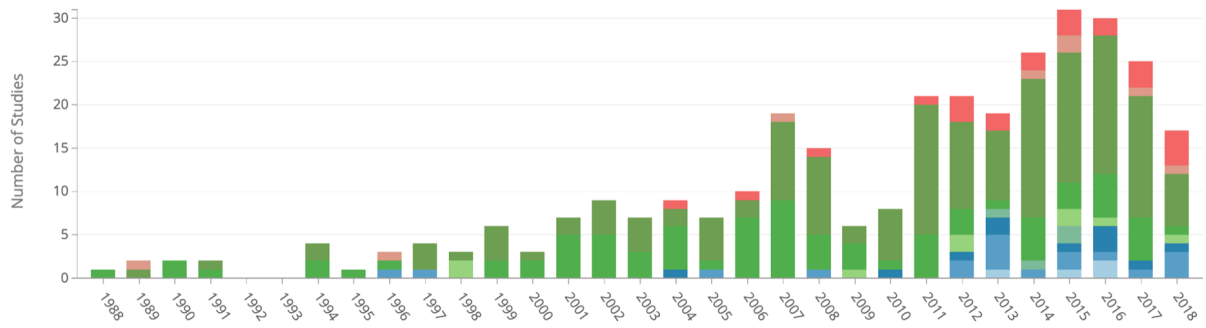
The PTSD Trials Standardized Data Repository (PTSD-Repository) is a large database that contains information extracted from more than 300 published randomized controlled clinical trials for PTSD treatment.



Number of Studies per Study Class



Number of Studies by Military Status



Publication Year by Study Class

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