

CDP



Research Update -- July 16, 2020

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22556>

A Systematic Review of Intensive Empirically Supported Treatments for Posttraumatic Stress Disorder.

Sciarrino, N.A., Warnecke, A.J. and Teng, E.J.

Journal of Traumatic Stress

First published: 29 June 2020

<https://doi.org/10.1002/jts.22556>

Various clinical practice guidelines for the treatment of posttraumatic stress disorder (PTSD) have consistently identified two frontline evidence-based psychotherapies (EBPs)—prolonged exposure (PE) and cognitive processing therapy (CPT)—as well as other empirically supported treatments (EST), such as eye movement desensitization and reprocessing (EMDR) and cognitive therapy for PTSD (CT for PTSD). However, researchers and clinicians continue to be concerned with rates of symptom improvement and patient dropout within these treatments. Recent attempts to address these issues have resulted in intensive, or “massed,” treatments for PTSD. Due to variability among intensive treatments, including treatment delivery format, fidelity to the EST, and the population studied, we conducted a systematic review to summarize and integrate the literature on the impact of intensive treatments on PTSD symptoms. A review of four major databases, with no restrictions regarding publication date, yielded

11 studies that met all inclusion criteria. The individual study findings denoted a large impact of treatment on reduction of PTSD symptoms, $d_s = 1.15\text{--}2.93$, and random-effects modeling revealed a large weighted mean effect of treatment, $d = 1.57$, 95% CI [1.24, 1.91]. Results from intensive treatments also noted high rates of treatment completion (i.e., 0%–13.6% dropout; 5.51% pooled dropout rate across studies). The findings suggest that intensive delivery of these treatments can be an effective alternative to standard delivery and contribute to improved treatment response and reduced treatment dropout.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22563>

Measuring Trauma Exposure: Count Versus Variety of Potentially Traumatic Events in a Binational Sample.

Rasmussen, A., Romero, S., Leon, M., Verkuilen, J., Morales, P., Martinez-Maganalles, S. and García-Sosa, I.

Journal of Traumatic Stress

First published: 29 June 2020

<https://doi.org/10.1002/jts.22563>

Traumatic event checklists typically ask respondents to indicate whether they have experienced particular types of potentially traumatic events (PTEs) and then sum these endorsements to gauge cumulative trauma exposure. However, the sum of these endorsements indicates the variety of PTEs respondents have experienced rather than the count of exposure events. The main objective of the present study was to explore the association between PTE count and variety to examine assumptions regarding the use of traumatic event checklists to measure cumulative trauma exposure. The limited empirical research suggests that count and variety are strongly associated; however, there may be variation in magnitude concerning whether participants' environments confer an increased or decreased risk of exposure. We present Life Event Checklist data from a large sample of Mexican and U.S. participants ($n = 1,820$), which allowed us to compare reports of count and variety. Count and variety were strongly correlated, Kendall's tau-b = .74, such that count accounted for 54.6% of the variance in variety. A negative binomial regression analysis revealed that this association was moderated by county and municipio homicide rate, used as a proxy for violent crime, but not by natural disaster history. Variety was more strongly associated with scores on the Posttraumatic Stress Checklist for DSM-5, Kendall's tau-b = .26, than was PTE count, Kendall's tau-b

= .22, Fisher's $z = -8.04$, $p < .001$. Although there are challenges in estimating PTE counts, the present findings suggest that PTE variety is not a good proxy for cumulative trauma exposure.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22546>

The Effects of Prolonged Exposure on Substance Use in Patients with Posttraumatic Stress Disorder and Substance Use Disorders.

Peirce, J.M., Schacht, R.L. and Brooner, R.K.

Journal of Traumatic Stress

First published: 29 June 2020

<https://doi.org/10.1002/jts.22546>

Despite research demonstrating the benefit of exposure-based therapy for posttraumatic stress disorder (PTSD) in patients with co-occurring substance use disorders, there remains a strong clinical expectation that this treatment will exacerbate substance use or other psychiatric symptoms. The present study evaluated within-session and session-to-session changes in (a) craving and use of substances for a range of drug classes and (b) symptoms of PTSD and other psychiatric distress in a sample of 44 SUD patients who received prolonged exposure (PE) therapy for PTSD. Visual analog scales showed no within-session increases in craving, except for cocaine, within Session 8. Across sessions, craving scores dropped for heroin, methadone, benzodiazepines, and cocaine; no increases in craving were found. Past-week substance use reported at each session did not differ. The severity of PTSD symptoms and self-reported serious emotional problems decreased from Session 1 to subsequent sessions, with no increases or decreases in other psychiatric, social, or medical problems. Finally, PTSD severity was unrelated to substance use reported 1 or 2 weeks later. Substance use during the past week was associated with higher PTSD severity scores at the next session, $B = 6.86$ ($SE = 2.87$), $p = .018$, but was not associated 2 weeks later. These findings indicate that the concern that exposure therapy for PTSD will increase SUD patients' substance use or other psychiatric symptoms may be unwarranted, and, thus, SUD patients, including those who are actively using, should have access to effective treatments for PTSD, like PE.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22540>

Suicidal Ideation in a Veterans Affairs Residential Posttraumatic Stress Disorder Treatment Setting: The Roles of Thwarted Belongingness and Perceived Burdensomeness.

Martin, C.E., Pukay-Martin, N.D., Blain, R.C., Dutton-Cox, C. and Chard, K.M.

Journal of Traumatic Stress

First published: 29 June 2020

<https://doi.org/10.1002/jts.22540>

Suicide is a significant public health concern, and, specifically, the veteran population has exhibited a 22% higher risk of death by suicide than the general population (Department of Veterans Affairs, 2017). The interpersonal psychological theory of suicide (IPTS; Joiner, 2005) appears to be the most widely researched theory to examine factors associated with suicidal ideation. The IPTS applies to veteran suicidal ideation in that veterans may feel they are burdensome to others or that they do not belong following their transition from active duty. The current study sought to (a) identify the prevalence and correlates of the IPTS constructs perceived burdensomeness and thwarted belongingness; (b) examine the main and interactive effects of these constructs on suicidal ideation; and (c) examine their indirect effects in the associations between posttraumatic stress disorder (PTSD) symptomatology, depressive symptomatology, and substance use with suicidal ideation in a sample of veterans in PTSD residential treatment (N = 125). Regression results demonstrated that perceived burdensomeness was significantly associated with suicidal ideation, $\beta = .50$, $p < .001$; however, thwarted belongingness and the interaction of the two were not. In the models of indirect effects, perceived burdensomeness emerged as the only significant indirect effect in the association between PTSD symptomatology and suicidal ideation, $\beta = .01$ (SE = .00), 95% CI [.0050, .0149], as well as between depressive symptomatology and suicidal ideation, $\beta = .02$ (SE = .01), 95% CI [.0109, .0311]. Study limitations and future directions are also discussed.

<https://www.sciencedirect.com/science/article/abs/pii/S1053482220300486>

The workplace integration of veterans: Applying diversity and fit perspectives.

Jorge A. Gonzalez, Joseph Simpson

Human Resource Management Review

Available online 8 July 2020

<https://doi.org/10.1016/j.hrmr.2020.100775>

Highlights

- Management scholars have neglected the study of military veterans at work.
- Veterans' workplace experiences are part of their societal reintegration.
- Diversity theory explains veterans' discrimination, stigma, and identity strain.
- Veterans' attributes, perspectives, and KSAs fit organizational demands.
- Meaningful work can spillover to fit veterans' life needs.

Abstract

Military veterans are a valuable part of the human capital resource pool. Nonetheless, veterans often struggle with their transition into civilian life and workplaces. This problem often limits the extent to which work organizations utilize their talents. Here, we briefly review relevant work from outside the management field and nascent work within the field to build a conceptual model for understanding the integration of veterans into the workplace. We do this by applying diversity and person-environment fit perspectives. A diversity standpoint helps us to understand veterans as a social group and their inclusion in the workplace, while the person-environment fit perspective helps us describe veterans' compatibility with their work environments in terms of organizational demands and veterans' needs. We intend for this conceptual model to guide future empirical research on veterans as human capital and their transition into civilian organizations as part of their societal reintegration, career development, and personal well-being.

<https://www.sciencedirect.com/science/article/abs/pii/S1051137720300474>

The Effect of Combat Exposure on Veteran Homelessness.

Adam Ackerman, Ben Porter, Ryan Sullivan

Journal of Housing Economics

Available online 6 July 2020

<https://doi.org/10.1016/j.jhe.2020.101711>

This paper examines the effect of combat exposure on homelessness in surviving deployed veterans. We assess combat exposure in 50,522 Millennium Cohort Study (MCS) participants by combining self-reports of witnessing death through the 2011–2013 survey cycle with military deployment records since September 2001. We use participants' 2014–2016 MCS survey cycle reports to assess subsequent homelessness. We accommodate uncertainty surrounding limited data with an information theoretic, semi-parametric Generalized Maximum Entropy model. We estimate, on average, a single combat exposure increases the probability of homelessness by about 0.40 percentage points (27 percent relative to the mean probability) and multiple combat exposures increase the probability of homelessness by about 0.57 percentage points (38 percent relative to the mean probability). Our model also sheds light on pre-deployment characteristics associated with combat exposure resilience; estimates indicate veterans with poorer pre-deployment mental or physical health and veterans under the age of 30 years are less resilient to the effects of combat exposure on homelessness. Cost calculations with model estimates suggest combat exposure contributed to 4,600 veterans experiencing homelessness and \$54 million in related public spending.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2767697>

Effectiveness of Sequential Psychological and Medication Therapies for Insomnia Disorder: A Randomized Clinical Trial.

Morin CM, Edinger JD, Beaulieu-Bonneau S, et al.

JAMA Psychiatry

Published online July 08, 2020

<https://www.doi.org/10.1001/jamapsychiatry.2020.1767>

Key Points

Questions

What should be first-line treatment in the management of insomnia disorder, and is there an added value to providing a second treatment for those who fail initial therapy?

Findings

In a randomized clinical trial of 211 adults with insomnia disorder, first-stage treatment involving behavior therapy or zolpidem medication produced similar response and remission rates. Adding a second-stage therapy significantly increased the percentage

of responders and remitters among patients treated initially with behavior therapy but not among those treated initially with medication.

Meaning

Sequential treatments involving cognitive behavioral therapy and medication are an effective strategy for insomnia management.

Abstract

Importance

Despite evidence of efficacious psychological and pharmacologic therapies for insomnia, there is little information about what first-line treatment should be and how best to proceed when initial treatment fails.

Objective

To evaluate the comparative efficacy of 4 treatment sequences involving psychological and medication therapies for insomnia and examine the moderating effect of psychiatric disorders on insomnia outcomes.

Design, Setting, and Participants

In a sequential multiple-assignment randomized trial, patients were assigned to first-stage therapy involving either behavioral therapy (BT; n = 104) or zolpidem (zolpidem; n = 107), and patients who did not remit received a second treatment involving either medication (zolpidem or trazodone) or psychological therapy (BT or cognitive therapy [CT]). The study took place at Institut Universitaire en Santé Mentale de Québec, Université Laval, Québec City, Québec, Canada, and at National Jewish Health, Denver, Colorado, and enrollment of patients took place from August 2012 through July 2017.

Main Outcomes and Measures

The primary end points were the treatment response and remission rates, defined by the Insomnia Severity Index total score.

Results

Patients included 211 adults (132 women; mean [SD] age, 45.6 [14.9] years) with a chronic insomnia disorder, including 74 patients with a comorbid anxiety or mood disorder. First-stage therapy with BT or zolpidem produced equivalent weighted percentages of responders (BT, 45.5%; zolpidem, 49.7%; OR, 1.18; 95% CI, 0.60-2.33) and remitters (BT, 38.03%; zolpidem, 30.3%; OR, 1.41; 95% CI, 0.75-2.65). Second-stage therapy produced significant increases in responders for the 2 conditions, starting with BT (BT to zolpidem, 40.6% to 62.7%; OR, 2.46; 95% CI, 1.14-5.30; BT to CT,

50.1% to 68.2%; OR, 2.09; 95% CI, 1.01-4.35) but no significant change following zolpidem treatment. Significant increase in percentage of remitters was observed in 2 of 4 therapy sequences (BT to zolpidem, 38.1% to 55.9%; OR, 2.06; 95% CI, 1.04-4.11; zolpidem to trazodone, 31.4% to 49.4%; OR, 2.13; 95% CI, 0.91-5.00). Although response/remission rates were lower among patients with psychiatric comorbidity, treatment sequences that involved BT followed by CT or zolpidem followed by trazodone yielded better outcomes for patients with comorbid insomnia. Response and remission rates were well sustained through the 12-month follow-up.

Conclusions and Relevance

Behavioral therapy and zolpidem medication produced equivalent response and remission rates. Adding a second treatment produced an added value for those whose insomnia failed to remit with initial therapies.

Trial Registration ClinicalTrials.gov Identifier: NCT01651442

<https://www.sciencedirect.com/science/article/abs/pii/S027795362030397X>

Gender differences in the development of suicidal behavior among United States military veterans: A national qualitative study.

Lauren M. Denneson, Kyla J. Tompkins, Katie L. McDonald, Claire A. Hoffmire, ...
Steven K. Dobscha

Social Science & Medicine

Available online 9 July 2020

<https://doi.org/10.1016/j.socscimed.2020.113178>

Highlights

- Gender differences exist in the development of suicidal behavior among veterans
- Women veterans describe feeling low self-worth and devalued by others
- Men veterans relay frustration with the external world and their lack of success
- Findings suggest the importance of considering gender in suicide prevention efforts

Abstract

Rationale: The rate of suicide mortality among women is increasing in the United States (U.S.), especially among military veterans. Prior research suggests that important

gender differences in suicide risk exist, but not enough is known to tailor prevention approaches by gender. Objective: The goal of this study is to understand gender differences in the development of suicidal behaviors (suicide risk) among U.S. veterans to inform future research and gender-tailored prevention efforts. Methods: Using a modified grounded theory approach, this qualitative study interviewed 50 (25 men, 25 women) U.S. veterans who had made a recent (prior 6 months) suicide attempt. Veterans were recruited from Veterans Health Administration (VHA) healthcare facilities across the U.S. Semi-structured, hour-long interviews examined participants' experiences with military service, suicidal thoughts and attempts, and healthcare following their attempt. Results: The analysis revealed two gendered narratives of suicidal thoughts and attempts that incorporated the primary themes of self-concept, social power, relationships, coping, and stress. When discussing reasons for their suicide attempts, women discussed negative self-evaluative processes describing themselves as, "shameful," "tainted," and "worthless," whereas men discussed becoming overwhelmed, and recalled thinking, "it just wasn't worth it," "I've had enough," and, "screw this." Conclusions: This study provides an in-depth, nuanced understanding of the gender differences in suicide risk among veterans and suggests several ways in which future work may address gender-tailored suicide prevention efforts. Specifically, women veterans may benefit from methods to increase self-worth through positive social relationships, while men veterans may benefit from methods that increase their sense of purpose in life and help them achieve their ideal selves through successful experiences.

<https://www.sciencedirect.com/science/article/abs/pii/S1087079220300952>

Investigating the psychological mechanisms underlying the relationship between nightmares, suicide and self-harm.

Sophie Andrews, Paul Hanna

Sleep Medicine Reviews

Available online 8 July 2020

<https://doi.org/10.1016/j.smr.2020.101352>

Evidence suggests that nightmares increase the risk of suicide and self-harm, independently of insomnia, PTSD, anxiety and depression. A better understanding of this relationship is vital for the development of effective suicide and self-harm interventions. A systematic review of the research investigating the mechanisms

underlying the nightmare and suicide/self-harm relationship was therefore conducted. Findings from twelve studies were critically appraised and synthesised under the headings of affect/emotion regulation, cognitive appraisals, psychosocial factors, acquired capability and depression. Despite clear variability in the methodology employed by the studies, the initial evidence suggests cognitive appraisals and affect/emotion regulation play a key role in the nightmare and suicide/self-harm relationship. Consideration is given for the first time to the differences in the mechanisms underlying the relationship between nightmares and suicide. In order to further elucidate and support these findings however, future research utilising longitudinal designs, objective measures of sleep disturbance and investigating the emotional content of nightmares is vital. There is also a call for studies investigating the impact of nightmare interventions on subsequent suicidal thoughts and behaviours, and self-harm. This is especially so given that individuals might find it easier to seek help for nightmares than for suicidality or self-harm.

<https://www.sciencedirect.com/science/article/abs/pii/S1087079220300940>

Economic evaluation of cognitive behavioural therapy for insomnia (CBT-I) for improving health outcomes in adult populations: a systematic review.

Andrea N. Natsky, Andrew Vakulin, Ching Li Chai-Coetzer, Leon Lack, ... Billingsley Kaambwa

Sleep Medicine Reviews

Available online 9 July 2020

<https://doi.org/10.1016/j.smr.2020.101351>

Cognitive behavioural therapy for insomnia (CBT-I) is a promising intervention with established efficacy, yet evidence of its cost-effectiveness remains unclear. Systematic searches were conducted in Medline, Psychinfo, ProQuest, Cochrane, Scopus, CINAHL, Web of Science and Emcare. Titles and abstracts were screened against eligibility criteria, and studies reporting full economic evaluations of CBT-I in adult populations were included and examined in detail. Study characteristics were extracted using a standardised template. Quantitative measures and relevant findings were summarised using a qualitative approach following recommended reporting standards. 1,168 non-duplicate articles were identified, of which 44 were selected for full-text review. Seven full economic evaluations of CBT-I in adult populations met the inclusion criteria and were incorporated in the final synthesis. Using the dominance ranking

framework to compare cost and outcomes, CBT-I was cost-effective compared to pharmacotherapy or no treatment. The limited number of studies included in this review implies that caution should be exercised when interpreting these results. Future studies are encouraged to employ longer time-horizons and larger sample sizes to enable better determination of sustained cost and outcomes changes.

Prospero registration number: CRD42019133554

<https://link.springer.com/article/10.1007/s10389-020-01357-1>

Distinct groups of smokers in primary care based on mental health diagnosis.

Julie C. Gass, Jennifer S. Funderburk, Michael Wade, John D. Acker & Stephen A. Maisto

Journal of Public Health

Published 11 July 2020

<https://doi.org/10.1007/s10389-020-01357-1>

Aim

To determine whether statistically distinct classes of smokers exist according to mental health (MH) diagnoses within primary care and to evaluate whether class membership is associated with healthcare utilization.

Subject and methods

Data were obtained from the US Department of Veterans Affairs (VA) electronic medical record for encounters between January 1, 2014, and December 31, 2014, from the New York/New Jersey region. Data from a subset of 25,713 smokers from a larger sample of 111,333 primary care patients were used. An exploratory latent class analysis (LCA) was conducted to determine the presence of distinct groups of smokers based on observed MH diagnosis, while a confirmatory LCA assessed for reliability of those distinct groups. Using group as a predictor, we then utilized regression to determine whether group membership was associated with elevated numbers of primary care, integrated primary care, and specialty care encounters. Diagnosis was based on primary care encounter codes.

Results

Three independent groups of current smokers were established: those with no MH

diagnoses (77.8%), those with depressive diagnoses (16.7%), and those with alcohol/substance use diagnoses (5.5%). Most smokers were in the non-MH group, which utilized the least healthcare services (e.g., 2.7 primary care visits per year). The depressed group had 3.6 primary care visits per year and were most likely to use integrated primary care. The alcohol/substance-use group utilized primary and specialty services significantly more often than the other two groups, with an average of 5.5 primary care visits per year.

Conclusion

Distinct classes of smokers can be identified in primary care settings.

https://journals.lww.com/jaanp/Abstract/9000/Quality_of_life_among_women_veterans.99491.aspx

Quality of life among women veterans.

Devine, D. T., McMillan, S. C., Kip, K., & Powell-Cope, G.

Journal of the American Association of Nurse Practitioners.

July 7, 2020

<https://www.doi.org/10.1097/JXX.0000000000000445>

Background:

Of 23 million US veterans, 2 million are women. Female veterans often have physical and mental health disorders, but only 6.5% use the Veterans Health Administration (VA) system. Health care for women veterans is challenging in a health care system unfamiliar with this population.

Purpose:

The purpose of this study was to investigate how receipt of treatment by female veterans at a VA women's health specialty clinic affected levels of distress, quality of life (QOL), and depression.

Methods:

A retrospective record review was completed on 51 female veterans between the ages of 40 and 60 years attending a VA clinic. The clinic provides comprehensive women's health services to female veterans. Multiple linear regression models were fit to explore

QOL and depression levels with socioeconomic status, parity, years of service, and military sexual trauma (MST).

Results:

Female veterans had significantly lower baseline scores for QOL than did a comparison group. The only significant predictor associated with higher health-related symptom scores at baseline was a history of MST ($\beta = 0.363$; $t = 2.44$; $p = .02$). Means and standard deviations for total scores were significantly higher than those of the comparison group. Higher symptom scores indicated lower QOL among female veterans.

Implications for practice:

Study findings suggested that timely, comprehensive, gender-specific health care can significantly improve overall QOL and depression levels. Nurse practitioners play a leading role in providing primary care to this population with significant potential to impact QOL, depression levels, and overall health of female veterans.

<https://journals.sagepub.com/doi/abs/10.1177/2470547020939564>

Psychedelic Treatment for Trauma-Related Psychological and Cognitive Impairment Among US Special Operations Forces Veterans.

Davis, A. K., Averill, L. A., Sepeda, N. D., Barsuglia, J. P., & Amoroso, T.

Chronic Stress

First Published July 8, 2020

<https://doi.org/10.1177/2470547020939564>

Background

U.S. Special Operations Forces Veterans are at increased risk for a variety of mental health problems and cognitive impairment associated with military service. Current treatments are lacking in effectiveness and adherence. Therefore, this study examined psychedelic treatment with ibogaine and 5-methoxy-N,N-dimethyltryptamine for trauma-related psychological and cognitive impairment among U.S. Special Operations Forces Veterans.

Method

We conducted a survey of Veterans who completed a specific psychedelic clinical

program in Mexico between 2017 and 2019. Questions probed retrospective reports of mental health and cognitive functioning during the 30 days before and 30 days after treatment. A total of 65 people completed treatment during this time frame and were eligible for contact. Of these, 51 (78%) completed the survey and were included in data analyses (mean age = 40; male = 96%; married = 55%; Caucasian/White = 92%; Operation Enduring Freedom/Operation Iraqi Freedom Service = 96%).

Results

Results indicated significant and very large reductions in retrospective report of suicidal ideation ($p < .001$; $d = -1.9$), cognitive impairment ($p < .001$; $d = -2.8$), and symptoms of posttraumatic stress disorder ($p < .001$; $d = -3.6$), depression ($p < .001$; $d = -3.7$), and anxiety ($p < .001$; $d = -3.1$). Results also showed a significant and large increase in retrospective report of psychological flexibility ($p < .001$; $d = 2.9$) from before-to-after the psychedelic treatment. Increases in the retrospective report of psychological flexibility were strongly associated with retrospective report of reductions in cognitive impairment, and symptoms of posttraumatic stress disorder, depression, and anxiety (r s range -0.61 to -0.75 ; $p < .001$). Additionally, most participants rated the psychedelic experiences as one of the top five personally meaningful (84%), spiritually significant (88%), and psychologically insightful (86%) experiences of their lives.

Limitations:

Several limitations should be considered including the retrospective, self-report, survey design of the study, and the lack of randomization and blinding, thus making these findings preliminary.

Conclusion

U.S. Special Operations Forces Veterans may have unique treatment needs because of the sequela of problems associated with repeated trauma exposure and the nature of the exposure. Psychedelic-assisted therapy with these under-researched psychedelics may hold unique promise for this population. However, controlled studies are needed to determine whether this treatment is efficacious in relieving mental health and cognitive impairment among U.S. Special Operations Forces Veterans.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08999-6>

Co-occurrence of hearing loss and posttraumatic stress disorder among injured military personnel: a retrospective study.

Andrew J. MacGregor, Antony R. Joseph, G. Jay Walker & Amber L. Dougherty

BMC Public Health

Published 08 July 2020

<https://doi.org/10.1186/s12889-020-08999-6>

Background

Posttraumatic stress disorder (PTSD) and hearing loss are hallmark public health issues related to military service in Iraq and Afghanistan. Although both are significant individual contributors to disability among veterans, their co-occurrence has not been specifically explored.

Methods

A total of 1179 male U.S. military personnel who sustained an injury between 2004 and 2012 during operations in Iraq or Afghanistan were identified from clinical records. Pre- and postinjury audiometric data were used to define new-onset hearing loss, which was categorized as unilateral or bilateral. Diagnosed PTSD was abstracted from electronic medical records. Logistic regression analysis examined the relationship between hearing loss and PTSD, while adjusting for age, year of injury, occupation, injury severity, injury mechanism, and presence of concussion.

Results

The majority of the study sample were aged 18–25 years (79.9%) and sustained mild-moderate injuries (94.6%). New-onset hearing loss was present in 14.4% of casualties (10.3% unilateral, 4.1% bilateral). Rates of diagnosed PTSD were 9.1, 13.9, and 29.2% for those with no hearing loss, unilateral hearing loss, and bilateral hearing loss, respectively. After adjusting for covariates, those with bilateral hearing loss had nearly three-times higher odds of PTSD (odds ratio = 2.92; 95% CI, 1.47–5.81) compared to those with no hearing loss. Unilateral hearing loss was not associated with PTSD.

Conclusions

Both PTSD and hearing loss are frequent consequences of modern warfare that adversely affect the overall health of the military. Bilateral, but not unilateral, hearing loss was associated with a greater burden of PTSD. This has implications for warfighter rehabilitation and should encourage collaboration between audiology and mental health professionals.

A meta-analysis of the effects of training clinicians in exposure therapy on knowledge, attitudes, intentions, and behavior.

Heidi Trivasse, Thomas L. Webb, Glenn Waller

Clinical Psychology Review

Available online 12 July 2020

<https://doi.org/10.1016/j.cpr.2020.101887>

Highlights

- Training in exposure therapy has large effects on clinicians' attitudes and knowledge.
- Such training has smaller effects on their intentions and self-efficacy.
- Training in exposure therapy has a non-significant impact on clinicians' behaviors.

Abstract

Despite evidence that exposure therapy is an effective way to treat anxiety, many clinicians fail to implement it appropriately. The current review investigated whether training can improve practicing clinicians' beliefs about and implementation of exposure therapy. A systematic search of four databases (PsycINFO, Medline, Scopus, and ProQuest Dissertations and Theses) identified fifteen studies evaluating the impact of training in exposure therapy. A series of meta-analyses revealed that training had large-sized positive effects on clinicians' knowledge of exposure therapy ($d+ = 1.18$), attitudes towards exposure therapy ($d+ = 0.84$), and self-efficacy associated with delivering exposure therapy ($d+ = 0.72$). There were, however, only medium-sized positive effects on clinicians' intentions to use exposure therapy ($d+ = 0.41$) and behavior ($d+ = 0.35$). These findings suggest that training can provide clinicians with the knowledge and confidence to use exposure therapy, but might not be sufficient to promote changes in practice. Future research should consider incorporating volitional interventions into training (e.g., if-then planning or implementation intentions), in order to bridge this gap.

Links of Interest

VA should already care for veterans with bad-paper discharges, experts say
<https://www.militarytimes.com/news/your-military/2020/07/09/va-should-already-care-for-veterans-with-bad-paper-discharges-experts-say/>

Teletherapy, Popular in the Pandemic, May Outlast It
<https://www.nytimes.com/2020/07/09/well/mind/teletherapy-mental-health-coronavirus.html>

'I have a sense of purpose': How service dogs help veterans cope with PTSD
<https://www.stripes.com/news/us/i-have-a-sense-of-purpose-how-service-dogs-help-veterans-cope-with-ptsd-1.616788>

The Physiology of Combat Stress Reactions
<https://www.pdhealth.mil/news/blog/physiology-combat-stress-reactions>

She was a pioneering Coast Guard rescue swimmer. A tsunami of sexual harassment followed
<https://www.miamiherald.com/news/state/florida/article238336883.html>

Effort underway in Guard for women soldiers to avoid choice between pregnancy and military career
<https://www.armytimes.com/news/your-military/2020/07/13/effort-underway-in-guard-for-women-soldiers-to-avoid-choice-between-pregnancy-and-military-career/>

Esper directs services to review racial bias in grooming standards, training and more
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

Mental health and suicide prevention during COVID-19
<https://www.blogs.va.gov/VAntage/76827/mental-health-and-suicide-prevention-during-covid-19/>

Resource of the Week: [Management of Sleep Disturbances Following Concussion/Mild TBI Clinical Suite](#) (Updated)

New, from the Defense and Veterans Brain Injury Center (DVBIC):

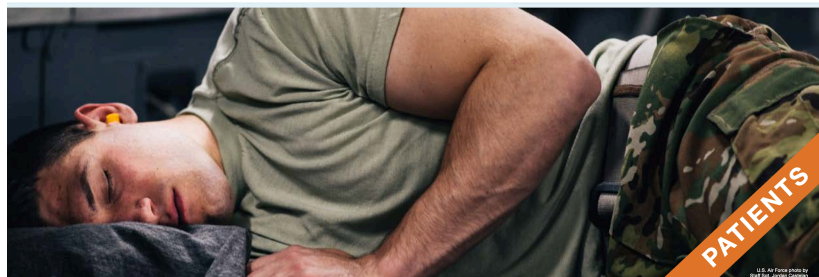
DVBIC updated the Management of Sleep Disturbances following Concussion/Mild TBI: Guidance for Primary Care Management in Deployed and Non-Deployed Settings (Sleep CR). It represents a major revision of the 2014 Sleep CR, and incorporated the new functionality of the Clinical Support Tool. Developed for health care providers, the CR has gone through multiple layers of review, including an expert working group of service-selected subject matter experts and end-users.

Key 2020 Sleep CR updates:

- An improved concise, step-by-step guide for diagnosis and management of sleep disturbances.
- Information on more types of relevant sleep disturbances following concussion — including restless legs syndrome, insufficient sleep syndrome, and parasomnias.
- Increased practicality with dosing recommendations for medicines and specialty referral timelines where applicable.
- Recommendations aligned with the newly published 2019 DoD/VA Chronic Insomnia and Obstructive Sleep Apnea Clinical Practice Guidelines and the American Academy of Sleep Medicine.
- An updated patient fact sheet, which includes healthy sleep practices as well as stimulus control and relaxation strategies for insomnia.

HEALTHY SLEEP Following Concussion/mTBI

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