

CDP



Research Update -- August 27, 2020

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- Resource of the Week: Association for Behavioral and Cognitive Therapies Anti-Racism Resource List

<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22573>

Delivering Prolonged Exposure Therapy via Videoconferencing During the COVID-19 Pandemic: An Overview of the Research and Special Considerations for Providers.

Wells, S.Y., Morland, L.A., Wilhite, E.R., Grubbs, K.M., Rauch, S.A., Acierno, R. and McLean, C.P.

Journal of Traumatic Stress

First published: 17 August 2020

<https://doi.org/10.1002/jts.22573>

Leveraging technology to provide evidence-based therapy for posttraumatic stress disorder (PTSD), such as prolonged exposure (PE), during the COVID-19 pandemic helps ensure continued access to first-line PTSD treatment. Clinical video teleconferencing (CVT) technology can be used to effectively deliver PE while reducing the risk of COVID-19 exposure during the pandemic for both providers and patients. However, provider knowledge, experience, and comfort level with delivering mental health care services, such as PE, via CVT is critical to ensure a smooth, safe, and effective transition to virtual care. Further, some of the limitations associated with the pandemic, including stay-at-home orders and physical distancing, require that providers become adept at applying principles of exposure therapy with more flexibility and creativity, such as when assigning in vivo exposures. The present paper provides the rationale and guidelines for implementing PE via CVT during COVID-19 and includes practical suggestions and clinical recommendations.

<https://europepmc.org/article/med/32726109>

Alcohol-related emergency department visits, hospitalizations, and co-occurring injuries, active component, U.S. Armed Forces, 2009-2018.

Self AR, Oetting AA, Clausen SS, Stahlman S

Medical Surveillance Monthly Report (MSMR)
30 Jun 2020, 27(7):7-14
Armed Forces Health Surveillance Branch
Defense Health Agency

The military has a high prevalence of alcohol misuse, which can lead to injuries and negative health outcomes. This report characterizes the rate of alcohol-related emergency department and inpatient encounters in the military and the percentage of encounters with co-occurring injury. Between January 2009 and December 2018, there were 75.3 alcohol-related encounters per 10,000 person-years, with a 14.0% decline over the study period. Rates were higher among men, those aged 21-25 years, non-Hispanic whites, Army service members, junior enlisted, and those in combat-specific occupations compared to their respective counterparts. An increase in the rate of encounters in 2010 and 2012 mirrored the surge of troops in Afghanistan. Moreover, 17.1% of alcohol-related encounters were associated with co-occurring injuries. Intentional injuries constituted the largest mechanism of injury, and the percentage of injuries attributable to intentional causes trended down over the study period. Policies and programs that discourage heavy drinking, especially among those exposed to combat, have the potential to decrease medical encounters and injuries related to alcohol misuse.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jmft.12451>

**Parental Relationship Quality and Adolescent Depressive Symptoms:
Investigating The Role of Parental Warmth and Hostility in United States Military
Families.**

Mallory Lucier-Greer, Samantha Howard, Jay A. Mancini

Journal of Marital and Family Therapy
First published: 15 August 2020
<https://doi.org/10.1111/jmft.12451>

Military life is characterized by regular transitions; thus, parents are positioned to serve as stable protective factors for adolescents. We investigated a theory-informed model that assessed direct and indirect relationships between parental relationship quality, parental behaviors, and adolescent depressive symptomatology using cross-sectional data of military families in the United States (US). Participant families (N = 229),

recruited via convenience sampling to take a computer-based survey, included an active duty father, his spouse, and an adolescent. Mother's couple relationship quality was indirectly linked to adolescent depressive symptoms through maternal warmth. Conversely, father's couple relationship quality was indirectly linked to adolescent depressive symptoms via paternal hostility. In other words, parental couple relationship quality was indirectly related to adolescent depressive symptoms, but this relationship differed by parent (i.e., warmth for mothers and hostility for fathers). Findings were similar for adolescent boys and girls.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22572>

Sexual Assault, Posttraumatic Stress Symptoms, and Indices of Aggression Among Women.

Rachel Wamser-Nanney, Hannah E. Walker, John T. Nanney

Journal of Traumatic Stress

First published: 13 August 2020

<https://doi.org/10.1002/jts.22572>

Sexual assault is associated with many adverse outcomes, including a higher risk for developing posttraumatic stress symptoms (PTSS). Although nonsexual trauma exposure has been linked to aggression, the associations between sexual assault and aggression are understudied. Further, the DSM-5 conceptualization of posttraumatic stress disorder (PTSD) includes a symptom related to aggression, and associations between symptom clusters and aggression with regard to the new criteria are underexplored. The present study aimed to (a) examine the relations between sexual assault and indices of aggression (i.e., physical/verbal aggression, anger, and hostility) after accounting for PTSS and (b) investigate PTSD symptom clusters in relation to aggression among 263 women (Mage = 29.03 years, SD = 11.71; 67.6% white). Path analysis revealed that sexual assault was unrelated to indices of aggression, β s = .003–.08; however, PTSS was consistently linked with increased aggression, β s = .22–.49. Results indicated specificity in the associations between the symptom clusters and aspects of aggression. Negative alterations in cognitions and mood corresponded with increased physical aggression, β = .28, and hostility, β = .38, and avoidance was related to verbal aggression, β = .19. Hyperarousal was also tied to higher levels of anger, hostility, and verbal aggression, β s = .21–.33. Nonetheless, lower levels of intrusion symptoms were associated with increased anger and hostility, β = -.26. With

regard to understanding women's risk for aggression, PTSS may be more relevant than sexual assault. Further, there may be specificity related to the type of PTSD symptoms and aspects of aggression.

<https://www.liebertpub.com/doi/abs/10.1089/tmj.2019.0226>

Telehealth Ethics: The Role of Care Partners.

Emily M. Hayden, Kimberly S. Eler, and David Fleming

Telemedicine and e-Health

Aug 2020; 976-977

<http://doi.org/10.1089/tmj.2019.0226>

During telehealth encounters, care partners may assist with physical maneuvers or examinations. These care partners may be friends or family members of the patient. There are unique ethical considerations in the use of care partners during telehealth examinations, yet there is limited guidance for such interactions. Evidence-based guidelines should be created to ensure the safety and quality of telehealth encounters when care partners are used.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754122>

Finding meaning in times of family stress: A mixed methods study of benefits and challenges amongst home-front parents in military families.

Tessa K. Kritikos, Ellen R. DeVoe, Renée Spencer, David A. Langer, Juliann Vikse Nicholson, Fatima Mufti & Martha C. Tompson

Military Psychology

Published online: 04 Jun 2020

<https://doi.org/10.1080/08995605.2020.1754122>

Family stress theory explains how demands placed on the family system interact with capabilities to influence family adaptation. One capability that some military families may use naturalistically is that of benefit-finding, the recognition of value and benefit

after a stressful or traumatic experience. In this mixed methods study, authors explore the perception of benefits associated with military service amongst 26 home-front mothers. Methods incorporate a self-report questionnaire adapted for this population and a qualitative interview aimed at understanding challenges and benefits associated with these women's experiences as members of a military family. Results revealed that more women than not endorsed meaningful changes that they have experienced as a result of their family's military service, despite a wide range of challenges and negative experiences. Four themes of benefits emerged from analyses: (a) financial, educational and career benefits; (b) cultivating strength; (c) friendships and community; and (d) pride. These findings illuminate the diverse ways in which women find meaning in their family's military service and upon replication and elaboration of these results, have clinical implications for the development of future prevention and intervention work with military families.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754123>

PTSD relapse in Veterans of Iraq and Afghanistan: A systematic review.

Erik Eng Berge, Roger Hagen & Joar Øveraas Halvorsen

Military Psychology

Published online: 04 Jun 2020

<https://doi.org/10.1080/08995605.2020.1754123>

This systematic review examines studies published between 2003, the initial invasion of Iraq, and 2018 related to the long-term treatment outcomes for Veterans of Iraq and Afghanistan suffering from combat-related posttraumatic stress disorder (PTSD). More specifically this review attempts to estimate the rate at which Veterans experience the return of symptoms after completing treatment. The review was conducted by the authors in accordance with the Cochrane Handbook for Systematic Reviews of Interventions. The literature search identified eight eligible studies, which met the predefined inclusion criteria. Of the included studies a majority were deemed to be at a high risk of attrition bias. In addition, few studies comprehensively reported relevant relapse or recurrence related outcome statistics. The implications of the available evidence base on long-term treatment outcomes are discussed. Recommendations for future studies on relapse and recurrence of PTSD symptoms among Veterans of Iraq and Afghanistan are also presented.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1754147>

Contextualizing inclusion: Developing a framework and measure for a military context.

Tara A. (Rench) Brown, Krista L. Ratwani, Melinda J. Key-Roberts, Mathias J. Simmons, Tatiana H. Toumbeva & Lisa H. Nishii

Military Psychology

Published online: 28 Jul 2020

<https://doi.org/10.1080/08995605.2020.1754147>

Given recent changes and transitions occurring within the US military, it is imperative – now more than ever – that leaders find a way to leverage demographic and functional diversity in their units to support mission effectiveness. Academic researchers have found that fostering a climate for inclusion, where all individuals feel like they are fairly treated, valued, and included, can maximize the benefits of diversity, while minimizing potential disadvantages. However, no research has systematically explored what it means to assess and develop a climate for inclusion in the military context. The current research employs a multi-study approach comprised of both qualitative and quantitative methods to understand how a climate for inclusion manifests itself within the military, how to assess it, and the factors that contribute to inclusive environments. Across the three studies, over 700 US Army Soldiers provided input via focus groups or surveys, resulting in a 16-item climate for inclusion measure representing two dimensions – horizontal social inclusion and vertical information inclusion. This research, and the resulting climate for inclusion measure, provides the foundation that military leaders need to effectively leverage diversity in their units to yield performance improvements.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1760684>

The impact of social support and morally injurious events on PTSD symptoms in Veterans.

Kelly L. Harper, Melinda A. Stanley, Julie J. Exline, Kenneth I. Pargament, Terri L. Fletcher & Ellen J. Teng

Military Psychology

Published online: 28 Jul 2020

<https://doi.org/10.1080/08995605.2020.1760684>

Potentially morally injurious events (PMIEs), including committing transgressions (Transgressions-Self) and perceiving betrayals, have been positively associated with posttraumatic stress disorder (PTSD). A proposed mechanism for the association between PMIEs and PTSD symptoms is social disconnection. However, research on PMIEs and social disconnection is limited. Secondary data analysis from a larger study examined the moderating role of different sources of perceived social support (Family, Friends, and Significant Other) on the relation between PMIEs (Transgressions-Self and Betrayal) and PTSD. The interaction of Transgressions-Self and perceived social support subscales did not predict PTSD symptoms. However, the interaction of Betrayals and perceived social support (Significant Other and Family) predicted PTSD symptoms. Results suggest that perceived social support provides a protective effect for low to mean levels of perceived betrayals; however, for Veterans reporting high levels of betrayal, perceived social support did not attenuate PTSD symptom severity. Additional research on perceived betrayals and the association with PTSD is needed, especially for Veterans who experience high levels of perceived betrayals.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1774321>

On moral grounds: Moral identity and moral disengagement in relation to military deployment.

Miriam C. de Graaff, Ellen Giebels & Desiree E. M. Verweij

Military Psychology

Published online: 28 Jul 2020

<https://doi.org/10.1080/08995605.2020.1774321>

Following Blasi's self-model of moral functioning, this exploratory study aims to gain insight into the construction of moral identity among military professionals experiencing daily moral dilemmas during deployment. Semi-structured interviews with 45 servicemen were content-coded and analyzed, exploring relationships between moral identity and verbalized moral disengagement. The results revealed three patterns, giving direction for further research. First, the analyses suggest that a higher moral awareness is associated with more justifications for one's own behavior. Second,

leaders showed more inclination toward conscious moral identity than their subordinates. Third, the number of moral dilemmas experienced during deployment were similar for servicemen of all ranks. Moreover, critical self-reflection and self-assessment were relatively underreported across all ranks.

<https://www.sciencedirect.com/science/article/pii/S0022395620309225>

Exposure-related cortisol predicts outcome of psychotherapy in veterans with treatment-resistant posttraumatic stress disorder.

Marieke J. van Gelderen, Mirjam J. Nijdam, Friso de Vries, Onno C. Meijer, Eric Vermetten

Journal of Psychiatric Research
Available online 18 August 2020
<https://doi.org/10.1016/j.jpsychires.2020.08.011>

Background

Hypothalamic-pituitary-adrenal axis functioning has been related to treatment outcome in posttraumatic stress disorder (PTSD). Previous studies have primarily focused on cortisol levels before and after a course of therapy and findings have not been fully consistent. This study investigated session-related cortisol levels in veterans with treatment-resistant PTSD over the course of a novel motion-assisted virtual reality exposure therapy and aimed to determine whether cortisol levels were related to changes in PTSD symptom severity.

Methods

Veterans (n=22) received 6 exposure sessions during which salivary cortisol samples were collected pre-session, post-session and in the late afternoon following sessions. PTSD symptom severity was assessed by structured clinical interviews at pre- and post-treatment. Average cortisol levels were compared between responders and non-responders. Linear regression analyses were conducted with PTSD symptom change as criterion variable, average cortisol levels as predictor, and timing of sampling and baseline PTSD symptoms as covariates.

Results

Responders to treatment tended to have higher average cortisol levels at pre-session (p=0.064) and post-session (p=0.050) compared to non-responders. Higher average

pre-session and post-session cortisol levels predicted greater PTSD symptom improvement (pre: $b=-1.83$, $p=0.009$; post: $b=-3.57$, $p=0.004$).

Conclusion

This study provides preliminary evidence for session-related cortisol as biomarker of response to exposure-based therapies for PTSD. Higher cortisol levels may have facilitated fear extinction and reconsolidation, and may indicate increased physiological stress activation necessary for appropriate treatment engagement. Further work involving comparable methodology is encouraged to establish session-related cortisol as biomarker and to determine the mechanisms through which it interacts with treatment outcome.

<https://www.sciencedirect.com/science/article/pii/S0022395620309250>

Trends in anxiety among adults in the United States, 2008-2018: Rapid increases among young adults.

Renee D. Goodwin, Andrea H. Weinberger, June H. Kim, Melody Wu, Sandro Galea

Journal of Psychiatric Research

Available online 21 August 2020

<https://doi.org/10.1016/j.jpsychires.2020.08.014>

Highlights

- Anxiety increased from 2008 to 2018 among American adults
- Nearly 7% of adults and 15% of young adults reported anxiety in 2018
- Anxiety increased most rapidly among young adults ages 18-25 years old
- Anxiety did not significantly increase among individuals 50 years old and older

Abstract

Introduction

In a time of global uncertainty, understanding the psychological health of the American public is imperative. There are no current data on anxiety trends among adults in the United States (US) over time. This study aimed to investigate prevalence of anxiety among US adults from 2008-2018.

Methods

Data from the National Survey on Drug Use and Health (NSDUH), which is an annual,

cross-sectional survey on substance use and mental health in the US, were analyzed in 2020. Prevalence of past-month anxiety was estimated among those ages ≥ 18 , by survey year from 2008 to 2018. Time trends were tested using logistic regression.

Results

Anxiety increased from 5.12% in 2008 to 6.68% in 2018 ($p < .0001$) among adult Americans. Stratification by age revealed the most notable increase from 7.97% to 14.66% among respondents 18-25 years old ($p < .001$), which was a more rapid increase than among 26-34 and 35-49 year olds (differential time trend $p < .001$). Anxiety did not significantly increase among those ages 50 and older. Anxiety increased more rapidly among those never married and with some college education, relative to their respective counterparts. Apart from age, marital status and education, anxiety increased consistently among sociodemographic groups.

Conclusions

Anxiety is increasing among adults under age 50 in the US, with more rapid increase among young adults. To prepare for a healthier adulthood and given direct and indirect (via 24/7 media) exposure to anxiety-provoking world events, prophylactic measures that can bolster healthy coping responses and/or treatment seeking seem warranted on a broad scale.

<https://www.tandfonline.com/doi/full/10.1080/02699052.2020.1807054>

Contributions of posttraumatic stress disorder (PTSD) and mild TBI (mTBI) history to suicidality in the INTRuST consortium.

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Brain Injury

Published online: 18 Aug 2020

<https://doi.org/10.1080/02699052.2020.1807054>

Objective

Mild TBI (mTBI) and posttraumatic stress disorder (PTSD) are independent risk factors for suicidal behaviour (SB). Further, co-occurring mTBI and PTSD increase one's risk

for negative health and psychiatric outcomes. However, little research has examined the role of comorbid mTBI and PTSD on suicide risk.

Methods

The present study utilized data from the Injury and TRaumatic STress (INTRuST) Consortium to examine the prevalence of suicidal ideation (SI) and behaviours among four groups: 1) comorbid mTBI+PTSD, 2) PTSD only, 3) mTBI only, and 4) healthy controls.

Results

Prevalence of lifetime SI, current SI, and lifetime SB for individuals with mTBI+PTSD was 40%, 25%, and 19%, respectively. Prevalence of lifetime SI, current SI, and lifetime SB for individuals with PTSD only was 29%, 11%, and 11%, respectively. Prevalence of lifetime SI, current SI, and lifetime SB for individuals with mTBI only was 14%, 1%, and 2%, respectively. Group comparisons showed that individuals with mTBI alone experienced elevated rates of lifetime SI compared to healthy controls. History of mTBI did not add significantly to risk for suicidal ideation and behaviour beyond what is accounted for by PTSD.

Conclusion

Findings suggest that PTSD seems to be driving risk for suicidal behaviour.

<https://jcsn.aasm.org/doi/abs/10.5664/jcsn.8758>

Dream enactment behavior: a real nightmare. A review of PTSD, RBD, and trauma-associated sleep disorder.

Daniel A. Barone, MD

Journal of Clinical Sleep Medicine

Published Online: August 17, 2020

<https://doi.org/10.5664/jcsn.8758>

Dream enactment behavior (DEB) is a phenomenon demonstrated in patients with posttraumatic stress disorder, rapid eye movement sleep behavior disorder (RBD), as well as with a more recently described condition entitled trauma-associated sleep disorder (TASD), which shares diagnostic criteria for RBD. While these conditions share some commonalities, namely DEB, they are quite different in pathophysiology and

underlying mechanisms. This review will focus on these three conditions, with the purpose of increasing awareness for TASD in particular.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/da.23083>

Associations of warzone veteran mental health with partner mental health and family functioning: Family Foundations Study.

Molly R. Franz, Anica Pless Kaiser, Rebecca J. Phillips, Lewina O. Lee, Amy E. Lawrence, Casey T. Taft, Jennifer J. Vasterling

Depression & Anxiety

First published: 17 August 2020

<https://doi.org/10.1002/da.23083>

Introduction

Warzone participation is associated with increased risk of stress-related psychopathology, including posttraumatic stress disorder (PTSD) and depression. Prior research suggests that the mental health of spouses of warzone veterans (WZVs) is linked to that of their partners. Additionally, PTSD among WZVs has been associated with marital dysfunction. Less is known about the effects of depression among WZVs on partner mental health and family relationships. We sought in this study to examine associations between WZV PTSD and depression and partner mental health and relationship outcomes.

Methods

Using a nationally dispersed sample of Iraq and Afghanistan veterans and their married and unmarried intimate partners, 245 dyads completed structured psychiatric interviews and psychometric surveys assessing family functioning and relationship aggression.

Results

Adjusted regression analyses indicated that depression among WZVs was associated with partner depression and anxiety disorders. WZV PTSD and depression were also associated with partner-reported relationship dysfunction, dissatisfaction, and communication issues, and higher rates of intimate partner aggression victimization and perpetration.

Conclusions

Mental health consequences of war extend beyond WZVs to the mental health of their intimate partners and their relationships with intimate partners.

<https://www.sciencedirect.com/science/article/pii/S0306460320307450>

Protective Behavioral Strategies and Alcohol Outcomes: Impact of Mood and Personality Disorders.

Véronique S. Grazioli, Joseph Studer, Mary E. Larimer, Melissa A. Lewis, ... Gerhard Gmel

Addictive Behaviors

Available online 18 August 2020

<https://doi.org/10.1016/j.addbeh.2020.106615>

Highlights

- Men with borderline personality disorders evince stronger negative PBS-alcohol link.
- The PBS-alcohol link is not significant in men with depression.\
- The PBS-consequences link is not significant in men with bipolar spectrum disorder.
- Social anxiety does not significantly moderate PBS-alcohol outcomes associations.

Abstract

Although young men or young adults with mental health disorders are at higher risk to engage in problematic drinking, they typically evince stronger associations between protective behavioral strategies (PBS) and fewer alcohol outcomes. This study aimed to contribute to this line of research by examining the moderating effect of depression, bipolar spectrum disorder, borderline personality disorder and social anxiety disorder on the association between PBS and alcohol outcomes. Participants (N = 4,960; mean age = 25.43) were young men participating in the Cohort Study on Substance Use Risk Factors. Measures of PBS use, typical drinks per week, alcohol-related consequences, depression, bipolar spectrum disorder, borderline personality disorder and social anxiety disorder were used from the second follow-up assessment. Main results indicated that the negative association between PBS and alcohol use was stronger in participants with borderline personality disorder than among those without this disorder. Unexpectedly, in

participants with depression, PBS were not significantly associated with alcohol use, whereas they were related to fewer drinks among those without the disorder. Similarly, in participants with bipolar spectrum disorder, the association between PBS and alcohol-related consequences was not significant, whereas PBS were associated with fewer consequences in those without the disorder. Finally, findings indicated that social anxiety disorder did not significantly moderate the associations between PBS and alcohol outcomes. If replicated by future research, these findings imply that PBS-intervention may not equally impact young adults with diverse mental health disorders.

<https://www.nature.com/articles/s41598-020-70866-6>

Sleep disturbances as risk factors for suicidal thoughts and behaviours: a meta-analysis of longitudinal studies.

Lauren M. Harris, Xieyining Huang, Kathryn P. Linthicum, Chloe P. Bryen & Jessica D. Ribeiro

Scientific Reports

Volume 10, Article number: 13888 (2020)

<https://doi.org/10.1038/s41598-020-70866-6>

In recent years, there has been a growing interest in understanding the relationship between sleep and suicide. Although sleep disturbances are commonly cited as critical risk factors for suicidal thoughts and behaviours, it is unclear to what degree sleep disturbances confer risk for suicide. The aim of this meta-analysis was to clarify the extent to which sleep disturbances serve as risk factors (i.e., longitudinal correlates) for suicidal thoughts and behaviours. Our analyses included 156 total effects drawn from 42 studies published between 1982 and 2019. We used a random effects model to analyse the overall effects of sleep disturbances on suicidal ideation, attempts, and death. We additionally explored potential moderators of these associations. Our results indicated that sleep disturbances are statistically significant, yet weak, risk factors for suicidal thoughts and behaviours. The strongest associations were found for insomnia, which significantly predicted suicide ideation (OR 2.10 [95% CI 1.83–2.41]), and nightmares, which significantly predicted suicide attempt (OR 1.81 [95% CI 1.12–2.92]). Given the low base rate of suicidal behaviours, our findings raise questions about the practicality of relying on sleep disturbances as warning signs for imminent suicide risk. Future research is necessary to uncover the causal mechanisms underlying the relationship between sleep disturbances and suicide.

<https://www.liebertpub.com/doi/abs/10.1089/neu.2020.7176>

Military Acute Concussion Evaluation (MACE 2): A report on clinical usability, utility, and user's perceived confidence.

Dr. Bilal Khokhar, Dr. Kendra Jorgensen-Wagers, Dr. Donald W Marion, and Dr. Seth Kiser

Journal of Neurotrauma

Published Online: 18 Aug 2020

<https://doi.org/10.1089/neu.2020.7176>

The signs and symptoms of concussion may not always be clear so the Military Acute Concussion Evaluation (MACE) tool was created to help deployed medics and corpsmen identify concussions, particularly in deployed settings. Since 2008 the MACE has been updated multiple times, but each new version of the tool is more complex and takes longer to complete. The objective of this study was to assess the usability, utility and perceived confidence among military healthcare providers for the latest version, MACE 2. Therefore, a semi-structured interview, including Likert-scale and open ended questions, was conducted among military healthcare providers at Landstuhl Regional Medical Center in order to assess the usability, utility and perceived confidence of the MACE 2. All of the providers had completed a training course on the MACE 2, and had used it for at least 3 months in their clinics. A total of 28 participants were recruited, including 22 medics, 2 physicians, 3 nurses and one physician assistant. Average scores of usability, utility, and confidence were 5.7, 6.6, and 6.3, respectively, with 7 being the most positive score and thus indicating positive assessments in all categories. The open ended questions revealed high usability and confidence, and the desire for additional training on the tool. In conclusion, despite the increased complexity and duration of the MACE 2 compared to the previous version of this tool, military providers and army medics found the new MACE 2 very useable and had a high degree of confidence in its performance.

<https://journals.sagepub.com/doi/abs/10.1177/1524838020946800>

Social Functioning in Individuals With Post-Traumatic Stress Disorder: A Systematic Review.

Scoglio, A. A. J., Reilly, E. D., Girouard, C., Quigley, K. S., Carnes, S., & Kelly, M. M.

Trauma, Violence, & Abuse

First Published August 19, 2020

<https://doi.org/10.1177/1524838020946800>

Post-traumatic stress disorder (PTSD) can lead to multiple deleterious outcomes and has negative, sometimes debilitating, impacts on general functioning of those affected. This systematic review of 26 articles evaluates the existing literature on social functioning outcomes used in PTSD research, the association between PTSD and social functioning, and the impact of interventions for PTSD on social functioning. A review of 26 articles using the preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines for systematic reviews showed that PTSD was associated with significant impairment in global social functioning. This review also reveals the need for both standardized definitions and better assessment methods to operationalize social functioning and improve our ability to compare findings across studies. The literature also suggests that some evidence-based treatments for PTSD improve social functioning despite not explicitly targeting social functioning in the treatment. The findings of this review suggest that there are ample opportunities for improving both research and interventions to improve global social functioning in PTSD.

<https://onlinelibrary.wiley.com/doi/full/10.1111/jsr.13140>

Insomnia as a mediating therapeutic target for depressive symptoms: A sub-analysis of participant data from two large randomized controlled trials of a digital sleep intervention.

Alasdair L. Henry, Christopher B. Miller, Richard Emsley, Bryony Sheaves, Daniel Freeman, Annemarie I. Luik, Donna L. Littlewood, Kate E. A. Saunders, Jennifer C. Kanady, Jenna R. Carl, Michelle L. Davis, Simon D. Kyle, Colin A. Espie

Journal of Sleep Research
First published: 18 August 2020
<https://doi.org/10.1111/jsr.13140>

Insomnia predicts the onset of depression, commonly co-presents with depression and often persists following depression remission. However, these conditions can be challenging to treat concurrently using depression-specific therapies. Cognitive behavioural therapy for insomnia may be an appropriate treatment to improve both insomnia and depressive symptoms. We examined the effects of a fully-automated digital cognitive behavioural therapy intervention for insomnia (Sleepio) on insomnia and depressive symptoms, and the mediating role of sleep improvement on depressive symptoms in participants from two randomized controlled trials of digital cognitive behavioural therapy for insomnia. We also explored potential moderators of intervention effects. All participants met criteria for probable insomnia disorder and had clinically significant depressive symptomatology (PHQ-9 \geq 10; $n = 3,352$). Individuals allocated to treatment in both trials were provided access to digital cognitive behavioural therapy. Digital cognitive behavioural therapy significantly improved insomnia ($p < .001$; $g = 0.76$) and depressive symptoms ($p < .001$; $g = 0.48$) at post-intervention (weeks 8–10), and increased the odds (OR = 2.9; 95% CI = 2.34, 3.65) of clinically significant improvement in depressive symptoms (PHQ-9 < 10). Improvements in insomnia symptoms at mid-intervention mediated 87% of the effects on depressive symptoms at post-intervention. No variables moderated effectiveness outcomes, suggesting generalizability of these findings. Our results suggest that effects of digital cognitive behavioural therapy for insomnia extend to depressive symptoms in those with clinically significant depressive symptomatology. Insomnia may, therefore, be an important therapeutic target to assist management of depressive symptoms.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2769486>

Efficacy of Yoga vs Cognitive Behavioral Therapy vs Stress Education for the Treatment of Generalized Anxiety Disorder: A Randomized Clinical Trial.

Simon NM, Hofmann SG, Rosenfield D, et al.

JAMA Psychiatry
Published online August 12, 2020
<https://doi.org/10.1001/jamapsychiatry.2020.2496>

Key Points

Questions

Are yoga and cognitive behavioral therapy (CBT) each more efficacious than a psychological control condition, and is yoga noninferior to CBT for the treatment of generalized anxiety disorder?

Findings

In this randomized clinical trial of 226 adults with generalized anxiety disorder, 12-week group treatment with either Kundalini yoga or CBT was more effective than the stress education control condition, but the noninferiority test did not find Kundalini yoga to be as effective as CBT.

Meaning

Kundalini yoga can reduce anxiety for adults with generalized anxiety disorder, but study results support CBT remaining first-line treatment.

Abstract

Importance

Generalized anxiety disorder (GAD) is common, impairing, and undertreated. Although many patients with GAD seek complementary and alternative interventions, including yoga, data supporting yoga's efficacy or how it compares to first-line treatments are lacking.

Objectives

To assess whether yoga (Kundalini yoga) and cognitive behavioral therapy (CBT) for GAD are each more effective than a control condition (stress education) and whether yoga is noninferior to CBT for the treatment of GAD.

Design, Setting, and Participants

For this randomized, 3-arm, controlled, single-blind (masked independent raters) clinical trial, participants were recruited from 2 specialty academic centers starting December 1, 2013, with assessment ending October 25, 2019. Primary analyses, completed by February 12, 2020, included superiority testing of Kundalini yoga and CBT vs stress education and noninferiority testing of Kundalini yoga vs CBT.

Interventions

Participants were randomized to Kundalini yoga (n = 93), CBT for GAD (n = 90), or stress education (n = 43), which were each delivered to groups of 4 to 6 participants by 2 instructors during twelve 120-minute sessions with 20 minutes of daily homework.

Main Outcomes and Measures

The primary intention-to-treat outcome was acute GAD response (Clinical Global Impression–Improvement Scale score of much or very much improved) after 12 weeks as assessed by trained independent raters.

Results

Of 538 participants who provided consent and were evaluated, 226 (mean [SD] age, 33.4 [13.5] years; 158 [69.9%] female) with a primary diagnosis of GAD were included in the trial. A total of 155 participants (68.6%) completed the posttreatment assessment. Completion rates did not differ (Kundalini yoga, 60 [64.5%]; CBT, 67 [74.4%]; and stress education, 28 [65.1%]; $\chi^2 = 2.39$, $df = 2$, $P = .30$). Response rates were higher in the Kundalini yoga group (54.2%) than in the stress education group (33.0%) (odds ratio [OR], 2.46 [95% CI, 1.12-5.42]; $P = .03$; number needed to treat, 4.59 [95% CI, 2.52-46.19]) and in the CBT group (70.8%) compared with the stress education group (33.0%) (OR, 5.00 [95% CI, 2.12-11.82]; $P < .001$; number needed to treat, 2.62 [95% CI, 1.91-5.68]). However, the noninferiority test did not find Kundalini yoga to be as effective as CBT (difference, 16.6%; $P = .42$ for noninferiority).

Conclusions and Relevance

In this trial, Kundalini yoga was efficacious for GAD, but the results support CBT remaining first-line treatment.

Trial Registration

ClinicalTrials.gov Identifier: NCT01912287

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003262>

Psychological and pharmacological interventions for posttraumatic stress disorder and comorbid mental health problems following complex traumatic events: Systematic review and component network meta-analysis.

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Background

Complex traumatic events associated with armed conflict, forcible displacement, childhood sexual abuse, and domestic violence are increasingly prevalent. People exposed to complex traumatic events are at risk of not only posttraumatic stress disorder (PTSD) but also other mental health comorbidities. Whereas evidence-based psychological and pharmacological treatments are effective for single-event PTSD, it is not known if people who have experienced complex traumatic events can benefit and tolerate these commonly available treatments. Furthermore, it is not known which components of psychological interventions are most effective for managing PTSD in this population. We performed a systematic review and component network meta-analysis to assess the effectiveness of psychological and pharmacological interventions for managing mental health problems in people exposed to complex traumatic events.

Methods and findings We searched CINAHL, Cochrane Central Register of Controlled Trials, EMBASE, International Pharmaceutical Abstracts, MEDLINE, Published International Literature on Traumatic Stress, PsycINFO, and Science Citation Index for randomised controlled trials (RCTs) and non-RCTs of psychological and pharmacological treatments for PTSD symptoms in people exposed to complex traumatic events, published up to 25 October 2019. We adopted a nondiagnostic approach and included studies of adults who have experienced complex trauma. Complex-trauma subgroups included veterans; childhood sexual abuse; war-affected; refugees; and domestic violence. The primary outcome was reduction in PTSD symptoms. Secondary outcomes were depressive and anxiety symptoms, quality of life, sleep quality, and positive and negative affect. We included 116 studies, of which 50 were conducted in hospital settings, 24 were delivered in community settings, seven were delivered in military clinics for veterans or active military personnel, five were conducted in refugee camps, four used remote delivery via web-based or telephone platforms, four were conducted in specialist trauma clinics, two were delivered in home settings, and two were delivered in primary care clinics; clinical setting was not reported in 17 studies. Ninety-four RCTs, for a total of 6,158 participants, were included in meta-analyses across the primary and secondary outcomes; 18 RCTs for a total of 933 participants were included in the component network meta-analysis. The mean age of participants in the included RCTs was 42.6 ± 9.3 years, and 42% were male. Nine non-RCTs were included. The mean age of participants in the non-RCTs was 40.6 ± 9.4 years, and 47% were male. The average length of follow-up across all included studies at posttreatment for the primary outcome was 11.5 weeks. The pairwise meta-analysis

showed that psychological interventions reduce PTSD symptoms more than inactive control ($k = 46$; $n = 3,389$; standardised mean difference [SMD] = -0.82 , 95% confidence interval [CI] -1.02 to -0.63) and active control ($k=9$; $n = 662$; SMD = -0.35 , 95% CI -0.56 to -0.14) at posttreatment and also compared with inactive control at 6-month follow-up ($k = 10$; $n = 738$; SMD = -0.45 , 95% CI -0.82 to -0.08). Psychological interventions reduced depressive symptoms ($k = 31$; $n = 2,075$; SMD = -0.87 , 95% CI -1.11 to -0.63 ; $I^2 = 82.7\%$, $p = 0.000$) and anxiety ($k = 15$; $n = 1,395$; SMD = -1.03 , 95% CI -1.44 to -0.61 ; $p = 0.000$) at posttreatment compared with inactive control. Sleep quality was significantly improved at posttreatment by psychological interventions compared with inactive control ($k = 3$; $n = 111$; SMD = -1.00 , 95% CI -1.49 to -0.51 ; $p = 0.245$). There were no significant differences between psychological interventions and inactive control group at posttreatment for quality of life ($k = 6$; $n = 401$; SMD = 0.33 , 95% CI -0.01 to 0.66 ; $p = 0.021$). Antipsychotic medicine ($k = 5$; $n = 364$; SMD = -0.45 ; -0.85 to -0.05 ; $p = 0.085$) and prazosin ($k = 3$; $n = 110$; SMD = -0.52 ; -1.03 to -0.02 ; $p = 0.182$) were effective in reducing PTSD symptoms. Phase-based psychological interventions that included skills-based strategies along with trauma-focused strategies were the most promising interventions for emotional dysregulation and interpersonal problems. Compared with pharmacological interventions, we observed that psychological interventions were associated with greater reductions in PTSD and depression symptoms and improved sleep quality. Sensitivity analysis showed that psychological interventions were acceptable with lower dropout, even in studies rated at low risk of attrition bias. Trauma-focused psychological interventions were superior to non-trauma-focused interventions across trauma subgroups for PTSD symptoms, but effects among veterans and war-affected populations were significantly reduced. The network meta-analysis showed that multicomponent interventions that included cognitive restructuring and imaginal exposure were the most effective for reducing PTSD symptoms ($k = 17$; $n = 1,077$; mean difference = -37.95 , 95% CI -60.84 to -15.16). Our use of a non-diagnostic inclusion strategy may have overlooked certain complex-trauma populations with severe and enduring mental health comorbidities. Additionally, the relative contribution of skills-based intervention components was not feasibly evaluated in the network meta-analysis.

Conclusions

In this systematic review and meta-analysis, we observed that trauma-focused psychological interventions are effective for managing mental health problems and comorbidities in people exposed to complex trauma. Multicomponent interventions, which can include phase-based approaches, were the most effective treatment package for managing PTSD in complex trauma. Establishing optimal ways to deliver multicomponent psychological interventions for people exposed to complex traumatic events is a research and clinical priority.

<https://link.springer.com/article/10.1007/s11126-020-09832-4>

The Inter-Rater Consistency of Clinician Ratings of Posttraumatic Stress Disorder (PTSD) Therapy Content.

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Psychiatric Quarterly

Published 21 August 2020

<https://doi.org/10.1007/s11126-020-09832-4>

Effective communication between clinicians is essential for the success of mental health interventions in multidisciplinary contexts. This relies on a shared understanding of concepts, diagnoses and treatments. A major assumption of clinicians when discussing psychological treatments with each other is that both parties have a shared understanding of the theory, rationale and application of the respective technique. We aimed to determine to what extent there is inter-rater agreement between clinicians in describing the content of group therapy sessions. Pairs of clinicians, drawn from a large multidisciplinary team (13), were asked to provide ratings of the therapeutic content and emphasis of N = 154 group therapy sessions conducted during an intensive residential treatment program for post-traumatic stress disorder (PTSD). In most therapeutic content domains there was a moderate level of agreement between clinicians regarding session content (Cohen's Kappa 0.4 to 0.6), suggesting that clinicians have a broad shared understanding of therapeutic content, but that there are also frequent discordant understandings. The implications of these findings on multidisciplinary team communication, patient care and clinical handovers are discussed and directions for further research are outlined.

Links of Interest

The Army had the most hospital trips among the services for alcohol-related problems, study finds

<https://www.stripes.com/news/the-army-had-the-most-hospital-trips-among-the-services-for-alcohol-related-problems-study-finds-1.642078>

Plan to Attend the 2020 VA/DoD Women's Mental Health Webinar Series

<https://www.pdhealth.mil/news/blog/plan-attend-2020-vadod-women-s-mental-health-webinar-series>

I've Been Married to the Military for 15 Years. Our Luck Just Ran Out

<https://www.nytimes.com/2020/08/20/opinion/sunday/coronavirus-military-deployment.html>

My Passion: Service Dogs for Veterans with PTSD

<https://vetstudies.eku.edu/insidelook/my-passion-service-dogs-veterans-ptsd>

Amid coronavirus pandemic, students' first day at DODEA's overseas schools looked different

<https://www.stripes.com/news/pacific/amid-coronavirus-pandemic-students-first-day-at-dodea-s-overseas-schools-looked-different-1.642336>

DVBIC collaboration leads to improved sleep recommendations

<https://health.mil/News/Articles/2020/07/13/DVBIC-collaboration-leads-to-improved-sleep-recommendations>

Huge slate of veteran suicide prevention measures set for debate next month

<https://www.militarytimes.com/news/pentagon-congress/2020/08/25/huge-slate-of-veteran-suicide-prevention-measures-set-for-debate-next-month/>

Resource of the Week: [Association for Behavioral and Cognitive Therapies Anti-Racism Resource List](#)

The ABCT Anti-Racism Resource List contains resources on the history of racism and the impact of racism on Black, Indigenous, and People of Color (BIPOC). This list also contains information on a variety of topics such as culturally competent therapeutic practice and teaching, how to talk about race, and white privilege. Items on the list were provided by ABCT members, and the list was organized by David Teisler, Kathleen Stewart, and Martin M. Antony.



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