

CDP



Research Update -- September 3, 2020

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- Links of Interest
- Resource of the Week: DOD Domestic School System: Background and Issues (CRS)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22505>

Examining Insomnia During Intensive Treatment for Veterans with Posttraumatic Stress Disorder: Does it Improve and Does it Predict Treatment Outcomes?

Zalta, A.K., Pinkerton, L.M., Valdespino-Hayden, Z., Smith, D.L., Burgess, H.J., Held, P., Boley, R.A., Karnik, N.S. and Pollack, M.H.

Journal of Traumatic Stress

First published: 26 March 2020

<https://doi.org/10.1002/jts.22505>

Previous research has demonstrated that sleep disturbances show little improvement with evidence-based psychotherapy for posttraumatic stress disorder (PTSD); however, sleep improvements are associated with PTSD treatment outcomes. The goal of the current study was to evaluate changes in self-reported insomnia symptoms and the association between insomnia symptoms and treatment outcome during a 3-week intensive treatment program (ITP) for veterans with PTSD that integrated cognitive processing therapy (CPT), mindfulness, yoga, and other ancillary services. As part of standard clinical procedures, veterans (N = 165) completed self-report assessments of insomnia symptoms at pre- and posttreatment as well as self-report assessments of PTSD and depression symptoms approximately every other day during treatment. Most veterans reported at least moderate difficulties with insomnia at both pretreatment (83.0%–95.1%) and posttreatment (69.1–71.3%). Statistically significant reductions in self-reported insomnia severity occurred from pretreatment to posttreatment; however, the effect size was small, $d = 0.33$. Longitudinal mixed-effects models showed a significant interactive effect of Changes in Insomnia \times Time in predicting PTSD and depression symptoms, indicating that patients with more improvements in insomnia had more positive treatment outcomes. These findings suggest that many veterans continued to struggle with sleep disruption after a 3-week ITP, and successful efforts to improve sleep could lead to better PTSD treatment outcomes. Further research is needed to establish how adjunctive sleep interventions can be used to maximize both sleep and PTSD outcomes.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032720326239>

PTSD Networks of Veterans with Combat Versus Non-Combat Types of Index Trauma.

Kathryn S. Macia, Amanda M. Raines, Kelly P. Maieritsch, C. Laurel Franklin

Journal of Affective Disorders

Available online 20 August 2020

<https://doi.org/10.1016/j.jad.2020.08.027>

Highlights

- The PTSD networks for combat and non-combat index trauma were moderately similar
- Negative emotion was a highly central symptom in both PTSD networks
- Detachment was a relatively more central symptom in the combat trauma network
- Negative emotion was more strongly related to blame in the combat trauma network

Abstract

Background

Network analysis has become popular among PTSD researchers for studying causal structure or interrelationships among symptoms. However, some have noted that results do not seem to be consistent across studies. Preliminary evidence suggests that trauma type may be one source of variability.

Methods

The current study sought to examine the PTSD networks of veterans with combat versus non-combat index trauma. Participants included 944 veterans who completed the PTSD Checklist for DSM-5 at intake at two VA PTSD clinics.

Results

There were many similarities between the combat and non-combat trauma networks, including strong edges between symptoms that were theoretically related or similar (e.g., avoidance) and negative emotion being a highly central symptom. However, correlations of edge weights (0.509) and node centrality (0.418) across networks suggested moderate correspondence, and there appeared to be some differences associated with certain symptoms. Detachment was relatively more central and the

connections of negative emotion with blame and lack of positive emotion with reckless behavior were stronger for veterans with combat-related index trauma.

Limitations

The data were cross-sectional, which limits the ability to infer directional relationships between symptoms. In addition, the sample was likely not large enough to directly test for differences between networks via network comparison tests.

Conclusions

Although there were many similarities, results also suggested some variability in PTSD networks associated with combat versus non-combat index trauma that could have implications for conceptualizing and treating PTSD among veterans.

<https://link.springer.com/article/10.1007/s41347-020-00161-8>

Lessons Learned in Implementing VA Video Connect for Evidence-Based Psychotherapies for Anxiety and Depression in the Veterans Healthcare Administration.

Ursula S. Myers, Sandra Coulon, Katherine Knies, Kelly Dickens, Stephanie M. Keller, Anna Birks & Anouk L. Grubaugh

Journal of Technology in Behavioral Science

Published 22 August 2020

<https://doi.org/10.1007/s41347-020-00161-8>

A top priority for the Veteran's Healthcare Administration is improving access to high-quality mental healthcare. Mobile and telemental healthcare are a vital component of increasing access for veterans. The Veteran's Healthcare Administration is making efforts to further broaden how veterans receive their care through VA Video Connect, which allows veterans to connect with their provider from their residence or workplace. In this mixed-methods study, successes and challenges associated with the rapid implementation of VA Video Connect telemental health appointments are examined through (1) administrative data and (2) qualitative interviews at one medical center. Within 1 year of the telehealth initiative, the number of providers experienced with telemental health increased from 15% to 85%, and telehealth appointments increased from 5376 to 14,210. Provider reported barriers included administrative challenges and concerns regarding care. Having an implementation model of telehealth champions and

a team of experienced mental health providers allowed for rapid adoption of telehealth. Utilizing a similar model in other settings will further enable more veterans with depression and anxiety to have access to evidence-based psychotherapy, regardless of location or national crisis. With the dramatic increase in both training for providers as well as veteran use of telemental healthcare during the COVID-19 pandemic response, future research should aim to better understand which teams were able to switch to telehealth easily versus those which struggled, along with examining system-wide and provider-level factors that facilitated continued use of telehealth after social distancing requirements related to COVID-19 were relaxed.

<https://qualitysafety.bmj.com/content/early/2020/08/19/bmjqs-2020-011312.abstract>

Retrospective analysis of reported suicide deaths and attempts on veterans health administration campuses and inpatient units.

Mills PD, Soncrant C, Gunnar W.

BMJ Quality & Safety

Published Online First: 20 August 2020

<http://dx.doi.org/10.1136/bmjqs-2020-011312>

Introduction

Suicide is the 10th leading cause of death in the USA. Inpatient suicide is the fourth most common sentinel event reported to the Joint Commission. This study reviewed root cause analysis (RCA) reports of suicide events by hospital unit to provide suicide prevention recommendations for each area.

Methods

This is a retrospective analysis of reported suicide deaths and attempts in the US Veterans Health Administration (VHA) hospitals. We searched the VHA National Center for Patient Safety RCA database for suicide deaths and attempts on inpatient units, outpatient clinics and hospital grounds, between December 1999 and December 2018.

Results

We found 847 RCA reports of suicide attempts (n=758) and deaths (n=89) in VHA hospitals, hanging accounted for 71% of deaths on mental health units and 50% of deaths on medical units. Overdose accounted for 55% of deaths and 68% of attempts in residential units and the only method resulting in death in emergency departments. In

VHA community living centres, hanging, overdose and asphyxiation accounted for 64% of deaths. Gunshot accounted for 59% of deaths on hospital grounds and 100% of deaths in clinic areas. All inpatient locations cited issues in assessment and treatment of suicidal patients and environmental risk evaluation.

Conclusions

Inpatient mental health and medical units should remove anchor points for hanging where possible. On residential units and emergency departments, assessing suicide risk, conducting thorough contraband searches and maintaining observation of suicidal patients is critical. In community living centres, suicidal patients should be under supervision in an environment free of anchor points, medications and means of asphyxiation. Suicide prevention on hospital grounds and outpatient clinics can be achieved through the control of firearms.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2503>

Screening for Moral Injury and Comparatively Evaluating Moral Injury Measures in Relation to Mental Illness Symptomatology, Course, and Diagnosis.

Jason A. Nieuwsma, Mira Brancu, Jennifer Wortmann, Melissa A. Smigelsky, Heather A. King, VISN 6 MIRECC Workgroup, Keith G. Meador

Clinical Psychology & Psychotherapy

First published: 24 August 2020

<https://doi.org/10.1002/cpp.2503>

Moral injury merits further study to clarify its identification, prevalence, assessment, and intersection with psychosocial and psychiatric problems. The present study investigated the screening potential of the Brief Moral Injury Screen (BMIS) in a sample of post-9/11 veterans (N = 315) and comparatively evaluated how this tool, the Moral Injury Events Scale (MIES), and the Moral Injury Questionnaire-Military Version (MIQ-M) relate to psychiatric diagnoses and mental illness symptom severity. Those who endorsed failing to prevent or doing something morally wrong had the highest symptomatology scores on measures of posttraumatic stress disorder (PTSD), depression, suicidality, and alcohol and drug abuse, followed by those who reported solely witnessing a moral injury event. PTSD and depressive symptoms correlated most strongly with scores on the MIQ-M; suicidality, alcohol abuse, and drug abuse scores correlated most strongly with scores on the BMIS and MIQ-M. Moral injury, as measured by three scales, was

robustly correlated with worse outcomes on various symptom measures. The three scales appear to differentially predict mental illness symptomatology and diagnoses, with the BMIS predicting suicidality and alcohol and drug abuse as well as or better than other measures.

<https://www.sciencedirect.com/science/article/abs/pii/S1049386720300694>

Emotion Dysregulation Predicts Dropout from Prolonged Exposure Treatment among Female Veterans with Military Sexual Trauma-Related Posttraumatic Stress Disorder.

Amanda K. Gilmore, Cristina Lopez, Wendy Muzzy, Wilson J. Brown, ... Ron Acierno

Women's Health Issues

Available online 23 August 2020

<https://doi.org/10.1016/j.whi.2020.07.004>

Background

Military sexual trauma (MST) is notably prevalent among military personnel and can result in mental and physical health problems, including post-traumatic stress disorder (PTSD). Although there are several evidence-based treatments for MST-related PTSD, including prolonged exposure (PE) therapy, it is unclear what factors are associated with premature termination (i.e., dropout) from this treatment. Given the popularity of PE as an evidence-based treatment for PTSD, the examination of variables that influence dropout from PE among women veterans with MST is warranted. Identification of these specific factors may assist clinicians in addressing the unique symptom profiles and potential barriers to treatment access for individual MST survivors.

Methods

The current study presents secondary data analyses from an ongoing randomized clinical trial that compared the effectiveness of PE delivered in person to delivery via telemedicine for women veterans with MST-related PTSD (n = 136).

Results

A total of 50% of participants dropped out from the study (n = 68). Difficulties with emotion regulation at baseline were associated with treatment dropout (odds ratio, 1.03; $p < .01$), whereas baseline PTSD and demographic factors were not.

Conclusions

Findings from the current study indicate that emotion regulation skills deficits contribute to PE dropout and may be an appropriate target to address in future clinical trials for PTSD.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395620309298>

Suicide risk factors across suicidal ideators, single suicide attempters, and multiple suicide attempters.

C. Hyung Keun Park, Jae Won Lee, Sang Yeol Lee, Jungjoon Moon, ... Yong Min Ahn

Journal of Psychiatric Research

Available online 22 August 2020

<https://doi.org/10.1016/j.jpsychires.2020.08.018>

Highlights

- Suicidality groups include ideators, single attempters, and multiple attempters.
- These groups represent the suicidal process (from thought to action in severity).
- Increasing trends of suicide risk factors were observed across the suicidality groups.
- Multiple suicide attempters are in more severe clinical states, closer to suicide.
- Multiple suicide attempters must be identified and given more thorough evaluations.

Abstract

Few studies have compared the three suicidality groups—suicidal ideators (SIs), single suicide attempters (SSAs), and multiple suicide attempters (MSAs)—in relation to the suicidal process. This cross-sectional study investigated trends and differences in suicide risk factors across suicidality groups. Using the baseline data of the Korean Cohort for the Model Predicting a Suicide and Suicide-related Behavior, we analyzed trends (Jonckheere-Terpstra or Mantel-Haenszel χ^2 test) and differences (analysis of covariance or logistic regression) in sociodemographic and clinical factors, psychiatric diagnoses, as well as clinical rating scores on psychopathology (suicidal ideation, depressive symptoms, anxiety symptoms, and problem drinking), trait impulsiveness, and stress across suicidality groups. Across suicidality groups comprising 193 SIs, 207 SSAs, and 376 MSAs, we observed a decreasing trend in age and increasing trends in history of early trauma, familial histories of suicide attempts and suicide, most diagnoses and psychopathologies (suicidal ideation, anxiety symptoms, and problem drinking), trait impulsiveness, and stress—with MSAs more likely to have histories of

early trauma and familial suicide, almost uniformly higher proportions of diagnoses, and higher psychopathology rating scores. Overall, increasing trends in suicide risk factors were found across all suicidality groups. Notably, MSAs presented greater proportions of most psychiatric diagnoses and higher degrees of most psychopathologies, motor impulsiveness, and stress, indicating they were at more severe clinical states and were closer to suicide. Mental health professionals should ascertain the number of suicide attempts to identify MSAs, implement more thorough evaluations, and employ additional measures for reducing motor impulsiveness.

<https://www.sciencedirect.com/science/article/pii/S016517812032196X>

Emergency conversion to telehealth in hospital-based psychiatric outpatient services: Strategy and early observations.

Amber W. Childs, Katherine Klingensmith, Sandra M. Bacon, Luming Li

Psychiatry Research

Volume 293, November 2020, 113425

<https://doi.org/10.1016/j.psychres.2020.113425>

Highlights

- Minimizing service disruption for psychiatrically risky patients was critical during COVID-19.
- Rapid deployment of telehealth for group-based intensive outpatient was required.
- Clinical protocols for rapid deployment of group-based intensive services are provided as tools.

Abstract

Balancing public health physical distancing guidelines and the need to provide critical mental health services for risky and psychiatrically complex patient populations without disruption, many systems swiftly pivoted to telehealth to provide care during COVID-19. Leveraging technology, Yale New Haven Psychiatric Hospital's ambulatory services designed and deployed virtual intensive outpatient (IOP) and outpatient (OP) group-based services rapidly. Strategies for rapid deployment of group-based services, including action steps transitioning to telehealth, clinical protocols, and remote workforce training, early observations and challenges to implementation are described

as helpful tools for clinical settings with similar needs to prevent infectious spread while addressing the mental health needs of patients.

<https://www.sciencedirect.com/science/article/abs/pii/S0165178120310647>

Longitudinal suicide ideation trajectories in a clinical trial of brief CBT for U.S. military personnel recently discharged from psychiatric hospitalization.

Daniel J. Lee, Craig J. Bryan, M. David Rudd

Psychiatry Research

Volume 293, November 2020, 113335

<https://doi.org/10.1016/j.psychres.2020.113335>

Highlights

- Research among adolescent samples has suggested patterns of change in suicidal ideation (SI) following psychiatric hospitalization discharge are heterogenous and predictive of subsequent suicide attempts.
- However, no studies have examined SI trajectories following discharge among adult samples or the effect of treatment on trajectories.
- We used growth mixture modeling to examine trajectories of SI among 152 active duty military personnel in a randomized controlled trial comparing brief cognitive-behavioral therapy (CBT) for suicide prevention to treatment as usual following discharge from inpatient psychiatric hospitalization for a suicide risk.
- Analyses of SI at baseline, 3-, 6-, and 12-months post-discharge among the full sample randomized to both conditions revealed two trajectories: rapid improvers (59.21%) and gradual improvers (40.79%).
- Gradual improvers were more than twice as likely to attempt suicide in the two years following discharge.

Abstract

Research among adolescent samples has suggested patterns of change in suicidal ideation (SI) following psychiatric hospitalization discharge are heterogenous and predictive of subsequent suicide attempts. However, no studies have examined SI trajectories following discharge among adult samples or the effect of treatment on trajectories. We used growth mixture modeling to examine trajectories of SI among 152 active duty military personnel in a randomized controlled trial comparing brief cognitive-behavioral therapy (CBT) for suicide prevention to treatment as usual following

discharge from inpatient psychiatric hospitalization for a suicide risk. Analyses of SI at baseline, 3-, 6-, and 12-months post-discharge among the full sample randomized to both conditions revealed two trajectories: rapid improvers (59.21%) and gradual improvers (40.79%). Gradual improvers were more than twice as likely to attempt suicide in the two years following discharge. Exploratory analyses suggested that, relative to those in the treatment as usual condition, those randomized to brief CBT in both trajectories may be less likely to make a suicide attempt during the follow-up period. Results replicate and extend prior research in identifying distinct ideation trajectories following psychiatric inpatient hospitalization for suicide risk to active-duty personnel in a treatment trial and linking these trajectories to suicide attempts during follow-up.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22544>

Cognitive Processing Therapy for Posttraumatic Stress Disorder via Telehealth: Practical Considerations During the COVID-19 Pandemic.

Moring, J.C., Dondanville, K.A., Fina, B.A., Hassija, C., Chard, K., Monson, C., LoSavio, S.T., Wells, S.Y., Morland, L.A., Kaysen, D., Galovski, T.E. and Resick, P.A.

Journal of Traumatic Stress

First published: 13 May 2020

<https://doi.org/10.1002/jts.22544>

The global outbreak of COVID-19 has required mental health providers to rapidly rethink and adapt how they provide care. Cognitive processing therapy (CPT) is a trauma-focused, evidence-based treatment for posttraumatic stress disorder that is effective when delivered in-person or via telehealth. Given current limitations on the provision of in-person mental health treatment during the COVID-19 pandemic, this article presents guidelines and treatment considerations when implementing CPT via telehealth. Based on lessons learned from prior studies and clinical delivery of CPT via telehealth, recommendations are made with regard to overall strategies for adapting CPT to a telehealth format, including how to conduct routine assessments and ensure treatment fidelity.

<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://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22542>

Social Support Moderates the Association Between Posttraumatic Stress Disorder Treatment Duration and Treatment Outcomes in Telemedicine-Based Treatment Among Rural Veterans.

Sarah B. Campbell, Christopher Erbes, Kathleen Grubbs, John Fortney

Journal of Traumatic Stress

First published: 10 June 2020

<https://doi.org/10.1002/jts.22542>

For patients participating in trauma-focused psychotherapies for posttraumatic stress disorder (PTSD), such as cognitive processing therapy (CPT), pretreatment characteristics may moderate treatment effectiveness. For instance, preexisting supportive relationships may encourage skill utilization or provide contrasts to maladaptive cognitive biases highlighted in trauma-focused treatments for PTSD. Such pretreatment characteristics are important to study in rural individuals, who may experience barriers to initiating and completing treatment. The aim of this study was to examine whether pretreatment social support, measured using the Medical Outcomes Study Social Support Survey, would moderate the association between CPT duration (i.e., number of sessions attended) and change in PTSD symptoms, using data from a pragmatic randomized controlled trial of a telemedicine-based collaborative care intervention for rural veterans (N = 225). Social support moderated the association between CPT duration and PTSD symptom change, $B = -0.016$, $SE = -.006$; 95% CI $[-0.028, -0.005]$, such that increased duration was associated with more PTSD symptom change only at average or higher levels of support. This effect was found for overall and emotional support but not tangible support. Additionally, on average, among participants who attended eight or more CPT sessions, only those at or above 1 standard deviation above the mean social support score demonstrated a reliable change in PTSD symptoms. The results indicate that the link between CPT treatment duration and treatment outcomes may be stronger for veterans with higher levels of pretreatment social support.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22539>

Minority Participation in Randomized Controlled Trials for Prolonged Exposure Therapy: A Systematic Review of the Literature.

Lorraine T. Benuto, Natalie M. Bennett, Jena B. Casas

Journal of Traumatic Stress

First published: 10 June 2020

<https://doi.org/10.1002/jts.22539>

Per the most recent census, non-Latinx White individuals comprise the majority of the U.S. population (76.6%); Latinx individuals make up 18.3% of the total U.S. population, followed by African Americans (13.4%) and Asians (5.9%). Given the high prevalence rates of posttraumatic stress disorder (PTSD) observed across many ethnoracial

minority groups in the United States, the fact that PTSD presentation may vary across culture, and the National Institute of Health's mandates for the inclusion of women and minorities in clinical outcome research, the aim of the present systematic review was to examine minority inclusion in clinical outcome research for PTSD. Our review focused exclusively on one empirically supported treatment: prolonged exposure therapy (PE); we identified 38 studies that met the inclusion criteria. Apart from African Americans, who were overrepresented in 21 studies (inclusion rate range: 13.5%–73.9%), ethnoracial minority inclusion in RCTs examining PE was low. More specifically, across included studies that reported ethnoracial minority data, 58.9% of participants were White, 31.1% were African American, 4.9% were Latinx, 0.6% were Asian American or Pacific Islander, and 4.7% reported race as “other.” Inclusion rates for ethnoracial minorities appeared to increase across time, and recruitment strategies did not appear to be associated with increased ethnoracial minority participation in RCTs for PE.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22505>

Examining Insomnia During Intensive Treatment for Veterans with Posttraumatic Stress Disorder: Does it Improve and Does it Predict Treatment Outcomes?

Zalta, A.K., Pinkerton, L.M., Valdespino-Hayden, Z., Smith, D.L., Burgess, H.J., Held, P., Boley, R.A., Karnik, N.S. and Pollack, M.H.

Journal of Traumatic Stress

First published: 26 March 2020

<https://doi.org/10.1002/jts.22505>

Previous research has demonstrated that sleep disturbances show little improvement with evidence-based psychotherapy for posttraumatic stress disorder (PTSD); however, sleep improvements are associated with PTSD treatment outcomes. The goal of the current study was to evaluate changes in self-reported insomnia symptoms and the association between insomnia symptoms and treatment outcome during a 3-week intensive treatment program (ITP) for veterans with PTSD that integrated cognitive processing therapy (CPT), mindfulness, yoga, and other ancillary services. As part of standard clinical procedures, veterans (N = 165) completed self-report assessments of insomnia symptoms at pre- and posttreatment as well as self-report assessments of PTSD and depression symptoms approximately every other day during treatment. Most veterans reported at least moderate difficulties with insomnia at both pretreatment (83.0%–95.1%) and posttreatment (69.1–71.3%). Statistically significant reductions in

self-reported insomnia severity occurred from pretreatment to posttreatment; however, the effect size was small, $d = 0.33$. Longitudinal mixed-effects models showed a significant interactive effect of Changes in Insomnia \times Time in predicting PTSD and depression symptoms, indicating that patients with more improvements in insomnia had more positive treatment outcomes. These findings suggest that many veterans continued to struggle with sleep disruption after a 3-week ITP, and successful efforts to improve sleep could lead to better PTSD treatment outcomes. Further research is needed to establish how adjunctive sleep interventions can be used to maximize both sleep and PTSD outcomes.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22532>

Assessing Triggers of Posttrauma Nightmares.

Westley A. Youngren, Nancy A. Hamilton, Kris j. Preacher

Journal of Traumatic Stress

First published: 10 June 2020

<https://doi.org/10.1002/jts.22532>

Posttrauma nightmares are recurring nightmares that begin after a traumatic experience and can occur as often as multiple times per week, often in a seemingly random pattern. Although these nightmares are prevalent in trauma survivors, little is known about the mechanisms underlying their sporadic occurrence. The present study aimed to investigate predictors of posttrauma nightmares. The sample included 146 observations nested within 27 female college students who reported frequent nightmares related to sexual trauma. Participants were recruited from an undergraduate student subject pool ($n = 71$) or were clinical referrals ($n = 75$). Participants completed an initial assessment battery and six consecutive days of pre- and postsleep diaries, which included measures of potential posttrauma nightmare triggers and measures intended to assess sleep quality and posttrauma nightmare occurrence. Descriptive statistics, mean comparisons, and multilevel modeling were used to examine the data. The results showed that both presleep cognitive arousal, $\gamma_{10SLij} = 0.58$, $p = .006$, $z(1, N = 146) = -2.61$; and sleep latency (SL), $\gamma_{20PCAij} = 0.76$, $p < .001$, $z(1, N = 146) = -2.69$, predicted posttrauma nightmare occurrence. Further investigation suggested that presleep cognitive arousal moderated the relation between SL and posttrauma nightmare occurrence, $\gamma_{30PCA \times SLij} = 0.67$, $p = .048$, $z(1, N = 146) = 1.98$. The present results are the first to show that the co-occurrence of presleep arousal and delayed

sleep onset latency may influence posttrauma nightmare occurrence, suggesting that the time immediately before sleep is crucial to the production of the posttrauma nightmares.

<https://www.tandfonline.com/doi/abs/10.1080/87568225.2020.1806163>

Assessing Self-Stigma of Help-Seeking in Student Veterans: A Psychometric Validation Study.

Daniel R. Eagle, Kanako Iwanaga, Cahit Kaya Ph.D., Veronica Muller, Beatrice Lee, Stuart Rumrill, Chung-Yi Chiu, Timothy N. Tansey & Fong Chan

Journal of College Student Psychotherapy

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<https://doi.org/10.1080/87568225.2020.1806163>

Transition from regimented military life to a less structured college life can pose considerable challenges for student veterans. However, student veterans may be reluctant to seek psychological help because of the help-seeking stigma in the military culture. The present study investigated the measurement structure, reliability, and validity of the Self-Stigma of Seeking Help Scale in a sample of student veterans in the United States. Exploratory factor analysis revealed a two-factor measurement structure: (a) feeling of inadequacy, and (b) threat to self-confidence with relevant internal consistency reliability and construct validity. In the present study, feeling of inadequacy was found to be associated with interpersonal relationship problems, alcohol, and drug use problems, and depression, while threat to self-confidence was found to be associated with alcohol and drug use problems only. Implications for outreach services and the use of positive psychology interventions to lessen the stigma associated with seeking help are discussed.

<https://www.tandfonline.com/doi/abs/10.1080/09658211.2020.1809679>

Trauma, posttraumatic stress disorder severity, and positive memories.

Megan Dolan, Ateka A. Contractor, Anthony J. Ryals & Nicole H. Weiss

Memory

Published online: 25 Aug 2020

<https://doi.org/10.1080/09658211.2020.1809679>

Positive memories play an important role in the aetiology and maintenance of posttraumatic stress disorder (PTSD). However, most trauma research/clinical work has focused solely on the role of traumatic memories. Thus, we examined the relationship between count of retrieved positive memories and PTSD severity, factors associated with count of retrieved positive memories (i.e., rumination, negative/positive emotion dysregulation, fear of positive emotions), and the relationship between positive memory phenomenological domains and PTSD severity. The sample included 185 trauma-exposed participants recruited through Amazon's Mechanical Turk (M age = 35.69 years; 63.80% female). Results of linear/hierarchical regressions showed that (1) PTSD severity did not predict count of (specific) positive memories; (2) greater positive emotion dysregulation predicted fewer retrieved positive memories controlling for PTSD severity; and (3) greater PTSD severity predicted more negative valence, less vividness, less coherence, less accessibility, less clear time perspective, fewer sensory details, and greater distancing ratings of the retrieved positive memory, controlling for sleep quantity/quality. Findings add to the literature by informing PTSD theoretical perspectives; enhancing an understanding of positive memories in PTSD/trauma treatments; and highlighting potential clinical targets (e.g., positive emotion regulation), when integrating a focus on positive memories into PTSD intervention.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769543>

Internet Searches for Acute Anxiety During the Early Stages of the COVID-19 Pandemic.

Ayers JW, Leas EC, Johnson DC, et al.

JAMA Internal Medicine

Published online August 24, 2020

<https://doi.org/10.1001/jamainternmed.2020.3305>

During the COVID-19 pandemic internet searches indicative of acute anxiety spiked early during the pandemic, but have since returned to typical levels, perhaps because Americans have become more resilient to the societal fallout from COVID-19 or

because they had already received whatever benefit they could from searching the internet.

Even though acute anxiety has received substantial rhetorical attention during the COVID-19 pandemic, to our knowledge it has not been subject to scientific inquiry until now. Although this study cannot confirm that any search was linked to a specific acute anxiety event or panic attack, it provides evidence of the collateral psychological effects stemming from COVID-19, and motivates several data-driven recommendations.

<https://journals.sagepub.com/doi/abs/10.1177/0197918320949819>

Warriors Wanted: The Performance of Immigrants in the US Army.

Strader, E., Lundquist, J., & Dominguez-Villegas, R.

International Migration Review

First Published August 28, 2020

<https://doi.org/10.1177/0197918320949819>

The US Army offers English-language instruction and socio-cultural training to foreign-born personnel, and current US law allows some immigrants to apply for expedited citizenship through military service. The US Army, thus, offers a compelling context in which to explore how such institutional factors might facilitate immigrant incorporation, yet we know little about the experience of foreign-born soldiers because most surveys exclude active-duty personnel. Using novel data obtained from the US Department of Defense that are not available to the public, this research note describes the integrative nature of the US Army, and contrasts foreign-born and native-born soldiers in relation to what we know about selectivity and immigrant job outcomes elsewhere. We examine rank, promotion likelihood, and retention of newly enlisted citizen and noncitizen immigrant soldiers compared to their native-born counterparts who joined the US Army between 2002 and 2009. We show that immigrants perform equally well or better than native-born soldiers.

<https://www.tandfonline.com/doi/abs/10.1080/0092623X.2020.1808548>

Factors Associated with Sexual Satisfaction among Veterans Who Have Experienced Military Sexual Trauma.

Jade Garneau-Fournier Sacha McBain & Jessica A. Turchik

Journal of Sex & Marital Therapy

Published online: 26 Aug 2020

<https://doi.org/10.1080/0092623X.2020.1808548>

Veterans who have experienced military sexual trauma (MST) report lower sexual satisfaction than veterans without a history of MST. The current study examined the relationship between demographic, physical health, mental health, and trauma variables and sexual satisfaction among a national sample of U.S. veterans who endorsed MST. Results demonstrated that lower sexual satisfaction was associated with uncoupled relationship status, poor physical health, and symptoms of depression, post-traumatic stress disorder, and sexual dysfunction among male and female veterans. Several additional factors were related to lower sexual satisfaction among female veterans. Findings highlight the importance of gender-targeted assessment, prevention, and treatment of sexual satisfaction problems.

<https://link.springer.com/article/10.1007/s11126-020-09830-6>

Effectiveness and Safety of Ketamine for Unipolar Depression: a Systematic Review.

Raheel Imtiaz Memon, Sadiq Naveed, Amber Ehsan Faquih, Ania Fida, Noureen Abbas, Amna Mohyud Din Chaudhary & Zheala Qayyum

Psychiatric Quarterly

Published 27 August 2020

<https://doi.org/10.1007/s11126-020-09830-6>

Major Depressive Disorder (MDD) is a common psychiatric disorder with major implications for healthcare system and socioeconomic burden. For chronic and treatment-resistant depression, Ketamine has emerged as a possible treatment option. This systematic review explores the evidence for the effectiveness and tolerability of

Ketamine in patients with MDD. This systematic review was conducted following the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) checklist. Eight electronic databases were searched by using search terms: (ketamine) AND (trial OR RCT OR clinical-trial) AND (depressive OR depression OR “depressive-disorder”). After a rigorous screening process against the predetermined eligibility criteria, 35 randomized controlled trials (RCTs) were included. Quality assessment of included studies was done by using the Cochrane risk-of-bias tool for RCTs. Thirty-five RCTs are included in this review article with majority of studies from United States, Iran, and China. Intravenous (IV) Ketamine was effective in 70% (21/30) of the included studies whereas oral and Intranasal (IN) Ketamine were effective in two and three studies, respectively. The majority of studies (6/8) using Ketamine as anesthetic agent during electroconvulsive therapy (ECT) failed to show an improvement compared to the participants receiving ECT and placebo. The most common reported side effects were nausea, vomiting, dizziness, diplopia, drowsiness, dysphoria, hallucinations, and confusion. Ketamine is an effective treatment option for patients with MDD with undesirable effects when administered via oral, IV and IN routes. Ketamine augmentation of ECT requires further exploration in well-designed studies with adequate sample size. The short-lived antidepressant effect of Ketamine is a potential limitation, therefore, further studies administering multiple infusions for acute treatment and maintenance are necessary.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jrh.12508>

PCP Opinions of Universal Suicide Risk Screening in Rural Primary Care: Current Challenges and Strategies for Successful Implementation.

LeCloux, M., Aguinaldo, L.D., Lanzillo, E.C. and Horowitz, L.M.

The Journal of Rural Health

First published: 26 August 2020

<https://doi.org/10.1111/jrh.12508>

Purpose

Universal suicide risk screening has the potential to address the disproportionately high rates of suicide in the rural United States, as 83% of people who have died by suicide have visited a health care provider in the year prior to their deaths, and rural patients are more likely to visit medical professionals than behavioral health professionals for mental health concerns. This study describes the opinions of primary care providers

(PCPs) practicing in a primarily rural state regarding universal suicide risk screening, barriers to implementation, and strategies to increase the feasibility of screening in their practices.

Methods

In-depth, individual semistructured qualitative interviews were conducted with a sample of PCPs practicing in West Virginia (N = 15). Applied thematic analysis of the data was completed by a team of 3 coders using a consensus-coding methodology.

Findings

The majority of PCPs supported the practice of screening, but they identified multiple barriers, including a lack of access to mental health and crisis support services, concerns about clinic flow and follow-up with suicidal patients, cultural beliefs specific to rural Appalachia, and provider discomfort with screening. Strategies suggested to address these barriers included the use of technology for screening, a multidisciplinary team approach, streamlined methods for screening and risk assessment, co-located behavioral health, and additional trainings for PCPs on the topic of suicide.

Conclusion

Future research should examine the efficacy of universal suicide risk screening programs in rural adult primary care that utilize these strategies in diverse samples with longitudinal data.

Links of Interest

Air Force on Track to Match Record 2019 Suicide Rates, Top Officer Says

<https://www.military.com/daily-news/2020/08/27/air-force-track-match-record-2019-suicide-rates-top-officer-says.html>

“Connect to Protect” this September Suicide Prevention Month

<https://www.pdhealth.mil/news/blog/connect-protect-september-suicide-prevention-month>

PTSD and Suicide Prevention - PTSD Monthly Update, August, 2020

<https://content.govdelivery.com/accounts/USVHA/bulletins/29c40e1>

The Psychiatrist Will See You Online Now

Experts have long predicted that psychotherapy was poised to go virtual. The pandemic may prove them right.

<https://www.nytimes.com/2020/08/28/health/virtual-therapy-psychiatry-coronavirus.html>

Telehealth Kiosks Give Homeless Veterans a Link to Healthcare, Other Services

<https://mhealthintelligence.com/news/telehealth-kiosks-give-homeless-veterans-a-link-to-healthcare-other-services>

Mental health stigma and military spouses

<https://www.apadivisions.org/division-43/publications/blog/practice/military-spouses>

DoD Set to Roll Out New Policy Targeting Pregnancy Discrimination in the Military

<https://www.military.com/daily-news/2020/09/01/dod-set-roll-out-new-policy-targeting-pregnancy-discrimination-military.html>

SMA Grinston: Here's how to talk about race in the Army

<https://www.armytimes.com/news/your-army/2020/09/01/sma-grinston-heres-how-to-talk-about-race-in-the-army/>

'GI Joe' comic tackles the psychological burden of coming home from war

<https://www.militarytimes.com/off-duty/military-culture/2020/09/01/gi-joe-comic-tackles-the-psychological-burden-of-coming-home-from-war/>

DHA Launches New Air Force Military Hospital and Clinic Websites

<https://health.mil/News/Articles/2020/09/01/DHA-Launches-New-Air-Force-Military-Hospital-and-Clinic-Websites>

Opioid tool on MHS GENESIS improves patient safety

<https://health.mil/News/Articles/2020/09/01/Opioid-tool-on-MHS-GENESIS-improves-patient-safety>

The rise of PTSD

<https://www.economist.com/1843/2020/02/24/the-rise-of-ptsd>

Resource of the Week: [DOD Domestic School System: Background and Issues](#)

From this recently updated CRS In Focus report:

The Department of Defense Education Activity (DODEA) manages a federal school system that provides pre- kindergarten through grade 12 education, primarily for the children of military servicemembers. According to the Department of Defense (DOD), in 2020, DODEA operated 160 schools globally, including 50 domestic schools across states and one virtual school. These schools employ nearly 12,000 staff, for a student population of about 70,000. DODEA also has arrangements with local education authorities (LEAs) that operate civilian-managed schools on military installations. This report focuses only on DODEA's domestic school system.

Table 2. Comparison of DODEA and State Public School Outcomes on the NAEP for 2019
% of students at or above proficient

Jurisdiction	Grade 4 Math	Grade 4 Reading	Grade 8 Math	Grade 8 Reading
Alabama	28%	28%	21%	24%
Georgia	36%	32%	31%	32%
Kentucky	40%	35%	29%	33%
New York	37%	34%	34%	32%
North Carolina	41%	36%	37%	33%
South Carolina	36%	32%	29%	29%
Virginia	48%	38%	38%	33%
DODEA	54%	49%	41%	52%
Nation	40%	34%	33%	32%

Source: NAEP, *The Nation's Report Card*,
<http://www.nationsreportcard.gov/>

Notes: States listed are those with military installations that support DDESS schools. DODEA figures include both domestic and overseas schools. State scores are for public schools only. Boxes shaded green indicate proficiency levels above national average, red boxes indicate proficiency levels below average and unshaded boxes indicate no statistically significant difference between state and national levels.

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