



Research Update -- October 22, 2020

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<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22583>

Best Practices for Approaching Cognitive Processing Therapy and Prolonged Exposure During the COVID-19 Pandemic.

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Journal of Traumatic Stress

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<https://doi.org/10.1002/jts.22583>

The COVID-19 pandemic presents major challenges for mental health care providers. In particular, providers who treat posttraumatic stress disorder (PTSD) are now tasked with determining whether to initiate trauma-focused therapy during the pandemic and, if so, whether and how to adapt treatment. The purpose of this communication is to identify and organize key considerations for whether and how to deliver commonly used evidence-supported therapy protocols for trauma treatment—specifically, cognitive processing therapy (CPT) and prolonged exposure (PE) therapy—during the ongoing COVID-19 pandemic for adults who currently meet the criteria for PTSD. Based on relevant public health and clinical literature, we present a structured guide that can be used by treatment teams and individual providers to evaluate whether initiating CPT or PE is indicated given a particular patient–provider pair and system context amidst pandemic conditions. In addition, we suggest appropriate action steps, including problem-solving strategies, evidence-informed modifications to CPT and PE, and alternative intervention approaches.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22521>

A Systematic Review of the Self-Medication Hypothesis in the Context of Posttraumatic Stress Disorder and Comorbid Problematic Alcohol Use.

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Journal of Traumatic Stress

First published: 09 June 2020

<https://doi.org/10.1002/jts.22521>

Posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD) commonly co-occur and are associated with many negative public health outcomes. There are several etiological models that explain the overlap between PTSD and AUD, including shared genetic risk and phenotypic causality, but the predominant model of etiologic association is the drinking-to-cope self-medication model. Although the self-medication model is conceptually appealing and has been widely accepted within the literature examining alcohol use and anxiety (e.g., PTSD) phenotypes, the findings are inconsistent and there is a lack of rigorous empirical evidence in support of this model. This review, which was, to our knowledge, the first systematic review of the self-medication model in relation to PTSD to date, aimed to synthesize the current literature on the association between PTSD and problematic alcohol use within the context of the self-medication model. In total, 24 studies met the inclusion criteria for the review and assessed the self-medication hypothesis using a variety of measurement instruments and data analytic approaches, such as mediation, moderation, and regression. Overall, the included studies provide evidence for the self-medication hypothesis but are limited in rigor due to methodological limitations. These limitations, which include issues with the operationalization (or lack thereof) of trauma-related drinking to cope, are discussed, and directions for future research are presented.

<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1830208>

The Relationship between Referral Source to Behavioral Health Treatment and Suicidal Ideation Severity among Suicidal Soldiers.

Melvin Walker Jr., Samantha A. Chalker, Thomas C. Ingram & David A. Jobes

Military Behavioral Health

Published online: 13 Oct 2020

<https://doi.org/10.1080/21635781.2020.1830208>

The research on referral source regarding suicidal service members (SM) and their associated outcomes is limited. As such, to further prevent military suicides, the current study focused on referral source to behavior health treatment (BH). Specifically, the authors investigated whether referral source to BH is associated with differences in suicidal ideation severity, overall symptom distress, posttraumatic stress disorder (PTSD) symptom severity, and resiliency among active duty U.S. Army Soldiers. This is a secondary analysis of a larger randomized controlled trial of 148 suicidal Soldiers. A quasi-independent variable (i.e., referral source) was reliably coded where Soldiers were categorized into four groups: those who self-referred, those who were command-referred, those who were referred by others to BH, and those cases in which the referral source was unclear (unknown). A one-way ANOVA indicated that referral source is significantly associated to differences in Soldiers' baseline suicidal ideation current scores (Scale for Suicide Ideation-Current [SSI-C]). Likewise, multiple comparisons revealed that when Soldiers were referred by significant others, family members, and (or) friends to BH treatment, they reported lower SSI-C than those that were referred to treatment by their respective chain of command. Thus, it appears that when suicidal Soldiers' loved ones refer them to BH, they tend to have a lower degree of suicidal ideation than those whose chain of command refers them. Conclusions and study limitations are discussed.

<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1825241>

A Dyadic Examination of Drinking Behaviors within Military-Connected Couples.

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Military Behavioral Health

Published online: 14 Oct 2020

<https://doi.org/10.1080/21635781.2020.1825241>

High rates of alcohol use have been documented within military personnel and spouses. However, scant research has investigated alcohol consumption behaviors in matched

couples or nonclinical veteran samples. The manner in which couples influence one another's drinking remains unclear. The current study examined hazardous drinking scores and drinking behaviors in a sample of post-9/11 separated service members (most of whom were veterans) and active duty reservists and their spouse/partners; 260 military-connected couples participated in the Study for Employment Retention of Veterans (SERVe) and were recruited from 35 workplace organizations in the Pacific Northwest. Participants completed baseline and daily surveys on alcohol consumption over the span of 32 days. Among study highlights, Actor–Partner Interdependence Models (APIM) revealed actor effects for psychological distress predicting alcohol use variables. Significant partner effects were also revealed for hazardous drinking (AUDIT) scores predicting subsequent alcohol use, over and above actor (i.e., within-person) effects of those relationships. Higher levels of subsequent drinking frequency and quantity were evident among partners of veterans with higher hazardous drinking scores. Spouses with higher hazardous drinking scores were associated with veteran partners who drank more frequently. Results shed light on how military-connected couples, particularly those engaging in hazardous drinking, uniquely influence one another's alcohol consumption behaviors. Ultimately, findings highlight the importance of including spouses of veterans to elucidate the interplay of drinking behaviors within military-connected couples.

<https://www.sciencedirect.com/science/article/abs/pii/S1389945720304573>

Relationships Between Insomnia and Alcohol and Cocaine Use Frequency with Aggression Among Veterans Engaged in Substance Use Treatment.

Minden B. Sexton, Spencer Dawson, Robert J. Spencer, David Phillips, ... Stephen T. Chermack

Sleep Medicine

Available online 15 October 2020

<https://doi.org/10.1016/j.sleep.2020.10.010>

Highlights

- Veterans with substance use problems have high rates of violence.
- Sleep disturbances are related to violence among substance using Veterans.
- Attention to sleep disturbances may aid violence prevention efforts.

Abstract

Background

Veterans with substance use problems have rates of partner and non-partner violence that typically exceed the general population. Sleep problems may exacerbate violence and maintain addictive behaviors in non-Veterans, but requires study in Veterans. Therefore, we examine the interrelationships between substance use, insomnia, and violence in Veterans.

Methods

Veterans (N = 762) screened for a randomized controlled trial at Veterans Affairs mental health and substance use clinics. Participants completed modified Conflict Tactics Scales to quantify past-year violence and the Insomnia Symptom Questionnaire to assess sleep disturbance. We evaluated associations between substance use and sleep in predicting the target of aggression (partner or non-partner) and degree of violence (aggression or injury) using binomial logistic regressions.

Results

Half of participants endorsed symptoms suggestive of insomnia, 23.2% endorsed physical aggression toward partners (PA-P) and 33.9% non-partners (PA-NP), and 9.7% endorsed physical injury of partners (PI-P) and 17.6% of non-partners (PI-NP). Regressions revealed significant models for PA-P, PA-NP, and PI-NP, whereas the PI-P model was not significant. PA-P was higher among non-Caucasian race and older veterans. PA-NP was more common in those with insomnia and increased with frequency of cocaine use. Insomnia moderated the relationship between cocaine use and NP-PA; there was a weaker relationship between cocaine use and NP-PA in those with insomnia. PI-NP was more common with higher frequency of alcohol and cocaine use, and in those with insomnia.

Conclusions

This study finds sleep disturbances are meaningful predictors of violence among veterans with differential relationships with aggression severity, victims, and substance use concurrence.

<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1825243>

“A Part of Our Family”? Effects of Psychiatric Service Dogs on Quality of Life and Relationship Functioning in Military-Connected Couples.

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Military Behavioral Health

Published online: 14 Oct 2020

<https://doi.org/10.1080/21635781.2020.1825243>

Posttraumatic stress disorder (PTSD) can have corrosive impacts on family relationships and individual functioning. Emerging evidence has shown that psychiatric service dogs may be an effective complementary treatment for military veterans with PTSD, benefiting veterans' mental and social health. However, few studies have examined the effects of psychiatric service dogs on the family members of veterans, specifically their partners. Mixed-methods data from 60 veteran-partner dyads examined individual and relationship functioning among partners of veterans paired with a service dog (service dog group; $n = 37$) and those awaiting placement (waitlist group; $n = 23$). While there were no statistically significant differences across groups, the effect sizes for group differences suggested that partners in the service dog group (relative to those on the waitlist) may experience higher levels of resilience and companionship, and lower levels of anger, social isolation, and work impairment. A topical survey of partner qualitative data within the service dog group indicated that service dogs provided more benefits than challenges. Partners reported improvements in veteran functioning, family relationships, and partners' quality of life. Results, although preliminary, suggest that psychiatric service dogs may provide modest positive experiences for some veteran family systems.

<https://connect.springerpub.com/content/sgremdr/early/2020/10/16/EMDR-D-20-00039.abstract>

The Current Status of EMDR Therapy, Specific Target Areas, and Goals for the Future.

Matthijssen, Suzy J. M. A.; Lee, Christopher W.; de Roos, Carlijn; Barron, Ian G.; Jarero, Ignacio; Shapiro, Elan; Hurley, E. C.; Schubert, Sarah J.; Baptist, Joyce; Amann, Benedikt L.; Moreno-Alcázar, Ana; Tesarz, Jonas; de Jongh, Ad

Journal of EMDR Practice and Research

October 16, 2020

<https://www.doi.org/10.1891/EMDR-D-20-00039>

While eye movement desensitization and reprocessing (EMDR) is considered an evidence-based treatment for posttraumatic stress disorder (PTSD) in adults, there are differences as to how various international treatment guidelines judge the strength of this evidence base. Furthermore, in areas other than adult PTSD, major guidelines differ even more as to the strength of the evidence base and when to use EMDR. In 2019, the “Council of Scholars: the Future of EMDR Therapy Project” was initiated. Several working groups were established, with one assigned to the focus area “research.” This article is a product of that working group. Firstly the group concluded that there were five areas where there was some base that EMDR was effective but more data was needed to increase the likelihood that it would be considered in future international treatment guidelines. These areas were PTSD in children and adolescents, early EMDR interventions, combat PTSD, unipolar depression, and chronic pain. In addition, research into cost-effectiveness of EMDR therapy was identified as one of the priorities. A hierarchical system was used for classifying and rating evidence in the focus areas. After assessing the 120 outcome studies pertaining to the focus areas we conclude that for two of the areas (i.e., PTSD in children and adolescents and EMDR early interventions research) the strength of the evidence is rated at the highest level, whereas the other areas obtain the second highest level. Some general recommendations for improving the quality of future research on the effectiveness of EMDR therapy are formulated.

<https://academic.oup.com/alcalc/advance-article-abstract/doi/10.1093/alcalc/agaa094/5926572>

Psychosocial Interventions for Reducing Suicidal Behaviour and Alcohol Consumption in Patients With Alcohol Problems: A Systematic Review of Randomized Controlled Trials.

Tristan Hurzeler, Vicki Giannopoulos, Gabriela Uribe, Eva Louie, Paul Haber, Kirsten C Morley

Alcohol and Alcoholism

Published: 17 October 2020

<https://doi.org/10.1093/alcalc/agaa094>

Objective

We aimed to provide a synthesis and evaluation of psychosocial interventions to

prevent suicide and reduce self-harm, as well as alcohol intake, for patients with alcohol problems.

Methods

The systematic review was carried out according to the PRISMA guidelines and considered articles published in English from all countries. Terms relating to suicidality and alcohol problems were used to search Medline, EMBASE and PsycINFO databases. Randomized controlled trials of psychosocial interventions targeted for outpatient settings were included.

Results

Six studies with a total of 400 participants were included. Two investigated dialectic behavioural therapy (DBT), one internet-delivered DBT, one dynamic deconstructivist psychotherapy (DDP) and two integrated cognitive behavioural therapy (CBT). Face to face and online DBT was significantly associated with abstinence and reductions in consumption with only a trend for a reduction in suicide attempts in one study relative to treatment at usual (TAU). DDP yielded significant reductions in alcohol consumption and suicide attempts versus community care. CBT was significantly effective relative to TAU in reducing alcohol use and suicide attempts in one trial with adolescents but not in another trial in an adult population.

Conclusion

Integrated CBT has promise for adolescents, DBT may be helpful for alcohol patients with borderline personality disorder and iDBT may be useful for the wider community with heavy alcohol use. However, given the paucity of studies and the exploratory nature of these trials, there is currently no strong evidence for an effective psychosocial intervention to reduce alcohol consumption and suicidal behaviour in adults with problematic alcohol use.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2772135>

Suicide Prevention in the COVID-19 Era: Transforming Threat Into Opportunity.

Christine Moutier, MD

JAMA Psychiatry

Published online October 16, 2020

<https://www.doi.org/10.1001/jamapsychiatry.2020.3746>

Importance

Suicide, a leading cause of death with devastating emotional and societal costs, is a generally preventable cause of death and a critical global public health issue. The coronavirus disease 2019 (COVID-19) pandemic may increase the risk of population suicide through its effects on a number of well-established suicide risk factors.

Observations

Prior to the pandemic, many countries were engaging in suicide prevention strategies, and although the overall global burden of suicide deaths has increased, some national efforts were beginning to see positive results. Additionally, the gap between mental health needs and services has been increasing in many nations. With the added physical and mental health, social, and economic burdens imposed by the pandemic, many populations worldwide may experience increased suicide risk. Data and recent events during the first 6 months of the pandemic reveal specific effects on suicide risk. However, increases in suicide rates are not a foregone conclusion even with the negative effects of the pandemic. In fact, emerging suicide data from several countries show no evidence of an increase in suicide during the pandemic thus far. There are actionable steps that policy makers, health care leaders, and organizational leaders can take to mitigate suicide risk during and after the pandemic.

Conclusions and Relevance

COVID-19 presents a new and urgent opportunity to focus political will, federal investments, and global community on the vital imperative of suicide prevention. Suicide prevention in the COVID-19 era requires addressing not only pandemic-specific suicide risk factors, but also prepandemic risk factors. This Special Communication provides prioritized, evidence-based strategies for clinicians and health care delivery systems, along with national and local policy and educational initiatives tailored to the COVID-19 environment. If implemented to scale, these interventions could significantly mitigate the pandemic's negative effects on suicide risk.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771733>

Virtual Standardized Patients vs Academic Training for Learning Motivational Interviewing Skills in the US Department of Veterans Affairs and the US Military: A Randomized Trial.

Reger GM, Norr AM, Rizzo AS, et al.

JAMA Network Open

2020; 3(10): e2017348

<https://www.doi.org/10.1001/jamanetworkopen.2020.17348>

Key Points

Question

What is the efficacy of training with a virtual standardized patient compared with traditional academic study for learning motivational interviewing skills?

Findings

In this randomized trial of 120 health care professionals, training with a virtual standardized patient resulted in significantly greater improvements in 3 of 4 motivational interviewing composite skill scores, including the technical global score, the relational global score, and the reflection-to-question ratio, compared with academic study.

Meaning

Virtual standardized patients offer an effective, scalable, and easy-to-disseminate training intervention.

Abstract

Importance

Despite the need for effective and scalable training in motivational interviewing (MI) that includes posttraining coaching and feedback, limited evidence exists regarding the effectiveness of using virtual (computerized) standardized patients (VSPs) in such training.

Objective

To evaluate the efficacy of training with a VSP on the acquisition and maintenance of MI skills compared with traditional academic study.

Design, Setting, and Participants

This study was a 2-group, parallel-training randomized trial of 120 volunteer health care professionals recruited from a Department of Veterans Affairs and Department of Defense medical facility. Motivational interviewing skill was coded by external experts blinded to training group and skill assessment time points. Data were collected from October 17, 2016, to August 12, 2019.

Interventions

After a computer course on MI, participants trained during two 45-minute sessions

separated by 3 months. The 2 randomized training conditions included a branching storyline VSP, which provided MI skill rehearsal with immediate and summative feedback, and a control condition, which included academic study of content from the computerized MI course.

Main Outcomes and Measures

Measurement of MI skill was based on recorded conversations with human standardized patients, assessed using the Motivational Interviewing Treatment Integrity 4.2.1 coding system, measured at baseline, after training, and after additional training in the randomized condition 3 months later.

Results

A total of 120 volunteers (83 [69%] women), with a mean (SD) of 13.6 (10.3) years of health care experience, participated in the study; 61 were randomized to receive the intervention, and 59 were randomized to the control group. Those assigned to VSP training had significantly greater posttraining improvement in technical global scores (0.23; 95% CI, 0.03-0.44; $P = .02$), relational global scores (0.57; 95% CI, 0.33-0.81; $P = .001$), and the reflection-to-question ratio (0.23; 95% CI, 0.15-0.31; $P = .001$). Differences were maintained after the 3-month additional training session, with more improvements achieved after the 3-month training for the VSP trainees on the reflection-to-question ratio (0.15; 95% CI, 0.07-0.24; $P = .001$).

Conclusions and Relevance

This randomized trial demonstrated a successful transfer of training from a VSP to human standardized patients. The VSP MI skill outcomes were better than those achieved with academic study and were maintained over time. Virtual standardized patients have the potential to facilitate dissemination of MI and may be useful for training in other evidence-based skills and treatments.

Trial Registration ClinicalTrials.gov Identifier: NCT04558060

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa321/5923317>

A Qualitative Examination of Factors That Influence Sleep Among Shipboard Sailors.

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Military Medicine

Published: 14 October 2020

<https://doi.org/10.1093/milmed/usaa321>

Introduction

Sleep disturbance is prevalent among service members; however, little is known about factors that compromise sleep in unique operational environments, such as naval ships. Given the importance of sleep to health and performance, it is critical to identify both causes and potential solutions to this serious issue. The objective of this qualitative study was to elucidate the barriers to sleep and the strategies service members use to improve their sleep and combat fatigue while living and working aboard ships (i.e., underway).

Methods and Materials

Interviews were conducted with 22 active duty service members assigned to sea duty. The semi-structured interview guide assessed the experiences of service members sleeping in shipboard environments. Interview transcripts were analyzed using applied thematic content analysis by two independent coders.

Results

Participants were largely male (77.8%) and enlisted (88.9%). The most common barrier to obtaining sufficient sleep was stress, followed by rotating schedules, and environmental factors (e.g., noise and light). Additionally, many participants reported prioritizing other activities over sleep when off duty. Many participants did not report using any specific strategies to improve their sleep while underway. Among those who did, most described mitigating environmental barriers (e.g., noise-cancelling headphones or sleep masks). However, some participants also acknowledged these strategies are not always feasible, either attributable to cost or because sailors must be able to respond to alarms or commands. Notably, few sailors reported using stress mitigation or relaxation strategies to help sleep. Ingesting caffeine was the only strategy sailors reported using to alert themselves while fatigued.

Conclusions

Service members reported many unique barriers to sleep in the shipboard environment, yet many did not report the use of strategies to mitigate them. Further, few used alerting techniques when fatigued. This at-risk population could benefit from targeted

educational interventions on sleep-promoting behaviors, prioritization of sleep, and fatigue mitigation.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395620310086>

Early Discontinuation of Pharmacotherapy in U.S. Veterans Diagnosed with PTSD and the role of psychotherapy.

O Duek, RH Pietrzak, I Petrakis, R Hoff, I Harpaz-Rotem

Journal of Psychiatric Research

Available online 17 October 2020

<https://doi.org/10.1016/j.jpsychires.2020.10.005>

Highlights

- Manuscript highlights the large proportion of Veterans entering the first episode of PTSD treatment who discontinue their psychiatric medication after a single prescription.
- The manuscript identifies the risk and protective factors associated with adherence and discontinuation of pharmacological treatment for PTSD in the first 6-month of PTSD treatment.
- It was found that patients who received monotherapy were at higher risk of treatment discontinuation.
- Psychoeducation to clinicians and clients on other risk factors may also increase adherence to PTSD treatment.

Abstract

More than 50% of individuals who enter treatment for posttraumatic stress disorder (PTSD) are prescribed a psychotropic medication. To date, however, data are limited regarding the prevalence and determinants of discontinuation of psychotropic medication in this population. To address this gap, we analyzed data from 154,953 veterans newly diagnosed with PTSD who were seeking VA treatment and followed them for one year to identify the prevalence and determinants of medication discontinuation. A hazard analysis was conducted to identify factors associated with discontinuation of antidepressant, anxiolytic/hypnotic and antipsychotic medications. Binomial regressions examined the role of these factors in early discontinuation (within 30 days). Results revealed that 71.8% of veterans discontinued medication treatment within 180 days, and 34.6% within 30 days. The strongest risk factors associated with

discontinuing medication were no engagement in adjunctive psychotherapy and prescription of a single medication. Older veterans were less likely than younger veterans to discontinue treatment. Similar risk factors were associated with medication discontinuation in the first 30 days. These results suggest that psychiatric comorbidities, age, and race are key risk factors for poor medication adherence, and underscore the importance of early intervention and patient education in promoting adherence to pharmacotherapy for PTSD.

<https://www.sciencedirect.com/science/article/pii/S2666915320300184>

Randomized Trial of Telehealth Delivery of Cognitive-Behavioral Treatment for Insomnia Vs. In-person Treatment in Veterans with PTSD.

Philip Gehrman, Holly Barilla, Elina Medvedeva, Scarlett Bellamy, ... Samuel T. Kuna

Journal of Affective Disorders Reports
Available online 17 October 2020
<https://doi.org/10.1016/j.jadr.2020.100018>

Highlights

- Insomnia is common in veterans with PTSD.
- Cognitive behavioral treatment for insomnia can effectively treat insomnia in this population.
- Cognitive behavioral treatment can be delivered via telemedicine without losing clinical effectiveness.

Abstract

Background

Insomnia is prevalent in veterans with PTSD but often goes untreated. Cognitive behavioral therapy for insomnia (CBT-I) is an efficacious treatment but many patients do not have access to this intervention. Clinical video telehealth provides a means of increasing access to care but there is a need to understand the effectiveness of care delivered using this modality.

Methods

Randomized non-inferiority trial comparing group CBT-I delivered between VA clinics over video telehealth to in-person treatment. 116 Veterans with PTSD received CBT-I over six weeks in a group format at a VA healthcare facility. The Insomnia Severity

Index (ISI) was the primary outcome measure. Secondary outcomes included measures of sleep, PTSD severity and quality of life. The non-inferiority margin was defined as a difference in ISI change scores between groups ≥ 1.67 points.

Results

The mean(SD) improvement in the ISI was 6.48 (0.90) points for in-person treatment and 4.45 (0.98) points for telehealth treatment in intent-to-treat analyses. In both intent-to-treat and per-protocol analyses, the difference between these change scores of 2.03 had a confidence interval that included the non-inferiority margin of 1.67, supporting the hypothesis of non-inferiority. On secondary outcomes, there were significant improvements after treatment only in sleep quality and no between-group differences.

Limitations

The eligibility criteria were intentionally broad, so there were several potential confounding factors. Drop-out was also considerable, with only 54.3% of subjects in the in-person group and 46.9% in the telehealth group completing treatment.

Conclusions

Delivery of group CBT-I by clinical video telehealth to veterans with PTSD is non-inferior to in-person treatment, although overall efficacy of treatment was modest. Telehealth technology can increase access to care without sacrificing clinical gains.

Links of Interest

West Point creates advisory group, an honor stand-down, cadet-led talks to tackle race issues

<https://www.armytimes.com/digital-show-dailies/ausa/2020/10/16/west-point-creates-advisory-group-an-honor-stand-down-cadet-led-talks-to-tackle-race-issues/>

Military suicides were up slightly in the first half of this year

<https://www.militarytimes.com/news/your-military/2020/10/16/military-suicides-were-up-slightly-in-the-first-half-of-this-year/>

New Army computer tool will give commanders detailed risk assessments of their soldiers

<https://www.stripes.com/news/us/new-army-computer-tool-will-give-commanders-detailed-risk-assessments-of-their-soldiers-1.648881>

Bass: USAF Not Changing Stance on Marijuana

<https://www.airforcemag.com/cmsaf-says-usaf-will-reexamine-cannabis-policy/>

Resource of the Week: [Military REACH Library](#) (at Auburn University)

Military families are first and foremost families; they manage the same challenges and stressors as civilian families. Yet, they do so in a context characterized by transitions and change. Military families are, by and large, characterized as adaptable and resilient, but family outcomes are often contingent on the availability of resources and whether support systems are equipped to meet their needs.

To facilitate the Department of Defense's provision of high-quality support to military families, Military REACH bridges the gap between research and practice.

Our mission is two-fold - to make research accessible and practical. We strive to put research into the hands of military families, direct service helping professionals, and those who work on behalf of military families by harnessing collaborative expertise, maximizing technological advances, and actively disseminating products.

Partners include: Auburn University, University of Georgia, Department of Defense, U.S. Department of Agriculture



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