Research Update -- August 31, 2023

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- Veterans who focus on sexual assault trauma show slower between-session habituation and symptom reduction during prolonged exposure treatment for posttraumatic stress disorder.
- Effect of Cognitive Behavioral Therapy for Insomnia on Alcohol Treatment Outcomes Among US Veterans: A Randomized Clinical Trial.
- A 2022 Survey of Commercially Available Smartphone Apps for Sleep.
- Using Cannabis to Cope With Post-Traumatic Stress Disorder After Sexual Assault: Toward a Phenomenological Understanding.
- Links of Interest
- Resource of the Week: Army Suicide Prevention Program (Army Regulation 600–92)

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Written Exposure Therapy vs Prolonged Exposure Therapy in the Treatment of Posttraumatic Stress Disorder.

Sloan, D. M., Marx, B. P., Acierno, R., Messina, M., Muzzy, W., Gallagher, M. W., Litwack, S., & Sloan, C.

JAMA Psychiatry
August 23, 2023

Key Points
Question
Is written exposure therapy (WET) noninferior to the more time-intensive prolonged exposure therapy (PE) in treating posttraumatic stress disorder (PTSD)?

Findings
In this randomized clinical trial of 178 veterans diagnosed with PTSD, participants in both treatments improved significantly, with large observed effect sizes. Despite a considerable difference in the number of treatment sessions, WET was noninferior to PE, and treatment retention was significantly better among those who received WET.

Meaning
These findings suggest that WET is a viable option for PTSD treatment and has the potential to reach a greater number of individuals who are in need of PTSD treatment.

Abstract
Importance
Evidence-based treatments for posttraumatic stress disorder (PTSD) exist, but all require 8 to 15 sessions and thus are less likely to be completed than brief treatments. Written exposure therapy (WET) is a brief and efficacious treatment that has not been directly compared with prolonged exposure therapy (PE), a more time-intensive, exposure-based treatment.

Objective
To determine whether WET is noninferior to PE in treating PTSD among veterans.

Design, Setting, and Participants
A randomized noninferiority clinical trial was conducted between September 9, 2019, and April 30, 2022. Participants were 178 veterans with PTSD presenting to 1 of 3 Veterans Affairs medical centers. Inclusion criteria consisted of a primary diagnosis of PTSD and stable medication. Exclusion criteria included current psychotherapy for PTSD, high suicide risk, active psychosis, unstable bipolar disorder, and severe cognitive impairment. Independent evaluations were conducted at baseline and 10, 20, and 30 weeks after the first treatment session. Data were analyzed from January 1 to March 31, 2023.

Interventions
Participants assigned to WET (n = 88) received five to seven 45- to 60-minute sessions. Participants assigned to PE (n = 90) received eight to fifteen 90-minute sessions. The WET sessions included 30 minutes of writing-based imaginal exposure conducted in session, whereas PE sessions included 40 minutes of in-session imaginal exposure and between-session in vivo exposures.

Main Outcomes and Measures
The primary outcome was change in PTSD symptom severity measured with the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) from baseline to the 20-week assessment; noninferiority was defined as a less than 10-point difference between the 2 treatment groups. Difference in treatment dropout was also examined.

Results
Of the 178 participants, 134 (75.3%) were men, and the mean (SD) age was 44.97 (13.66) years. In terms of race, 37 participants (20.8%) were Black, 112 (62.9%) were White, 11 (6.2%) were more than 1 race, and 18 (10.1%) were of other race (including American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander [some participants did not specify their race when selecting the category “other”]); in terms of ethnicity, 19 participants (10.7%) were Hispanic. Changes in PTSD symptom severity from baseline to all subsequent assessments among individuals randomized to WET were noninferior relative to individuals randomized to PE. The largest difference between treatments was observed at 10 weeks and was in favor of WET (mean difference, 2.42 [95% CI, 0.35-1.46] points). Participants were significantly less likely to drop out of WET compared with PE (11 [12.5%] vs 32 [35.6%]; $\chi2 = 12.91$; Cramer V = 0.27).

Conclusions and Relevance
In this study, WET was noninferior to PE in PTSD symptom change and was associated

with significantly less attrition. Findings suggest that WET may transcend previously observed barriers to PTSD treatment for both patients and clinicians.

Trial Registration
ClinicalTrials.gov Identifier: NCT03962504

See also: Written Exposure Therapy Finds Solid Footing Alongside First-Line Psychotherapies for Posttraumatic Stress Disorder (editorial)

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https://doi.org/10.1080/08995605.2022.2149190

Impact of the COVID-19 pandemic on army families: Household finances, familial experiences, and soldiers' behavioral health.

Stephanie A. Q. Gomez, Matthew R. Beymer, Theresa Jackson Santo, Lyndon A. Riviere, Amy B. Adler, Jeffrey L. Thomas, Amy Millikan Bell & Phillip J. Quartana

Military Psychology
Volume 35, 2023 - Issue 5

The Coronavirus Disease 2019 (COVID-19) pandemic has significantly impacted employment and finances, childcare, and behavioral health across the United States. The Behavioral Health Advisory Team assessed the pandemic's impact on the behavioral health of U.S. Army soldiers and their families. Over 20,000 soldiers at three large installation groups headquartered in the northwestern continental U.S., Republic of Korea, and Germany participated in the cross-sectional survey. Multivariable logistic regression models indicated that key demographics (gender, rank), severity of household financial impact, changes in work situation due to childcare issues, and family members' difficulty coping (both self and spouse/partner and/or child) were independently and consistently associated with greater odds of screening positive for probable clinical depression and generalized anxiety, respectively. These findings highlight how Army families were impacted similarly by the pandemic as their civilian counterparts. Army leadership may action these findings with targeted support for soldiers and their families to ensure they are utilizing supportive services available to them, and that military services continually evolve to meet soldier and family needs during times of crisis and beyond.

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https://doi.org/10.1080/08995605.2023.2249798

Widening the scope of intensive treatment for PTSD in the military health system. (Note)

Jonathan W. Murphy

Military Psychology
Published online: 25 Aug 2023

Recent trends have exacerbated existing problems accessing mental health care for military service members. To address these problems, lawmakers and military leaders have been busy introducing new legislation and changing policies in order to improve access. While these initiatives are critical for long-term change, military service members need solutions that can help them now. Although it may not be a panacea, intensive outpatient treatments may be part of the solution for the MHS, especially when considering posttraumatic stress disorder (PTSD). This commentary begins by describing the history of intensive treatments in the military health system, which has been largely offered as intensive outpatient treatments (IOPs). Next, it describes a decade of research on intensive treatments for PTSD, which has included a diverse array of IOP formats as well as stand-alone, massed treatments. Lastly, this commentary recommends that lawmakers and military leaders expand their notion of intensive outpatient treatments to include both programs and stand-alone, massed treatments. By doing so, the MHS could have more options for service members and commands as they search for workable treatment options.

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https://doi.org/10.1001/jamahealthforum.2023.2645

Telehealth and In-Person Mental Health Service Utilization and Spending, 2019 to 2022.

Cantor, J. H., McBain, R. K., Ho, P. C., Bravata, D. M., & Whaley, C.

JAMA Health Forum
2023; 4(8): e232645

In this cohort study, utilization and spending rates for mental health care services among commercially insured adults increased by 38.8% and 53.7%, respectively, between 2019 and 2022. This disproportionate increase in spending will likely evolve now that the PHE has ended, with insurers either continuing or stopping coverage for telehealth visits for mental health services.

This study has some limitations. First, the data represent approximately 7 million adults with employer-based private insurance. Utilization patterns, care needs, and spending may differ for other populations. Second, we were unable to distinguish new patients from existing patients receiving ongoing care. Finally, we were unable to examine trends by practitioner characteristics (eg, primary vs specialty care).

These findings suggest that telehealth utilization for mental health services remains persistent and elevated. If this increased utilization affects spending, insurers may begin rejecting the new status quo.6 This concern is particularly relevant when considered against the backdrop of telehealth policies that expired alongside the national PHE declaration.

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https://doi.org/10.1089/can.2022.0310

Longitudinal Associations Between Cannabis Use and Cognitive Impairment in a Clinical Sample of Middle-Aged Adults Using Cannabis for Medical Symptoms.

Ofir Livne, Kevin W. Potter, Randy M. Schuster, and Jodi M. Gilman

Cannabis and Cannabinoid Research
Published Online:25 Aug 2023

Introduction:
Cannabis use to alleviate medical symptoms is increasing in middle-aged and older adults. Cognitive impairment associated with cannabis use may be especially detrimental to these understudied age groups. We hypothesized that among middle-aged and older adults who used cannabis for 12 months, frequent (≥3 days/week) compared with nonfrequent (≤2 days/week) use will be associated with cognitive impairment.

Materials and Methods:
We performed secondary analysis on data from a clinical trial of cannabis use for

medical symptoms. Participants (n=62) were ≥45 years, and completed a baseline and at least one postbaseline visit. Cognitive domains were assessed through the Cambridge Neuropsychological Test Automated Battery. Cannabis use was assessed prospectively through daily smartphone diaries. Frequency of cannabis use was a binary predictor in a mixed-effects logistic regression model predicting cognitive impairment adjusted for baseline cognitive functioning.

Results:
At baseline, participants were primarily nonfrequent cannabis users; however, in all other time periods, most participants were frequent users (range: 55–58%). Cognitive outcomes did not differ between frequent and nonfrequent cannabis users. However, in sensitivity analyses, respondents with problematic cannabis use scored significantly worse on one cognitive domain compared to those without problematic cannabis use.

Conclusions:
In a clinical sample of adults aged ≥45 years, no longitudinal associations were found between cannabis use and cognitive functioning. However, a few significant associations were observed between problematic use and cognitive functioning. Further research is needed to assess the impact of cannabis use on adults, particularly those aged ≥65 years, and to investigate potential subtler influences of cannabis use on cognition. ClinicalTrials.gov ID: NCT03224468.

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https://doi.org/10.3389/fpubh.2023.1240047

The impact of resilience on the mental health of military personnel during the COVID-19 pandemic: coping styles and regulatory focus.

Cao, F., Li, J., Xin, W., Yang, Z., & Wu, D.

Frontiers in Public Health
2023 Aug 9; 11: 1240047

Military personnel encountered multiple stressful events during the COVID-19 lockdown. Reducing non-combat attrition due to mental disorders is crucial for military morale and combat effectiveness. Grounded in stress theory and regulatory focus theory, this study investigates the influence of resilience on military personnel's mental health; coping style and regulatory focus are considered potential mediators and moderators, respectively. We conducted a routine psychological assessment on 1,110 military

personnel in China. The results indicate that: (1) resilience has a negative impact on the psychological symptoms of military groups; (2) mature and mixed coping styles in military personnel mediate the association between resilience and psychological symptoms; and (3) regulatory focus predominance has a negative moderating effect on mature coping styles' effects on psychological symptoms. Furthermore, this study supports previous findings that resilience and mental health are interrelated; it demonstrates that military personnel can effectively reduce negative psychological symptoms by improving their resilience level and adopting mature coping styles under stressful situations. The current study presents interventional insights regarding coping styles and mental health from a self-regulatory perspective during the COVID-19 pandemic.

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https://doi.org/10.1007/s11126-023-10041-y

Psychological Resilience in U.S. Military Veterans: Results from the 2019-2020 National Health and Resilience in Veterans Study.

Georgescu, M. F., Fischer, I. C., Lowe, S., & Pietrzak, R. H.

The Psychiatric Quarterly
2023 Sep; 94(3): 449-466

Following exposure to traumatic life events, most individuals are psychologically resilient, and experience minimal-to-no symptoms of posttraumatic stress, major depressive, or generalized anxiety disorders. To date, however, most research has focused on factors associated with adverse post-trauma mental health outcomes rather than understanding those associated with psychological resilience. In particular, little is known about factors associated with psychological resilience in veterans, despite their high rates of trauma exposure, such as combat and military sexual trauma. To address this gap, we used a discrepancy-based psychiatric resilience (DBPR) analytic approach to operationalize psychological resilience, and to identify modifiable health and psychosocial factors associated with resilience in a nationally representative sample of U.S. veterans (N = 4,069). DBPR scores were computed by regressing a composite measure of distress (posttraumatic stress, major depressive, and generalized anxiety disorder symptoms) onto measures of adverse childhood experiences, combat exposure, military sexual trauma, and cumulative potentially traumatic events (e.g., natural disaster, life-threatening illness/injury). Psychological resilience was operationalized as lower actual, relative to predicted, composite distress scores. Results

revealed that greater emotional stability (22.9% relative variance explained [RVE]) and mindfulness (13.4% RVE), lower likelihood of lifetime histories of MDD or PTSD (12.8% RVE), greater purpose in life (11.9% RVE), and lower severity of somatic symptoms (10.8% RVE) explained the majority of the variance in resilience scores (total R2 = 0.40). Taken together, results of this study illustrate the utility of a DBPR score approach to operationalizing psychological resilience to traumatic stress in U.S. veterans, and identify several modifiable health and psychosocial factors that can be targeted in prevention and treatment efforts designed to bolster resilience in this population.

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https://doi.org/10.1093/arclin/acad012

Poorer Inhibitory Control Uniquely Contributes to Greater Functional Disability in Post-9/11 Veterans.

DeGutis, J., Agnoli, S., Bernstein, J. P. K., Jagger-Rickels, A., Evans, T. C., Fortier, C. B., McGlinchey, R. E., Milberg, W. P., & Esterman, M.

Archives of Clinical Neuropsychology
2023 Aug 24; 38(6): 944-961

Objective:
Post-9/11 Veterans endorse greater self-reported functional disability than 80% of the adult population. Previous studies of trauma-exposed populations have shown that increased post-traumatic stress disorder (PTSD) and depressive symptoms are consistently associated with greater disability. Additionally, poorer cognitive performance in the domain of executive functions, particularly inhibitory control, has been associated with disability, though it is unclear if this effect is independent of and/or interacts with PTSD and depression.

Method:
Three overlapping samples of n = 582, 297, and 183 combat-deployed post-9/11 Veterans completed comprehensive assessments of executive functions, PTSD and depressive symptoms, and self-reported World Health Organization Disability Assessment Schedule-II (WHODAS II).

Results:
Poorer performance on measures of inhibitory control (Delis-Kaplan Executive

Functioning System Color-Word Interference-CWI Test and gradual-onset Continuous Performance Test-gradCPT), but not other executive functions, were significantly associated with greater disability on the WHODAS II (ρ's = -.13 and -.13, p = .002 and .026, respectively). CWI inhibitory control measures accounted for unique variance in disability after controlling for PTSD and depressive symptoms (R^2 change = 0.02, $p < .001$). Further, CWI significantly moderated the effect of depressive symptoms on disability, such that better inhibitory control weakened the relationship between depression and disability.

Conclusions:
Inhibitory control deficits are uniquely associated with increased disability in combat-deployed post-9/11 Veterans, and better inhibitory control abilities may serve as a protective factor for depressive symptoms leading to increased disability.

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https://doi.org/10.1037/tra0001172

Is avoidance the only issue? A case study of "self-triggering" in combat-related posttraumatic stress disorder.

Musicaro, R., Bellet, B. W., & McNally, R. J.

Psychological Trauma : Theory, Research, Practice and Policy
2023 Sep; 15(6): 961-968

Objective:
We explore the emerging concept of "self-triggering" through a case illustration of a Vietnam veteran with posttraumatic stress disorder (PTSD) who engaged in self-triggering for 50 years after his index trauma. He reduced the frequency of self-triggering upon receiving a combination of cognitive processing therapy and behavioral exposure treatment.

Method:
This article provides a brief overview of the emerging literature on self-triggering, proposes theory for its function, and discusses how self-triggering affected the treatment of this veteran's chronic PTSD.

Results:
Through clinical intervention that focused on what to approach (i.e., real-world

experiences) and what to avoid (i.e., online triggering videos), the veteran stopped one kind of self-triggering but not another. The veteran attributed much of his positive behavior change to desire to honor the life of a young boy whose likely death he witnessed in Vietnam.

Conclusions:
Though people with PTSD often go to great lengths to avoid reminders of their trauma, there is a subset who seek reminders that trigger distressing reexperiencing symptoms. Such puzzling self-triggering behavior in those with PTSD is seldom studied and poorly understood. The details of this veteran's experience present a compelling case for self-triggering as an attempt to search for meaning in one's trauma, gain control of symptoms, and punish oneself. Implications for research and clinical practice are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

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https://doi.org/10.1080/21635781.2023.2221466

Family Life Education for Military Families: An Exploratory Study of Family Program Use.

Clairee T. Peterson & Catherine Walker O’Neal

Military Behavioral Health
Published online: 14 Jun 2023

Recognizing the stressors that military families may face, the military offers educational programs to support families, including deployment/reintegration programs and financial programs. However, little research examines these commonly offered programs. Grounded in the Contextual Model of Family Stress (CMFS), this study addresses this gap, conceptualizing program use as a resource that may be impacted by families’ external contexts (i.e., demographic and military contextual characteristics) and associated with various indicators of well-being. This study was a secondary data analysis of cross-sectional data from 266 military families at one Army installation. A logistic regression path model was used to examine if the likelihood of program use varied by demographic and military contextual characteristics (e.g., number of deployments, PCS moves), and independent samples t-tests were conducted to assess mean differences in elements of military families’ well-being (e.g., financial well-being, anxiety). Demographic and military contextual characteristics (e.g., number of deployments and PCS moves) were associated with program use. Families that used

financial programs had SMs with lower financial well-being and civilian spouses with marginally higher anxiety. The results indicate that programs providing standardized yet personalized content may be helpful for families, as well as suggest important directions for future research.

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https://doi.org/10.1007/s10488-023-01279-6

Implementation of Evidence-Based Psychotherapies for Posttraumatic Stress Disorder: A Systematic Review.

Princess E. Ackland, Erin A. Koffel, Elizabeth S. Goldsmith, Kristen Ullman, Wendy A. Miller, Adrienne Landsteiner, Benjamin Stroebel, Jessica Hill, Timothy J. Wilt & Wei Duan-Porter

Administration and Policy in Mental Health and Mental Health Services Research
Published: 16 June 2023

Guidelines strongly recommend trauma-focused therapies to treat posttraumatic stress disorder. Implementation of cognitive processing therapy (CPT) and prolonged exposure (PE) in Veterans Health Administration (VHA) and non-VHA settings began in 2006. We conducted a systematic review of implementation facilitators and challenges and strategies to address barriers. We searched MEDLINE, Embase, PsycINFO, and CINAHL from inception until March 2021 for English-language articles. Two individuals reviewed eligibility and rated quality. Quantitative results were abstracted by one reviewer and verified by a second. Qualitative results were independently coded by two reviewers and finalized through consensus. We used RE-AIM and CFIR frameworks to synthesize findings. 29 eligible studies addressed CPT/PE, mostly conducted in VHA. Training/education with audit/feedback was the primary implementation strategy and was linked to improved provider CPT/PE perceptions and self-efficacy. Use was not widespread. Only six studies tested other implementation strategies with mixed impact. Following VHA implementation, strong support for training, perceived effectiveness for patients and benefits for clinics, and positive patient experiences and relationships with providers were reported. However, barriers persisted including perceived protocol inflexibility, complex referral processes and patient complexity and competing needs. In non-VHA settings, providers perceived fewer barriers, but few were CPT/PE trained. Across both settings, fewer studies targeted patient factors. Training/education with audit/feedback improved perceptions and the availability of CPT/PE, but not consistent use. Studies testing implementation strategies to address post-training challenges,

including patient-level factors, are needed. A few studies are underway in VHA to test patient-focused and other implementation strategies. Research assessing actual vs perceived barriers in non-VHA settings is needed to elucidate unique challenges experienced.

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https://doi.org/10.1186/s12888-023-04895-6

The difference between shorter- versus longer-term psychotherapy for adult mental health disorders: a systematic review with meta-analysis.

Sophie Juul, Janus Christian Jakobsen, Caroline Kamp Jørgensen, Stig Poulsen, Per Sørensen & Sebastian Simonsen

BMC Psychiatry
Published: 16 June 2023

Background
The optimal psychotherapy duration for mental health disorders is unclear. Our aim was to assess the beneficial and harmful effects of shorter- versus longer-term psychotherapy for adult mental health disorders.

Method
We searched relevant databases and websites for published and unpublished randomised clinical trials assessing different durations of the same psychotherapy type before June 27, 2022. Our methodology was based on Cochrane and an eight-step procedure. Primary outcomes were quality of life, serious adverse events, and symptom severity. Secondary outcomes were suicide or suicide-attempts, self-harm, and level of functioning.

Results
We included 19 trials randomising 3,447 participants. All trials were at high risk of bias. Three single trials met the required information size needed to confirm or reject realistic intervention effects. One single trial showed no evidence of a difference between 6 versus 12 months dialectical behavioral therapy for borderline personality when assessing quality of life, symptom severity, and level of functioning. One single trial showed evidence of a beneficial effect of adding booster sessions to 8 and 12 weeks of internet-based cognitive behavioral therapy for depression and anxiety when assessing symptom severity and level of functioning. One single trial showed no evidence of a

difference between 20 weeks versus 3 years of psychodynamic psychotherapy for mood- or anxiety disorders when assessing symptom severity and level of functioning. It was only possible to conduct two pre-planned meta-analyses. Meta-analysis showed no evidence of a difference between shorter- and longer-term cognitive behavioural therapy for anxiety disorders on anxiety symptoms at end of treatment (SMD: 0.08; 95% CI: -0.47 to 0.63; p = 0.77; I2 = 73%; four trials; very low certainty). Meta-analysis showed no evidence of a difference between shorter and longer-term psychodynamic psychotherapy for mood- and anxiety disorders on level of functioning (SMD 0.16; 95% CI -0.08 to 0.40; p = 0.20; I2 = 21%; two trials; very low certainty).

Conclusions
The evidence for shorter versus longer-term psychotherapy for adult mental health disorders is currently unclear. We only identified 19 randomised clinical trials. More trials at low risk of bias and at low risk of random errors assessing participants at different levels of psychopathological severity are urgently needed.

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https://doi.org/10.1093/milmed/usad217

Depression and Differential Oral Health Status Among U.S. Adults With and Without Prior Active Duty Service in the U.S. Military, National Health and Nutrition Examination Survey 2011-2018.

J Brett Ryan, DC, USAF, DMD, Thayer E Scott, MPH, Robert E McDonough, MA, Elizabeth K Kaye, PhD, MPH, David K Schindler, DC, USAF, DDS, MPH

Military Medicine
Published: 10 June 2023

Introduction
Veterans suffer from lower overall well-being than non-veterans because of their unique life course. This study aims to compare the impact of depression on oral health for veteran and non-veteran populations.

Materials and Methods
Data from 11,693 adults (18+) participating in the National Health and Nutrition Examination Survey (2011-2018) were analyzed. The outcome variables were dichotomous (at/above mean) decayed, missing, and filled teeth due to caries (DMFT), as well as the components, namely, missing teeth, filled teeth (FT), and decayed teeth

(DT). The primary predictor variable combined depression screening outcome and veteran status (veteran/depressed, veteran/not depressed, non-veteran/depressed, and non-veteran/not depressed). Covariates included socioeconomic factors, demographics, wellness factors, and oral health–related habits. Associations between outcome and predictor variables were assessed with a fully adjusted logistic regression analysis.

Results
Veterans, regardless of depression status, had more DMFT, FT, missing teeth, and DT compared to non-veterans. After controlling for covariates, veterans suffering from depression had higher odds of DT (1.5, 95% CI, 1.0-2.4) compared to non-veterans without depression. In general, veterans who screened negative for depression had better oral health compared to all groups, with lower odds of DT (0.7, 95% CI, 0.6-0.9) and higher odds of FT (1.4, 95% CI, 1.1-1.7) compared to non-veterans with and without depression.

Conclusions
This study found that not only veterans have higher odds of overall caries experience, but also veterans suffering from depression have higher odds of active caries compared to non-depressed veterans. Most veterans lack Veterans Health Administration dental benefits and face challenges maintaining oral health on top of medical and mental health burdens. Our results add further urgency to increasing dental care access for this vulnerable population because of the exacerbation of unmet oral health care needs attributable to the additional mental health challenges veterans face.

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https://doi.org/10.1037/ser0000783

Treatment of posttraumatic stress disorder with prolonged exposure for primary care (PE-PC): Effectiveness and patient and therapist factors related to symptom change and retention.

Rauch, S. A. M., Venners, M. R., Ragin, C., Ruhe, G., Lamp, K. E., Burton, M., Pomerantz, A., Bernardy, N., Schnurr, P. P., Hamblen, J. L., Possemato, K., Sripada, R., Wray, L. O., Dollar, K., Wade, M., Astin, M. C., & Cigrang, J. A.

Psychological Services
Advance online publication

Prolonged exposure (PE) is a first-line treatment for posttraumatic stress disorder (PTSD) available in specialty mental health. PE for primary care (PE-PC) is a brief version of PE adapted for primary care mental health integration, composed of four—eight, 30-min sessions. Using retrospective data of PE-PC training cases from 155 Veterans Health Administration (VHA) providers in 99 VHA clinics who participated in a 4- to 6-month PE-PC training and consultation program, we examined patients' PTSD and depression severity across sessions via mixed effects multilevel linear modeling. Additionally, hierarchical logistic regression analysis was conducted to assess predictors of treatment dropout. Among 737 veterans, medium-to-large reductions in PTSD (intent-to-treat, Cohen's d = 0.63; completers, Cohen's d = 0.79) and small-to-medium reductions in depression (intent-to-treat, Cohen's d = 0.40; completers, Cohen's d = 0.51) were observed. The modal number of PE-PC sessions was five (SD = 1.98). Providers previously trained in both PE and cognitive processing therapy (CPT) were more likely than providers who were not trained in either PE or CPT to have veterans complete PE-PC (OR = 1.54). Veterans with military sexual trauma were less likely to complete PE-PC than veterans with combat trauma (OR = 0.42). Asian American and Pacific Islander veterans were more likely than White veterans to complete treatment (OR = 2.93). Older veterans were more likely than younger veterans to complete treatment (OR = 1.11). (PsycInfo Database Record (c) 2023 APA, all rights reserved)

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https://doi.org/10.1136/military-2023-002413

Prevalence and risk factors of suicide and suicidal ideation in veterans who served in the British Armed Forces: a systematic review.

Randles, R., Burroughs, H., Green, N., & Finnegan, A.

BMJ Military Health
2023 Jun 16; e002413

Introduction:
Research into the factors resulting in suicide in the military veteran population has yet to reach a consensus. Available research is concentrated on a small number of countries, and there is a lack of consistency with contradictory conclusions. The USA has produced a significant amount of research in a country where suicide is identified as a national health crisis, but in the UK, there is little research regarding veterans from the British Armed Forces.

Methods:
This systematic review was conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Corresponding literature searches were conducted in PsychINFO, MEDLINE and CINAHL. Articles that discussed suicide, suicidal ideation, prevalence or risk factors among British Armed Forces veterans were eligible for review. A total of 10 articles met the inclusion criteria and were analysed.

Results:
Veterans' suicide rates were found to be comparable to those of the general UK population. The method of suicide used was most commonly found to be hanging and strangulation. Firearms was recorded in 2% of suicide cases. Demographic risk factors were often contradictory with some research stating that there was risk in older veterans and some in younger. However, female veterans were found to be at higher risk than female civilians. Those who had deployed on combat operations were at lower risk of suicide, with research finding that veterans who took longer to seek help for mental health (MH) difficulties reported more suicidal ideation.

Conclusions:
Peer-reviewed research publications have revealed that UK veteran suicide prevalence is broadly comparable to the general population while highlighting differences across international armed forces. Veteran demographics, service history, transition and MH have all been identified as potential risk factors of suicide and suicidal ideation. Research has also indicated that female veterans are at higher risk than that of their civilian counterparts due to veterans being predominantly male; this could skew results and requires investigation. Current research is limited and further exploration of suicide prevalence and risk factors in the UK veteran population is required.

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Sex differences in hardiness, coping, and health in new West Point cadets.

Paul T. Bartone & Rosellen Roche

Military Psychology
Published online: 16 Jun 2023

The U.S. Military Academy at West Point places young men and women in a highly demanding world of extreme mental and physical challenges. As such, it provides an excellent natural laboratory in which to study how people respond and adapt to highly stressful conditions. The present study explores the role of personality hardiness and coping as stress resilience resources in new (freshmen) cadets at West Point, while also considering sex differences. Using survey methods, N = 234 cadets were assessed during their first year at West Point. Measures included personality hardiness, coping strategies, health symptoms, and number of hospitalizations for all causes. Results show that female cadets are higher in hardiness and emotion-focused coping, as well as somewhat higher in symptoms reports. For the total group, hardiness is linked to better health, both in terms of symptoms reports and hospitalizations. Multiple regression results indicate symptoms are predicted by lower hardiness, higher avoidance coping, and female sex. Conditional process path analysis reveals that the effect of hardiness on symptoms is mediated by emotion-focused coping, and that emotion-focused coping can have both positive and negative effects. This study confirms hardiness is an important stress resilience resource for both men and women in the highly stressful first year at West Point. These findings lend further support to a growing body of evidence that hardiness influences health in part via the coping strategies that people choose to apply in dealing with stressful situations.

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https://doi.org/10.1002/jts.22939

Treatment of comorbid sleep disorders and posttraumatic stress disorder in U.S. active duty military personnel: A pilot randomized clinical trial.

Daniel J. Taylor, Kristi E. Pruiksma, Jim Mintz, Danica C. Slavish, Sophie Wardle-Pinkston, Jessica R. Dietch, Katherine A. Dondanville, Stacey Young-McCaughan, Karin L. Nicholson, Brett T. Litz, Terence M. Keane, Alan L. Peterson, Patricia A. Resick, Consortium to Alleviate PTSD

Journal of Traumatic Stress
First published: 15 June 2023

Insomnia and nightmares are common in patients with posttraumatic stress disorder (PTSD). They are associated with worse psychological and physical health and worse PTSD treatment outcomes. In addition, they are resistant to PTSD treatments, which do not typically address sleep disorders. Cognitive behavioral therapy for insomnia and nightmares (CBT-I&N) and cognitive processing therapy (CPT) for PTSD are first-line

treatments, but limited evidence exists guiding the treatment of individuals with all three disorders. The current study randomized U.S. military personnel (N = 93) to one of three conditions: CBT-I&N delivered before CPT, CBT-I&N delivered after CPT, or CPT alone; all groups received 18 sessions. Across groups, participants demonstrated significantly improved PTSD symptoms. Because the study was terminated prematurely due to challenges with recruitment and retention, it was underpowered to answer the initially intended research questions. Nonetheless, statistical findings and relevant clinically meaningful changes were observed. Compared to participants who received CPT alone, those who received CBT-I&N and CPT, regardless of sequencing, demonstrated larger improvements in PTSD symptoms, d = −0.36; insomnia, d = −0.77; sleep efficiency, d = 0.62; and nightmares, d = −.53. Compared to participants who received CBT-I&N delivered before CPT, those who received CBT-I&N delivered after CPT demonstrated larger improvements in PTSD symptoms, d = 0.48, and sleep efficiency, d = −0.44. This pilot study suggests that treating comorbid insomnia, nightmares, and PTSD symptoms results in clinically meaningful advantages in improvement for all three concerns compared to treating PTSD alone.

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https://doi.org/10.1016/j.dadr.2023.100174

Examining the daily relationship between guilt, shame, and substance use among veterans with psychiatric disorders.

Pallavi Aurora, Stefanie T. LoSavio, Nathan A. Kimbrel, Jean C. Beckham, ... Kirsten H. Dillon

Drug and Alcohol Dependence Reports
Volume 8, September 2023, 100174

Highlights

- Shame and guilt are associated with the maintenance of psychiatric disorders.
- Limited research has examined shame, guilt, and substance use in daily life.
- Findings suggest a reciprocal relationship between shame/guilt and substance use.
- Understanding the bi-directional relationship may help inform future treatment.

Abstract
Background
Shame and guilt are key emotions known to amplify trauma-related symptoms in

veterans. Maintenance of symptoms is facilitated by avoidance behaviors, such as substance use. However, limited research has examined the associations between shame, guilt, and substance use in daily life.

Methods
The current study sought to examine the cross-lagged association between shame, guilt, and substance use. Forty veterans completed 28 days of experience sampling reporting on their current emotional experiences and use of substances.

Results
Results suggest a reciprocal relationship among shame and guilt and substance use, such that shame and guilt separately predicted subsequent substance use, and substance use predicted subsequent shame and guilt.

Conclusions
These results highlight the dynamic relationship among shame, guilt, and substance use and suggest the potential value of conceptualizing these clinical targets as mutually reinforcing to inform integrative intervention strategies that can interrupt the in-the-moment cascade of negative consequences.

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Chronic disease multimorbidity and substance use among African American men: veteran-non-veteran differences.

M. Daniel Bennett Jr., Justin T. McDaniel & David L. Albright

Ethnicity & Health
Published online: 18 Jun 2023

Objectives
The purpose of the study was to explore the extent to which prior military service may moderate the relationship between chronic disease multimorbidity and substance use among African American men in the United States.

Design
Data for this cross-sectional study was downloaded from the 2016 –2019 United States (US) National Survey on Drug Use and Health. We estimated three survey-weighted

multivariable logistic regression models, where use of each of the following substances served as the dependent variables: illicit drugs, opioids, and tobacco. Differences in these outcomes were examined along two primary independent variables: veteran status and multimorbidity (and an interaction term for these variables). We also controlled for the following covariates: age, education, income, rurality, criminal behavior, and religiosity.

Results
From the 37,203,237 (weighted N) African American men in the sample, approximately 17% reported prior military service. Veterans with ≥ 2 chronic diseases had higher rates of illicit drug use (aOR = 1.37, 95% CI = 1.01, 1.87; 32% vs. 28%) than non-veterans with ≥ 2 chronic diseases. Non-veterans with one chronic disease had higher rates of tobacco use (aOR = 0.80, 95% CI = 0.69, 0.93; 29% vs. 26%) and opioid misuse (aOR = 0.49, 95% CI = 0.36, 0.67; 29% vs. 18%) than veterans with one chronic disease.

Discussion
Chronic disease multi-morbidity appears to be a context in which African American veterans may be at greater risk for certain undesirable health behaviors than African American non-veterans and at lower risk for others. This may be due to exposure to trauma, difficulty accessing care, socio-environmental factors, and co-occurring mental health conditions. These complex interactions may contribute to higher rates of SUDs among African American veterans compared to African American non-veterans.

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https://doi.org/10.1037/tra0001536

Veterans who focus on sexual assault trauma show slower between-session habituation and symptom reduction during prolonged exposure treatment for posttraumatic stress disorder.

Park, J., Hunt, C., Abirgas, K., Bomyea, J., & Colvonen, P. J.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Abstract
Objective:
Prolonged exposure (PE) is an effective treatment for posttraumatic stress disorder (PTSD), but veterans with sexual assault (SA) trauma often discontinue it prematurely.

Elevated dropout rates may be due to SA triggering more intense and complex emotions that are more difficult to habituate during imaginal exposures; SA during PE has yet to be examined as a moderator of distress habituation or symptom reduction.

Method:
Participants were N = 65 veterans (n = 12 SA treatment focus; n = 10 SA history but not treatment focus; n = 43 no SA history) enrolled in a clinical trial of a preparatory sleep intervention followed by PE. The sample was representative of the veteran population. Growth curve modeling was used to examine differences in peak subjective units of distress scale (SUDS) ratings across imaginal exposures and changes in biweekly PTSD symptom assessments between veterans who did versus did not focus on SA during PE and between veterans who did versus did not endorse a history of SA.

Results:
Peak SUDS ratings and PTSD symptoms declined slower among veterans who focused on an SA trauma relative to those who did not. In contrast, participants who endorsed SA history showed similar declines in distress and PTSD symptoms relative to veterans with no SA history.

Conclusions:
Veterans who focus on SA during PE may take longer to habituate to trauma content and experience resolution of PTSD symptoms. Awareness of this pattern could allow clinicians to deliver PE more effectively to veterans focusing on an SA trauma.
(PsycInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement
Prolonged exposure (PE) is a common and effective treatment for posttraumatic stress disorder (PTSD) but veterans who endorse sexual assault (SA) often terminate PE prematurely. This study found that veterans who focused on an SA trauma during PE experienced a slower reduction in distress to the memory of their trauma and PTSD symptoms. These findings highlight a novel explanation for why veterans with SA history may terminate PE prematurely, as slower relief from distress could motivate treatment dropout. Educating veterans who experienced SA about the potential of this pattern could improve clinical outcomes. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

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https://doi.org/10.1001/jamapsychiatry.2023.1971

Effect of Cognitive Behavioral Therapy for Insomnia on Alcohol Treatment Outcomes Among US Veterans: A Randomized Clinical Trial.

Miller, M. B., Carpenter, R. W., Freeman, L. K., Dunsiger, S., McGeary, J. E., Borsari, B., McCrae, C. S., Arnedt, J. T., Korte, P., Merrill, J. E., Carey, K. B., & Metrik, J.

JAMA Psychiatry
June 21, 2023

Key Points
Question
Is cognitive behavioral therapy for insomnia (CBT-I) feasible and efficacious early in treatment for alcohol use disorder, and if so, does it affect alcohol use?

Findings
In this randomized clinical trial involving veterans with insomnia who were in treatment for alcohol use disorder, CBT-I was associated with greater reductions in insomnia symptoms and alcohol-related problems over time than a single session of instruction about sleep hygiene. No group differences emerged for abstinence or heavy-drinking frequency.

Meaning Long-term abstinence may not be required to derive benefit from CBT-I, which is feasible early in alcohol use disorder treatment and may reduce alcohol-related harm.

Abstract
Importance
Three of 4 adults in treatment for alcohol use disorder (AUD) report symptoms of insomnia. Yet the first-line treatment for insomnia (cognitive behavioral therapy for insomnia, CBT-I) is often delayed until abstinence is established.

Objective
To test the feasibility, acceptability, and preliminary efficacy of CBT-I among veterans early in their AUD treatment and to examine improvement in insomnia as a mechanism for improvement in alcohol use outcomes.

Design, Setting, and Participants
For this randomized clinical trial, participants were recruited through the Addictions Treatment Program at a Veterans Health Administration hospital between 2019 and

2022. Patients in treatment for AUD were eligible if they met criteria for insomnia disorder and reported alcohol use in the past 2 months at baseline. Follow-up visits occurred posttreatment and at 6 weeks.

Interventions
Participants were randomly assigned to receive 5 weekly sessions of CBT-I or a single session about sleep hygiene (control). Participants were asked to complete sleep diaries for 7 days at each assessment.

Main Outcomes and Measures
Primary outcomes included posttreatment insomnia severity (assessed using the Insomnia Severity Index) and follow-up frequency of any drinking and heavy drinking (4 drinks for women, ≥5 drinks for men; number of days via Timeline Followback) and alcohol-related problems (Short Inventory of Problems). Posttreatment insomnia severity was tested as a mediator of CBT-I effects on alcohol use outcomes at the 6-week follow-up.

Results
The study cohort included 67 veterans with a mean (SD) age of 46.3 years (11.8); 61 (91%) were male and 6 (9%) female. The CBT-I group included 32 participants, and the sleep hygiene control group 35 participants. Of those randomized, 59 (88%) provided posttreatment or follow-up data (31 CBT-I, 28 sleep hygiene). Relative to sleep hygiene, CBT-I participants reported greater decreases in insomnia severity at posttreatment (group × time interaction: −3.70; 95% CI, −6.79 to −0.61) and follow-up (−3.34; 95% CI, −6.46 to −0.23) and greater improvements in sleep efficiency (posttreatment, 8.31; 95% CI, 1.35 to 15.26; follow-up, 18.03; 95% CI, 10.46 to 25.60). They also reported greater decreases in alcohol problems at follow-up (group × time interaction: −0.84; 95% CI, −1.66 to −0.02), and this effect was mediated by posttreatment change in insomnia severity. No group differences emerged for abstinence or heavy-drinking frequency.

Conclusions and Relevance
In this randomized clinical trial, CBT-I outperformed sleep hygiene in reducing insomnia symptoms and alcohol-related problems over time but had no effect on frequency of heavy drinking. CBT-I should be considered a first-line treatment for insomnia, regardless of abstinence.

Trial Registration
ClinicalTrials.gov Identifier: NCT03806491

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https://doi.org/10.1016/j.jsmc.2023.05.008

A 2022 Survey of Commercially Available Smartphone Apps for Sleep.

Tracy Jill Doty, PhD; Emily K. Stekl, BA; Matthew Bohn, BS; Grace Klosterman, BS; Guido Simonelli, MD; Jacob Collen, MD

Key points

- Most sleep apps available to consumers are designed to enhance sleep by reducing sleep latency with auditory stimuli.
- While most sleep apps do not have peer-reviewed evidence supporting the specific app, most do use types of enhancement that are backed by scientific evidence.
- Sleep apps are widely available, low to no cost, and mostly focus on helping the consumer fall sleep faster using sounds.
- Sleep apps could be considered a possible strategy for patients and consumers to improve their sleep, although more validation of these apps is recommended.

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https://doi.org/10.1177/00220426231185504

Using Cannabis to Cope With Post-Traumatic Stress Disorder After Sexual Assault: Toward a Phenomenological Understanding.

Talshir, N., & Lavie-Ajayi, M.

Journal of Drug Issues
First published online June 21, 2023

In recent years, cannabis use by people suffering from PTSD, as a means of alleviating their symptoms, has increased. Nonetheless, scant research has examined the lived experience of women who use cannabis to cope with PTSD. Eight semi-structured interviews with Israeli women who use cannabis to cope with PTSD were analyzed using interpretative phenomenological analysis (IPA). The results of this research highlight the utility of cannabis for women coping with symptoms of PTSD, and the advantages of cannabis over other medications. Nevertheless, the main challenge with cannabis use in the context of PTSD is the feeling of detachment that it engenders. This

feeling of detachment helps women to manage symptoms when they become unbearable but can also reduce their ability to be fully present in their relationships and everyday life, and increase feelings of self-alienation and helplessness.

Links of Interest

988: A Lifeline for Mental Health Crisis Response
https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/988-A-Lifeline-for-Mental-Health-Crisis-Response

The Impact of Stigma on Transgender Service Members and Readiness
https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/The-Impact-of-Stigma-on-Transgender-Service-Members-and-Readiness

The Power of Staying Connected: Social Connection and Health
https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/The-Power-of-Staying-Connected-Social-Connection-and-Health

New program accelerates military spouses' job opportunities
https://www.militarytimes.com/pay-benefits/mil-money/2023/08/25/new-program-accelerates-military-spouses-job-opportunities/

'A Violent Transition'—Mental Health Care Lacks Military Cultural Understanding
https://thewarhorse.org/veteran-mental-health-care-must-acknowledge-military-culture/

Resource of the Week: Army Suicide Prevention Program (Army Regulation 600–92)

Effective 8 September 2023:

> SUMMARY AR 600–92 Army Suicide Prevention Program
> This new regulation, dated 8 August 2023:

• Creates a new regulation for the Army Suicide Prevention Program. This regulation supersedes the Army Suicide Prevention Program policy prescribed in AR 600–63 (throughout).

• Incorporates Army Directive 2021–10, Commander's Risk Reduction Toolkit, by prescribing use of it as a suicide risk visibility tool (throughout).

• Incorporates Army Directive 2023–12, Ask, Care, Escort Suicide Prevention Training, by establishing Ask, Care, Escort as the prescribed Suicide Prevention training (throughout).

• Directs the completion and submission of DA Form 7747 (Commanders Suspected Suicide Event Report) on every suspected Soldier death by suicide (chap 1).
• Updates roles and responsibilities (chap 1).

• Modifies narrative to reference guidance and includes reference to DoDI 6490.16, DoDI 6400.09, and AR 600–20 for additional guidance (chap 1).

• Changes installation Suicide Prevention Program Manager to Suicide Prevention Program Coordinator (para 1–10).

• Directs the Chief, National Guard Bureau to implement a suicide prevention policy and program consistent with DoDI 6490.16 for members of the Army National Guard of the United States (para 1–13).

• Requires reports of Servicemember's "dependents" suicide deaths to nearest installation Defense Enrollment Eligibility Reporting System office, within 30 days of receiving death certificate (para 1–27g).

• Requires the Suicide Prevention Program Coordinator to develop an installation Suicide Prevention Plan as part of the Commander's Ready and Resilient Council (para 1–31n(3)).

• Identifies the command visibility tools in support of suicide prevention (chap 2).

• Revises guidance for suicide reporting procedures to add specificity for the routing of suicide-related AR 15–6 reports to the Army Resilience Directorate (chap 2).

• Provides clarification on the process for developing and submitting the DD Form 2996 (Department of Defense Suicide Event Report) (chap 2).

• Provides guidance on collecting information regarding Soldiers' privately owned firearms and ammunition or other weapons if the commander or health care professional believe that the Soldier is a risk to self or others in accordance with DoDI 6490.16 (para 2–7).

• Renames the Suicide Prevention Task Force to the Suicide Prevention Working Group and identifies the Suicide Prevention Program Coordinator as the lead and facilitator. Identifies how the Suicide Response Team and Suspected Suicide Fatality Review Board are inputs into the Suicide Prevention Working Group (chap 3).

• Adds requirement to establish a unit Ready and Resilient forum (para 3–3).

• Provides guidance on conducting Suspected Suicide Fatality Review and Analysis Board that will establish a multidisciplinary approach for obtaining the data necessary to make comprehensive Department of Defense Suicide Event Report submissions (para 3–6).

• Incorporates Army Directive 2018–07–17 (Prioritizing Efforts for Readiness and Lethality (Update 17)) by eliminating the requirement for deployed commanders to convene quarterly Suicide Fatality Review Boards in theater at the corps, division task force, and/or joint task force level headquarters, or to report findings, initiatives, and best practices to the Deputy Chief of Staff, G–9 (para 3–6).

• Adds Reserve Command specific roles, responsibilities, and processes (chap 5).

• Incorporates Army Directive 2018–23, Improving the Effectiveness of Essential and Important Army Programs: Sexual Harassment/Assault Response and Prevention, Equal Opportunity, Suicide Prevention, Alcohol and Drug Abuse Prevention, and Resilience, by requiring commanders to incorporate annual, face-to-face suicide prevention training into the overall unit training plan, and retain records of Soldier's training (chap 4).

• Describes and prescribes the framework for assessing Suicide Prevention Program efforts through the processes of monitoring and evaluation (chap 7).

Headquarters
Department of the Army
Washington, DC
8 August 2023

***Army Regulation 600–92**

Effective 8 September 2023

Personnel-General

Army Suicide Prevention Program

By Order of the Secretary of the Army:

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