

Predictors of Cognitive Behavioral Therapy for Insomnia (CBTi) Outcomes in Active-Duty U.S. Army Personnel (2020)

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RESEARCH BRIEF

This study examined the impact and relative importance of a comprehensive group of pretreatment predictors of insomnia outcomes in 99 active-duty service members who received in-person CBTi in a randomized clinical trial.

WHY IS THIS RESEARCH IMPORTANT?

- **Insomnia is one of the most significant risk factors** for depression, substance abuse, anxiety, and suicide in the general population and **for posttraumatic stress disorder (PTSD), depression, and anxiety in active-duty service members.**
- **Cognitive behavioral therapy for insomnia (CBTi) is well established as the first-line treatment for the management of chronic insomnia.**
- Active-duty service members face a myriad of unique circumstances that negatively impact sleep and put them at **increased risk for developing insomnia.**
- **Approximately 20% of service members report clinically significant insomnia** compared to 10% of the general population.

HOW WAS THE RESEARCH CONDUCTED?

99 service members stationed at Fort Cavazos (formerly Fort Hood), Texas were recruited between April 2012 and December 2014, assigned to in-person CBTi, and completed the post-treatment assessment. Participants were randomized either to immediate in-person CBTi or to a waitlist control period followed by in-person CBTi. Measures included *predictor variables, sleep diaries, dysfunctional belief and attitudes about sleep scale, alcohol use disorders identification test, Beck Depression and Anxiety Inventory, PTSD Checklist, Veterans RAND 12-Item Health Survey, Interpersonal support evaluation list, PERI Life Events Scale, and the Insomnia Severity Index.*

OBSERVATIONS

- The current study adds to the growing research into predictors of good response to CBTi.
- Among active duty service members receiving CBTi, this study found that **higher levels of baseline insomnia and total sleep time predicted better response** (i.e., larger improvements on ISI).
- **Higher baseline depression and a history of head injury predicted worse response** (i.e., less improvements on ISI) in insomnia.
- **Men had better outcomes**, but that result needs replication.

ACTION STEPS

Future studies should examine if strategies for addressing predictors of poor response can improve outcomes in order to further alleviate the burden of insomnia and associated symptoms.