Research Update -- September 17, 2020

What’s Here:

- The Role of Telehealth in Reducing the Mental Health Burden from COVID-19.
- The Association Between Sexual Functioning and Suicide Risk in U.S. Military Veteran Couples Seeking Treatment for Post-Traumatic Stress Disorder.
- Rates of Behavioral Health Conditions and Health Risk Behaviors in Operators and Support Personnel in U.S. Special Operations Forces.
- Posttraumatic Stress Disorder Symptom Clusters in Service Members Predict New-Onset Depression Among Military Spouses.
- Fear of Sleep and Trauma-Induced Insomnia: A Review and Conceptual Model.
- Cognitive Behavioral Social Rhythm Group Therapy versus Present Centered Group Therapy for Veterans with Posttraumatic Stress Disorder and Major Depressive Disorder: A Randomized Controlled Pilot Trial.
- Examining the Three-Step Theory (3ST) of Suicide in a Prospective Study of Adult Psychiatric Inpatients.
- Leveraging Implementation Science to Understand Factors Influencing Sustained Use of Mental Health Apps: a Narrative Review.
● Veterans, Firearms, and Suicide: Safe Storage Prevention Policy and the PREVENTS Roadmap.
● Associations among exaggerated threat perceptions, suicidal thoughts, and suicidal behaviors in U.S. firearm owners.
● Predicting Problematic Pornography Use among Male Returning US Veterans.
● Association of Suicide Risk With Transition to Civilian Life Among US Military Service Members.
● Understanding partner perceptions of a service dog training program for veterans with PTSD: building a bridge to trauma resiliency.
● Rumination in posttraumatic stress disorder: A systematic review.
● Exposure, Relaxation, and Rescripting Therapy for Trauma-Related Nightmares With Psychiatric Inpatients: A Case Series.
● Risk of Dementia in Posttraumatic Stress Disorder.
● Recent trends in the rural–urban suicide disparity among veterans using VA health care.
● The impact on mental health practitioners of the death of a patient by suicide: a systematic review.
● Adding Insult to Injury: Mitigating the Impact of COVID-19 on Mental Health Treatment of PTSD.
● Links of Interest


The Role of Telehealth in Reducing the Mental Health Burden from COVID-19.

Xiaoyun Zhou, Centaine L. Snoswell, Louise E. Harding, Matthew Bambling, Sisira Edirippulige, Xuejun Bai, and Anthony C. Smith
Treatment protocols for people with COVID-19 should address both the physiological and psychological needs of the patients and health service providers. Providing psychological treatment and support may reduce the burden of comorbid mental health conditions and ensure the wellbeing of those affected. Our challenge is to provide mental health services in the context of patient isolation, which highlights the role of telehealth (through videoconference, e-mail, telephone, or smartphone apps). The provision of mental health support (especially through telehealth) will likely help patients maintain psychological well-being and cope with acute and postacute health requirements more favorably.


The Association Between Sexual Functioning and Suicide Risk in U.S. Military Veteran Couples Seeking Treatment for Post-Traumatic Stress Disorder.

Khalifian, C. E., Knopp, K., Wilks, C. R., Wooldridge, J.

Archives of Sexual Behavior
2020; 49(5), 1601–1613
https://doi.org/10.1007/s10508-019-01577-x

Intimate relationship distress has been identified as one of the most common precipitants of suicidal thoughts for U.S. military populations. Sexual functioning is associated with relationship distress and has recently been identified as a predictor of suicidal ideation with female military personnel; however, no studies have examined this association among a treatment-seeking sample of male and female veterans and their partners. Couples (N = 138) completed baseline assessments of sexual functioning, relationship functioning, suicidal ideation, and mental health prior to evaluation for engagement in a couples-based PTSD treatment study. Analyses revealed that decreased sexual pleasure and decreased frequency of sexual intercourse were associated with more recent suicidal ideation for male veterans, whereas increased sexual frequency was marginally associated with increased suicidal ideation for female veterans, controlling for PTSD and depression symptoms, relationship satisfaction, and medications. These findings stress the importance of assessing sexual functioning as a
risk factor for suicide and taking into consideration the possibility that sexual functioning may be protective or predictive of suicidality depending on the person and context.

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Rates of Behavioral Health Conditions and Health Risk Behaviors in Operators and Support Personnel in U.S. Special Operations Forces.

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Psychiatry
2020 Sep 14;1-17
https://doi.org/10.1080/00332747.2020.1768787

Objective:
Rates of behavioral health disorders and potential protective factors in U.S. Special Operations Forces (SOF) have not been well studied, including differences between Operators and Support personnel, despite very high levels of combat exposure in these military personnel. The present study examined the prevalence of endorsed behavioral health problems and protective factors within a large sample of SOF personnel.

Method:
Anonymized data from 16,284 active duty SOF Service members from the 2016 Preservation of the Force and Family (POTFF) needs survey were analyzed.

Results:
Overall, the prevalence of PTSD (7.6%), depression (8.4%), alcohol misuse (12.8%), and nicotine use (28%) were comparable or lower than reported in conventional military populations. There were significant differences between Operators and Support personnel in a number of demographic and service-related variables. Operators also endorsed more direct combat exposure and scored higher on resilience and social support, and reported better quality and quantity of sleep. There were no significant group differences in rates of PTSD and depression, except lower odds (adjusted OR = 0.81) for alcohol problems in Support personnel (11.6%) compared to Operators (14.0%), p <.001, 95% CI [0.72, 0.91].
Conclusions:
SOF personnel experience considerably higher exposure to combat deployments than conventional forces, yet the data from this study showed comparable or lower levels of behavioral health conditions. Although Operators were somewhat more likely than Support personnel to experience alcohol problems, they showed enhanced resilience, social support, and sleep health. Alcohol misuse is one potential target for preventive health efforts.


Posttraumatic Stress Disorder Symptom Clusters in Service Members Predict New-Onset Depression Among Military Spouses.

Walter, K.H., LeardMann, C.A., Carballo, C.E., McMaster, H.S., Donoho, C.J. and Stander, V.A.

Journal of Traumatic Stress
First published: 03 September 2020
https://doi.org/10.1002/jts.22575

Military operations in Iraq and Afghanistan have brought increased attention to posttraumatic stress disorder (PTSD) among service members and, more recently, its impact on spouses. Existing research has demonstrated that PTSD among service members is associated with depression among military spouses. In the current study, we extended these findings by using data from service member–spouse dyads enrolled in the Millennium Cohort Family Study for which the service member had evidence of PTSD (n = 563). Prospective analyses identified the association between PTSD symptom clusters reported by the service member and new-onset depression among military spouses. Over the 3-year study period, 14.4% of these military spouses met the criteria for new-onset depression. In adjusted models, service member ratings of symptoms in the effortful avoidance cluster, odds ratio (OR) = 1.61, 95% CI [1.03, 2.50], predicted an increased risk of new-onset depression among military spouses, whereas reexperiencing symptoms, adjusted OR = 0.57; 95% CI [0.32, 1.01], were marginally protective. These findings suggest that PTSD symptom clusters in service members differentially predict new-onset depression in military spouses, which has implications for treatment provision.

Hagerty, S.L., Wielgosz, J., Kraemer, J., Nguyen, H.V., Loew, D. and Kaysen, D.

Journal of Traumatic Stress
First published: 31 August 2020
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.

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Fear of Sleep and Trauma-Induced Insomnia: A Review and Conceptual Model.

Gabriela G. Werner, Dieter Riemann, Thomas Ehring

Sleep Medicine Reviews
Available online 8 September 2020
https://doi.org/10.1016/j.smrv.2020.101383
Trauma-induced insomnia is a symptom of posttraumatic stress disorder (PTSD), and is reported to be particularly distressing and often persists even after remission of the core symptoms of PTSD. Recently, it has been suggested that fear of sleep plays an important role in the development and maintenance of trauma-induced insomnia. The aim of this review is to propose a conceptual model of fear of sleep as a maintaining factor of trauma-induced insomnia. After a brief overview of the role of sleep in PTSD, the concept of fear of sleep is introduced. Theoretical considerations and empirical findings on the role of fear of sleep for trauma-induced insomnia in the context of PTSD are summarized and integrated. Specifically, links between PTSD symptoms and fear of sleep are presented, as well as possible consequences of fear of sleep leading to trauma-induced insomnia. Finally, we highlight methodological issues, identify areas for future research, and discuss potential clinical implications.


Cognitive Behavioral Social Rhythm Group Therapy versus Present Centered Group Therapy for Veterans with Posttraumatic Stress Disorder and Major Depressive Disorder: A Randomized Controlled Pilot Trial.

Patricia L. Haynes, Sarah B. Burger, Monica Kelly, Sarah Emert, ... M. Tracie Shea

Journal of Affective Disorders
Available online 7 September 2020
https://doi.org/10.1016/j.jad.2020.09.009

Highlights
- Cognitive Behavioral Social Rhythm Therapy (CBSRT) is a group therapy designed for veterans with posttraumatic stress disorder, depression, and sleep disturbances
- This pilot randomized controlled trial compared CBSRT versus Present Centered Therapy
- CBSRT had higher rates of attendance than Present Centered Therapy
- There were few differences between conditions on psychiatric and sleep symptoms
- Both group therapies improved symptoms but not to levels of remission
Abstract
Background
Cognitive Behavioral Social Rhythm Group Therapy (CBSRT) is a chronobiologically-informed group therapy designed to stabilize social rhythms in veterans with comorbid combat-related PTSD and major depressive disorder (MDD). This randomized controlled pilot trial is the first to examine feasibility and preliminary efficacy of group CBSRT as compared to group Present Centered Therapy (PCT), a well-characterized active attention, psychotherapy condition.

Methods
A total of 43 male veterans with combat-related PTSD, MDD, and disruptions in sleep or daily routine were randomly assigned to CBSRT or PCT. Therapy was provided weekly in a group modality for 12 weeks. Follow-up feasibility and gold-standard PTSD, MDD, and subjective/objective sleep assessments were conducted at post-treatment, 3 months, and 6 months post-treatment.

Results
Feasibility results demonstrated that veterans assigned to CBSRT had higher rates of attendance than veterans assigned to PCT. Both CBSRT and PCT were associated with improvements in PTSD and MDD symptoms, sleep efficiency, and number of awakenings; there were no differences between group therapies on these indices. Veterans in the CBSRT group had a greater reduction in the number of nightmares than veterans in the PCT group.

Limitations
Preliminary results must be qualified by the small sample size.

Conclusions
Group CBSRT may be more feasible for veterans than PCT. Both CBSRT and PCT were associated with improvements in psychiatric symptoms with few differences between conditions. CBSRT is a promising new group therapy that may help address the high-rate of PTSD therapy attrition in combat veterans.

Clinical Trial Registration
NCT00984698
Examining the Three-Step Theory (3ST) of Suicide in a Prospective Study of Adult Psychiatric Inpatients.

Michelle Tsai, Harris Lari, Samantha Saffy, E. David Klonsky

Behavior Therapy
Available online 8 September 2020
https://doi.org/10.1016/j.beth.2020.08.007

Highlights
- Validity of the Three-Step Theory of suicide is supported in psychiatric patients
- Pain and hopelessness strongly predict both concurrent and future suicidal desire
- Connection protects against suicidal desire in those high on pain and hopelessness
- Practical capability for suicide predicts past and future suicide attempts

Abstract
This study examined the validity and predictive utility of Three-Step Theory (3ST) of Suicide in psychiatric patients. Participants were 190 consecutively admitted adult psychiatric inpatients (53% female; 60% Caucasian; ages 18–73) assessed at three time-points: baseline, 4 weeks later (n = 112), and 3 months post-discharge (n = 102). Results were broadly supportive of the 3ST. First, at baseline, an interactive model of pain and hopelessness accounted for substantial variability in suicidal desire, even when controlling for depression and lifetime ideation. This result replicated in different genders and age ranges (i.e., 18–32 and 33–73). Further, pain and hopelessness were robust predictors of suicidal desire weeks and months into the future. Second, among those with pain and hopelessness, lower connectedness, as well as the extent to which pain exceeds connectedness, were robust predictors of higher suicidal desire. Lastly, a baseline measure of practical capability for suicide predicted suicide attempts both retrospectively and prospectively, even when controlling for lifetime ideation; however, dispositional and acquired contributors to capability were less predictive. Results support the validity and predictive utility of the 3ST, and suggest that the theory may have utility for guiding risk assessment and intervention.

Crasta, D., Daks, J. S., & Rogge, R. D.

Journal of Contextual Behavioral Science
2020 Sep 8
https://doi.org/10.1016/j.jcbs.2020.09.003

Public health researchers have raised the concern that both the 2019 coronavirus disease (COVID-19) pandemic and the ensuing public health response will increase interpersonal stressors associated with suicide risk. The Acceptance and Commitment Therapy (ACT) framework conceptualizes psychological flexibility as an important way to reduce the impact of painful and even catastrophic events on psychological suffering. The current study examines psychological flexibility as a potential moderator of the prevailing interpersonal model of suicide risk.

METHODS: A sample of 1,003 parents (73% female, 82% Caucasian 86% in romantic relationships) were recruited as part of a larger study on the COVID-19 pandemic and family functioning from Mach 27th to the end of April, 2020, the height of the United States’ “first wave.” Participants completed measures of psychological flexibility (the Multidimensional Psychological Flexibility inventory; MPFI), interpersonal constructs (perceived burdensomeness and thwarted belongingness), desire for death, COVID-19 related stressors (resource strain and loss due to COVID-19).

RESULTS: Moderated-mediation path models highlighted a significant indirect association between COVID-19 stressors and desire for death mediated by perceived burdensomeness to others. This indirect pathway was moderated by psychological inflexibility such that links were strongest at high levels of inflexibility and weak or non-significant at low levels of inflexibility. Results were generally consistent across five of the six facets of inflexibility.

DISCUSSION: The findings highlight the value of targeting psychological inflexibility as an important
Leveraging Implementation Science to Understand Factors Influencing Sustained Use of Mental Health Apps: a Narrative Review.

Samantha L. Connolly, Timothy P. Hogan, Stephanie L. Shimada & Christopher J. Miller

Journal of Technology in Behavioral Science
Published 07 September 2020
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Mental health (MH) smartphone applications (apps), which can aid in self-management of conditions such as depression and anxiety, have demonstrated dramatic growth over the past decade. However, their effectiveness and potential for sustained use remain uncertain. This narrative review leverages implementation science theory to explore factors influencing MH app uptake. The review is guided by the integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework and discusses the role of the innovation, its recipients, context, and facilitation in influencing successful implementation of MH apps. The review highlights critical literature published between 2015 and 2020 with a focus on depression and anxiety apps. Sources were identified via PubMed, Google Scholar, and Twitter using a range of keywords pertaining to MH apps. Findings suggest that for apps to be successful, they must be advantageous over alternative tools, relatively easy to navigate, and aligned with users’ needs, skills, and resources. Significantly more attention must be paid to the complex contexts in which MH app implementation is occurring in order to refine facilitation strategies. The evidence base is still uncertain regarding the effectiveness and usability of MH apps, and much can be learned from the apps we use daily; namely, simpler is better and plans to integrate full behavioral treatments into smartphone form may be misguided. Non-traditional funding mechanisms that are nimble, responsive, and encouraging of industry partnerships will be necessary to move the course of MH app development in the right direction.
Veterans, Firearms, and Suicide: Safe Storage Prevention Policy and the PREVENTS Roadmap.

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Federal Practitioner
2020; 37(9): 426-433
https://www.doi.org/10.12788/fp.0041

Background:
US veterans die by suicide at a higher rate than that of the civilian population and are more likely to use a firearm as their method. Systemic efforts to address the use of firearms in suicide had been largely evaded. In June 2020, the White House published the Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) task force report, which verified the link between, and the need to address, at-risk veterans and their access to firearms. This paper reviews the literature on the intersection of veterans, firearms, and suicide, then explores existing VA prevention initiatives aimed at reducing at-risk veterans’ access to lethal means and offers policy recommendations to expand efforts in the context of the PREVENTS Roadmap.

Observations:
The PREVENTS report recommends widespread distribution of safety education materials that encourage at-risk individuals to temporarily transfer or store their guns safely and the expansion of free or affordable options for storing weapons. Recommended policy actions to accomplish this goal include delaying access to firearms for at-risk veterans, facilitating temporary storage out of the home, improving in-home safe storage options, requiring that health care providers who care for high-risk veterans are trained in lethal means safety counseling, and creating campaigns to shift cultural norms for firearms’ storage during crises.

Conclusions:
Suicide prevention requires a multimodal approach, and attention to firearms access must become a more salient component. The high rate of veteran suicides involving firearms requires far-reaching interventions at societal, institutional, community, family, and individual levels.
Firearm availability has traditionally been conceptualized as an environmental risk factor for suicide mortality. Firearm acquisition for the primary purpose of self-protection (i.e., protective gun ownership) is often motivated by exaggerated threat expectancies—a central component of anticipatory anxiety—but firearm acquisition may paradoxically reinforce or exacerbate threat expectancies and contribute to behavioral disinhibition. Firearm ownership may therefore confer increased risk for suicide mortality through biobehavioral mechanisms. The present study conducted an initial test of this hypothesis by examining associations among firearm ownership, intentions to acquire additional firearms, threat expectancies, and past-month suicidal thoughts and behaviors using data collected from a national sample of 6200 U.S. adults. Results indicated threat expectancies and rates of suicide-related behaviors were significantly elevated among protective gun owners and participants who intended to acquire a firearm within the next year as compared to non-gun owners and non-protective gun owners. Threat expectancies were associated with significantly increased risk for past-month suicide-related behavior. Results suggest that threat expectancies in particular, and anticipatory anxiety more generally, may be biobehavioral processes associated with the correlation of firearm ownership and increased suicide risk.

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Predicting Problematic Pornography Use among Male Returning US Veterans.

Steven D. Shirk, Aneeta Saxena, Dongchan Park, Shane W. Kraus
Highlights:
- Problematic Pornography Use (PPU) is common among individuals with compulsive sexual behavior.
- US military veterans, who tend to be male and of younger age, are at high risk of developing PPU.
- PPU is associated with psychiatric and clinical comorbidities, frequency of use, and craving.
- Research is needed to better estimate rates of PPU and develop treatment specific for veterans.

Abstract
Problematic Pornography Use (PPU) is the most common problem behavior among individuals with compulsive sexual behavior (CSB). Previous research suggests US veterans are at a greater risk of engaging in PPU. The present study sought to investigate further PPU among male military veterans. Data from 172 male veterans who endorsed ever watching pornography and completed the Problematic Pornography Use Scale (PPUS) were included in the study. Participants completed self-report questionnaires, including demographic information, psychiatric co-morbidities, impulsivity, as measured by the UPPS-P, pornography-related behaviors, and pornography craving as measured by Pornography Craving Questionnaire (PCQ). Younger age and lower educational attainment were associated with higher PPUS scores. Depression, anxiety, post-traumatic stress disorder (PTSD), insomnia, and impulsivity were positively associated with higher PPUS scores. There was no statistically significant association between PPU with suicidal ideation or alcohol use disorder. In the multivariable hierarchical regression, depression, frequency of use, and higher PCQ scores were associated with higher PPUS scores, although on the latter two remained significant in the final model. Understanding the risk factors via more frequent screening for PPU will help with the development of treatment protocols for this problematic behavior.

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770538

Association of Suicide Risk With Transition to Civilian Life Among US Military Service Members.
Ravindran C, Morley SW, Stephens BM, Stanley IH, Reger MA.

JAMA Network Open
2020; 3(9): e2016261

Key Points
Question
What demographic and military service characteristics are associated with suicide risk among service members who recently transitioned from military service?

Findings
In this population-based cohort study of 1,868,970 service members who separated from the military, those who were male, were younger, had shorter length of service, or were separated from the Marine Corps or Army had a higher risk of suicide after separation.

Meaning
Findings of this study suggest that suicide rates increase after transition to civilian life and that awareness of demographic and military service characteristics may help prevent suicide among veterans who are most at risk.

Abstract
Importance
Although interest is high in addressing suicide mortality after the transition from military to civilian life, little is known about the risk factors associated with this transition. To support the ongoing suicide surveillance work of the US Department of Veterans Affairs (VA) Office of Mental Health and Suicide Prevention, examining these factors is important for targeting suicide prevention efforts.

Objective
To examine the prevalence, patterns, and associated characteristics of suicide mortality among US service members after separation from military active status.

Design, Setting, and Participants
This retrospective population-based cohort study obtained demographic and military service data from the VA/Department of Defense Identity Repository. Individuals who served on active duty in the US Army, Navy, Air Force, Marine Corps, or Coast Guard after September 11, 2001, and who separated from active status between January 1,
2010, and December 31, 2017, were included in the cohort. Data analyses were conducted from September 9, 2019, to April 1, 2020.

Main Outcomes and Measures
Suicide mortality within 6 years after separation from military service.

Results
A total of 1,868,970 service members (1,572,523 men [84.1%]; mean [SD] age at separation, 30.9 [9.9] years) separated from the military during the study period. Through the end of the study period (December 31, 2017), 3,030 suicides (2,860 men and 170 women) were identified as having occurred within 6 years of separation from the military. Statistically significant differences in suicide risk were found by demographic and military service characteristics. Suicide rates after separation were time dependent, generally peaking 6 to 12 months after separation and declining only modestly over the study period. Male service members had a statistically significantly higher hazard of suicide than their female counterparts (hazard ratio [HR], 3.13; 95% CI, 2.68-3.69). Younger individuals (aged 17-19 years; HR, 4.46 [95% CI, 3.71-5.36]) had suicide hazard rates that were approximately 4.5 times higher than those who transitioned at an older age (≥40 years). Service branch remained a risk factor for suicide even 6 years after separation; those who separated from the Marine Corps (HR, 1.55; 95% CI, 1.36-1.78) and the Army (HR, 1.48; 95% CI, 1.31-1.67) had a higher hazard than those who transitioned from the Air Force. The hazard for those who separated from the active component was higher than for those who separated from the reserve component (HR, 1.29; 95% CI, 1.18-1.42). Service members with a shorter length of service had a higher hazard (HR, 1.26; 95% CI, 1.11-1.42) than those with a longer service history.

Conclusions and Relevance
Results of this study show that not all service members who recently transitioned from military life had the same risk of suicide. The data suggest that awareness of military service and demographic characteristics can help identify those most at risk for suicide to target prevention efforts.


Understanding partner perceptions of a service dog training program for veterans with PTSD: building a bridge to trauma resiliency.
This article details findings from an investigation to understand the experiences of partners of veterans with posttraumatic stress disorder (PTSD) participating in a service dog program. Fifteen partners of veterans with PTSD participating in a service dog training program responded to an online survey assessing their own trauma symptoms as well as their current relationship satisfaction. Twelve of the survey participants also took part in in-depth interviews. The researchers propose a conceptual model based on participant responses that centers on the significance of veterans building a three-part relational bridge when they take part in these programs that foster reductions in PTSD symptoms, increased resiliency, and improved relational functioning. A clinical social worker providing counseling services to veterans and their partners at the service dog agency involved in the study plays a central role as part of this relational bridge. Social workers may consider supporting and advocating for veteran clients to have access to qualified service dog agencies as complementary or alternative treatment options.


Rumination in posttraumatic stress disorder: A systematic review.

Michelle L. Moulds, Madelyne A. Bisby, Jennifer Wild, Richard A. Bryant

Clinical Psychology Review
Available online 11 September 2020
https://doi.org/10.1016/j.cpr.2020.101910

Highlights
• Rumination is a transdiagnostic process evident in individuals with PTSD.
• Our review identified six sub-groups of studies, cross-sectional and longitudinal.
• Across studies, rumination was correlated with and predicted PTSD symptoms.
• Far more work is needed, particularly in developing measures of rumination in PTSD.
Abstract
Initial models and empirical investigations of rumination in the clinical literature were predominantly in the domain of depression. However, rumination is now well-established as a transdiagnostic cognitive process, including in the context of posttraumatic stress. To clarify the current understanding of rumination in posttraumatic stress, a systematic review of the empirical literature was conducted on rumination in posttraumatic stress disorder (PTSD). Six sub-groups of studies on this topic were identified; these addressed: (i) the frequency and nature of rumination, (ii) cross-sectional relationships between rumination and PTSD symptoms, (iii) the capacity of rumination to predict PTSD longitudinally, (iv) other processes associated with rumination, (v) neurobiological correlates of rumination, and (vi) whether treating PTSD reduces rumination. This review synthesizes these domains of research and identify key methodological limitations which limit causal inferences. This review points to important areas of future research to advance knowledge on rumination in PTSD.

https://journals.sagepub.com/doi/abs/10.1177/1534650120953614

Exposure, Relaxation, and Rescripting Therapy for Trauma-Related Nightmares With Psychiatric Inpatients: A Case Series.

Helen Reiter, Leanne Humphreys

Clinical Case Studies
First Published September 10, 2020
https://doi.org/10.1177/1534650120953614

Research has shown that posttraumatic stress disorder (PTSD) is a highly prevalent diagnosis for psychiatric patients, yet individualized care and treatment is limited in the inpatient acute care sector. Two case studies are presented which examine the use of Exposure, Relaxation, and Rescripting Therapy (ERRT) for chronic trauma-related nightmares, within a private acute care inpatient psychiatric hospital setting. ERRT is empirically supported with efficacy for veteran and civilian populations, however no research to date has been conducted with psychiatric inpatients. Two participants diagnosed with PTSD, suffering distressing trauma-related nightmares, completed ERRT over three sessions during their psychiatric hospital admission, with the aim of reducing the frequency and severity of nightmares and related psychological symptoms. PTSD, depression, sleep quality and quantity, and nightmare frequency and related distress, were measured pre-treatment, during treatment, and follow-up at one, 3 and
6 months. Only one participant reported ongoing nightmares by the third week of the intervention, with both participants reporting an absence of nightmares at the one and 3-month follow-ups, but mixed results by the 6-month follow-up. One participant also reported a reduction in PTSD symptoms and a mild improvement in depression. The results offer some preliminary support for the provision of ERRT for the treatment of trauma-related nightmares for psychiatric inpatients.

https://journals.sagepub.com/doi/abs/10.1177/0891988720957088

Risk of Dementia in Posttraumatic Stress Disorder.

Elias A, Rowe C, Hopwood M

Psychiatry and Neurology
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https://doi.org/10.1177/0891988720957088

Several studies have investigated the risk of dementia in posttraumatic stress disorder (PTSD) using a varying methodology. Epidemiological studies have found an increased risk of dementia with PTSD in Vietnam veterans as well as the general population. Laboratory studies reported the accelerated formation of β-amyloid and tau, which represent the primary pathology of Alzheimer’s dementia in animal models of PTSD. These investigations were conducted against a background of cognitive impairment and atrophy of the hippocampus and certain cortical areas in patients with PTSD. Very few studies have investigated the pathological basis in humans for the reported association of PTSD with dementia. This important gap in the literature has recently been partly addressed by very few studies that estimated the burden of β-amyloid and tau. The PET studies did not show an association between PTSD and the specific pathology of Alzheimer’s disease or signs of neurodegenerative diseases underlying other dementia syndromes. Another study demonstrated decreased plasma β-amyloid load and increased plasma β-amyloid 42/40 ratio in PTSD without PET evaluation. While PTSD is associated with an increased risk of dementia syndrome in general, there is no convincing evidence that it causes or accelerates the pathology of Alzheimer’s disease, which causes the most common type of dementia. Factors that may account for the association between PTSD and a clinical diagnosis of dementia are discussed in this review.

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Recent trends in the rural–urban suicide disparity among veterans using VA health care.

Brian Shiner, Talya Peltzman, Sarah L. Cornelius, Jiang Gui, Jenna Forehand & Bradley V. Watts

Journal of Behavioral Medicine
Published 11 September 2020
https://doi.org/10.1007/s10865-020-00176-9

There is an elevated risk of suicide among people living in rural areas, and the rural–urban disparity in death by suicide is growing in the general United States population. The department of Veterans Affairs (VA) implemented programs targeting rural health in 2007 and suicide prevention in 2008. Rural–urban differences in suicide rates among VA users have not been examined since 2010. We sought to understand whether the rural–urban disparity in suicide risk among VA users decreased during a time of contemporaneous VA efforts to improve access to mental health care for rural Veterans and to improve the effectiveness of mental health services at preventing suicide. We performed a retrospective cohort study examining differences in the raw and adjusted annual suicide rate among rural and urban VA users between 2003 and 2017. All VHA users 2003–2017. Descriptive statistics are presented for all VHA users in 2017. This includes 6,120,355 unique VA users, 32.0% (n = 1,955,935) of whom lived at a rural address. Raw rates of death by suicide were higher in rural VA users than urban VA users overall (33.3 vs. 29.1 deaths per 100,000 population) and across years, but the age, sex, and race-adjusted rates converged in 2005. White VA users had over triple the rate of death by suicide as black VA users, and lived disproportionally in rural areas. The rural–urban suicide disparity among VA users persists. However, the disparity appears to be driven by differences in the racial composition of rural and urban patients, which were not accounted for in prior studies.

The impact on mental health practitioners of the death of a patient by suicide: a systematic review.
There is a growing body of research investigating the impact on mental health professionals of losing a patient through suicide. However, the nature and extent of the impact is unclear. This systematic review synthesises both quantitative and qualitative studies in the area. The aim was to review the literature on the impact of losing a patient through suicide with respect to both personal and professional practice responses as well as the support received. A search of the major psychological and medical databases was conducted, using keywords including suicide, patient, practitioner and impact, which yielded 3942 records. 54 studies were included in the final narrative synthesis.

Most common personal reactions in qualitative studies included guilt, shock, sadness, anger and blame. Impact on professional practice included self-doubt and being more cautious and defensive in the management of suicide risk. As quantitative study methodologies were heterogeneous, it was difficult to make direct comparisons across studies. However, 13 studies (total n = 717 practitioners) utilised the Impact of Event Scale, finding that between 12% and 53% of practitioners recorded clinically significant scores. The need for training that is focused on the impact of suicides and the value placed upon informal support were often cited.

The experience of losing a patient through suicide can have a significant impact on mental health professionals, both in terms of their personal reactions and subsequent changes to professional practice. The negative impact, however, may be moderated by cultural and organisational factors and by the nature of support available.

Adding Insult to Injury: Mitigating the Impact of COVID-19 on Mental Health Treatment of PTSD.

Greg M. Reger & Barbara O. Rothbaum
Tremendous progress has been made in the dissemination of recommended, first-line psychotherapies for PTSD among military service members and veterans (Karlin and Cross 2014). However, recent public health infection prevention interventions for COVID-19 require widespread adoption of social distancing to slow the spread of the virus. These interventions risk negative impacts on the mental health treatment of posttraumatic stress disorder (PTSD). Technology has an important role to play in supporting outcomes during this era, particularly should fears of a “2nd wave” of COVID-19 infection come to pass.

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Links of Interest

U.S. Navy Suicide Deep Dive: Missed Opportunities and Recommendations  

The ongoing tragedy of veteran suicide: Why legislation is needed now  

Suicide impacts us all – but there is help!  
https://health.mil/News/Articles/2020/09/14/Suicide-impacts-us-all-but-there-is-help

Signs of Crisis  
https://www.veteranscrisisline.net/education/signs-of-crisis

Pentagon watchdog: More child sex assault reforms are needed  

Navy ramps up its regulation of CBD products  
Start the Conversation: Talking to a Veteran When You Are Concerned
https://starttheconversation.veteranscrisisline.net/media/1045/vasp_when-you-are-concerned_final-508-11.pdf

Sesame Street supports military families with health care transitions

Air Force opens Intrepid Spirit Center at Eglin AFB

We need to talk about PTSD. I'll start
https://mwi.usma.edu/we-need-to-talk-about-ptsd-ill-start/

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This report is in response to House Report 116-120, pages 163-164, accompanying H.R. 2500, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2020 requesting that the Secretary of Defense report to the Committee on the feasibility of providing medical care, to include psychological care, to members of the Reserve Components (RC) who are sexually assaulted while not in an active status.

The Department's fundamental finding is that, if legislation were passed to require the provision of medical treatment and mental health care to a Service member who is not in a period of qualifying duty status, the requirement, while technically executable, is highly inadvisable, as it would create a new category of benefit for sexual assault reporters, but not for other Selected RC and National Guard members who sustain other illness or injuries while not in the line of duty (LOD) or title 10 status. Moreover, the provision of care to a Reserve Component member who sustains an injury or illness not in the LOD or while not in title 10 status, is a significant departure from historical norms of when RC members are eligible for such benefits.
**Conditions Where title 10 benefits apply for Reserve and National Guard Members:**

- Service member on qualifying orders to Active Duty for periods greater than 30 days.

- Service member who has injuries, illnesses or diseases incurred or aggravated during a period of qualifying duty status for periods of 30 days or less.

- Eligible Service members who purchase and maintain TRICARE Reserve Select coverage.*

*Current eligibility excludes those Selected Reserve Component members who are eligible for FEHB through employment as a Federal civilian employee. This exclusion will end in 2030 pursuant to Section 701 of the National Defense Authorization Act for Fiscal Year 2020.

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