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Efficacy of the Mantram Repetition Program for Insomnia in Veterans With Posttraumatic Stress Disorder: A Naturalistic Study.

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Advances in Nursing Science:
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Statistics show that more than 80% of Veterans mention posttraumatic stress disorder (PTSD)-related symptoms when seeking treatment. Sleep disturbances and nightmares are among the top 3 presenting problems. Current PTSD trauma-focused therapies generally do not improve sleep disturbances. The mantram repetition program (MRP), a mind-body-spiritual intervention, teaches a portable set of cognitive-spiritual skills for symptom management. The aim of this study was to evaluate the efficacy of the MRP on insomnia in Veterans with PTSD in a naturalistic, clinical setting. Results show that participation in the MRP significantly reduced insomnia, as well as decreased self-reported and clinician-assessed PTSD symptom burden.

Thinking or doing? An examination of well-established suicide risk factors within the ideation to action framework.

Lauren R. Khazem, Michael D. Anestis

Psychiatry Research
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Limited research has examined differences in well-established suicide correlates between individuals with various histories of suicidality within the ideation to action framework. We hypothesized that individuals without a history of elevated suicidality would exhibit lowest levels of suicide correlates (perceived burdensomeness, thwarted belongingness, emotion dysregulation, depressive symptoms), and group differences would not be present between those with a history of suicidal ideation relative to those with a history of suicide attempts on variables not theorized to contribute to the capability for suicide. Lastly, we hypothesized that those with a prior history of suicide attempt(s) would exhibit higher levels of lifetime painful and provocative events and fearlessness about death relative to those with a history of ideation only.
A community sample of adults (N=378) recruited in part on the basis of a history of suicidality completed self-report questionnaires online. The results were largely consistent with our hypotheses. However, there were no differences in fearlessness about death between those with a history of suicidal ideation and those with a history of attempts. Many variables considered robust correlates of suicide may only directly relate to suicidal ideation rather than suicide attempts, thereby limiting their utility in understanding the transition from ideation to action.


Stacey L. Klaman, Kea Turner

Maternal and Child Health Journal
First Online: 16 August 2016
DOI: 10.1007/s10995-016-2172-0

Objectives
Perinatal depression (PND) has been widely studied in the general population, but has been under studied in military populations. This literature review evaluates studies of PND in military service women and spouses of military servicemen.

Methods
Articles from peer-reviewed journals published from January 2005 to September 2015 were included if they reported on US military women and/or spouses of military servicemen who were screened for PND symptoms during the prenatal and/or postpartum periods; and were available in English. Qualitative studies were excluded. Studies were compared and contrasted by screening instrument, screening time-period, study population, deployment status as a unique risk factor, and results.

Results
Ten articles were included. Studies varied greatly in methodology and use of screening instruments and screening time-period, but collectively indicate a wide prevalence range of PND symptoms in military populations. Studies also indicate deployment status as a unique risk factor associated with PND symptoms. Common methodological issues include excluding women at high risk for PND, and not reporting if adequate clinical resources were readily available to ensure appropriate diagnostic and therapeutic services treatment for women who screened positive for PND.

Conclusions for Practice
PND is receiving increasing attention and military populations should be studied more closely to
identify this condition, and understand the complex interactions of unique risk factors associated with a military way of life in order to implement more rigorous screening and early, appropriate intervention strategies.

http://gradworks.umi.com/10/12/10124162.html

Mental health help-seeking intention and organizational climate in a population of military service members

Cuyler, Mishaw T., Ph.D.,
THE UNIVERSITY OF TEXAS AT EL PASO
Dissertation, 2016, 115 pages

Historically, psychological effects of war such as Post Traumatic Stress Disorder (PTSD) have been understated and misdiagnosed throughout the world. Military members that displayed symptoms of PTSD such as anxiety, depression, and sadness were thought to lack the strength and courage necessary to be a soldier. As a result, many soldiers suffering from symptoms of PTSD would suffer in silence and not seek the requisite help for mental health care. This dissertation examines the mental health help-seeking intention of U.S. military service members using the Theory of Planned Behavior (TPB). Additionally, this dissertation considers the effects that leadership support climate and coworker support climate play in a soldier’s intention to seek help for mental health care. This dissertation contributes to the literature in three ways. First, this dissertation contributes by applying a rigorously tested theoretical framework to the study of mental health help-seeking intention in U.S. military personnel. Second, this dissertation contributes by incorporating the constructs of leadership support climate and coworker support climate into mental health help-seeking literature. Third, this dissertation will introduce the concepts of leadership support climate and organizational support climate into the study of the theory of planned behavior. This dissertation concluded that the personal attitudes of military service members towards mental health help-seeking is significant in predicting their mental health help-seeking intention. Furthermore, the dissertation concluded that mental health help-seeking attitudes mediates the relationship between leadership support climate and mental health help-seeking intention. These results underscore the importance of role of leaders in influencing service members to seek help for mental health problems.

http://jramc.bmj.com/content/early/2016/08/16/jramc-2015-000607.abstract

Experience of post-traumatic growth in UK veterans with PTSD: a qualitative study.

Emily Palmer, D Murphy, L Spencer-Harper
Little is known about the experience of post-traumatic growth (PTG) within UK veterans. To address this, our study aims to understand the lived experience of PTG from the perspective of UK veterans who have received treatment for post-traumatic stress disorder. The study uses Interpretative Phenomenological Analysis to explore qualitative interviews conducted with a sample of veterans who reported experiences of PTG in a quantitative measure. The themes drawn from the interviews describe the veterans' lived experiences of growth following trauma and their understanding of how it occurred. Similarities and differences with the dimensions of a widely used PTG quantitative measure are outlined, and a possible veteran experience of growth and how it develops is described. The conclusions provide a basis for further investigation into the experience, acceptability and clinical application of PTG within a UK veteran-specific population.

http://occmed.oxfordjournals.org/content/early/2016/08/18/occmed.kqw116.abstract

Poor sleep after military deployment: associations with mental health difficulties.

E. J. F. Hunt, N. Greenberg and N. Jones

Occupational Medicine
First published online: August 19, 2016
doi: 10.1093/occmed/kqw116

Background
Sleep difficulties, alcohol use and mental illness are often related; military studies suggest that post-deployment is a high-risk period for sleep problems.

Aims
To examine the prevalence of post-deployment sleep difficulties in UK Armed Forces (UKAF) personnel and associations with alcohol use disorders (AUD) and any mental disorder (AMD) symptoms.

Methods
A prospective, self-report, observational study of UKAF members returning from Afghanistan, questionnaire data were collected immediately following and 6 months post-deployment.

Results
A total of 1636 participants provided study data at both time points. Twenty-three per cent of personnel reported sleep difficulties at follow-up; 11% reported sleep-related interference with
daily functioning. Sleep problems were significantly associated with AUD and AMD. Initial post-deployment sleep problems were predictive of AMD but not AUD at follow-up.

Conclusions
The disclosure of alcohol misuse and mental ill-health in UKAF personnel is often inhibited by stigmatizing beliefs; detection could be enhanced by inquiring about sleep problems which may be less stigmatizing than direct enquiries about alcohol misuse and psychological well-being.

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http://jtt.sagepub.com/content/early/2016/08/17/1357633X16664205.abstract

A systematic review of technology-based interventions for co-occurring substance use and trauma symptoms.

Amanda K Gilmore, Sarah M Wilson, Nancy A Skopp, Janyce E Osenbach, and Greg Reger

Journal of Telemedicine and Telecare
August 17, 2016
doi: 10.1177/1357633X16664205

Introduction
Technology-based mental health interventions are becoming increasingly common, and several have begun to target multiple outcomes in a single intervention. Recent developments in the treatment of co-occurring posttraumatic stress disorder and substance use disorder has led to the development and testing of technology-based interventions for these disorders. The current systematic review examined technology-based interventions designed to improve mental health outcomes among patients with co-occurring trauma symptoms and substance use.

Methods
Of 601 articles reviewed, 14 included a technology-based intervention for patients with these co-occurring problems.

Results
Seven of these studies provided preliminary evidence that technology-based interventions are likely to be efficacious in reducing either trauma symptoms or substance use. The seven remaining studies demonstrated that technology-based interventions for co-occurring trauma symptoms and substance use are feasible.

Discussion
This review suggests that technology-based interventions for co-occurring trauma symptoms and substance use are feasible, but more work is needed to assess efficacy using scientifically rigorous studies.

Erika N. Smith-Marek; Bryan Cafferky; María M. Dominguez; Chelsea Spencer; Kimberly Van; Sandra M. Stith; Mark A. Oliver

Violence and Victims
Appeared or available online: August 12, 2016
DOI: http://dx.doi.org/10.1891/0886-6708.VV-D-15-00032

This meta-analysis compared risk markers for perpetration of physical intimate partner violence (IPV) among military and civilian males. We also examined strength of risk markers among male and female service members. In total, 36 military studies and 334 civilian studies, which reported 883 effect sizes, were included in the analyses. Results revealed more similarities than differences in risk markers for IPV among military and civilian males and among military males and females. Of the risk markers examined, relationship satisfaction and alcohol problems were significantly stronger risk markers for IPV among civilian males compared to military males. Perpetrating emotional abuse was a significantly stronger risk marker for IPV perpetration among military females compared to military males. Recommendations for IPV prevention and intervention are discussed.

See Something, Do Something: Predicting Sexual Assault Bystander Intentions in the U.S. Military.

Kathryn J. Holland, Verónica Caridad Rabelo, Lilia Cortina

American Journal of Community Psychology
First published: 19 August 2016
DOI: 10.1002/ajcp.12077

Sexual assault is a pervasive problem in the U.S. military, especially against women. Bystander intervention is increasingly promoted as important for reducing sexual violence, and it may be particularly helpful in contexts with high rates of sexual violence. Bystander training encourages and enables people to intervene safely and stop sexual violence. In this study, we drew from an ecological model to investigate intrapersonal, microsystem, and exosystem factors that predicted Service members’ assumption of personal responsibility to intervene in an alcohol-
involved sexual assault. Moreover, we examined how these predictors played a role in decisions about how to intervene: confronting the perpetrator, assisting the victim, or finding someone to help. We analyzed data from 24,610 active duty personnel collected by the Department of Defense. Several factors significantly related to Service members' bystander intentions: gender, rank, morale, attitudes about sexual assault, training, and trust in the military sexual assault system predicted the likelihood and method of bystander intervention. These findings help identify how and why people intervene (or fail to intervene) when they witness situations that could develop into sexual violence.


Pain and psychiatric comorbidities among two groups of Iraq and Afghanistan era Veterans.


This study aimed to (1) identify the prevalence and severity of pain and psychiatric comorbidities among personnel who had been deployed during Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) and (2) assess whether the Department of Veterans Affairs (VA) Polytrauma System of Care and an OIF/OEF/OND registry reflect real differences among patients. Participants (N = 359) were recruited from two VA hospitals. They completed a clinical interview, structured diagnostic interview, and self-report measures. Results indicated pain was the most common complaint, with 87 percent experiencing pain during the prior week and 56 percent reporting moderate or severe pain. Eighty percent of participants met criteria for at least one of seven assessed comorbid problems (moderate or severe pain, postconcussional disorder, posttraumatic stress disorder [PTSD], anxiety disorder, mood disorder, substance use disorder, psychosis), and 59 percent met criteria for two or more problems. PTSD and postconcussional disorder rarely occurred in the absence of pain or other comorbidities (0.3% and 0%, respectively). The Polytrauma group had more comorbid psychiatric conditions ($\chi^2 = 48.67$, $p < 0.05$) and reported greater severity of symptoms ($p < 0.05$) than the Registry group. This study confirmed the high prevalence of pain and concurrent mental health problems among personnel returning from military deployment.

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Association of Child Abuse Exposure With Suicidal Ideation, Suicide Plans, and Suicide Attempts in Military Personnel and the General Population in Canada.

Afifi TO, Taillieu T, Zamorski MA, Turner S, Cheung K, Sareen J

IMPORTANCE:
Recent evidence indicates a high prevalence of child abuse exposure in modern US veterans, which may explain in part their higher likelihood of suicide relative to civilians. However, the relationship between child abuse exposure and suicide-related outcomes in military personnel relative to civilians is unknown. Furthermore, the associations among deployment-related trauma, child abuse exposure, and suicide-related outcomes in military personnel have not been examined.

OBJECTIVES:
To determine whether child abuse exposure is more prevalent in Canadian Armed Forces (CAF) personnel compared with the Canadian general population (CGP); to compare the association between child abuse exposure and suicidal ideation, suicide plans, and suicide attempts among the CAF and CGP; and to determine whether child abuse exposure has an additive or interaction effect on the association of deployment-related trauma and past-year suicidal ideation and suicide plans among Regular Forces personnel.

DATA, SETTING, AND PARTICIPANTS:
Data were collected from the following 2 nationally representative data sets: the 2013 Canadian Forces Mental Health Survey (CFMHS) for the CAF (8161 respondents; response rate, 79.8%) and the 2012 Canadian Community Health Survey-Mental Health (CCHS-MH) for the CGP (23,395 respondents; response rate, 68.9% [of these, 15,981 age-matched participants were drawn]). Data were collected from April 15 to August 31, 2013, for the CFMHS and January 2 to December 31, 2012, for the CCHS-MH. Data were analyzed from October 2014 to October 22, 2015. Statistical weights were applied to both data sets.

MAIN OUTCOMES AND MEASURES:
Child abuse exposure, including physical abuse, sexual abuse, and exposure to intimate partner violence, and deployment-related trauma were assessed in relation to suicide-related outcomes.

RESULTS:
Data were analyzed from 24,142 respondents aged 18 to 60 years (Regular Forces, 86.1% male and 13.9% female; Reserve Forces, 90.6% male and 8.9% female; and CGP, 49.9% male and 50.1% female). Any child abuse exposure was higher in the Regular Forces (47.7%; 95% CI, 46.4%-49.1%) and Afghanistan mission-deployed Reserve Forces (49.4%; 95% CI, 46.3%-51.5%) compared with the CGP (33.1%; 95% CI, 31.8%-34.4%). All types of child abuse
exposures were associated with increased odds of suicidal ideation, suicide plans, and suicide attempts in the CGP (range of adjusted odds ratios [AORs], 3.0 [95% CI, 2.3-3.9] to 7.7 [95% CI, 5.7-10.3]; P < .05) and CAF (range of AORs, 1.7 [95% CI, 1.0-2.9] to 6.3 [95% CI, 4.2-9.5]; P < .05), with many associations significantly weaker in military personnel relative to civilians. Additive effects for past-year suicide ideation (AOR, 2.7; 95% CI, 1.8-4.2) and past-year suicide plans (AOR, 4.6; 95% CI, 2.3-9.2) but not interactive effects for past-year suicide ideation (AOR, 1.2; 95% CI, 0.7-2.2) and past-year suicide plans (AOR, 0.8; 95% CI, 0.3-2.2) were noted between deployment-related trauma and child abuse exposure among Regular Forces personnel.

CONCLUSIONS AND RELEVANCE:
Individuals with a child abuse history may be more likely to enter the military, and child abuse exposure may increase the likelihood of suicide-related outcomes. Prevention efforts targeting child abuse may reduce suicide-related outcomes.

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Suicidality among military-connected adolescents in California schools.


Previous research indicates that suicidal ideation is higher among military-connected youth than non military-connected youth. This study extends prior work by examining suicidal ideation, plans, and attempts in military-connected and non military-connected adolescents. Data were gathered from 390,028 9th and 11th grade students who completed the 2012-2013 California Healthy Kids Survey. Bivariate comparisons and multivariate logistic analyses were conducted to examine differences in suicidal ideation, plans, attempts, and attempts requiring medical attention between military and not military-connected youth. In multivariate logistic analyses, military-connected youth were at increased risk for suicidal ideation (OR = 1.43, 95% CI = 1.37-1.49), making a plan to harm themselves (OR = 1.19, CI = 1.06-1.34), attempting suicide (OR = 1.67, CI = 1.43-1.95), and an attempted suicide which required medical treatment (OR = 1.71, CI = 1.34-2.16). These results indicate that military-connected youth statewide are at a higher risk for suicidal ideation, plans, attempts, and attempts requiring medical care because of suicidal behaviors. It is suggested that policies be implemented to increase awareness and screening among primary care providers, school personnel, and military organizations that serve military-connected youth.

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This study explored the experiences of parents of service members, military family members who are often overlooked even though they are likely a vital source of support for their military adult-children. Reflections on deployment of military adult-children were gathered from 21 parents in semistructured group interviews. A framework of ambiguous loss, boundary ambiguity, and ambivalence was used to analyze comments reflecting pre-deployment, deployment, and post-deployment experiences. Pre-deployment anticipation of leave-taking was associated with boundary ambiguity and ambivalence for parents, tempered by safety concerns. During deployment ambiguity in parental role expectations and parameters complicated parents’ attempts to manage physical absence and maintain psychological presence. Post-deployment challenged parents with ambiguous psychological presence and disruption of family boundaries, complicated by changes associated with the effects of war.

Links of Interest

McCain: New Suicide prevention initiative for veterans can be model for nationwide effort

Why Vets Come Home And Miss the War

Smoking marijuana provides more pain relief for men than women
https://www.sciencedaily.com/releases/2016/08/160818165936.htm

How sleep deprivation harms memory
https://www.sciencedaily.com/releases/2016/08/160823125219.htm
Disruptions to sleep patterns lead to an increased risk of suicides
https://www.sciencedaily.com/releases/2016/08/160824111104.htm

Veterans' Painkiller Abuse Can Raise Odds for Heroin Use

How do antidepressants trigger fear and anxiety?
https://www.sciencedaily.com/releases/2016/08/160824135045.htm

Do the tools to quantify addiction help to define it?
https://www.sciencedaily.com/releases/2016/08/160824084649.htm

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Resource of the Week: Department of Defense Contractor and Troop Levels in Iraq and Afghanistan: 2007-2016 (Congressional Research Service)

This report provides background information for Congress on the levels of Department of Defense (DOD) troop and contractor personnel deployed in support of prior and ongoing military operations in Iraq and Afghanistan. For more information on DOD’s use of contractor personnel to support military operations, see CRS Report R43074, Department of Defense’s Use of Contractors to Support Military Operations: Background, Analysis, and Issues for Congress, by Moshe Schwartz.

Congressional Research Service (CRS) reports are not distributed directly to the public. This report is made available by the Federation of American Scientists Project on Government Secrecy. FAS maintains a vast, continually updated library of CRS reports.
Department of Defense Contractor and Troop Levels in Iraq and Afghanistan: 2007-2016

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