



# Tier 1

## December 5, 2016

Center for Deployment Psychology  
Uniformed Services University of the Health Sciences





**CENTER FOR  
DEPLOYMENT PSYCHOLOGY**  
*Preparing Professionals to Support Warriors and Families*



## **Military Culture: Enhancing Clinical Competence**

Center for Deployment Psychology  
Uniformed Services University of the Health Sciences



## **Disclaimer**

The views expressed are those of the presenters and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.



## **Learning Objectives**

1. Recognize the structure and major components of the United States military.
2. Identify common characteristics of the military population and how they compare to the general population.
3. Discuss the importance of a distinct culture to the military.
4. Describe elements of the military experience and lifestyle that are integral to military culture.



## A Question...

What about working with Service members makes you...

- Anxious? Uncertain? Uncomfortable?
- Excited? Interested? Intrigued?

What would it take to make you more comfortable/confident to work with this population?



## Introduction to Ramos Family



## Case Study: Why James Is Seeking Help



Tell me a little about why you're here.



## Presentation Objectives

- The United States Military
  - What is it?
  - Who runs it?
  - How is it organized?
  - Who is in it?
- Military Culture
  - Information you should know
- Strategies to enhance military cultural competence
  - Culturally informed assessment and treatment planning
  - Military versus mental health cultures
  - Terminology and resources



## United States Military

- The United States Military
  - What is it?
  - Seven federally established uniformed services of the United States
  - Four departments:

DHHS



DOC



DOD



DHS



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## Uniformed Services of the United States

### Noncombatant Uniformed Services



Department of Health & Human Services (DHHS)

U.S. Public Health Service  
Commissioned Corps (PHSCC)



Department of Commerce (DOC)

National Oceanic & Atmospheric Administration  
Commissioned Corps (NOAA Corps)



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## The “Armed Forces”

### Department of Defense (DOD)



*United States Army (USA) – Jun 14, 1775*



*United States Navy (USN) – Oct 13, 1775*



*United States Marine Corps (USMC) – Nov 10, 1775*



*United States Air Force (USAF) – Sept 18, 1947*



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Department of Homeland Security (DHS)



United States Coast Guard (USCG) –  
August 4, 1790

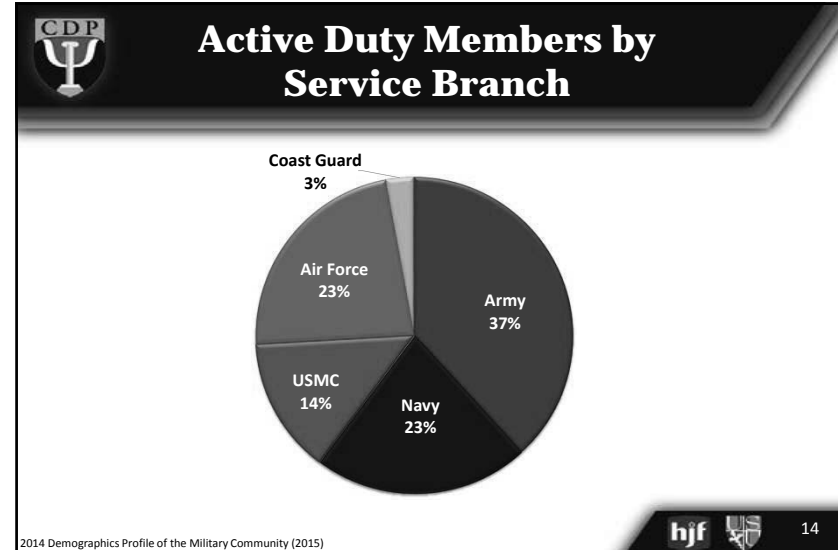


The Coast Guard also operates under the Department of Defense during wartime, and in military operations.

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**Reserves**

- Primary Distinction from National Guard:
  - A **Federal** Entity versus A **State** Entity
    - Army Reserves
    - Navy Reserves
    - Air Force Reserves
    - Marines Corps Reserves
    - Coast Guard Reserves
- One weekend a month, two weeks a year
- Organized, trained, and equipped similarly to active duty components

Assistant Secretary of Defense for Reserve Affairs

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## National Guard: Some Important Details

- A reserve military force: State National Guard militia members/units
- All 50 states (and U.S. territories)
- State governors or territorial adjutant general
- Called up for active duty by their respective states
- CAN BE mobilized for active duty during times of war (or of national emergency), as declared by Congress, the President, Secretary of Defense
- CAN BE mobilized individually through voluntary transfers and Temporary Duty Assignments



## National Guard: You Should Be Aware That...

- Prior to September 11, 2001, National Guard's policy: Guardsmen would be required to serve no more than one year cumulative on active duty (with no more than six months overseas) for each five years of regular drill
- Post 9/11: mobilization time was increased to 18 months (with no more than one year overseas)
- With the invasion of Iraq: mobilization time increased to 24 months
- August 2007: soldiers will be given 24 months between deployments of no more than 24 months

\*Individual states may have differing policies.



## Brief Demographics

Who are these individuals?  
Why do they join?



## Who Are These Individuals?

Across ALL uniformed services, combining both enlisted and officer, data indicates the average trends:

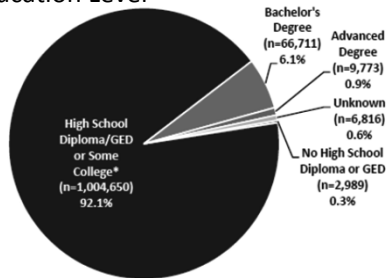
- The majority come from middle income families
- The majority have graduated high school with more than a GED
- Minorities: NOT overrepresented in military

Watkins et al (2008)



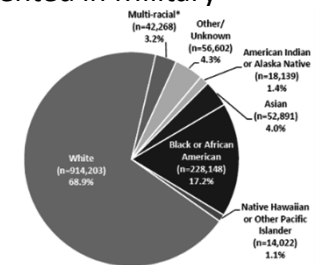
## Education Level

- Majority have graduated H.S. with more than a GED
  - Active Duty Enlisted Education Level
  - (N = 1,090,939)
  - H.S. Diploma = 92.1%
  - B.A. Degree = 6.1%



## Minority Representation

- Minorities: NOT overrepresented in Military
    - Race of Active Duty Force
    - (N = 1,326,273)
    - White = 68.9%
    - Minority = 31.1%
- Comparable to Census Bureau statistics



12.0 % of the military population is identified as Hispanic  
Now analyzed as an ethnicity rather than a racial category



## Why Did They Join?

Friends did it  
Serve country  
Travel  
Family tradition  
Support family  
College money  
Sense of selflessness  
Transition to manhood  
Protect country and way of life  
Get out of legal trouble  
Free medical care  
Give life a purpose  
Be part of a team



## Organizational Structure: Perspective from the Top

The Armed Forces  
Who runs it?  
How is it organized?



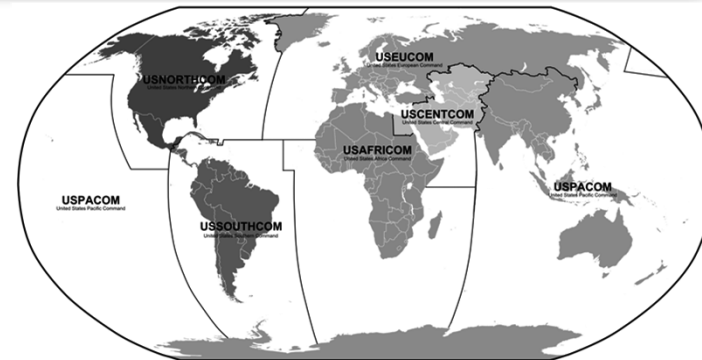


## The Armed Forces: The President & Congress

- The United States Constitution
  - Ultimately rests responsibility for the nation's defense upon the shoulders of the President
  - Congress has no direct constitutional authority over the conduct of war
- The Chain of Command
  - President – Commander-in-Chief of the Military.
    - Secretary of Defense
      - Combatant Commanders



## Combatant Commanders' Areas of Responsibility



## Organizational Structure Branches

- Army
  - Corps > Division > Brigade > Battalion > Company > Platoon > Squad
- Air Force
  - Wing > Group > Squadron > Flight > Section > Element
- Marine Corps
  - Division > Regiment > Battalion > Company > Platoon > Squad > Team
- Navy – organizational structure is complex – in general there are...
  - Operating Forces - consisting primarily of combat and service forces
  - Shore Establishment – which provide support to the Operating Forces



## Military Culture and Subcultures





## What is culture?

“Culture is the values, norms, and traditions that affect how individuals of a particular group...

perceive,  
think,  
interact,  
behave,  
and make judgments about their world”

Chamberlain (2005)



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## What is Military Culture?



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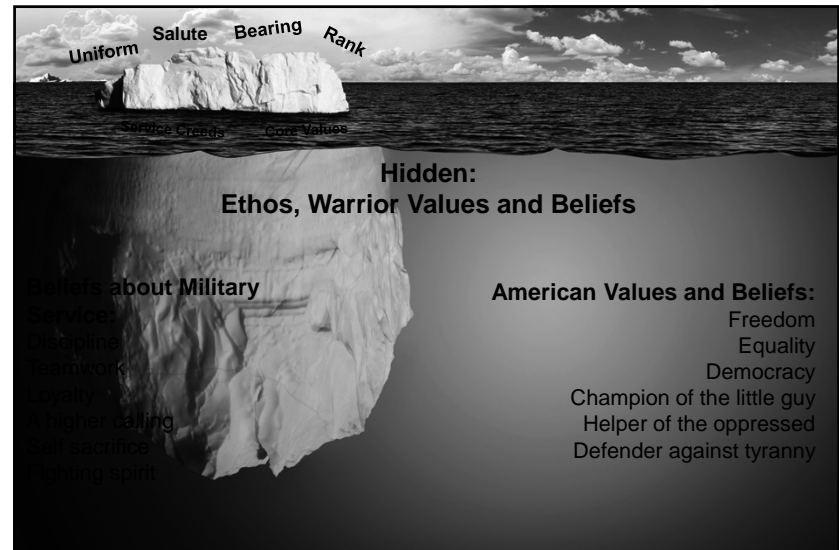
## Military Culture



Military culture can be defined as the sum total of all knowledge, beliefs, morals, customs, habits, and capabilities acquired by Service members and their families through membership in military organizations.



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**CDP**  
**Above The Waterline:  
 Chain of Command**



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**Above The Waterline:  
 Chain of Command**

- Chain of Command (CoC)
  - Salient feature of military culture
  - Clearly defines individuals’ roles, responsibilities, and anticipated behaviors
    - Determines who may speak to whom & when
    - Determines who lives where
    - Defines social and economic status
    - Defines and shapes roles and responsibilities

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**Above the Waterline: Rank**

- Commissioned Officers
- Warrant Officers
- Enlisted
- Noncommissioned Officers



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**CDP**  
**Above the Waterline: Rank**

Commissioned Officer Ranks

0-1	0-2	0-3	0-4	0-5	0-6	0-7	0-8	0-9	0-10	SPECIAL
										
Second Lieutenant (2LT)	First Lieutenant (1LT)	Captain (CPT)	Major (MAJ)	Lieutenant Colonel (LTC)	Colonel (COL)	Brigadier General (BG)	Major General (MG)	Lieutenant General (LTG)	General (GEN)	General of the Army (GA)
ENS	LTJG	LT	LCDR	CDR	CAPT					

Navy

Rank of CAPT is a pivotal rank amongst commissioned officers  
 Note that a CAPT in the Navy is a COL in other services.

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## Rank: Officer Roles

*“The MILITARY OFFICER must fill a number of roles, often simultaneously . . . as a warfighter, as the Nation’s servant, as a member of the profession of arms, and as a leader of character.”*

- Officers are:
- leaders
  - organizers
  - strategists
  - managers



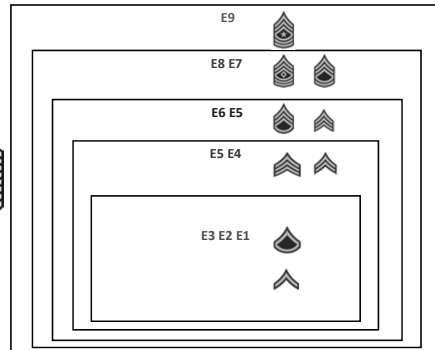
## Enlisted Ranks

E-1	E-2	E-3	E-4	E-5	E-6	E-7	E-8	E-9				
no insignia Private E-1 (PV1)	 Private E-2 (PV2)	 Private First Class (PFC)	 Corporal (CPL)	 Sergeant (SGT)	 Staff Sergeant (SSG)	 Sergeant First Class (SFC)	 Master Sergeant (MSG)	 First Sergeant (1SG)	 Sergeant Major (SMA)	 Command Sergeant Major (CSM)	 Sergeant Major of the Army (SMA)	
no insignia Private (PV)	 Private First (PFC)	 Lance Corporal (LCpl)	 Corporal (Cpl)	 Sergeant (Sgt)	 Staff Sergeant (SSgt)	 Gunnery Sergeant (GSgt)	 Master Sergeant (MSGt)	 First Sergeant (1stSgt)	 Master Gunnery Sergeant (MGSgt)	 Sergeant Major (SgtMaj)	 Sergeant Major of the Marine Corps (SgtMajMC)	
no insignia Airman Basic (AB)	 Airman (Amm)	 Airman First Class (A1C)	 Senior Airman (SrA)	 Staff Sergeant (SSgt)	 Technical Sergeant (TSgt)	 Master Sergeant (MSGt)	 First Sergeant (1stSgt)	 Senior Master Sergeant (SMSgt)	 Chief Master Sergeant (CMSgt)	 First Sergeant (E-9)	 Command Chief Master Sergeant (CCM)	 Chief Master Sergeant of the Air Force (CMSAF)
no insignia Seaman Recruit (SR)	 Seaman Apprentice (SA)	 Seaman (SN)	 Petty Officer Third Class (PO3)	 Petty Officer Second Class (PO2)	 Petty Officer First Class (PO1)	 Chief Petty Officer (CPO)	 Senior Chief Petty Officer (SCPO)	 Master Chief Petty Officer (MCPO)	 Force or Fleet Command Master Chief Petty Officer (FORMC/FLTMCMC)	 Master Chief Petty Officer of the Navy (MCPON)	 Master Chief Petty Officer of the Coast Guard (MCPCC)	
 Seaman Recruit (SR)	 Seaman Apprentice (SA)	 Seaman (SN)	 Petty Officer Third Class (PO3)	 Petty Officer Second Class (PO2)	 Petty Officer First Class (PO1)	 Chief Petty Officer (CPO)	 Senior Chief Petty Officer (SCPO)	 Master Chief Petty Officer (MCPO)	 Command Master Chief Petty Officer (CMCPO)	 Master Chief Petty Officer of the Coast Guard (MCPCC)	 Master Chief Petty Officer of the Coast Guard (MCPCC)	



## Rank: Enlisted Roles

- Understanding enlisted roles and responsibilities
- The more stripes...



## Above the Waterline: The Uniform





The Salute



Awards, Honors & Ceremonies



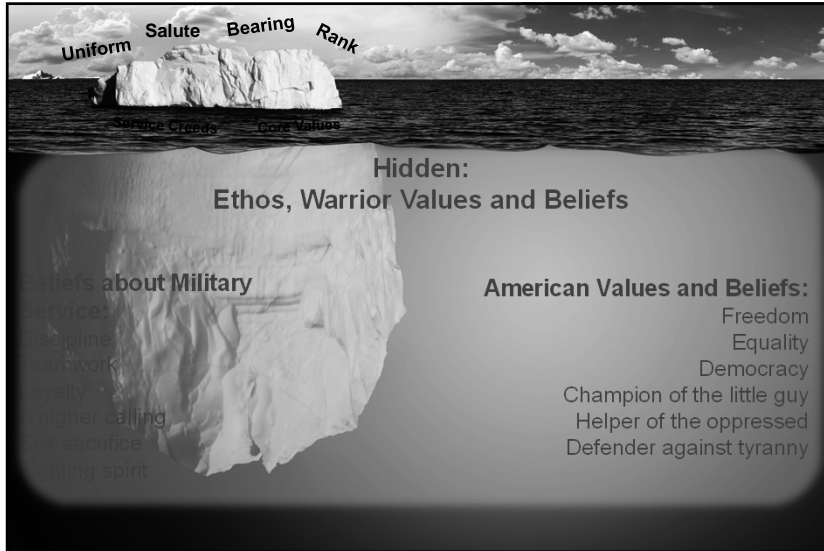
Separate & Gated Communities



## At the Water Line: Creeds, Values, Mottos

- Unlike general cultural values, beliefs, and attitudes which are infused over time from one's birth, military cultural values, beliefs, and attitudes are adopted overnight. These show up in the language of the services.
  - Values
  - Creeds
  - Mottos
  - Sayings







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## Below the Waterline: Military Ethos

- Selflessness
- Loyalty
- Stoicism
- Moral Code
- Excellence




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## Acquiring Military Ethos

- Oaths of enlistment or commissioning
- Service branch core values
- Creeds
- Professional training
- Military decorations
- Punishing violations of codes of behaviors

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## Double-Edged Sword of Ethos

Strength	Guiding Ideal	Vulnerability
Placing the welfare of others above one's own welfare	<b>Selflessness</b>	Not seeking help for health problems because personal health is not a priority
Commitment to accomplishing missions and protecting comrades in arms	<b>Loyalty</b>	Survivor guilt and complicated bereavement after loss of friends
Toughness and ability to endure hardships without complaint	<b>Stoicism</b>	Not acknowledging significant symptoms, and suffering after returning home
Following an internal moral compass to choose "right" over "wrong"	<b>Moral Code</b>	Feeling frustrated and betrayed when others fail to follow a moral code
Becoming the best and most effective professional possible	<b>Excellence</b>	Feeling ashamed of (denial or minimization) imperfections

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## Beliefs, Values, and Attitudes

- Military Culture is a dynamic culture
  - The decision to belong is a conscious one
- Beliefs, Values, & Attitudes
  - Are instilled from day one (Boot Camp, OCS)
  - May/may not be acceptable to the individual
  - May/may not be passed on without question



## Rules, Taboos, and Ethical Codes

- Place of Duty (AWOL)
- Disrespecting an Officer
- Disrespecting a NCO
- “Jumping” the CoC
- Fraternalization
- Uniformed Code of Military Justice (UCMJ)
  - An Article 15 – Non-Judicial Punishment
- Core Values – what you live by



## Subcultures

Branch of Service  
National Guard/Reserves  
Women  
LGB



## Subcultures

- Be aware of military subcultures (different cultures within the larger military culture)
  - infantry, pilots, Special Forces, medical providers, etc.
- Culture differs among branches, units, and teams
- Subcultures influence individuals' military experiences differently





## National Guard & Reserves

- “Weekend Warriors”
  - A subculture of citizen soldiers
  - Viewed differently by active duty components
  - May or may not adopt military culture in its fullness
  - Hesitant to bring dependents into the fold
  - May have greater stress effects from deployment



## Women in the Military

- ~200,000 served in OIF or OEF
- Higher risk for divorce, single parenthood
- Gender stereotypes
- Family caregiver role
- Deployment stressors
- Sexual assault/harassment



U.S. Navy photo by MCT Jennifer A. Williams/Reuters



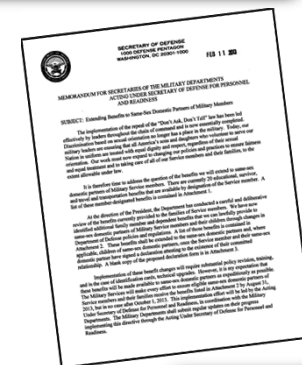
## LGB in the Military

The screenshot shows a blog post from the White House website. The title is "Don't Ask, Don't Tell Repeal One Year Later: 'Out of Many, We Are One'". The post is dated December 22, 2011, at 12:30 PM EST. It features a photo of President Barack Obama and other officials. The text of the post discusses the repeal of the Don't Ask, Don't Tell (DADT) policy and the impact on the military community.



## LGB in the Military

- Repeal of DOMA
  - “Defense of Marriage Act” found unconstitutional by the US Supreme Court
  - DoD will extend benefits to same-sex domestic partners of military members
- Ongoing Stigma
  - Despite the repeal, many LGB service members are likely to be ambivalent about revealing sexual orientation







## Engaging the Culture with Confidence

“You don’t have to have walked a mile in my shoes, but you have to know I don’t wear shoes...I wear boots”.



## Culture Clash – Bridging the Gap

### Military Culture

- Collectivistic
- Interdependent/Self-Sacrifice
- Fulfill Role within Group
- Group Achievement
- Hierarchical Decision Making
- Maintain Tradition
- Pain: Increased Tolerance
- Emotional Suppression
- Unique and Separate
- Locus of Control: External
- Model: Strength Based
- Shame and Guilt due to Failing Group

### Behavioral Health Culture

- Pursue Individual Goal/Interests
- Individual Achievement
- Self-Determination and Individual Choice
- Progress and Change
- Pain: Reduction
- Emotional Expression
- Common and Ordinary
- Locus of Control: Internal
- Model: Pathology
- Shame and Guilt due to Individual Failure



## Ask, Don’t Assume

Military cultures include many diverse subcultures

Service members **differ** in the extent to which they have adopted military culture

Adoption of and identification with military culture can **change** over the lifespan



## Culturally- Informed Assessment and Treatment Planning

- Client’s military experiences
- Perceptions of the problems they are facing
- Key past and present stressors
- Present and future concerns





## Culturally- Informed Assessment and Treatment Planning

- Help-seeking experiences
- Goals and expectations for treatment
- Strengths and resources



## Some Opening Questions

- Which branch of service are you (were you) in?



Soldier



Sailor



Airman



Marine

- What is/was your military occupation?
- Were you an officer or enlisted?
- Why did you join the military? Why did you join the specific branch of service that you did?



## Some Opening Questions

- What was your rank?
- Did you deploy?
- How many times?
- To where?
- Did you stay with your unit?
- What did you do while deployed?



## Resources





## Military Language and Terminology

The military is famous for developing its own language that includes a heavy use of acronyms and jargon

- You may have heard:
  - **AWOL** - ("A-Wall") - Absent Without Leave
  - **IED** – Improvised Explosive Device
  - **DEMOB/MOB** – Mobilization Demobilization
  - **MEB** – Medical Evaluation Board (Part of medical retirement)
- You might yet hear:
  - **FOB** – Forward Operating Base
  - **Post/Base/Camp** – Military installation
  - **PCS** – Permanent Change of Station (relocating)
  - **TDY** – Temporary Duty (temporary assignment)



## Culture Training

If a Veteran or Service member does not feel understood by his or her health care provider, they are less likely to pursue treatment or adhere to treatment recommendations.

**MILITARY CULTURE**  
Core Competencies for Healthcare Professionals

Center for Deployment Psychology  
Learning Professionals to Support Resilient and Healthy

LEARN NOW TRAINING DISORDERS TREATMENTS RESOURCES MILITARY CULTURE ABOUT CDP

**MILITARY CULTURE**  
Core Competencies for Healthcare Professionals

**Learn About Military Culture**

WELCOME to the Military Culture for Healthcare Professionals website. This website was designed by Military Culture experts working as part of a DoD/VA collaborative effort to help healthcare professionals become more culturally aware by providing education, tools and resources for their clinical practice. [Click here to learn more.](#)

[Take the Course](#) [Contact Us](#)

**Resources**  
Browse to find articles, reports, modules, rank chart and a complete list of military occupational codes [click here](#).

**Videos**  
Watch interviews of service members, veterans, and healthcare professionals about the military culture [click here](#).

Module One: Core Competencies for Healthcare Professionals Self-Assessment and Introduction to Military Ethos

Module Two: Military Organization and Roles

Module Three: Stressors and Their Impact

Module Four: Treatment Resources and Tools

[Take Our Course](#) [Visit Our Website](#)

<http://deploymentpsych.org/military-culture-course-modules> [www.deploymentpsych.org/military-culture](http://www.deploymentpsych.org/military-culture)

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## CDP Website: Deploymentpsych.org

### Features include:

- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed



## Online Learning

The following online courses are located on the CDP website at:

<http://www.deploymentpsych.org/content/online-courses>

**NOTE: All of these courses can be take for free or for CE Credits for a fee**

- Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Prolonged Exposure Therapy for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Epidemiology of PTSD in Veterans: Working with Service Members and Veterans with PTSD (1.5 CE Credits)
- Provider Resiliency and Self-Care: An Ethical Issue (1 CE Credit)
- Military Cultural Competence (1.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 1 (2.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 2 (1.75 CE Credits)
- The Fundamentals of Traumatic Brain Injury (TBI) (1.5 CE Credits)
- Identification, Prevention, & Treatment of Suicidal Behavior in Service Members & Veterans (2.25 CE Credits)
- Depression in Service Members and Veterans (1.25 CE Credits)

*All of these courses and several others are contained in the Serving Our Veterans Behavioral Health Certificate program, which also includes 20+ hours of Continuing Education Credits for \$350.*



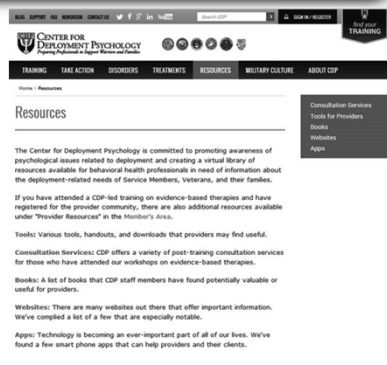
## Provider Support

CDP's "Provider Portal" is exclusively for individuals trained by the CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

### Features include:

- Consultation message boards
- Hosted consultation calls
- Printable fact sheets, manuals, handouts, and other materials
- FAQs and one-on-one interaction with answers from SMEs
- Videos, webinars, and other multimedia training aids

Participants in CDP's evidence-based training will automatically receive an email instructing them how to activate their user name and access the "Provider Portal" section at Deploymentpsych.org.



## How to Contact Us

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**Twitter:** [@DeploymentPsych](https://twitter.com/DeploymentPsych)

## Military Culture: Enhancing Clinical Competence

### References

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### Additional Resources

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# **Center for Deployment Psychology**

## **Common Military Acronyms and Terminology**

- ADSEP – Administrative Separation
- ABU – Airman Battle Uniform
- ACU – Army Combat Uniform
- AFSC – Air Force Specialty Code
- AOR – Area of Responsibility
- APO – Army Post Office (overseas address)
- AWOL – Absent Without Leave (Army and Air Force)
- Base – Air Force or Navy Installation
- Battle Rattle – Body armor/battle gear
- BIAP – Baghdad International Airport
- Boots on the ground – Once deployed personnel touch ground in theater
- BX – Base Exchange
- Camp – Marine Corps installation
- CHU – Containerized Housing Unit
- CO – Commanding Officer
- CONUS/OCONUS – Continental United States, Outside the Continental United States
- COSC – Combat and Operational Stress Control
- COSR – Combat and Operational Stress Reactions
- DADT – “Don’t Ask, Don’t Tell”
- DD 214 – Certificate of release or discharge from active duty service
- DFAC – Dining facility/mess hall
- Down range – Deployed
- EOD – Explosive Ordnance Disposal
- FOB – Forward Operating Base; Forward Operations Base
- Garrison – A body of troops; the place where such troops are stationed; any military post, especially a permanent one
- GWOT – Global War on Terrorism
- HBCT – Heavy Brigade Combat Team
- HEMTT – Heavy Expanded Mobile Tactical Truck
- HMMWV – High Mobility Multi-purpose Wheeled Vehicle (Humvee)
- IBCT – Infantry Brigade Combat Team
- IED/VBED – Improvised Explosive Device/Vehicle Borne Explosive Device
- Inside the wire – On base down range
- IRR – Individual Ready Reserve
- JAG – Judge Advocate General (military lawyers)
- Kevlar – Typically the helmet made of the material Kevlar
- Leave – Off duty (usually vacation)
- LIMDU – Limited Duty
- MEB/PEB – Medical Evaluation Board/Physical Evaluation Board
- MEDEVAC – Medical Evacuation
- MEU – Marine Expeditionary Unit
- MOB/DEMOB – Mobilization/Demobilization
- MOB – Main Operating Base; Main Operations Base
- MOPP – Mission Oriented Protective Postures
- MOS – Military Occupational Specialty (Army and Marine Corps)
- MP – Military Police (Air Force is SF – Security Forces)

- MRAP – Mine-Resistant Ambush Protected Vehicles
- MRE – Meal, Ready to Eat
- NBC – Nuclear, Biological, and Chemical
- NCO – Non-Commissioned Officer
- NEC – Naval Enlisted Classification
- NJP – Non-Judicial Punishment
- OCP – Operation Enduring Freedom Camouflage Pattern (“multi-cams”)
- OCS – Officer Candidate School
- OEF – Operation Enduring Freedom
- OIF – Operation Iraqi Freedom
- OND – Operation New Dawn
- OPSEC – Operations Security
- OPTEMPO – Operating Tempo/Operations Tempo
- Outside the wire – Off base down range
- PCS – Permanent change of station (relocating)
- PDA – Post Deployment Assessment
- PDHA – Post Deployment Health Assessment
- PDHRA – Post Deployment Health Re-Assessment
- Post – Army installation
- PX – Post Exchange
- RCT – Regimental Combat Team
- Sandbox/Sandpit – Iraq
- SBCT – Stryker Brigade Combat Team
- Sick Call – Time allotted to see medical provider
- SNCO – Senior Non-Commissioned Officer; Staff Non-Commissioned Officer
- SNCOIC – Senior Non-Commissioned Officer In Charge
- TAD – Temporary Area of Duty (Navy and Marine Corps)
- TDY – Temporary Duty (Army and Air Force)
- Theater – The geographical area for which a commander of a geographic combatant command has been assigned responsibility
- UA – Unauthorized Absence (AWOL for Marine Corps and Navy)
- UCMJ – Uniformed Code of Military Justice (the foundation of military law)
- Utes – Utilities (“Boots in Utes” - the Marine Corps utility uniform without the blouse)
- UXO – Unexploded Ordinance (explosive weapons that did not explode when they were employed and still pose a risk of detonation)
- XO – Executive Officer

\* Note: This is not a comprehensive list of military acronyms and terminology, but rather a small sampling that can be helpful when engaging with service members/veterans. For a more comprehensive list please refer to the Department of Defense Dictionary of Military and Associated Terms at: [http://www.dtic.mil/doctrine/dod\\_dictionary/](http://www.dtic.mil/doctrine/dod_dictionary/)

# Cultural Vital Signs

Military Culture:  
Core Competencies for Healthcare Professionals



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## Cultural Vital Signs Checklist

Cultural Vital Signs are suggested ways to obtain data to better inform your care. They might be considered “good to ask” questions as you work with a military population. The intention of the questions is to help you gather information, in a skilled and sensitive way, about:

- Patient experiences
- Perceptions of the problems they are facing
- Key past and present stressors
- Present and future concerns
- Strengths and resources
- Goals for treatment

While it is not recommended that you ask all of the cultural vital signs of each patient, listening for or being aware of the themes that are characterized by the following questions can help you determine the impact that military culture has had on many aspects of your patient’s life.

Ask open-ended questions, pay attention to non-verbal cues and language use, and above all, show respectful curiosity and empathy.



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## Military Ethos

Military ethos speaks to the core values of Service members – the foundations of who they are and what they believe in. Each branch of service has subtle differences in defined ethos – often referred to as Military Ethos or Warrior Ethos – as well as undefined ethos. Taking into consideration the foundational drivers behind who your patient is can help promote provider-patient alliance and treatment compliance.

### Service Branch / Identifying Information

- Why did you choose to join \_\_\_\_ (their branch of service) instead of another branch of service?
- What is / was compelling about being a(n) \_\_\_\_ (soldier, marine, airman, sailor, coastguardsman)?
- How would you like to be addressed?
- Were / are you an Officer, Warrant Officer, or enlisted?
- What is / was your rank?
- What is / was your MOS (Army or Marine), AFSC (AF), NEC (Navy enlisted) or Officer Designator (Navy Officer)?
- What training have you received?

### Operational Experiences

- What is / was your primary job? What do / did you do?
- When you were deployed, did you perform your assigned MOS?
- What other duties have you fulfilled / do you fulfill?
- Where have you been stationed?
- What kinds of missions have you participated in?
- How have you adjusted / did you adjust / to military life?
- What is your work environment like?
- Who do you work with, and what is your role?
- What kind of leadership roles have you been in?

- Have you felt like you've received good mentoring in your career?
- Do you ever have a difficulty conversing at length with those in authority positions?
- "What impact has your injury/illness had on your fellow team members?"
- How trusting do you think you are with your fellow service members, on a scale of one to ten?
- How trusting do you think you are with civilians, on a scale of one to ten?
- Have your own standards ever caused you to be frustrated with yourself or others who do not live up to those standards (i.e., service, punctuality, integrity in relationships)?
- What have been some of the most important aspects of being in the military?
- What are some of the biggest challenges about being in the military?
- What are some of the greatest rewards about being in the military?



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## Military Organization and Roles

It is not necessary for you to ask all of the following cultural vital signs of each patient. You can choose the questions that best fit the life chapter or context that most matches your patient's current status. Listening for or just being aware of the themes that are characterized by the following questions can help you determine the impact that military culture has had on the particular phase of your patient's military life.

### Life Chapters

#### Boot Camp / Training

- What was boot camp / officer training like for you?
- What specialty training have you participated in?
  - How long has it lasted?
- Do you feel prepared for the work you do?
- How has your training affected your view of yourself / life?

#### First Assignment, Tour of Duty, or Deployment

- How are you adjusting to military life?
- Is it what you expected?
- How is your first job compared to training?
- Do you feel fulfilled by your work?
- Do you miss anything or anyone from your civilian life?
- What are the pluses and minuses of your role in the military?
- Have you been deployed?
- What was your role while deployed?

#### Military Career Continuation Decisions

- What made you decide to stay in (or leave) the military?
- What challenges have you had to face by choosing to continue your career in the military?
- What rewards and resources has it brought you?
  - Are challenges balanced with rewards at this time, or is one winning out over the other?
- Have you been deployed?
- What was your role while deployed?

#### Separation from Military Service

- What was the cause of your leaving the military?
- What was the hardest part about leaving?
- What have been some of your concerns and hopes about civilian life?
- What was the best part?

#### Veteran Status

- What caused you to leave the military?
- How long have you been a Veteran?
- What aspects of being in the military affect the way you function now?
- What challenges have you faced as a Veteran?
- Are there any resources or rewards that come with being a Veteran for you?
- If you could imagine a scale, are the challenges of being a Veteran balanced with rewards at this time, or is one side stronger than the other?
- Did you seek compensation through the Compensation and Pension process?
  - If so, for what? If not, why not?



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### Impact of Injury or Illness

- How long have you been injured / ill?
- How has this injury / condition affected your work life? Personal life?
- How has this impacted your family?

### Impact of Injury or Illness (cont.)

- How has your injury/illness impacted your fellow [Soldiers/Marines/Sailors/Airmen/Coastguardsmen, co-workers]?
- How has this impacted your sense of yourself?
- How has this impacted your goals?
- What support / resources do you have to help you with this situation?
- What support / resources do you feel you need to help you with this situation?
- What goals do you have for your recovery and return to life?
- What contingencies have you made in case you can't return to your prior duties / functioning?
- What concerns do you have about the impact this injury / condition will have on your life?
- I'm wondering if you had any reservations about being seen today?
- Have you ever sought treatment before?
  - What was that experience like?
- Is there anything that might be a barrier to coming back to see me?
- What are the benefits and detriments to seeking help?
- What are the benefits and detriments to not seeking help?
- In what ways is taking care of your health (yourself) consistent with being a good \_\_\_\_ (Soldier, Airman, Marine, Sailor, Coastguardsman)?
- How do you think I can be most helpful to you in this situation?



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## Integrated Mental Health Strategy (IMHS)

[www.deploymentpsych.org/military-culture](http://www.deploymentpsych.org/military-culture)

## Stressors and Resources

Finding a skilled, sensitive way to gather information about key stressors involves developing strong rapport, asking open-ended questions, and paying attention to nonverbal cues and language use.

While it's not necessary to ask all of the following questions of each patient, listening for or being sensitive to the themes that are characterized by the following questions can help you determine the impact of general and operational stressors on your patient's life.

### Stressors

#### General Stressors

- How long have you been on station?
- Have you changed duty locations recently?
- How is your family doing with moving and adjusting?
- How has the promotion process gone for you?

#### Pre-deployment

- How are you feeling about your upcoming deployment?
- Do you feel prepared for your deployment?
- How are the roles at home changing as you prepare for deployment?
- Are you deploying with your unit?
  - How are your relationships with unit members/leaders?
- How are balancing the demands of your unit with the demands at home?
- What supports are you / your family putting in place to manage this deployment?
- It can be common to feel both anxious and excited about an upcoming deployment. Have you experienced this?

### Deployment

- How many deployments have you had?
- How much time have you had between deployments?
- What have your experiences been like on deployment(s)?
- What aspects of the deployment have suited you? Which have not?
- What were some of your biggest challenges during your deployment(s)?
- What have been the rewards or satisfactions you've had with deployments?
- What have your stressors been like between deployments?
- Have your deployment experiences contributed to your being here today? How?

### Potentially Traumatic Events

- Did you have any particularly intense or difficult experiences that stick with you?
- Were there any assignments or events that your fellow Service members found really challenging, or that stick with you now?
- Have you received any uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?
- Did someone ever use force or the threat of force to have sexual contact with you against your will?
- Did you have any experiences when the chain of command 'did the wrong thing'?
- (Examples might include covering up a sexual assault, ordering missions to show higher command that the unit is gung-ho [and helping the officers' promotion prospects], or placing personal gain before the mission or the overall unit)



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## Resources

While it's always a good idea to assess for strengths and resources in a person's life, it's very important to be careful not to convey that the person should be resilient, or that they are not resilient. Instead, convey that it is understandable and expectable that they are experiencing whatever brought them in, given what their life circumstances are. Use clinical judgment when weaving questions about resources and strengths into the assessment. For instance, don't assume that just because a resilience building or stress mitigation program was offered, that the person was able to access it, or that it was considered a valuable resource to that individual or family.

The military operates survival training, formally called SERE school (Survival, Evasion, Resistance, and Escape). One objective of SERE school is to show all SERE candidates – even the most elite special operations warriors – that everyone has a breaking point. It's important to remember that resilience training may increase an individual's ability to complete a mission. However, no resilience training will leave a person immune to stressors. Everyone has a breaking point.

- What got you through \_\_\_\_\_?
- What have been the most and least helpful resources to you?
- What training have you received related to resilience or stress management?
  - How was that for you?
- Can you tell me what you learned in \_\_\_\_\_ program that made the most difference to you? What have you taken away from it?
  - What have you used the most?

- What parts of your life do you feel are the strongest now? (family, friends, work, other social, physical, spiritual, financial, mental)
- Do you know of any behavioral health, spiritual or social support resources available to you and your family in the community or at your duty station?
- Are you using any of them?
  - If so, which? If not, why not?
- How do you usually address your life challenges? What coping strategies have been most helpful for you up to now?
- Were there any successes or triumphs during (time frame)?
- What areas of your life are you interested in strengthening (i.e. marital, individual, family, etc.)?

Find information, training, checklists, apps and more at:  
<http://www.deploymentpsych.org/military-culture>



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## Overall Cultural Assessment for Diagnosis and Treatment Planning

One of the primary goals of cultural vital signs is to inform your cultural assessment towards diagnosis and treatment planning. The cultural vital signs listed in this section are included to help you determine the patient's perspective regarding treatment, followed by an outline for a full cultural assessment to guide treatment planning.

### Patient Perspectives on Problems, Strengths, and Treatment Planning

- "What problems or concerns bring you to the clinic?"
- "People often understand their problems in their own way, which may be similar or different from how doctors explain the problem. How would you describe your problem to someone else?"
- "Is there anything about your background, for example your culture, race, ethnicity, religion or geographical origin that is causing problems for you in your current life situation?"
- What got you through \_\_\_\_\_?
- What have been the most and least helpful resources to you?
- What have been your previous experiences with treatment?
- How motivated are you to participate in treatment?
  - o If not, what are some of the reasons?
- Do you know of any behavioral health, spiritual or social support resources available to you and your family in the community or at your duty station?
- Are you using any of them? If so, which? If not, why not?
- What areas of your life are you interested in strengthening (i.e., relationships, financial, physical, mental, spiritual, etc.)?

## Outline for Military Cultural Assessment

A military cultural assessment can include Identification of the following factors, and their contribution to patient presentation:

- I. Service Branch / Identifying Information
- II. Military Ethos: Operational Experiences
- III. Military Organizations, Roles, Functions
- IV. Life Chapters (as applicable):
  - a. Boot Camp / Training
  - b. First Assignment, Tour of Duty, or Deployment
  - c. Military Career Continuation Decisions
  - d. Separation From Military Service
  - e. Veteran Status
  - f. Impact of Injury or Illness on functioning in work and personal life
- V. Stressors
  - a. Non-Deployment-related
  - b. Pre-Deployment
  - c. During Deployment
  - d. Post-Deployment
  - e. Resources
- VI. Impact of Military Culture on:
  - a. Patient experiences
  - b. Perceptions of the problems they are facing
  - c. Key past and present stressors
  - d. Present and future concerns
  - e. Strengths and resources
  - f. Goals for treatment






































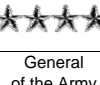















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













































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COMMISSIONED						
	AIR FORCE	ARMY	Marines	AIR FORCE ARMY MARINES	NAVY COAST GUARD	NAVY
O1	Second Lieutenant 2nd Lt 	Second Lieutenant 2LT 	Second Lieutenant 2ndLt 	COMPANY GRADE OFFICER	Ensign ENS 	JUNIOR GRADE OFFICER
O2	First Lieutenant 1st Lt 	First Lieutenant 1LT 	First Lieutenant 1stLt 		Lieutenant Junior Grade LTJG 	
O3	Captain Capt 	Captain CPT 	Captain Capt 		Lieutenant LT 	
O4	Major Maj 	Major MAJ 	Major Maj 	FIELD GRADE OFFICER	Lieutenant Commander LCDR 	MID-GRADE OFFICER
O5	Lieutenant Colonel Lt Col 	Lieutenant Colonel LTC 	Lieutenant Colonel LtCol 		Commander CDR 	
O6	Colonel Col 	Colonel COL 	Colonel Col 		Captain CAPT 	
O7	Brigadier General Brig Gen 	Brigadier General BG 	Brigadier General BrigGen 	GENERAL OFFICER	Rear Admiral Lower Half RADM (LH) 	FLAG OFFICER
O8	Major General Maj Gen 	Major General MG 	Major General MajGen 		Rear Admiral Upper Half RADM (UH) 	
O9	Lieutenant General Lt Gen 	Lieutenant General LTG 	Lieutenant General LtGen 		Vice Admiral VADM 	
O10	General Gen 	General GEN 	General Gen 	Admiral ADM 		
O11	General of the Air Force (For wartime only) 	General of the Army (For wartime only) 		Fleet Admiral (For wartime only) 		

WARRANT						
	AIR FORCE	ARMY	Marines	AIR FORCE ARMY MARINES	NAVY COAST GUARD	NAVY
W1	NO WARRANT	Warrant Officer 1 WO1 	Warrant Officer 1 WO 	COMPANY GRADE OFFICER	NO WARRANT	JUNIOR GRADE OFFICER
W2	NO WARRANT	Chief Warrant Officer 2 CW2 	Chief Warrant Officer 2 CWO2 		Chief Warrant Officer 2 CWO2 	
W3	NO WARRANT	Chief Warrant Officer 3 CW3 	Chief Warrant Officer 3 CWO3 		Chief Warrant Officer 3 CWO3 	

ENLISTED							
	AIR FORCE	ARMY	Marines	AIR FORCE ARMY MARINES	NAVY COAST GUARD	NAVY	
E1	Airman Basic AB 	Private PV1 	Private PvT 	JUNIOR ENLISTED	Seaman Recruit SR 	SEAMAN	
E2	Airman Amn 	Private PV2 	Private First Class PFC 		Seaman Apprentice SA 		
E3	Airman First Class A1C 	Private First Class PFC 	Lance Corporal LCpl 		Seaman SN 		
E4	Senior Airman SrA 	Corporal CPL 	Specialist SPC 	Corporal Cpl 	Petty Officer Third Class PO3 	PETTY OFFICER	
E5	Staff Sergeant SSgt 	Sergeant SGT 	Sergeant Sgt 	Petty Officer Second Class PO2 			
E6	Technical Sergeant TSgt 	Staff Sergeant SSG 	Staff Sergeant SSgt 	Petty Officer First Class PO1 			
E7	Master Sergeant MSgt 	Sergeant First Class SFC 	Gunnery Sergeant GySgt 	SENIOR NON COMMISSIONED OFFICER (SNCO)	Chief Petty Officer CPO 	CHIEF PETTY OFFICER	
E8	Senior Master Sergeant SMSgt 	Master Sergeant MSG 	First Sergeant 1SG 		Master Sergeant MSgt 		Senior Chief Petty Officer SCPO 
E9	Chief Master Sergeant CMSgt 	Sergeant Major SGM 	Gunnery Sergeant MGySgt 		Master Chief Petty Officer MCPO 		
	Command Chief Master Sergeant CCM 	Command Sergeant Major CSM 	Sergeant Major Sgt Maj 	Fleet/Command Master Chief Petty Officer MCPO 			
	Chief Master Sergeant of the Air Force CMSAF 	Sergeant Major of the Army SMA 	Sergeant Major of the Marine Corps SgtMajMC 	Master Chief Petty Officer of the Navy MCPON/MCPOCG 			

WARRANT						
	AIR FORCE	ARMY	Marines	AIR FORCE ARMY MARINES	NAVY COAST GUARD	NAVY
W4	NO WARRANT	Chief Warrant Officer 4 CW4 	Chief Warrant Officer 4 CWO4 	COMPANY GRADE OFFICER	Chief Warrant Officer 4 CWO4 	JUNIOR GRADE OFFICER
W5	NO WARRANT	Chief Warrant Officer 5 CW5 	Chief Warrant Officer 5 CWO5 		Chief Warrant Officer 5 CWO5 	
	NO WARRANT				NO WARRANT	



OFFICER  
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## The Deployment Cycle and Its Impact on Service Members and Their Families

Center for Deployment Psychology  
Uniformed Services University of the Health Sciences



## Disclaimer

The views expressed are those of the presenters and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.



This presentation contains video clips and/or photographs that some people may find emotionally disturbing. Please feel free to leave during these portions of the presentation or to talk to staff after the presentation.



## Learning Objectives

1. Describe the demographic characteristics of Service members and their families.
2. List the three phases of the deployment cycle and the events common to each phase.
3. Identify stressors commonly confronted by Service members and their families before, during, and after deployment.
4. Discuss challenges that Service members face in achieving successful post-deployment reintegration.



## Case Study: Meet Alison Ramos



## Types of Service/Locations

Types of Service and Deployments	Locations
Wartime	Fort/Post/Base in any state
Peacetime	Korea/Japan/South Pacific
Non-combat zone in combat era	Balkans
Natural Disasters (Hurricanes, Floods, etc.)	Alaska/Hawaii
Medical facility	Qatar
Fort/Post/Base/Camp	Spain/UK
Ship/Submarine	Germany/Italy
MOOTW (Military Operations Other Than War)	Middle East
Others?	Africa
	Others?

## Army Missions & Deployments





 **Wear and Tear**

**Operation Enduring Freedom (OEF)**  
**Afghanistan** [October 7, 2001- December 28, 2014]

**Operation Iraqi Freedom (OIF)**  
**Iraq** [March 20, 2003- August 31, 2010]

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## Wear and Tear

### Operation New Dawn (OND)

**Iraq** [September 1, 2010- December 18, 2011]

### Operation Freedom's Sentinel (OFS)

**Afghanistan** [January 1, 2015 - present]



## Demographics Handout

Department of Defense  
2014 Demographics  
Profile of the Military Community



[www.militaryonesource.mil](http://www.militaryonesource.mil)

[www.census.gov](http://www.census.gov)



## Who Deploys

Active Component	Selected Reserve
"Full-time" military	"Part-time" military
On call 24/7/365	1 weekend month/2 weeks per year
— Army	National Guard
— Air Force	— Army NG
— Navy	— Air NG
— Marine Corps	Reserves
— Coast Guard	— Army — Air Force
Approximately 1.3 Million	— Navy — Marine Corps
	— Coast Guard
	Approximately 1.1 Million



## Branch Strength

2014 Military Personnel by DoD Component and Coast Guard		
Total	2.47 million	100%
Army Active Duty	504,000	20.4%
Army National Guard	356,000	14.4%
Army Reserve	307,000	12.4%
Navy Active Duty	322,000	13.0%
Navy Reserve	107,000	4.4%
Marine Corps Active Duty	188,000	7.6%
Marine Corps Reserve	110,000	4.4%
Air Force Active Duty	312,000	12.7%
Air National Guard	106,000	4.3%
Air Force Reserve	106,000	4.3%
Coast Guard Active Duty	39,000	1.6%
Coast Guard Reserve	9,000	0.4%



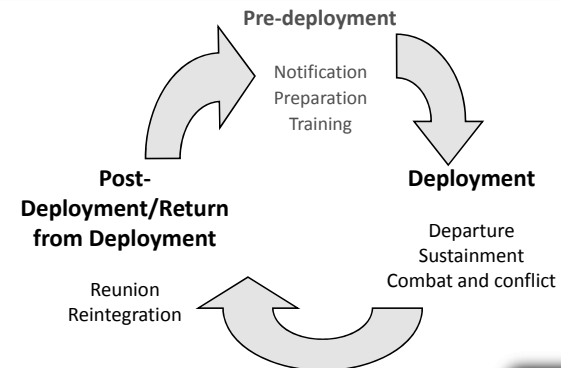


## Selected Reserve vs. Active Duty: Implications of Differences

- Suddenly military
- May remain near family support, but not have military installation support
- Feelings of isolation for Service member and family
- Family benefits different from active duty
- TRICARE issues



## Pre-Deployment



## Pre-Deployment

“Physically present  
and  
psychologically absent”



## Pre-Deployment Stress in Military Families



## Pre-Deployment Preparation for Military Families

### Practical preparation

- Power of attorney/will/financial plan
- Location of important papers
- Emergency contact procedures
- Child care arrangements

*...but deployment pay can offset negative aspects of deployments*



## Pre-Deployment Preparation for Military Families

### Emotional preparation



- Prepare to cope with unexpected problems
- Trust service member will be protected
- Prepare for absence of partner/parent
- Support mission



## Pre-Deployment Preparation for Military Families

### Interpersonal Preparation

- Striving for intimacy
- Clarifying changes in family dynamics
- Community level stress/loss



## Pre-Deployment Stressors for Military Families

- Lack of preparation time
  - Unit preparation vs. family preparation
  - Last-minute tasks
- Shifting expectations
  - Length of upcoming deployment
  - Deployment date
- Perception of mission purpose
- Lack of information
- Potential rumors



## Pre-Deployment Challenges

### Military Children

- Preparing for extended separations from a primary caretaker
- Adjusting to altered family roles and responsibility
- Coping with increased stress on non-military parent/caretakers



## Potential Pre-Deployment Behavioral Health Foci

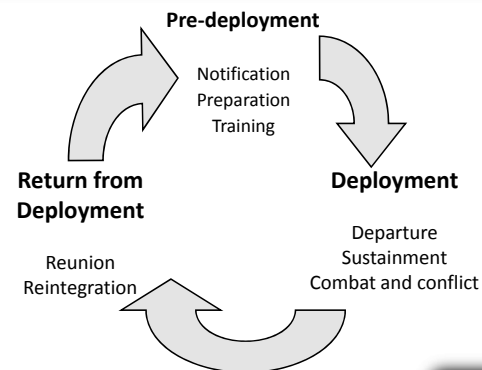
- Stress Management
- Communication Skills
- Problem Solving Skills
- CBT
- Brief Family Therapy
- Mindfulness



Service members often value deployments



## Deployment







## Deployment

“Psychologically present  
and  
physically absent”

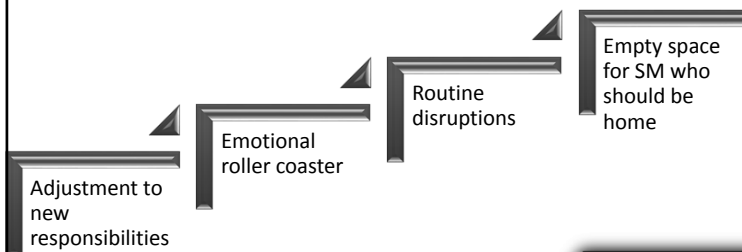


## Deployment Stress in Military Families



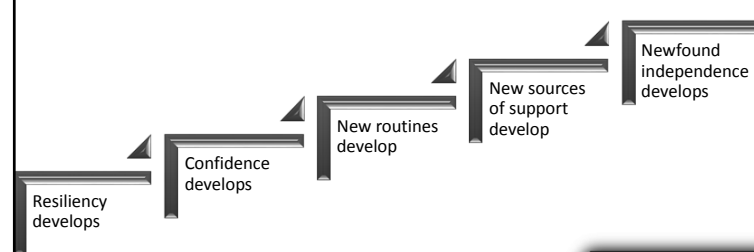
## Deployment Phases for Military Families

In first month ...



## Deployment Phases for Military Families

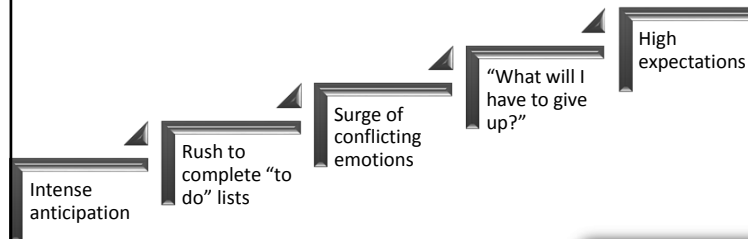
After first month through penultimate month...





## Deployment Phases for Military Families

1 month before return...



Logan (1987)



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## Factors Associated with Greater Youth or Caregiver Difficulties

1. Poor caregiver emotional well-being
2. More cumulative months of deployment
3. National Guard or Reserve status
4. Youth-caregiver communication problems



Chandra et al. (2011)



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## Case Study: Communication During Deployment



How was it communicating with him when he was in Afghanistan?



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## Communication

What are some ways Service members can communicate with loved ones while deployed?



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## Communication

### Value of frequent communication:

- Alleviates negative stress and challenges of separation
- Service members' motivation during missions is correlated with the well-being of their families



Miller et al. (2011); Chandra et al. (2011)



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## Communication

### Challenges of frequent communication:

- Exacerbates homesickness
- Distracts from mission, particularly when news from home is negative or unpleasant
- Frustration that spouse's complaints seem trivial compared to problems encountered during deployment



Miller et al. (2011); Chandra et al. (2011)



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## As Goes the Parent, So Goes the Child

- Child adjustment problems linked to parental distress: Depression and PTSD in parents were predictive of child depression/child internalizing and externalizing behaviors
- Longer parental deployments associated w/ increased risk for child depression/externalizing symptoms
- Children can have a high level of anxiety even after the deployed parent has returned

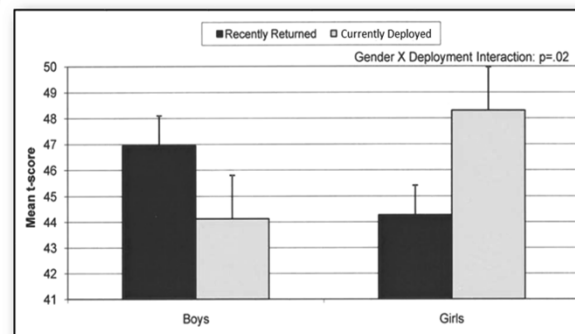
Lester et al (2010)



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## Externalizing Symptoms by Gender and Parent Deployment Status



Lester et al (2010)



40



## Impact of Deployment

Risk Factor	Most at Risk
Age	Older teens
Gender	Girls
Total time deployed	More cumulative months of deployment
Caregiver emotional well-being	Poorer emotional well-being

Chandra et al. (2011); Cohoon (2010)



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## Challenges During Deployment

As cited by both caregivers and youth:

- Maintaining the household
- Confronting life without the deployed Service member
- Lack of community understanding of what life was like for them during the deployment



Chandra et al. (2011)



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## Military Youth Coping with Deployment Video



American Academy of Pediatrics



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## Deployment Stress in Service Members



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## Deployment Challenges



National Public Radio



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## Tough Realities About Combat

- Fear in combat is common
- Combat has lasting mental health (MH) effects
- Soldiers are afraid to admit that they have a MH problem
- Deployments place a tremendous strain upon families
- Combat environment is harsh and demanding
- Combat poses moral/ethical challenges

WRAIR Land Combat Study Team (2006)



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## Challenges for OIF and OEF

- No clearly defined “front line” or rear areas
- Highly ambiguous environment
- Complex and changing missions
- Long deployments
- Repeated deployments
- Environment is very harsh

WRAIR Land Combat Study Team (2006); Hosek et al (2006)



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U.S. Air Force



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## Not All Deployments Involve Combat

- Service members deploy for many missions other than combat
- Even in times of peace there are military deployments and separations from families
- Humanitarian deployments and non-combat deployments can be just as difficult for families and may involve harsh conditions for the Service member



## Deployment Challenges for Service Members



### Physical

- Heat and cold
- Dehydration and wetness
- Lack of comforts
- Sleep deprivation
- Dirt and mud
- Noise and blasts
- Fumes and smells
- Long work hours
- Illness or injury



## Deployment Challenges



## CDP Deployment Challenges for Service Members



### Cognitive

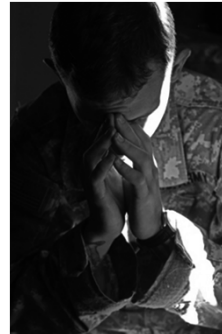
- Boredom/monotony
- Unclear/changing role or mission
- Unclear/changing ROEs
- Experiences that defy beliefs
- Too little or too much information
- Loyalty conflicts

Figley et al (2007)



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## CDP Deployment Challenges for Service Members



### Emotional

- Fear of failure/loss
- Shame and guilt
- Helplessness
- Horror
- Anxiety
- Killing
- Feeling devalued
- Excitement, thrills
- Satisfaction

Figley et al (2007)



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## CDP Deployment Challenges



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## CDP Case Study: James' Deployments



Tell me about your deployment.



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## Deployment Challenges for Service Members

### Social

- Separation from loved ones
- Lack of privacy
- Public opinion and media
- Turning to their peers for support



Figley et al (2007)



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## Deployment Challenges for Service Members

### Spiritual

- Change in faith
- Inability to forgive
- Loss of trust



Figley et al (2007)



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## Women's Roles in OIF/OEF

- Roles
  - Combat vs. non-combat
  - Medics/Mental health
  - Convoy transportation
  - Pilots
  - Mechanics
  - Administrative
  - Intelligence
  - Security Forces/Military Police



By Sgt. Kelly Leavitt. Photo: daniel via Wikimedia Commons



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## Female Deployment Stressors

- Genitourinary health issues
- Body armor fit issues
- Isolation and lack of privacy
- Separation from family/children
- Sexual assault/harassment



Street et al (2009); Zoroya (2012); Vogt et al (2005); Joint Economics Committee (2007)



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## Deployment Stressors



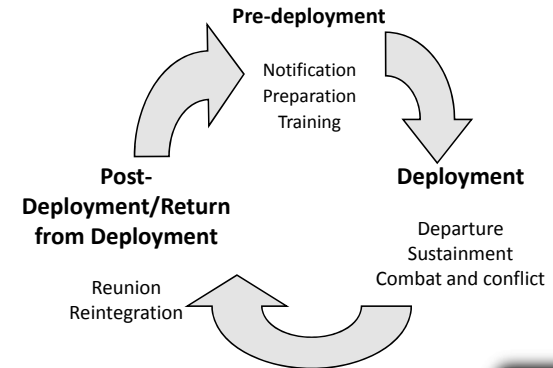
National Center for Posttraumatic Stress Disorder



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## Stressors in the Deployment Cycle: Service Members



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## Return from Deployment

“Physically present  
and  
psychologically absent”

Faber et al (2008)



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## Family Reintegration



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**Case Study:  
James Back Home**



hjf  65

**Typical Course of Reintegration**


**Family has...**

- New routines
- New responsibilities
- More independence and confidence
- Made many sacrifices
- Worried, felt lonely
- Gone through milestones that were missed

**Service member's return can...**

- Interrupt routine
- Disrupt space
- Throw off decision-making
- Cause family to walk on tiptoes
- Not make everything perfect
- Not replace the sacrifices and missed milestones


Adapted from a briefing by COL Kevin Gerdes (May, 2008)


hjf  66

**Typical Course of Reintegration**

**Child...**

- Is used to depending on other parent or caretaker
- May have made new friends
- May have developed new interests
- May have achieved milestones or rites of passage



hjf  67

**Case Study: Alison's Reactions About Another Deployment**



How do you feel about James deploying again?

hjf  68



## Post-Deployment Stressors

- Unmet or unrealistic expectations
- Post-homecoming let-down
- Changed roles/responsibilities
- New independence of spouse
- Tug on loyalties
- Extended family
- Unresolved marital issues haven't vanished



## Challenges During Reintegration

- Readjusting to the deployed parent's presence
- Fitting the deployed parent into the home routine
- Difficulties rebalancing childcare responsibilities while ensuring the deployed parent had time to adjust to home life (caregiver)
- Understanding the deployed parent again, particularly if the parent experienced mood changes (youth)



## Service Member Reintegration



## Reintegration Challenges





## Reintegration Challenges for Female Veterans

- Readjustment to family primary caregiver role
- Post-deployment healthcare services
- “Veteran woman” identity



Street et al. (2009); Vogt et al. (2005)



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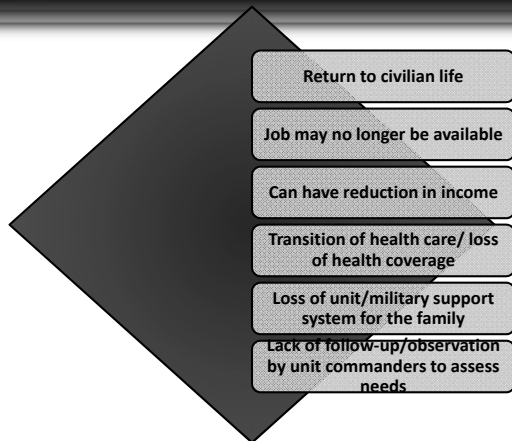
## Case Study: James and Alison Describe Changes



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## Post-Deployment Challenges for Reserve Component



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## Reintegration

5 critical challenges service members need to master

- Overcome alienation
- Move from simplicity to complexity
- Replace war with another form of high
- Move beyond war and find meaning in life
- Come to peace with self, God, and others

Adapted from CH (LTC) John Morris, Minnesota National Guard. Beyond the Yellow Ribbon Reintegration Program



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## Reintegration

### Move beyond war

- Find meaning and purpose outside of combat
- We were someone before war and will be someone after war
- Will we be stuck in Iraq/Afghanistan, etc., forever?



http://www.army.mil



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## Reintegration

### Make peace with self, God, and others

- SMs may have done or not done things that violated their moral code
- SMs may have participated in the killing of other humans
- SMs may ask, "Is there absolutism or do I live with guilt, (real, false, survivors) forever?"



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## CDP Website: Deploymentpsych.org

### Features include:

- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed



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## Online Learning

The following online courses are located on the CDP website at:

<http://www.deploymentpsych.org/content/online-courses>

**NOTE: All of these courses can be take for free or for CE Credits for a fee**

- Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Prolonged Exposure Therapy for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Epidemiology of PTSD in Veterans: Working with Service Members and Veterans with PTSD (1.5 CE Credits)
- Provider Resiliency and Self-Care: An Ethical Issue (1 CE Credit)
- Military Cultural Competence (1.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 1 (2.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 2 (1.75 CE Credits)
- The Fundamentals of Traumatic Brain Injury (TBI) (1.5 CE Credits)
- Identification, Prevention, & Treatment of Suicidal Behavior in Service Members & Veterans (2.25 CE Credits)
- Depression in Service Members and Veterans (1.25 CE Credits)

*All of these courses and several others are contained in the Serving Our Veterans Behavioral Health Certificate program, which also includes 20+ hours of Continuing Education Credits for \$350.*



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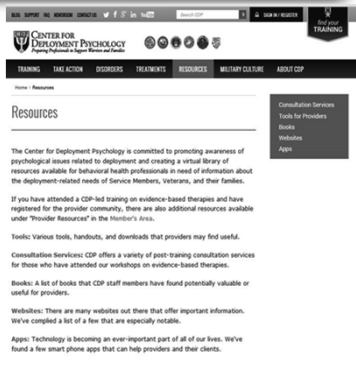
## Provider Support

CDP's "Provider Portal" is exclusively for individuals trained by the CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

### Features include:

- Consultation message boards
- Hosted consultation calls
- Printable fact sheets, manuals, handouts, and other materials
- FAQs and one-on-one interaction with answers from SMEs
- Videos, webinars, and other multimedia training aids

Participants in CDP's evidence-based training will automatically receive an email instructing them how to activate their user name and access the "Provider Portal" section at [Deploymentpsych.org](http://Deploymentpsych.org).



## How to Contact Us

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**Twitter:** @DeploymentPsych

## The Deployment Cycle and Its Impact on Service Members and Their Families

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# Military Demographic Information



## Gender and Age

### Gender of Enlisted

	Men	Women
Active Duty (AD)	85.2%	14.8%
Selected Reserve (SR)	81.3%	18.7%

Over 80% of Service members are men

### Gender of Officers

	Men	Women
(AD)	83.3%	16.7%
(SR)	81.0%	19.0%

### Age of Enlisted

	Up to 25	26-30	31-35	36-40	41+
AD	49.6%	22.1%	14.0%	8.8%	5.6%
SR	39.6%	20.0%	14.3%	9.0%	17.1%

Active duty members tend to be younger than Selected Reserve members

### Age of Officers

	Up to 25	26-30	31-35	36-40	41+
AD	13.4%	22.5%	20.7%	17.8%	25.7%
SR	5.8%	12.8%	18.3%	17.4%	45.7%

## Education

	2014 AD	2014 AD Enlisted	2014 SR	2010 US Population*
No High School Diploma or GED	0.2%	0.3%	2.0%	14.5%
Less than Bachelor's degree	77.0%	92.1%	71.4%	57.3%
Bachelor's degree	12.6%	6.1%	15.6%	28.2%
Advanced degree	8.1%	0.9%	6.5%	10.4%
Unknown	2.2%	0.6%	4.5%	n/a

The military population has a higher percentage of individuals with a high school education or GED compared to the US population

However, fewer military members have a Bachelor's degree or an advanced degree compared to the US population

\* For 204,288,933 persons 25 years and older

### Education Level of Enlisted by Component

	2014 AD Enlisted	2014 SR Enlisted
Less than Bachelor's	92.1%	83.3%
Bachelor's	6.1%	8.7%

Only 6% of active duty (AD) Enlisted have a Bachelor's degree, while approximately 84% of active duty (AD) Officers have either a Bachelor's or Advanced degree

### Education Level of Officers by Component

	2014 AD Officers	2014 SR Officers
Bachelor's	42.5%	52.8%
Advanced Degree	41.3%	33.7%

SR Officers tend to have more Bachelor's degrees (or higher), but AD Officers tend to have more advanced degrees

# Military Demographic Information



## Race/Ethnicity

	2014 AD	2014 SR	2010 US Population
American Indian or Alaska Native	1.4%	0.8%	0.9%
Asian	4.0%	3.5%	4.8%
Black or African American	17.2%	16.1%	12.6%
Native Hawaiian or other Pacific Islander	1.1%	0.6%	0.2%
White	68.9%	74.4%	72.4%
Multi-racial	3.2%	1.2%	2.9%
Other/Unknown	4.3%	3.4%	6.2%
Hispanic*	12.0%	10.6%	16.3%

Most populations have comparable percentages with US population

Asian and Hispanic populations are slightly underrepresented in the military compared to the US population

Black/African American populations are slightly overrepresented in the military compared to the US population

\* Beginning in 2009, to conform to the latest Office of Management and Budget (OMB) directives, Hispanic is no longer considered a minority race designation and is analyzed separately as an ethnicity. The percentage of Hispanic service members above is dispersed among all other racial designations.

## Marital Status

	AD Enlisted	SR Enlisted	2010 US Male 20-34	2010 US Female 20-34	AD Officer	SR Officer	2010 US Population
Married	52.1%	40.8%	29.4%	36.7%	69.9%	69.1%	48.8%
Never Married	43.5%	52.2%	65.6%	55.6%	26.4%	23.0%	32.1%
Divorced	4.2%	6.8%	3.5%	5.0%	3.6%	7.5%	10.9%

The military is a highly married population with generally young marriages

Divorce rate overall is not as high as the US population

SR has higher divorce rate than AD

Officers have higher marital rate and lower divorce rate than AD (not SR) Enlisted

## Service Members and Children

	AD	SR
Single with children	4.7%	9.2%
Members with children	42.2%	42.0%

It is not uncommon for military members to have children and single parents are common (4.7% AD and 9.2% SR)

## Ages of Children by Component

	0-5	6-11	12-18	19-22
AD	41.9%	31.5%	22.2%	4.5%
SR	30.1%	30.5%	28.0%	11.4%

AD children are younger (73% age 11 or younger) and SR children tend to be older (70% older than 5)

References: Office of the Deputy Assistant Secretary of Defense, Military Community & Family Policy. (2015). *2014 demographics profile of the military community*. Washington, DC: U.S. Department of Defense. Retrieved from <http://www.militaryonesource.mil/12038/MOS/Reports/2014-Demographics-Report.pdf>; [www.census.gov](http://www.census.gov)

## PCL-5

**Instructions:** This questionnaire asks about problems you may have had after a very stressful experience involving *actual or threatened death, serious injury, or sexual violence*. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a *serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide*.

First, please answer a few questions about your *worst event*, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

**Briefly identify the worst event (if you feel comfortable doing so):** \_\_\_\_\_

**How long ago did it happen?** \_\_\_\_\_ (please estimate if you are not sure)

**Did it involve actual or threatened death, serious injury, or sexual violence?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**How did you experience it?**

\_\_\_\_\_ It happened to me directly

\_\_\_\_\_ I witnessed it

\_\_\_\_\_ I learned about it happening to a close family member or close friend

\_\_\_\_\_ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

\_\_\_\_\_ Other, please describe \_\_\_\_\_

**If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?**

\_\_\_\_\_ Accident or violence

\_\_\_\_\_ Natural causes

\_\_\_\_\_ Not applicable (the event did not involve the death of a close family member or close friend)

Second, keeping this worst event in mind, read each of the problems on the next page and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.





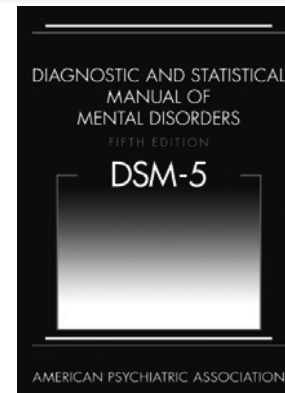
## Assessment and Treatment of PTSD

Center for Deployment Psychology  
Uniformed Services University of the Health Sciences



## Disclaimer

This project is sponsored by the Uniformed Services University of the Health Sciences (USU); however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred on the part of, USU, the Department of Defense, or the U.S. Government.



## Diagnostic Criteria



## Acute Stress Disorder (ASD): DSM-5 Diagnostic Criteria

Presence of 9 (or more) of the following symptoms from any of the 5 categories:

### INTRUSION

Intrusive memories; distressing dreams; dissociative reactions (e.g. flashbacks); psychological or physiological reactivity to reminders

### NEGATIVE MOOD

Persistent inability to experience positive emotions

### DISSOCIATIVE

Derealization; traumatic amnesia

### AVOIDANCE

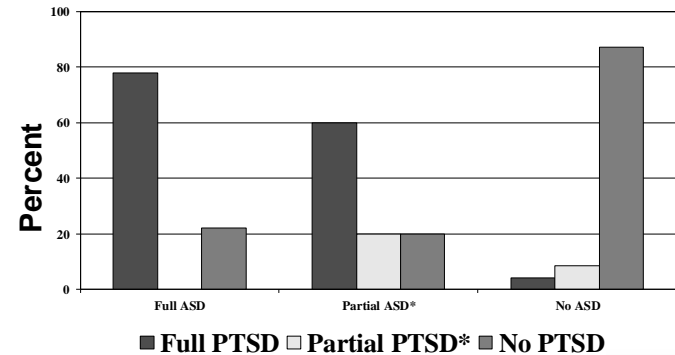
Avoid memories, thoughts, or feelings; avoid external reminders

### AROUSAL

Sleep disturbance; irritability/anger; hypervigilance; concentration; exaggerated startle response



## ASD and PTSD



## PTSD Criteria – DSM-5

A: Stressor Criterion

B: Intrusion

C: Avoidance

D: Cognition & Mood Alt.

E: Arousal & Reactivity

F: Time Criterion

G: Functional Impairment or Distress



*The defining symptoms alone, without connections to the stressor, are not regarded as PTSD (Breslau 2002).*



## DSM-5: PTSD Criterion A

A Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

**Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.



## DSM-5: Symptom Criteria for PTSD

1+1+2+2 = PTSD

Intrusion (B)	Avoidance (C)	Negative Alterations in Cognitions and Mood (D)	Arousal (E)
Intrusive, Distressing Recollections  Distressing Dreams  Dissociative Reactions (e.g. flashbacks)  Psychological Distress to Reminders  Marked Physiological Reactions to Reminders	Avoidance of Internal Reminders (memories, thoughts, feelings)  Avoidance of External Reminders (people, places, conversations, activities, objects, situations)	Traumatic Amnesia  Persistent Negative Beliefs and Expectations  Persistent Distorted Blame  Persistent Negative Emotional State  Diminished Interest  Detachment or Estrangement  Persistent Inability to Have Positive Emotions	Irritable Behavior and Angry Outbursts  Reckless or Self-Destructive Behavior  Hypervigilance  Exaggerated Startle Response  Concentration Difficulties  Sleep Difficulties
1	1	2	2

American Psychological Association (2013)



## Assessment of PTSD



## Purposes of PTSD Assessment

- Differential diagnoses
- Functional assessment
- Collection of information for case conceptualization / substantiate case
- Treatment planning
- Tracking treatment progress /outcome
- Medical discharge/service connection



Keane et al (2008); last point derived from clinical experience



## Types of PTSD Assessment

- PTSD Screening
- Trauma History
- Diagnosis
- Differential Diagnosis
- Tracking Treatment Progress
- Treatment Outcomes Assessment





## Types of PTSD Assessment

- PTSD Screening
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## PTSD Screening

- Typically are **brief** questionnaires
- Goal: Identify pts that are more likely to have PTSD
- **Positive** response:
  - does NOT necessarily mean the patient has PTSD
  - suggests pt MAY have PTSD or trauma-related problems
  - suggests further investigation/assessment of trauma symptoms warranted



## What Makes a Good Screen?

- Relatively **quick and easy** to administer
  - Automated vs. in-person
- **Reading level** and language are **appropriate**
  - Meaning of items is clear
  - Can't be easily memorized/faked
- **Reliable** or consistent across time and populations
- **Valid** or assesses what it is designed to



## What Makes a Good Screen?

- **Sensitive** – Captures the true positive rate of PTSD; Correctly identifies those individuals with PTSD (low number of false negatives)
- **Specific** – Captures the true negative rate of PTSD; Correctly identifies those individuals without PTSD (low number of false positives)



## PTSD Screening Instruments

- Primary Care PTSD Screen (PC-PTSD)
- Screen for Posttraumatic Stress Symptoms (SPTSS)
- PTSD Checklist-5 (PCL-5)
- Posttraumatic Diagnostic Scale-5 (PDS-5)



Photo by Christopher W. Cudrey (Public domain), via Wikimedia Commons



## PC-PTSD

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to? YES / NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES / NO
3. Were constantly on guard, watchful, or easily startled? YES / NO
4. Felt numb or detached from others, activities, or your surroundings? YES / NO

- 4-item, self-report, YES / NO
- Approx. 2 min to complete
- Considered "positive" if patient answers "YES" to any three (3) items
- Current version based on DSM-IV
- DSM-5 version is developed and undergoing validation



## Use of the PC-PTSD Screen with GWOT Veterans

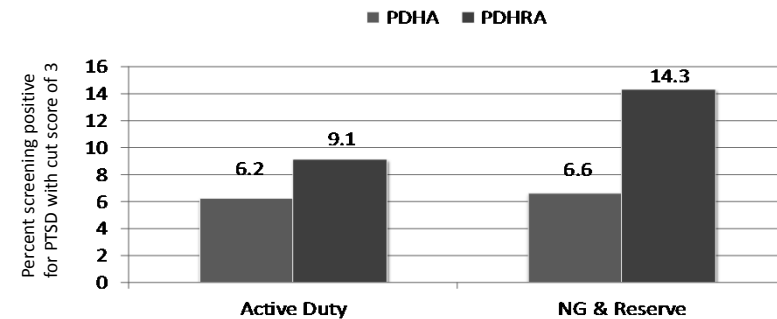
- Cut Score of 3 Maximized Efficiency

Cutoff	Sensitivity	Specificity	Efficiency
1)	.93	.72	.65
2)	.89	.79	.75
3)	.83	.85	.85
4)	.67	.85	.90

Using base score of 25%



## Study on PDHA & PDHRA: Close-Up of PC-PTSD Items





## Types of PTSD Assessment

- PTSD Screening
- Trauma History
- Diagnosis
- Differential Diagnosis
- Tracking Treatment Progress
- Treatment Outcomes Assessment



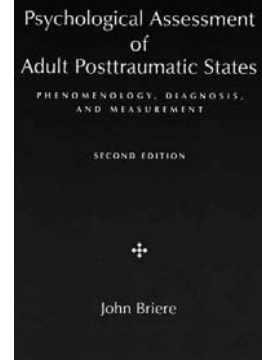
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## Importance of Clinical Interview



*“No psychological test can replace the focused attention, visible empathy, and extensive clinical experience of a well-trained and seasoned trauma clinician.”(p. 121)*

Briere (2004)

hjf



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## Why Assess Trauma History?



1. Helps you learn if traumatic events have occurred and the specific nature, risk factors, and severity.



2. You learn how your client coped and adapted.

3. You learn if your client is currently being exposed to ongoing threat.

Frueh et al (2012)

hjf



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## Tips for Assessing Trauma History

- Assess current psychological and personal circumstances. Is client stable enough to discuss trauma history without unraveling?
- Prepare client for the topic/questions you'll ask so there aren't surprises.
- Express confidence with genuine interest and empathy.
- Normalize that trauma occurs frequently in the general population.
- Help client disclose trauma memories honestly while managing emotions.
- Help client feel a sense of accomplishment and increased understanding of past events.

Frueh et al (2012)

hjf



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## Life Events Checklist (LEC)

### LEC-5

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not Sure	Doesn't Apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being						

Weathers et al. (2013)



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## Types of PTSD Assessment

- PTSD Screening
- Trauma History
- Diagnosis
- Differential Diagnosis
- Tracking Treatment Progress
- Treatment Outcomes Assessment



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## Multi-method Approach to Assessing PTSD

- Keane et al (2000; 2008) recommend:
  - Structured diagnostic interview
  - Self-report measures
  - Symptoms must be related to Criterion A event
  - Assessment of symptom frequency, intensity & duration
  - A culturally sensitive test battery
  - Indices of functional domains
  - *Psychophysiological measures (if possible)*



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## PTSD Structured Interviews

- **Clinician-Administered PTSD Scale - 5 (CAPS-5)**
- PTSD Symptom Scale Interview - 5 (PSSI-5)
- Structured Clinical Interview for DSM-IV (SCID)
  - PTSD Module
- Mini International Neuropsychiatric Interview (MINI)
  - PTSD Module



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## CAPS-5 Sample Item

Criterion B: Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. (B1) Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

In the past month, have you had any **unwanted memories** of (EVENT) while you were awake, so not counting dreams? [Rate 0=Absent if only during dreams]

How does it happen that you start remembering (EVENT)?

[If not clear] (Are these **unwanted memories**, or are you thinking about (EVENT) on purpose?) [Rate 0=Absent unless perceived as involuntary and intrusive]

How much do these memories bother you?

Are you able to put them out of your mind and think about something else?

Circle: Distress = Minimal Clearly Present Pronounced Extreme

How often have you had these memories in the past month? # of times \_\_\_\_\_

Key rating dimensions = frequency / intensity of distress  
 Moderate = at least 2 X month / distress clearly present, some difficulty dismissing memories  
 Severe = at least 2 X week / pronounced distress, considerable difficulty dismissing memories

- 0 Absent
- 1 Mild / subthreshold
- 2 Moderate / threshold
- 3 Severe / markedly elevated
- 4 Extreme / incapacitating



## At Minimum, Consider the Following 5 Questions

1. Does the constellation of symptoms meet the DSM-5 diagnostic criteria for this disorder?
2. Does the traumatic stressor reflect exposure to actual or threatened death, serious injury, or sexual violence as described under Criterion A?
3. What is the pre-incident/traumatic event psychiatric history of the Service member?
4. Is the PTSD diagnosis based exclusively on the subjective verbal reporting of symptoms by the service member? Or exclusively on the subjective written reporting of symptoms?
5. What is the Service member's current level of functional impairment, if any?



## Differential Diagnoses

- Acute stress disorder
- Substance use disorder
- Schizophrenia/other psychotic disorders
- Mood disorders
- Anxiety disorders (panic, OCD, generalized, simple phobia)
- Somatoform disorders
- Factitious disorder/malingering
- Bipolar disorder
- Dissociative disorders
- Eating disorders
- Sleep disorders
- Impulse control disorders not elsewhere classified
- Adjustment disorder
- Personality disorders
- ADHD
- TBI
- Pathologic grief
- Seizures



## Lifetime DSM-IV Psychiatric Comorbidity Among Nationally Representative Sample of US Adults

### Prevalence

	No PTSD with trauma n = 26716	PTSD Partial n = 2471	Full PTSD n = 2463
<b>Axis I Disorder</b>			
Any mood disorder	21.8 (.39)	51.3 (1.25)	61.5 (1.33)
Major Depressive Disorder	14.3 (.31)	31.5 (1.008)	35.2 (1.22)
Dysthmic Disorder	2.7 (.12)	7.2 (.58)	10.0 (.74)
Bipolar I Disorder	3.8 (.15)	11.8 (.76)	19.1 (1.02)
Bipolar II Disorder	1.4 (.09)	4.33 (.49)	4.4 (.49)
Any anxiety disorder except PTSD	22.2 (.46)	46.6 (1.16)	59.0 (1.40)
Generalized anxiety disorder	5.6 (.20)	17.6 (.93)	27.9 (1.19)





## Lifetime DSM-IV Psychiatric Comorbidity among Nationally Representative Sample of US Adults

### Prevalence

Axis I Disorder	No PTSD with trauma n = 26716	Partial PTSD n = 2471	Full PTSD n = 2463
Panic disorder, with or w/o agoraphobia	5.5 (.18)	18.4 (1.04)	24.2 (1.23)
Agoraphobia without panic disorder	.3 (.04)	.5 (.16)	.7 (.18)
Social phobia	5.9 (.21)	12.6 (.86)	19.4 (1.03)
Specific phobia	13.0 (.35)	27.5 (1.06)	37.3 (1.32)
Any alcohol or drug use disorder	37.0 (.75)	43.3 (1.41)	46.4 (1.31)
Alcohol abuse/dep disorder	34.9 (.75)	40.5 (1.35)	41.8 (1.31)
Drug abuse/dep disorder	11.4 (9.35)	17.4 (1.01)	22.3 (1.17)
Nicotine dep disorder	21.0 (.52)	34.1 (1.32)	37.9 (1.26)
Lifetime suicide attempt	2.3 (.11)	9.2 (.67)	13.9 (.86)

Pietrzak et al. (2011)

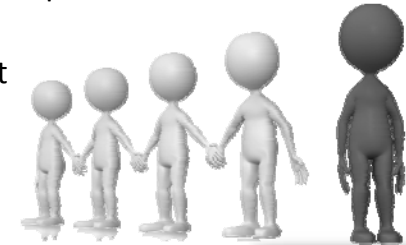


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## Additional Problems Associated with PTSD

- Greater Physical Health Problems
- More Intimate-Relationship Problems
- Reduced Social Support



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## PTSD and Health-Related Problems

- Meta-analysis: 62 studies (civilian, veteran and mixed samples)
- Those with PTSD had more severe and frequent:
  - general health symptoms and medical conditions
  - pain symptoms
  - cardio-respiratory symptoms
  - gastrointestinal symptoms
 ...than comparison groups
- All significant health outcomes.



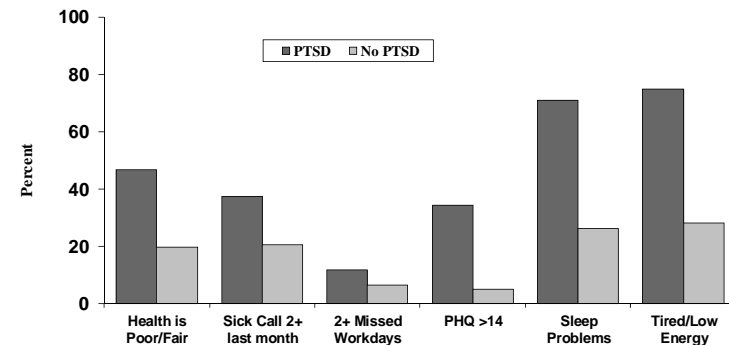
Pacella et al (2013)



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## PTSD and Health-Related Problems



Hoge et al (2007)



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## PTSD and Intimate Relationship Problems

- Meta-analysis: 31 studies
- Moderate correlations between PTSD and:
  - discord in intimate relationships
  - physical aggression in intimate relationships
  - psychological aggression in intimate relationships
- Intimate relationship discord and physical aggression were higher in the military (vs civilian) samples



Taft et al (2011)



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## PTSD Can Reduce Social Support



- Emotional Numbing and Detachment
- Hostility and Aggression
- Poor Social Problem Solving
- Distrust of Others



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## Types of PTSD Assessment

- PTSD Screening
- Trauma History
- Diagnosis
- Differential Diagnosis
- Tracking Treatment Progress
- Treatment Outcomes Assessment



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## PTSD Self-Report Measures

- PTSD Checklist for DSM-5 (PCL-5) = 20 items
- Impact of Event Scale - Revised (IES-R) = 22 items
- Mississippi Scale for PTSD - Combat and Civilian versions = 35 items
- Posttraumatic Diagnostic Scale for DSM-5 (PDS-5) = 20 items
- PK Scale of the MMPI-2 = 46 items
- PTSD Cognitions Inventory (PTCI) = 36 items



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## Sample Items from Other PTSD Self-Report Measures

### PTSD Cognitions Inventory (PTCI)

- 1 to 7 – “totally agree” to “totally disagree”

*I can't trust that I will do the right thing.*

*I am a weak person.*

*The world is a dangerous place.*



## Types of PTSD Assessment

- PTSD Screening
- Trauma History
- Diagnosis
- Differential Diagnosis
- Tracking Treatment Progress
- Treatment Outcomes Assessment



## Outcomes Assessment

- Scores fall below “cut-offs” of threshold scores
- Assess whether still meet diagnostic criteria for PTSD
- Change scores (e.g. pre-post treatment)
  - Statistically significant
  - Clinically significant change
  - Reliable change indices
- Life functioning assessment
  - Self-report
  - Reports from collaterals



## National Center for PTSD Website

National  
Center for  
**PTSD**  
Posttraumatic  
Stress Disorder


<http://ptsd.va.gov>

Direct Link to PTSD Assessments:

<http://tinyurl.com/7sjvscl>



## Additional Considerations

- 
- Under-Reporting
  - Over-Reporting and Malingering
  - Clinician and Patient Motivation
  - Setting, Time, Cost
  - Practical Barriers



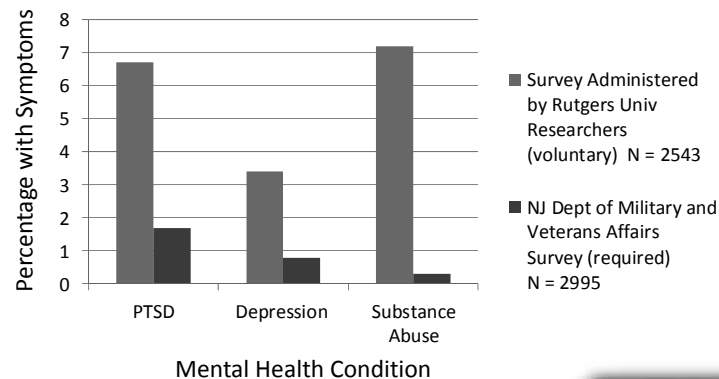
## Under-Reporting

Why would a Service member under-report PTSD symptoms?

- Stigma
- Concerned about the effects on career, security clearance, what others will think
- Wants to stay in the fight
- Isn't aware of the symptoms or doesn't see them as such
- Doesn't understand what is being asked
- Lack of motivation



## Under-Reporting and Stigma



## Over-Reporting

Why would a Service member over-report PTSD symptoms?

- Garner attention and enhance self-perception and may adopt "sick role"
- PTSD diagnosis provides validation of sacrifices made during deployment
- To some, PTSD diagnosis is "badge of honor;" achievements may not be noted unless diagnosed
- Personality dynamics
- Service connection disability /medical discharge



## What is Malingering?

“The essential feature of malingering is the **intentional** production of **false** or **grossly exaggerated** physical or psychological symptoms, motivated by **external incentives** such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs.” (p. 739)



## Types of Malingering

Pure malingering	Partial embellishment	False imputation
<ul style="list-style-type: none"> <li>• Every aspect of the symptom picture is made up</li> </ul>	<ul style="list-style-type: none"> <li>• Existing symptoms are over-reported or remitted symptoms are still endorsed</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms caused by something else are attributed to subsequent trauma</li> </ul>
<p>Over-reporting of existing symptoms is most common after trauma</p>		



## Army Policy: Malingering

“Although there has been debate on the role of symptom exaggeration or malingering for secondary gain in DoD and VA PTSD Disability Evaluation System (DES) processes, there is considerable evidence that this is **rare** and **unlikely to be a major factor** in the **vast majority** of disability determinations.” (p. 5)



## What Might Distinguish Somebody Who Is Malingering?


“The malingerer tells all of his/her story and wears his/her PTSD conspicuously, while the true sufferer is usually slow to seek treatment and is quiet about his/her symptoms.” (p. 529)

Somebody who is not malingering:

- Often has been encouraged by friends and family to get help.
- Pursues help for other reasons like anxiety, anger, depression.
- Avoids talking about what is bothering him/her.
- Discounts the severity of trauma.
- Reduces his/her role in the trauma.




## Additional Considerations

- 
- Mere history of trauma doesn't mean PTSD
  - Non-PTSD complaint may bring client to you
  - PTSD may be triggered by non-traumatic stressor
  - Negative contact with other providers may affect client's trust
  - Latent or delayed onset PTSD(?)



## Additional Considerations

- 
- Discomfort discussing reactions/trauma
  - Lack of awareness of symptoms
  - Our own reactions to asking about trauma
  - Other factors(?)



## Take Home Points

- A clinical interview should be used in conjunction with self-report measures to diagnose PTSD.
- PTSD self-report measures are helpful for tracking treatment outcome pre-, during and post-treatment.
- Stigma and career concerns, among other things, may affect how Service members report PTSD symptoms.
- When performing a PTSD assessment, consider differential diagnoses, comorbid conditions, and functional domains
- Because therapist variables may affect the assessment process, monitor them and remember the goals.

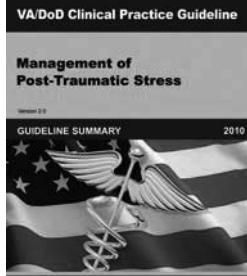


## Overview of Evidence-Based Treatments for PTSD





## Evidence-Based Treatments for PTSD Recommended by DoD/VHA Practice Guideline



- **Trauma-Focused Psychotherapies**
  - Exposure-based therapies (e.g. PE)
  - Cognitive-based therapies (e.g. CPT, CR)
  - EMDR
  - Combinations of cognitive/exposure therapy
- **Stress Inoculation Training (SIT)**
- **Medications**
  - SSRIs
  - SNRIs



## 2013 Meta-Analysis of RCTs on PTSD



### Psychotherapy:

- Cognitive-Behavioral Therapies (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Psychodynamic Therapy
- Hypnotherapy
- Self-help
- Biofeedback
- Group

### Somatic:

- Acupuncture
- Transcranial Magnetic Stimulation (TMS)

### Medications:

- Antidepressants (SSRIs)
- Atypical antipsychotics
- Mood stabilizers
- Anti-adrenergic agents
- Benzodiazepines



## Main Findings

- Treatments that were effective and had the largest amount of evidence:
  - CBTs
  - EMDR
  - Medications
    - Antidepressants
    - Atypical antipsychotics
- Studies with more women or fewer veterans had larger effects.
  - True for psychotherapy studies and medication trials.



## Main Findings

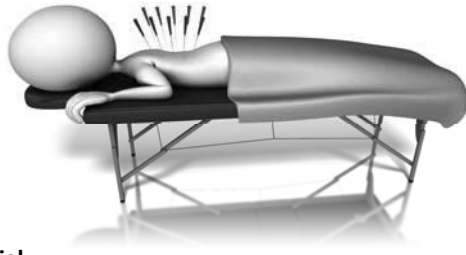
- Effect Sizes for CBTs:
  - Primarily cognitive therapies:  $g=1.08-1.63$
  - Primarily exposure therapies:  $g=.80-1.69$
  - Mixed CBT therapies:  $g=1.02-1.52$
  - SIT and desensitization:  $g=.73-1.37$





## Less Studied Modalities

- Psychotherapies
  - Psychodynamic
  - Hypnotherapy
  - Self-Help
  - Biofeedback
  - Resilience Therapy
  - Group
- Somatic
  - Acupuncture single trial
  - Transcranial magnetic stimulation 4 trials



Watts et al (2013)



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## Top 5 Reasons Returning US Military Personnel Fail to Seek Treatment for Mental Health Problems

1. Medications have significant side effects.
2. Treatment could negatively affect their careers.
3. Treatment could cause denial of security clearance.
4. Family and friends are more helpful than mental health providers
5. Coworkers may lose confidence in their ability

Harrison et al (2010)



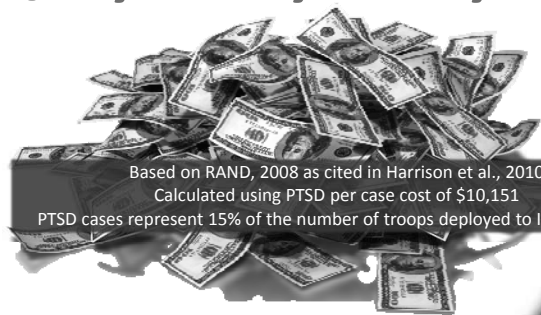
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## Projection of Resources Necessary to Treat US Troop Forces Deployed in Iraq for PTSD

# \$1,097,312,949

2003-2008



Based on RAND, 2008 as cited in Harrison et al., 2010  
 Calculated using PTSD per case cost of \$10,151  
 PTSD cases represent 15% of the number of troops deployed to Iraq per year



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## PTSD Treatments We Will Discuss

1. Medication
2. Prolonged Exposure Therapy (PE)
3. Cognitive Processing Therapy (CPT)
4. Eye Movement Desensitization Reprocessing Therapy (EMDR)

*At the end, we will quickly review supplemental, free apps to help manage PTSD symptoms.*



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## Medication



## 2013 Meta-Analysis

- Largest effect sizes found in 2 medications studied most:
  - Antidepressants ( $g=.43$ )
  - Atypical antipsychotics ( $g=.36$ )
- Among antidepressants:
  - Only SSRIs and Venlafaxine were superior to placebos
  - For SSRIs, significant effect sizes varied: paroxetine ( $g=.74$ ), fluoxetine ( $g=.43$ ) and sertraline ( $g=.41$ )
  - Non-significant effect for citalopram ( $g=-.71$ )

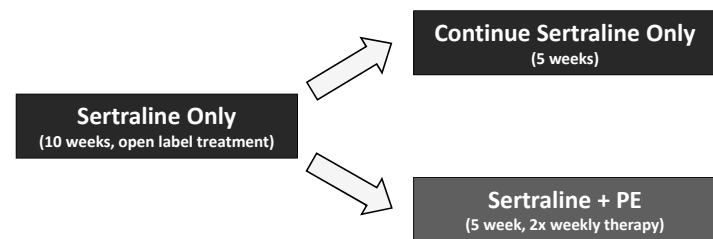


## 2013 Meta-Analysis

- Among antipsychotics:
  - Only Risperidone was superior to placebo (and showed varied effects depending on designs)
- Among anticonvulsants, only Topiramate showed efficacy
- Other medications (anticonvulsants, benzodiazepines and antiadrenergic drugs) did not differ statistically from placebo.

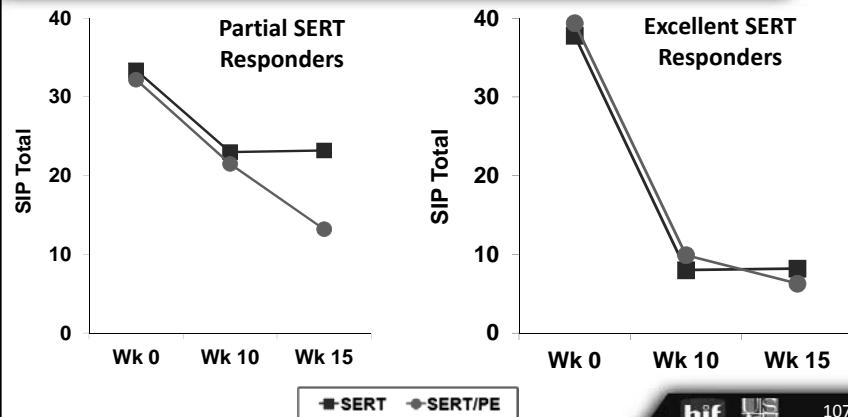


## Augmentation of Sertraline with PE





## Augmentation with PE in Partial and Excellent Sertraline (SERT) Responders



Rothbaum et al (2006)



## Prolonged Exposure Therapy (PE)



## Prolonged Exposure Therapy (PE)

Two main factors serve to prolong and worsen post-trauma problems:

- 1) **Avoidance** of trauma-related material including triggers, feelings, activities, thoughts, images, and situations.
- 2) The presence of **inaccurate or unrealistic thoughts and beliefs**.  
 "The world is unpredictably dangerous."  
 "I can't cope."

Avoidance prevents the client from processing the trauma and modifying cognitions.



## Prolonged Exposure Therapy (PE)

- Approx. 10 sessions
- 90 minutes each
- Structured
- Homework
- Taping /recording

Breathing Retraining

Psychoeducation

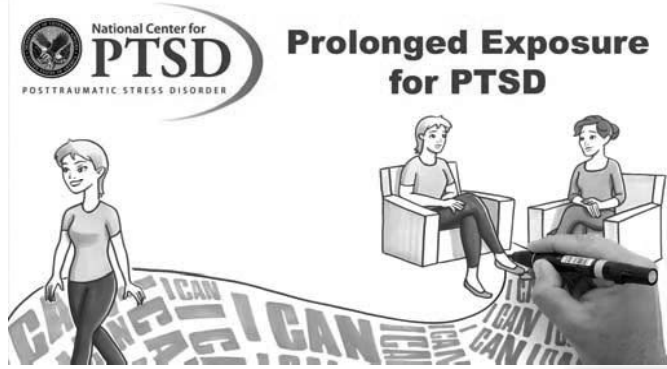
Exposure

Cognitive Processing

*Confront, confront, confront what you want to avoid!*

**CDP**


## Prolonged Exposure (PE)



National Center for PTSD  
POSTTRAUMATIC STRESS DISORDER

**Prolonged Exposure for PTSD**

Courtesy: National Center for PTSD, Department of Veterans Affairs

**hjf**  111

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## PE Coach app

- Installed on **client's** phone/tablet
- Used adjunct to PE treatment
  - Rationale handouts
  - Homework assignment, tracking sheets
  - Record/review session audio
  - Appointment scheduling
- Free on iOS and Android platforms




Available on the **App Store**    **GET IT ON Google play**


[tinyurl.com/he8jroo](http://tinyurl.com/he8jroo)    [tinyurl.com/hhdpxg](http://tinyurl.com/hhdpxg)

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## Cognitive Processing Therapy

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**CDP**

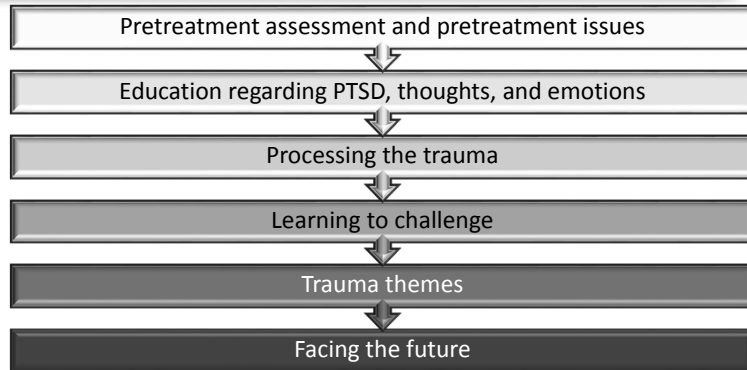
## Cognitive Processing Therapy Is...

a short-term evidence-based treatment for PTSD	a specific protocol that is a form of cognitive behavioral treatment
predominantly cognitive and may or may not include a written account	a treatment that can be conducted in groups or individually

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## Phases of CPT Treatment



## Cognitive Processing Therapy (CPT)



Courtesy: National Center for PTSD, Department of Veterans Affairs



## CPT Coach app

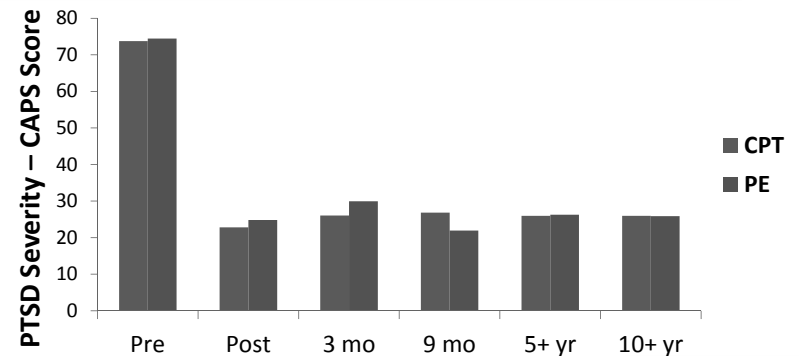
- Installed on **client's** phone/tablet
- Used adjunct to CPT treatment
  - Progress assessments
  - Homework and worksheets
  - Psychoeducation materials
  - Appointment scheduling
- Free on iOS platform



[tinyurl.com/nafyolk](http://tinyurl.com/nafyolk)



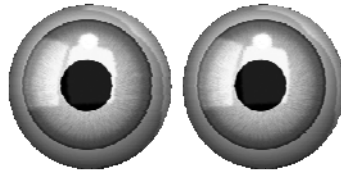
## CPT and PE Outcomes



Resick et al (2012)



## Eye Movement Desensitization and Reprocessing (EMDR)



## Eye Movement Desensitization Reprocessing (EMDR)

- Imagine the traumatic event
- Engage in lateral eye movements
- Focus on changes to image
- Repeat eye movements
- Generate alternative cognitive appraisal
- Focus on the alternative appraisal
- Repeat eye movements



## Eye Movement Desensitization Reprocessing (EMDR)



### Steps:

1. History and treatment planning
2. Preparation
3. Assessment
4. Reprocessing, desensitization and installation
5. Same as Step 4
6. Body scan
7. Closure
8. Reevaluation



## Eye Movement Desensitization Reprocessing (EMDR)

### **Step 3: Assessment**

Therapist asks patient to identify:

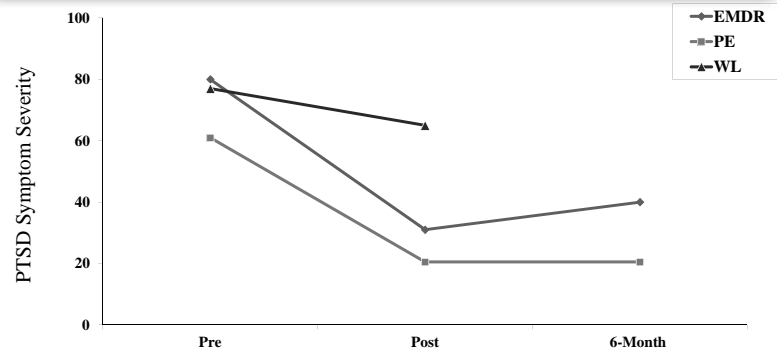
- a. Target or visual image of the trauma memory and related emotions and sensations
- b. Negative belief related to the trauma memory
- c. Positive belief he /she would like to have about self

### **Steps 4 & 5: Reprocessing, Desensitization, and Installation**

- a. Therapist has patient recall target image while using a set of rapid bilateral eye movements for brief period
- b. Therapist asks patient for reactions and associations.
- c. Therapist repeats procedures to facilitate "digestion" of trauma



## PE and EMDR Outcomes



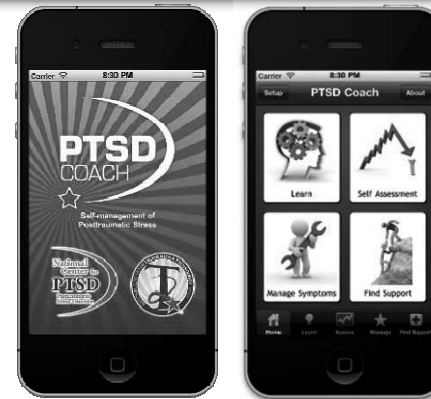
Rothbaum et al (2005)



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## Supplemental, Free Apps: Psychoeducation: PTSD Coach



- Learn about PTSD
- Self Assessment
- Manage Symptoms
- Find Support



[tinyurl.com/onc66fm](http://tinyurl.com/onc66fm)



[tinyurl.com/otms82r](http://tinyurl.com/otms82r)



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Courtesy: National Center for Telehealth and Technology (T2)



## Supplemental, Free Apps: Relaxation: Breathe 2 Relax



[tinyurl.com/nex4gcp](http://tinyurl.com/nex4gcp)

[tinyurl.com/m4u3l2g](http://tinyurl.com/m4u3l2g)



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Courtesy: National Center for Telehealth and Technology (T2)



## Take Home Points

- Various effective evidence-based treatments for PTSD are available, including **PE, CPT, EMDR, and medication**.
- Service members and Veterans **deserve access** to these treatments.



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## CDP Website: Deploymentpsych.org

### Features include:

- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed



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## Online Learning

The following online courses are located on the CDP website at:

<http://www.deploymentpsych.org/content/online-courses>

**NOTE: All of these courses can be take for free or for CE Credits for a fee**

- Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Prolonged Exposure Therapy for PTSD in Veterans and Military Personnel (1.25 CE Credits)
- Epidemiology of PTSD in Veterans: Working with Service Members and Veterans with PTSD (1.5 CE Credits)
- Provider Resiliency and Self-Care: An Ethical Issue (1 CE Credit)
- Military Cultural Competence (1.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 1 (2.25 CE Credits)
- The Impact of Deployment and Combat Stress on Families and Children, Part 2 (1.75 CE Credits)
- The Fundamentals of Traumatic Brain Injury (TBI) (1.5 CE Credits)
- Identification, Prevention, & Treatment of Suicidal Behavior in Service Members & Veterans (2.25 CE Credits)
- Depression in Service Members and Veterans (1.25 CE Credits)

*All of these courses and several others are contained in the Serving Our Veterans Behavioral Health Certificate program, which also includes 20+ hours of Continuing Education Credits for \$350.*



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## Provider Support

CDP's "Provider Portal" is exclusively for individuals trained by the CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

### Features include:

- Consultation message boards
- Hosted consultation calls
- Printable fact sheets, manuals, handouts, and other materials
- FAQs and one-on-one interaction with answers from SMEs
- Videos, webinars, and other multimedia training aids

Participants in CDP's evidence-based training will automatically receive an email instructing them how to activate their user names and access the "Provider Portal" section at Deploymentpsych.org.



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## How to Contact Us

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 Uniformed Services University of the Health Sciences  
 4301 Jones Bridge Road, Executive Office: Bldg. 11300-602  
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**Email:** [General@DeploymentPsych.org](mailto:General@DeploymentPsych.org)

**Website:** [DeploymentPsych.org](http://DeploymentPsych.org)

**Facebook:** <http://www.facebook.com/DeploymentPsych>

**Twitter:** @DeploymentPsych



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## Assessment and Treatment of PTSD

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## PCL-5

**Instructions:** This questionnaire asks about problems you may have had after a very stressful experience involving *actual or threatened death, serious injury, or sexual violence*. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a *serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide*.

First, please answer a few questions about your *worst event*, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

**Briefly identify the worst event (if you feel comfortable doing so):** \_\_\_\_\_

**How long ago did it happen?** \_\_\_\_\_ (please estimate if you are not sure)

**Did it involve actual or threatened death, serious injury, or sexual violence?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**How did you experience it?**

\_\_\_\_\_ It happened to me directly

\_\_\_\_\_ I witnessed it

\_\_\_\_\_ I learned about it happening to a close family member or close friend

\_\_\_\_\_ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

\_\_\_\_\_ Other, please describe \_\_\_\_\_

**If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?**

\_\_\_\_\_ Accident or violence

\_\_\_\_\_ Natural causes

\_\_\_\_\_ Not applicable (the event did not involve the death of a close family member or close friend)

Second, keeping this worst event in mind, read each of the problems on the next page and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again ( <i>as if you were actually back there reliving it</i> )?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience ( <i>for example, heart pounding, trouble breathing, sweating</i> )?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience ( <i>for example, people, places, conversations, activities, objects, or situations</i> )?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world ( <i>for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous</i> )?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings ( <i>for example, being unable to feel happiness or have loving feelings for people close to you</i> )?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4