



THE MILITARY PSYCHOLOGIST

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January–December 2017

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Editor's Column

Joseph Lyons, PhD



Welcome to the summer issue of *The Military Psychologist*! With the American Psychological Association (APA) conference right around the corner, check out the brief look at the Division 19 schedule thanks to our awesome APA Program Team, Drs. Lindsey Monteith and Rebecca Blais.

As noted by our Division 19 president, Dr. Sally Harvey, there are many ways to get involved in Division 19, whether it's supporting the *Military Psychology* journal as a reviewer or filling my shoes as the next editor for *The Military Psychologist*. If you have always wanted to get involved in a professional society, then I think your time is now, and I can say that the members and Executive Committee for Division 19 exemplify the utmost of professionalism and dedication—what a great organization to be part of! Bottom line, do not wait to get involved—jump in. According to our Student

Affairs Committee, many students are already jumping in and getting involved! This is a strong testament to the current strength and future hopes of Division 19.

In this issue, we feature the winners of the Division 19 Writing Contest. Congratulations to Olivia S. Ashley, Jessica K. Morgan, Mark Relyea, Samantha Charm, and Marian E. Lane for their paper on male sexual assault. Also congratulations to Jared W. Bollinger for his paper on treatment for posttraumatic stress disorder. In our Spotlight on Research section, we feature a paper by Shenae L. Whitehead that is focused on resilience among female military spouses.

Thank you to all those who contributed to this issue of *The Military Psychologist*.

Happy Reading!

Joseph Lyons, PhD

Editor, *The Military Psychologist*

President's Column

Sally C. Harvey, PhD



Once again, I am reminded that the older one becomes, the quicker time passes! Over the past several months there has been a lot happening behind the scene, thanks to the diligent efforts of a number of our members. I thought it important to use this column to give an update, share reminders and—importantly—provide recognition.

Dr. Mark Stahl has been on point for the long-needed revision to our bylaws—a Herculean task that has highlighted how diverse our organization has become! These revisions, accompanied by the underlying rationale, will be available for your review by June 1 in preparation for a vote during our next business meeting at the APA convention in August. I cannot underscore enough the importance of this task—the bylaws guide every action taken by the society, from election to awards, committees, procedures, and everything in between. We are a dynamic organization, and much has changed since the last time they were revised over a decade ago—so please take a few minutes out of your own hectic schedule to review.

Speaking of which, I am looking forward to your attendance, if at all possible, during the convention, to be held August 3–8 in Washington, DC. Registration, as well as lodging, can be accessed on APA's website. The APA convention provides an unparalleled venue by which to highlight the contributions, diversity, and professionalism that our society represents. Our planning committee, Dr. Rebecca Blais and Dr. Lindsey Monteith, have continued the society's tradition of excellence that has long typified this meeting. The society has been approved for a number of CE credits, to include the following presentations:

- New Developments in Understanding and Preventing Suicide Risk Among Military Personnel and Veterans
- Novel Research on Couples' Functioning in Male and Female Veterans—Implications for Treatment

- Unconventional Service—Nontraditional Roles for Psychologists Working With the Military
- DoD/VA Major Depressive Disorder Clinical Support Tools
- Behavioral Science Consultation to Interrogation and Detention Activities: Science, Ethics, and Operations
- Forward March! A More Comprehensive Look at Women's Leadership and Career Development in the Military
- Innovative Psychological Health Practice Change Dissemination—DoD/VA Implementation Science Efforts

In addition, I will be chairing a symposium that was accepted by APA, titled Consultation and Ethical Practice: Dilemmas in Forensic, National Security and Consulting Psychology, with a panel of colleagues from Divisions 12, 13, 18, and 41. Not only are we excited about these opportunities for professional development, but I strongly encourage folks to take advantage of the camaraderie during our legendary social hours as well as to serve as ambassadors. Finally, please consider taking “a chair in the back,” and watch the Council of Representatives in session—you can attend the entire meeting, if you choose, with the exception of any executive session. The first session is all day Wednesday, August 2, and the second session is on Friday morning.

This brings me to the next topic, which is a strong appeal for your involvement. There are a number of openings, all with varying requirements for time and energy, to include working with Dr. Armando Estrada, who is the editor-in-chief of the *Military Psychology* journal, or filling the shoes of Dr. Joseph Lyons, our superlative newsletter editor. We are working as well to expand our presence on social media, which may well appeal to those with a technological bent. If interested—in these or other areas in which you would like to be involved—please let me know.

The deadline for this column was before Memorial Day, and the issue will be printed after the Fourth of July—both

dates that have strong symbolism for those of us who serve. Whether you are in uniform or not, your efforts on behalf of our nation's military—irrespective of gender, sexual orientation, ethnicity, culture, or any of the multitude of ways we identify ourselves and others—does make a difference. I am proud, beyond words, to stand

with you in support of America and its greatest treasures, its sons and daughters.

Sally C. Harvey, PhD
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Working With Male Sexual Assault Victims in the Military

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Military sexual assault has gained increasing attention in recent years. The cases making the biggest headlines represent only a fraction of the actual problem. Sexual assault has severe consequences, including physical injury, medical illness (primarily pain-related symptoms involving multiple organ systems such as the gastrointestinal, neurological, genitourinary, and musculoskeletal systems), and psychiatric pathology (post-traumatic stress disorder [PTSD], substance abuse and dependence, depression, anxiety, eating disorders, and suicidal behavior; O'Brien & Sher, 2013; Tewksbury, 2007). Additional consequences of military sexual assault include damage to morale, trust, and unit cohesion; mission degradation; and decreased readiness and retention (Stimson, 2013). According to a male sexual assault survivor in the Air Force, "It's sexual assault, and also it's mission degradation. It's putting a negative effect on the victim, for it creates mistrust within the unit, and it could also divide people."

The 2014 RAND Military Workplace Study found that 52% of servicemembers who experienced sexual assault in the past year were men (Morral et al., 2015). This article addresses Division 19's Strategic Objective 2.0 to advance the practice of military psychology by presenting information from extant research and RTI International's document review and qualitative interviews with male sexual assault survivors and other male servicemembers.

As the Department of Defense (DoD) identified in its *Plan to Prevent and Respond to Sexual Assault of Military Men* (Department of Defense [DoD], 2016), information about male sexual assault victimization in the military is limited. Current sexual assault prevention and response (SAPR) training has been largely gender-neutral or has focused on female victims (U.S. Government Accountability Office, 2015). To effectively respond to sexual assaults on male servicemembers, clinicians need to better understand gender-specific contexts and needs.

Perpetrators

Approximately 70% of male servicemembers who were assaulted during the past year were attacked by men or a group of men and women (Morral et al., 2015). Although perpetrators of sexual assault against women are usually men, unrestricted reports made by male sexual assault victims in the military who wished to confidentially disclose the crime without triggering an official investigative process or notification to command have shown that perpetrators can be male or female peers, male or female superiors, and same- or opposite sex current or former dating partners (DoD, Sexual Assault Prevention and Response Office [SAPRO], 2016). Men were twice as likely as women to say that their sexual assault was meant to abuse or humiliate them (Morral et al., 2015). Male servicemembers who experience sexual assault are more likely than their female counterparts to have had multiple assailants in a given attack and to have been assaulted more than once (Morral et al., 2015).

Myths About Male Sexual Assault

A review of literature has shown that myths about male sexual assault may be stronger in the military than in civilian populations. In particular, the myth that men cannot be raped may be perpetuated because male sexual assault contradicts the military's reputation as an institution consisting of tough, masculine men (Turchik & Edwards, 2012). Some people believe that if a man did not physically resist or if he became erect or ejaculated during an assault, he consented or enjoyed it (Kassing, Beesley, & Frey, 2005; Turchik & Edwards, 2012). However, studies of male sexual physiology have suggested that these physiological reactions are only partially under voluntary control and can occur during times of extreme duress in the absence of sexual pleasure (Bullock & Beckson, 2011). Active duty male sexual assault survivors we interviewed said that strong "warriors" are perceived as not physically vulnerable; therefore, they cannot be raped, or

they should be able to fight off an attacker. In reality, many men and women experience tonic immobility during sexual assault, which involves immobility and muscle rigidity, intermittent eye closure, unfocused gaze, tremors, reduced vocalization, and a sense of being cold (Coxell & King, 2010; see Figure 1). Male survivors also said that the derogatory terms about homosexuality used in the military promote the assumption that only gay men are perpetrators or victims. We also heard that others simply brushed off sexual assault under the guise of hazing, pranks, or joking as “locker room” behavior and not assault, and many believe that men are not as affected by sexual assault as women (e.g., men “shouldn’t be upset”).

Risk Markers

Studies of male civilian, military, and veteran populations have identified a few risk markers associated with sexual violence victimization. Incidence of sexual assault is higher among young men (younger than 19 years of age; Choudhary, Gunzler, Tu, & Bossarte, 2012). Gay, bisexual, and transgender men are at higher risk of sexual assault victimization than are heterosexual men (Grant et al., 2011; Peterson, Voller, Polusny, & Murdoch, 2011; Rothman, Exner, & Baughman, 2011), although both gay and straight men can be victims or perpetrators. Research involving male veterans has found that child sexual abuse victimization was a significant correlate of sexual assault

victimization in the military (Zinzow, Grubaugh, Frueh, & Magruder, 2008). Published analyses of data from the 2008 DoD Survey of Health Related Behaviors Among Active Duty Military Personnel has identified PTSD as a correlate of sexual assault victimization among men (Hourani, Williams, Bray, & Kandel, 2014), and our analyses of these data also identified problematic alcohol use as a risk marker.

Contexts

Reviews of unrestricted reports and interviews with male sexual assault survivors and other male servicemembers identified several common contexts for sexual assault victimization. Excessive alcohol use by the perpetrator, victim, or both was commonly identified. Other common contexts included falling asleep or passing out at a party, experiencing bullying or physical aggression, and inappropriate sexual behavior by others (e.g., a roommate’s intentionally masturbating in front of another person). Dangerous environments included dorms, hotel parties, deployment, all-male work environments in selected job fields, and unfamiliar environments, such as when on temporary duty or on a new assignment. Almost two thirds of male sexual assault victims in the 2014 RAND Military Workplace Study said their assaults occurred at work and during work hours (Morrall et al., 2015).

- Both men and women experience sexual assault.
- Both straight and gay men experience sexual assault.
- Men can be assaulted by women or men, although most perpetrators are straight men.
- Sexual assault is about power, humiliation, and abuse. It is not about sex.
- Men may involuntarily ejaculate or have an erection or orgasm during a sexual assault.
- Sexual assault can happen to anyone, regardless of how physically strong the person is.
- Men do not have to fight back to prove that they were sexually assaulted.
- Unwanted sexual experiences that occur during hazing or bullying are still sexual assault.
- Men can experience a range of reactions and feelings, and trauma symptoms are normal.
- Tonic immobility (not being able to move) during a sexual assault is very common.
- Seeking support is a sign of courage and taking care of yourself, not a sign of weakness.
- Only the perpetrator is to blame for sexual assault. Sexual assault is not your fault.

Figure 1. Counter male rape myths with these facts and reminders.

Hazing

Many more men than women who are sexually assaulted in the military say their assault occurred during hazing (Morral et al., 2015). Interviews with male servicemembers identified contextual precursors to hazing involving sexual assault, such as peers using slang language (e.g., oil check, Gaddafi, credit card swipe), exhibiting a general air of aggression, whispering and laughing but going silent when the victim gets within earshot, suggesting that the victim not come to work or take a sick day tomorrow, and using inappropriate or excessive touch or physical aggression (e.g., slapping buttocks in the workplace, pinching nipples, playing games where men get close to another man's face until he backs away).

First Responders

A sexual assault victim may disclose information to or seek help from several people, and anyone who may be a "first responder" must be prepared to address the unique aspects of male victimization. Victims may disclose or seek help from sexual assault response coordinators, mental health providers, SAPR victim advocates, legal staff, chaplains, commanders, security forces, and/or the Office

of Special Investigations (DoD, SAPRO, 2016). All of these staff members should be briefed on the context of male sexual assault victimization, myths and facts, language that is inclusive of unwanted male experiences (see Figure 2), the high risk of revictimization, and information to help survivors stay safe in the future (how to identify red flags and prevention strategies).

Need for More Research

Male sexual assault victimization in the military is a highly sensitive but understudied issue. Knowledge about male sexual assault victimization in military and civilian populations is lacking because of the difficulty in accessing large numbers of male survivors who will self-identify and disclose. Much of the information regarding male sexual assault victimization in the military has come from journalistic sources and advocacy groups and has focused on victims and sequelae, not on perpetrators or prevention approaches. To develop effective preventive training and interventions, the context, distribution, and characteristics of male sexual assault victimization within each service branch must be better understood. Formative research of this nature provides an opportunity to establish an empir-

- Recognize that men may not consider what happened to them to be "sexual assault."
- Allow men to label their own experience.
- Use broad language such as "unwanted sexual experience."
- Avoid language that suggests victim blaming (e.g., using phrases such as "should have," focusing on what the victim did or did not do, making comments about the victim's physical strength or size). Tell the victim that what happened to him is not his fault. The responsibility lies with the person who chose to lay hands on him without obtaining his consent.
- Say that you believe the victim. He is telling you his perception of what happened and will likely be afraid that no one will believe him.
- Remind the victim that he is not alone. Let him know that many men have experienced what he has been through.
- Assure him that there is a wide range of reactions that victims feel and that his reaction is normal and common.
- Avoid suggesting that men should be strong emotionally because this expectation may discourage disclosure or help-seeking.

Figure 2. Use language that is inclusive of men's unwanted sexual experiences.

ical foundation to develop effective training on male sexual assault victimization and perpetration.

Qualitative data collection is needed to identify high-risk situations, realistic scenarios, red flags that signal risk of sexual assault, recommended strategies to implement when red flags are identified, and appropriate language to use when working with male sexual assault victims, all of which may vary by service branch and/or pay grade. Quantitative survey data are needed to provide key information on prevalence, circumstances or characteristics, and risk and protective factors associated with male sexual assault victimization and perpetration. In particular, research about revictimization and prevention has focused on female sexual assault victims, and further research is needed to inform services and programming focused on male sexual assault in the military.

Conclusion

Clinicians and others working with male victims of sexual violence in the military should consider this group's gender-specific contexts and needs, including information about perpetrators, myths and facts about male sexual assault, risk markers, contexts, hazing, and first responders who can help these men. It is important to provide male sexual assault victims with access to a comprehensive range of psychological, medical, and reporting options and referrals to services for ongoing support, including information to help them stay safe in the future and prevent revictimization.

References

- Bullock, C. M., & Beckson, M. (2011). Male victims of sexual assault: Phenomenology, psychology, physiology. *Journal of the American Academy of Psychiatry and the Law Online*, *39*, 197–205.
- Choudhary, E., Gunzler, D., Tu, X., & Bossarte, R. M. (2012). Epidemiological characteristics of male sexual assault in a criminological database. *Journal of Interpersonal Violence*, *27*, 523–546.
- Coxell, A. W. & King, M. B. (2010). Adult male rape and sexual assault: Prevalence, re-victimisation and the tonic immobility response. *Sexual and Relationship Therapy*, *25*, 372–379. <http://dx.doi.org/10.1080/14681991003747430>
- Department of Defense (DoD). (2016). *Department of Defense plan to prevent and respond to sexual assault of military men*. Retrieved from http://sapr.mil/public/docs/prevention/DoD-Plan-to-Prevent-and-Respond-to-Sexual-Assault-of-Military-Men_Approved.pdf
- Department of Defense (DoD), Sexual Assault Prevention and Response Office (SAPRO). (2016). *Department of Defense annual report on sexual assault in the military: Fiscal year 2015*. Retrieved from http://www.sapr.mil/public/docs/reports/FY15_Annual/FY15_Annual_Report_on_Sexual_Assault_in_the_Military.pdf
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Hourani, L. L., Williams, J., Bray, R. M., & Kandel, D. B. (2014). Posttraumatic stress disorder, substance abuse, and other behavioral health indicators among active duty military men and women. *Journal of Traumatic Stress Disorders & Treatment*, *3*, 1–7.
- Kassing, L. R., Beesley, D., & Frey, L. L. (2005). Gender role conflict, homophobia, age, and education as predictors of male rape myth acceptance. *Journal of Mental Health Counseling*, *27*, 311–328. <http://dx.doi.org/10.17744/mehc.27.4.9wfm24f52kqgav37>
- Morrall, A. R., Gore, K. L., Schell, T. L., Bickler, B., Farris, C., Ghosh-Dastidar, M., . . . Williams, K. M. (2015). *Sexual assault and sexual harassment in the U.S. military: Vol. 2. Estimates for Department of Defense service members from the 2014 RAND Military Workplace Study* (No. RR-870/2–1-OSD). Retrieved from http://www.rand.org/pubs/research_reports/RR870z2–1.html
- O'Brien, B. S., & Sher, L. (2013). Military sexual trauma as a determinant in the development of mental and physical illness in male and female veterans. *International Journal of Adolescent Medicine and Health*, *25*, 269–274.
- Peterson, Z. D., Voller, E. K., Polusny, M. A., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review*, *31*, 1–24.

- Rothman, E. F., Exner, D., & Baughman, A. (2011). The prevalence of sexual assault against people who identify as gay, lesbian or bisexual in the United States: A systematic review. *Trauma, Violence, & Abuse, 12*, 55–66. <http://dx.doi.org/10.1177/1524838010390707>
- Stimson, C. (2013). *Sexual assault in the military: Understanding the problem and how to fix it* (Special Report No.149 on National Security and Defense). Retrieved from <http://www.heritage.org/research/reports/2013/11/sexual-assault-in-the-military-understanding-the-problem-and-how-to-fix-it>
- Tewksbury, R. (2007). Effects of sexual assaults on men: Physical, mental and sexual consequences. *International Journal of Men's Health, 6*, 22–35.
- Turchik, J. A., & Edwards, K. M. (2012). Myths about male rape: A literature review. *Psychology of Men & Masculinity, 13*, 211–226. <http://dx.doi.org/10.1037/a0023207>
- U.S. Government Accountability Office. (2015). *Military personnel: Actions needed to address sexual assaults of male servicemembers* (No. GAO-15-284). Washington, DC: Author.
- Zinzow, H. M., Grubaugh, A. L., Frueh, B. C., & Magruder, K. M. (2008). Sexual assault, mental health, and service use among male and female veterans seen in Veterans Affairs primary care clinics: A multi-site study. *Psychiatry Research, 159*, 226–236.

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Evidence of Absence: Proposals for Improving Treatment of Combat-Related PTSD

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This article focuses on the Society of Military Psychology's Strategic Objective 1.0: To advance the science of military psychology that serves to stimulate, promote, and support military psychology research.

Have we, as a military psychology community, put the "cart in front of the horse" in determining which treatments are best for combat-related posttraumatic stress disorder (PTSD)? I would like readers to consider the following questions while reading this article:

- Are we truly implementing evidence-based practice that balances research evidence, patient preferences, and clinical expertise (Levant, 2005) to treat combat-related PTSD?
- How involved are military psychologists in treatment development research for combat-related PTSD?
- Do recommended treatments sufficiently emphasize common factors in psychotherapy?
- How was combat-related PTSD treated in previous eras? And what knowledge have we learned and kept from our predecessors?

Background

Psychotherapy is a mainstay of PTSD treatment. In recent years, there has been rapid implementation of prolonged exposure (PE) and cognitive processing therapy (CPT) for combat-related PTSD. This is significant, because over 2.5 million military members have deployed to combat zones since the 9/11 terrorist attacks (Institute of Medicine, 2013). The treatments that military psychologists use have an enormous effect on patients' symptoms and the acceptability of mental health treatment.

What is the evidence for PE and CPT in treating combat-related PTSD? And are these treatments well tolerated?

The efficacy of PE and CPT was primarily determined from studies of civilians with PTSD. Few trials have been conducted within the Department of Veterans Affairs or the Department of Defense (DoD). In a recent review of

all randomized clinical trials for combat-related PTSD, only seven of the 36 (19%) studies identified used a sample of active duty military members (Steenkamp, Litz, Hoge, & Marmar, 2015). Of these seven studies, only one trial tested either PE or CPT (there were, however, 12 trials testing either PE or CPT using veteran samples). Of note, in the lone trial of CPT in active duty members, 27% of the CPT group dropped out of treatment (in comparison to 13% in the control condition receiving present-centered therapy; Resick et al., 2015). Despite the relative lack of data in active duty samples, PE and CPT are recommended as first line treatments for combat-related PTSD according to multiple clinical practice guidelines (Department of Veterans Affairs & Department of Defense, The Management of Post-Traumatic Stress Working Group [VA/DoD Working Group], 2010; Institute of Medicine, 2014; World Health Organization, 2015).

Other research has suggested that patients with combat-related PTSD may not respond, tolerate, or have time to complete PE or CPT. Up to 66% of participants in clinical trials treated with either CPT or PE retained their PTSD diagnosis after treatment in the Steenkamp et al. (2015) study. In addition, 30%–51% of participants did not have a clinically significant response to these therapies in their review. PE and CPT also have high levels of participant dropout. In a large effectiveness study of PE at multiple Veterans Affairs (VA) hospitals, the dropout rate was 28% (Eftekhari et al., 2013). The most common reason for dropout in this study was increased distress (Eftekhari et al., 2013). The study demonstrated that veterans of the wars in Iraq and Afghanistan were more likely to drop out of treatment, which was replicated in a similar study (Mott et al., 2014). In the most recent clinical trial of PE with an active duty military sample, the dropout rate was 40% (Reger et al., 2016).

Proposal 1: Military Psychologists Should Participate More in PTSD Research

Military psychologists are first-line providers for treating combat-related trauma. Military psychologists often deploy alongside their patients in embedded roles and have

firsthand knowledge of deployment stressors. They also care for active duty members at hospitals in theater, abroad, and at home. The Society's members have the unique understanding of the challenges related to treatment preferences, time considerations, and cultural factors with implementing psychotherapy in a military context. However, the treatments the DoD/VA recommends were first developed by civilian psychologists for civilian traumas.

It makes sense that military psychologists may not be involved in major research endeavors. This is due to busy clinical obligations, frequent relocations, and other administrative requirements. Clinical psychology billets may need to incorporate more research requirements into their assignments, at least on a part-time basis. Some of these types of billets exist but could be further expanded strategically through Division 19 leadership. Research-oriented billets may be limited to certain duty locations, based on military populations served. For example, Naval Hospitals Pendleton and Lejeune have units with high numbers of combat deployments. At these locations, one psychologist may have a designated role in researching combat-related PTSD treatment as a part of the person's billet's role.

Antonio Puente is the president of the American Psychological Association. His research has emphasized collaboration with the military to enhance the understanding of traumatic brain injury (see Puente & Francis, 2015). His model could be followed as an example of how military and academic partnerships can improve treatment research for combat-related PTSD. Academics could help write the grants and coordinate administrative requirements for testing new treatments, with military psychologists serving as clinical coordinators. Military psychologists could also be consulted during the development of treatment protocols.

Proposal 2: Emphasize Common Factors in Psychotherapy

Most of psychology's professional and continuing education emphasizes specific treatments such as PE and CPT. But what do psychologists know about what works in psychotherapy? What are the most robust findings on what drives symptom change? In one of the more influential books on PTSD treatment, *Trauma and Recovery*, Judith Herman (1997) wrote that the most important components of effective trauma treatment are developing a strong

therapeutic relationship and instilling a sense of safety. But are rapidly paced, itemized therapies like PE and CPT counterproductive to these goals?

When looking at the accumulated body of psychotherapy research generated over several decades, nonspecific factors (such as therapeutic alliance) have been found to have the greatest effect on outcomes. When the prolific psychotherapy researcher Bruce Wampold evaluated several meta-analytic studies, he found nonspecific factors such as alliance, collaboration, and therapist empathy to have the most robust effects on therapeutic outcomes (Wampold, 2015). Conversely, he found that specific factors in psychotherapy (e.g., exposure, cognitive restructuring) are minimally correlated with patient outcomes. Nonspecific factors ("common factors") consistently had greater effect sizes (ranging from .25 to .7) than did specific treatment factors (ranging from less than .05 to .2; Wampold, 2015).

What can be recommended from this massive body of research? Psychologists need to emphasize (and not overlook) common factors. Common factors seem to be mentioned in treatment guidelines as a side note or not addressed at all. For example, in the VA/DoD treatment guidelines for PTSD (VA/DoD Working Group, 2010), the word *alliance* is mentioned six times and the word *collaboration* is mentioned just one time (and outside of any meaning for clinical care). In contrast, the term *in-vivo* is mentioned 12 times, *imaginal* 21 times, and *restructuring* 30 times. The devaluation of common factors in psychotherapy may be related to graduate school training. For example, humanistic or client-centered therapists whose treatments emphasize nonspecific factors (respect, alliance, unconditional positive regard, and empathy) constitute only 11% of clinical psychology faculty members (Norcross & Sayette, 2016).

Proposal 3: Learn From History

Combat-related PTSD is not a new clinical entity. However, it was not until 1980 that PTSD entered the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980). Terms previously used to describe PTSD included *shell shock*, *battle fatigue*, *war neurosis*, and *operational exhaustion*. Rich case studies on the treatment of combat-related PTSD have been written by clinicians of World War I, World War II, the Korean War, and the Vietnam War. What has been learned from the treatment reports of the military and VA psy-

chologists and psychiatrists from yesteryear? How did clinicians effectively treat patients before PE and CPT? From a student's perspective, this information is distant and unclear.

I propose that the Society form a committee to write a formal "History of Psychotherapy Treatment for Combat-Related PTSD." This project could be of considerable scientific and clinical value. Distilling the history would ensure that valuable treatments and techniques do not become overlooked or lost. It may clarify how treatments differ in effectiveness by type of conflict (e.g., guerilla warfare in Vietnam vs. long campaigns on the Western front). With this task, one could reintroduce, refine, and test new protocols.

Although the amount of combat-related PTSD research has exploded in recent years, one must not forget the work done by predecessors. Synthesizing this literature is no easy task, but various texts exist. Sources such as Kardiner's (1941) *The Traumatic Neurosis of War* (World War I) and Grinker and Spiegel's (1944) *Brief Psychotherapy for War Neuroses* (World War II) serve as powerful and well-written representations of PTSD treatment during previous conflicts. The Society of Military Psychology would also benefit by reaching out to retired military psychologists. One could conduct interviews with these psychologists on the history of the standard of care for combat-related PTSD.

Conclusion: Integrated Focus

The goal of this article was to make readers aware of the shortcomings of the current efforts in research and treatment of combat-related PTSD. The current evidence has suggested that recommended treatments are marginally effective and have high dropout rates. Military psychologists bring unique expertise to improving existing treatments. Specific recommendations include having more military psychologists involved in treatment development research. This would be accomplished through partnerships with academia but also through more billets with research components. Existing treatments may stand to be improved by emphasizing and incorporating common factors into new treatments. Also, new psychotherapies could be rebranded and developed from treatments used during previous wars. These recommendations may help refine and improve care for combat-related PTSD.

References

- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychological Association, Presidential Task Force on Evidence-Based Practice. (2005). *Report of the 2005 Presidential Task Force on Evidence-Based Practice*. Washington, DC: Author.
- Department of Veterans Affairs & Department of Defense, The Management of Post-Traumatic Stress Working Group. (2010). *VA/DoD clinical practice guideline for management of post-traumatic stress*. Washington, DC: Department of Veterans Affairs and Department of Defense.
- Eftekhari, A., Ruzek, J. I., Crowley, J. J., Rosen, C. S., Greenbaum, M. A., & Karlin, B. E. (2013). Effectiveness of national implementation of prolonged exposure therapy in Veterans Affairs care. *Journal of the American Medical Association Psychiatry, 70*, 949–955. <http://dx.doi.org/10.1001/jamapsychiatry.2013.36>
- Grinker, R. R., & Spiegel, J. P. (1944). Brief psychotherapy in war neuroses. *Psychosomatic Medicine, 6*, 123–131. <http://dx.doi.org/10.1097/00006842-194404000-00002>
- Herman, J. L. (1997). *Trauma and recovery*. New York, NY: Basic Books.
- Institute of Medicine. (2013). *Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families*. <http://dx.doi.org/10.17226/13499>
- Institute of Medicine. (2014). *Treatment for posttraumatic stress disorder in military and veteran populations: Final assessment*. Washington, DC: National Academy of Sciences.
- Kardiner, A. (1941). *The traumatic neuroses of war. Psychosomatic Medicine Monograph II III*. Menasha, WI: Banta.
- Levant, R. F. (2005, July 1). *Report of the 2005 Presidential Task Force on Evidence-Based Practice*. <http://dx.doi.org/10.1037/e582372010-001>
- Mott, J. M., Mondragon, S., Hundt, N. E., Beason-Smith, M., Grady, R. H., & Teng, E. J. (2014). Character-

istics of U.S. veterans who begin and complete prolonged exposure and cognitive processing therapy for PTSD. *Journal of Traumatic Stress*, 27, 265–273. <http://dx.doi.org/10.1002/jts.21927>

Norcross, J. C., & Sayette, M. A. (2016). *Insider's guide to graduate programs in clinical and counseling psychology: 2016/2017 edition*. New York, NY: Guilford Press.

Puente, A. E., & Francis, M. A. (2015). Clinical neuropsychology and the Marine Corps: A biographical account of a military psychologist. *Military Psychologist*, 30, 12–15.

Reger, G. M., Koenen-Woods, P., Zetocha, K., Smolenski, D. J., Holloway, K. M., Rothbaum, B. O., . . . Gahm, G. A. (2016). Randomized controlled trial of prolonged exposure using imaginal exposure vs. virtual reality exposure in active duty soldiers with deployment-related posttraumatic stress disorder (PTSD). *Journal of Consulting and Clinical Psychology*. Advance online publication. doi.org:10.1037/ccp0000134

Resick, P. A., Wachen, J. S., Mintz, J., Young-McCaughan, S., Roache, J. D., Borah, A. M., . . . Peterson, A. L. (2015). A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among ac-

tive duty military personnel. *Journal of Consulting and Clinical Psychology*. Advance online publication. <http://dx.doi.org/10.1037/ccp0000016>

Steenkamp, M. M., Litz, B. T., Hoge, C. W., & Marmar, C. R. (2015). Psychotherapy for military-related PTSD. *Journal of the American Medical Association*, 314, 489–500. <http://dx.doi.org/10.1001/jama.2015.8370>

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14, 270–277.

World Health Organization. Guidelines for the management of conditions specifically related to stress. Geneva: WHO, 2013.

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Spotlight on History

Paul A. Gade, PhD

In the fall issue, David Segal will provide us with another opportunity to learn about a most important and influential military sociologist in a profile of Morris Janowitz. This is quite timely since Dr. Janowitz's famous 1960 book, *The Professional Soldier*, will be republished this year. In the winter issue, we will begin a series on the history of the Air Force's Learning Abilities Measurement Program by Pat Kyllonen. Most of us are not familiar with this program, but it was a most important selection and classification research program that produced innovative basic and applied research, including innovations in artificial intelligence and cognitive ability measurement.

I am still working with the history committee to develop biographies of our past presidents and hope to have the first of those available on the Society website within the next year. Many past presidents have already been approached about providing biographies, and some have already done so. I appeal to all past presidents to do so or at least help one of us to develop your biography.

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Spotlight on Research

Colleen Varga, PhD, ABPP

Welcome to the Spotlight on Research column! This column showcases research activities and projects under way in many of the research laboratories within the Department of Defense, partnering organizations, and the academic and practitioner community in military psychology. Research featured in the column includes a wide variety of studies and programs, ranging from preliminary findings on single studies to more substantive summaries of programmatic efforts on targeted research topics. Research described in the column is inclusive of all disciplines relevant to military psychology—spanning the entire spectrum of psychology, including clinical and experimental as well as basic and applied. If you would like your work to be showcased in this column, please contact Colleen Varga at colleen.varga.1@us.af.mil.

This edition of the newsletter spotlights an up-and-coming researcher interested in the factors that influence marital satisfaction among military couples and how these factors might differ across the five military branches. Significant differences exist across the branches, particularly in length and frequency of deployments, a factor found here to be a contributor to marital distress. Previous articles have highlighted the low rates of help-seeking for relationship problems among military couples, and specific information about the risk and resilience rates across military branches could help tailor interventions more specifically where needed.

Resilience Factors as Predictors of Marital Success Among Female Military Spouses

Shenae L. Whitehead, PhD, MA, LPCS

Research Overview

Within the military community there is a common saying that when an individual joins the military, the entire family also serves (Park, 2011). Although family members may not directly serve on the front line with their service member, military spouses in particular are critical to the family's overall success. Military spouses hold considerable weight within the military family, taking on various roles to include the role of the service member while he or she is away, providing the service member with emotional support, managing loyalty to the marriage and the military, adjusting to changes in family structure, and parenting alone (Aducci, Baptist, George, Barros, & Nelson Goff, 2011; Lapp et al., 2010; Spera, 2009).

Military spouses are faced not only with the regular duties of being a spouse or parent but also with the stress of becoming the head of the household and ensuring that the family functions adequately in times of separation. In fact, Aducci et al. (2011) reported that military wives view their husbands' deployments as their greatest stressor because it leaves them solely responsible for handling family and life stressors, as

well as experiencing the emotional rollercoaster endured throughout the deployment process (Dimiceli, Steinhardt, & Smith, 2010; Padden, Connors, & Agazio, 2011; Wheeler & Stone, 2010). Longer deployments are associated with various mental health symptoms among military spouses, including depression, anxiety, acute stress disorder, and adjustment disorder (Eaton et al., 2008; Mansfield et al., 2010). Spouses are also faced with stressors regarding role overload, financial difficulties, parent-child concerns, maintaining the romantic relationship, and separation anxiety (Dimiceli et al., 2010; Drummet, Coleman, & Cable, 2003).

In addition to deployments, there are a wide range of stressors that are faced by military families in general. These include geographic mobility, residence in foreign countries, periodic separations from family, risk of service member injury or death, and infidelity (Burrell, Adams, Durand, & Castro, 2006; Sayers, 2011; Snyder, Gasbarrini, Doss, & Scheider, 2011). Although research has addressed the impact of these factors, there is a dearth of research exploring the similarities and differences in factors affecting military marriages across the five branches of the military.

Problem Statement

When it comes to understanding resilience in military families, many theoretical models fall short of capturing important elements that properly explain how military couples can be protected from negative outcomes. Previous theoretical models mainly focused on marital outcomes (e.g., marital satisfaction, marital stability, and marital dissolution) instead of what actually led to those marital outcomes. Although [Karney and Bradbury \(1995\)](#) developed the vulnerability–stress–adaptation (VSA) model to evaluate a specific mechanism of marital change, it does not address the nature of military marriages. Researchers who have examined military marriages have limited their scope to a small number of factors that predict marital satisfaction and success among military couples (e.g., coping strategies and communication skills; [Allen, Rhoades, Stanley, & Markman, 2010](#)). Furthermore, little research has examined specific spousal factors that contribute to the success of military marriages by taking into account the demands of military life and normative stressors that military couples face ([Karney & Crown, 2007](#)). The present study seeks to build a more comprehensive understanding of female spousal perspectives of military marriages by including key elements of the VSA model, in addition to military and nonmilitary circumstances (normative stressors).

To date, the most comprehensive framework that encompasses these factors is the integrative framework developed by [Karney and Crown \(2007\)](#); however, this framework has not yet been tested in research (see [Figure 1](#)). Overall, their framework proposes that enduring traits (e.g., race, age, personality, and type of attachment), emergent traits (financial stability, maturity), adaptive processes (the ways in which

spouses communicate, provide for, and support each other), marital resources, normative nonmilitary stressors, and military-specific stressors determine the success or failure of military marriages. Although the framework captures important marital and individual factors (enduring and emergent traits) that distinguish military and civilian marriages, thus far it is unknown whether these factors differ across military branches. This is an important distinction, because differences across service-specific cultural factors, roles, risks, and deployment likelihood and length may impact relationship satisfaction.

Solution and Approach

At present, the literature relative to military marriages has grown to encompass how specific stressors of military life (e.g., infidelity, deployments, and posttraumatic stress disorder) have impacted marital satisfaction among military couples ([Allen et al., 2010](#); [Joseph & Afifi, 2010](#); [Ponder, Aguirre, Smith-Osborne, & Granvold, 2012](#)). Although research has shown that communication skills, coping strategies, attachment, relationship confidence, and other resilience factors increase marital satisfaction in military couples, it is not clear how these factors relate specifically to female military spouses across all five branches of the military. The current study examined [Karney and Crown's \(2007\)](#) model postulating that enduring traits, adaptive processes, marital resources, nonmilitary circumstances, and military experiences predict the marital satisfaction of female military spouses across all five branches of the military. This study also investigated whether Karney and Crown's conceptual framework was applicable to spouses across all branches of the military, while focusing on

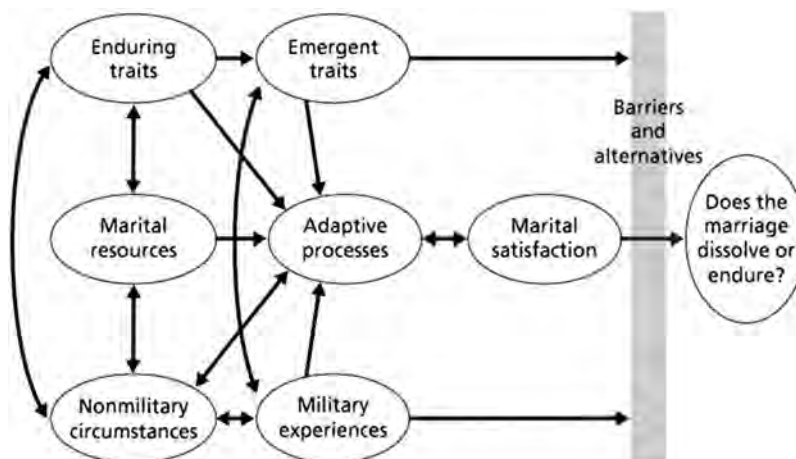


Figure 1. Integrative framework to account for success and failure in military marriages.

specific types of demands related to military family life and predictions based upon spousal military branch affiliation. The following research questions were considered:

Research Question 1: How relatively significant are the characteristics of attachment, communication, coping, relationship confidence, nonmilitary stressors, and military stressors across the spouses affiliated with different military branches?

Research Question 2: To what extent do the characteristics of attachment, communication, coping, relationship confidence, nonmilitary stressors, and military stressors predict spousal perceptions of marital success across the different military branches?

Method

The present study drew upon 206 female military spouses who were recruited from geographic locations in the United States and overseas. The average age was 33.32 years ($SD = 5.75$) and ranged from 23 to 56 years. The majority of participants self-identified as White or Caucasian (70.4%); 13.6% identified as Hispanic American, 9.2% as Black or African American, 4.9% as American Indian or Alaskan Native, and 1.9% as Asian or Pacific Islander. The majority of the sample also reported having children: 39% had at least one child, 19.4% had two children, 8.3% had three children, and 1.5% had four children. Eighty-eight percent were married to active duty service members, 66% were married to enlisted personnel, and 34% were married to commissioned officers.

Participants were recruited through military affiliated websites (e.g., National Military Family Association, Army Wives Forum, Military.com) and various service branch and military spouse groups on Facebook. Each spouse was asked to complete the following assessment tools: Experiences in Close Relationships–Relationship Structures Questionnaire (Fraley, Waller, & Brennan, 2000), the Confidence Scale (conditional stimulus; Stanley, Hoyer, & Trathen, 1994), the Communication Danger Signs Scale (Owen, Rhoades, Stanley, & Markman, 2011; Stanley et al., 2002), the Ways of Coping–Revised (Folkman et al., 1986), the List of Threatening Experiences Questionnaire (Brugha & Cragg, 1990), the Military Lifestyle Demand Variables (Burrell et al., 2006), and the Revised Dyadic Adjustment Scale (R-DAS; Busby, Christensen, Crane, & Larson, 1995).

The aims of the present study were as follows:

1. To compare attachment, communication, coping, relationship confidence, nonmilitary stressors, and military stressors of female military spouses across the different military branches;
2. To determine whether multiple deployments; years married; relationship confidence; and attachment, communication, and coping strategies predicted spouses' perceptions of marital success; and
3. To determine whether multiple deployments; years married; relationship confidence; and attachment, communication and coping strategies predicted spouses' perceptions of marital success separately for each military branch.

This study utilized multivariate analysis of variance (MANOVA) and regression analysis to test the hypotheses.

Findings

Although no a priori hypotheses were made regarding the relationships between branch affiliation and the demographic variables, statistical analyses did show significant differences between them. Pearson chi-square tests indicated that there were significant relationships between military branch and race, employment status, military background, deployment status, combat exposure, witnessing serious injury and/or death, and rank. Navy spouses had the lowest mean R-DAS scores, and Coast Guard spouses had the highest mean R-DAS scores, thus providing support regarding differences in level of perceived marital satisfaction across the military branches. To further illustrate, findings indicated that among the present sample, 64.3% of Navy spouses reported being unemployed and not looking for work, compared to ranges of 2.5%–11.9% of spouses affiliated with other military branches. More than 50% of spouses representing the Army, Air Force, Coast Guard, and Marine Corps reported that their spouse was currently deployed, whereas only 19% of Navy spouses reported the same.

A one-factor, between-subjects MANOVA was conducted to address how relatively significant the characteristics of attachment, communication, coping, relationship confidence, nonmilitary stressors, military-related stressors, and marital satisfaction were across the different military branches. The seven measures (e.g., attachment, relationship confidence, communication, coping strategies, stress, military-related stress, and marital satisfaction) served as

the dependent variables in the analysis, and the five military branches (Army, Air Force, Marines, Navy, and Coast Guard) constituted the independent variable.

A Kruskal–Wallis test showed that there were statistically significant differences between the military branches for relationship confidence, $\chi^2(4) = 27.872, p = .000$; coping strategies, $\chi^2(4) = 24.244, p = .000$; communication, $\chi^2(4) = 43.119, p = .000$; marital satisfaction, $\chi^2(4) = 40.260, p = .000$; stress, $\chi^2(4) = 54.658, p = .000$; and attachment, $\chi^2(4) = 51.614, p = .000$. No significant difference was found between the branches for military-related stress, $\chi^2(4) = 5.937, p = .204$. Overall, results indicated that the model successfully predicted 90.2% of Navy spouses, 57.5% of Coast Guard spouses, 25% of Army spouses, 19.5% of Air Force spouses, and 9.5% of Marine spouses.

Multiple regression analysis was used to test whether multiple deployments; length of marriage; relationship confidence; and attachment, communication, and coping strategies significantly predicted spouses' perceptions of marital success across the military branches. The multiple regression model with all six predictors was an adequate fit for the data ($R^2 = .425$), $F(6, 197) = 24.249, p < .001$. Communication and attachment had significant positive regression weights, indicating that military spouses with higher scores on the communication and attachment scales were expected to have higher rates of perceived marital satisfaction, after controlling for the other variables in the model. Multiple deployments had a significant negative weight, indicating that after accounting for communication and attachment, the spouses with service members who deployed frequently were expected to have lower levels of perceived marital satisfaction. Length of marriage, confidence, and coping did not contribute to the multiple regression model. Overall, the model provided support indicating that multiple deployments; length of marriage; relationship confidence; and attachment, communication, and coping strategies would predict perceived marital success across the total sample.

Implications

The current study built upon the work of [Karney and Crown \(2007\)](#) by examining several factors that impact military wives' perceived marital satisfaction in military marriages across all five military branches. The findings of this study give support to the model's theoretical under-

pinnings that suggest that nonmilitary and military-related stressors as well as individual traits (e.g., attachment and relationship confidence) influence and are influenced by adaptive processes (coping strategies and communication patterns) that impact marital satisfaction in military marriages. The findings suggest that there are significant differences across the five military branches. For example, Navy spouses were shown to have more secure attachment with their spouses, although they also reported higher levels of both military and nonmilitary stress when compared to Army, Marine, Coast Guard, and Air Force spouses. In addition, Army spouses reported having greater relationship confidence and used more negative communication styles than did the other spouses. Hence, these findings suggest significant differences in resilience factors across all five military branches.

The model in the present study did predict perceived marital success across the total sample. In addition, those whose spouses deployed frequently had lower rates of perceived marital satisfaction, which supports the literature that has consistently depicted the negative impact of deployments upon military marriages ([Allison-Aipa, Ritter, Sikes, & Ball, 2010](#); [Easterling & Knox, 2010](#)). This is important because the present study has indicated that spouses with more resilience factors are able to achieve higher rates of perceived marital satisfaction, despite the service member's being deployed. For example, Army spouses in the sample experienced the same number of deployments as did Navy spouses (but had more spouses who were currently deployed), yet Army spouses reported higher rates of perceived marital satisfaction than did Navy spouses. In fact, [Karney and Crown \(2007\)](#) also found that for enlisted Army, Navy, and Marines, the longer a service member was deployed while married, the lower the risk of marital dissolution, which supports the notion that longer deployments may benefit marriage in some way.

Results of this study suggest that military spouses may have some unique qualities that enable them to manage stressful situations without negatively impacting their perceived marital satisfaction. Although acknowledging the rates of divorce and relationship dissolution reported in the military, we found that many of the military spouses in this study demonstrated resilience by reporting being confident in their marriages, being securely attached to their spouses, using positive coping strategies, and maintaining employment and child-rearing responsibilities. Military personnel, mental

health clinicians, and civilians alike can all take an active role in ensuring that military marriages survive by continuing to convey the importance of factors that promote marital satisfaction as examined in this study (attachment, communication, and relationship confidence).

There are limitations of this study that warrant discussion. First, although Karney and Crown's (2007) model was supported by the statistical analyses conducted in this study, their model is one of many proposed theoretical models that could have obtained similar results among the military population. Additionally, the inclusion of other variables such as social support, childhood traumatic experiences, psychopathology, and perceived stress might have contributed to an alternative, richer model. Second, the relationship confidence scale had low internal consistency (.50) with respect to the overall sample. This could be due to items' not correlating well together, or the scale may be missing factors that are important to the problem or characteristic being studied. Third, the study could have produced different results if participants were equally represented relative to military status (active duty vs. Reserve or National Guard), because this study sampled predominantly active duty spouses. Finally, outcomes pertaining to marital satisfaction may differ in a true dyadic study, including both partners.

Future researchers who examine factors of resilience in military marriages may want to incorporate both qualitative and quantitative methods of data collection. This may help further identify specific themes of marital relationships that may be distinct across military branches. Additionally, a mixed methods approach may help further assess areas that impact marital satisfaction of spouses. Replications of studies similar to this one should include a more diverse population of military spouses with respect to rank and status. This can help identify significant differences between enlisted versus commissioned officers and the active duty versus nonactive component.

References

- Aducci, C. J., Baptist, J. A., George, J., Barros, P. M., & Nelson Goff, B. S. (2011). The recipe for being a good military wife: How military wives manage OIF/OEF deployment. *Journal of Feminist Family Therapy, 23*, 231–249. <http://dx.doi.org/10.1080/08952833.2011.604526>
- Allen, E. S., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2010). Hitting home: Relationships between recent deployment, posttraumatic stress symptoms, and marital functioning for Army couples. *Journal of Family Psychology, 24*, 280–288. <http://dx.doi.org/10.1037/a0019405>
- Allison-Aipa, T. S., Ritter, C., Sikes, P., & Ball, S. (2010). The impact of deployment on the psychological health, status, level of alcohol consumption and use of psychological health resources of postdeployed U.S. Army Reserve soldiers. *Military Medicine, 175*, 630–637. <http://dx.doi.org/10.7205.milmed-d-09-00212>
- Brugha, T. S., & Cragg, D. (1990). The list of threatening experiences: The reliability and validity of a brief life events questionnaire. *Acta Psychiatrica Scandinavica, 82*, 77–81. <http://dx.doi.org/10.1111/j.1600-0447.1990.tb01360.x>
- Burrell, L. M., Adams, G. A., Durand, D. B., & Castro, C. A. (2006). The impact of military lifestyle demands on well-being, Army, and family outcomes. *Armed Forces & Society, 33*, 43–58. <http://dx.doi.org/10.1177/0002764206288804>
- Busby, D. M., Christensen, C., Crane, D. R., & Larson, J. H. (1995). A revision of the dyadic adjustment scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and Family Therapy, 21*, 289–308. <http://dx.doi.org/10.1111/j.1752-0606.1995.tb00163.x>
- Dimiceli, E. E., Steinhart, M. A., & Smith, S. E. (2010). Stressful experiences, coping strategies, and predictors of health-related outcomes among wives of deployed military servicemen. *Armed Forces & Society, 36*, 351–373. <http://dx.doi.org/10.1177/0095327X08324765>
- Drummet, A. R., Coleman, M., & Cable, S. (2003). Military families under stress: Implications for family life education. *Family Relations, 52*, 279–287.
- Easterling, B. A., & Knox, D. (2010). Left behind: The deployment experience of military wives. *Journal of Family Life*. Retrieved from <http://www.journaloffamilylife.org/militarywives>
- Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., . . . Castro, C. A. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care seeking spouses of military service members in-

- involved in Iraq and Afghanistan deployments. *Military Medicine*, 173, 1051–1056.
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. (1986). The dynamics of a stressful encounter: Cognitive appraisal, coping and encounter outcomes. *Journal of Personality and Social Psychology*, 50, 992–1003.
- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, 78, 350–365.
- Joseph, A., & Afifi, T. (2010). Military wives' stressful disclosures to their deployed husbands: The role of protective buffering. *Journal of Applied Communication Research*, 38, 412–434.
- Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, method, and research. *Psychological Bulletin*, 118, 3–34.
- Karney, B. R., & Crown, J. S. (2007). *Families under stress: An assessment of data, theory, and research on marriage and divorce in the military*. Santa Barbara, CA: Rand, National Defense Research Institute.
- Lapp, C. A., Taft, L. B., Tollefson, T., Hoepner, A., Moore, K., & Divkay, K. (2010). Stress coping on the home front: Guard and Reserve spouses searching for a new normal. *Journal of Family Nursing*, 16, 45–67. <http://dx.doi.org/10.1177/1074840709357347>
- Mansfield, A. J., Kaufman, J. S., Marshall, S. W., Gaynes, B. N., Morrissey, J. P., & Engel, C. C. (2010). Deployment and the use of mental health services among U.S. Army wives. *New England Journal of Medicine*, 362, 101–109.
- Owen, J., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2011). The revised commitment inventory: psychometrics and use with unmarried couples. *Journal of Family Issues*, 32, 820–841. <http://dx.doi.org/10.1177/0192513X10385788>
- Padden, D. L., Connors, R. A., & Agazio, J. G. (2011). Stress, coping, and well-being in military spouses during deployment. *Western Journal of Nursing Research*, 33, 247–267. <http://dx.doi.org/10.1177/0193945910371319>
- Park, N. (2011). Military children and families: Strengths and challenges during peace and war. *American Psychologist*, 66, 65–72. <http://dx.doi.org/10.1057/a0021249>
- Ponder, W. N., Aguirre, R. T. P., Smith-Osborne, A., & Granvold, D. K. (2012). Increasing marital satisfaction as a resilience factor among active duty members and Veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). *Journal of Family*, 15, 3–18. <http://dx.doi.org/10.1080/10522158.2012.640815>
- Sayers, S. L. (2011). Family reintegration difficulties and couples therapy for military veterans and their spouses. *Cognitive and Behavioral Practice*, 18, 108–119. <http://dx.doi.org/10.1016/j.cbpra.2010.03.002>
- Snyder, D. K., Gasbarrini, M. F., Doss, B. D., & Scheider, D. M. (2011). Intervening with military couples struggling with issues of sexual infidelity. *Journal of Contemporary Psychotherapy*, 41, 201–208. <http://dx.doi.org/10.1007/s10879-011-9177-1>
- Spera, C. (2009). Spouses' ability to cope with deployment and adjust to Air Force family demands: Identification of risk and protective factors. *Armed Forces & Society*, 35, 286–306. <http://dx.doi.org/10.1177/0095327X08316150>
- Stanley, S. M., Hoyer, L., & Trathen, D. W. (1994). *The Confidence Scale*. Unpublished manuscript, University of Denver.
- Stanley, S. M., Markman, H. J., & Whitton, S. W. (2002). Communication, conflict, and commitment: Insights on the foundations of relationship success from a national survey. *Family Process*, 41, 659–675.
- Wheeler, A. R., & Stone, R. A. T. (2010). Exploring stress and coping strategies among National Guard spouses during times of deployment: A research note. *Armed Forces & Society*, 36, 545–557. <http://dx.doi.org/10.1177/0095327X09344066>

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 Shenae L. Whitehead
heart2heartcounsel@gmail.com

Continuing Education Committee Report

Freddy A. Paniagua, PhD

CE Committee (in alphabetical order): Nathan D. Ainspan, PhD, Michelle Coombs, PhD, Freddy A. Paniagua, PhD, and Yaron Rabinowitz, PhD

The Continuing Education (CE) Committee is pleased to report the continued support of the Office of CE Sponsor Approval in its ongoing efforts to provide high-quality CE opportunities to psychologists. The approved renewal period is from September 2016 through September 2017.

The primary goals of our committee have been published in prior issues of the *Military Psychologist Newsletter* (e.g., Vol. 32, No. 1, spring 2017). Some members of Division 19 have contacted the committee about the process to submit continuing education programs for review by this committee. Below is a summary of the process to follow in this context:

A. Go to the link <http://www.apa.org/about/division/div19.aspx>. This link will take you to the website for Division 19. Click on *Division 19: Society for Military Psychology* and then on *Continuing Education* to find all forms the committee requires for the submission of CE programs.

B. Send the Division 19 CE Committee Application Form to the chair of the committee (currently, Dr. Freddy A. Paniagua, at the following e-mail address: faguapan@aol.com). The chair reviews the application, and if it is completed as required by the committee, the application is sent to the other members on the committee for review.

C. When you work on the application form, be sure to report the following:

1. Dates and location of the workshop.
2. Advertising mechanism (e.g., the CE activity advertised via internal e-mails, brochures). We need a sample of this activity.
3. Number of CE credits your CE program will provide to participants.

D. After the completion of the CE workshop, we need (via an e-mail to the chair of the committee) the following:

1. Copy of all evaluations (you can keep the originals). The above link has an example of the evaluation form.

2. Copy of all certificates (originals for participants). The link above has a sample of the certification (documentation of attendance) participants would receive at the end of the workshop. This certification must include the title of the CE program, location, date, the name of the participant, and the name of the presenter(s).

3. Copy of a sign-in sheet. You need to produce this sign-in sheet as it applies to your CE activity. But the sign-in sheet should include the following:

- a. Title of the workshop.
- b. Name of the presenter.
- c. Date of the workshop and location.
- d. First name of the participant.
- e. Last name of the participant.
- f. Rank (if psychologist, social worker, psychiatrist, social worker, etc., serving in the military context).
- g. Discipline (psychologist, psychiatrist, social worker).

Documents in Section D, especially concerning the last point about the participant's discipline, are essential for the annual report the committee has to submit to the APA Office of CE Sponsor Approval, because the APA wants to track the number of psychologists the particular CE program trained. So, the primary audience in a given CE program submitted to our committee must be psychologists. Participants from other disciplines (e.g., psychiatrists, social workers) may also be included in the pro-

gram, but the committee will initiate a review of the application *only if the CE program included psychologists as the main audience.*

We expect the CE program to be delivered free of charge, with the exception of a modest payment to cover some items needed to implement the program (e.g., handouts). The presenter(s) of the CE program may also request CE credits for the number of hours presented in the program.

This is a very easy application process, and we generally send out a decision letter (via e-mail) in about 2 to 3 weeks.

Point of Contact Information

For further information, please contact:

Freddy A. Paniagua
faguapan@aol.com



SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association



Position Announcement:

Editor-in-Chief for The Military Psychologist

Are you looking for an opportunity to impact Division 19? The Executive Committee (EXCOM) for APA Division 19 Military Psychology is now accepting applications for the position of Editor-in-Chief for The Military Psychologist. The position is a 3-year term commitment and the applicant must be a current member of Division 19. The applicant should have experience with technical writing, the publication process, and should have a broad awareness and understanding of military psychology.

The position involves the following duties:

- * Responsibility for all content of The Military Psychologist which publishes 3 issues per year.
- * Coordination and review of all contributing committees, reports, and sections for the publication.
- * Reviewing, recruiting, and responding to potential authors and publication related inquiries in a timely fashion.
- * Coordination, editing, and reviewing in conjunction with the APA publisher.
- * Recruitment and maintenance of an effective publication team.
- * Reporting and representing the publication to the Executive Committee as requested.

Interested parties should submit a letter of interest and CV to Dr. Joseph Lyons at joseph.lyons.6@us.af.mil

The EXCOM hopes to have a new Editor appointed by Summer 2017.

Membership Committee Report

Alexander P. Wind

Membership continues to look strong. As of this writing, we have 1,026 members, associates, affiliates, and student affiliates. About a quarter of the roll are new, many of whom are new student affiliates. If we can continue to get the word out (and remind people to renew), we can continue the streak of divisional growth for another year.

Our continued growth, paired with a strong divisional response rate, has allowed Division 19 to retain the second seat at the American Psychological Association (APA) Council of Representatives. This means an additional voice advocating for military psychology. In order to keep this seat, we will need to continue to grow, and our members will need to stay active in elections. The more members we have using their apportionment ballots for Division 19, the better we will be able to retain this important seat.

Division 19 Member Announcements

Have you any news to share with the division? Have you graduated, published, passed, received license or certification, or been promoted? Have you received an award or recognition? Please send me an e-mail sharing your good news and we can put it in the next report!

Division 19 Communications Platforms

Are you maximizing your access to communications with Division 19 leaders and members? If you need assistance getting access to one or more of these, please contact Brian Lees at leesbro@hotmail.com.

1. Division 19 Announcement-Only Listserv: DIV19@lists.apa.org
2. Division 19 Announcement-Only Student Listserv: DIV19STUDENT@lists.apa.org
3. Division 19 Discussion Listserv: DIV19DISC@lists.apa.org
4. Division 19 Facebook page: APA Division 19—Military Psychology

5. Division 19 ECP LinkedIn page: APA Division 19 Military Psychology Early Career Psychologists

6. Division 19 Twitter account: @APADiv19

7. Division 19 Student Twitter account: @div19students

8. Division 19 Newsletter: *The Military Psychologist*

9. Journal: *Military Psychology*

10. Society for Military Psychology website: www.militarypsych.org

11. APA Division 19 website: <http://www.apadivisions.org/division-19/>

12. Division 19 student website: <http://www.division19students.org>

Annual Convention

The 2017 APA convention will be August 3–6 in Washington, D.C. We are still planning our events, but there will be much opportunity to come out and meet others in the division. Keep an eye on all of the aforementioned communications platforms as we'll post schedules of events and other news about what we're up to at the convention. We hope you can make it!

We're looking for ways to engage our members and really return a value for your investment. We'll be active at the convention, but we are also looking for ways to see one another and engage year round. Have any ideas? Let us know!

Point of Contact Information

For further information, please contact:
Alexander Wind
AlexanderPWind@gmail.com

Early Career Psychologists Committee Report

Adrienne Manasco, PsyD

For the fourth year running, the Early Career Psychologists (ECP) Committee is seeking Division 19 and/or Military Psychology Colleague mentors and graduate student mentees for our Internship Match Mentorship Program. This program is designed to assist students interested in Army, Navy, Air Force, and Department of Veterans Affairs internship programs. Ideally, mentors and mentees meet via e-mail or phone one to three times to discuss internship materials, site selection, preparing for interviews, and site ranking. If you are interested in providing mentorship support or are a student seeking additional guidance, please contact Major (Dr.) Ryan Landoll at ryan.landoll@usuhs.edu. In the e-mail, include your name, preferred e-mail address, clinical interests, graduate program information (mentee), and potential internship sites (mentee).

The ECP Committee is eager to come together with our fellow ECPs at this year's annual convention. Be on the

lookout for a networking event hosted by the ECP Committee and held within the Division 19 suite (time and date to be determined). We also invite you to stop by our poster session! As in the past, we will represent Division 19 in the American Psychological Association Committee on Early Career Psychologists Poster Session (time and date to be determined).

Early Career Psychologists Committee Members: Julie Landry-Poole, PsyD, ABPP (Past Chair), Adrienne Manasco, PsyD (Chair), Ryan Landoll, PhD, ABPP (Chair Elect)

Point of Contact Information

For further information, please contact:

Adrienne Manasco
adrienne.manasco@gmail.com

Student Affairs Committee Report

Nate Tenhundfeld

Writing this report on the heels of what was, I'm sure, a stressful end to the semester for many of our students, I'm reminded of a quote that summarizes the feeling of "scatterbrained-ness" many of us are likely feeling. In a speech to the United Negro College Fund, whose slogan was "A mind is a terrible thing to waste," then Vice President Dan Quayle took to the stage and said, "What a waste it is to lose one's mind. Or not to have a mind is being very wasteful. How true that is."

Absentmindedness aside, I wanted to say just how unbelievably proud of our student body I am. This semester has seen unprecedented growth and engagement, which only continues to look up as we charge into the months leading into the annual convention. We recently submitted our application for 2017 APAGS Division of the Year Award, and the following statistics astounded me. So if you'll indulge me, I would like to share the following with you:

- Of our 1,252 members, an astounding 513 are student affiliates (41%!).
- Over the past year we have:
 - Matched 52 students with mentors
 - Added 21 new Campus Representatives
 - Welcomed our 56th Campus Chapter

It is hard to fathom that what started as a brand new initiative less than 4 years ago has grown into an indispensable Campus Chapter, student leadership network nationwide. These Campus Representatives, Campus Chapters, and engaged student members are each a constant reminder of just how uniquely self-motivated our students are. It has long been my belief that our goal on the Student Affairs Committee is to build the arena walls, but to let the students run free within them.

What's more, we are ecstatic to announce that we have once again been able to offer \$9,000 in student travel awards to attend the convention this year. Among a pool of incomprehensibly qualified candidates, the 12 that we selected were as follows:

- **Felicia Andresen**—*Utah State University*
- **Joshua Camins**—*Sam Houston State University*
- **Christopher Diaz**—*Drexel University*
- **Katie Fry**—*Fielding Graduate University*
- **Katherine Johnson**—*Tennessee State University*
- **Rheanna Kaley**—*Tennessee State University*
- **Gretchen Kirk**—*California School of Professional Psychology*
- **Brian Kok**—*Palo Alto University*
- **Michelle Koster**—*Wheaton College*
- **Stephanie Malozzi**—*University of Kansas*
- **Allison Robbins**—*Virginia Consortium Program for Clinical Psychology*
- **Jourdin Watkins**—*Midwestern University, Glendale*

This list comprises some of our most senior student leaders, as well as some of the most promising new members we have ever seen.

Since my last submission, we have hosted a variety of webinars, including a townhall from President Harvey, as well as one addressing suicide in the military and veteran populations brought to us by Dr. Craig Bryan. Our Adobe Connect platform continues to provide a unique capability for us to bring cutting-edge information to all of our members. Moving forward, we will be utilizing it to begin our first ever Online Colloquium. This colloquia series will feature top researchers in a variety of fields. Each presenter will be asked to deliver a recorded presentation that will be disseminated to thousands through multiple divisions, in an effort to not only highlight the outstanding work being done by our members but also to begin fostering collaboration. In addition to PhDs, we will be offering these coveted opportunities to a select few outstanding student researchers. If you would like to nominate yourself or another outstanding researcher, please e-mail us at Div19StudentRep@gmail.com with a brief overview as to why this nominee should be selected.

Given that I am (proudly!) the first primarily research-oriented student to hold this position, I am going to look to expand our promotion of networking and the fostering of collaborations among our students. While the details are in the process of being finalized, be on the lookout for a searchable database of student collaborators with whom you can work. My hope is that this database will allow researchers of all stripes to find collaborators with particular theoretical and statistical backgrounds, as well as those who may have easier access to special populations.

Finally, I want to proudly dote on my team. Our Chair-Select, Kelsi Rugo, has accepted an offer from the PhD program in the lab of our very own Dr. Craig Bryan, at the University of Utah. Kelsi will be leaving Tennessee State University to pursue this incredible (and well-deserved) opportunity! Finally, Kevin O’Leary will be defending his dissertation this summer and continuing onto a postdoc position at the Albany VA Medical Center. As is a true testament to Kevin’s devotion to his work and ability to always impress those around him, this opportunity came from where he completed his graduate internship. Fortu-

nately, their offer has now provided me with a framework from which to operate as I work on convincing Kevin to stay onboard the Student Affairs Committee for another 3 years.

As we look toward the preparation necessary for the APA in Washington, D.C., this August, let me leave you with one last quote from D.C.’s most “memorable” orator:

One word sums up probably the responsibility of any Vice President, and that one word is “to be prepared.”

—Vice President Dan Quayle, December 6, 1989

Very respectfully,

Nate Tenhundfeld

Chair, Student Affairs Committee

Point of Contact Information

For further information, please contact:

Nate Tenhundfeld

nlt4au@rams.colostate.edu

APA Program Committee Report

Lindsey Monteith and Rebecca Blais

On behalf of your Division 19 Convention Programming Committee, we look forward to seeing you at the annual meeting in Washington, D.C., from August 3–6, 2017. For general information about the conference, please visit <http://www.apa.org/convention/>.

Presidential Address

We welcome everyone to attend Dr. Harvey's Presidential Address on Friday, August 4, 2017, from 3–3:50 p.m. in the Marriott Marquis Washington, D.C. Hotel, Liberty Salons I and J.

Welcome Reception and Social

Division 19's Welcome Reception is scheduled for Thursday, August 3, 2017, from 4–5:50 p.m. in the Marriott Marquis Washington, D.C. Hotel, Marquis Salon 2. The Annual Social is scheduled for Friday, August 4, 2017, from 4–5:50 p.m. in the Marriott Marquis Washington, D.C. Hotel, Liberty Salons I and J.

Suite Sessions

We have several exciting programs that are being planned for our hospitality suite (organized by Angela Legner, current suite coordinator and incoming program chair for the 2018 convention). The suite programming will take place in the Renaissance Hotel. A final schedule, with the suite room number, will be posted to the listserv prior to the conference.

Continuing Education

The American Psychological Association is offering 84 sessions with continuing education (CE) credits. We are excited to announce that several of our sponsored presentations were accepted as CE programming:

- New Developments in Understanding and Preventing Suicide Risk Among Military Personnel and Veterans

- Novel Research on Couples' Functioning in Male and Female Veterans—Implications for Treatment
- Unconventional Service—Nontraditional Roles for Psychologists Working With the Military
- DoD/VA Major Depressive Disorder Clinical Support Tools
- Behavioral Science Consultation to Interrogation and Detention Activities—Science, Ethics, and Operations
- Forward March! A More Comprehensive Look at Women's Leadership and Career Development in the Military
- Innovative Psychological Health Practice Change Dissemination—DoD/VA Implementation Science Efforts

Sessions offering CE credits have been reviewed and approved by the American Psychological Association Office of Continuing Education in Psychology (CEP) and the Continuing Education Committee (CEC) to offer CE credits for psychologists. The CEP Office and the CEC maintain responsibility for the delivery of the programs. For additional information on sessions offering CE credits and how to register for such credits, please visit <http://www.apa.org/convention/ce/index.aspx>.

We look forward to seeing you in August! As always, thank you for your continued support of our division.

Lindsey L. Monteith and Rebecca K. Blais
2017 Convention Chair and Co-Chair

Point of Contact Information

For further information, please contact:

Lindsey Monteith
lindsey.monteith@gmail.com

Division 19 Convention Programming

Title	Date	Time	Location
Executive Committee Meeting	Thu 8/3	8:00 AM–8:50 AM	TBD
Innovative Psychological Health Practice Change Dissemination: DoD/VA Implementation Science Efforts	Thu 8/3	9:00 AM–9:50 AM	Convention Center Room 143C
Behavioral Science Consultation to Interrogation and Detention Activities: Science, Ethics & Operations	Thu 8/3	10:00 AM–10:50 AM	Convention Center Room 140B
From Individuals to Organizations: Continuous Measurement in Complex, Real-World Environments	Thu 8/3	11:00 AM–11:50 AM	Convention Center Room 203
Leveraging Diversity through Inclusion in a Military Context	Thu 8/3	12:00 PM–12:50 PM	Convention Center Room 154B
Advancing our Understanding of Moral Injury: Conceptualization, Measurement and Research	Thu 8/3	1:00 PM–1:50 PM	Convention Center Room 101
Unconventional Service—Nontraditional Roles for Psychologists Working With the Military	Thu 8/3	3:00 PM–3:50 PM	Convention Center Room 143C
Welcome Social	Thu 8/3	4:00 PM–5:50 PM	Marriott Marquis Washington, DC Hotel Marquis Salon 2
Novel Research on Couples' Functioning in Male and Female Veterans—Implications for Treatment	Fri 8/4	8:00 AM–8:50 AM	Convention Center Room 144A
Transgender Service Members and Veterans—Research, Legislation and Culturally Competent Practice	Fri 8/4	9:00 AM–9:50 AM	Convention Center East Overlook Room
Forward March! A More Comprehensive Look at Women's Leadership and Career Development in the Military	Fri 8/4	10:00 AM–10:50 AM	Convention Center Room 144B
New Developments in Understanding and Preventing Suicide Risk Among Military Personnel and Veterans	Fri 8/4	11:00 AM–11:50 AM	Convention Center Room 143B
Poster Session 1	Fri 8/4	12:00 PM–12:50 PM	Convention Center Halls D and E
Business Meeting	Fri 8/4	2:00 PM–2:50 PM	Marriott Marquis Washington, DC Hotel Liberty Salons I and J
Presidential Address—Dr. Sally Harvey	Fri 8/4	3:00 PM–3:50 PM	Marriott Marquis Washington, DC Hotel Liberty Salons I and J
Annual Social	Fri 8/4	4:00 PM–5:50 PM	Marriott Marquis Washington, DC Hotel Liberty Salons I and J
Implementing a Brief Intervention Approach for Alcohol Misuse in the Military Primary Care Setting	Sat 8/5	8:00 AM–8:50 AM	Convention Center Room 209A
Advancing Resilience within the Military Environment	Sat 8/5	9:00 AM–9:50 AM	Convention Center Room 101
Building the Evidence Base to Address Violence in the Military	Sat 8/5	11:00 AM–11:50 AM	Convention Center Room 209B

Title	Date	Time	Location
Poster Session 2	Sat 8/5	12:00 PM–12:50 PM	Convention Center Halls D and E
Employment in Veterans: The Role of Traumatic Brain Injury and the Need for Targeted Interventions	Sat 8/5	1:00 PM–1:50 PM	Convention Center Room 149B
DoD/VA Major Depressive Disorder Clinical Support Tools	Sun 8/6	10:00 AM–10:50 AM	Convention Center Room 144C
Strategies for Increasing Cultural Competence with Moral Injury in Combat Veterans	Sun 8/6	11:00 AM–11:50 AM	Convention Center Room 149A

Announcements

Christina Hein

Announcement Requests

Please submit any announcement requests for volunteer opportunities, research participant requests, training opportunities, or other requests to Christina Hein at chein9@gmail.com.

Conferences

San Antonio Combat PTSD Conference

The Second Annual San Antonio Combat PTSD Conference will be a 2-day (October 18–19, 2017) scientific conference focused on emerging outcomes and ongoing research on the assessment and treatment of combat-related posttraumatic stress disorder (PTSD) and comorbid conditions in active duty service members and veterans who deployed after 9–11 in support of combat operations. We will offer up to 12 CE credits for psychologists, licensed professional counselors, licensed master social workers, licensed clinical social workers, and license marriage and family therapists.

For more information: <https://tango.uthscsa.edu/ssconf/>

Research Participants Needed

Understanding Stress and Everyday Problems in U.S. Military Veterans

Description. The purpose of this study is to better understand how everyday problems and stress impact U.S. military veterans. This information may contribute to a better understanding of the types of problems affecting veterans and may be helpful in the development of new treatment options and programs.

To participate:

- Must be a veteran of the United States Armed Forces
- Must be 18–75 years old
- Must be able to read and understand English as a first or second language
- Must not be currently serving on active duty

Procedures. You will be asked to complete an anonymous online survey and to answer questions about stress, current problems you may be experiencing, and how you typically solve problems in your everyday life. The survey should take approximately 25 min to complete. Your survey information will be stored securely for 3 years by the principal investigator and then securely deleted.

Survey link: <http://goo.gl/A3hxGu>

Women Veterans' Experiences and Perceptions of VA Health Care

- **Researcher:** Gretchen Kirk, MA—Alliant International University in Fresno, CA
- **Faculty Advisor:** Jennifer Lovell, PhD—California State University, Monterey Bay

Purpose. The aim of this proposed study is to inform future Department of Veterans Affairs (VA) policies and gender-specific health care practices. Another purpose of the study is to empower a diverse group of women to share their experiences/perceptions as well as suggestions for systemic change.

Criteria for participation. Must be 18 years of age or older, female/woman, veteran who served active duty (or partial active duty) sometime within the years 2001–2014, reside in the United States, not currently serving in the military, and go to the VA for physical and/or mental health care currently or in the past. Participants will be screened after they give consent and thus may or may not be eligible to continue in the study.

Link to participate: https://alliant.qualtrics.com/jfe/form/SV_d594uZ91qOdTmCh

Job Opportunities

Clinical Research Psychologist

Leidos's Federal Health Operation is seeking a Clinical Research Psychologist to support our operations at the Naval Medical Center in Portsmouth, Virginia (NMCP). NMCP supports the national interests of the United States by pro-

viding professional education and development, providing quality patient care, being responsive and ready for deployment, and conducting biomedical research in general surgery, orthopedics, and mental health. The Clinical Research Psychologist will train, supervise, and deliver traumatic management therapy and coordinate study procedures for a randomized controlled trial comparing the effects of group-based cognitive processing therapy to trauma management therapy in reducing negative symptoms and promoting emotional management in military service members with PTSD.

Requirements. Must have completed a doctoral degree in clinical or counseling psychology; ability to obtain/maintain secret government security clearance; possess valid, unrestricted license to practice as a psychologist; and working knowledge of U.S. federal government regulations regarding the conduct of human clinical research.

For more information: <http://jobs.leidos.com/ShowJob/Id/1206544/Clinical%20Research%20Psychologist>

Henry M. Jackson Foundation for the Advancement of Military Medicine

The Henry M. Jackson Foundation (HJF) is seeking a Deployment Behavioral Health Psychologist to support the Uniformed Services University's Center for Deployment Psychology (CDP) program located at Womack Army Medical Center in Ft. Bragg, North Carolina, and will serve as a subject matter expert on deployment-related psychological health issues at the CDP. HJF provides scientific, technical, and programmatic support services to the CDP. The candidate will be responsible for developing and delivering training and education materials to a wide range of medical and mental health care providers and students as well as audiences of service members, military families, and others. Candidate will lecture on deployment issues at the CDP as well as teaching Continuing Education courses on deployment-related issues in community settings. Candidate will develop and deliver high-quality didactics to the psychology interns and may provide clinical supervision to psychology interns on site.

Minimum education/training requirements. Must have graduated from an American Psychological Association-accredited PhD/PsyD program in clinical/counseling psychology and possess a current license to practice in North Carolina. Must have experience at organizing and delivering presentations.

Minimum experience. At least 10 years' experience postlicense and should possess knowledge of the trauma research literature (PTSD, Acute Stress Disorder (ASD), etc.). Candidates with previous experience working in fast-paced Army behavioral health clinics, especially those who are prior active duty, are strongly preferred. Candidates should have experience in providing Department of Defense/VA recommended evidence-based psychotherapies for PTSD and other deployment-related conditions.

To apply: <http://careers.hjf.org/jobs/6737713-deployment-behavioral-health-psychologist#start>

Training Opportunities

National Center for PTSD CAPS-5 Online Training

This course provides instruction on administration and scoring of the Clinician-Administered PTSD Scale, 5th version (CAPS-5), which has been updated to correlate with *DSM-5* diagnostic criteria for PTSD. The course is interactive and includes video of experts conducting assessments, providing tips, and sharing advanced interview skills for using the CAPS-5 in complex and challenging clinical situations.

This training is a collaborative project developed by the National Center for PTSD and the Center for Deployment Psychology.

For additional information regarding this training: http://www.ptsd.va.gov/professional/continuing_ed/caps5_clinician_training.asp

Addressing Suicidal Behavior in the U.S. Military

The CDP is offering a 2-day workshop entitled "Addressing Suicidal Behavior in the U.S. Military: Strategies for Assessment, Crisis Intervention and Treatment" on June 21–22, 2017, from 0800–1630 EST in Rockville, Maryland. Learning objectives include the following:

- Describe some of the similarities and differences in suicide risk factors between civilian and military populations.
- Summarize two key psychological theories of suicide with clear implications for risk assessment/treatment.
- Define/classify suicide and related thoughts and behaviors.
- Assess risk for suicide in a manner that is sensitive to both proximal and distal risk factors.

- Utilize cognitive–behavioral therapy for suicide in the treatment of suicidal behavior.

To register: <https://www.eventbrite.com/e/suicide-prevention-workshop-rockville-md-registration-30927842008>

Online Prolonged Exposure Training

This intensive 2-day module provides training in prolonged exposure (PE), an evidence-based treatment of PTSD described in the manual, *Prolonged Exposure Therapy for PTSD—Therapist Guide*, by Foa et al. (2007). It covers the theoretical underpinnings and research behind PE and reviews the main clinical techniques used in this structured protocol. Step-by-step instructions for conducting PE therapy sessions, including in vivo and imaginal exposure, along with strategies for working with over- and underengaged patients and other difficult cases, are shared. Videotaped examples of PE cases are used to demonstrate therapist skills. Participants are expected to do role-plays

in class to practice PE techniques, and they must attend both days.

For more information: <http://deploymentpsych.org/training/online-prolonged-exposure-pe-training-second-life-25-26-july-2017-registration-not-yet-open>

Reference

Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences, Therapist's Guide*. New York, NY: Oxford University Press.

Point of Contact Information

For further information, please contact:

Christina Hein
chein9@gmail.com



SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association



The International Military Testing Association's 59th Annual Conference will be held in Bern, Switzerland from 9–13 OCT 2017. Posters and presentation submissions are due 15 SEP 2017. For more information, go to http://www.imta.info/Conference/Conference_Home.aspx

POCs are Dr. Hubert Annen, IMTA 2017 Chair at hubert.annen@milak.ethz.ch, or Div19 International Military Psychology Committee Co-Chairs Drs. Robert Roland and Paul Bartone at Robertr885@aol.com and bartonep@ndu.edu.

Division 19 Membership Application Form

Name: _____

Mailing address: _____

City, state, postal code, country: _____

Work phone: _____ Home phone: _____

Fax: _____ E-mail address: _____

APA membership number/category (if applicable): _____

Member Associate Fellow Life Status

Student Affiliate International Affiliate No Membership in APA

Division 19 Membership Desired:

Member/Associate/Fellow (\$27) International Affiliate (\$30) Professional Affiliate (\$30)

Student Affiliate (\$10) Life Status Publication Fee (\$19)

Cardholder name (the name appearing on credit card): _____

Cardholder's billing address: _____

Credit card number: _____ Expiration date: _____

Card type (only MasterCard, Visa, or American Express): _____

Daytime phone number and email address (if available): _____

Amount to be charged in US Dollars: _____ Cardholder signature: _____

MAIL APPLICATION TO:

APA Division 19 Services, ATT Keith Cooke, 750 First Street, NE, Washington, DC 20002-4242

For questions call Keith Cooke at 202-216-7602 or email kcooke@apa.org

Please DO NOT fax or email credit card information!

Online application is available at <http://www.apa.org/about/division/div19.aspx>

INSTRUCTIONS FOR CONTRIBUTORS TO *THE MILITARY PSYCHOLOGIST* NEWSLETTER

Please read carefully before sending a submission.

The Military Psychologist encourages submissions of news, reports, and noncommercial information that (1) advances the science and practice of psychology within military organizations; (2) fosters professional development of psychologists and other professionals interested in the psychological study of the military through education, research, and training; and (3) supports efforts to disseminate and apply scientific knowledge and state of the art advances in areas relevant to military psychology. Preference is given to submissions that have broad appeal to Division 19 members and are written to be understood by a diverse range of readers. *The Military Psychologist* is published three times per year: Spring (submission deadline **January 20**), Summer (submission deadline **May 20**), and Fall (submission deadline **September 20**).

Preparation and Submission of Feature Articles and Spotlight Contributions. All items should be directly submitted to one of the following Section Editors: **Feature Articles** (Maureen Copeskey: copieskey@gmail.com), **Trends** (Joseph B. Lyons: joseph.lyons.6@us.af.mil), **Spotlight on Research** (Colleen Varga: colleen.varga.1@us.af.mil), and **Spotlight on History** (Paul Gade: paul.gade39@gmail.com). For example, Feature Articles must be of interest to most Division 19 members; Spotlight on Research submissions must be succinct in nature. If longer, please, consider submitting the article to the Division 19 journal, *Military Psychology* (military.psychology.journal@gmail.com). If articles do not fit into any of these categories, feel free to send the contribution to the Editor in Chief (Joseph B. Lyons: joseph.lyons.6@us.af.mil) for potential inclusion.

Articles must be in electronic form (Word compatible), **must not exceed 3,000 words**, and should be prepared in accordance with the most current edition of the *Publication Manual of the American Psychological Association* (e.g., references/citations). All graphics (including color or black-and-white photos) should be sized close to finish print size, at least 300 dpi resolution, and saved in TIF or EPS formats. Submission should include a title, author(s) name, telephone number, and e-mail address of the corresponding author to whom communications about the manuscript should be directed. Submissions should include a statement that the material has not been published or is under consideration for publication elsewhere. It will be assumed that the listed authors have approved the manuscript.

Preparation of Announcements. Items for the **Announcements** section should be succinct and brief. Calls and announcements (up to 300 words) should include a brief description, contact information, and deadlines. Digital photos are welcome. All announcements should be sent to Christina Hein (chein9@gmail.com).

Review and Selection. Every submission is reviewed and evaluated by the Section Editor, the Editor in Chief, and American Psychological Association (APA) editorial staff for compliance to the overall guidelines of APA and the newsletter. In some cases, the Editor in Chief may also ask members of the Editorial Board or Executive Committee to review the submissions. Submissions well in advance of issue deadlines are appreciated and necessary for unsolicited manuscripts. However, the Editor in Chief and the Section Editors reserve the right to determine the appropriate issue to publish an accepted submission. All items published in *The Military Psychologist* are copyrighted by the Society for Military Psychology.

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