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In this issue:

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Editor's Column

Shawnna Chee

When I received an email from the most recent, past president of APA Division 19, Sally Harvey, offering me "an opportunity to excel" by taking over as Editor of *The Military Psychologist* (*TMP*) newsletter, how could I possibly refuse? Looking back over my 17-year military career thus far, I'm acutely aware that most of my success has come from exactly that—being offered opportunities, that when taken, launched me into extraordinary circumstances I could not have otherwise imagined. Take for example my current position as an Aerospace Clinical Neuropsychologist, which began as an email from a mentor, with the offer to take up a very unique challenge of participating in flight training and apply my clinical skills to the embedded aerospace operational environment. I'm grateful every day to work alongside our military aviators and air crew toward the ultimate goal of aviation safety and mission completion.

Welcome to the Spring Issue of *TMP* newsletter. In keeping with the seasonal theme of newness, *TMP* has many beginnings; a new editor, a new publisher, new committee representatives, and even an entirely new committee. As military psychology continues to make strides with increased relevance and acceptance in mainstream psychological communities, the more we need to communicate and mentor each other to meet our anticipated future. This is my goal for *TMP*: to forward relevant information meant to build up our community, increase readership, and provide information about unique opportunities to excel. Therefore, if you have an idea, an opinion, or an interest in sharing your preliminary research or know about programs, training or continuing education specific to our community, please feel free to send in your material. As you will see in this issue, one Feature article highlights an innovative way to apply a known, beneficial treatment specific for our military community; thinking outside the box to make DBT treatment more relevant to our military population. I look forward to the hearing more about the validation studies showing efficacy of this novel approach. The other Feature article offers updates about the APA at large, keeping us engaged in activities outside our military circles. Our new Division 19 President, Mark Staal, provides his vision and priorities for the year to come—creating innovative practice, branding across platforms, and celebrating diversity. The Trends article provides a fresh look through the review of a book at how psychology may be changing the way war is fought. Our Spotlight on Research article provides some great insight with data related to subtypes of PTSD and specific individual vulnerabilities meant to generate specific, targeted treatments.

Additional contributions to this issue include a summary from our leadership at the Executive Committee Annual meeting, opportunities for continued education from the CE committee, and a highlight of our current Division Membership. We also learn what our Early Career Psychologists and the Student Affairs Committees are up to. There is the new Communications Committee report disseminating information about how we can best reach readers using technology and social media to stay informed and connected. Finally, the Programming Committee is working hard to get ready for the APA Annual Convention this year in San Francisco; save the date!

I recognized Dr. Harvey's offer as a living example of mentoring those with less experience as the key to longevity and accomplishing collective goals; and it is this I strive to continue. I'd like to thank Sally Harvey and former *TMP* Editor Joe Lyons for their continued support and mentorship during this transition. Special thank you to all who submit material for this issue despite the impossibly short deadline I gave as I learn the editorial ropes. I applaud all of you for continued service to Military Psychology. Until next issue, I wish you all "blue skies."

Shawnna Chee, PsyD, ABPP
Editor, *The Military Psychologist*

President's Column

Mark A. Staal

The start of every New Year brings all sorts of expectations and promises. For many of us, these are wrapped up in the hope for something new or different. For the few lucky ones, it is a request for more of the same. As I thought about what to write for this first president's column of 2018, I decided that sharing my own set of hopes and expectations would be a good place to start.

For those who don't know me well, I am a recent retiree from the USAF. I spent most of my time in the special operations community and although I started my career as a clinician, it morphed from clinical care to academic instruction, then to human factors and finally settled on operational support. I currently work as an embedded consultant.

My wife and I decided early in our marriage that we wanted to make foster care and adoption part of our family's narrative. We have been fortunate to do so for many years and it has been a blessing. We are in the process of adopting our seventh child, a 4-year-old boy named John. So, one of my hopes and expectations for 2018 is a personal one, to add to the Staal tribe. I trust many of you will have goals for yourself and for your families. If you don't, I would encourage you to be as intentional about your personal life as you are about your professional life. My father once told me, "We spend a great deal of our time and money learning to be excellent at our trades, but are rarely long suffering when it comes to developing our character." I think he was right, and it was good advice.

Professionally, I have a host of hopes and expectations. In terms of the Society, many of these are reflected in my earlier explication of presidential priorities: (a) a push for innovative practice and application, (b) an intentional emphasis on our Society's branding across platforms, (c) an appreciation for the diversity of practice domains, (d) the establishment of a task force for the development of operational psychology practice guidelines, and (e) continued focus on the injustice that resulted from the Hoffman report, to include any implication concerning infringement of free trade practices. A more detailed explanation of these priorities is posted at: http://www.apadivisions.org/division-19/publications/newsletters/military/2017/12/future.aspx.

Although the year is young, our Society has already witnessed a notable accomplishment. During the recent apportionment ballot, the EXCOM and others worked hard to "get out the vote," an effort that was successful in ensuring that we retained our second seat on the Council of Representatives (CoR). Others were not as fortunate, and we owe you thanks. The more seats we hold in the CoR, the more secure our voice at the Association's table.

Our midyear meeting will be held on March 13 and as a "due out" from last year's APA convention, you can expect to see more proposed revisions for our bylaws (thanks in advance to Col Bowles for carrying that mail across the finish line). We have also been working on a possible mini-conference; either in collaboration with another group (such as the Washington DC Psychological Association), or as a stand-alone event. The plan is currently in flux. The intent would be to focus on topics relevant to military psychology and help our Society build relationships with other psychological communities. Once again, my hat is tipped to Dr. Bowles for his leadership concerning this initiative. There will be more to follow.

Lastly, I know it seems like a long way off, but it's not. We already need to start preparing for the annual Association's convention in August. APA will be hosted in my favorite city, San Francisco. Make your plans, lock down the lodging, and fence the dates … let's make it one to remember!

Honored to Serve,
Mark
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DBT Lite: Adapting the DBT Model to an Active Duty Military Environment

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The number of inpatient and outpatient mental health visits for service members has significantly increased in the past two decades, with primary concerns being anxiety, depression, adjustment disorders, and posttraumatic stress disorder (Wicken, Nevin, & Ritchie, 2016). Behavioral health conditions generally occur at a lower rate among service members than in their civilian counterparts; however, psychiatric hospitalization ranks first among active duty hospitalizations (Armed Forces Health Surveillance Branch, 2016). To manage these psychiatric concerns, policies and clinical practice guidelines were developed collaboratively by the Department of Veterans Affairs (VA) and Department of Defense (DoD) to use evidence-based treatments (e.g., VA/DoD, 2013). One suggested treatment in these guidelines is the use of dialectical behavior therapy (DBT).

Originally developed by Marsha Linehan (1993, 2015) to treat individuals with borderline personality disorder, DBT provides a structured treatment to address emotion dysregulation. Emotion dysregulation is attributed to higher incidence of suicidal thoughts and behaviors, particularly when a person lacks adequate coping skills (Linehan, 1993, 2015). DBT serves as a means to enhance coping skills, improve capacity to tolerate distressing emotions, develop effective communication skills, and promote awareness of the self and internal processes that drive behavior (Linehan, 2015).

DBT has been demonstrated to be an effective treatment for other psychiatric diagnoses involving emotion dysregulation as well (Neacsiu, Eberle, Kramer, Wiesmann, & Linehan, 2014). Furthermore, DBT is considered a transdiagnostic treatment approach with the flexibility to address depression and suicidal behavior, anger and aggression, and eating disorders (Cook & Gorraiz, 2015; Frazier & Vela, 2014; Ritschel, Lim, & Stewart, 2015). The transdiagnostic success of DBT makes it a cost-effective solution as it reduces the need for multiple symptom-specific groups (McEvoy, Nathan, & Norton, 2009).

Despite these benefits, standard DBT is unlikely to be delivered according to its standard protocol in military settings due to the constraints of the overall military mission and the demands on healthcare providers (Hoyt & Candy, 2011). The standard DBT protocol runs for a minimum of 1 year and requires around-the-clock telephonic access to treatment providers for coaching, a therapist consultation team, individual treatment, and group skills training (Linehan, 2015). Thus, modifications to DBT may be necessary to meet the demands of the operational tempo (OPTEMPO) and the overall military mission.

The OPTEMPO of a military unit is defined as the pace at which critical tactical and strategic tasks must be completed in support of military operations (Castro & Adler, 1999). When OPTEMPO is high, units may be conducting field training exercises, conducting training missions, and ensuring deployment readiness. Even in lower OPTEMPO, unit demands on its Soldiers include short-notice tasks to be completed or for training requirements to supersede non-essential tasks, including health care appointments (Hoyt & Candy, 2011). Service members alter their health behaviors based on high OPTEMPO, resulting in unhealthy behaviors that exacerbate stress (Dolan, Adler, Thomas, & Castro, 2005).

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To better fit the operational mission of service members, brief treatments that facilitate improvement while keeping the service member engaged in the mission may be ideal. In modifying the DBT protocol for active duty service members, military cultural competence is also a crucial component (Reger, Etherage, Reger, & Gahm, 2008). Part of the competence required is not only to understand where the service member is coming from, but also to be able to translate a treatment protocol to service members.

There have been several examples of modified DBT programs in the literature. The DBT skills group has been used as a stand-alone treatment with modest empirical support (Valentine, Bankoff, Poulin, Reidler, & Pantalone, 2015). DBT has also been successfully modified to treat military and veteran populations in the past to help accommodate these groups (Becker & Zayfert, 2001). For example, DBT was implemented in a 24-hour clinic in a deployed environment during Operation Iraqi Freedom using individual and group therapy formats (Parrish, 2008).

The purpose of this article is to introduce a new method to use a DBT skills intervention with active duty service members in a way that balances treatment needs with the operational mission. We address modifications to DBT to increase military relevance and describe the implementation of the DBT Lite intervention at a military treatment facility.

Making DBT "Military Friendly"

In making DBT "military friendly," the treatment team used several approaches, including leveraging military acronyms, fitting examples to military culture, emphasizing mindfulness as performance enhancement, and shortening sessions to fit within OPTEMPO. DBT uses the use of acronyms to facilitate learning of the material in memorable and meaningful ways. Similarly, the military uses acronyms to expedite communication. However, many of the models or practice examples in DBT are not relatable to military life. As an example, the acronym GIVE in the Interpersonal Effectiveness module translates to (be) gentle, (act) interested, validate, and (use an) easy manner (Linehan, 2015). Military personnel are professionals whose purpose is to locate and engage enemies to protect the nation and ensure the continued strength of American democracy. Instructing these professionals to be gentle or have an easy manner may appear incompatible with their mission, lifestyle, or values. Furthermore, providers who present these skills without placing it in a military context may adversely impact service member buy-in or rapport-building (Hoyt & Candy, 2011).

One modification could be to integrate the skills taught in DBT with other military-specific training. Many of the skills taught in DBT match well with leadership development courses already offered by the military. For example, demonstrating interest in subordinates is often considered a key part of leadership, and active listening skills are trained in military leadership schools (e.g., Department of the Army, 2012). Thus, examples from a Warrior Leader Course, such as how to counsel a junior soldier, can be used to supplement the examples given in the DBT reference manual. Modification of the acronyms themselves can even be helpful. For example, GIVE could mean guide, invest, validate, and (at) ease. As a guide or mentor, tone of expression would be more gentle. Investing as a leader allows the person to show they are Interested and care about the person they are speaking with, and validation can occur more readily. "At Ease" is a commonly used command to relax one's posture, be alert, and be respectful, which are consistent with using an Easy manner in effective interpersonal communication.

Another consideration is how the processes of military life can be incompatible with DBT components without additional structure or explanation. Mindfulness, for example, focuses on attending to the present moment without judgment (Linehan, 2015). However, typical military performance is under frequent, if not continual, observation and evaluation through the use of practices like the After Action Report, a decision-making tool to evaluate the quality of training, risks, decision-making, duty performance, and a host of other aspects of military life (Department of the Army, 1993). Although service members may be well-versed in "situational awareness," they may have greater difficulty with nonjudgmental awareness, self-awareness, and relaxation components of mindfulness (Colgan, Wahbeh, Pleet, Besler, & Christopher, 2017). Extra time may be spent on the mindfulness module, particularly addressing nonjudgment, to help facilitate understanding and assist service members in developing this skill.

In general, presenting topics with a "desired end-state" or "mission focus" in mind can also help service members to approach treatment goals as they would a tactical mission to help them remain on task. Having shorter lessons and practicing the skills in session based on patient-offered scenarios

can help place DBT in the military context and provide skills that service members can use in their daily life. By sharing scenarios, the skills were immediately applied and seen as usable tools for the future in various settings.

DBT Lite

DBT Lite was developed as an abbreviated, rolling enrollment outpatient group modification of the standard program, designed to more readily meet the needs of the military population given time constraints. Participating patients met weekly for a period of 2 hours. The standard four modules were presented in single sessions, each as stand-alone sessions. No formal homework was assigned, as the rolling enrollment format did not allow for follow-up review in subsequent sessions. Modules were standardized by week of the month so that referring providers and participating patients were aware of the specific skill being taught based on the week. In contrast to the DBT standard skills module, in which homework is reviewed during the first hour of the session time and new information presented in the second hour, the stand-alone method was to facilitate open enrollment and to maximize the amount of didactic time in each session (Linehan, 2015). Similarly, no diary cards were required. All activities were completed within the span of the session time, with extra handouts provided for at-home skills practice. Patients were permitted to enroll in DBT Lite at any time and could repeat portions for additional skills practice.

In the event a fifth week occurred during any given month, additional time was devoted to reviewing and enhancing mindfulness skills or exploring additional topics at the request of the group. General topics included addiction skills, spirituality, or using worksheets from the general skills: orientation and analyzing behavior module, such as chain analysis of problem behavior. If a federal holiday or military training holiday (a day off duty for most service members) fell on the date of a session, that topic was skipped for the week to ensure the treatment modules aligned with the appropriate week of the month (e.g., the first Friday of the month is always Module 1: Mindfulness). This enabled participation in the group that was compatible with treatment needs and with service members' commitment to their units' missions.

DBT Lite Participants

At the military installation where DBT Lite was developed, referrals to the group came from both the residential treatment facility on the installation, as well as through the embedded behavioral health clinics. Embedded behavioral health clinics serve specific military units and are typically co-located (Hoyt et al., 2015). Groups ranged in size from 10 to 12 participants. Enrollment in the outpatient group was also open to adult beneficiaries, creating significant heterogeneity; typically these participants were spouses of service members. Yalom and Rand (1966) indicated that a more heterogeneous group can develop higher cohesion. In the military context, Sipprelle (1992) discussed how homogeneity of groups may benefit initial in-group trust and sense of safety at the outset, but that it may be at a cost of providing insight into other worldviews. Thus, the DBT Lite patients were not required to have a specific diagnosis or set of specific problems with the hope that this broader group would promote "vicarious learning" (Sipprelle, 1992, p. 25). Indeed, patients subjectively expressed the idea that they were able to take on opposing viewpoints more readily when they could observe it in another group member.

Topic Selection

The current format of DBT Lite is similar to the Schedule 7 and Schedule 8 protocols in the second edition of the *DBT Skills Training Manual* (Linehan, 2015). Schedule 7 was based on the work of Swenson, Witterhold, and Bohus (2007) and Bohus and colleagues (2004), using a 7-day inpatient model. Schedule 8 was developed for patients with both borderline personality disorder and drug-dependence by Linehan and colleagues (1999). Handouts and worksheets included in each module are listed in Table 1.

Session Format

A single credentialed provider typically conducted the DBT Lite groups along with an intern or post-doctoral cofacilitator. Sessions included a 5-minute mindfulness exercise at the beginning, didactic training using handouts, guided engagement in skills practice, and a closing 5-minute mindfulness exercise. Group facilitators introduced topics using the initial handouts, with group members encouraged to share relevant situations. These examples were processed as a group, with the therapist facilitating therapeutic activities on the board during the session, rather assigning worksheet homework. Thus, the practice of skills was enhanced by immediate feedback and real-world examples. This process allowed greater patient participation in the process and potentially facilitated better learning of skills in the brief format.

TABLE 1

Handouts and Worksheets by Module

Week 1: Mindfulness module	Week 2: Distress tolerance module	Week 3: Emotion regulation module	Week 4: Interpersonal effectiveness module
M1: Goals of Mindfulness Practice M1a: Mindfulness Definitions M3: Wise Mind – States of Mind M4: Taking Hold of your Mind "What" Skills M5: Taking Hold of your Mind "How" Skills	DT1: Goals of Distress Tolerance DT3: When to use Crisis Survival Skills DT4: STOP Skill DT5: Pros and Cons DT6: TIP Skills – Changing Your Body Chemistry DT6B: Paired Muscle Relaxation, Step by Step DT9: Improving the Moment DT10: Overview – Reality Acceptance Skills DT Worksheet 3: Pros and Cons of Acting on Crisis Urges	ER1: Goals of Emotion Regulation ER6: Ways to Describe Emotions ER8: Check the Facts ER9: Opposite Action and Problem Solving – Deciding Which to Use ER10: Opposite Action ER11: Figuring out Opposite Actions ER13: Reviewing Opposite Action and Problem Solving ER16: Pleasant Events List* ER22: Mindfulness of Current Emotions – Letting Go of Emotional Suffering* ER Worksheet 4A: Observing and Describing Emotions	IE1: Goals of Interpersonal Effectiveness IE2: Factors in the Way of Interpersonal Effectiveness IE3: Overview – Obtaining Objectives Skillfully IE5: Guidelines for Objective Effectiveness – Getting What You Want (DEAR MAN) IE6: Guidelines for Relationship Effectiveness – Keeping the Relationship (GIVE) IE7: Guidelines for Self-Respect Effectiveness – Keeping Respect for Yourself (FAST)
Week 5: Review Week†			
G7: Chain Analysis G Worksheet 2: Chain Analysis of Problem Behavior DT Worksheet 5, 5a, 5b: Distracting with Wise Mind ACCEPTS IE8: Evaluating Options for Whether or How Intensely to Ask for Something or Say No			

Note. Listed handouts come from Linehan (2015). M = mindfulness; DT = distress tolerance; ER = emotion regulation; IE = Interpersonal Effectiveness; G = general.

*Handouts and worksheets reviewed only if time permits. †Sample of commonly-used handouts and worksheets in Week 5, only implemented in months with a fifth week for the outpatient group. Topic selection is driven by patient need or request.

Mindfulness Module

Key components of this module include the introduction and definition of mindfulness, including activities that promote understanding of mindful practices. Fifty percent of session time was devoted to reviewing introductory handouts, whereas the remaining 50% was dedicated to practicing using observe and describe skills and implementing Wise Mind, "what" skills, and "how" skills (Linehan, 2015).

Mindfulness components also were integrated into each weekly session via exercises at the start and end of each

group. Mindfulness exercises varied as much as possible and included opportunities for mindful walking exercises, eating exercises, meditation activities, and mindful breathing due to its versatility in multiple settings. Specific behavioral skills such as observing, describing, and participating fully in one's experiences in a nonjudgmental manner were reviewed in conjunction with these exercises (Linehan, 1993).

Distress Tolerance Module

After an initial introduction to the goals of the Distress Tolerance module, patients engaged in skills practice. Emphasis was placed on the "TIP" skills and "Wise Mind ACCEPTS" for the majority of session time (Linehan, 2015). Approximately 25% of session time was for didactic instruction of this material, with the majority of session time devoted to practical training. Incorporating mindful practices into this module was facilitated by use of the "Paired Muscle Relaxation" handout, with the exercise conducted as a group (Linehan, 2015).

Emotion Regulation Module

Given the complexities of identifying, observing, describing, and managing emotions, the emotion regulation module involved more didactic instruction from the therapist (about half the session). The remaining 50% of the session was devoted to guided practical exercises using the handouts (see Table 1). Participants provided real-world scenarios and proceeded through the skills as a group to enhance skill understanding.

Interpersonal Effectiveness Module

The focus of the interpersonal effectiveness module was most often dedicated to "DEAR MAN," "FAST," and "GIVE" skills (Linehan, 2015). A frequent topic of specific discussion was the "how to say no" skill. Role plays, such as setting boundaries in new relationships, were highlighted by patients as the most valuable part of this module. Didactic instruction comprised about one-fourth of the session time, with the remaining 75% allocated for practice using the skills discussed.

Treatment Fidelity and Future Modifications

A crucial concern with any treatment modification is maintaining treatment fidelity (e.g., Linehan et al., 2002). In this case, the DBT Lite modification was developed by a DBT-certified provider in consultation with the original DBT developers, and using modifications consistent with the literature (Bohus et al., 2014; Swenson et al., 2007). Tailoring of the treatment protocol will likely be most effective if based on an in-depth understanding of the theory and supporting literature to ensure modifications match with the goals of DBT treatment.

Conclusion

Because of the OPTEMPO of the military, implementing the standard version of DBT is a challenge. Thus, modifications have been necessary to support the military mission while providing evidence-based care. To ensure service member access to care, the standard DBT protocol was modified to a 4-week recurrent treatment model, DBT Lite. Despite DBT Lite being an abbreviated model, the core fundamentals have remained a part of the model, and validation studies of this model are ongoing. The model was designed for each session to be stand-alone to effectively address the service member's needs while balancing the mission in a military setting.

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If a Free Society Cannot Help the Many Who Are Poor

Pat DeLeon

Visionary Leaders

Having the opportunity to spend time with the psychology and advanced practice nursing graduate students at the Uniformed Services University reinforces my appreciation for their passionate interest in learning the most up-to-date clinical skills. Reflecting upon the history and probable future of psychology's quest for prescriptive authority (RxP), Fernanda De Oliveira (1st Lt, USAF) and 2017 APA President Tony Puente proffered that those setting standards for APA-accredited internships should facilitate the development of regular interprofessional seminars specifically focusing upon the potential use of psychotropic medications (pros and cons) for the patient populations being served. They further called for the establishment of specialty RxP postdoctoral experiences (e.g., with children or the elderly).

The APA Ad Hoc Task Force on Psychopharmacology was established by the Council of Representatives in 1990 and chaired by Michael Smyer, with Tony serving as a member. They concluded, "(T)he contributions of this new form of psychopharmacological intervention have the potential to dramatically improve patient care and make important new advances in treatment." They proposed three levels of training for all practicing psychologists. The first was rudimentary understanding of the use and limitations of psychopharmacological intervention. The second was a mid-level but more in-depth understanding including specific application and interaction between psychoactive medicines and mental disorders (e.g., what types of medications might have best impact on what types of depression). Finally, the third level is what today is called *prescription authority*, which entails both classroom and didactic training. Psychology's RxP journey began in the Department of Defense with Navy Commander John Sexton and then-Lt. Commander Morgan Sammons being the first graduates of the PDP in 1994. We would be very interested in learning whether any members of the Division have participated in interprofessional RxP seminars as envisioned by the Task Force. We would expect that nursing and pharmacy would be the most receptive to such collaboration.

When the APA Council began considering RxP in the 1990s, a conscious decision was made to conceptualize the development of this new clinical skill at the post-doctoral level. Last year, after two decades, the decision was made to relook at the timing of the educational requirements. One of our most visionary colleagues, Beth Rom-Rymer, who was absolutely critical in Illinois enacting their RxP legislation in 2014, recently hosted her fourth Chicago evening soiree for those committed to advancing the agenda. Beth has long supported providing the necessary didactic knowledge as early as possible in one's training:

> We had our biggest crowd, yet, for our Fourth Biannual Prescriptive Authority Networking Dinner, at my home, with over 100 people. We had two distinguished keynote speakers: Arthur Evans, our APA CEO, and Danny Carlat, the first psychiatrist, of whom I'm aware, to publicly support RxP for psychologists. Danny began to speak out, in our favor, in the late 1990's. Arthur talked about the importance of strengthening the voice of APA: advocating for the science underlying our psychological principles; increasing opportunities for psychologists in integrated care; advocating for RxP for appropriately trained psychologists; advocating for psychologists in their relationships with managed care; advocating for those individuals in our society who do not have a voice but profoundly suffer from societal injustice.
>
> In 2010, Danny had written a blog, entitled *Psychologists Prescribing Is the Best Thing That Can Happen to Psychiatry*. In part, he said: "Psychiatry has boxed itself into a tiny corner of medicine called 'Psychopharmacology.' It's a silly way to practice our craft, because the essence of what we do is to understand the mind

and to help people live better lives. Drugs are effective but only one of the tools available to us, and we have largely ceded psychotherapy to psychologists and social workers. The result is a fragmentation of care. … As the safety data gradually accrues, I predict that psychologists will attain prescriptive privileges in most states over the next 10-20 years. We saw the same pattern in the 1970's with nurse practitioners—psychiatrists and other physicians engaged in bitter turf wars initially, arguing that they didn't have enough training, but large-scale health services research studies eventually demonstrated that NPs operated competently and safely, and now they are accepted as independent practitioners in most states." Saturday night, Danny reaffirmed his commitment to the state by state pursuit of RxP. Since we had representatives from the states of Iowa, Ohio, Connecticut, and Virginia, the prescribing psychology advocates will collaborate with him as they move forward.

There was a significant diversity of community partners that was represented at the Networking Dinner. No legislative initiative succeeds without the active support of the larger community. I recognized the indefatigable efforts of a number of our local healthcare systems. These outstanding and visionary leaders committed their time, their energy, and their expertise, to create a series of rotation experiences for prescribing psychology trainees that will continue into the foreseeable future. As we neared the end of our prepared program, I asked all of the 12 Psychology graduate students to come to the front of the room and introduce themselves to the group. Two of the student leaders talked about why they are choosing to take joint degrees in Clinical Psychopharmacology along with their doctoral degrees in Psychology. Several Early Career Psychologists introduced themselves, explaining why they are taking the training to become Prescribing Psychologists. The event lasted almost until midnight. There was a strong feeling of accomplishment in how we have progressed in the implementation of our statute and enthusiasm for the prominent roles that prescribing psychologists will take in repairing a faltering mental health system.

American Samoa—Federal Responsibility

Under the leadership of Dean Carol Romano, former Chief Nurse Officer for the U.S. Public Health Service, Uniformed Services University nursing graduate students have begun clinical placements in American Samoa. Located in the South Pacific, midway between Hawaii and New Zealand, this site was chosen in 1872 as a coaling station for the U.S. Navy. After the attack on Pearl Harbor on December 7, 1941, naval activity there increased significantly. It is a U.S. territory, covering seven islands and atolls. Its population approximates 55,500 with a land mass of 76.8 square miles, slightly more than Washington, DC. It is noted for having the highest rate of military enlistment of any U.S. state or territory. With an extreme shortage of health professionals, health disparities are rampant. "It cannot save the few who are rich" [President John F. Kennedy, 1961].

Aloha,
Pat DeLeon
Former APA President, Division 19
February 2018

Head Strong and the Future of Military Psychology

Oshri Bar-Gil

A book by Michel D. Matthews, a professor of psychology at the West Point, titled *Head Strong: How Psychology Is Revolutionizing War* (2014), reviews the different ways in which psychology affects the battlefield and predicts the future trends in which the influence of psychology on the battlefield will only increase.

"It is ironic that from time to time we still see publications in the field of 'psychological warfare.' As if this field of warfare and psychology is foreign and only meet with special tactics, psychological warfare is the only combat that exists" (Matthews, 2014, Foreword). This is what Thomas Kolditz, the revered American general, points out in his introduction to the book.

The author goes on to review the role of psychology in previous wars and those that follow. General Robert Scales (2009), who analyzed the past wars, reached the conclusion that every significant war was characterized by a scientific discipline that dramatically affected the war and made a decisive contribution to victory. The main scientific advances in World War I came from chemistry—progress in the production of chemical warfare agents and explosives dramatically affected the deadly nature of the fighting. Followed by physics, of course, for World War II. Noting the development of the radar and the atomic bomb to see its broad impact on the fighting to say the least[1]. The third phase, as developed with the Cold War, was characterized by the dominance of information technology. Development of powerful computers and advanced command and control systems, culminating in the first Gulf War. In his opinion, it is enough to look at the way in which the Internet information systems generated the effects of the "Arab Spring" to realize that this era has not yet passed. The era of the "global war on terror," which he sees as the fourth stage of development, is characterized by an excessive dominance of psychology and behavioral sciences over other disciplines. That's because of political, religious, and social ideologies can no longer be vanquished by kinetic means, in the "battlefield" where we are fighting today. His proposal is to merge the use of firepower with the psychological/sociological/anthropological understanding of campaigns to contribute to victory in an age which the power of the media can generate achievements or losses in the blink of an eye (Scales, 2009).

Thus, the new/old role of psychology is necessary. Because most of the achievements required in the new battlefield are less and less kinetic, they are based on behavioral sciences. Moreover, it is necessary to sort, train, develop, lead, and handle the new generation of soldiers who must adapt better to the new battlefield. Thus, military psychology retains its "traditional" roles to adapt the fighters to the changing battlefield.

The book presents a broad but superficial overview of the topics it is reviewing. For the knowledgeable reader in military psychology, the book is written in a rather simplistic way. It seems that the depth in certain areas can be found in the manual (handbook) edited by the writer. The handbook presents some of the topics in a format of in-depth articles that are better suited to the reader who is looking for details (Laurence & Matthews, 2012).

Each section of the book is devoted to a specific topic, in which the author presents the history of the field's development, the current state of research, and how the field is reflected at present, following a section that tries to anticipate developments in the field and summarize the insights found in the chapter. In this review I will only cover some trends that I think can help in facilitating the discussion about the changing role of the military psychologist.

[1] It is interesting to note Scales' opinion as a military historian, that the use of radar was the decisive factor in the war, although most historians would vote in favor of the atomic bomb.

How to Choose the Right Soldier for the Task

On the horizon, Matthews predicts a trend that is expected to fundamentally change the way we are expected to perform screening. The use of big-data and the development of complex metrics that measure, non-cognitive indices that can explain a better some of the performance differences.

How to Turn Civilians Into Combatants

After reviewing the changing training needs over the years, the development of concepts and technologies in this field focuses on several key trends that are divided over several chapters: (a) simulator training—the development of image technology enables learning from experience that is not "bloodless"; (b) coaching for "cognitive superiority"—good decision making that will determine the fate of the new battlefield; and (c) training the "hearts"—how psychology can contribute to the development of soldiers "more resistant" to stress and psychological side effects that accompany combat such as PTSD.

One of the main themes that the author has interwoven throughout the book is the use of positive psychology and its contribution (focusing on 80% of the operators and not only 20% requiring consultation/clinical attention), and the authors presents many interventions on various issues based on its principles

Discussion

Following the author's line of reasoning, the story of military psychology is a story of balance—between its traditional roles and its future. Balancing these well, the profession will have a significant impact on the results of the future battlefield. Adherence to the existing disciplinary division and roles will prevent military psychology from reaching its full impact as a profession.

The philosopher Isaiah Berlin distinguished between "hedgehogs" and "foxes" (Berlin, 1953). The hedgehog bases his worldview on deep, focused expertise ("knows one big thing"), whereas the fox is based on a wide range of different experiences and fields of knowledge ("knows a lot"). Philip Tetlock (2005), who examined the performance of social scientists, found that "foxes" perform significantly better than "hedgehogs."

What does it mean for each of us as military psychologists? Like in other fields, acknowledging the fact that we are living in a world full of various experts, technologies, and solutions that is impossible to know them all, can lead us into two different paths: The first will be a "hedgehog," strengthening the specialization, division, and separation between the different psychological functions. The other will be a "fox"—to act as a "case manager" for the loads of psychological interventions that are made to make us ready for the future battle. Psychologists in that model don't have to be superman, but they will have to know much more about military psychology and possess strong psychological and managerial skills. Is it possible? I am sure about it. I am also sure that without changing the current structure and profession of military psychology we won't be able to make the impact General Scales would like us to have.

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Spotlight on Research

Colleen Varga

Column Introduction

Welcome to the Spotlight on Research Column! This column showcases research activities and projects underway 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 the diversity of symptoms present in PTSD, as well as the likelihood that stable personality traits related to dissociation significantly impact the development and expression of PTSD. It also presents evidence that combat responder status is more predictive of PTSD symptom development than is combat exposure. The present article presents a regression analysis to determine how the variables of compartmentalization, dissociation, and boundary permeability (as well as demographic variables) predict the criterion variable of PTSD symptomology in military personnel.

Factors Involved in the Potentiation of Posttraumatic Stress Disorder in Military Veterans

Jeannine J. Ray

Research Overview

Posttraumatic stress disorder (PTSD) is a disturbing psychological problem (Yarvis, Yoon, Amenuke, Simien-Turner, & Landers, 2012) and one of the signature psychiatric conditions resulting from exposure to the traumatic experiences of war and combat (Nemeroff et al., 2006). Although 50–60% of the general population experience at least one traumatic event in their lifetime (Pannu-Hayes & Gilbertson, 2012), the lifetime prevalence of adult Americans who subsequently develop PTSD is 6.8% (Yarvis et al., 2012). Indeed, Fulton et al. (2015) noted 60% of veterans who experienced combat trauma developed PTSD and Kessler et al. (2005) showed a positive dose–response correlation between severity of combat trauma exposure and clinically diagnosed PTSD. As the ongoing conflicts in Iraq, Afghanistan, and other volatile locations continue, there is increasing concern for soldiers in combat zones and an increased need to understand the risk factors for PTSD in veterans (Yarvis et al., 2012).

Efforts to identify causal factors involved in PTSD have ranged from the earliest theories of peritraumatic dissociation (Janet, 1907) to neurobiological initiation (Boscarino, 2008) without definitive conclusions, suggesting individual differences other than traumatic exposure may be involved. Dissociation has traditionally been believed to increase the risk for PTSD (Bryant, 2007) as individuals experiencing dissociation following a traumatic event were more likely to develop PTSD sequelae than individuals who did not dissociate (Geisbrecht, Lynn, Lilienfeld, & Merckelbach, 2008). It had been theorized that these individuals are at greater risk for PTSD

development (Bryant, 2007), a contention empirically unsupported (Giesbrecht, Lynn, Lilienfeld, & Merckelbach, 2008), but the possibility of internal mechanisms (Aumann, Lahl, & Pietrowsky, 2012) was suggested.

A cognitive model of PTSD suggested the development of the disorder is the result of idiosyncratic differences in the nature of the memory for the event and unique negative appraisals of the trauma and its sequelae (Ehlers & Clark, 2000). Findings were mixed but support the concept, suggesting individual differences may play a significant role in the development and intensity of PTSD symptoms. Efforts to predict the development of PTSD in populations at risk for trauma exposure may help to delineate the role of individual vulnerability to psychopathological potentiation of the disorder (Sammons, 2005).

Problem to Solve

Dissociation has been theorized as a response to antecedent trauma and is believed to increase the risk for PTSD symptomology, but empirical evidence was needed to forward the understanding of internal mechanisms in development of PTSD symptomology. Dissociation during and after trauma exposure are associated with higher prevalence and severity of PTSD in military and civilian populations (Bremner & Brett, 1997) and was predictive of PTSD status even after controlling for combat exposure (Ramchand et al, 2010). There is no specific role for environmental stressors, and criteria for personality disorders focus on highly stable, temperament-based patterns of relating (Wolf, Miller, & Brown, 2011), with research into the structures of personality disorders primarily relying upon exploratory analyses to examine underlying factors (Wolf et al., 2011). Findings from extant studies suggest internal processes, such as boundary permeability and type of dissociative experience, may play a role in the development of PTSD psychopathology, holding utility as a predictor for the disorder.

Research Method

Using nonprobability sampling, 104 current and former U.S. military veterans participated in the study by completing a questionnaire hosted by Qualtrics. Three already published instruments were used to assess the predictor variables of boundary permeability and type of dissociative experience, and the criterion variable of PTSD. Demographic variables (see Table 1) included

TABLE 1

Descriptive Statistics of Ethnicity, Gender, Marital Status, Education, and Rank

Variable	Frequency	%
Ethnicity		
Non-White	23	22.1
White	77	74.0
Total	100	96.2
Missing	4	3.8
Total	104	100.0
Gender		
Male	88	84.6
Female	16	15.4
Total	104	100.0
Marital status		
Married	77	74.0
Single	12	11.5
Divorced	14	13.5
Widowed	1	1.0
Total	104	100.0
Education		
High school graduate	3	2.9
Less than 2 years of college	21	20.2
Bachelor's degree	35	33.7
Master's degree	33	31.7
Doctorate	11	10.6
Total	103	99.0
Missing	1	1.0
Total	104	100.0
Rank		
Enlisted	72	69.2
Officer	31	29.8
Total	103	99.0
Missing	1	1.0
Total	104	100.0

race, gender, combat exposure, and combat responder status (responding to/treating/caring for/witnessing someone killed or injured in a combat incident). Data were analyzed using multiple regression analyses to determine the predictive value of boundary permeability and type of dissociative experience for PTSD symptomology. Multicollinearity was assessed.

Specifically, the research questions assessed to what extent, if any, did the variables of compartmentalization, dissociation, boundary permeability, and demographic variables of gender, ethnicity, combat exposure status, and combat responder status predict the criterion variable of PTSD symptomology in military personnel. A regression model (see Table 2) for each of the predictor variables was created to examine whether these predictor variables would predict PTSD symptomology.

Solution and Approach

Three already published scales were used to assess the study predictor and criterion variables. The predictor variable of dissociation was assessed using the Dissociative Experiences Scale (DES-II; Carlson et al., 1991), a 28-item psychological self-report interval scale that assesses the degree and type of dissociative experiences (Bernstein & Putnam, 1986). The predictor variable of boundary permeability was assessed using the Boundary Questionnaire-18 (Harrison, Hartmann, & Bevis, 2006), an 18-item instrument that assesses individual differences in the mental boundaries presumed to separate consciousness. The criterion variable of PTSD was assessed using the PTSD Checklist-Military (Weathers, Litz, Herman, Huska, & Keane, 1993), a 17-item self-reported questionnaire describing symptoms which respondents rate for frequency and severity.

TABLE 2

Model Summary of the Linear Regression for Compartmentalization, Detachment, Boundary Permeability, Gender, Ethnicity, Combat Exposure, and Combat Responder Status and Posttraumatic Stress Disorder Symptomology

Predictor	*R*	R^2	Adjusted R^2	SE of the estimate
Compartmentalization	.72	.52	.51	.74
Detachment	.67	.45	.44	.79
Boundary permeability	.43	.18	.17	.97
Gender, ethnicity, combat exposure, and combat responder status	.37	.14	.10	1.01

Operational Definition of Variables

Dissociation. Dissociation is identified as the partial or complete interruption and dysregulation of an individual's normally integrated conscious functioning as it is related to memory, identity, or environmental perception (American Psychiatric Association [APA], 2013). Dissociation refers to a division, rather than a separation, of personality because the dissociated parts are not separate. Factor analysis studies (Carlson et al., 1991) have been conducted to explicate the underlying constructs measured by the DES-II, and three primary factors emerged. The first factor is posited to reflect amnestic dissociation (labeled *compartmentalization*), the second comprised absorption and imaginative involvement, and the third represented depersonalization and derealization (labeled *detachment)*.

Boundary permeability. Boundary permeability addresses the trait bound status of psychological boundaries and whether they are thick or thin as a dimension of personality. Individuals with thick boundaries tend to have a sharp sense of focus and can easily compartmentalize and concentrate on one thing while ignoring others. Thin boundaried individuals are more open to fantasy-proneness and have a heightened sensitivity to environmental stimulation (Jawer, 2006).

Findings

Findings on the first variable suggested compartmentalization explained 52% of the variance of PTSD symptomology, $R^2 = .52$, $F(1, 102) = 109.99$, $p < .001$, and significantly predicted PTSD symptomology, B = .41, β = .72, $t = 10.49$, $p < .001$. The current findings on the link between compartmentalization and PTSD symptomology corroborate those of Bryant (2007) and Williams (2006), suggesting traumatic experiences are often processed

through implicit and explicit memory systems which circumvent language. This circumvention suggests that the difficulty many patients have verbally processing trauma is related to implicitly encoded memory, suggesting the inadequacy of traditional psychotherapy to address treatment of PTSD. Findings contradict those of Bryant and colleagues (2011), who found that a lack of memory for a traumatic event due to brain injury and loss of consciousness would protect an individual from developing PTSD symptoms. Rather, these findings suggest the subconscious encoding of traumatic events, which can occur during the process of compartmentalization, may serve to explain the phenomena of reported intrusive imagery in which the content is thematically associated with the trauma.

Findings on the second variable suggest detachment explained 45% of the variance of PTSD symptomology, $R^2 = .45$, $F(1, 102) = 82.18$, $p < .001$, and significantly predicted PTSD symptomology, B = .42, β = .67, $t = 9.07$, $p < .001$. This finding corroborates research demonstrating the relationship between detachment and PTSD symptom severity in veterans with PTSD (Wolf, 2013) and generally supports recent changes to the DSM-V including the addition of a dissociative subtype applied to individuals meeting full PTSD criteria in addition to symptoms of derealization or depersonalization (APA, 2013). In addition, findings suggest the predictive utility of detachment to PTSD symptomology, corroborating those of Wolf et al. (2011), who suggested that different biological pathways may exist for PTSD co-occurring with different personality disorders.

Findings on the third variable suggested boundary permeability explained 18% of the variance of PTSD symptomology, $R^2 = .18$, $F(1, 102) = 22.72$, $p < .001$, and significantly predicted PTSD symptomology, B = .81, β = .43, $t = 4.77$, $p < .001$. Findings of the current study support the conclusions of Hartmann, Russ, van der Kolk, Falke, & Oldfield (1981) as well as Nielsen and Levin (2007); boundary permeability status is considered a stable trait and thin-boundaried individuals were found to be especially vulnerable to increases in emotional reactivity which they perceived to be traumatic or frightening (Hartmann et al., 1981; Nielsen & Levin, 2007). Current findings support the conclusions of Mellman, Mananita, and Hipolito (2006) examining sleep disturbances and nightmares, phenomena conceptualized in Hartmann's (1989) original boundary construct as a link between personality and the organization of the brain applicable to relationships, states of mind and body, and normal and abnormal behavior (Hartmann, 1991).

Findings on the fourth variable related to demographic variables including gender, ethnicity, combat exposure status, and combat responder status in predicting PTSD symptomology in military personnel were mixed. The *t* statistic was used to determine which variable significantly predicted PTSD symptomology and the coefficients showed only combat responder status significantly predicted PTSD symptomology, $t = -2.77$, $p = .007$. The current findings indicate combat responder status negatively correlated with PTSD symptomology, B = -.65, β = -.31. Gender, ethnicity, and combat exposure did not predict PTSD symptomology, $p > .05$ and explained 18% of the variance of PTSD symptomology. The four extraneous variables (gender, ethnicity, combat exposure status, and combat responder status) analyzed together predicted PTSD symptomology. Of the four extraneous variables only combat responder status (responding to/treating/caring for/witnessing someone killed or injured in a combat incident) had a statistically significant individual positive relationship and strongly predicted PTSD symptomology.

Implications

There are numerous implications of the findings of this study. The relationship between compartmentalization and PTSD suggests the need for exploration of alternate treatment specifically designed to address the particular type of PTSD which is displayed. Subconscious encoding of traumatic events through compartmentalization suggests a shared pathophysiology for MTBI, PTSD, and other psychopathologies, indicating a need to more effectively combine treatment of PTSD and MTBI, and the need to address more specifically the symptoms displayed based on the type of dissociative experience endorsed.

The finding that detachment predicts PTSD symptomology also suggests a need for specialized treatment as necessary to address what appear to be particular subtypes of PTSD. For example, treatment needs may be different for patients with a higher presentation of detachment symptoms versus one of the other types of dissociative experiences. An additional implication is increased awareness of whether this leads to differences in the presentation or type of PTSD symptomology. That is, findings of the

current study suggest distinct pathways for encoding traumatic experiences, leading to the question of whether this indicates the possibility of different types of PTSD depending on the type of dissociative experience exhibited. Current findings also raise the question of whether these various encoding pathways suggest clues to the appropriate selection of effective treatment options based on type of dissociative experience.

Because boundary permeability was conceptualized by Hartmann, Harrison, and Zborowski (2001) as a stable personality trait establishing an individual's ability to resist and regulate emotional intrusions, current findings suggest the implication of internal processes in PTSD symptomology, implying PTSD pathogenesis is related to personality traits rather than trauma. This suggests an internal locus of control, rather than the experience of a traumatic event, in PTSD symptomology and treatment. As the current findings corroborate Hartmann et. al.'s (2001) concept of boundary permeability as a stable trait with neurobiological origins, these findings suggest the need for development of treatment modalities targeting these personality traits. It also suggests a possible predictive model for the development of a validated assessment instrument utilizing a combination of questions derived from the Boundary Questionnaire-18 and DES-II to enable the prediction, accurate diagnosis, and effective treatment of PTSD as well as other psychopathological and cognitive conditions.

Findings related to the final question exploring demographic variables in PTSD development suggest the impact of being a combat responder may have a greater negative outcome as a result of personality traits, not the personal experience of trauma itself (Hogue, McGurk, Thomas, Cox, Engel, & Castro, 2008). These findings have significant implications for the military and suggest leaders may consider selection of individuals for certain missions based on evaluation of boundary and DES scores, and specifically target individuals for post-combat mission deployment support or individualized treatment following military operations. In addition, the evidence that gender has an impact when combined with ethnicity, combat exposure and combat responder status has significant implications for the future of women in the military, who are beginning to be integrated into combat units with greater frequency. The results of this study extend the understanding of PTSD symptomology and clarify more precisely the impact of responding to the victims of combat incidents. This suggests human beings are more deeply and significantly impacted by witnessing the physical trauma of a fellow human rather than that which they experience directly and which puts their own lives in danger.

If PTSD is to be effectively treated or prevented, theories as to its origin are indispensable. Individuals who dissociate following trauma were thought to be at greater risk for PTSD symptomology, but empirical evidence was needed to forward the understanding of internal mechanisms in development of PTSD symptomology. This research presents a predictive model for PTSD based on compartmentalization, detachment, and boundary permeability status. Combat responder status was also found to have predictive utility for PTSD. Greater understanding of the internal mechanisms in the pathophysiology of PTSD may lead to prevention of the disorder through the prediction of PTSD and more effective treatment modalities in the military population and those individuals vulnerable to development of the disorder.

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Point of Contact Information

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Division Membership Committee Report

Michelle L. Kelley

First, let me introduce the membership committee. I am taking the reins as membership chair from our previous chair, Alex Wind. Alex stepped in after David M. Barry served his term. Both Alex and David were exceptional membership chairs. I am honored to take the helm. In addition to our continuing members, Alex and David, let me welcome our new membership committee members: Leah Rowe, Joanna Dziura, and Jessica Marin.

Now for some updates. As of October 2017, our total Division 19 membership was 1,178. As Sally Harvey mentioned in her "final message" in December, the membership of Division 19 is young. Of our 2017 members, 205 of our members were returning student affiliates and 265 were new student affiliates. These students will become our future early career psychologists. Further, we had 29 new professional or international affiliates. More members ensure that Division 19 is heard in the APA Presidential and Council of Representative Apportionment elections. These numbers also represent the work of many of you who are helping to reach out to welcome new members to Division 19! Thank you.

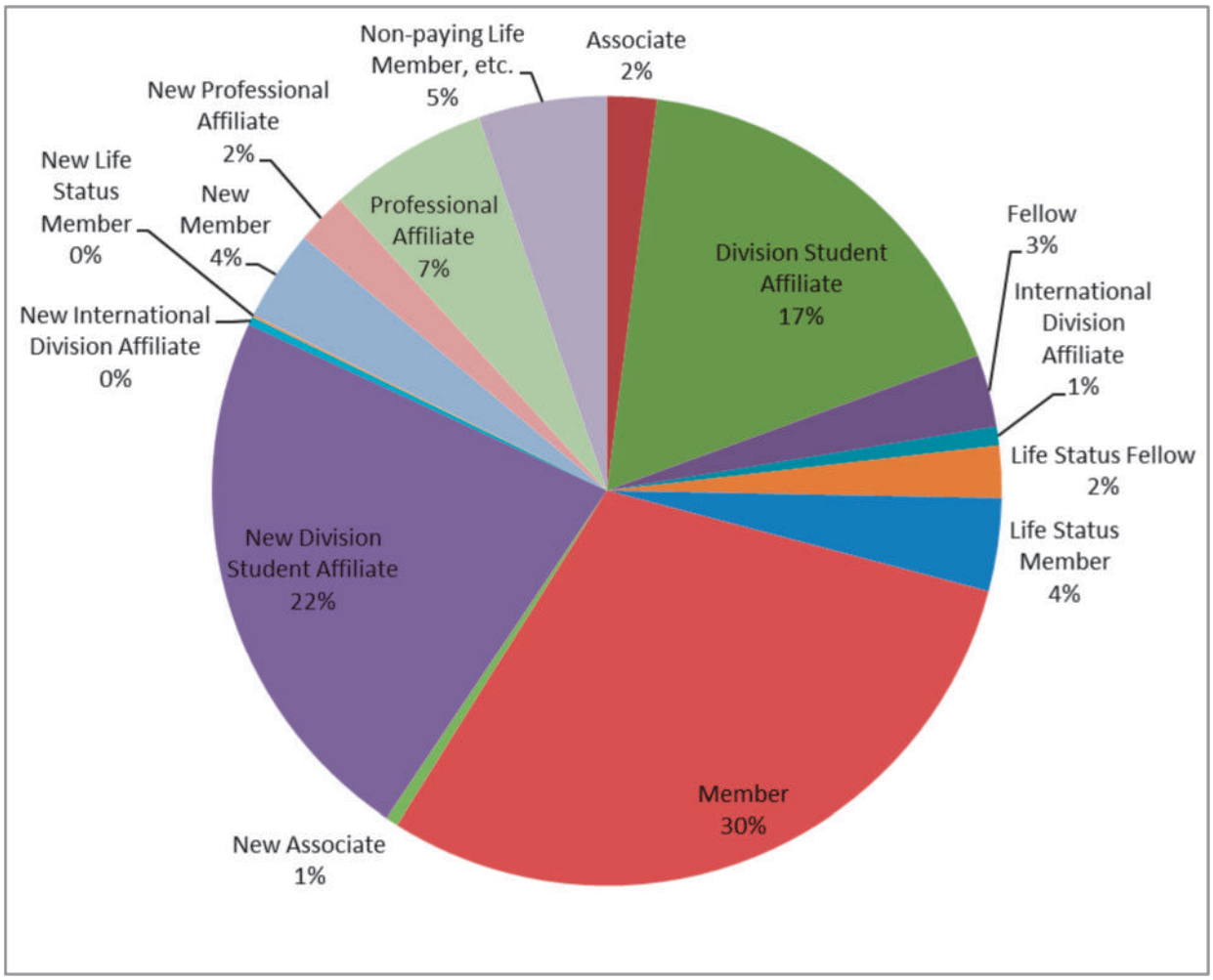
This year we hope to increase Division 19 membership by 5%. We will send a series of e-mail letters to all members at all levels. Further, we will be reaching out to Veterans Affairs intern and post-doc directors, chairs of graduate programs in psychology, and Department of Defense researchers; however, we need your help. Please invite your colleagues and students to join Division 19 and support our mission to advance science and the practice of military psychology. Do you have ideas for increasing membership? If so, we want to hear from you! Please contact me at mkelley@odu.edu.

Need to renew your membership? Want to help a colleague join Division 19?

- Simply go to http://www.apa.org/about/division/join.aspx and click on the link for Division 19: Military Psychology.
- Enter your APA User ID and password or register for an APA website account.
- Follow the instructions to renew/sign up!
- Note: even if you're not an APA member, you can join Division 19 as a Professional Affiliate ($30; for non-students) or a Student Affiliate ($10; for graduate and undergraduate students).

Division 19 Membership Breakdown, October, 2017

Associate	24
Division Student Affiliate	205
Fellow	35
International Division Affiliate	9
Life Status Fellow	25
Life Status Member	45
Member	351
New Associate	6
New Division Student Affiliate	265
New International Division Affiliate	4
New Life Status Member	1
New Member	44
New Professional Affiliate	25
Professional Affiliate	77
Non-paying Life Member, etc.	62
Total	1,178



Division 19 Membership Breakdown, October 2017.

Early Career Psychologists Committee Report

Spring 2018

The Early Career Psychologists (ECP) Committee heartily welcomes Chair-Elect Neil Shortland, Ph.D. Dr. Shortland is a cognitive psychologist and the Director of The Center for Terrorism and Security Studies at the University of Massachusetts Lowell. He offers an important international perspective, having recently received his Ph.D. the University of Liverpool in the United Kingdom. The ECP Committee also extends sincere thanks for her service as past chair and bids farewell to Julie Landry Poole PsyD, ABPP.

Those of you who have been following the Division listserv may have read some about the most recent APA apportionment ballot. I wanted to spend some time demystifying this process and highlighting its importance to ECPs. This apportionment ballot is like a census of our membership – it determines the proportionality of representatives to the APA's Council of Representatives, its main governing body. Each member can allocate 10 votes across divisions and state/provincial associations as they see fit. This year, the Division was fortunate to retain our second seat on CoR. Now, more than ever, it is so important that our Division has a "seat at the table" to help ensure a positive (and accurate) view of military psychology. These connections are made person to person, and as APA encourages more ECPs in governance, we also want to encourage more ECPs to get involved in the division. Creating a strong leadership pipeline helps to ensure that ECP concerns are represented. Next year I would love to see the Division earn a 3rd seat and then it would be great to put forward an ECP nomination!

To help us accomplish that goal, here are a few numbers to put into perspectives the importance of voting:

- Division 19 was 20th in total votes out of 54 divisions, and 11th in the number of members allocating all 10 votes to the Division.
- Among divisions with 2 representatives to CoR, Division 19 was 9 out of 21 in total votes, and in the top 3 of members allocating all 10 votes.
- Only 534 votes separate Division 19 from those divisions with 3 seats on Council.

What this says to me is that our members are passionate about Division 19 when they vote, but that we need to engage more of our members in voting. If 50% of our members allocated 1 more vote to Division 19, we would gain another seat. Having another seat on Council can go a long way to growing our Division's influence within APA, creating and strengthening partnerships across APA and provides another opportunity for young leaders to work within our division.

Speaking of growing leadership, in 2018, the ECP Committee will be expanding to include service leads for the Army, Navy, and Air Force, as well as liaisons for research and student transitions. Interested members should contact Ryan Landoll, and other positions may be added as well. Our hope is also to offer open meetings this year to engage ECPs interested in becoming more involved throughout division governance. Follow our efforts by joining the Division 19 Facebook Page and following Division 19 on Twitter.

Early Career Psychologist Committee Members:
Adrienne Manasco, PsyD (Past Chair), Ryan Landoll, PhD, ABPP (Chair), Neil Shortland, PhD (Chair Elect)

Point of Contact Information

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Ryan Landoll, Ph.D., ABPP @DrLandoll
rlandoll@gmail.com

Student Affairs Committee Report

Kelsi Rugo

The Student Affairs Committee has seen an interesting transition over the past few months; both Kevin and Nate graduated from their programs and officially became doctors, leaving me as the only student on the Student Affairs Committee! Despite my subtle jealousy, I want to offer my biggest congratulations to both Dr. O'Leary and Dr. Tenhundfeld as they celebrate the end of graduate school and move onto bigger and better things. Kevin is currently completing a postdoctoral residency in clinical psychology with an emphasis in PTSD at the Albany Stratton VAMC and Nate recently became a postdoctoral researcher at the United States Air Force Academy. Congratulations, gentlemen!

Our Veterans Day Virtual 5K race that we sponsored in November was a great success. Runners signed up virtually to run a 5K race on their own time and in their own place—with all proceeds going to one of three veterans organizations in the community. The final numbers are in and we raised a total of $979.26 for the Given Limb Foundation, Fisher House, and Veterans Adventure Group. Thank you to all who signed up and ran with us!

With the new year, came our annual leadership transition. Jourdin Watkins Navarro, a Navy HPSP recipient and third-year student at Midwestern University, became our new Chair-Select. Jourdin previously served as our Western Regional Representative and demonstrated a tremendous capacity for leadership and innovation—strengths we look forward to capitalizing on during her tenure on the Student Affairs Committee. We also welcomed Brian Kok as our new Western Regional Representative. Brian is a fourth-year PhD candidate in the clinical psychology program at Palo Alto University. Both Jourdin and Brian were 2017 recipients of our Division 19 Student Travel Award and we are delighted to have them on board! Although this is good news, it also meant that we said a sad goodbye to Kevin O'Leary, who served as our committee Past-Chair in 2017. Kevin, thank you for your years of service to the Committee and the Society; we wish you the best moving forward.

Overall, Division 19 Student Affairs had a fantastic 2017—entirely attributable to the magnitude of talent and commitment from each of our student leaders. A special thanks to Katie, Michelle, Jourdin, Afik, and Ryan for their leadership over the past year. Nate, Kevin, and I truly couldn't have asked for a better team to work with.

Finally, we want to extend our sincere gratitude to the dozens of Division 19 members who provided mentoring, webinar presentations, funding opportunities, and other various supports to our students over the past year. Your investment in us does not go unnoticed or unappreciated—thank you for helping shape us into the leaders of tomorrow.

Kelsi Rugo, MA, NCC
Chair, Student Affairs Committee

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Continuing Education Committee Report

Freddy A. Paniagua, PhD

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

The Continuing Education Committee is approved by the APA Office of CE Sponsor Approval to provide high-quality CE opportunities to military psychologists. The primary goals of our committee are to

1. Assist in the development of high-quality pre-convention CE opportunities for psychologists during the annual convention of the American Psychological Association (APA), in collaboration with APA's Continuing Education Committee.
2. Assist in the development of pre-convention continuing education presentations, scheduled prior to the Annual Convention. The committee is accepting applications for the 2017 Convention to be held in Washington, DC.
3. Help psychologists fulfill their licensure requirements by facilitating the development of in-person CE opportunities year-round, that are free of charge. These are intended to benefit all psychologists, but particularly those in remote locations, or those who are unable to obtain funding for program attendance due to budgetary restrictions or duty demands.
4. Aid psychologists in developing their unique professional interests further, by creating and delivering a CE program.

Applications for new CE programs are welcome from both military and civilian psychologists, provided that the content remains relevant for the military psychology community. Those interested in submitting a proposal are encouraged to contact the committee chair, Freddy Paniagua at faguapan@aol.com. The application process is simple and straightforward, and all relevant forms are available at the Division 19 Continuing Education website: http://www.apadivisions.org/division-19/students-careers/continuing-education/index.aspx

In 2017, the CE Committee reviewed and approved the following CE applications:

1. Annual STRONG START/CAP Combat PTSD Conference 2017 (Lindsay M. Bira, PhD)
2. Cognitive Processing Therapy for PTSD 2-Day Training (Katherine Dondanville, PsyD)
3. Innovations in Primary Care Behavioral Health: Lessons Learned from an Air Force Pilot Program (Ryan R. Landoll, PhD)
4. Military Culture and its Implications for University College Counseling Centers (Sarah Skelton, PsyD)
5. Prolonged Exposure for PTSD 2-Day Training (Brooke Fina, MSW, LCSW)
6. Sleep Disturbance Among Trauma-Exposed Military and Veteran Population (Katherine E. Miller, PhD)

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Communications Committee Report

Brian Lees

Hello Division 19'ers!

This is the first post on behalf of the newly formed Division 19 Communications Committee. We are overseeing our listservs, Facebook group, Twitter account, and websites. The committee consists of myself, USN Captain Carrie Kennedy, Alexander Wind, PhD, and Jason Nathaniel Taylor, BA.

Our primary "Announcement" listserv has over 2,800 subscribers! One of the benefits of being a Div19 member is that you are entitled to have us post something for you on this listserv: be it a job, a training, or a conference. Please email me for instructions on the best way to compose your post. Announcements are sent out every two weeks or so. Our "Discussion" listserv has about 140 subscribers. It has been only lightly utilized, so we are considering opening it up to psychologists in other divisions and possibly any professional interested in military psychology (such as lawyers, anthropologists, historians, etc). More to come on this endeavor!

Our most interactive social media presence is on our "APA Division 19-Military Psychology" Facebook closed group. We have over 1,000 members and people (including Past-President Sally Harvey!) are posting and commenting every day. We also have our Twitter account (@APADiv19) with over 1,000 followers. Carrie Kennedy (@combatpsych) initiated a campaign "#ServeAroundtheWorld" which featured military psychologists taking selfies from duty stations CONUS and OCONUS. We attracted a lot of good attention in our battle against the misconceptions post-Hoffman report. If you have any other good campaign ideas, let us know. And please tag us in your posts that you want us to retweet!

Finally, Alexander Wind created our own webpage, separate from APA's, so that we can have a bit more autonomy. Please take a look at www.militarypsych.org. Our APA page still can be found at http://www.apadivisions.org/division-19/index.aspx .

Thank you all for being a part of our Society, and if you would like to contribute to these endeavors, please email me at leesbro@hotmail.com with subject line "Div19 Communications Committee." We look forward to communicating with you!

Point of Contact Information

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LCDR, US Public Health Service
leesbro@hotmail.com

APA Program Chair Report

Angela Legner, PsyD, and Lindsey Monteith, PhD

As our membership continues to grow, so do our program submissions! The programming committee truly appreciates Division 19 members for their submissions. This year we received a record number of high-quality submissions, exceeding our 19 allocated hours for the annual APA convention, which will occur August 9–12, 2018 in San Francisco, CA (http://www.apa.org/convention/). Approximately 50 reviewers generously provided their personal time and expertise by reviewing conference submissions. With their invaluable input, we were able to review over 101 poster submissions and 27 program proposals. We accepted 80 posters and 18 programs, including conversation hours, skill-building sessions, and symposia. We are very excited for this year's lineup of diverse, innovative, and scientifically rigorous programming. First authors of submissions have been notified of the status of their submissions. APA will determine the final presentation schedule and will notify presenters of their scheduled dates/times at the end of March.

We look forward to seeing you in San Francisco this August! Thank you for your contributions and support!

Very respectfully,

Angela Legner, PsyD, and Lindsey Monteith, PhD
2018 Division 19 Program Chairs
angelalegner@gmail.com

APA Division 19/Society for Military Psychology

Annual Business Meeting

Nathan D. Ainspan, PhD, Secretary 2017–2019

Note: These minutes are to be approved by vote of the Society 19 Executive Committee.

Meeting date: August 4, 2017

Meeting Time: 2:00–3:00 pm

Meeting Location: APA Annual Meeting, Marriott Marquis Washington, DC Hotel, Liberty Salons I and J

The meeting commenced at 14:00.

Welcome/Announcements Comments

President Sally Harvey welcomed the group and commented that at this meeting—the 125th year of APA—it is ever more critical for the Society to represent and promote the diversity that makes up our organization and to redouble our Society's dedication to the advancement of psychology while protecting the nation both internally and externally.

Secretary's Report

Secretary Nathan Ainspan distributed the minutes of the February Executive Committee (EXCOM) meeting and asked for their approval. The approval was unanimous.

Treasurer's Report

Treasurer Scott Johnston said that the Society is fiscally strong with $5,400 in assets, $95,000 in income, and $6,000 return on our investments. The Society had $81,000 in expenses, including $30,000 in awards. In total, the Society brings in $10,000 each year.

Council of Representatives Report

Council Representative Carrie Kennedy described the purpose of the Council and noted that this is the first year that we have two representatives on the Council. One topic that was discussed was if psychologists with Master's degrees and licensed clinical social workers should be admitted into APA.

Nominations and Elections Report

Past-President Ann Landes reported that nominations and elections were held earlier this Spring for the President and Member-at-Large positions. The Society had four nominees for the MAL position and two nominees for the President position. Dr. Stephen Bowles was elected as our incoming President-Elect (2018) and Dr. Paul Bartone was elected as our incoming Member-at-Large.

2017 Program Report

Program Chairs Rebecca Blais and Lindsey Montieth reported that the Society had four collaborative programs, 18 hours of division programming, and 59 posters. The Society is also scheduled to co-list programs offered by other divisions (which does not require any additional hours of our allocated time). They added that Angela Legner has been selected as Program Chair for the 2018 Convention and attended the Program Chair Training in D.C. in April. Members are encouraged to contact her with ideas for programs for the 2018 meeting in San Francisco.

They thanked all of the members who submitted proposals (over 100 were submitted), all who volunteered to review proposals, and everyone who helped with all of the logistics and events at the meeting.

President Harvey thanked Blais for all of her work as Program Chair for the three years that she has helped plan the programs.

Military Psychology Journal Report

Editor Armando Estrada presented the report and said that the Society continues to make significant gains in our ability to publish papers—in 2017 we published 40 papers in six regular issues each year. He added that the contract with APA to publish the journal will be expiring and he

and the EXCOM are reviewing proposals to determine who will publish the journal going forward.

Membership Report

Membership Chair Alex Wind noted that the Society's membership is down slightly due to reductions in student memberships—but the Society has continued to retain returning members. As of May 2017, the Society has 1,124 members. The Membership Committee is looking to identify causes of decline or slow growth and work with appropriate committees to reverse those trends. The Committee will focus on easing the process for students to become full members and will focus on how they can convert more early career psychologists (ECPs) into full members. The Committee will discuss expanding the membership committee to engage ECPs, recruiting ECPs to join the committee, and encouraging other committees to do same.

Military Psychology Fellows Election

On behalf of the Committee Chair Mike Matthews, Paul Bartone reported all of the Fellowship packets submitted by the Society to APA were approved. He then announced the new Fellows of the Society: Sally Harvey, Tanya Heffner, Maurice Sipos, and Mark Staal. He congratulated all of them.

Vote on the By-Laws

President-Elect Mark Staal compiled a list of Society members who were in attendance and noted that with 34 members in attendance we had a quorum of Society members and could thus vote on the proposed changes to the Society's by-laws.

A discussion was held on each individual motion and when no more questions were raised or discussion needed, a vote was held on each motion.

For changes to the text of the motion, see the attached list of changes with the edits made (after voting on each edit) highlighted in the document.

Below is the outcome of the vote for each proposed change:

Proposed change	Description	Nay	Yea	Abstain
1	Name change to "the Society" and to "the Association"	0	34	
2	Purpose of organization rewritten for clarity	0	34	
3	Change in Fellowship criteria	4	27	3
4	Expand membership to include APA language	5	29	0
5	Associates defined	4	30	
6	Affiliates defined	4	30	
7	International affiliates defined	3	30	1
8	Professional affiliates defined	1	33	
9	Notification of membership will be done by the Membership Chair	0	33	1
10	Addition of section about members who are expelled from APA but wish to remain members of the Society	2	29	3
11	Members expelled by the Society	4	30	
12	Addition of how the Society's Strategic Plan will be reviewed	1	32	1
13	Adding compiling the meeting books to the Secretary's tasks	1	33	
14	Explanation of duties of Members at Large on the EXCOM	1	32	1
15	Fellows Committee members will have a three-year term	18	16	
16	The Program Committee will be a standing committee	3	30	1

Proposed change	Description	Nay	Yea	Abstain
17	Clarifying the responsibilities of the History Committee	1	33	
18	Making the Students Affairs Committee a standing committee of the Society	0	34	
19	Clarifying the responsibilities and roles of the Diversity in Military Committee	4	30	
20	Making the International Committee a standing committee of the Society	3	31	
21	Making the Ethics Consultation Committee a standing committee of the Society	1	33	
22	Making the Listserv and Social Media Committee a standing committee of the Society	1	33	
23	Adding a section on the Student Affairs Committee	4	30	

All proposed changes (except #15) were approved by a quorum of the members.

Awards

Ann Landes presented the following awards to the following award winners:

- The John C. Flanagan Award for Lifetime achievements in military psychology, presented to Mark A. Staal, PhD.
- The Charles S. Gersoni Award for outstanding contributions to military psychology, presented to Carl Castro, PhD, and Walter E. Penk, PhD, ABPP.

At the Society's Welcome Social (held Thursday, August 3rd from 4:00 to 5:00 pm in the Marriott Marquis Washington, DC Hotel, Marquis Salon 2), the following awards were presented:

- Student Research Grant Awards to Neil Shortland and Benson Munson.
- The Member/Affiliate Member Research Grant, for research within any area of military psychology, to Philip Held, PhD, for "Using a novel multi-method assessment approach to determine whether moral injury-based traumatic events differ from fear- and loss -based traumatic events."
- The Member/Affiliate Member Travel Grant, to defray costs of attendance, participation, and engagement in Society activities, to James E. Griffith, PhD.
- Recognition of Outstanding Student Chapters of the Year to Tennessee State University and Adler University.
- The Arthur W. Melton Award, for early career achievements in military psychology to Katy Dondanville, PsyD, ABPP, Tim Hoyt, PhD, and Leah J Rowe, PhD.

At the Society's Annual Social (held Friday, August 4th from 4:00 to 6:00 pm in the Marriott Marquis Washington, DC Hotel Liberty Salons I and J) the following awards were presented:

- The Distinguished Mentor Award, for exceptional efforts to invest in the development of others in the psychological study of the military, presented to Amy B. Adler, PhD., and Col (ret) Thomas J. Williams, PhD.
- The Julius E. Uhlaner Award for outstanding contributions in research on military selection and recruitment, presented to Deirdre J. Knapp, PhD, and Chad E. Morrow.
- The Robert M. Yerkes Award awarded for exceptional contributions to military psychology by a non-psychologist, awarded to Major Bonnie Carroll, USAF Ret.
- The Robert S. Nichols Award, presented for excellence in service as a uniformed clinical psychologist to military personnel and their families, presented to Ashley Shenberger-Hess, PsyD.

The meeting concluded at 15:00.

Announcements

Christina Hein, MA

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.

General

Join Division 19 on Social Media!

- Facebook group: APA Division 19 – Military Psychology
- Twitter: @APADiv19, @Div19students
- LinkedIn group for ECPs: APA Division 19 – Military Psychology – Early Career Psychologists

Publication Opportunities

First Author Student Research Opportunity on Data Collection and Moral Injury

Interested in first author publication and presentation opportunities? My name is Jeremy Jinkerson, I'm a USAF psychologist, and I served for 2 years as the SAC's Virtual Projects Officer. I'm looking for a motivated student or students to work with me on an unfunded research project on data collection and moral injury modeling. This is my dissertation follow-up research, where I'm studying whether moral injury's core symptoms can predict its secondary symptoms (please see my 2016 Traumatology article entitled "Defining and Assessing Moral Injury: A Syndrome Perspective" at http://dx.doi.org/10.1037/trm0000069 for more information on the syndrome model). The best part is that I've already collected the data and have received ~258 valid MTURK responses from combat veterans using Lynn and Morgan's (2016) recommendations on validation checks. The difficult part is that I received 524 responses overall. So before we can do the moral injury study, we need to conduct a study on the validity of the responses. Your role will be to evaluate the data to determine its overall usability/validity; we will then prepare a poster and/or manuscript detailing this real-world case study on MTURK data collection. Next, we'll analyze our valid data to test the moral injury syndrome model's hypothesis that core MI symptoms mediate relationships between pMIEs and secondary symptoms. We'll prepare a poster *and* manuscript for those results. I will provide you with my earlier writings and a pilot study for the present one that I have already submitted for publication. Interested parties, please inquire at Jeremy.jinkerson@gmail.com / Jeremy.jinkerson.2@us.af.mil

Research Participation Requests

Predictors of Associated Psychological Distress in Male and Female Veterans

The brief survey is part of a study being conducted by Matthew Southard, a doctoral student at CUNY City College of New York in New York, NY. The purpose of the research study is to examine stressful experiences in the military.

If you qualify and complete the survey, you could win a $25 gift card as a thank you for your time.

https://ccnypsych.az1.qualtrics.com/jfe/form/SV_7NFliQAUEB3Y8Qt

The Associations Among Transition Period, PTSD, and Alcohol/Substance Use for Veterans

The purpose of this study is to learn more about the transition period and transition stress that OEF/OIF/OND veterans experience. To participate, you must be an OEF/OIF/OND veteran who has transitioned out of the military for at least one year.

Participants will be asked to complete 4 surveys along with demographic information. The survey should take no more than 15 minutes total. The link for the survey can be found here: https://www.psychdata.com/s.asp?SID=180260

Should you have any questions or concerns about the study, please contact irb@adler.edu, cseitz@adler.edu, or by cell at 717-495-1264.

Veteran Military Leadership Study

The purpose of this research study is to examine how attitudes and behaviors may influence the effectiveness of military leadership roles. The survey questions will be related to your personal attitudes about yourself, your performance, and about others.

To participate in this study, you must:

- be a veteran of the U.S. Armed Forces;
- have served active duty in the U.S. Military; and
- be honorably discharged for at least one year.

Participation in this study is voluntary. Your responses to the survey are anonymous and confidential, as the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes and will only be shared with the researcher and a three-person dissertation committee at Chestnut Hill College. The online survey is estimated to take approximately 10–15 minutes to complete. For each completed survey, $1.00 will be donated to the non-profit charity, Homes for Our Troops, which provides newly constructed homes, furnished and modified, for the special needs of injured veterans, at no cost to them.

Survey link: https://www.surveymonkey.com/r/BCheung

Development and Validation of a Measure of Social Alienation for Student Military Veterans

The aim of this study is to create a measure of social alienation for student veterans. The survey will take approximately 15–20 minutes. Participants must be at least 18 years or older, a veteran, and currently enrolled at least part-time in a college or university. As a thank you for your time, you will be offered the chance to enter in to a drawing for one of four $50 gift cards. If you have questions, please feel free to email me at Nicole.justice@unco.edu.

Survey: https://unco.co1.qualtrics.com/jfe/form/SV_80yx7e9ezu5HEwJ

Job Opportunities

Veterans Health Administration Clinical Psychologist (Lake Charles, LA)

The Alexandria VA Health Care System is seeking a Clinical Psychologist to provide service to the Alexandria VA Health Care System Lake Charles Community Based Outpatient Clinic (CBOC). The Alexandria VA Health Care System, Alexandria, Louisiana is a joint commission accredited, Complexity Level 3 facility serving veterans within 23 of Louisiana's 64 parishes. The Alexandria VA Health Care System is located in Pineville, Louisiana with CBOCs in Jennings, Lafayette, Fort Polk, and Natchitoches, Louisiana.

The Clinical Psychologist provides psychological assessment and consultation services in the assigned clinical area, which may also include psychological testing and evaluation, competency, and group and individual psychotherapy. Psychologists assess and provide evaluation of emotional, intellectual, and neuropsychological functioning through the use of psychological tests, procedures, and/or clinical interviews. The psychologist informs other staff members of the types of problems for which psychological evaluations would be beneficial. He or she selects the optimum battery of tests or procedures to gain the appropriate information in each case. He or she oversees the administration and scoring of psychological assessment procedures, interprets, and reports the findings of the evaluation in the medical record in a timely fashion, and helps to integrate the findings into treatment planning for patients.

https://www.vacareers.va.gov/job-search/job-detail.asp?job=301306&utm_source=Indeed.com&utm_medium=Job-Board&utm_content=482271900&utm_campaign=none

Veterans Health Administration Clinical Psychologist (Honolulu, HI)

The Behavioral Health Interdisciplinary Program psychologist position is located in the Mental Health Service in Honolulu, Hawaii. Major duties include, but not limited to:

- provides a full range of diagnostic services, which may include structured interviews, behavioral assessments, and standardized psychological evaluation instruments to assess cognitive, emotional or personality factors;
- provides the highest quality of care through selecting and applying the most appropriate psychotherapeutic techniques, with an emphasis on evidence-based treatments consistent with practice guidelines;

- performs evaluations specifically to assess combat-related psychological conditions, the effects of military sexual trauma, and/or to determine the need for evaluation and referral for substance use disorders; and
- provides adjunctive interventions for the treatment of medical disorders, such as those that address stress management, compliance with medical treatments and similar conditions.

https://www.vacareers.va.gov/job-search/job-detail.asp?job=303489&utm_source=Indeed.com&utm_medium=JobBoard&utm_content=487525900&utm_campaign=none

Training Opportunities

Military Culture Training

This course, provided by the Center for Deployment Psychology, allows the trainee to understand the influence of military culture among health-related behaviors; this will help the provider plan treatment to best help the service member of veteran. The training is made up of four modules covering Military Culture: Core Competencies for the Healthcare Professionals.

http://deploymentpsych.org/psychological-training

Cognitive Processing Therapy (CPT) – MCAS Cherry Point, NC

The Center for Deployment Psychology (CDP) is offering a 2-day evidence-based workshop for Tri-Service military/DoD/GS behavioral health providers at MCAS Cherry Point, NC on April 25–26, 2018, entitled "Cognitive Processing Therapy (CPT)." The workshop is free and includes CEs, but any travel or expenses must be self-funded.

Space is limited! To be eligible you must be a Tri-Service military/DoD/GS behavioral health provider (to include civilian contractors) who provides therapy to Service members at a military facility. Participants must attend the full 2 days to receive CEs; no partial credit will be given.

If you are interested in attending this training, please email your request to: training@deploymentpsych.org. Please note, you may be asked to submit a letter from your Department Head or Division Chief noting that you are eligible to attend.

Prolonged Exposure Therapy for PTSD – Shaw AFB, SC

The CDP is offering a 2-day evidence based workshop for Tri-Service military/DoD/GS behavioral health providers at Walter Reed NMMC, MD on May 15–16, 2018. The workshop is free and includes CEs, but any travel or expenses must be self-funded.

Space is limited. If you are interested in attending this training, please email your request to training@deploymentpsych.org. Please note, you may be asked to submit a letter from your Department Head or Division Chief noting that you are eligible to attend.

If unable to attend, a Webinar format of this training is also available online at The Center for Deployment Psychology will be presenting a two-day course in the use of Prolonged Exposure Therapy on May 15–16, 2018, 9 am to 5:30 pm EST. Registration for the course is $45 and comes with 13.5 CEs. Space in this event is limited and registration will close once this cap is reached. This course will be held online through Second Life. Participants will need to have an account in Second Life and install the Second Life viewer on their computer to take part. Those who don't have a Second Life account can create one and download the Second Life viewer here: http://secondlife.com/support/downloads/.

Assessment and Treatment of Sleep Disturbances in Military Populations: Cognitive-Behavioral Therapy for Insomnia (CBT-I) – Fort Huachuca, AZ

The CDP is offering a 2-day evidence-based workshop for tri-service military/DoD/GS behavioral health providers at Camp Lejeune, NC on April 11–12, 2018. The workshop is free and includes CEs.

This 2-day workshop provides training in the assessment of military-related sleep disturbance and treatment of insomnia via Cognitive Behavioral Therapy for Insomnia (CBT-I), an evidence-based approach to treating sleep problems. The workshop begins with a broad foundation of normal sleep, including sleep mechanisms and theories, which builds to instruction on sleep-focused differential assessment with a focus on functional analysis. From this perspective, we explore the etiology of insomnia and introduce clinical interventions within a step-by-step CBT-I protocol. Experiential and interactive elements develop practical skills for using stimulus control, sleep restriction, and cognitive therapy. Military case examples are incorporated to illustrate key

concepts and techniques. Participants are expected to engage in case discussion and role-plays in class to practice CBT-I techniques, and attendance both days is required.

If unable to attend in person, CBT-I will be available in a Webinar format online at The Center for Deployment Psychology (CDP) is offering a 2-day evidence-based workshop April 12–13, 2018, from 11 am to 7:30 pm EST, entitled "Cognitive Behavioral Therapy for Insomnia (CBT-I)." Registration for the course is $45 and comes with 13.5 CEs.

This course will be held online through Second Life. Participants will need to have an account in Second Life and install the Second Life viewer on their computer to take part. Those who don't have a Second Life account can create one and download the Second Life viewer here:

http://secondlife.com/support/downloads/. Click the gold "Join Now" at the top of that page to create an account and click the "Download the SL Viewer" button to get the Second Life viewer.

SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association

Society for Military Psychology: Call for Award Nominations

The Society for Military Psychology is seeking nominations for several awards:

1. The Arthur W. Melton Early Achievement Award – recognizes early career achievements in military psychology made within 5-10 years of entry into the field. 2. The Charles S. Gersoni Military Psychology Award – recognizes excellence in military psychology in the areas of research, service, products development, and/or administration made by an individual and/or group. 3. The John C. Flanagan Lifetime Achievement Award – recognizes career long achievements in military psychology. 4. The Robert S. Nichols Award – recognizes excellence in service by uniformed clinical psychologists to military personnel and their families. 5. The Julius E. Uhlaner Award – recognizes outstanding contributions in research on military selection and recruitment. 6. The Robert M. Yerkes Award – recognizes outstanding contributions to military psychology by a non-psychologist. Nominations are due 01 May 2018 (midnight ET) and should include the following: (1) Nomination letter describing the individual's achievements, to include the rationale supporting their selections, in no more than 2-3 pages; (2) Current resume/vitae of the nominee. Submit nominations to Dr. Sally Harvey (salsterhead@yahoo.com) in PDF format and list the name of the nominee and award on the subject line of your email (e.g. John/Jane Doe, Julius E. Uhlaner Award). Winners will be notified by the end of June 2018 and awards will be presented during the Society for Military Psychology business meeting Aug 9-12, 2018 at the upcoming annual APA Convention in San Francisco, California.

For specifics, please go to the DIV19 webpage:
http://www.apadivisions.org/division-19/awards/index/aspx

INSTRUCTIONS FOR CONTRIBUTORS TO THE MILITARY PSYCHOLOGIST NEWSLETTER

Please read carefully before sending a submission.

The Military Psychologist encourages submission 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 submission 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: copesky@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*, at the email address military.psychology.journal@gmail.com). If articles do not meet any of these categories, feel free to send the contribution to the Editor in Chief (Shawnna Chee: shawnna.m.chee.mil@mail.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. reference/citations). All graphics (including color and black-and-white photos) should be sized close to finish print size, at least 300 dpi resolution, and saved in TIF or EPS formats. Submissions should include a title, author(s) name, telephone number, and email address of 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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