Military Culture Handouts

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July 3, 2017

Military Officers

Grade and Rank

The armed forces are hierarchical organizations with clearly defined levels of authority. The different levels for officers are defined in law and called *grades*, while *rank* refers to the order of precedence among those in different grades and within the same grade (e.g., someone who has been a Major for three years outranks someone who has been a Major for two years; see 10 U.S.C. §741). However, it is common for the term rank to be used as a synonym for grade. Pay grade is an administrative classification that determines certain rates of pay, but it is sometimes used to indicate grade as well. For example, a Lieutenant Commander in the Navy may be referred to as an O-4. See **Figure 1** on reverse.

Numbers and Roles

Officers make up about 18% of the armed forces, with enlisted personnel making up the other 82%. Officers outrank all enlisted personnel. **Table 1** below lists the number of active duty officers in each pay grade.

Warrant officers (pay grades W-1 to W-5) perform highly technical or specialized work within their career field and also, in the case of the Army, serve as helicopter pilots. Warrant officers constitute about 8% of the officer corps.

Company-grade or junior-grade officers (pay grades O-1 to O-3) typically lead units with several dozen to several hundred personnel, or serve as junior staff officers. They make up about 56% of the officer corps. There is no statutory limit on the number of officers in these grades.

Field-grade or mid-grade officers (pay grades O-4 to O-6) typically lead units with several hundred to several thousand personnel, or serve as senior staff officers. They make up about 36% of the officer corps. There are statutory limits on the number of officers in these grades (10 U.S.C. §523).

General or flag officers (pay grades O-7 to O-10) may lead units or organizations with several thousand to hundreds of thousands of personnel or serve as staff for the largest military organizations. General and flag officers make up just under 0.4% of the officer corps. There are statutory limits on the number of officers in these grades (10 U.S.C. §525-526a).

Insignia

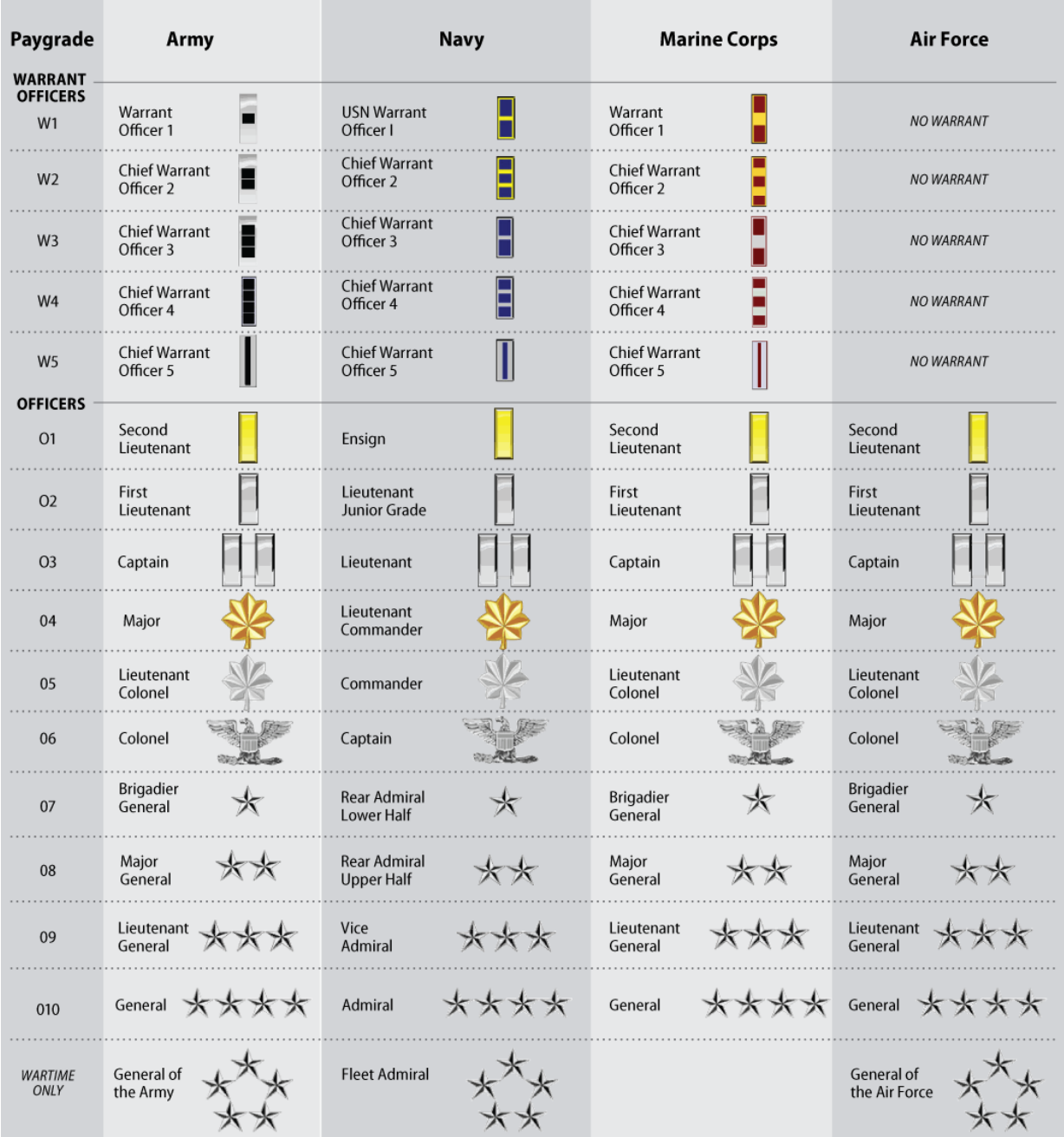
As shown in **Figure 1**, each officer grade in the armed forces has distinctive insignia, typically worn on the sleeve, shoulder, collar, and/or headgear (caps, berets, etc.).

Table 1. Active Duty Military Officers by Pay Grade (as of September 30, 2016)

Pay Grade	Services				Total
	Army	Navy	Marine Corps	Air Force	
O-10	12	10	4	13	39
O-9	44	37	16	40	137
O-8	125	62	29	91	307
O-7	131	99	37	153	420
O-6	4,139	3,153	641	3,320	11,253
O-5	8,997	6,603	1,894	9,585	27,079
O-4	15,578	10,622	3,856	12,902	42,958
O-3	28,809	18,621	5,951	21,252	74,633
O-2	11,340	6,575	3,487	6,901	28,303
O-1	8,386	6,937	2,718	6,704	24,745
W-5	591	75	103	0	769
W-4	1,957	386	288	0	2,631
W-3	4,171	585	592	0	5,348
W-2	5,897	620	876	0	7,393
W-1	1,952	0	181	0	2,133

Source: Department of Defense, Defense Manpower Data Center

Figure 1. Pay Grade, Grade, and Insignia of Officers



Source: CRS adaption of Department of Defense webpage: https://www.defense.gov/About/Insignias/Officers

Relevant Statutes

10 U.S.C. §§101(b), 523, 525-526a, 741, 742.

Other Resources

Department of Defense Instruction 1310.01, Rank and Seniority of Commissioned Officers, August 23, 2013.

CRS Products

CRS Report R44496, *Military Officer Personnel Management: Key Concepts and Statutory Provisions*, by Lawrence Kapp

CRS Report R44389, *General and Flag Officers in the U.S. Armed Forces: Background and Considerations for Congress*, by Lawrence Kapp

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Military Enlisted Personnel

Grade and Rank

The armed forces are hierarchical organizations with clearly defined levels of authority. These different levels are called *grades*, while *rank* refers to the order of precedence among those in different grades and within the same grade (e.g., someone who has been a Sergeant for three years outranks someone who has been a Sergeant for two years). However, it is common for the term rank to be used as a synonym for grade. Pay grade is an administrative classification that determines certain rates of pay, but it is sometimes used to indicate grade as well. For example, a Staff Sergeant in the Army may also be referred to as an E-6. See **Figure 1** on reverse. The Service Secretaries manage the accession, promotion, and assignments of enlisted members under broad statutory authorities.

Numbers and Roles

Enlisted personnel make up about 82% of the armed forces, with officers making up the remaining 18%. Enlisted personnel rank below all officers. **Table 1** lists the number of active duty enlisted personnel in each pay grade.

Junior enlisted personnel (pay grades E-1 to E-4) typically work in small units across the DOD. Individuals normally serve in these grades during their first enlistment term (usually 4 years). More senior enlisted personnel supervise them. Junior enlisted make up about 53% of the enlisted workforce.

Mid-level Noncommissioned Officers (NCOs) (pay grades E-5 to E-7). NCOs have significantly more responsibility than junior enlisted personnel. They lead small units, typically ranging from a few to several dozen personnel, and serve as technical experts in their occupational specialties. NCOs at this level translate orders from their superior officers into action. They make up about 43% of the enlisted workforce.

Senior Noncommissioned Officers (pay grades E-8 and E-9) typically serve as senior enlisted advisors to commanders or as staff NCOs. They also serve as a channel of support for the enlisted force in general. By law, enlisted personnel in pay grades E-8 and E-9 may not be more than 2.l5% and 1.25%, respectively, of the number of enlisted members of a given Service who are on active duty (10 U.S.C. §517).

Insignia

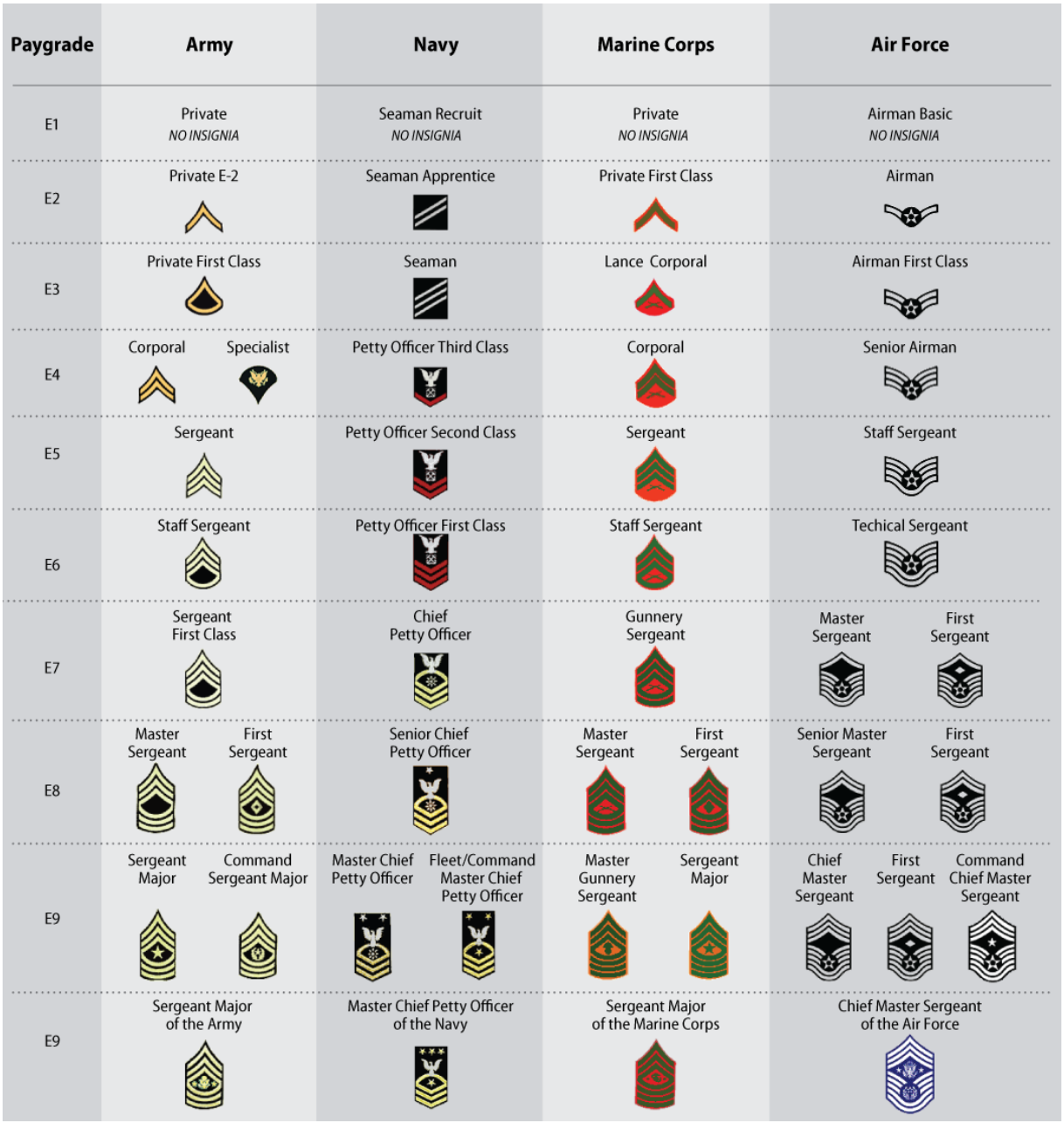
As shown in **Figure 1**, each enlisted grade in the armed forces has distinctive insignia, typically worn on the sleeve, shoulder, collar, and/or headgear (caps, berets, helmets, etc.)

Table 1. Active Duty Military Enlisted by Pay Grade (as of September 30, 2016)

	Services				
Pay Grade	**Army**	**Navy**	**Marine Corps**	**Air Force**	**Total**
E-9	3,379	2,571	1,514	2,515	9,979
E-8	10,778	6,441	3,751	4,995	25,965
E-7	35,212	21,410	8,322	24,484	89,428
E-6	54,189	47,059	13,483	39,677	154,408
E-5	64,861	63,838	26,202	59,395	214,296
E-4	114,509	52,855	35,340	59,550	262,254
E-3	47,289	49,548	43,073	43,852	183,762
E-2	26,699	14,130	20,146	7,021	67,996
E-1	21,862	7,864	10,997	11,273	51,996

Source: Department of Defense, Defense Manpower Data Center.

Figure 1. Pay Grade, Grade, and Insignia of Enlisted Service Members



Source: CRS adaptation of Department of Defense webpage: https://www.defense.gov/About/Insignias/Enlisted/

Relevant Statute

Chapter 31 of Title 10, U.S.C.

Other Resources

Department of Defense Instruction 1304.30, Enlisted Personnel Management Plan (EPMP) Procedures, March 14, 2006.

Army Regulation 600-20, Army Command Policy, November 6, 2014.

Other Resources (continued)

Navy Enlisted Manpower and Personnel Classifications and Occupational Standards, Vol 1, NAVPERS 18068F, January 2017.

Air Force Instruction 36-2618, The Enlisted Force Structure, February 27, 2009.

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IF10684

Cultural Vital Signs

Military Culture:

Core Competencies for Healthcare Professionals

U.S. Department of Defense
U.S. Department of Veterans Affairs

Integrated Mental Health Strategy (IMHS)

www.deploymentpsych.org/military-culture

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Cultural Vital Signs Checklist

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

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

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

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

Military Ethos

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

Service Branch / Identifying Information

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

Operational Experiences

- ☐ What is / was your primary job? What do / did you do?
- ☐ When you were deployed, did you perform your assigned MOS?
- ☐ What other duties have you fulfilled / do you fulfill?
- ☐ Where have you been stationed?
- ☐ What kinds of missions have you participated in?
- ☐ How have you adjusted / did you adjust / to military life?
- ☐ What is your work environment like?
- ☐ Who do you work with, and what is your role?
- ☐ What kind of leadership roles have you been in?
- ☐ Have you felt like you've received good mentoring in your career?
- ☐ Do you ever have a difficulty conversing at length with those in authority positions?
- ☐ "What impact has your injury/illness had on your fellow team members?"
- ☐ How trusting do you think you are with your fellow service members, on a scale of one to ten?
- ☐ How trusting do you think you are with civilians, on a scale of one to ten?
- ☐ Have your own standards ever caused you to be frustrated with yourself or others who do not live up to those standards (i.e., service, punctuality, integrity in relationships)?
- ☐ What have been some of the most important aspects of being in the military?
- ☐ What are some of the biggest challenges about being in the military?
- ☐ What are some of the greatest rewards about being in the military?

Military Organization and Roles

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

Life Chapters

Boot Camp / Training

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

First Assignment, Tour of Duty, or Deployment

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

Military Career Continuation Decisions

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

Separation from Military Service

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

Veteran Status

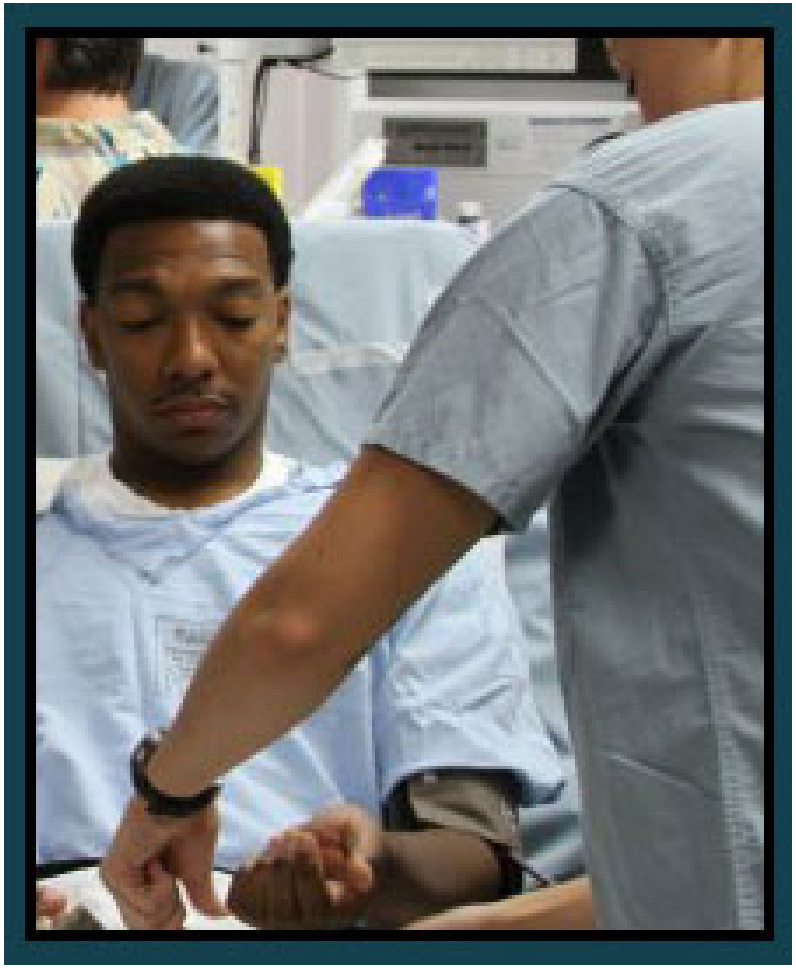
- ☐ What caused you to leave the military?
- ☐ How long have you been a Veteran?
- ☐ What aspects of being in the military affect the way you function now?
- ☐ What challenges have you faced as a Veteran?
- ☐ Are there any resources or rewards that come with being a Veteran for you?
- ☐ If you could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

Impact of Injury or Illness

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

Impact of Injury or Illness (*cont.*)

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



Stressors and Resources

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

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

Stressors

General Stressors

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

Pre-deployment

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

Deployment

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

Potentially Traumatic Events

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

Resources

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

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

- ☐ What got you through _____?
- ☐ What have been the most and least helpful resources to you?
- ☐ What training have you received related to resilience or stress management?
  - o How was that for you?
- ☐ Can you tell me what you learned in _____ program that made the most difference to you? What have you taken away from it?
  - o What have you used the most?
- ☐ What parts of your life do you feel are the strongest now? (family, friends, work, other social, physical, spiritual, financial, mental)
- ☐ Do you know of any behavioral health, spiritual or social support resources available to you and your family in the community or at your duty station?
- ☐ Are you using any of them?
  - o If so, which? If not, why not?
- ☐ How do you usually address your life challenges? What coping strategies have been most helpful for you up to now?
- ☐ Were there any successes or triumphs during (time frame)?
- ☐ What areas of your life are you interested in strengthening (i.e. marital, individual, family, etc.)?

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

Overall Cultural Assessment for Diagnosis and Treatment Planning

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

Patient Perspectives on Problems, Strengths, and Treatment Planning

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

Outline for Military Cultural Assessment

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

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

Culturally Competent Behaviors Checklist

Military Culture:
Core Competencies for Healthcare Professionals

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Integrated Mental Health Strategy (IMHS)

Culturally Competent Behaviors Checklist

This checklist is intended to heighten the awareness and sensitivity of healthcare professionals to the importance of military cultural competence in health and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values, and practices that foster military cultural competence at the individual or practitioner level. There is no answer key with correct responses. However, if you frequently responded "C," you may not necessarily demonstrate beliefs, attitudes, values and practices that promote military cultural competence within health care delivery programs.

This checklist is adapted from the "Self-Assessment Checklist for Personnel Providing Primary Health Care Services" scale, developed by Tawara D. Goode, Georgetown University Child Development Center-UAP[1].

[1] *Goode Tawara, D. (2000). Promoting Cultural Diversity and Cultural Competency: Self- Assessment Checklist for Personnel Providing Primary Health Care Services, Georgetown University Child Development Center National Center for Cultural Competence. http://gucdc.georgetown.edu/ncc7.html*

Core Competency 1:
Convey Care, Understanding, and Respect

Directions: Please enter A, B, or C for each item listed below.

Thing I do: A = Frequently | B = Occasionally | C = Rarely or never

Values & Attitudes

	A	B	C
I regularly examine my own values for ones that may conflict or be inconsistent with military culture values, if they are different than my own.			
I avoid imposing any of my own values that may conflict or be inconsistent with military culture values, if they are different than my own.			
Before providing services, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to the Service members and Veterans served by my program or agency.			
I screen books, movies and other media resources for negative military cultural stereotypes before sharing them with individuals and families served by my program or agency.			
I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors that show military cultural insensitivity, biases and prejudice.			
I advocate for the review of my program or agency's mission statement, goals, policies and procedures to ensure that they incorporate principles and practices that promote military cultural competence.			

Physical Environment, Materials & Resources

	A	B	C
I display pictures, posters, artwork and other decor that reflect military culture.			
I ensure that magazines, brochures, films and other printed or media resources and materials used in my practice reflect the military cultures of those served by my program or agency.			

Communication Style

	A	B	C
When interacting with individuals and families who have a military background, I attempt to learn and use correct descriptions, greetings, titles, and acronyms that are appropriate to the military culture, so that I am better able to communicate with patients during assessment, treatment or other interventions.			
I attempt to determine any interpretations or colloquialisms that might be influenced by military culture, and that may impact on assessment, treatment or other interventions.			
I attempt to convey care and respect non-verbally as well as verbally (i.e., steady eye contact, deflecting outside distractions, building rapport prior to launching into questions that might be perceived as intrusive, respecting the time boundaries of the appointment).			
I make every attempt to convey that I value the patient's experiences, and highlight commonalities that will promote rapport (i.e., the shared value of service, the shared respect for the patient's strengths, and the shared goal of getting the patient "back on track").			
I make efforts to ask questions without preconceived assumptions, and avoid using words or phrasing questions in ways that convey assumptions (i.e., "hero," "sacrifice," "were you happy to be back from deployment?").			

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Core Competency 2:
Make an Informed Assessment

Directions: Please enter A, B, or C for each item listed below.

Thing I do: A = Frequently | B = Occasionally | C = Rarely or never

	A	B	C
I recognize and accept that individuals from military backgrounds may have varying degrees of acculturation into the military and/or veteran culture.			
I accept and respect that an individual's unique experiences, including background, length of time in service, and quality of experience while serving, may have significant influence on their level of identification with military culture and ethos.			
I make efforts to determine the patient's level of identity with military culture and ethos.			
I make every effort to ask about my patient's unique military experiences before making comments or assumptions about their experiences, values, or goals.			
I accept and respect that age, race, ethnicity, socioeconomic status, gender, religion, and other values and beliefs may have significant influence on the patient's identity.			
I try to differentiate the influence of military culture on behaviors, before concluding that they are psychiatric symptoms (i.e., difficulty trusting, high standards contributing to frequent frustration and anger with civilians, military ethos contributing to heightened guilt or sense of betrayal when values are breached by self or others).			
I make efforts to discover other factors that factor into the patient's self-identification (i.e., ethnicity, gender, age, upbringing, family tree, religion, values and beliefs).			
If possible, I attempt to gather information from other sources about my patient's particular experiences in the military (i.e., the unique ramifications of their particular job, their branch of service, and their years in the service and locations of service).			
I make an effort to discover the personal strengths and resources that might contribute to recovery in each patient I serve.			
I ask questions related to the patient's view of their condition, concerns about confidentiality and impact of treatment on their career, and preference for treatment options.			
I seek information from individuals, families or other key community informants that will assist in treatment planning and execution.			
I keep abreast of the major health concerns and issues for Service member and Veteran populations served by my program or agency.			
I am aware of the most common risk factors that contribute to the major health problems of Service member and Veteran populations served by my program or agency.			

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Core Competency 3:
Provide Informed Treatment and/or Support

Directions: Please enter A, B, or C for each item listed below.

Thing I do: A = Frequently | B = Occasionally | C = Rarely or never

	A	B	C
Even if my professional and/or moral viewpoints may differ, I accept that patients (and if appropriate, their commands), are the ultimate decision-makers for treatment services that impact their lives.			
I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.			
I accept that military culture may influence how Service members and Veterans respond to illnesses, disease, and death.			
I understand that the perception of health, wellness and preventive health services have different meanings to Service members and Veterans.			
I understand that reactions to trauma, loss, moral injury, and wear and tear are influenced by military culture factors.			
I understand that disclosure regarding distressing events and experiences takes time, a sense of safety, the proper context, and / or discussion regarding personal beliefs related to stigma and disclosure.			
I am well versed in the most current and proven practices, treatments and interventions for major health problems among military and Veteran populations served by my agency or program.			
I seek out and engage in professional development and training to enhance my knowledge and skills in the provision of services and supports to military and Veteran groups.			
I am willing to take into account military schedules.			
I am accessible via email and phone, as is possible and appropriate.			
I base cost of care on military culture factors.			
I serve Service members and Veterans in the most accessible location possible.			
I incorporate the patient's strengths into the treatment plan.			
As much as is possible, I incorporate into the treatment plan information I have gathered about the patient's view of their condition, their concerns about confidentiality and impact of treatment on their career, and preference for treatment options.			
My treatment planning includes clear, practical solutions, education, and directions regarding therapeutic actions the patient can take on their own.			
I tailor the degree of choice regarding treatment planning to the patient's unique preferences (i.e., preference for a highly directive therapist approach with few choices, versus preference for making more choices about treatment options).			
I hold the Service member or Veteran accountable for their part in treatment.			
I provide support that is informed by knowledge I have obtained about the patterns of recovery for common physical and mental health conditions and comorbidities related to service in the military.			
My treatment plan is realistic, tailored to the circumstances of the patient's life and degree of impact the treatment may have on their career.			

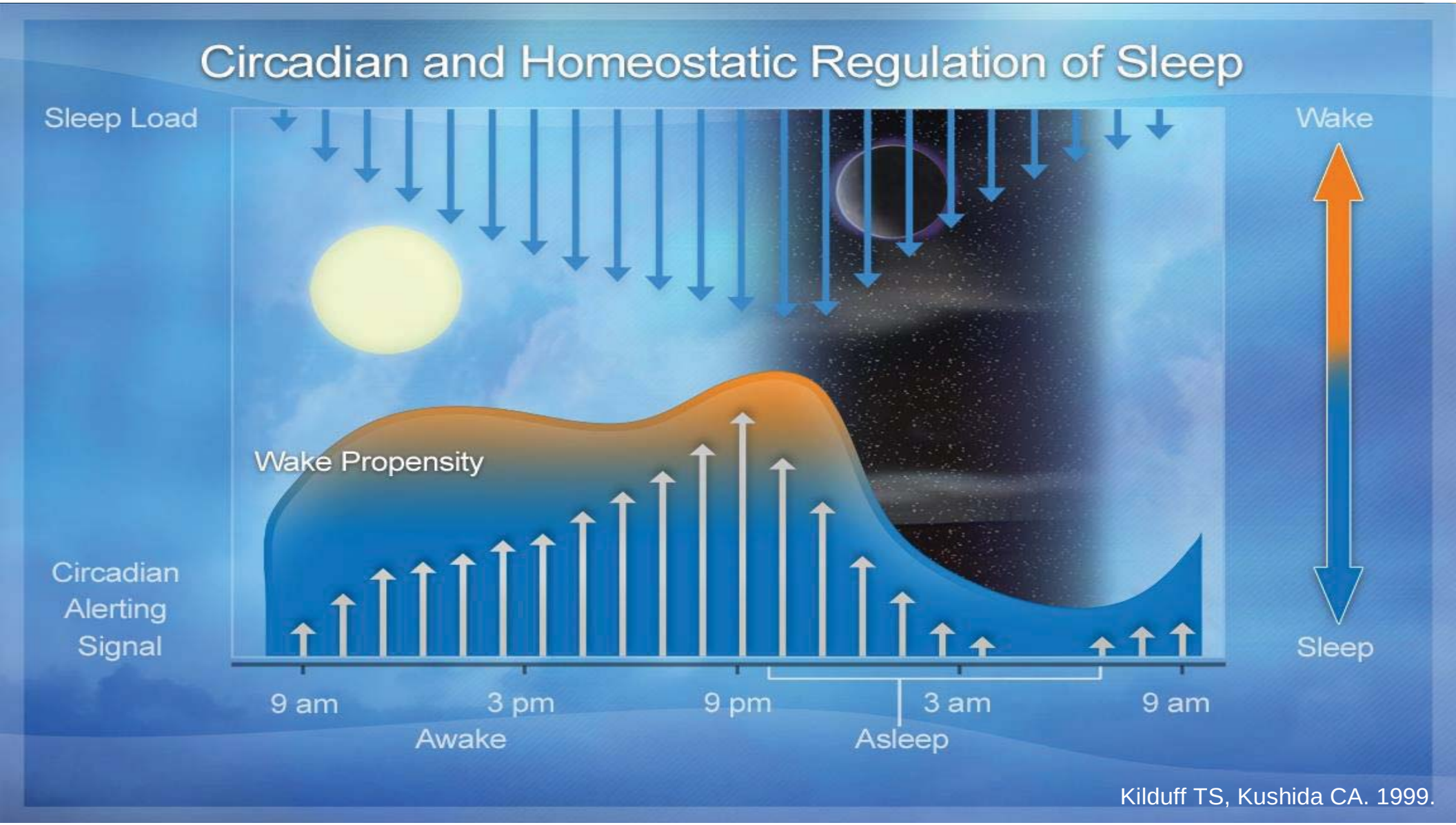
Center for Deployment Psychology
Common Military Acronyms and Terminology

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

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

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

Clinical Concerns Handouts



Kilduff TS, Kushida CA. 1999.

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

Sleep Disorders Interview

Name: Gender: M F Marital Status: M Sep Single D W

Day Phone: Date of Birth: ___/___/___ Education (Yrs):
Yr Mth Day

Referral Source: Interviewer:

Nature of Sleep-Wake Problem

In a typical week… *(Ideally focus on the last week, if the last week was not typical, focus on the most recent typical week).*

Do you have a problem with falling asleep?	No	Mild	Moderate	Severe
Do you have a problem with staying asleep?	No	Mild	Moderate	Severe
Do you have a problem with waking up too early in the morning?	No	Mild	Moderate	Severe
Do you have a problem with staying awake during the day?	No	Mild	Moderate	Severe

Functional Analysis

How many nights a week do you have these sleep difficulties?

Have you noticed any pattern to your sleep difficulties across the week (or month)?

What do you do when you can't fall asleep or return to sleep? Is that helpful for you?

What other treatments or strategies have you tried in the past, and were they helpful for you?

Is your sleep better/worse/same when you go away from home?

After a stressful or bad day, have you found that your sleep is worse or better?

What types of factors make your sleep problem worse (e.g., stress at work, travel plans, emotional tension)?

What types of factors improve your sleep (e.g., vacation, sex, distractions)?

How concerned are you about sleep/insomnia?

What impact does insomnia have on your mood?

What impact does insomnia have on your alertness?

What impact does insomnia have on your performance?

How do you cope with these daytime sequelae?

Have you stopped doing anything (other than sleeping) because of insomnia?

How would your life be different if you didn't have insomnia (e.g., work harder, take care of children)?
Have you received treatment in the past for insomnia (other than medication)?

Many people that we see with similar problems report that their difficulty sleeping not only affects them at night but also during the day, have you found this to be true for you as well?

After a poor night's sleep, which of the following problems do you experience on the next day?

Daytime fatigue: ____ Low physical energy ____ Low mental energy _____ Exhausted _____

Sleepiness: ____ Propensity to fall asleep ____ Heavy eyes _____ Difficulty staying awake

Difficulty functioning: ____ Performance impairment ____ Poor concentration _____ Memory problems

Mood Problems: ____ Irritable ____ Tense ____ Nervous ____ Depressed ____ Angry

Physical Symptoms: ____ Muscle Aches/Pains ____ Headache ____ Heartburn ____ Light-headed

What prompted you to seek insomnia treatment at this time?

What are your specific goals for insomnia treatment? (longer sleep, fewer nightmares, fall asleep faster)

Because problems sleeping affect us not only at night but also during the day, we have found that it is helpful to talk not only about your sleep at night but also to discuss the impact of a bad night sleep on the next day and the impact of a stressful day on your sleep at night. One of the most effective ways I have found to get a good understanding of all the factors that may be playing a role in your insomnia is to have you walk me through the 24 hours of a typical work day. So lets start with what time you intend to wake up on a typical work day…

At what time do you last awaken in the morning (wake up)? _____ o'clock

How do you usually wake up? Alarm, automatically, child/pet other environmental?

What is your usual arising time on weekdays (get up)? _____ o'clock

What do you typically have for breakfast?
When do you have your first caffeinated beverage?

How much caffeine do you drink on a typical day?

Do you take any medications or vitamins?
What time do you typically leave for work and how is your commute; do you find yourself dozing off?

Describe a typical morning at work. How is your job, what do you do, is your job sedentary or pretty physical, what is the likelihood that you would nod off in the morning at work?

Tell me about breaks at work; do you take breaks? How often and how long? What do you do on breaks?

Do you use tobacco? About how much tobacco do you use in a typical day?

Do you eat lunch at work? What is your typical lunch and how much time do you have? Do you ever nap or unintentionally nod off during lunch?

Describe a typical afternoon at work. Is there a time in the afternoon when you seem most likely to nod off? In what setting?

How many caffeinated beverages do you typically drink in the afternoon?

How is your commute home? Have you ever dozed off or felt very groggy driving home?

How often do you exercise? What type of exercise do you do? What time of day do you typically exercise?

How often do you intentionally nap? Where do you usually nap and for how long?

When do you typically eat dinner?

What types of stress do you experience in a typical evening at home?

How many alcoholic beverages do you drink in a typical day? Around what time do you have your first drink? Around what time do you have your last drink? Have you noticed any changes in your alcohol consumption since your sleep problems began?

What is your typical nighttime routine? What do you do (watch tv, read, play videogames, work/play on the computer)? Who is around with you?

How likely are you to doze or unintentionally nod off during the evening? Where and when does this happen?

When is your last caffeinated beverage?

When do you use tobacco for the last time each night?

How do you decide when to go to bed for the night? Do you have a bed time or do you typically go to bed just whenever you feel sleepy? Do you fall asleep outside of your bed, before deciding to go to bed?

Now let's talk about your bedtime routine. What do you usually do in the 30-60 minutes leading up to your bedtime?

What do you typically do in bed prior to sleeping (tv, read etc)

How long, once you turn out the lights with the intention of falling asleep does it usually take you to fall asleep?

What sort of things seem to interfere with your ability to fall asleep?

Once you fall asleep do you wake up during the night?

What sort of things seem to wake you in the middle of the night?

How often do you wake during the night?

How long are you awake in the middle of the night?

In a moment I am going to ask you some more specific questions about your sleep, however is there anything else that comes to mind now about your typical day, the impact of sleep problems, things that interfere with your sleep or the impact of sleep on your daily functioning?

Now can you tell me how your schedule changes on days that you do not work?

Do your bed and wake times differ? If so, how does your sleep quality change with the different amount or hours of sleep?

How does your bedtime routine differ on nights before your days off?

Are you more or less likely to nap on days off?

How is your daytime functioning and mood different on your days off?

How is your stress level different on your days off?

Let's talk about your bed room environment, imagine standing in the doorway to your bedroom, let's talk about what you see and how it makes you feel.

Do you have a TV, radio, or phone in your bedroom? Do you shut them or silence them before going to sleep?
Do you have a tablet or IPad you use in your bedroom?
Do you use any sleep-related technology, such as a self-monitoring device?
Do you have exercise equipment in your room?
Is there a desk with paperwork to be done in your bedroom?
Is your bedroom quiet?
Is your mattress comfortable?
How is your room temperature?
Are you sleeping with a bed partner?
What is your bed partners sleep like?
What do you do in your bedroom besides sleep?
Do you have conversations with your partner in the bedroom or bed?
How do you feel in your bedroom? (anxious, frustrated, sad, restful, calm)

Sleep Problem History

How long have you been suffering from insomnia? ____ years ____ months

Were there any stressful life events related to its onset?

Gradual or sudden onset?

What have been the course of your insomnia problem since its onset
(e.g., persistent, episodic, seasonal, etc.)?

Prior to this current period of insomnia, did you have any sleep difficulties? If so, how were they resolved?

Do you know of any family history of sleep problems? Do you know if/how they were treated?

Sleeping Aids

So let me just clarify a few things we covered in reviewing your typical day…

In the past 4 weeks have you used sleeping medication?

If yes, which drugs?

Prescribed, over-the-counter, or both?

How many nights/week do you use the medication?

If no, have you ever used sleeping medication?

When did you *first* use sleep medication?

When did you *last* use sleep medication?

In the past 4 weeks, have you used alcohol as a sleep aid? Yes No

If yes, what type and how many ounces?

How many nights/week?

If no, have you ever used alcohol as a sleep aid?

Symptoms of Other Sleep Disorders *(Note if patient screens positive, refer to specialist for further eval)*

Have you or your bed partner ever noticed one of the following, and if so, how often in a typical week would you estimate you experience these symptoms?

A. *Apnea*: Snoring, pauses in breathing at night, shortness of breath, choking at night, morning headaches, chest pain, dry mouth?
B. *Narcolepsy*: Sleep attacks, sleep paralysis, hypnagogic hallucinations, cataplexy?
C. *Sleep-wake schedule disorder*: Rotating shift or night shift work?
D. *Parasomnias*: Nightmares, night terrors, sleepwalking/talking, bruxism (teeth grinding)?
   If yes to nightmares, had nightmares before trauma? Awaken from nightmares? Frequency of nightmares? Negative affect (eg fear or anxiety)? Severity of nightmares? Have nightmares changed over time?
E. *Restless legs*: Crawling or aching feelings in your legs (calves) and inability to keep legs still?
F. *Periodic limb movements*: Leg twitches or jerks during the night, waking up with cramps in your legs?
G. *Other (Gastro-esophageal reflux, Allergic Rhinitis)*: Sour taste in mouth, heartburn, reflux? Nose blocking up at night, daytime allergies?

Medical History/Medication Use

Current medical problems:

Current medications: Name Amount Frequency Taken Purpose

Hospitalizations/Surgery:

Height: Weight (lbs): Recent Weight Gain/Loss?

History of Psychopathology/Mental Health Treatment *(modified SCID)*

Are you currently receiving psychological or psychiatric treatment for emotional or mental health problems?	Yes	No
Have you or anyone in your family ever been treated for emotional or mental health problems in the past?	Yes	No
Have you or anyone in your family ever been a patient in a psychiatric hospital?	Yes	No
Has alcohol or any drug ever caused a problem for you?	Yes	No
Have you ever been treated for alcohol/substance abuse problems?	Yes	No
Has anything happened lately that has been especially hard for you?	Yes	No
What about difficulties at work or with your family?	Yes	No

Scale for below ? = Inadequate information 1 = Absent or false 2 = Subthreshold 3 = Present

In the last month, has there been a period of time when you were feeling depressed or down most of the day nearly every day?	?	1	2	3
What about being a lot less interested in most things or unable to enjoy	?	1	2	3

the things you used to enjoy? If yes, was it nearly every day?				
For the past couple of years, have you been bothered by depressed mood most of the day, more days than not? More than half the time?	?	1	2	3
Have you ever had a panic attack, when you suddenly felt frightened, anxious or extremely uncomfortable? If yes, 4 attacks within 1 month?	?	1	2	3
Have you ever been afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains?	?	1	2	3
Have you ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?	?	1	2	3
In the last 6 months, have you been particularly nervous or anxious?	?	1	2	3
Do you worry a lot about terrible things that might happen?	?	1	2	3
During the last 6 months, would you say that you have been worrying most of the time (more days than not)?	?	1	2	3

If psychopathology is present, evaluate its onset and temporal course in relation to the sleep disturbance.

Does insomnia occur exclusively during the course of worry/depression episodes? Yes No

Case Conceptualization Form

Answer each question and provide a plan to address each case factor described.

	Answer	Plan
1. What factors weaken the sleep drive (e.g., napping)?		
2. What factors impact the circadian clock (e.g., mismatch between circadian tendency and sleep schedule)?		
3. What manifestations of hyperarousal are present?		
4. What unhealthy sleep behaviors are present? (Consider substances, eating, exercise, extended TIB etc.)		
5. What comorbidities affect the patient's presentation and how? (Consider sleep, medical and psychiatric comorbidities).		
6. What medications may impact the patient's sleep/sleepiness? (Consider carryover, tolerance, psychological dependence).		
7. What are the predisposing, precipitating, and maintaining factors?		
8. What other factors are relevant to the patient's presentation?		

TWO WEEK SLEEP DIARY

INSTRUCTIONS:

1. Write the date, day of the week and type of day: (W)ork, (S)chool, (O)ff or (V)acation.
2. Put the letter "C" in the box when you have any caffeinated beverage or supplement that includes caffeine. Put "M" when you take ANY Medication. Put "A" when you drink alcohol. Put "E" when you exercise.
3. Put a line (I) to show when you get in bed. Shade in the box that shows when you think you fell asleep.
4. Shade in all the boxes that show when you are asleep include all naps.
5. Rate your sleep quality (**1** = Very Restless, **2** = Restless, **3** = Average, **4** = Sound, **5** = Very Sound) & morning restedness (**1** = Exhausted, **2** = Tired, **3** = Average, **4** = Rather Refreshed, **5** = Very Refreshed)

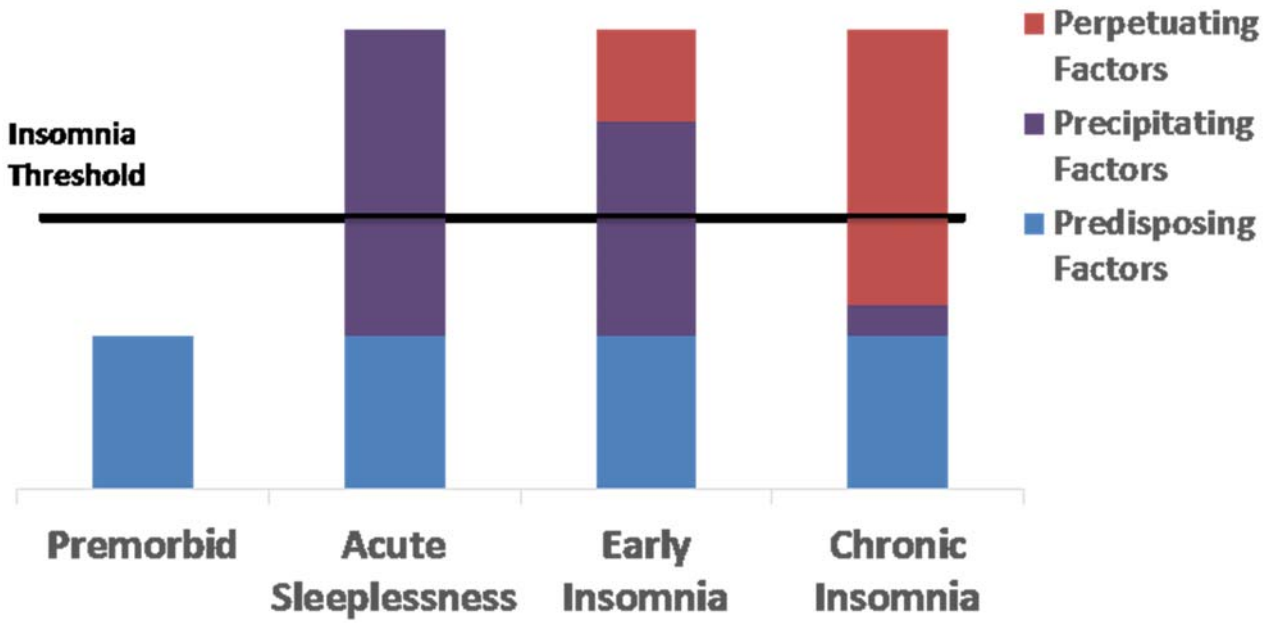
SAMPLE ENTRY: *On Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep Watching TV from 7-8 PM, went to bed at 10:30 pm, fell asleep around midnight, woke up and couldn't get back to sleep until about 5 am, slept from 5-7 am, got out of bed at 7:30 am and had coffee and medicine before going to work.*

Date	Day of the week	Type of Day	Quality/ Restedness	Noon	1PM	2	3	4	5	6PM	7	8	9	10	11PM	Midnight	1AM	2	3	4	5	6AM	7	8	9	10	11AM
XX/XX	Mon	W	2/1		E					A				I									I	C M			

WEEK ONE

WEEK TWO

3P's Model of Insomnia

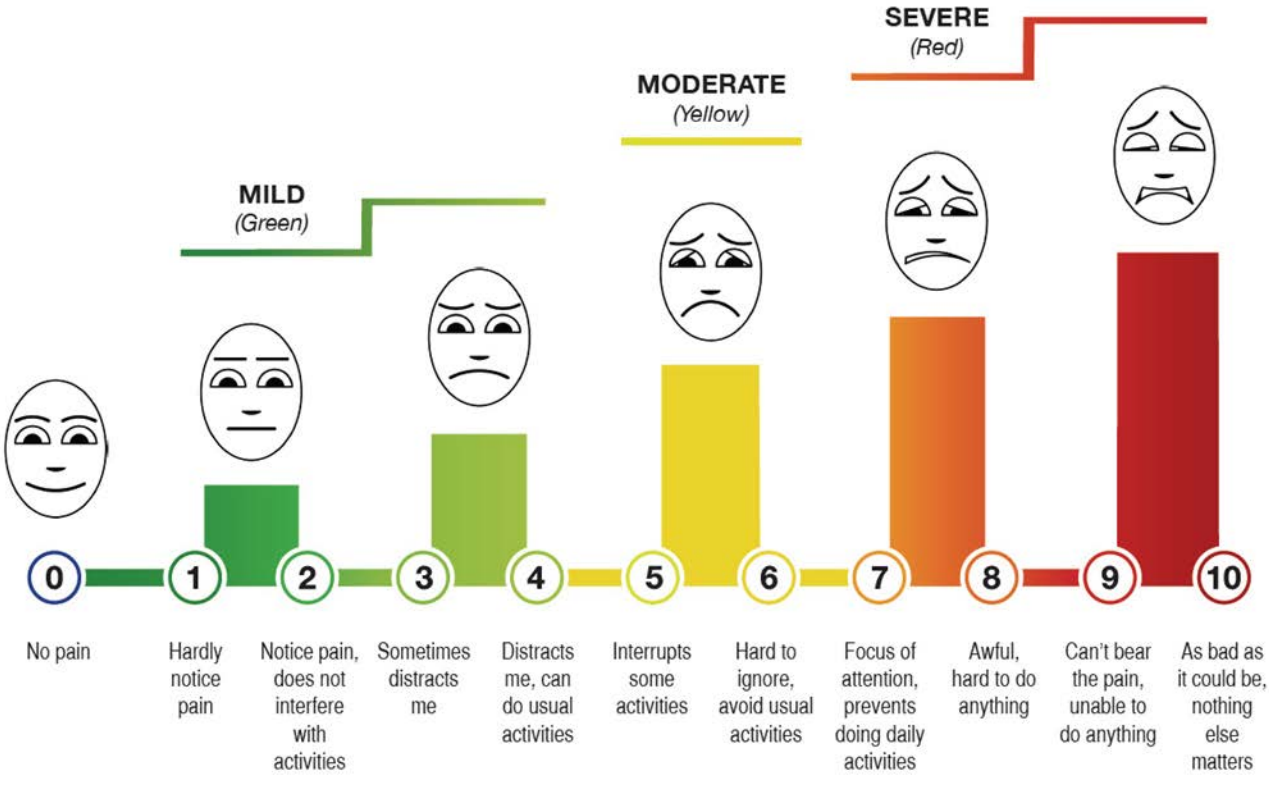


Spielman, 1987

Predisposing	Precipitating	Perpetuating

• Genetics
  • Arousal level
  • Weak sleep generation system
• Worry or rumination tendency
• Sleep Schedule
• Environment
• Previous Episodes
	• Situational Stressors
	• Illness/Injury
	• Acute stress reaction
	• Environmental Changes
		• Maladaptive Habits
		• Dysfunctional/Alarming beliefs, attitudes and cognitions

Defense and Veterans Pain Rating Scale



Suicide Handouts

Handout 1

AMERICAN ASSOCIATION OF SUICIDOLOGY

Risk Factors for Suicide and Suicidal Behaviors I.

Chronic Risk Factors (If present, these increase risk over one's lifetime.)

A. Perpetuating Risk Factors – permanent and non-modifiable

- Demographics: White, American Indian, Male, Older Age (review current rates[1]), Separation or Divorce, Early Widowhood
- History of Suicide Attempts – especially if repeated
- Prior Suicide Ideation
- History of Self-Harm Behavior
- History of Suicide or Suicidal Behavior in Family
- Parental History of:
  - Violence
  - Substance Abuse (Drugs or Alcohol)
  - Hospitalization for Major Psychiatric Disorder
  - Divorce
- History of Trauma or Abuse (Physical or Sexual)
- History of Psychiatric Hospitalization
- History of Frequent Mobility
- History of Violent Behaviors
- History of Impulsive/Reckless Behaviors

Predisposing and Potentially Modifiable Risk Factors

- Major Axis I Psychiatric Disorder, especially:
  - Mood Disorder
  - Anxiety Disorder
  - Schizophrenia
  - Substance Use Disorder (Alcohol Abuse or Drug Abuse/Dependence)
  - Eating Disorders
  - Body Dysmorphic Disorder
  - Conduct Disorder
- Axis II Personality Disorder, especially Cluster B

[1] Available from http://webapp.cdc.gov/sasweb/ncipc/mortrate.html

- Axis III Medial Disorder, especially if involves functional impairment and/or chronic pain)
- Traumatic Brain Injury
- Co-morbidity of Axis I Disorders (especially depression and alcohol misuse), of Axis I and Axis II (especially if Axis II Disorder is Antisocial PD or Borderline PD), of Axis I and Axis III Disorders
- Low Self-esteem/High Self-hate
- Tolerant/Accepting Attitude Toward Suicide
- Exposure to Another's Death by Suicide
- Lack of Self or Familial Acceptance of Sexual Orientation
- Perfectionism (especially in context of depression)

Risk Factors for Suicide and Suicidal Behaviors II

Contributory Risk Factors

- Firearm Ownership or Easy Accessibility
- Acute or Enduring Unemployment
- Stress (job, marriage, school, relationship…)

Acute Risk Factors (If present, these increase risk in the near-term)

- Demographics: Recently Divorced or Separated with Feelings of Victimization or Rage
- Suicide Ideation (threatened, communicated, planned, or prepared for)
- Current Self-harm Behavior
- Recent Suicide Attempt
- Exessive or Increased Use of Substances (alcohol or drugs)
- Psychological Pain (acute distress in response to loss, defeat, rejection, etc.)
- Recent Discharge from Psychiatric Hospitalization
- Anger, Rage, Seeking Revenge
- Aggressive Behavior
- Withdrawal from Usual Activites, Supports, Interests, School or Work; Isolation (e.g. lives alone)
- Anhedonia
- Anxiety, Panic
- Agitation
    - Insomnia
    - Persistent Nightmares

- Suspiciousness, Paranoia (ideas of persecution or reference)
- Severe Feelings of Confusion or Disorganization
- Command Hallucinations Urging Suicide
- Intense Affect States (e.g. desperation, intolerable aloneness, self-hate…)
- Dramatic Mood Changes
- Hoplessness, Poor Problem-solving, Cognitive Constriction (thinking in black and white terms, not able to see gray areas, alternatives…), Rumination, Few Reasons for Living, Inability to Imagine Possibly Positive Future Events
- Perceived Burdensomeness
- Recent Diagnosis of Terminal Condition
- Feeling Trapped, Like There is No Way Out (other than death); Poor Problem-Solving
- Sense of Purposelessness or Loss of Meaning; No Reasons for Living
- Negative or Mixed Attitude Toward Help-Receiving
- Negative or Mixed Attitude by Potential Caregiver to Individual
- Recklessness or Exessive Risk-Taking Behavior, Especially if Out of Character or Seemingly Without Thinking of Consequences, Tendency Toward Impuslivity

Precititating or Triggering Stimuli (Heighten Period of Risk if Vulnerable to Suicide)

- Any Real or Anticipated Event Causing or Threatening:
    - Shame, Guilt, Despair, Humiliation, Unacceptable Loss of Face or Status
    - Legal Problems (loss of freedom), Financial Problems, Feelings of Rejection/Abandonment
- Recent Exposure to Another's Suicide (of friend or acquaintance, of celebrity through media…)

American Association of Suicidology

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

American Association of Suicidology
5221 Wisconsin Ave., N.W.
Second Floor
Washington, DC 20015
tel. (202) 237-2280
fax (202) 237-2282
www.suicidology.org
info@suicidology.org

If you or someone you know is suicidal, please contact a mental health professional or call 1-800-273-TALK (8255).

How do you Remember the Warning Signs of Suicide?

Here's an Easy-to-Remember Mnemonic:

IS PATH WARM?

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

A person in acute risk for suicidal behavior most often will show:

Warning Signs of Acute Risk:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

These might be remembered as expressed or communicated **IDEATION**. If observed, seek help as soon as possible by contacting a mental health professional or calling 1-800-273-TALK (8255) for a referral.

Additional Warning Signs:

- Increased **SUBSTANCE** (alcohol or drug) use
- No reason for living; no sense of **PURPOSE** in life
- **ANXIETY**, agitation, unable to sleep or sleeping all the time
- Feeling **TRAPPED** - like there's no way out
- **HOPELESSNESS**
- **WITHDRAWING** from friends, family and society
- Rage, uncontrolled **ANGER**, seeking revenge
- Acting **RECKLESS** or engaging in risky activities, seemingly without thinking
- Dramatic **MOOD** changes

If observed, seek help as soon as possible by contacting a mental health professional or calling 1-800-273-TALK (8255) for a referral.

These warning signs were compiled by a task force of expert clinical-researchers and 'translated' for the general public.

ACUTE Therapeutic Risk Management – *Risk Stratification Table*

ROCKY MOUNTAIN MIRECC

HIGH ACUTE RISK

Essential Features

- **Suicidal ideation with intent to die by suicide**
- **Inability to maintain safety independent external support/help**

Common Warning Signs

- A plan for suicide
- Recent attempt and/or ongoing preparatory behaviors
- Acute major mental illness (e.g., MDD episode, acute mania, acute psychosis, recent/current drug relapse)
- Exacerbation of personality disorder (e.g., increased borderline symptomatology)

Common Risk Factors

- Access to means
- Acute psychosocial stressors (e.g., job loss, relationship dissolution, relapse on alcohol)

Action

Typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors.

These individuals need to be directly observed until on a secure unit and kept in an environment with limited access to lethal means (e.g. keep away from sharps, cords/tubing, toxic substances).

During hospitalization co-occurring psychiatric symptoms should also be addressed.

INTERMEDIATE ACUTE RISK

Essential Features

- **Suicidal ideation to die by suicide**
- **Ability to maintain safety, independent of external support/help**

These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g. children), and ability to abide by a safety plan and maintain their own safety. Preparatory behaviors are likely to be absent.

Action

Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g. acute psychosis).

Outpatient management of suicidal thoughts and/or behaviors should be intensive and include:

- frequent contact,
- regular re-assessment of risk, and
- a well-articulated safety plan

Mental health treatment should also address co-occurring psychiatric symptoms.

LOW ACUTE RISK

Essential Features

- **No current suicidal intent AND**
- **No specific and current suicidal plan AND**
- **No preparatory behaviors AND**
- **Collective high confidence** (e.g., patient, care provider, family member) in the ability of the patient to independently maintain safety

Individuals may have suicidal ideation, but it will be **with little or no intent or specific current plan**. If a plan is present, the plan is general and/or vague, and without any associated preparatory behaviors (e.g., "I'd shoot myself if things got bad enough, but I don't have a gun"). These patients will be capable of engaging appropriate coping strategies, and willing and able to utilize a safety plan in a crisis situation.

Action

Can be managed in primary care.

Outpatient mental health treatment may also be indicated, particularly if suicidal ideation and psychiatric symptoms are co-occurring.

*Overall level of individual risk may be increased or decreased based upon warning signs, risk factors and **protective factors**

CHRONIC Therapeutic Risk Management – *Risk Stratification Table*

ROCKY MOUNTAIN MIRECC

HIGH CHRONIC RISK

Essential Features

Common Warning Sign

- Chronic suicidal ideation

Common Risk Factors

- Chronic major mental illness and/or personality disorder
- History of prior suicide attempt(s)
- History of substance abuse/dependence
- Chronic pain
- Chronic medical condition
- Limited coping skills
- Unstable or turbulent psychosocial status (e.g. unstable housing, erratic relationships, marginal employment)
- Limited ability to identify reasons for living

Action

These individuals are considered to be at chronic risk for becoming acutely suicidal, often in the context of unpredictable situational contingencies (e.g., job loss, loss of relationships, and relapse on drugs).

These individuals typically require:

- routine mental health follow-up
- a well-articulated safety plan, including means safety (e.g., no access to guns, limited medication supply)
- routine suicide risk screening
- coping skills building
- management of co-occurring psychiatric symptoms

INTERMEDIATE CHRONIC RISK

Essential Features

These individuals may feature similar chronicity as those at high chronic risk with respect to psychiatric, substance abuse, medical and painful conditions.

Protective factors, coping skills, reasons for living, and relative psychosocial stability suggest enhanced ability to endure future crisis without resorting to self-directed violence.

Action

These individuals typically require:

- routine mental health care to optimize psychiatric condition and maintain/enhance coping skills and protective factors.
- a well articulated safety plan, including means safety (e.g., no access to guns, limited medication supply)
- management of co-occurring psychiatric symptoms

LOW CHRONIC RISK

Essential Features

These individuals may range from persons with no or little in the way of mental health or substance abuse problems, to persons with significant mental illness that is associated with relatively abundant strengths/resources.

Stressors historically have typically been endured absent suicidal ideation.

The following factors will generally be missing

- history of self-directed violence
- chronic suicidal ideation
- tendency towards being highly impulsive
- risky behaviors
- marginal psychosocial functioning

Action

Appropriate for mental health care on an as needed basis, some may be managed in primary care settings. Others may require mental health follow-up to continue successful treatments.

Case Example

Addressing Suicide with Military-Connected Patients

- Michael is a married, 30 year old male. He has one child who is 5 years old. He was an E-5 in the Army but 18 months ago got out due to the stress caused by relocations and deployments. He recently joined the National Guard but is not currently on orders. He misses the camaraderie he experienced while on active-duty with the Army. He has made a few friends in the Guard but has found that people in his unit are dispersed throughout the state. He was unemployed for eight months and then found a job at a home improvement store. While he is relieved to have a job due to excessive debt, he doesn't feel the same sense of purpose he experienced previously.

- Upon assessment, you learn that Michael is seeking counseling because he and his wife have been arguing frequently and are planning to separate once he finds an apartment. His wife says he changed since getting out of the Army but he thinks he's just having trouble adjusting to civilian life. He feels hopeless about his marriage and hates the thought of not seeing his son every day. His parents live nearby and he feels supported by them. In addition to spending time with his parents, he has been socializing more with old friends from high school.

- Michael made one previous suicide attempt when he was 18, right before he joined the military. He reports eating well and sleeping about 9-10 hours per night. He has deeply held religious beliefs and goes to church every Sunday. Over the last few days, he has been increasingly more irritable and short-tempered - even yelling at his wife and son for small things. He has also been frequently calling in sick to work because he doesn't have the energy or motivation to go.

SAFETY PLAN: VA VERSION

Step 1: Warning signs:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5:Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services _____
   Urgent Care Services Address_____
   Urgent Care Services Phone _____
4. VA Suicide Prevention Resource Coordinator Name_____
   VA Suicide Prevention Resource Coordinator Phone_____
5. VA Suicide Prevention Hotline Phone: 1-800-273-TALK (8255), push 1 to reach a VA mental health clinician

Step 6: Making the environment safe:

1. _____
2. _____

Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008).

VA Safety Plan: Brief Instructions*

Step 1: Recognizing Warning Signs

__ Ask "*How will you know when the safety plan should be used?"*

__ Ask, "*What do you experience when you start to think about suicide or feel extremely distressed?*"

__ List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patients' own words.

Step 2: Using Internal Coping Strategies

__ Ask *"What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"*

__ Ask *"How likely do you think you would be able to do this step during a time of crisis?"*

__ If doubt about using coping strategies is expressed, ask "What might stand in the way of you thinking of these activities or doing them if you think of them?"

__ Use a collaborative, problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Step 3: Social Contacts Who May Distract from the Crisis

__ Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.

__ Ask *"Who or what social settings help you take your mind off your problems at least for a little while? "Who helps you feel better when you socialize with them?"*

__ Ask patients to list several people and social settings, in case the first option is unavailable.

__ Ask for safe places they can go to do be around people, e.g. coffee shop.

__ Remember, in this step, suicidal thoughts and feelings are not revealed.

Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis

__ Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk.

__ Ask *"Among your family or friends, who do you think you could contact for help during a crisis?"* or *"Who is supportive of you and who do you feel that you can talk with when you're under stress?"*

__ Ask patients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis.

__ Ask *"How likely would you be willing to contact these individuals*?"

__ If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5: Contacting Professionals and Agencies

__ Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.

__ Ask *"Who are the mental health professionals that we should identify to be on your safety plan?"* and *"Are there other health care providers?"*

__ List names, numbers and/or locations of clinicians, local urgent care services, VA Suicide Prevention Coordinator, VA Suicide Prevention Hotline (1-800-273-TALK (8255))

__ If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 6: Reducing the Potential for Use of Lethal Means

__ The clinician should ask patients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.

__ For methods with low lethality, clinicians may ask veterans to remove or restrict their access to these methods themselves.

__ Restricting the veterans' access to a highly lethal method should be done by a designated, responsible person—usually a family member or close friend, or the police.

*See Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) for a full description of the instructions.

Commitment to Treatment Statement
(Rudd, 2006)

I, _____, agree to make a commitment to the treatment process. I understand that this means I have agreed to be actively involved in all aspects of treatment, including:

1. Attending appointments (or letting my provider know when I can't make it);
2. Setting goals;
3. Voicing my opinions, thoughts, and feelings honestly and openly with my provider (whether they are negative or positive, but most importantly my negative feelings);
4. Being actively involved *during* appointments;
5. Completing homework assignments;
6. Taking my medications as prescribed;
7. Experimenting with new behaviors and new ways of doing things;
8. Implementing my crisis response plan when needed;
9. Any additional terms that my provider and I agree to:

I understand and acknowledge that, to a large degree, a successful treatment outcome depends on the amount of energy and effort I make. If I feel like treatment is not working. I agree to discuss it with my provider and attempt to come to a common understanding as to what the problems are and identify potential solutions.

I also understand and acknowledge that if I do not show up for an appointment without notifying my provider, my provider might contact individuals within my social support network, to include my chain of command, in order to confirm my safety.

In short, I agree to make a commitment to treatment, and a commitment to living.

This agreement will apply for the duration of our treatment plan, which will be reviewed and modified on the following date: _____.

Patient signature: _____ Date: _____

Provider signature: _____ Date: _____

PTSD
Handouts

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

The PTSD Checklist for *DSM-5*

Version date: 14 August 2013

Reference: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Standard* [Measurement instrument]. Available from http://www.ptsd.va.gov/

URL: http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

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

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

The PTSD Checklist for *DSM-5* with Criterion A

Version date: 14 August 2013

Reference: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Extended Criterion A* [Measurement instrument]. Available from http://www.ptsd.va.gov/

URL: http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

PCL-5 with Criterion A

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

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

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

_____

_____

_____

_____

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

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

_____ Yes

_____ No

How did you experience it?

_____ It happened to me directly

_____ I witnessed it

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

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

_____ Other, please describe _____

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

_____ Accident or violence

_____ Natural causes

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

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

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

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

The PTSD Checklist for *DSM-5* with Life Events Checklist for *DSM-5* and Criterion A

Version date: 14 August 2013

Reference: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – LEC-5 and Extended Criterion A* [Measurement instrument]. Available from http://www.ptsd.va.gov/

URL: http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

PCL-5 with LEC-5 and Criterion A

Part 1

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

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

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

Part 2

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of: _____

_____

B. If you have experienced more than one of the events in PART 1, think about the event you consider the worst event, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (check all options that apply):

Briefly describe the worst event (for example, what happened, who was involved, etc.)._____

_____

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

How did you experience it?

_____ It happened to me directly

_____ I witnessed it

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

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

_____ Other, please describe _____

Was someone's life in danger?

_____ Yes, my life

_____ Yes, someone else's life

_____ No

Was someone seriously injured or killed?

_____ Yes, I was seriously injured

_____ Yes, someone else was seriously injured or killed

_____ No

Did it involve sexual violence? _____ Yes _____ No

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

_____ Accident or violence

_____ Natural causes

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

How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?

_____ Just once

_____ More than once (please specify or estimate the total number of times you have had this experience _____)

Part 3

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem <u>in the past month.</u>

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

CASE 1

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

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

CASE 2

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem <u>in the past month.</u>

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

CASE 3

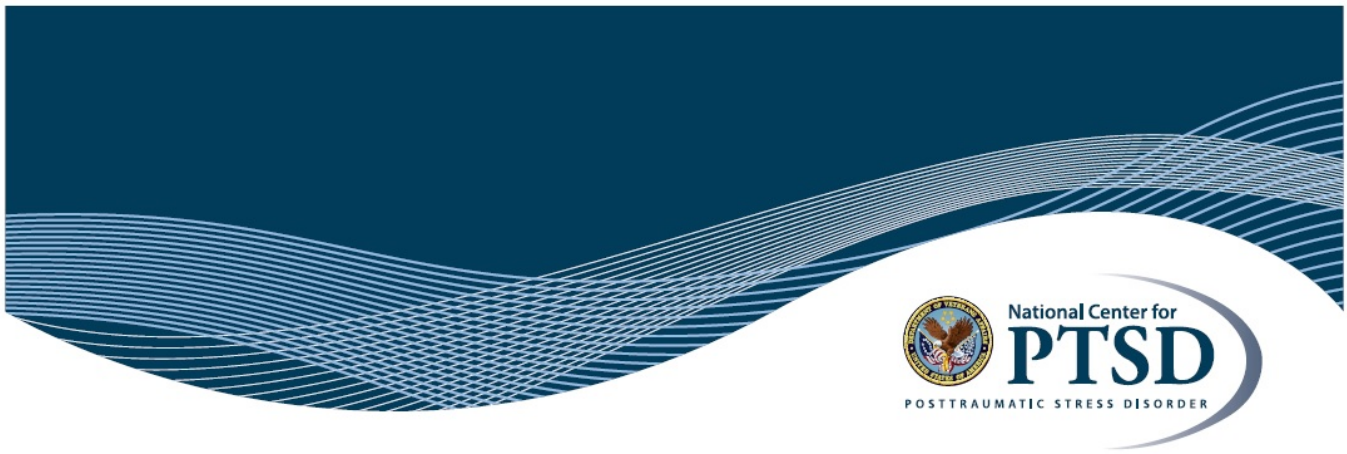
Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

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

CASE 4

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

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



Using the PTSD Checklist for *DSM-5* (PCL-5)

Using the PTSD Checklist for *DSM-5*

NOTE:

The PCL for *DSM-IV* was revised in accordance with *DSM-5* (PCL-5). Several important revisions were made to the PCL-5, including changes to existing symptoms and the addition of three new symptoms of PTSD. The self-report rating scale for PCL-5 was also changed to 0-4. Therefore, the change in the rating scale combined with the increase from 17 to 20 items means that **PCL-5 scores are not compatible with PCL for *DSM-IV* scores and cannot be used interchangeably.**

A PCL-5 cut-point score of 33 appears to be a reasonable value indicative of a provisional diagnosis of PTSD until further psychometric work is available.

What is the PCL-5?

The PTSD Checklist for *DSM-5* is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with *DSM-5* criteria for PTSD. The PCL-5 has a variety of purposes, including:

- Quantifying and monitoring symptoms over time
- Screening individuals for PTSD
- Assisting in making a **provisional** diagnosis of PTSD

The PCL-5 should not be used as a stand-alone diagnostic tool. When considering a diagnosis, the clinician will still need to use clinical interviewing skills, and a recommended structured interview (e.g., Clinician-Administered PTSD Scale for *DSM-5*, CAPS-5) to determine: whether the symptoms meet criteria for PTSD by causing clinically significant distress or impairment, and whether those symptoms are not better explained by or attributed to other conditions (i.e., substance use, medical conditions, bereavement, etc.).

Three formats of the PCL-5 measure are available:

- PCL-5 without Criterion A component
- PCL-5 with extended Criterion A assessment
- PCL-5 with LEC-5 and extended Criterion A assessment

How is the PCL-5 administered?

The PCL-5 is a self-report measure that can be read by respondents themselves or read to them either in person or over the telephone. It can be completed in approximately 5-10 minutes.

The preferred administration is for the patient to self-administer the PCL-5. Patients can complete the measure: in the waiting area prior to a session, at the beginning of a session, at the close of a session, or at home prior to an appointment.

The PCL-5 is intended to assess patient symptoms **in the past month**. Versions of the PCL-5 that assess symptoms over a different timeframe (e.g., past day, past week, past 3 months) have not been validated. For various reasons it often makes sense to administer the PCL-5 more or less frequently than once a month, and in those cases the timeframe in the directions may be changed to meet the purpose of the assessment, though providers should be aware that such changes may alter the psychometric properties of the measure.

How is the PCL-5 scored and interpreted?

Respondents are asked to rate how bothered they have been by each of 20 items in the past month on a 5-point Likert scale ranging from 0-4. Items are summed to provide a **total severity** score (range = 0-80).

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

The PCL-5 can determine a **provisional** diagnosis in two ways:

- Treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the *DSM-5* diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20).
- Summing all 20 items (range 0-80) and using cut-point score of 33 appears to be a reasonable based upon current psychometric work. However, when choosing a cut-point score, it is essential to consider the goals of the assessment and the population being assessed. The lower the cut-point score, the more lenient the criteria for inclusion, increasing the possible number of false-positives. The higher the cut-point score, the more stringent the inclusion criteria and the more potential for false-negatives.

If a patient meets a provisional diagnosis using either of the methods above, he or she needs further assessment (e.g., CAPS-5) to confirm a diagnosis of PTSD.

There are currently no empirically derived severity ranges for the PCL-5.

How might the PCL-5 help my patients?

Treatment Planning

When given at an intake or assessment session, the PCL-5 may be used to help determine the appropriate next steps or treatment options. For example:

- A total score of 33 or higher suggests the patient may benefit from PTSD treatment. The patient can either be referred to a PTSD specialty clinic or be offered an evidence-based treatment for PTSD such as Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT).
- Scores lower than 33 may indicate the patient either has subthreshold symptoms of PTSD or does not meet criteria for PTSD, and this information should be incorporated into treatment planning.

Keeping the goal of the assessment in mind, it may make sense to lower the cut-point score to maximize the detection of possible cases needing additional services or treatment. A higher cut-point score should be considered when attempting to minimize false positives.

Measuring Change

Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for *DSM-IV* suggested 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful. Change scores for the PCL-5 are currently being determined; it is expected that reliable and clinically meaningful change will be in a similar range.

Addressing Lack of Improvement

If repeated administrations of the PCL-5 suggest little movement or worsening in your patient's overall score during treatment, you can:

- Refer back to the protocol and/or recommended supplemental treatment materials
- Work to identify possible therapy-interfering behaviors while also reviewing application and response to interventions
- Explore and process the lack of improvement with the patient
- If seeing the patient less frequently than once a week, consider seeing them weekly to increase the dose of treatment while using the PCL-5 to track symptom change
- If an adequate dose of the current treatment has been given (e.g. typically 10-15 sessions), and scores remain high or are getting higher, consider switching to another evidence-based treatment for PTSD
- Seek consultation with an experienced provider or contact the PTSD Consultation Program (866-948-7880 or PTSDconsult@va.gov)

Is the PCL-5 psychometrically sound?

The PCL-5 is a psychometrically sound measure of *DSM-5* PTSD. (See *Studies that Informed Our Recommendations* below for references.) It is valid and reliable, useful in quantifying PTSD symptom severity, and sensitive to change over time in military Servicemembers and undergraduate students.

Questions?

If you have any questions about the use of the PCL-5 or PTSD assessment more broadly, we recommend seeking consultation with a supervisor or experienced provider, or contacting the PTSD Consultation Program (866-948-7880 or PTSDconsult@va.gov).

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