

## **Center for Deployment Psychology**

### **Common Military Acronyms and Terminology**

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

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

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



## UNDERSTANDING YOUR CLIENT'S MILITARY BACKGROUND

You may be surprised to know that military background is not always assessed by clinicians or spontaneously shared by Veteran clients.

Asking if the individual in your office has served in the military is simple, quick, and can have important implications for available benefits and care. Assessing Veteran status is not something that is commonly included in traditional behavioral health screenings and it's not unusual for clinicians to report that they aren't sure how many of their clients may have served in the military. In addition, Veterans may not self-identify as a Veteran to the clinician.

### ARE YOU SEEING VETERANS IN YOUR PRACTICE?

Asking your client whether he or she has ever served in the military will ensure that each Veteran will have the opportunity to access the network of healthcare and support services for which he or she may be eligible. Learning more about his or her military experiences can inform treatment planning and increase awareness of the extraordinary strengths that Veterans often possess, as well as unique challenges that they may face.

Military service can be a significant, if not central, piece of one's background. The military is a distinct culture – and each branch (Army, Marines, Air Force, Navy, Coast Guard) is represented by its' own unique symbols, values, and mottos. Even after separating from the military, Veterans often continue to feel a strong sense of affiliation with this culture. Deployment and combat experiences are also unique and can profoundly impact an individual's life. On this site we provide handouts and links to online trainings that can help you to learn more about military experiences and culture.

Additionally, many resources exist to support Service Members that can be accessed once a little more is known about his or her service. This includes not only access to VA healthcare but other resources through VA such as support services for college and employment.

The following are simple screening questions (suitable for both men and women) that, when asked with a stance of openness and respect, can be easily incorporated into a practitioner's usual intake process.

### SCREENING QUESTIONS

#### Basic Questions:

1. Have you ever served in the military?
2. Did you serve in the National Guard, Reserves, Coast Guard or in any of the Active Duty Services?
3. Do you have a close family member who has served in the military?
  - Asking whether your client has close family members who have served in the military can, 1) lead to a deeper understanding of the client's family context, and 2) allow you to assess whether family functioning could benefit from connection with relevant resources.





**Follow-up Questions:**

1. What dates did you serve?
2. When did you separate from the military?
3. What branch and rank were you?

**Additional Questions:**

1. Where did you serve (e.g. in the US/where; overseas/where?)
2. What job/roles did you have when you were serving?
3. Were you ever deployed?
4. If so, where and when were you deployed?
5. Are there other things you would like to tell me about your military service?

**KEEP IN MIND**

1. The client may not consider him or herself to be a Veteran. To optimize understanding, interventions, possible referrals, benefits, and resources available, ask your client if he or she served in the military.
2. Use the sample questions above to guide your inquiry.
3. Ensure that you have enough time with the Service Member to allow them to expand on answers if desired.
4. The Service Member may not wish to discuss their experiences and the provider should respect this.
5. Convey a willingness to listen to the experiences if the Service Member wants to discuss them in the future.
6. If a Veteran has served in a combat theater, he or she may have experienced a range of potentially traumatic or stressful events including being under life threat, witnessing death and dying, and experiencing the loss of a fellow comrade. It can be helpful to become familiar with events commonly experienced in combat and potential reactions to this exposure.

**FINAL THOUGHT**

You may also want to create and hang a simple sign that indicates to Veterans and Service Members that you would like to know if they have served.





# Center for the Study of Traumatic Stress

Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities  
A Program of Uniformed Services University, Our Nation's Federal Medical School, Bethesda, Maryland • [www.usuhs.mil/csts/](http://www.usuhs.mil/csts/)

## Evidence-Based Management of Posttraumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD) is characterized by symptoms of re-experiencing, avoidance/numbing, and hyperarousal persisting more than one month after exposure to a traumatic event or events. While not the only disorder seen after exposure to traumatic events, PTSD is among the most widely noted. The American Psychiatric Association and the U.S. Department of Veterans Affairs Office of Quality and Performance have published Practice Guidelines for the treatment of PTSD:

[http://www.psych.org/psych\\_pract/treatg/pg/PTSD-PG-PartsA-B-C-New.pdf](http://www.psych.org/psych_pract/treatg/pg/PTSD-PG-PartsA-B-C-New.pdf) and

[http://www.oqp.med.va.gov/cpg/PTSD/PTSD\\_cpg/frameset.htm](http://www.oqp.med.va.gov/cpg/PTSD/PTSD_cpg/frameset.htm).

Practice guidelines do not define the standard of care. However, their synthesis of research and expert consensus augments clinical experience in treating patients, educating the public, guiding research, and establishing credibility for medical care delivery. Essential recommendations of the above noted PTSD Practice Guidelines are outlined below:

**1. ASSESSMENT**—Psychological effects of trauma may result from physical injury so detailed diagnostic evaluation should be continued after a physically and psychologically safe environment has been established, medical status has been stabilized, and psychological reassurance has been provided. Diagnostic evaluation may be accomplished through individual or group interviews or consultation. Surveillance instruments or screening symptom checklists may expedite the process. These may be helpful in identifying at-risk individuals for follow-up interview when large populations are exposed to trauma (e.g. natural disaster or terrorist event).

**2. MANAGEMENT**—Goals of management of patients with PTSD include establishment of a therapeutic alliance, providing ongoing assessment of safety and psychiatric

status, addressing co-morbid disorders, and increasing the patient's understanding of, and coping with the effects of exposure to the traumatic event through the implementation of specific treatments (e.g. psycho-education, psychotherapy and/or pharmacotherapy) for PTSD.

**3. PSYCHOTHERAPY**—Early supportive interventions including psycho-education and case management appear to facilitate entry into further evidence-based treatments. Cognitive Behavior Therapy (CBT) is effective treatment for core symptoms of PTSD. Studies have not yet clarified the critical element(s) of CBT but the element of controlled re-exposure to traumatic recollections is shared with other PTSD psychotherapies with demonstrated efficacy: prolonged exposure, EMDR, imagery rehearsal, and stress inoculation. Psychological debriefings or other single-session techniques in the immediate aftermath of trauma are ineffective in preventing the development PTSD.

**4. PHARMACOLOGIC TREATMENT**—Selective Serotonin Re-uptake Inhibitors are the first-line medication treatment for PTSD. Monoamine oxidase inhibitors and tricyclic antidepressants may also be beneficial. Benzodiazapines reduce anxiety and improve sleep but potential for dependence, withdrawal symptoms, and increased incidence of PTSD after early treatment with this medication class preclude recommendation as monotherapy. Anticonvulsants may be helpful adjuncts and second-generation antipsychotics may reduce symptoms in patients with co-morbid psychotic disorders.

**5. COMBINATION PSYCHOTHERAPY/ PHARMACOTHERAPY** although not well-studied, should be considered particularly if initial psychotherapy or medication therapy is ineffective.



Trauma and PTSD

# ONLINE RESOURCES

for Researchers, Providers, and Helpers



**60% of adults** experience at least one trauma in their lifetime. Subscribe to the PTSD Monthly Update at <http://www.ptsd.va.gov/about/subscribe.asp> and receive updates on new products and findings.



## Online Resources

- PTSD overview
- How to treat PTSD
- Assessment information
- Courses for free CE/CME credit
- Where to refer to get help for PTSD
- VA Program locator
- Manuals, videos, handouts for patients

## Tools for Providers

**Clinician's Trauma Update-Online (CTU)** — Updates on the latest clinically relevant research are sent to you by email. Content on treatment and assessment is emphasized.

**PTSD Research Quarterly (RQ)** — Each RQ contains a review article written by guest experts. Includes a selective bibliography with abstracts and a supplementary list of annotated citations.

**Continuing Education** — Over forty online courses related to all trauma and PTSD. CE/CME credit available for most courses.

**Search for Publications** — Search the free online database: **PILOTS (Published International Literature on Traumatic Stress)**. Contains references from over 51,500 books, journals and articles on trauma and PTSD.

**VA/DoD Clinical Practice Guideline** — Management of Post-Traumatic Stress Topics includes: triage and management of services; routine primary care screening of trauma and related symptoms; diagnosis of trauma syndromes and comorbidities; and evidence-based treatments.

## Manuals

**Psychological First Aid (PFA)** — PFA is an evidence-informed modular approach for assisting people in the aftermath of disaster and terrorism.

**The Iraq War Clinician Guide** — The Guide was developed for clinicians addressing the unique needs of Veterans of the current wars.



**PTSD Consultation Program**  
FOR PROVIDERS WHO TREAT VETERANS

**PTSD Consultation Program Lecture Series** — Live webinars from PTSD experts offered monthly for providers who treat Veterans. Topics are based on questions posed to the program and our staff are available to answer your follow-up questions. See our [Subscribe](#) page to sign up for notices about upcoming lectures.

**PTSD Consultation Program for Providers** — Consultation about PTSD-specific questions is available to providers from experts at the National Center for PTSD.

Email [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov) or call (866) 948-7880.

## For VA Staff

**VA PTSD Intranet site** — (on the VA network)

Further resources and training for VA clinicians.

- Download assessment instruments.
- CAPS online training.
- Communities of Practice to join. (eg. PE, CPT, MST)



WWW.PTSD.VA.GOV



## RESEARCH RESOURCES

National Research Action Plan (NRAP)

[http://www.whitehouse.gov/sites/default/files/uploads/nrap\\_for\\_eo\\_on\\_mental\\_health\\_august\\_2013.pdf](http://www.whitehouse.gov/sites/default/files/uploads/nrap_for_eo_on_mental_health_august_2013.pdf)

MOMRP <https://momrp.amedd.army.mil/>

Army STARRS <http://www.armystarrs.org>

MilCohort (MCS) <http://www.millenniumcohort.org/>

MHAT-9 [armymedicine.mil/Documents/MHAT\\_9\\_OEF\\_Report.pdf](http://armymedicine.mil/Documents/MHAT_9_OEF_Report.pdf)

MSRC <https://msrc.fsu.edu/> [SP research/theory]

## ADDITIONAL RESOURCES:

Military Service Screening PDF

[http://www.mentalhealth.va.gov/communityproviders/docs/Military\\_Service\\_Screening.pdf](http://www.mentalhealth.va.gov/communityproviders/docs/Military_Service_Screening.pdf)

Military Acronyms and online comprehensive list (CDP and DTIC.mil)

- [http://www.deploymentpsych.org/system/files/member\\_resource/Common%20Military%20Acronyms%20and%20Terminology\\_CDP\\_8May13.pdf](http://www.deploymentpsych.org/system/files/member_resource/Common%20Military%20Acronyms%20and%20Terminology_CDP_8May13.pdf)
- [http://www.dtic.mil/doctrine/new\\_pubs/jp1\\_02.pdf](http://www.dtic.mil/doctrine/new_pubs/jp1_02.pdf)

APA Society for Military Psychology (Division 19)

<http://www.apa.org/about/division/div19.aspx>

Institute of Medicine (2014). Preventing Psychological Disorders in Service members and their Families. Institute of Medicine, Washington, DC.

Whealin, J. M., DeCarvalho, L. T., & Vega, E. M. (2008). Clinician's guide to treating stress after war: Education and coping interventions for veterans. John Wiley & Sons.

## **TRAININGS PROVIDED BY EACH SERVICE & DHA**

Defense Health Agency (DHA) <http://health.mil/Training-Center>

DHCC <http://www.pdhealth.mil/education-and-training>

Army <http://www.behavioralhealth.army.mil/provider/index.html>

Navy

<http://www.med.navy.mil/sites/nmcscd/nccosc/healthProfessionalsV2/clinicalResources/Pages/default.aspx>

Marines <http://bhin.usmc-mccs.org/>

Air Force <http://www.afms.af.mil/suicideprevention/index.asp>

Defense Health Agency (DHA) <http://health.mil/Training-Center>

DHCC <http://www.pdhealth.mil/education-and-training>

## **RISK ASSESSMENT/SUICIDE PREVENTION/LOSS RESOURCES SAFETY PLANS**

Civilian

<http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf>

DoD/VA

- <http://www.healthquality.va.gov/guidelines/MH/srb/PatientSafetyPlanWorksheet110614v1.pdf>
- <http://www.healthquality.va.gov/guidelines/MH/srb/AGuideForMilitaryAndVeteranFamilies.pdf>
- <http://www.healthquality.va.gov/guidelines/MH/srb/OvercomingSuicidalThoughtsandFeelingsFINAL.pdf>
- [http://www.mentalhealth.va.gov/docs/VA\\_SafetyPlan\\_quickguide.pdf](http://www.mentalhealth.va.gov/docs/VA_SafetyPlan_quickguide.pdf)
- <http://www.healthquality.va.gov/guidelines/MH/srb/VASuicidePreventionPocketGuideSpreads.pdf>
- <http://www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf>

## **RESOURCES**

MSRC [Military Suicide Research Consortium] <https://msrc.fsu.edu/>

VA [http://www.mentalhealth.va.gov/communityproviders/clinic\\_suicideprevention.asp#sthash.JFgdJWxE.dpbs](http://www.mentalhealth.va.gov/communityproviders/clinic_suicideprevention.asp#sthash.JFgdJWxE.dpbs)

VHB <http://www.t2.health.mil/apps/virtual-hope-box>

DoD Suicide CPG <http://www.healthquality.va.gov/guidelines/MH/srb/>

DSPO <http://www.suicideoutreach.org/>

DoDSER <http://www.t2.health.mil/programs/dodser> [suicide stats]

TAPS <http://www.taps.org/> [amazing resource for loss survivors]



## **COMMUNITY PROVIDER CONNECTION RESOURCES**

VA <http://www.mentalhealth.va.gov/communityproviders/index.asp#sthash.7lkyC6vl.dpbs>

TRICARE [http://www.mytricare.com/internet/tric/tri/mtc\\_nprov.nsf](http://www.mytricare.com/internet/tric/tri/mtc_nprov.nsf)

## **DOD/SERVICE COMMUNITY RESOURCES [FOR SERVICEMEMBERS & PROVIDERS]**

Military OneSource (800-342-9647) <http://www.militaryonesource.mil/>

InTransition [www.InTransition.dcoe.mil](http://www.InTransition.dcoe.mil)

Real Warriors [www.Realwarriors.net](http://www.Realwarriors.net)

Army Community Service <http://www.myarmyonesource.com/default.aspx>

Airman Family & Readiness Center

<http://ellsworthafrc.org/programs/readiness/reintegration/reinthealth/cos/>

Navy Fleet and Family Support Center (MD)

<http://www.public.navy.mil/fcc-c10f/niocmd/Pages/FleetandFamily.aspx>

After Deployment <http://afterdeployment.dcoe.mil/>

## **TREATMENT/DIAGNOSIS SPECIFIC RESOURCES**

Substance Use Disorders (SUD)

[http://www.mentalhealth.va.gov/communityproviders/clinic\\_sud.asp#sthash.wBW6hSKx.dpbs](http://www.mentalhealth.va.gov/communityproviders/clinic_sud.asp#sthash.wBW6hSKx.dpbs)

Women's Health

[http://www.mentalhealth.va.gov/communityproviders/clinic\\_women.asp#sthash.8VR5A6RN.dpbs](http://www.mentalhealth.va.gov/communityproviders/clinic_women.asp#sthash.8VR5A6RN.dpbs)

PTSD <http://www.ptsd.va.gov/professional/PTSD-overview/index.asp>

Military Sexual Trauma

<http://deploymentpsych.org/disorders/sexual-assault-main>

<http://www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp>

<http://www.sapr.mil/index.php/research>

Clinical Practice Guidelines

[http://dcoe.mil/PsychologicalHealth/Psychological\\_Health\\_Information.aspx](http://dcoe.mil/PsychologicalHealth/Psychological_Health_Information.aspx)

<http://www.deploymentpsych.org/treatments>

<http://www.deploymentpsych.org/disorders/ptsd-main>

# SELECTED READING/TRAINING/RESOURCE LIST FOR CLINICAL PROVIDERS WORKING WITH SERVICE MEMBERS & VETERANS

VETERANS CRISIS LINE: [1-800-273-8255: PRESS 1](tel:1-800-273-8255)

[www.MilitaryCrisisLine.net](http://www.MilitaryCrisisLine.net)

DOD SAFE HELPLINE SEXUAL ASSAULT SUPPORT [1-877-995-5247](tel:1-877-995-5247)

<https://www.safehelpline.org/>

Military OneSource (800-342-9647) <http://www.militaryonesource.mil/>

InTransition [www.InTransition.dcoe.mil](http://www.InTransition.dcoe.mil) Real Warriors [www.Realwarriors.net](http://www.Realwarriors.net)

## READING LIST (ABBREVIATED)

Buls, M. (2013). *The Costs of Courage: Combat Stress, Warriors, and Family Survival*, by Josephine G. Pryce, David H. Pryce, and Kimberly K. Shackelford: Chicago, IL: Lyceum Books.

Foa, Edna et al. (2009). *Effective Treatments for PTSD*. New York, NY: The Guilford press.

Hall, L. K. (2010). *Counseling military families: What mental health professionals need to know*. New York, NY: Routledge.

Hoge, C.W. (2010). *Once a Warrior Always a Warrior: Navigating the transition from combat duty to home*. Guilford, CA: GPP Life.

Kraft, Heidi S. (2012). *Rule number two: Lessons I learned in a Combat Hospital*. New York, NY: Little, Brown and Co.

Ritchie, E. & Naclerio, A. (Eds.). (2015). *Women at War*. New York, NY: Oxford.

Schading, B., & Schading, R. (2006). *A Civilian's Guide to the US Military: A comprehensive reference to the customs, language and structure of the Armed Forces*. Writer's Digest Books.

## TRAINING SITES/TOOLS

Center for Deployment Psychology (CDP) [links to SBHP & Certificates]

<http://www.deploymentpsych.org/psychological-training>

DCoE <http://www.dcoe.mil> [Webinars, Resources]

Veterans Administration (VA) <http://www.mentalhealth.va.gov>

PDH Desk Reference Toolbox & Guideline [Suite of Clinical tools]

<http://www.pdhealth.mil/guidelines/toolbox.asp>

National Resources Directory [Great to bookmark, a "411"]

<https://www.ebenefits.va.gov/ebenefits/nrdmhatm>