



# “WRAIR Forward”

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## COMMANDER’S CORNER

This quarter, CPT Cabrera and I had the privilege of serving on the third Mental Health Advisory Team (MHAT III) as the team assessed the morale and well-being of Soldiers deployed to Iraq. The team of 11 Army Medical Department (AMEDD) officers and enlisted personnel traveled throughout Iraq conducting interviews with Soldiers and collecting survey responses. Scientifically, these types of assessments are important because they provide a way to quantify the experiences and health status of Soldiers which, in turn, provide an empirical basis for suggesting ways to enhance the mental health support provided to Soldiers. I was proud to be associated with one of these key efforts and was once again impressed by the emphasis senior Army leaders place on sustaining and enhancing Soldier well-being.

-LTC Paul D. Bliese

## Deploying to Iraq: Mental Health Advisory Team Surveys Troops

LTC Paul Bliese, Commander, USAMRU-E, and CPT Oscar Cabrera, Chief of Research Operations, USAMRU-E, deployed to Iraq during October and November as part of the Army Surgeon General’s Mental Health Advisory Team (MHAT). MHAT is tasked with assessing the mental health of Soldiers and the status of the behavioral health care delivery system. This mission represented the third annual MHAT deployment to Iraq. Research associates Ms. Prayner, Ms. Salvi, Ms. Bellis, Ms. Terra and SPC Sinclair supported MHAT by laying out surveys and by compiling survey information from behavioral health care providers, primary care providers, and unit ministry teams.

In the upcoming months, a final report of the findings will be generated. Previous MHAT reports are available on-line at: <http://www.armymedicine.army.mil/news/news.html>



A view of Baghdad; one of the areas visited by the Mental Health Advisory Team.

## DD2900 Guidelines for Scoring Issued by USAMRU-E

USAMRU-E issued a report this quarter detailing scoring guidelines for the newly mandated Department of Defense Form 2900, the psychological screening tool that is part of the Post-Deployment Health Re-Assessment (PDHRA) program. The PDHRA screen is designed to identify military personnel who need follow-up health services 3-6 months following re-deployment from Iraq or Afghanistan.

The mental health component of the program was developed in part by the USAMRU-E’s finding that psychological symptom rates increase from immediate reintegration to 3-6 months post-deployment.

The report outlines (1) scoring guidelines, (2) sensitivity and specificity rates associated with scale cut-offs, (3) an updated structured clinical interview schedule to be used in conjunction with the screen, (4) a discussion of the importance of interviewing for each of the clinical domains in the screen, and (5) the potential benefits of using supplemental clinical scales assessing sleep and anger

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The Post-Deployment Health Reassessment (PDHRA) program was established by the Department of Defense on March 10, 2005 to identify and address health concerns reported by service members three to six months following their return to home station. The PDHRA program was based, in part, on a post-deployment psychological screening program designed by the US Army Medical Research Unit – Europe (USAMRU-E) and implemented throughout the US Army – Europe (USAREUR). DD Form 2900 used in the PDHRA program contains scales also used in the USAREUR screening program. This report: (a) provides recommendations on interpreting specific elements of DD Form 2900; (b) highlights the importance of interviewing service members for multiple problem areas; and (c) provides a structured interview guide to help triage service members.

problems.

- Bliese, P.D., Wright, K., Adler, A., Hoge, C., & Prayner, R. (2005). *Post-Deployment Psychological Screening: Interpreting and Scoring DD Form 2900*. USAMRU-E Research Report #2005-03. Heidelberg, Germany: USAMRU-E.

## New Publications

- Britt, T.W., Castro, C.A., & Adler, A.B. (2005). Self-engagement, stressors, and health: A longitudinal study. *Personality and Social Psychology Bulletin*, 31, 1475-1486.
- Chen, G., Bliese, P. D., & Mathieu, J. E. (2005). Conceptual Framework and Statistical Procedures for Delineating and Testing Multilevel Theories of Homology. *Organizational Research Methods*, 8, 375:409.
- Ippolito, J., Adler, A.B., Thomas, J.L., Litz, B.T., & Hoelzl, R. (2005). Extending and Applying the Demand-Control Model:

The Role of Soldier’s Coping on a Peacekeeping Deployment. *Journal of Occupational Health Psychology*, 10, 452-64.

- Thomas, J.L., Bliese, P.D., & Jex, S. M. (2005). Interpersonal conflict and organizational commitment: Examining two levels of supervisory support as multilevel moderators. *Journal of Applied Social Psychology*, 35, 2375-2398.



## Battlemind Training Implemented at at 3-Months Post-Reintegration

From December 5 to 15, 2005, more than 1,000 Soldiers were trained in *Battlemind: Continuing the Transition Home*. This reintegration training was designed to supplement transition training conducted with Soldiers returning from a year-long deployment to Iraq. Specifically, this past Summer platoons from a Brigade were randomly assigned to one of three training approaches at re-deployment (1) psychological debriefing, (2) traditional post-combat stress education, and (3) an introduction to Battlemind. Three months following the first transition training, half of the Soldiers were randomly selected to receive supplemental Battlemind training.

**Battlemind.** Battlemind transition training reviews combat skills that help Soldiers survive on deployment (see chart). The training emphasizes that failure to adapt those skills to the home environment can lead to serious transition problems. The signs that these skills have not been adapted are identified in order to ensure that Soldiers do a quick check on their own transition and those of their buddies or subordinates. Battlemind training, developed at the WRAIR by LTC Castro and a team of scientists, has already been adopted for use DOD-wide as part of the Post-Deployment Health Re-Assessment (PDHRA) program.

Buddies (cohesion)  
Accountability  
Targeted Aggression  
Tactical Awareness  
Lethally Armed  
Emotional Control  
Mission Operational Security  
Individual Responsibility  
Non-Defensive (combat) Driving  
Discipline and Ordering

**Research Goals.** More than 40 platoons were included in the second phase of the transition training study, and more than 2,000 Soldiers completed a survey to assess the efficacy of the different training methods. A final follow-up survey will be administered this Spring. (WRAIR protocol #862)

Initial results from the study comparing pre- and post-survey responses indicate that attitudes toward mental health improve following training. These results were briefed back to COL (P) Terry A. Wolff, Deputy Commander, 7<sup>th</sup> ID, and COL Bannister, Commander, 2d BCT (15 & 16 DEC 05). This winter, a follow-on study will further assess the efficacy of Battlemind Training with another Brigade returning from a year in Iraq.

**Research Team.** Like the first data collection, this recent data collection was conducted by a team from USAMRU-E (Dr. Adler, co-principal investigator, Dr. Wright, research psychologist, SGT Carr, data collection NCOIC, Ms. Salvi, and Ms. Prayner, research associates), and from the Department of Military Psychiatry at the WRAIR (LTC Castro, co-principal investigator, scientists LTC Cox, MAJ McGurk, CPT Cotting, Dr. Riviere, and support staff OCdt Whitt, SGT Kendall-Diaz, SPC Hamilton, SPC Baker, SPC Shaul, Ms. Cook, & Ms. Clark). [see



photo].

## Distinguished Visitors

- BG (P) Eric B. Schoemaker, Commander, Medical Research and Materiel Command (MRMC), and out-going CSM Domingo Costa, MRMC, visited the unit on 27 OCT 05 to review unit research plans (Dr. Wright, Dr. Adler, & SGT Carr).
- In-coming CSM Althea Green Dixon, MRMC, visited the unit and received a unit brief on 19 DEC 05 (LTC Bliese, Dr. Adler, SGT Carr, CPT Cabrera).

## Consulting Down Under



The Australian Defence Force (ADF) invited Dr. Adler to present USAMRU-E work on screening and early intervention research to members of the ADF Mental Health community and to consult with ADF staff on the development of research assessing their Crisis Management Support Program. In addition to addressing TTCP and NATO working group issues, Dr. Adler also presented at and participated in the National Mental Health Disaster Response Committee and Task Force Consensus Meeting on Research and Evaluation (Canberra & Sydney; 28 NOV-3 DEC 05).

## NATO Group

The NATO Research and Technology Group 20 “The Psychology of Stress on Modern Military Operations” met in Kaunas, Lithuania (17-21 OCT 05). The working group, composed of close to 20 NATO countries, continued its efforts (1) coordinating a symposium to be held in Brussels in April; (2) developing a leader’s manual for operational stress issues; and (3) integrating results from interviews with operational commanders from each participating nation on mental health training and support. (LTC Bliese was on deployment; Dr. Adler attended).



## Staff Visits & Coordination

LTC Castro visited the unit to discuss research plans. (7 OCT 05).

## U of Mannheim and USAMRU-E

- LTC Bliese and Dr. Adler met with Dr. Hoelzl, professor of psychology at the University of Mannheim, to discuss the Oakridge Research Institute for Science and Education (ORISE) program (5 OCT 05). ORISE is currently sponsoring doctoral student Ms. Ippolito at the unit.
- Ms. Ippolito successfully defended her dissertation proposal at a University of Mannheim colloquium (21 DEC 05). Her dissertation is entitled “*Toward a Stress Model for US Reservists*”.

## Personnel Updates

- SGT Carr attended the NCO Conference in Tampa FL (10-14 OCT 05)
- SPC Sinclair, 91X, PCSed from the unit on 23 DEC 05 to attend the LPN Course (91WM6) in San Antonio, TX.

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