



# TROOP EDUCATION FOR ARMY MORALE (TEAM): A POST DEPLOYMENT EDUCATIONAL INTERVENTION FOR MORTUARY AFFAIRS SOLDIERS



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## BACKGROUND



U.S. Army Mortuary Affairs Soldiers (MA) recover, identify, and evacuate the remains of deceased military personnel and their personal effects from the Middle East. Exposure to death and the combat environment increases the risk of posttraumatic distress and adjustment difficulties.

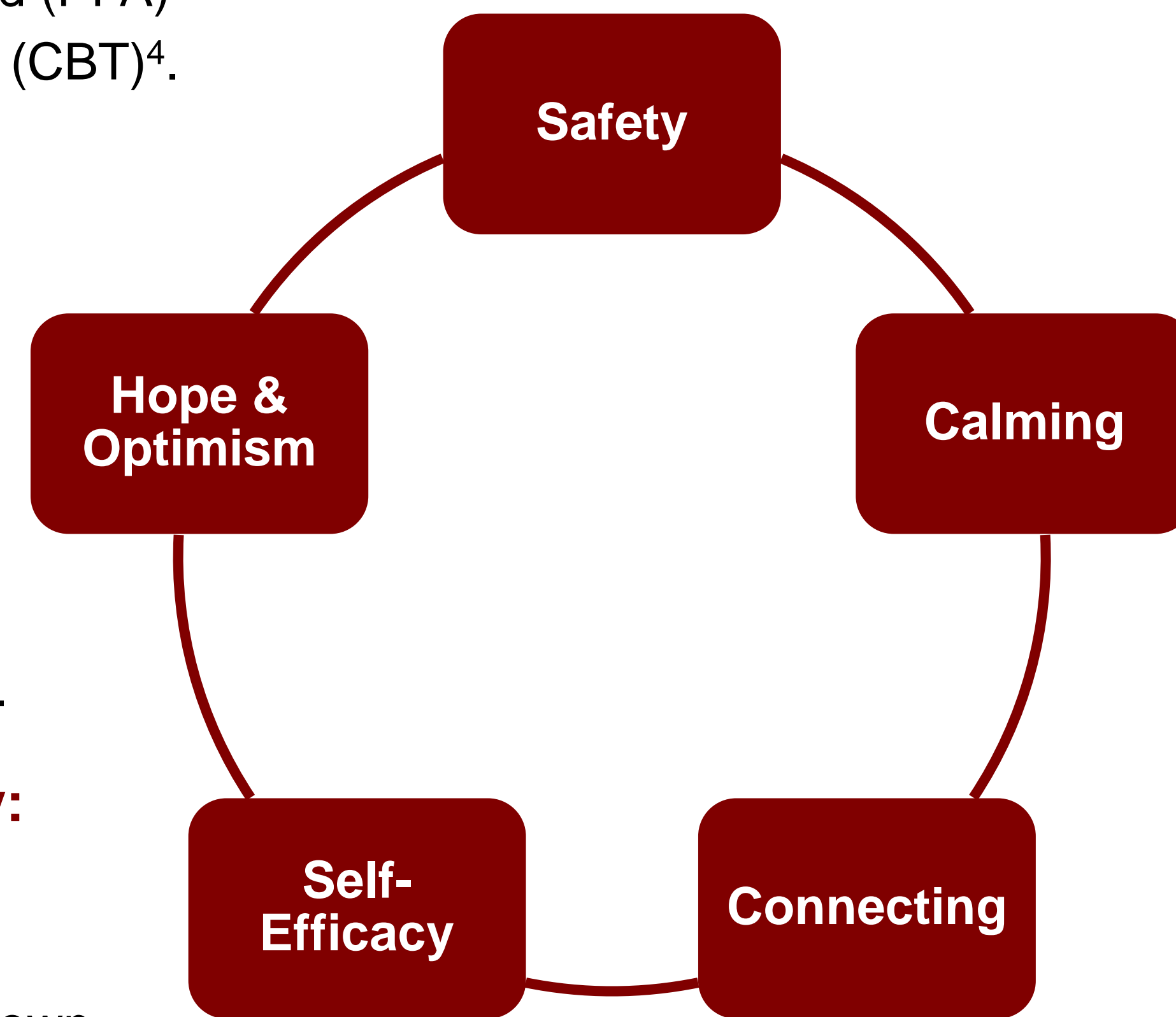
## NEW EDUCATIONAL INTERVENTION

**TEAM (Troop Education for Army Morale):** TEAM is a new education and skills training intervention to help MA Soldiers and their spouses reduce distress and foster adaptive coping in the months after deployment. TEAM integrates resources in the social context of home and unit to enhance the natural role of spouse and buddy support. Spouses are offered an equivalent intervention.

**Basis of the Intervention:** TEAM training is based on the evidence-informed principles of Psychological First Aid (PFA)<sup>1-3</sup> and Cognitive Behavioral Therapy (CBT)<sup>4</sup>.

### Psychological First Aid:

PFA is designed to reduce the distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping through the principles of Safety, Calming, Connecting, Self-Efficacy, and Hope/Optimism.



### Cognitive-Behavioral Therapy:

CBT is an approach to altering thoughts and beliefs that lead to negative emotions. It has been shown to treat and prevent PTSD when administered early after trauma exposure. However, TEAM is education-based and NOT therapy or mental health treatment.

### Delivery of Intervention:

- Interactive group workshops
- Toll-free phone line and email service
- Website (resources, training materials)
- Referral resources
- Educational handouts
- Support through spouse and buddy

### Goals:

- The training of Soldiers to:
  - Develop self-care skills and increase adaptive coping in response to stress
  - Identify when an individual is in need of care
  - Provide early support to foster rapid recovery
  - Improve communication skills
  - Build supportive relationships
  - Promote health care seeking when needed
  - Overcome barriers to health care utilization
  - Address health risk behaviors (e.g., alcohol use)



## METHODS

**Procedures:** MA Soldiers at Fort Lee, Virginia were randomized to receive the TEAM intervention or no intervention (comparison). Workshops were held at 2, 3, 4 & 7 months post deployment. Questionnaires were completed at 1, 2, 3, 4, 7 & 10 months post deployment. Outcome measure was PTSD symptom severity.

**Participants:**  $N = 126$  MA Soldiers (intervention  $n = 68$ ; comparison  $n = 58$ )

- **Gender:** 68% male, 32% female
- **Age:** range 19 - 50 years ( $M = 28.1$ )
- **Education:** 44.8% high school/GED; 55.2% some college/tech school or more
- **Rank:** 23.2% E-3 or lower; 56.8% E-4; 18.4% E-5 or higher; 1.6% O-3 or higher
- **Race:** 57.6% White
- **Marital Status:** 62.4% married; 46.4% live with spouse

### Measures:

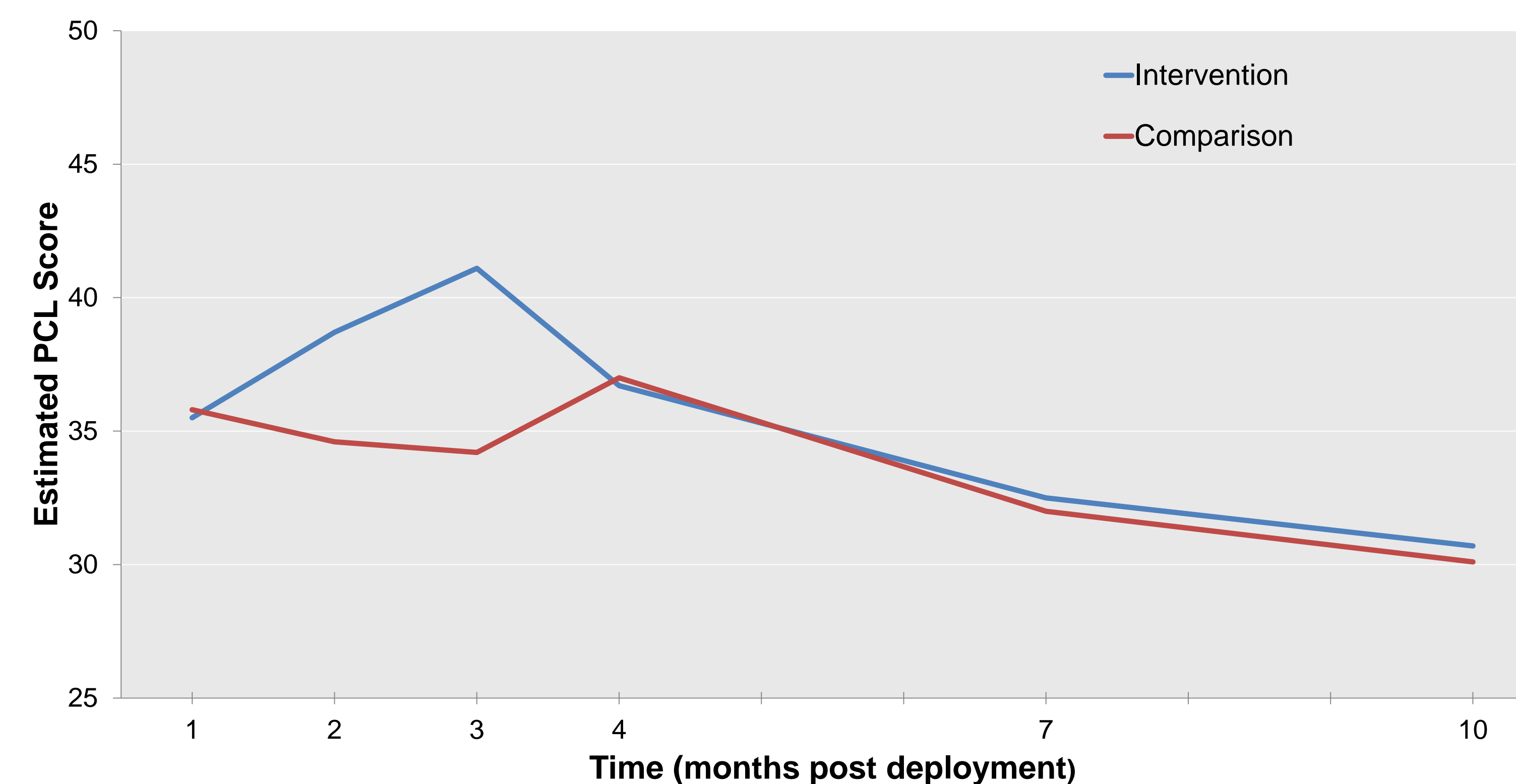
- **PTSD Symptoms:** PTSD Checklist (PCL-17): symptom total score (range 17 - 85).

**Analyses:**  $N = 125$  (intervention  $n = 67$ ; comparison  $n = 58$ )

- **Linear Mixed Modeling:** The longitudinal effect of treatment on PCL-17 scores was derived from a linear mixed model using the PCL score as the dependent variable and time (baseline and five follow-ups), treatment (intervention vs. comparison), and the time by treatment interaction as independent variables. Covariates included the variable live with spouse and the interaction of treatment and live with spouse. The SAS PROC MIXED procedure with spatial power option was used to compute the fixed and random effects and derive the predicted PCL scores at each time point.<sup>5</sup>

## RESULTS

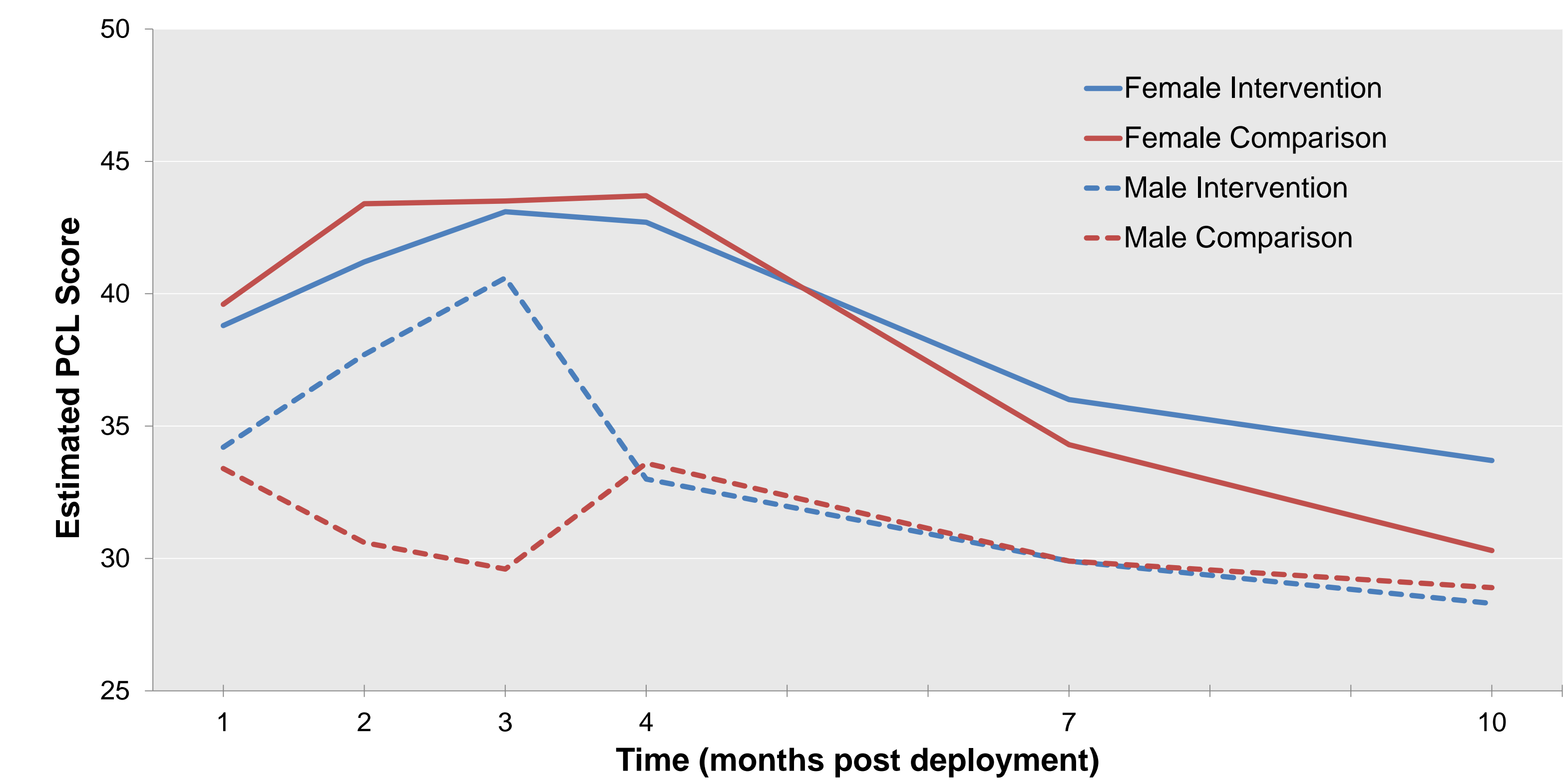
### Linear Mixed Model of Longitudinal Trajectories of PCL-17 Score



- Intervention and comparison groups did not significantly differ in PCL score across the six time points.
- Contrary to expectation, intervention group scores trend higher than comparison group scores in the first months of the intervention.
- At month 3, estimated PCL scores of the intervention group were significantly higher than the comparison group ( $p = .04$ ).

## RESULTS (CONT.)

### Linear Mixed Model of Longitudinal Trajectories of PCL-17 Score by Gender



- Intervention group males had significantly higher PCL scores (up to 11 point difference) than comparison group males at month 2 ( $p < .05$ ) and month 3 ( $p < .01$ ).
- There were no significant differences in PCL scores between intervention group females and comparison group females.

Limitations: self-selection for study enrollment and intervention attendance, self-report, conducting the intervention during work hours, and participation that is dependent upon Command and job duties.

## SUMMARY AND IMPACT

- ◆ There was no overall effect of the TEAM intervention on PTSD symptoms.
- ◆ PTSD symptoms increased after baseline in intervention group males and simultaneously decreased in comparison group males. While PTSD symptoms of females in the intervention and comparison group tracked closely with one another.
- ◆ At months 2 and 3, intervention content focuses on recognizing PTSD symptoms, the importance of communication, and seeking help if needed. Increased awareness of symptoms might be represented in an increase in symptom reporting.
- ◆ Intervention efficacy may have been influenced by intervention intensity, number and spacing of workshops, conducting workshops during work hours, delivery early in the post-deployment period, and voluntary attendance.
- ◆ These findings provide valuable avenues for redesign of intervention methods for future intervention programs that seek to address the needs of MA personnel and other high-risk groups.
- ◆ Further analyses will determine TEAM's effect on other measures of health and well-being.

### References:

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  - 5 Littell RC et al. Analysis of Repeated Measures Data. In: *SAS for Mixed Models 2nd Edition*, pp. 198-203. Cary, NC: SAS Institute Inc., 2006.
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