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**TITLE: Spouses/Family Members of Service Members at Risk for PTSD
or Suicide**

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14. ABSTRACT The purpose of the study is to gain new knowledge about the experiences of family members of service members who are experiencing symptoms of PTSD or severe depression. The study is multi-method, with an initial qualitative phase (Phase 1), and a follow-up longitudinal, quantitative phase (Phase 2). During Year 3, Phase 1 received approval from FBCH Department of Research Programs (DRP), WRNMMC IRB, GMU IRB, and USAMRMC ORP HRPO. A practice focus group was held, recruitment materials were prepared, and recruitment began at FBCH. Additionally, Phase 2 IRB review began, with approval from FBCH DRP and WRNMMC IRB. GMU IRB review was underway at the end of Y3. All materials for Phase 2 have been purchased and prepared. Finally, a 1-year no-cost-extension was approved.					
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INTRODUCTION

This project focuses on marriages/romantic relationships and family relationships of service members with significant risk for PTSD and/or suicidality. Social support is one of the strongest buffers against PTSD (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003), and relationship difficulties have been cited as the most common trigger of suicides in service members over the past several years (Keuhn, 2009). Thus, a healthy interpersonal environment is key for service members who may be struggling with behavioral health problems. Unfortunately, spouses of service members or veterans with symptoms of PTSD or depression have significantly elevated levels of psychological and interpersonal distress (Monson, Taft, & Fredman, 2009). It also appears quite likely that parents and other close relatives of service members with PTSD or depression experience significant distress, but there currently are almost no empirical data about relatives other than spouses or children. Based on the clear interaction between individual psychological problems in service members and their interpersonal environment, the ultimate objective is to gather data that will inform the future design of interventions for relatives of service members that will increase relatives' resilience and, consequently, their ability to provide support for service members. The purposes of this project are to: (1) identify the primary needs of relatives of high-risk (PTSD/depression) service members, and (2) identify potential distress and resilience mechanisms in these relatives. The research includes two phases. Phase 1 employs focus groups to (a) better understand the needs of romantic partners and (b) begin to identify needs of other types of family members (e.g., parents), who are rarely the focus of research. Phase 2 employs longitudinal assessment of service members and partners/relatives using interview and self-report measures to (a) validate information gathered in Phase 1 and (b) examine the longitudinal associations among service members' psychological functioning and the family environment. This information will, in turn, be used to identify primary targets for family intervention that can increase partners'/relatives' resilience and improve service members' psychological functioning.

BODY

Task 1a. COMPLETED. Ft. Belvoir Community Hospital (FBCH) is currently serving as the recruitment site for the study, with LT Mekeshia Bates as the FBCH Site PI.

Task 1b. PARTIALLY COMPLETED. Full approval for Phase 1 procedures has been obtained from all relevant regulatory boards. Phase 2 procedures have been approved by FBCH and the associated IRB at Walter Reed National Military Medical Center (WRNMMC). At the end

of Y3, the protocol was under review by George Mason University's (GMU) IRB.

Task 1c. COMPLETED. The focus group manual was completed in Y1.

Task 1d. COMPLETED. A full manual for managing emergency behavior (e.g., suicidal ideation) that is compliant with FBCH regulations is complete and approved by FBCH DRP and WRNMMC IRB.

Task 1e. COMPLETED. Training of focus group leaders, including conducting practice focus group, is complete.

Task 1f. COMPLETED. Training for study staff in the suicidal behavior management protocol is complete.

Task 1g. COMPLETED. All materials for the study have been purchased. Relevant study staff are trained in the use of materials for Phase 1.

Task 1h. COMPLETED. All hard copy and online versions of screening instruments are prepared.

Tasks 2a-f. INCOMPLETE. The study protocol for Phase 1 received full approval in Sep 2013. Thus, recruitment was just beginning at the end of Y3.

Task 3a. INCOMPLETE. The development of new questionnaires for Phase 2 is contingent upon completion of Phase 1.

Task 3b. PARTIALLY COMPLETE. All copyrighted measures for Phase 2 have been purchased, and preparation of the online survey had begun but was not complete as of the end of Y3.

All remaining tasks are reliant on enrollment of and acquisition of data from participants. Thus, these tasks are currently incomplete.

KEY RESEARCH ACCOMPLISHMENTS

- Approval of Phase 1 protocol.
- Completion of training in Phase 1 procedures.
- All Phase 1 preparation complete.
- Initiation of recruitment for Phase 1.
- Partial approval of Phase 2 protocol (awaiting approval by GMU IRB and USAMRMC ORP HRPO).
- All materials for Phase 1 and Phase 2 purchased.

REPORTABLE OUTCOMES

- Upcoming conference presentation panel on civilian-military research partnerships accepted for presentation at the annual meeting of the Association of Behavioral and Cognitive Therapies in November 2013. Panel is chaired by PI Keith Renshaw, and will include Dr. Craig Bryan, Dr. Stacey Young-McCaughan, Dr. Shannon Kehle-Forbes, Dr. Marjan Holloway, and LTC Jeffrey Cigrang, Ph.D.

CONCLUSION

As we begin recruiting participants for the project, we look forward to being able to draw conclusions about the impact of PTSD and/or suicidality on service members' relatives. In addition, we look forward to using that information to inform efforts to assist these individuals in caring for affected service members.

REFERENCES

- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68*, 748-766.
- Keuhn, B. M. (2009). Soldier suicide rates continue to rise: Military, scientists work to stem the tide. *Journal of the American Medical Association, 301*, 1111-1113.
- Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review, 29*, 707-714.
- Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin, 129*, 52-73.

Spouses/Family Members of Service Members at Risk for PTSD or Suicide

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PI: Keith D Renshaw

Org: George Mason University

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Study/Product Aim(s)

This project aims to identify unstudied aspects of the experiences of relatives of at-risk service members, examine what needs are identified as most important by such relatives, and examine such experiences and needs in a longitudinal, quantitative study. The ultimate goal of the project is to generate data to inform the development of adjunctive interventions for family members of at-risk service members that helps bolster such family members' resilience and, in turn, provides greater support for service members suffering from PTSD, depression, and suicidality.

Approach

This project employs a multiple-method approach. Phase 1 is a qualitative study, utilizing 3 focus groups for female partners of male veterans, 1 focus group for male partners of female veterans, and 3 focus groups of other relatives. Qualitative analysis will take place in three steps: (1) open coding, (2) axial coding, and (3) selective coding. Phase 2 is a longitudinal, quantitative study, designed to validate information from Phase 1 and test hypotheses from prior research. Service members will complete diagnostic interviews, and service members and their relatives will complete self-report measures of constructs of interests at 3 time points spaced 3 months apart.

Timeline and Cost

Activities	YR	1	2	3	4
Acquire site, Prepare Phase 1 materials & IRB					
Focus Groups (Phase 1),					
Qualitative Analysis (Phase 1)					
Prepare Phase 2 materials and IRB					
Phase 2 Data Collection					
Analyses and Evaluation (Phase 2)					
Estimated Budget (\$K)					

Period of Performance: (10/10-10/14)

Updated: 10/28/2013

Goals/Milestones

Acquire Site, Prepare Phase 1 Materials/IRB

Complete

Phase 1 IRB Approval

Complete

Focus Groups

Recruitment underway

Qualitative Analysis

Not yet initiated

Prepare Phase 2 Materials/IRB

Approval by FBCH DRP, WRNMMC IRB; under review by GMU IRB

Phase 2 Data Collection

Not yet initiated

Analyses and Evaluation (Phase 2)

Not yet initiated

Comments/Challenges/Issues/Concerns

Budget Expenditure to date

Projected Expenditure: Actual Expenditure: