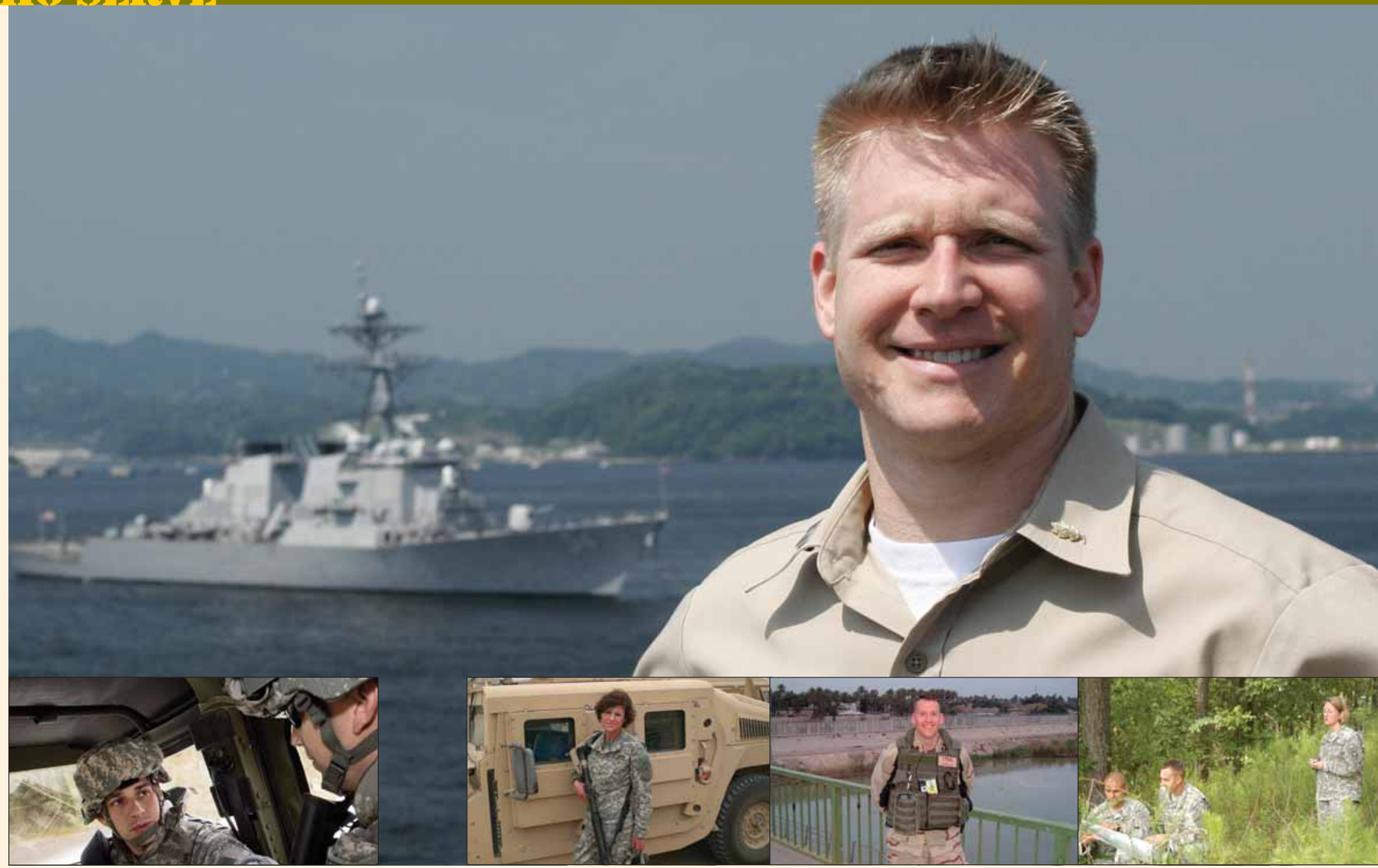
TRANSFORMING MILITARY MENTAL HEALTH

New efforts are under way to attract and train psychologists who treat service members and their families.

BY CHRISTOPHER MUNSEY
Monitor staff



Mental health services available to service members and their families will be fundamentally transformed through a plan developed by a special "Red Cell" team within the Department of Defense (DoD), top military psychologists say.

Organized in June, the team has six months to come up with a plan to implement recommendations made by the DoD's Task Force on Mental Health, says Capt. Morgan T. Sammons, PhD, the Navy's psychology specialty leader and a Red Cell member.

The task force report, delivered to Secretary of Defense Robert Gates on June 14, states that the military's mental health system "does not have enough resources, funding or personnel to adequately support the psychological health of service members and their families in peace and during conflict."

"What we're really trying to do is imbue a new philosophy of mental health service delivery across all the services," Sammons says.

Congress included $900 million in the DoD's supplemental budget for fiscal years 2007 and 2008 to fund more mental health services, as well as more research on the effects of traumatic brain injuries (TBI) and treatments for TBI and post-traumatic stress disorder (PTSD). APA continues to contribute to this effort through its federal advocacy for DoD mental health services and research, as well as for the Center for Deployment Psychology, a DoD training initiative, created by APA's Education Directorate in consultation with Sammons and other leading military psychologists.

Through the plan, military officials seek to promote a culture of psychological health that will reduce stigma and ensure military personnel have access to appropriate services, Sammons says.

In related efforts, the Department of Veterans Affairs (see box, page 40) is hiring several hundred more psychologists to work with veterans and boosting efforts to screen veterans for TBI and mental health concerns. And following an association report that highlighted the psychological needs of service members and their families—and recommended ways for the DoD to improve care—APA is devising a long-range plan for how to meet those needs.

The need to reduce stigma and ease access to care have been recognized by military leadership and Congress, says Air

Force Col. James Favret, PhD, psychology consultant to the Air Force Surgeon General and another Red Cell member.

"There's some consensus that these are all good things. It's just now a matter of how do we make this happen in the best way," Favret says.

The need for military psychologists

The report comes as the military struggles with a shortfall of active-duty psychologists, compared with the number of positions authorized.

According to officials, the Army is down 20 percent from its full complement of 123 psychologists. The Air Force, which is missing 17 percent of its 235 authorized psychologists, only filled 11 of its 23 internship slots this year.

And the Navy, which also provides psychological services for the Marine Corps, is down 29 percent, with only 87 of its 122 psychologists in non-training positions on board.

Concurrent with these shortfalls in the active-duty psychologist ranks, thousands of service members are dealing with the effects of combat stress, including PTSD from their experiences in Iraq and Afghanistan. Others face the cognitive and emotional effects of a TBI, an injury often caused by blasts of the improvised explosive devices favored by insurgents in Iraq.

The numbers of service members who need help is only expected to grow as deployments continue and more service members experience more than one deployment.

According to Post-Deployment Health Re-Assessment (PDHRA) data, 38 percent of soldiers and 31 percent of Marines reported psychological symptoms. Among those who have deployed more than once, the percentages spike up to 40 percent for soldiers and 35 percent for Marines. The PDHRA is administered to service members 90 to 120 days after returning from a deployment.

To meet the increased needs, the military services want to recruit and retain more psychologists by offering expanded loan-repayment programs, signing bonuses and bonuses for extending time on active duty.

The Army increased the number of internship positions to 25 this year, and wants to accept 30 interns next year, says Col. Bruce Crow, PsyD, the Army's psychology consultant. That's more than double the number of interns accepted just five years ago.

The Army is also piloting a new training track for active-duty psychologists this year, offering commissions to up to five psychologists who have completed their internships and earned their doctorates, but need their postdoctoral year for licensure.

Both the Navy and Air Force hope to increase the number of psychologists brought in through "Direct Accession" programs, whereby licensed psychologists apply for a commission.

Besides bringing on more psychologists to active duty, the Army, Navy and Air Force are all hiring psychologists as civilian contractors or federal employees, and making therapy more available to active-duty service members who are reporting mental health concerns at newly organized deployment health centers.

The Department of Veterans Affairs' continuum of care

The VA health-care system is also increasing the number of psychologists to care for service members who retire from or leave the military, says Antonette Zeiss, PhD, deputy chief consultant for the Department of Veterans Affairs Office of Mental Health Services.

Starting in 2005, the VA began hiring an additional 808 psychologists, joining the 1,800 psychologists employed across its health-care system, Zeiss says. As of May, the VA had hired 478 additional psychologists toward that target. Those psychologists will bolster services for all veterans, but the increased staffing will help meet the mental health needs of Operation Iraqi Freedom and Operation Enduring Freedom veterans from the war on terrorism in several regions around the world and operations in and around Afghanistan.

The first time service members visit a VA facility, they are automatically screened for mental health problems and TBI symptoms. For all veterans who request or are referred for mental health services, the VA will schedule an evaluation within 24 hours, says Zeiss. In that evaluation, the urgency of the need for care will be determined. If the veteran has reached a "crisis point" and needs help immediately, help will be provided, according to Zeiss. For those with less pressing mental health concerns, the VA has set a target of another visit and consultation leading to a diagnosis and a treatment plan within two weeks of contact, she says.

Of the 229,015 veterans of Iraq or Afghanistan who have sought VA service since 2002, almost 37 percent reported a mental health problem, Zeiss says.

In rural areas, the VA is making mental health care more available through telemedicine and case-management teams.

Overall, the VA is encouraging veterans and family members to seek help early, says Zeiss.

"I really hope we can see people more quickly, and we can prevent the kind of downward cascade of...the Vietnam era," she says.

—C. MUNSEY

APA: focusing attention, pushing for training

Back in February, APA drew attention to the need for expanded mental health services through a report written by the association's Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. The report found that military personnel face barriers to mental health services that include limited access and availability, as well as stigma. To address this, the report recommended increased coordination of DoD mental health services.

> "What we're really trying to do is imbue a new philosophy of mental health service delivery across all the services."
>
> *Capt. Morgan Sammons*
>
> *The Navy's psychology specialty leader*

Following that report, APA President Sharon Stephens Brehm, PhD, called for nominations for a second task force, the Presidential Task Force on the Psychological Needs of U.S. Military Service Members and Their Families. "The goal is developing a long-range strategy for the association to help meet the needs of military personnel and their families," says Ron Palomares, PhD, APA staff liaison to the new task force. As a way to ensure that APA's plan is of most benefit to military personnel and their families, the association invited DoD and VA officials to each appoint a liaison to the task force, explains APA Senior Policy Advisor Ellen Garrison, PhD.

APA's push to secure more military mental health funds also includes working with DoD and Congress to support a new training initiative, the Center for Deployment Psychology. The center, located at the Uniformed Services University of the Health Sciences near Washington, D.C, brings together military psychologists, interns and civilian psychologists for two-week courses, says David Riggs, PhD, the center's executive director.

The center will host five two-week courses this year, but hopes to find ways to increase that number in 2008, says Riggs. Working with state psychological associations, the center is also stepping up its efforts to host local, one- to three-day training sessions for civilian psychologists.

"I think the center fills a really valuable niche, in that we're looking to provide the training that will get people to where they can help the soldiers and their families when they come back," he says.Ψ

Capitol Hill hearing examines service members' mental health concerns

Dr. Fairbank

At a May 24 hearing held by the U.S. House of Representatives' Committee on Oversight and Government Reform, APA member John A. Fairbank, PhD, testified that if services members' mental health conditions are not accurately diagnosed and treated, the effects will not only have devastating consequences for the service members, but also for their families.

Research conducted on Vietnam veterans, for example, has found that families of veterans with PTSD were "more likely to suffer domestic violence than families of veterans without PTSD," said Fairbank, associate professor of medical psychology at Duke University Medical Center and co-director of the National Center for Child Traumatic Stress.

In addition, said Fairbank, children of veterans with PTSD had significantly higher levels of behavioral problems than other veterans' children.

"A hard lesson we learned from our nation's response to Vietnam veterans is that we do not want to delay doing our best to prevent war-related PTSD from wreaking havoc on the futures of our veterans and their families," he said.

APA member Antonette M. Zeiss, PhD, deputy chief consultant for the U.S. Department of Veterans Affairs (VA) Office of Mental Health Services, also testified at the hearing. "Appropriate attention to the physical and mental health needs of veterans will have a positive impact on their successful re-integration into the U.S. economy and society as a whole," said Zeiss.

"We have seen that many returning veterans have injuries of the mind and spirit, as well as the body. For veterans of prior eras, we have learned that mental disorders can increase the risk for certain physical illnesses, and vice versa. In addition, current returning veterans experience events that result in both physical and emotional injuries. Our goal is to treat a veteran as a whole patient—to treat a patient's physical illnesses, as well as any mental disorders he or she may be facing."

Dr. Zeiss

—S. MARTIN

Helping and healing

There's strong demand for military psychologists, who are experiencing a wealth of opportunities and unique career challenges.

BY CHRISTOPHER MUNSEY
Monitor staff

As a recent Pentagon report finds (see page 38), psychologists' expertise is being recognized—and sought—more than ever before to train service members, help them cope with their duties, and treat those with post-traumatic stress disorder, traumatic brain injuries and other mental health concerns.

To give APA members a glimpse of the varied, intense, and sometimes dangerous work of psychologists serving in the military, the *Monitor* interviewed five who are now serving. Here are their stories.

On the ground in Baghdad

As an Army psychologist in Iraq, Army Capt. Jill Breitbach, PsyD, regularly ventured out across Taji to be available for the soldiers doing the dangerous work of patrolling and running convoys in the violent region north of Baghdad.

Breitbach, who deployed with the 3rd Infantry Division in 2005–06, oversaw four mental health clinics staffed by about 10 soldiers, responsible for treating all soldiers serving in and around Baghdad.

"If you're not with the soldiers you support through their day-to-day activities, then you're not one of them," says Breitbach.

She earned her doctorate from Pacific University in 2002, where her dissertation focused on the ways resilience can prevent trauma. That interest in resilience, combined with meeting her future husband, a soldier with the Army's 3rd Special Forces Group, piqued her interest in becoming a military psychologist.

1ST LT. RACHEL SPRINGER, U.S. ARMY

"If you're not with the soldiers you support through their day-to-day activities, then you're not one of them," says Army Capt. Jill Breitbach, PsyD.

She applied for an Army internship and interned at Eisenhower Army Medical Center, then completed the Officer Basic Course (OBC) at Fort Sam Houston in Texas. After OBC, she was assigned for one year with the 82nd Airborne Division at Fort Bragg, N.C., where soldiers redeployed home from Iraq were suffering from depression, substance abuse and suicide in the aftermath of combat experience.

> "Serving as a psychologist in the Army, you get such a variety of experiences. It's worth it."

"I did a lot of work with deployment and redeployment issues, and a lot, a lot, a lot of work with PTSD," Breitbach says.

Today, she is with the 1st Special Warfare Training Group at Fort Bragg, teaching physical and mental adaptability skills to soldiers in Special Forces training. "The classes are very similar to the entry-level basic counseling skills most psychologists get in training—how to recognize emotions, empathize, asking the right questions to elicit more information and being aware of your own buttons," she says.

Being an Army psychologist means that whenever she catches up with friends from graduate school, she's calling from someplace new.

"I've deployed, I've seen the world, I have a well-rounded experience," she says. "Serving as a psychologist in the Army, you get such a variety of experiences. It's worth it."

Keeping soldiers 'shored up'

Based in Baghdad, Navy Lt. Cmdr. Shannon Johnson, PhD, says she never knows the challenge each day will bring, but she does know she'll have a chance to make a difference in keeping soldiers functioning in a brutal environment.

A Navy psychologist, Johnson serves with the Army's 113th Medical Company, Combat Stress Control, a mental health unit covering Baghdad, Ramadi, Taji, the province of Diyala and much of southern Iraq.

Johnson and her colleagues work with soldiers from the 2nd Infantry Division, deployed to Iraq since June 2006, and the 10th Mountain Division, deployed since August 2006. She arrived in February.

"Every day I feel like I'm having an impact, and a very important impact for groups of people that are...really suffering," she says.

The men and women she works with have lost many fellow soldiers. Earlier this year, they got the news that they'd be serving in Iraq three months longer then planned. And as part of the surge strategy, many soldiers are moving from large Forward Operating Bases (FOBs) into smaller outposts called Joint Security Stations with local Iraqi forces. Besides being less secure from attacks by insurgents, the stations don't have the hot meals and showers of the FOBs.

> "Every day I feel like I'm having an impact, and a very important impact for groups of people that are...really suffering."

Some soldiers are on their third deployment, and they are still struggling with combat stress from previous experiences in Iraq and Afghanistan. For many soldiers, getting decent sleep is impossible. And while many appreciate the connection of e-mail, it also brings with it the troubles of spouses and misbehaving children back home, she says.

She and her colleagues also work with unit leadership, providing tips for spotting soldiers in trouble. For some soldiers who need respite, the unit arranges for a restoration break of three to seven days, a chance to get some sleep, hot showers, cooked meals and classes on coping skills.

"In some respects, we are just keeping people shored up to get through," she says. "The real work of healing is going to need to take place when they get home," she says.

SGT. GREGORY CALHOUN, U.S. ARMY

"In some respects, we are just keeping people shored up to get through," says Navy Lt. Cmdr. Shannon Johnson, PhD, who serves with the Army's 113th Medical Company. "The real work of healing is going to need to take place when they get home."

A patient base of 12,000

Being a Navy psychologist aboard an aircraft carrier is a balancing act in several ways. For one, the people you're there to help are the same people you live and work with—and are sometimes friends with—says Lt. Justin D'Arienzo, PsyD.

Since September 2006, D'Arienzo has served as psychologist for the ship's company of the U.S.S. Kitty Hawk and its 3,000 members, home-ported in Yokosuka, Japan.

When the ship, which is the Navy's only permanently forward deployed aircraft carrier, leaves port for months-long deployments throughout the Pacific, D'Arienzo is also on call for all the sailors and officers of the accompanying air wing, ships and submarines, which can boost his patient base past 12,000.

A Navy psychologist since 2003, D'Arienzo works with the ship's leadership on personnel issues, for instance helping sailors who aren't adjusting to shipboard life or not keeping up with their work. That's a recurring problem for the Kitty Hawk, where most sailors face long days of hard work and little sleep. Most sailors are up before 6 a.m. standing watches, running drills and getting training, and most don't hit the rack until sometime after midnight.

In working with the senior enlisted sailors and officers supervising the younger, more junior sailors, he tries to stick to the bottom line of how best a sailor can be helped, whether it's changing a work assignment, or sometimes in a few extreme cases, recommending administrative separation from the Navy.

> In working with the sailors, D'Arienzo follows a brief, solution-based therapy that stresses the importance of staying committed to the ship's mission and, by overcoming adversity, achieving personal growth.

"You really need to give explanations to people, so they understand why somebody needs to be out of the Navy, or why the environment needs to change so we can help a sailor," he says.

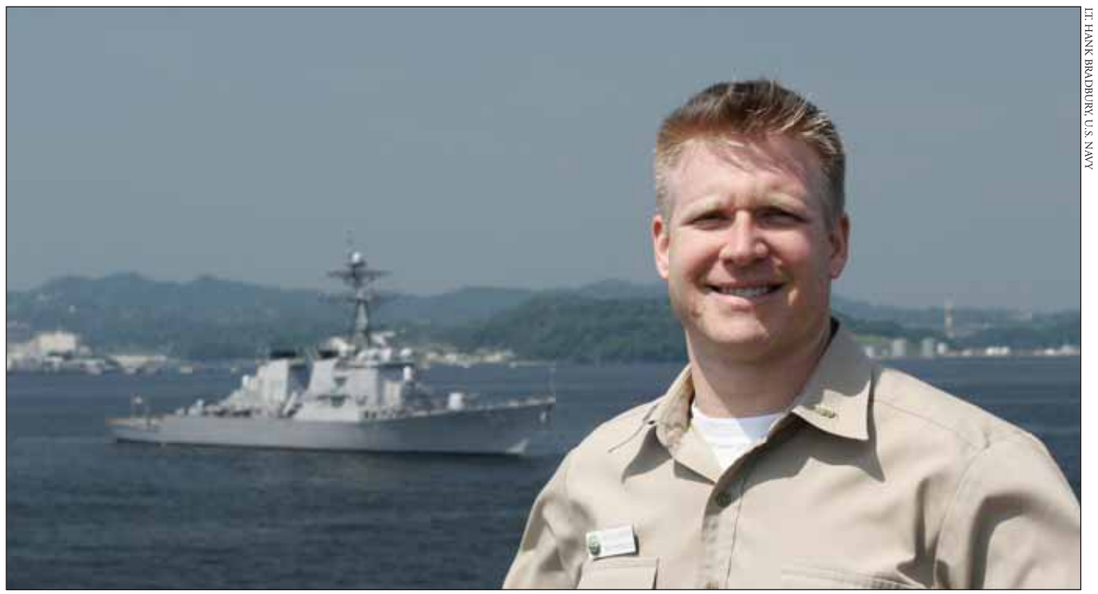
D'Arienzo reaches out to sailors in several ways. He writes a column on psychological issues called "Mind Games" for the ship's newspaper, which often gives people an excuse to talk to him. He restarted an Alcoholics Anonymous group and later this year will teach introductory psychology for college credit.

D'Arienzo always knew he wanted to serve in the military. He earned a PsyD in clinical psychology from Nova Southeastern University in 2003, and following Officer Indoctrination School in Newport, R.I., completed an internship at Portsmouth Naval Hospital in Virginia.

He was drawn to the Navy by the prospect of responsibility, the varying job assignments and the internship pay of $52,000, far above what he could make at a civilian facility.

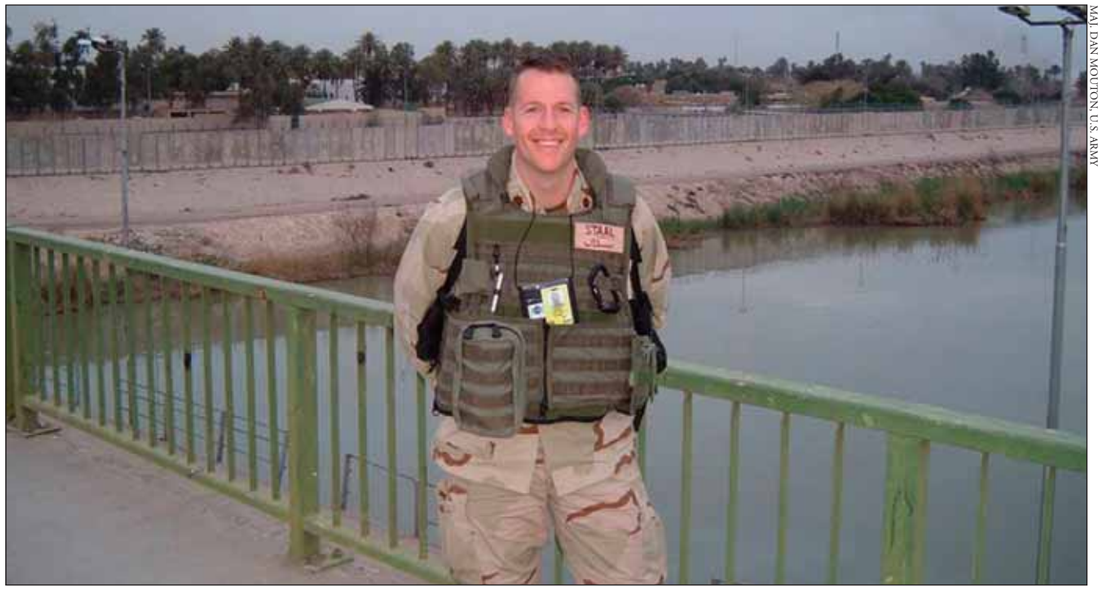
In working with the sailors, D'Arienzo follows a brief, solution-based therapy that stresses the importance of staying committed to the ship's mission and, by overcoming adversity, achieving personal growth.

"If you can make it through a tour on Kitty Hawk, you can make it through any tour," he says.



LT. HANK BRADBURY, U.S. NAVY

"If you can make it through a tour on Kitty Hawk, you can make it through any tour," says Navy Lt. Justin D'Arienzo, PsyD.



MAJ. DAN MOUTON, U.S. ARMY

Air Force Maj. Mark Staal, PhD—standing on a bridge over the Tigris River—earned a Bronze Star for his work with Air Force Special Operations.

Bronze Star service

When it came time to apply for an internship, Air Force Maj. Mark Staal, PhD, knew he wanted four things—autonomy, responsibility, variety and opportunity.

Although he was interested in a program at Stanford University, the Air Force offered a competitive salary, a postdoctoral fellowship, a guaranteed job for several years, and the chance to gain experience and get licensed.

"For me, it was a no-brainer," Staal says.

Following an internship at Wilford Hall at Lackland Air Force Base in San Antonio, Texas, in 1996, Staal spent three years in Albuquerque, N.M., at Kirtland Air Force Base, where, assigned to the chief of mental health, he was responsible for mental health care for 10,000 people and their families.

"I had gone from essentially supervising myself to supervising 25 professional staff," he says.

Staal got a chance to teach leadership and psychology at the Air Force Academy and to provide clinical services in the academy's cadet counseling center. At the academy, he helped cadets deal with the issues other college students face: stress over academic performance, relationship difficulties, adjustment issues and depression.

"I think military service academy cadets have it tougher then their collegiate peers, since they are asked to balance these typical anxieties along with military and officer candidate expectations," he says.

> "In many ways, there's no other experience like it, going downrange and deploying in support of your country."

Taking up an opportunity for a postdoctoral fellowship at NASA's Ames Research Center, Staal's specialty changed from clinical psychology to aviation psychology. At Ames, Staal studied the impact stress has on decision-making.

Staal has also deployed to Iraq and Afghanistan four times from 2004 to 2006 for months at a time, helping the Iraqis plan the country's elections in July 2005. He also received the Bronze Star for contributions to Operation Iraqi Freedom while working with Air Force Special Operations personnel.

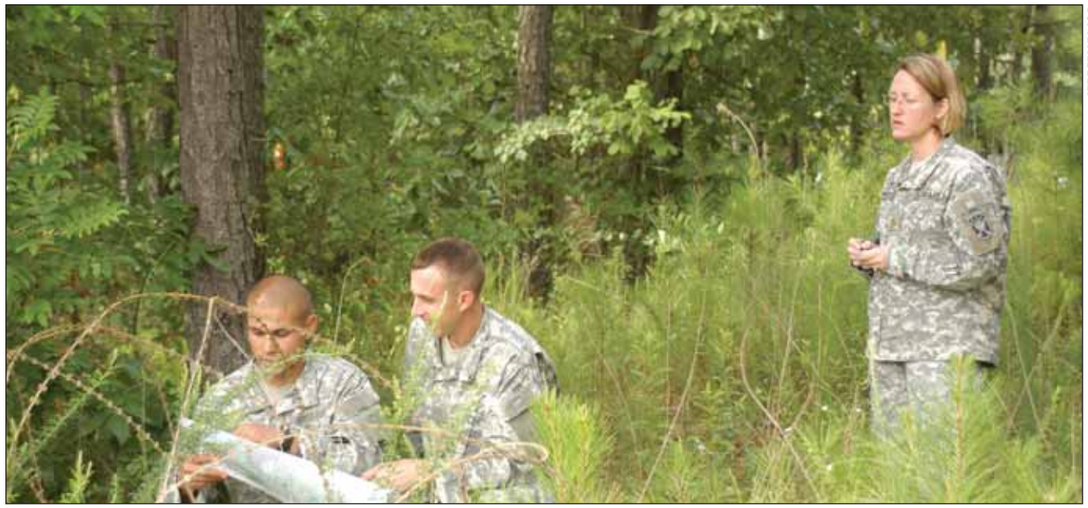
In his current assignment as an operational psychologist with the 1st Special Operations Group, Staal assists Air Force personnel going through Special Operations training.

He describes his role as focusing on education, consultation and training, for instance, helping Air Force students learn resistance strategies during the Survival, Evasion, Resistance and Escape course.

He also works with air crew who may be anxious about operating in new environments, such as those who will be flying aboard different types of aircraft or learning how to scuba dive.

"There's no secret formula to it. It's a lot of cognitive behavioral types of strategies that one might use to overcome any type of anxiety, applied to an operational context," he says.

Staal says he's got the "best job" in the Air Force. "In many ways, there's no other experience like it, going downrange and deploying in support of your country," he says.



BONITA RIDDLEY

"If you don't understand what fears those people encounter doing those kinds of things, then you can't really assess that in the people you're training," says Maj. Kristin Woolley, PhD, here shown observing soldiers during Special Forces training.

A performance-enhancement psychologist

As an Army operational psychologist, Maj. Kristin Woolley, PhD, is often out in the field with her fellow soldiers—and experiencing, at least during training, some of the same fears they experience, she admits.

It means earning her Army parachutist badge and going through the Army's Survival, Evasion, Resistance and Escape course, which teaches service members how to survive in enemy territory, and resist interrogation if captured.

Going through such emotionally and physically intense training puts her in a better position to assess soldiers going through Special Operations training, Woolley says.

"If you don't understand what fears those people encounter doing those kinds of things, then you can't really assess that in the people you're training," she says.

Woolley serves as the command psychologist at the U.S. Army's JFK Special Warfare Center and School in Fort Bragg, N.C. The school is a training center for the Army's Special Operations command. The students are soldiers, all of whom go through mentally and physically rigorous qualification courses to join the Army's Special Forces, PsyOps and Civil Affairs communities. Most will be deployed to Iraq or Afghanistan.

In her role as command psychologist, Woolley answers questions from the command's leadership about how to best select the soldiers for the elite, highly specialized communities and how to assess their performance during qualification courses and training.

> "I remember thinking, 'I have to figure this out. They have weapons, and they're on my watch, and I've got to solve this problem.'"

"My primary goal is more of a performance enhancement psychologist, where I try to get the right kind of training environment, or the right kind of soldier in that position, so that the training goes well and we're actually getting the right product," Woolley says.

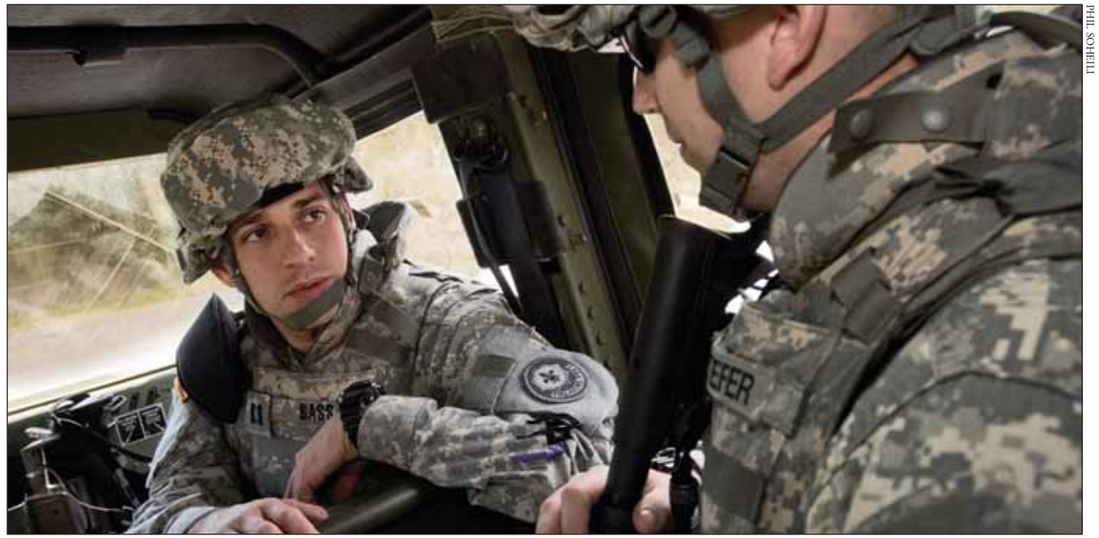
To do her job, Woolley spends much of her time observing training of the students. By combining what she observes about their performance with results from different psychological tests, Woolley talks to them about their strengths and weaknesses, and ways they can improve.

What she's looking for are the qualities that are sought in soldiers selected for the Special Operations community—the adaptability and flexibility needed to operate alone or in small groups without much guidance. She also wants to see that they can control their emotions when physically and mentally exhausted and be culturally savvy when interacting with people from different backgrounds, Woolley says.

At the start of her Army career as a Signal Corps officer, Woolley found that she had to be on the watch for interpersonal problems among her soldiers. For instance, one of her soldiers struggled with family problems: His spouse was back home and involved with, and writing letters to, a fellow soldier from his unit. "I remember thinking, 'I have to figure this out. They have weapons, and they're on my watch, and I've got to solve this problem,'" Woolley says.

Woolley also recruits psychologists interested in operational psychology and working with Special Operations forces. "When commanders see that I'm making their job easier, or their programs more complete, they want me and everyone I can get my hands on," she says.

A psychologist and a soldier



PHIL SCHEIEL

As an Army psychologist, Capt. Jeffrey Bass, PsyD, is overseeing mental health treatment for 4,300 soldiers of the 2nd Stryker Cavalry Regiment.

Starting this month, the *Monitor* is regularly checking in with Army psychologist Capt. Jeffrey Bass, who began a 15-month deployment in Iraq.

BY CHRISTOPHER MUNSEY
***Monitor* staff**

Army Capt. Jeffrey Bass, PsyD, a native of Queens, N.Y., doesn't mind admitting to feeling some fear—mingled with anxiety and excitement—when thinking about his deployment to Iraq.

A newly licensed psychologist, Bass, 32, serves as Regimental Psychologist for the 2nd Stryker Cavalry Regiment, which deployed to Iraq in August. The regiment operates the Stryker, an eight-wheeled armored combat vehicle capable of carrying up to nine soldiers. Fast, heavily armed and linked together through a communications system, the Strykers will help the regiment serve as a "lightning" reaction force in Iraq, among other duties.

> "Almost every male in my family has been in the military and served, and I felt there was a duty and an obligation for me."
>
> *Capt. Jeffrey Bass*
> *U.S. Army*

Along with one enlisted soldier trained as a psychiatric technician, Bass oversees mental health treatment for 4,300 soldiers.

Bass can't give the exact location where his regiment is deployed, but says it had been described to him as "austere"—which in Army parlance means dangerous, with spartan living conditions.

To earn credibility with the fellow soldiers he's supposed to treat, he's going where they have to go—and almost any movement on the ground in Iraq carries the risk of attacks from the improvised explosive devices used by insurgents.

"It would be unacceptable for me to stay on the FOB [forward operating base] due to fear, because of these guys that do it every single day," Bass says.

As an Army psychologist, Bass will be keeping as many soldiers functioning as he can, delivering brief, solution-focused therapy. The soldiers will be dealing with the trauma of seeing fellow service men and women killed and wounded, but also handling the stress of being separated from spouses and children and living in an environment where temperatures regularly soar past 100 degrees.

About one in four soldiers are veterans of the regiment's first Iraq deployment, and some still struggle with symptoms of combat and operational stress, Bass says.

Based on some screening work he did in Germany, Bass also wants to follow up with soldiers he identified as at-risk for post-traumatic stress disorder (PTSD) and the effects of combat stress.

"One of my superior officers told me, 'You're going to be working from the time you get on the plane to the time you get off the plane,'" Bass says.

Getting ready to go

Bass has been in the Army for about two years. After finishing an internship at the Eisenhower Army Medical Center in August 2006, he completed the Officer Basic Course (OBC) at Fort Sam Houston in San Antonio last fall.

Bass became a psychologist because he wanted to help people. Before earning his doctorate, he worked in outreach programs serving people with severe mental illness in the criminal justice systems of New York City and San Deigo.

His clients were sometimes volatile and psychotic, and those experiences, combined with his background growing up in a place as diverse as Queens, helped him deal with the wide range of people serving in the Army, Bass says.

At Eisenhower, Bass and his fellow interns regularly met with recently deployed Army psychologists, who talked about their experiences working as psychologists in Iraq and Afghanistan. During his two and a half months at OBC, Bass learned traditional Army skills—taking an M-16 rifle apart while blindfolded and putting it back together, counterattacking an ambush, driving in a convoy and giving basic first aid for life-threatening wounds.

This training taught Bass "how to keep myself alive, and how to help my soldiers get out of a dirty situation," he says.

After OBC, Bass joined the regiment earlier this year as it prepared for deployment in Vilseck, Germany.

A family obligation

Fifteen members of Bass's extended family have served in the military. Looking back, Bass believes that heritage influenced his decision to become an Army psychologist.

"Almost every male in my family has been in the military and served, and I felt there was a duty and an obligation for me," he says.

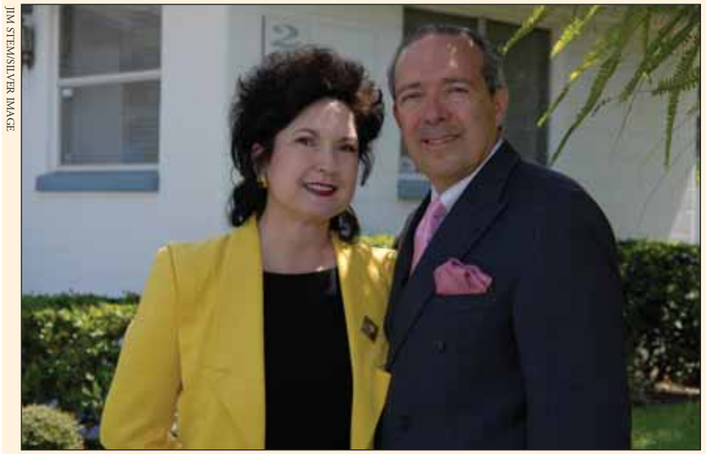
While he's deployed, Bass wants to work as hard as he can, relax by taking long runs, cultivate ties with his fellow medical professionals within the unit and keep in touch with his family. In July before he deployed, Bass and his girlfriend, 1st Lt. Brooke Heintz, married in a small ceremony in New York. Bass met Heintz, an Army social worker stationed in Alaska, during OBC.

His father is a Vietnam vet who's struggled with PTSD since he came back home, and Bass worries that he'll develop PTSD, too, from the things he'll experience in Iraq.

He knows the experience will change him.

"If you go downrange [to Iraq], you're going to come back with something," he says.Ψ

Two psychologists who know first-hand how to help military families



JIM STEMSILVER IMAGE

Drs. Milagros and Felix Subervi

If anyone understands the realities facing those serving in Iraq and Afghanistan and their families, it's Maj. Felix Subervi III, PhD, and his wife, Milagros Subervi, PhD, both clinical psychologists.

Felix served first as a social worker then as a military psychologist in the Air Force from 1972 until 1995. In that capacity, the Subervis and their two children endured a terrorist attack on a base in the Philippines in 1987, and the threat of chemical attacks at another base in Madrid, Spain, where they were stationed in 1991.

"We have some taste of fear, and also of being Americans in a foreign country where sometimes people don't like Americans," Milagros Subervi says.

Such experiences help them understand what military clients in their Tampa Bay, Fla., private practice, are going through, Felix Subervi says. Knowing his family's life was on the line because of his job, for example, "was not the kind of thing you find in journal articles," he says.

Both clinicians have extensive training in child and family psychology—they each have specialty postdocs in child clinical psychology from Harvard Medical School—but they divide their work so that Felix helps parents and children ease the youngsters' behavioral and emotional difficulties, and Milagros sees adults who need help with individual or couple's issues.

Felix's young clients face not only war's perennial challenges—such as missing their deployed parent and acting out as a consequence—but they also must grapple with realities unique to the conflict, he observes. For instance, advances in communications technology enable deployed parents to observe life at home on Web cams, leading to a blurring of roles where the deployed parent is tempted to get involved in discrete aspects of his or her child's upbringing, like helping with homework, for example. Sometimes, children even witness a parent's injury or death on television—with predictably traumatic results.

While the problems can be complex, Felix's goal is simple: help children function better at school and at home. He uses a blend of cognitive-behavioral therapy, family-systems theory and child-friendly interventions, such as having youngsters play with a pet chihuahua, or sit in the office's homey kitchen and have a snack.

"I use a lot of situations where children can laugh and have fun," says Felix. "Eventually they'll tell me their real concerns, like how much they miss their father or ways they wish the parent at home would do things differently."

> "We have some taste of fear, and also of being Americans in a foreign country where sometimes people don't like Americans."
>
> *Milagros Subervi*

With adults, Milagros sees problems commonly reported by others who work with this population, including depression, anxiety, PTSD, drinking and infidelity. "The soldier may come home and be a different person," she says.

Because the Subervis first language is Spanish—they are both originally from Puerto Rico—they often choose to work with Hispanic clients, whose difficulties tend to be augmented because of language and cultural barriers, Milagros says.

"They're adjusting not only to not being with their spouse, but also to a culture they're not familiar with and to not having their [extended] family around," she says.

Both Subervis add that the fact they're no longer with the military helps clients share more easily.

"We can keep their information confidential," Milagros says. "That leaves them free to open up and say, 'This is something that has been bothering me for a long time.'"

—T. DEANGELIS

Planting victory gardens, psychology style

Psychologists are providing free counseling, resources and education for military personnel, their families, their providers and their communities. And they want your help.

LLOYD WOLF

"I grew up in the shadow of Vietnam, and I thought, I don't want my daughters growing up knowing we could have done more for these returnees," says Give an Hour founder Dr. Barbara Romberg, pictured with her two daughters.

BY TORI DEANGELIS

In the summer of 2005, Barbara Romberg, PhD, heard a National Public Radio report that struck her: Most Americans are insulated from and doing nothing to help those fighting in the Iraq and Afghanistan wars.

"It really bothered me, knowing there is a segment of our society that bears the burden of this conflict while the rest of us go merrily on our way," the Washington, D.C.-area child clinical psychologist says. "I grew up in the shadow of Vietnam, and I thought, I don't want my daughters growing up knowing we could have done more for these returnees—even though we know so much more about how to help."

Her feelings prompted Romberg to create Give an Hour, a volunteer program that links mental health professionals with military personnel and their families who might need their services. The effort aims to complement the work of psychologists in the military and the Department of Veteran Affairs, who are flooded with calls from people needing assistance, Romberg says.

"The military is doing an excellent job of trying to get in front of these issues, but they don't have enough resources," she says. "I thought if we could make it easy for people to give their time, that people would step up. And they are."

Romberg's is one of several pro bono efforts launched by psychologists to provide mental health and educational assistance to those serving in Iraq and Afghanistan and their families. Others counsel family members of those in the Reserves and the National Guard. Another group of psychologists focuses its efforts on military children and teens. Others still disseminate state-of-the-art information about post-traumatic stress disorder (PTSD), resilience and other relevant psychological issues to professionals who work with children and to communities at large.

And more are needed to help. "It feels so much better to do something than to just feel frustrated or sad about the news," Romberg says.

Sharing their expertise

In June, Give an Hour launched its Web site, www.giveanhour.org, which enables military personnel and their families to access local providers. As of July, about 435 mental health providers in 40 states had signed up to give at least one free hour a week of service for at least a year. The organization is now getting referrals from veterans' organizations, Romberg says.

Any mental health professional with a license who practices in their particular area of expertise—whether counseling, family, depression or other—is welcome to join; they don't necessarily need expertise in PTSD because many families need other types of counseling as well, she adds.

That said, Romberg is launching a forum on the Web site where volunteers can air clinical concerns with senior practitioners experienced in PTSD and share experiences with colleagues. Eventually, the site also will include a large online resources library, which Romberg plans to staff with volunteers who can help families search for information.

Recently, Give an Hour received a boost via a $330,000 grant from the Coalition to Salute America's Heroes, a nonprofit organization that helps severely wounded and disabled Iraq war veterans resume fulfilling lives. The money is allowing Romberg to hire support staff and obtain office space.

Meanwhile, The Case Foundation is providing ideas and technological support so Romberg can spread the word via a sophisticated "virtual tour" of each state that taps state mental health associations and the current network of providers to recruit other

Helping families who don't seek it out

Several years ago, Peter A. Wish, PhD, and his wife, L.B.Wish, EdD, psychologists who run a practice in Sarasota, Fla., decided to help families of fallen service members deal with their grief.

At the same time, Carolyn Becker, director of Education and Family Services for the Special Operations Warrior Foundation (SOWF), in Tampa, wanted to set up a free system of grief counseling for families.

Working together, they've organized the Family Counseling Network, dedicated to matching up families of Special Operations service members with local therapists who counsel them for free. So far, close to a dozen families around the United States have linked up with therapists drawn from a pool of about 20 mental health professionals.

CRAIG LITTEN/SILVER IMAGE

Drs. Peter A. and L.B. Wish helped organize the Family Counseling Network.

The network is essential because many military families are reluctant to seek out counseling from within the military's health-care system, the psychologists say, often held back by the stigma of being seen as needing help from a psychologist.

Those from the Special Operations community, which includes the Army Rangers, Navy SEALs and Air Force special tactics squadrons, seem particularly averse to seeking help.

"It's the 'tough it out' model," explains L.B. Wish. "You don't cry, you don't show pain, you help yourself."

As a non-profit foundation, SOWF focuses on the repercussions for children who lose a parent in military service, providing scholarships and educational assistance to the children of Special Operations service members killed in action or training. The foundation provides a full ride of tuition, books, fees and room-and-board through college for those who can maintain at least a 2.0 GPA per term.

Currently, the organization provides more than $760,000 annually in scholarship support to more than 100 young people, Becker says. Counseling for families, especially children who have lost parents, is meant to head off problems that might prevent them from doing well academically in college, she says.

These families have overcome personal tragedy and are "not always ready and in the best shape to take advantage of scholarships," Becker says.

—C. MUNSEY

Want to help?

The Family Counseling Network is looking for psychologists experienced in grief therapy and family counseling, particularly adjustment issues for children. A military psychology background is not required, but some knowledge of or experience with military issues is helpful, says Peter A. Wish, PhD, one of the network's organizers.

Interested psychologists should contact L.B. Wish, EdD, at dr.l.b.wish@comcast.net.

providers, and to keep local media informed on the effort's progress.

Serving the least served

In a similar effort called Strategic Outreach to Families of All Reservists, or SOFAR (www.sofarusa.org), volunteer mental health professionals in New England provide counseling and other services to families of those in the Reserves and National Guard. (See www.apa.org/monitor/jan06/wounds.html for more information.)

SOFAR is targeting reservists and their families, says Ken Reich, EdD, president of the Psychoanalytic Couple and Family Institute of New England and the group's founder, because they lack the support structures of the traditional military.

To help fill these gaps, "our mission is to address the vicarious trauma that family members may experience, to build resilience in these families and to work preventively with children," says Reich, who co-directs SOFAR with former APA Div. 39 (Psychoanalysis) President Jaine Darwin, PhD. The group is especially concerned about traumatized children, he adds, because research shows that about a third of children who have been abused or neglected, for instance, will revisit that trauma on their own children if they don't get help.

The group met with the military for two and a half years to build a common language and agenda, Reich says. One of its primary goals is providing free counseling, delivered by 70 New England mental health professionals trained by experts to deal with this population. It is now expanding to include trained professionals nationwide. Counselors see families both in private practice, and in much greater numbers, in the context of the military's Family Readiness Groups, or FRGs, organizations that help families cope with the stresses of deployment. In these groups, volunteers first talk briefly about common emotional stresses families may face, and then hold breakout sessions with specific subgroups such as parents, spouses and siblings to help them air their concerns. SOFAR also educates teachers, pediatricians and parents about common problems and offers them resources that can help, including "The SOFAR Guide for Helping Children and Youth Cope with Deployment of a Parent in the Military Services," a 25-page pamphlet available at www.sofarusa.org/downloads/sofar_children_pamphlet.pdf.

The group, reachable at (617) 266-2611 in Boston, will soon have an 800 number, says Reich. SOFAR needs workers in development, administration, fundraising, grant writing and other areas: "We welcome participation at any level," he emphasizes.

> "The military is doing an excellent job of trying to get in front of these issues, but they don't have enough resources."
>
> *Barbara Romberg*
> *Give an Hour*

A positive note

A group of leaders in positive psychology leaders, including Past APA President Martin E.P. Seligman, PhD, are also helping children affected by the war by lending their free expertise to the Military Child Education Coalition, or MCEC, a nonprofit organization that aims to ensure that military children receive any educational or therapeutic help they may need.

Mike Matthews, PhD, a military and experimental psychologist at the United States Military Academy and incoming president of APA Div. 19 (Military), brought the psychologists to MCEC recognizing that military personnel and their children would be natural recipients of positive psychology's ideas.

So far, the psychologists have helped MCEC leaders inform an MCEC program for children and teens whose parents have died or been seriously injured in the war. Their efforts zero in on four character strengths found to be particularly important in young people's life satisfaction: zest, hope, gratitude and the capacity to love, Matthews says.

Through MCEC, the positive psychologists have also trained 300 child educators, counselors and FRG coordinators on ways they can incorporate positive-psychology ideas into their work with children.

Other psychologists are also donating their time to aid communities' understanding of the psychological issues service members and their families face. Michelle Sherman, PhD, director of the family mental health program at the Oklahoma City VA and clinical associate professor at the University of Oklahoma Health Sciences Center and her mother, DeAnne M. Sherman, a retired educator in St. Paul, Minn., for example, are giving community-based talks in several states to mental health professionals, clergy members, employers, teachers, school counselors and others to aid their understanding of those directly affected by the war. These include books the two have co-written on children and trauma (see www.seedsof hopebooks.com) that they are in some cases distributing for free; MCEC purchased a number that it will be donating to schools as well.

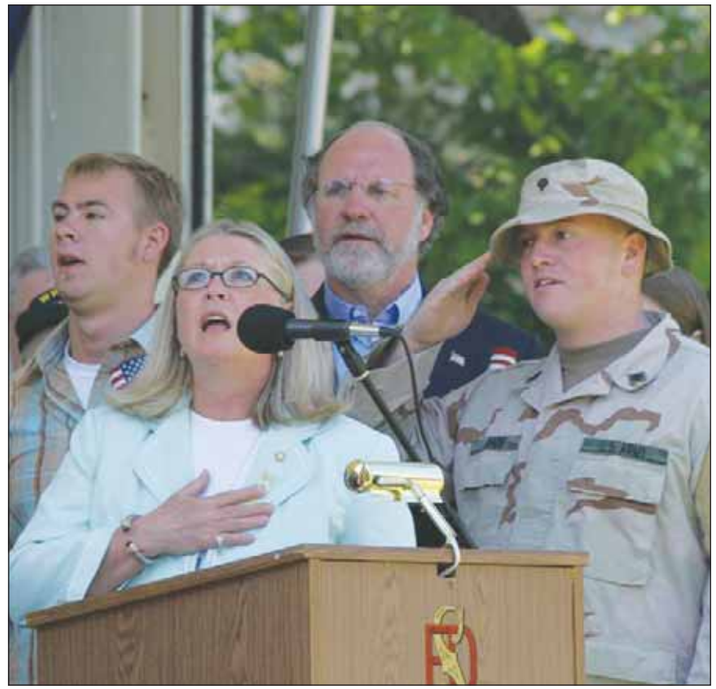
"A lot of people want to be supportive and helpful, but they don't know how," Sherman says. "Our mission is to provide them with basic information and tools so they can be sensitive to, and appreciative of, military men, women and their families and what they're going through."Ψ

Tori DeAngelis is a writer in Syracuse, N.Y.

A boost from home

A psychologist leads a hometown effort to support troops.

BY CHRISTOPHER MUNSEY
***Monitor* staff**



From left to right: Army Spc. Ian Rush, Dr. Christine Truhe, Gov. Jon Corzine and Army Spc. Michael Aros-Truhe recite the Pledge of Allegiance on Memorial Day, 2005.

The idea behind "Summit Supports Our Troops" is simple, says Christine Truhe, PsyD, a psychologist practicing in Summit, N.J.: People in every American town should know who from their community is serving in the military and acknowledge that service through appreciation letters, care packages, support meetings for family members and other activities.

"I desperately want our citizens not to forget the fact that there are people out there giving up quite a bit to do a job they believe in," she says.

Truhe got the idea for the local effort after her son, Army Spc. Michael Aros-Truhe, 26, deployed to Iraq in January 2004. Aros-Truhe returned to Iraq for a second, 15-month deployment in March with the 3rd Infantry Division, 3rd Brigade Special Troops Battalion.

During that first deployment, Truhe wanted to keep her son's morale—and that of his fellow soldiers—strong. She wondered who else from her town was serving abroad, particularly in Iraq and Afghanistan. By working with the mayor and other civic leaders, Truhe compiled a list of service members with ties to Summit, a town of about 20,000 people, 40 miles west of New York City.

Instead of sending care packages to just the service members from Summit, Truhe and her fellow volunteers contact their unit, find out what the service members want, and then send care packages to the entire unit.

Among the most popular requests are a "clean pack," which includes mouthwash and toothpaste, and a "snack pack," which includes beef jerky, protein bars and hard candy that won't melt. Volunteers also send "movie packs"—popcorn boxes containing DVDs, powdered drinks and candy.

Summit service members deployed to Iraq and Afghanistan receive at least two large care packages, assembled with donated supplies, over a deployment. Besides the care packages, the group donates airline miles to give service members free airline tickets to visit family when they come home.

So far, they have contacted 45 service members with ties to Summit and sent packages to more than 2,000 service members. Truhe estimates the group has spent more than $35,000 on family support activities, care packages and education and outreach, and shipped more than $80,000 worth of in-kind donations.

For family back home, the group hosts a quarterly support-group, a monthly gathering for spouses and an annual breakfast, during which new members receive an American flag that is flown over Summit's City Hall.

Long term, Truhe believes Summit's effort—and that of many other U.S. communities—will have to include making services available to veterans as they transition back to civilian life, some struggling with post-traumatic stress disorder and physical disabilities.

"They're going to need a lot from us, and we need to be prepared to give it to them," she says.

Truhe can be contacted at info@ssot.org.Ψ

A CLOSER LOOK AT DIVISION 22

A growing field meets the challenges of war

Fifty years after Div. 22's founding, rehabilitation psychologists are in more demand than ever.

CHUCK RAVEL

Dr. Harriet Zeiner teaches U.S. Marine corporal infantryman and traumatic brain-injury survivor Jason Poole how to use a personal digital assistant to help him remember his next task.

BY ERIKA PACKARD
Monitor staff

Rehabilitation psychology rose to prominence after World War II as psychologists began to work with injured veterans who needed help adjusting to life with physical disabilities and psychological trauma.

"Unfortunately, we find at the 50th anniversary of the division that rehabilitation psychology is still really relevant because we have a lot of people returning from the Iraq and Afghanistan wars with disabilities and injuries," says Div. 22 (Rehabilitation) President William Stiers, PhD, a Johns Hopkins University physical medicine and rehabilitation psychologist. Some of the division's approximately 1,200 members work with active-duty military personnel and their families, conduct cognitive retraining with injured veterans and provide psychological treatment. They also help educate hospital staff on how best to work with brain-injured and disabled patients—skills that are critical for soldiers returning from service in Iraq or Afghanistan.

In fact, the U.S. Department of Defense reported in May that more than 10,000 military personnel deployed in the Afghanistan and Iraq wars have suffered traumatic brain injury, blindness, amputations and other disabilities.

But rehabilitation psychologists do more than provide care to veterans and active-duty personnel. In fact, rehabilitation psychologists have broadened their reach to include individuals with a wide range of chronic health conditions across the lifespan, including those with neurodevelopmental disabilities such as cerebral palsy, those who have been disabled by injury or age, and people with chronic illnesses such as diabetes and cancer.

Division members also play a leading role in preventative care, caregiver support and health-care policy issues.

Whatever their specialty, a defining characteristic of rehabilitation psychologists is their focus on the positive.

"Although many aspects of disability and chronic health conditions may be viewed as negative, rehabilitation psychology focuses on hope, life and celebration, even in the face of true adversity," says Stiers.

Rehabilitation and the military

Div. 22 got its start as an APA special interest group in 1949. At that time, the group's members helped injured World War II veterans find jobs, says founding member Beatrice Wright, PhD, who also served as 1962 division president. "In the file of the United States Employment Service, these people were unemployable," she says. But with the proper equipment, such as workstations that accommodated wheelchairs, they were able to hold jobs.

Based on this experience, Wright published "Physical Disability: A Psychological Approach," (APA, 1960)—which was used in classrooms worldwide and included by APA in its canon of classic psychology books.

"The scientific literature [at the time] focused on the limitations of people with disabilities, ignoring their strengths and assets," she says. "This emphasis on the negative contributed to the devaluation and stigma of having a disability."

Also, studies typically compared people with disabilities on tests that were standardized on or otherwise geared to so-called normal or nondisabled people, she adds. The field of rehabilitation psychology got another boost in the 1960s by the disability rights movement (which ultimately led to the 1990 Americans with Disabilities Act) and by the return of some deeply scarred Vietnam and Korean war veterans.

Division member Michael E. Dunn, PhD, estimates that about a quarter of Div. 22's members see active-duty military. Dunn spent 35 years working in Veteran's Affairs Spinal Cord Injury Centers. He recalls that his patients didn't like being in the hospital against their wills.

"They were concerned about their bodies and didn't want to consider that something might be wrong with their minds, [which was] their conception of psychology," he says. "So I had to develop more subtle, less intrusive... more casual ways of intervening. I saw few people in my office for formal "sessions," but wandered around, saw people for short periods, frequently, on the ward, in their rooms, halls and PT clinic."

Dunn not only helped veterans come to terms with their new bodies, but also helped the medical staff understand how best to work with people with disabilities.

This team-based approach has grown to become another hallmark of rehabilitation psychology, one that the field's practitioners have widely used in hospitals, inpatient and outpatient rehabilitation centers, nursing homes and sports-injury centers—long before psychologists were regularly involved in the health-care environment, adds Stiers.

> "Rehabilitation psychology focuses on hope, life and celebration, even in the face of true adversity."
>
> *William Stiers*
> *John Hopkins University*

The team-based approach also extends to patients' homes and communities, adds Harriet Zeiner, PhD, who works in the Palo Alto VA health-care system and is a Stanford University assistant clinical professor in physical medicine and rehabilitation. In 2006, the VA's four Polytrauma Rehabilitation Centers mandated psychological treatment not only for veterans and active-duty military personnel who were injured, but also for their families, she says.

"My belief is that if you can get an alliance going between the therapist, the patient and the family all triangulating against 'demon brain injury,' that's the optimum environment for rehab," she says. "My hope is that it will become the model for the civilian sector."

Taking the lead in chronic care

Although the future for Div. 22 members will undoubtedly include caring for injured soldiers, the bulk of their work will be caring for civilians with disabilities.

"Today, in current contemporary society, health-care systems are simply overwhelmed with the number of people who are now living with chronic health problems," says Timothy R. Elliott, PhD, the editor of *Rehabilitation Psychology* and professor in the department of educational psychology at Texas A&M University.

He estimates that almost 50 percent of the population lives with at least one chronic diagnosable health problem. Meanwhile, the 2000 Census reported that 42 percent of Americans over age 65 lives with a disability.

Because rehabilitation psychologists have traditionally counseled individuals about their personal health and their social and vocational needs, Elliott feels they are a natural choice to develop community-based interventions, public health programs and to identify those most at risk for secondary complications of chronic illness—before their conditions necessitate expensive emergency room visits or surgical interventions.

"All of the outcomes following the diagnosis of a chronic health-care problem are mediated by behavioral and social pathways," he says. "These things we know, but we haven't addressed them in meaningful policies to help people live well at home within their communities. The needs are great, but rehabilitation psychology is in a great position to take the lead."Ψ

Div. 22 AT A GLANCE

Div. 22 (Rehabilitation) seeks to bring together APA members interested in the psychological aspects of disability and rehabilitation, to educate the public on issues related to disability and rehabilitation and to develop high standards and practices for professional psychologists who work in this field. Members may be involved in clinical service, research, teaching or administration. The division publishes a quarterly journal, *Rehabilitation Psychology*, and a quarterly newsletter, *Rehabilitation Psychology News*. For more information on Div. 22, visit www.div22.org.

Each issue, the Monitor *highlights the work of an APA division that has completed the five-year review process, which is conducted by the Committee on Division/APA Relations. For more information on the review process, visit www.apa.org/about/division.html.*