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

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

BY CHRISTOPHER MUNSEY

Monitor staff

SERVING THOSE WHO SERVE

TRANSFORMING MILITARY MENTAL HEALTH

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.
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 of these psychologists to active-duty positions, compared with the number of positions authorized.

The first time service members visit a VA facility, they are automatically included in the VA’s health-care system. The VA is making mental health care more available through telemedicine and case-management teams.

In rural areas, the VA is making mental health care more available as well. The VA, which also provides mental health care to beneficiaries of 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 the battle zones.

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 seek help is only expected to grow as deployments continue and more service members experience the effects of combat.

According to Post-Deployment Health Re-Assessment (PDHRA) data, 58 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 internships 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 up to five psychologists who have completed their internships and earned their doctorates, but need their postdoctoral year for licensure.

The Navy and Air Force hope to increase the number of psychologists brought in through “Direct Access” programs, whereby licensed psychologists apply for a commission.

Besides bringing in 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.

Follow 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 task force is developing a report that will be released in the fall.

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

“The VA is working 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

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.

“...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 its report to Congress and support by the associations.

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 the perception of availability, as well as stigma. To address this, the report recommended increased coordination of DoD mental health services.

“...and we can prevent the kind of downward cascade of the...Vietnam era,” she says.

—S. MARTIN

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.
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 than 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 Iraq forces. Besides being less secure from attacks by insurgents, the stations don’t have the hot meals and showers of the FOBs.

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... 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.

Helping and healing

There’s strong demand for military psychologists, who are experiencing a wealth of opportunities and unique career challenges.
A patient base of 12,000
Being a Navy psychologist aboard an air-craft 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 month-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 Induction 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.

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.
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.

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 abroad 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 down-range and deploying in support of your country,” he says.
A newly licensed psychologist, 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.

“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.

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

A performance enhancement psychologist, Capt. Jeffrey Bass, PsyD, is overseeing mental health treatment for 4,300 soldiers of the 2nd Stryker Cavalry Regiment.

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.

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

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.”

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

“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.”
Some battles begin after the war.

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VA is committed to hiring veterans.

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

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 says. “That leaves them free to open up and say, ‘This is something that has been bothering me for a long time.’”

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.

“Some battles begin after the war,” Bass says. “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.

Opting to join the Army over civilian medicine because of his background in psychology, Bass says, he aimed to offer a better quality of care to a group of patients he knew well.

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Felix’s young clients face not only war’s perennial

...treatment earlier this year as it prepared for deployment in Vilseck, Germany.

“Felix knew the experience will change him. ‘If you go downrange [to Iraq], you’re going to come back with something,’ 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 each have their own specialties. Felix sees children who are struggling with PTSD since he came back home, and Bass worries that he’ll develop PTSD, too, from the things he’ll experience in Iraq.

Milagros and Felix Subervi

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.

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 Diego.

“Getting ready to go

His clients were sometimes volatile and psychiatric, 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 rega-

ment 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. Brooks Heintz, married in a small ceremony in New York. Bass met Heintz, an Army social worker stationed in Alaska, during OBC.

Felix’s father is a Vietnam vet who 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.
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.

BY TORI DIANGELIS

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 Iraq and Afghanistan wars.

“Most Americans are insulated from and doing nothing to help those fighting in Iraq and Afghanistan wars,” says Give an Hour founder Dr. Barbara Romberg, pictured with her two daughters.

“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 those returnees,” says Give an Hour founder Dr. Barbara Romberg, pictured with her two daughters.

“For years, I’ve been wanting to do something, but I couldn’t come up with a way,” she adds. “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 Reserve 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 the military’s health-care system, the psychologists say, often held back by the stigma of being seen as needing help from a psychologist.

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.

Want to help?

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.

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.’”

“There is an American reluctance to ask for help,” explains Peter A. Wish, PhD. “Your parents taught you to be tough. You must bear your own pain. You are going to make it.”

“How could I have been so naive,” L.B. Wish adds, “that people can take care of themselves in a crisis?”

The network is providing a forum on the Web site where volunteers can air clinical concerns 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 mental health professionals.

“This is the kind of project that we could all do, as we each in our own way seek to provide help,” says Peter A. Wish.

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 Case Foundation’s director of Veterans and Military Families, Carolyn Becker, comments.

“It’s the ‘tough it out’ model,” explains L.B. Wish. “You don’t cry, you don’t show pain, you help yourself.”

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“One of the most rewarding parts of this work,” says Dr. L.B. Wish, “is seeing the change.”

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“Healing families who don’t seek it out

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Healing families who don’t seek it out
A positive note

A group of leaders in positive psychology, 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: 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 affecting service members and their families. 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, at 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.seedsofhopebooks.com) that are in some cases distributing for free; MCEC purchased a number that it will be donating to soldiers.

“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.”

Tori De Angelo is a writer in Syracuse, N.Y.
A growing field meets the challenges of war

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

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 treat patients 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.” 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.

“After the outcomes following the diagnosis of a chronic health-care problem are mediated by behavioral and social pathways,” he says. “These things we understand how best to work with people with disabilities.”

This team-based approach has extended to patients’ homes and communities, adds Harriet Zeiner, PhD, who works in the Palo Alto VA health-care system and who serves active-duty military. Dunn spent 35 years working in Veterans Affairs Spinal Cord Injury Centers. He recalls that his patients didn’t like being in the hospital against their wills.

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“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.”

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“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.

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 who serves 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 and triangulate 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.

Div. 22’s 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.

“Rehabilitation psychology focuses on hope, life and celebration, even in the face of true adversity.”

William Stiers
John Hopkins University

Div. 22 highlights psychologists in its annual award to pay tribute to outstanding psychologists. The 2007 award was given to Dr. William Stiers, who has been involved with the division for several years. Stiers received the award for his contributions to the field of rehabilitation psychology.

Featured psychologist: Dr. William Stiers

Dr. William Stiers is the recipient of the 2007 Div. 22 (Rehabilitation) annual award for his contributions to the field of rehabilitation psychology. Stiers has been involved with the division for several years and has made significant contributions to the field.

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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.