DIVISION 19 OFFICERS
President Eric Surface E: esurface@alpssols.com
President-Elect Maurice Sipos E: Maurice.sipos@gmail.com
Past President Stephen Bowles E: lifewellbeing@gmail.com
Secretary Angela Legner E: angelalegner@gmail.com
Treasurer Ryan Landoll E: ryan.landoll@usuhs.edu
Members-at-Large Paul Bartone E: bartonep@gmail.com
Bruce Crow E: bruce.e.crow@gmail.com
Scott Johnston E: scott.johnston@socom.mil
Representative to APA Council Carrie Kennedy E: carriehillkennedy@gmail.com
Becky Blais E: rkblais@gmail.com

STANDING COMMITTEES AND CHAIR
Fellows vacant
Awards Stephen Bowles lifewellbeing@gmail.com
Membership Kristin Saboe Kristin.saboe@gmail.com
Nominations Maurice Sipos Maurice.sipos@gmail.com
Military Psychology (Journal) Armando Estrada military.psychology.journal@gmail.com
The Military Psychologist (Newsletter) Shawnna Chee shawnna.m.chee.mil@mail.mil
APA Convention Program Hannah Tyler div19conventionchair@gmail.com
Military Psychology History Paul Gade paulgade39@gmail.com
Diversity in the Military Erin Moeser-Whittle erinmoeser@gmail.com
International Military Psychology Carl Castro cacastro@usc.edu
Website and Communications Kate McGraw Kate.mcgraw.div19@gmail.com
Communications Committee Alex Wind alex19@wind.civ@mail.mil
Student Affairs Jeremy Jinkerson div19list@gmail.com
Reserve Component Affairs Scott Edwards scott.a.edwards60.mil@mail.mil
Early Career Psychologists Neil Shortland Neil_Shortland@uml.edu
Continuing Education Freddy Paniagua faguapan@aol.com
Parliametarian vacant

THE MILITARY PSYCHOLOGIST: The Military Psychologist is the official newsletter of the Society for Military Psychology, Division 19 of the American Psychological Association. The Military Psychologist provides news, reports, and noncommercial information that serves to (1) advance the science and practice of psychology within military organizations; (2) foster professional development of psychologists and other professionals interested in the psychological study of the military through education, research, and training; and (3) support efforts to disseminate and apply scientific knowledge and state of the art advances in areas relevant to military psychology. The Military Psychologist is published three times per year: Spring (submission deadline January 20), Summer (submission deadline May 20), and Fall (submission deadline September 20). Instructions for Contributors appear on the back cover.

EDITORIAL BOARD OF THE MILITARY PSYCHOLOGIST
Editor in Chief Shawnna Chee shawnna.m.chee.mil@mail.mil
APA Account Manager Keith Cooke kcooke@apa.org
Editorial Departments
Executive Committee Nathan D. Ainspan div19@ainspan.com
Membership Kristin Saboe Kristin.saboe@gmail.com
Feature Articles Tim Hoyt timothy.v.hoyt.civ@mail.mil
Trends Joe B. Lyons joseph.lyons.6@us.af.mil
Spotlight on Research Christina Hein chein9@gmail.com
Spotlight on History Paul Gade paul.gade39@gmail.com
Continuing Education Freddy Paniagua faguapan@aol.com
Early Career Psychologists Neil Shortland Neil_Shortland@uml.edu
Student Affairs Ethan Bannar ethan.bannar@du.edu
APA Program Hannah Tyler div19conventionchair@gmail.com
International Committee Paul Bartone bartonep@gmail.com
Announcements Bri Shumaker briannashumaker@gmail.com
As we look to the end of this very difficult year, 2020, the Fall Issue of The Military Psychologist (TMP) Newsletter has many insights into how we’ve adjusted successfully to the COVID-19 era that continues without a definite end. Given the annual changing of the guard, as it were, we thank all our Committee Chairs for pressing on during the pandemic and continuing to fulfill their role without pause. We have been extremely fortunate for the solid leadership, particularly our Division president Dr. Eric Surface, during these unstable times. I’d personally like to say a hearty thank you to our outgoing Trends Section editor, Dr. Joe Lyons, who has been active in the Division for many years; as the Senior Editor of TMP and as the Trends Section Editor. I am grateful for his support and mentorship. Be on the lookout for the announcement to take the reins from him as the new Trends Section editor as well as other Chair positions coming open next year.

Recall the Summer 2020 Issue highlighted the responses that military psychology service delivery, training programs and special accommodations that many of us made to continue the important work of military psychology around the globe during the initial outbreak of the pandemic. The Fall Issue contains updates on how we are continuing to meet the needs of our patient population through online formats, virtual conferences, and a reliance of telehealth opportunities.

Many of the themes of the articles in this Issue include either the call for or report successes due to collaboration on many of our programs and services focused on our service members and veterans. Almost prophetically, this Issue’s Feature Article describes how the Division 2019 Summit discussed the need for collaboration between services and the formation of various Think Tank’s that aim to do just that. Commentary by former APA president Pat DeLeon recaps APA this year in his commentary and another article by Keen Liew and colleagues summarizes the 2019 Summit, which will be an annual event sponsored by The Division moving forward. By the time this Issue is published, the 2020 Summit will already have occurred (Oct 14-16, 2020), but due to the virtual on-line format will be available for an archived review on the division’s website.

We have two Trends Articles this Issue, each of which provide an overview of two relevant topics to Military Psychology. First, the role of a psychologist in chronic pain treatment during deployment, which could be adapted to the garrison environment easily and second, the development of a model to synchronize (collaborate) combat and operational stress control programs to ensure the effective delivery of care across the services. I’m always inspired by the many ways psychology can support other medical disciplines to further the recovery and resiliency of our service members.

Always busy, the Student Affairs Committee update identifies more opportunities for students to be involved; a new Student Member-At-Large position created at the EXCOM as well as available financial awards and a description of the prior research grant awardees this year. Our Student members are very active in the Division! This Issue includes a student article discussing suicide risk in our reserve populations and two of our Society for Leadership (SLP) Program Capstone projects that were presented at APA this year. These SLP recipients took the opportunity to codify their work completed over the past year with article submissions, which we hope all SLP students in the future will do as well.

This issue also includes updates from relevant Committees including Early Career Psychologist committee (which has a number of professional development opportunities including a call for COVID-19 related research proposals and five (5) grants for two categories. Be sure to check out the deadlines and get your applications in!), the Communications committee (who are looking for a new Chair elect), the APA Convention (who did a fantastic job moving into the virtual format quickly), the Membership committee, the Diversity in the Military committee and the History committee. Finally, check out the Announcements section for information about webinars, online conferences, grant funding, employment openings and the Division 19 Fellowship applications.

Lastly, please note that all newsletters will be in a virtual, online format, with archived issues available online at https://www.militarypsych.org/the-military-psychologist.html. Until the New Year, may you be well, stay clean and ever be surrounded by “blue skies”!
President’s Column

Eric A. Surface

October 1, 2020

Dear Colleagues,

I am proud of our members and volunteers as you all have continued to be engaged, to participate, and to drive forward with our mission in a challenging year. This was not the year any of us anticipated or wanted but it is the year we received. You all have adapted and continued to drive forward in an impressive manner. I commend all our volunteers for their work on our behalf and all our members who continue to be engaged in our activities despite facing personal and professional challenges in 2020. Below I highlight some of these activities and accomplishments. We are Stronger Together!

First off, I have a call to action for all our members. On November 2, 2020, the 2020 apportionment ballot to determine the composition of the Council of Representatives for the 2022 legislative year will be electronically sent to all voting members (Fellows, Members, and Voting Associates) of the American Psychological Association (APA). Each eligible voter is allowed ten votes that may be allocated to any division, state, provincial or territorial association of the individual’s choice. Currently, we have two seats on Council. We need to get out the vote to keep those seats. We also have an opportunity to capture a third seat if all our members assign all 10 votes to Division 19. I ask you to vote all 10 votes on your apportionment ballot for Division 19 and encourage all your colleagues to vote all 10 votes for Division 19. This next cycle will be critical for our future with APA. Please vote. We are Stronger Together! We are also Stronger with Three Council Representatives!

Thanks to Hannah Tyler (chair) and the Convention Program Committee for pivoting and organizing an extremely successful virtual Division 19 program. I am proud of Hannah, Bill Brim and our other volunteers as well as all our presenters and attendees. Here are few highlights of which we can all be very proud:

- 390 participants registered for Division 19 live programming.
- 395 Continuing Education certificates were issued.
- 200 Division 19 custom pint glasses were mailed to participants.

- Townhall with our Executive Committee (ExCom) leaders had its highest attendance ever.
- Society Leadership Program members presented their Capstone Projects.
- Our membership voted to change our Society’s bylaws to create an elected student representative on the ExCom.
- We honored numerous colleagues with awards, including Morgan Banks and Mike Mathews, who both received the John C. Flanagan Lifetime Achievement Award.

These are just a few examples from this year’s virtual convention. I hope those of you who attended enjoyed the experience. Bill Brim will be our 2021 program chair. He has already started with preparations for next year. Reach out to him if you want to help. I hope we can all be together in San Diego next year. If not, our program committee will put on another excellent virtual experience.

Successfully pivoting to a virtual convention on short notice was an important accomplishment but not our Society’s only one this year. Here are few examples of other accomplishments and some updates on in-progress activities:

- Another successful Research Symposium Series (RSS), Emerging Trends and Applications in Military Psychology, was held virtually and hosted by Alder University on 10-11 September. Thanks to Joe Troiani, the planning committee members and attendees for making it a success.
- Our September 2020 total membership was 1,507, which is an increase in comparison to 1,320 total membership in October 2019. I appreciate the work of Kristin Saboe and the membership committee on continuing to grow our members.
- We are very close to launching our first podcasts. There are currently three to four podcast series in development. Be on the lookout for information over the next weeks and months. Thanks to Jeremy Jinkerson and the communications committee for all their work to make this happen.
- Development is under way on a new website for our Society. Katt Rahill has been leading the charge. At the September meeting, the ExCom voted to move forward with one of three core designs Katt presented. We hope to have the new website up and running by the end of the year. Thanks to Katt and the communications committee for all their work.
The Military Psychologist

The Military Psychology Foundation Taskforce has made great progress on its proposal and plans for the ExCom to vote on their proposal at the 2021 Mid-year meeting in February. Thanks to Scott Johnston and all the taskforce members for all their work.

Armando Estrada (AXE) is stepping down as our editor of Military Psychology, our research journal. I thank AXE for his years of service to our Society as journal editor. The journal and its revenue have truly transformed our Society and our ability to serve our members. We owe AXE a tremendous debt of gratitude. We have begun the search for a new editor and currently have four applicants. We hope to have an editor selected by the end of the calendar year.

Maurice Sipos and I chartered a taskforce to study and recommend a course of action on our named awards, starting with the Yerkes Award. This is in response to a request we received to discontinue the Yerkes Award because of his involvement in the eugenics movement. This taskforce was approved by the ExCom in August. Bruce Crow and Emily Grieser agreed to lead the effort and are recruiting taskforce members. Contact Bruce or Emily if you would like to serve on the taskforce.

At our September ExCom meeting, the Society Leadership Program (SLP) was funded for 2021. Thanks to Stephen Bowles and Maurice Sipos for their leadership in setting up the SLP as well as to all the volunteer instructors and mentors and the participants. I am confident the future of our Society will be in good hands as we are investing today to develop our leaders of tomorrow. I want to recognize the 2020 SLP class—Juan Gonzalez, Katherine Rahill, Taylor Zurlinden, Brian Kok, Ryan Hess, & Kathryn Eklund—many of whom are already involved in committees and other initiatives.

The Military Psychology Summit will be held virtually 14-16 October. The theme is military psychology during COVID-19. This event is another opportunity for us to come together and share our knowledge and learn from one another.

These are just a few examples of what has been happening since my last message. I thank all our committee and taskforce volunteers who make these initiatives possible and successful. We are Stronger Together!

Due to COVID-19, we postponed the International Military Testing Association conference until 25-28 October 2021. We hope that a vaccine will allow us to hold an in-person conference at that point. The conference will be at the Crabtree Marriott Hotel and Conference Center in Raleigh, NC. We are forming an IMTA program committee in October and announcing submission deadlines in the December timeframe. If you are interested in volunteering for the IMTA program committee, please contact me.

As the end of 2020 nears, I thank Paul Bartone and Stephen Bowles for their service to our Society. They will be rotating off our ExCom at the end of the year. Both have made significant contributions to our Society. I have learned much from them over the years, and I appreciate the support they have given me during my presidency. I wish them the best and know they will find other ways to continue their involvement. Tatana Olson will be joining the ExCom as President-Elect, and Emily Grieser will be joining as a Member-at-large. I look forward to working with you next year.

Although we have a few items still to address, this is my last quarter as Society President. It has been an honor and privilege to serve all of you. Although not the year I foresaw, I hope in your estimation that I and the ExCom did a reasonable job of adapting to 2020’s challenges and driving forward. Maurice Sipos will be taking the over as President on 1 January. I have had frequent conversations with Maurice this year on issues and courses of action. I am confident he will hit the ground running and provide continuity as we face challenges, old and new. I look forward to serving you next year as Past President as I chair the Awards Committee and lead the 2021 IMTA conference in October as well as support Maurice’s objectives during his presidency. Thank you to all the 2020 ExCom members who have supported and helped me. I could not have done anything without all of you. To our members, thank you for trusting me with the leadership of our Society.

Finally, I know this year has been and continues to be emotionally and physically exhausting for many of you. Please engage in selfcare as you perform your duties and take care of others. Seek help if you need it. I wish you all the best!

We are Stronger Together!

Best Regards,

Eric A. Surface, PhD
2020 President, Fellow
Society for Military Psychology (Division 19, APA)
esurface@alpssols.com
Military psychologists have a long history on the forefront of applied research, clinical care, and advocacy for service members and their families. Continuing this trend, American Psychological Association’s (APA) Society for Military Psychology (Division 19) collaborated with the District of Columbia Psychological Association (DCPA) to sponsor the inaugural Summit for Advocacy and Military Psychology at Catholic University in Washington, D.C. on November 6-7, 2019. The summit allowed for several Division 19 “Think Tanks” to assist in broader Division 19’s missions, such as education, advocacy, and policy efforts. The “Think Tanks” are meant to bolster Division 19’s strategic objectives and stated mission of supporting military psychologists who actively serve members of the military, veterans, and their families. Thus, the summit afforded students, academics, practitioners, community organizations, policy makers, leaders, and other stakeholders a chance to consult and collaborate on key policy issues related to military psychology. Over 190 professionals from a variety of disciplines attended the event. In addition, the Summit provided hundreds of hours of continued education units in sessions presented by nationally recognized military and civilian subject matter experts.

The first day consisted of several notable panel presentations on suicide prevention, assessment and selection, military-to-civilian veteran transition, trauma and moral injury, leadership and coaching, technology and telehealth, prescribing authority, mindfulness and model program plenary sessions. These panels were led by Division 19 “Think Tank” chairs who discussed the implications of their work on policy advocacy. The second day consisted of multiple community organizations who provided overviews of their work in advocating for military and veteran issues, and afterwards, participants and panel presenters broke into smaller groups to offer consultation and collaboration.

The Summit was opened by Drs. Rosie Phillips Davis (APA President), Suzan Stafford (DCPA President), and Stephen Bowles (APA Division 19 President). Dr. Davis began the conference by sharing her personal connection to the military and commending Division 19’s efforts in connecting community resources, APA, and associated stakeholders in advocating issues related to military psychology. Dr. Bowles discussed the progress, growth, and accomplishments Division 19 has had in the past year. Moreover, Dr. Heather Kelly, APA’s Director of Military & Veterans Health Policy, shared legislative efforts in service of advocacy issues in the military. In particular, Dr. Kelly emphasized the possible influence of a massive personnel reduction in the military healthcare system.

The “Think Tank” panels were a united front in calling for actions in advocacy for military psychology. Each panel presented not only the current state of issues but also practical and actionable ways to advocate for the issues. Nate Ainspan, a research psychologist with the Transition to Veterans Program Office, defined the variables associated with successful military transition. Dr. Ainspan highlighted past success and ongoing advocacy efforts which have been critical in addressing gaps in the transition from servicemember to veteran. Dr. Michelle Kelley, CPT Gim Reo and Dr. Barton Buechner discussed the key differences between trauma and moral injury. Dr. Buechner, a Senior Adjunct Professor at Adler University introduced several treatment modalities while CPT Reo provided illustrative case examples. Drs. Jessica Gallus, Bruce Crow, David Jobes, Craig Bryan, and Stephanie Long talked about suicide prevention, its history, ways to initiate advocacy for suicide prevention for systemic change, and a public health approach in making progress towards suicide prevention. On coaching and leadership, Drs. Stephen Bowles, CAPT Scott Johnston, Carroll Greene, LTC Jim Butcher, and Greg Rourke shared their findings on the utility of coaching in the military and highlighted the roles military psychology plays in developing leadership. Drs. Tim Hoyt, Katt Rahill, Greg Reger, and Skip Rizzo discussed issues, concerns, and impact of recent advances in technology and telehealth in caring for the military population. As Dr. Hoyt explains, "We're bringing together innovations in technology, telehealth, human-computer interaction, and neurosecurity that all relate to the modern service person,” with an emphasis on clinical care for servicemembers and veterans. Similarly, Lt. Kyle Bandermann, Lt. Marcus VanSickle, and Dr. Beth Bom-Rymer discussed the history of prescribing privileges for psychologists and various issues integral to Division 19’s advocacy for prescriptive authority for psychologists. To showcase the utility of psychological science in an operational environment, LCDR Kathleen Saul shared her success story of implementing mindfulness training in a recruit training program, in which trainers get trained in mindfulness techniques to train recruits in similar techniques.

In addition to “Think Tank” panels, several community organizations advocating for mental health for military and veterans presented on what made their
programs successful. The Real Warriors Campaign is an official multimedia public awareness campaign run by the Department of Defense (DoD), with the goal of reducing stigma surrounding psychological health among service members, veterans, and their family. The Real Warriors Campaign also provides educational information and resources for clinicians to promote positive outcomes and reduce barriers to care. Similarly, the inTransition program is another DoD organization established to reduce barriers to care by connecting service members with mental health resources. Service members and veterans are nine times more likely to receive care when connected through inTransition. Lone Star Warriors and Mission: At Ease take a different approach in helping veterans and destigmatize help-seeking behaviors. Combat veterans receive “campfire therapy” through outdoor adventures and activities, establish camaraderie with those who shared similar experiences, and reconnect to the world by finding a safe outlet in these two organizations. Lone Star Warrior Outdoors and Mission: At Ease are great examples of healing and mental health care outside of conventional therapy.

Plans are currently underway for the next Summit that will be sponsored by Division 19, Catholic University, the Center for Deployment Psychology and the DC Psychological Association. This year members of the Think Tanks and VSOs are planning to meet again and are currently looking at the relationship between military psychology and the Pandemic. This Summit is planned around Veterans Day and will occur in late October or early November 2020.
A Time for Advocacy and Collaboration in Military Psychology with Veteran Service Organizations

Aaron Banas, Timothy Hoyt, Emily Grieser, Arlene Saitzyk & Stephen Bowles

The Society for Military Psychology (Division 19, American Psychological Association), along with the Washington, DC Psychological Association (DCPA) sponsored a two-day Summit on Advocacy in Military Psychology on November 6-7th, 2019 at the Catholic University of America in Washington, DC. The first day of the Summit brought together leaders and subject matter experts from multiple arenas in military psychology, including assessment and selection, executive coaching and leadership consulting, mindfulness, moral injury and trauma, prescribing psychology, suicide prevention, technology and telehealth, and issues pertaining to transitioning veterans. More details regarding the first day are provided later in this issue. This article focuses on the second day of the Summit, during which a diverse range of veteran and military service organizations and initiatives [including Operation Tohidu, The Mission Continues, Team RWB, Lone Star Warriors, Mission: At Ease, Sierra Club Military Outdoors, Tragedy Assistance Program for Survivors (TAPS), ServingTogether, Workhouse Arts Center, inTransition, and the Real Warriors Campaign] provided an overview of their programs. Their presentations were followed by a session of collaboration, consultation, and networking between these organizations and attendees. Attendees included mental health professionals, military and veteran advocates, students, and representatives from community organizations that serve military and veterans. The Summit closed with the forming of the Academic and Training Think Tank and the Forensic Think Tank. These new Think Tanks joined the established think tanks to discuss a vision for the future of advocacy in Division 19 and military psychology in general.

The purpose behind Day Two of the Summit aligns with the Defense Health Agency’s (DHA) view that relationships between Veteran Service Organizations (VSO) and Military Service Organizations (MSO) are “absolutely essential” (Place, 2019), and that greater collaboration and advocacy is needed with community organizations in order to meet the health and well-being needs of military populations. According to LTG Ronald Place, DHA Director, MSOs and VSOs can provide unique insights into how the overall health system is working well or falling short (Place, 2019).

“Collaboration” is a word thrown around in business and professional settings, and in many ways, collaboration seems like an ideal. As a construct, collaboration is a way forward for organizations and individuals when working alone is insufficient to achieve desired ends (Huxham, 1996). Aspiration towards collaboration is commonplace, but this desire is often lost to the competing demands of other priorities. Moreover, collaboration for its own sake is not enough. According to Bititci et al. (2004), collaborative activities and initiatives should be conducted with a goal in mind, and should result in creation of new and unique value propositions based on a unified approach to value creation. According to Martinez (2003), there are two types of value: internal value, which includes shareholder perspective and where values equal wealth, and external value, which includes client perspective wherein value equals satisfaction. According to this view, if an organization is satisfying its client’s expectations, it should also be creating wealth for its shareholders, in turn creating value for both parties. While increased value for all sounds nice in theory, in order for collaboration to work it must be made a priority for all organizations involved.

Is collaboration between various organizations relevant now? According to a study by the Deployment Health Clinical Center on mental health prevalence rates, heightened rates of mental health disorders continue to be a problem despite leveling off and slightly decreasing over the past few years (Deployment Health Clinical Center, 2017). Moreover, other studies have found that there are not enough mental health resources in the military to sustain the demand for services (Tanielian et al., 2016). Another argument for greater collaboration between community organizations, DHA, VA, and other government entities comes from the system of systems approach. According to this approach, all organizations—regardless of how they are linked—are parts of a greater, multifaceted system (Rouse, 2012). In other words, organizations are linked by their shared missions, not by the type of entity they are (government, nonprofit, etc.). This approach views collaboration as a key component to a successful system.

While different organizations and systems of care may deploy a wide range of services to military populations, what binds these entities together—from government agencies to small non-profits—is the mission to care for service members and veterans. Collaboration between organizations and systems of care can promote advocacy for mental health, increase awareness and connectivity...
with services, share information, bolster policy efforts, increase sustainability of programs, identify gaps in services, and help establish best practices for services and research (Tanielian et al., 2017).

The Veterans Health Administration, DHA, and other organizations have sought to improve access to quality care through collaborative care models, such as those offered through health psychology in primary care settings. These solutions are promising, but questions remain regarding implementation, availability of services, perceived effectiveness of services, and stigma surrounding mental health care. To address these issues, privately funded centers and programs have attempted to fill gaps in services and expand community capacity (Tanielian et al., 2017). Moreover, a number of community organizations recognize the value of offering services to military populations that directly and indirectly contribute to enhanced health and well-being. Organizations such as Team Red, White, and Blue (Team RWB) focus on social engagement and physical fitness. Other organizations, such as the Sierra Club Military Outdoors, provide opportunities for service members and veterans in natural, outdoor spaces as a means of healing and recovery. Others, such as The Mission Continues, utilize veterans’ willingness to serve as a means to help them find meaning through serving in their communities. These are but a few of the many military- and veteran-oriented services that have stepped up in ways that are therapeutic and go beyond what mental health providers can do with limited time in therapy. Day two of the Advocacy in Military Psychology Summit highlighted some of these organizations and discussed how military psychology and these organizations could mutually benefit from each other.

A system is more collaborative when it is more integrated. But how can government entities such as DHA and nonprofits such as MSOs integrate? According to a system of systems approach, this is possible if the proper steps towards collaboration are taken. The first step involves organizations within a system of systems recognizing the mutual benefit of collaboration. The next crucial step is developing partnerships to cultivate and institutionalize collaboration. This collaboration needs to be driven by leadership, and a process to ensure sustainability of the collaboration needs to be put in place. An organization that presented on Day Two of the Summit, ServingTogether, focuses on building collaborative networks, and has conducted studies on the impact of collaboration on treatment outcomes across systems of care. The national AmericaServes initiative grew from this approach, and is an example of a collaborative network that has expanded and improved partnerships to better serve the military and veteran communities. This network works at a regional or state level to connect community service providers with each other and with veterans to serve the holistic needs of the veteran community. In addition to AmericaServes, there are national and local collaborative networks working to provide mental health support for military populations. Expanding and institutionalizing these collaborative networks may improve sustainability of programs and create unique capabilities (Bititci et al., 2004). Once trust, commitment, and equity are established, these networks may realize the benefits of shared risk and coordinated strategic planning. Building better connectivity across networks also raises awareness of the offerings within. Through advocacy, outreach, and dissemination, extended collaborative networks activate the public and gain stakeholder support and funding to sustain programs. Multisector networks also benefit veterans by helping address multiple types of needs through complementary series, ultimately by creating efficiencies through a shared database to track needs and services used across programs and services. Programs can be created, like the military program through the National Endowment for the Arts. Policies advocating for military and veteran mental health services can be bolstered by united efforts of stakeholders.

Although collaborative efforts may seem like a win-win, there are barriers to achieving long-term sustainability in a collaborative system. Building and maintaining relationships between programs can be a challenge. Finding time, resources, and motivation for collaboration can be difficult because the nature of the services provided are often intensive and the demand for services is high. Moreover, administrative barriers to institutionalizing referral processes and information-sharing can hinder collaboration. Despite these challenges, fostering these relationships is critical to the sustainability of organizations and providing a wide range of services for military populations. Strategic planning for these systems is needed to build the appropriate infrastructure and make the arrangements and investments to support public-private partnerships in the long-term.

Another problem identified by Hoshmand & Hoshmand (2007) is that tension between theory-generated research questions and projects that respond directly to the needs of those in military communities can reduce the incentive to collaborate. Although many problems experienced by military communities call for collaborative efforts in psychology and other disciplines, professional overspecialization has prevented such collaboration.

Collaboration and community interventions can lead to greater community resilience. Macy et al. (2004) described an action research mode of conducting the assessment of community resources and needs involving a community network and the coordination of program support by including community leaders, behavioral health and social service professionals, educational personnel, politicians, and family members. A continuum of care is arranged with the collaboration of the different constituencies and by empowering those in need to be involved in the planning. Hoshmand and Hoshmand (2007) recommend an action research approach for community organizers, investigators, and practitioners as participants. The action research approach can be used to both strengthen collaborative relationships and identify the process factors that are crucial to successful partnership and program implementation. Such efforts can help to overcome the separation and lack of coordination of organizations and professional groups that support military communities. Prevention and resilience building should continue to target underserved groups and high-risk groups. In turn, building
a sense of community and fostering community affiliations becomes essential in supporting military members. Information about these programs can help mental health professionals understand what consultation might be helpful to provide, while also informing theory and practice.

Where does the role of military psychology and organizations such as Division 19 fall within a collaborative system? Division 19 and military psychologists are in a unique position to inform and advocate for policy, while also serving as subject matter experts in the field of military psychology. Just as the organizations who presented on Day Two of the Advocacy in Military Psychology Conference can benefit military psychology by providing additional services and a social safety net for service members, military psychology can inform community organizations by providing expert consultation, training, and can assist with establishing best practices. Military psychology can also help with research initiatives, while organizations can provide rich and useful data regarding their services or even about outcomes across systems of care. By joining together military psychology with community and government organizations and initiatives, military populations will have access to a more robust and effective system of resources, which will increase advocacy in military psychology and decrease stigma about seeking services. The Advocacy in Military Psychology Summit was an important step in increasing collaboration by establishing the need for collaboration and creating an opportunity for members of different organizational systems to interact and discover ways in which collaboration can lead to mutual benefit for the organizations and the clients they serve. The next steps will be to continue to institutionalize collaboration across these systems so that collaboration continues and grows. We hope to again engage with these VSOs in the forthcoming Fall 2020 virtual Summit. This year’s October Summit theme is the work of military psychology engaged with COVID-19. This year the military has been at the forefront leading in many areas of psychology addressing the Pandemic.

Below is a list of organizations, initiatives, and programs who presented at the Advocacy in Military Psychology Summit and a brief description of their services.

inTransition

inTransition supports active duty, reserve, and National Guard service members and veterans, regardless of current activation status, duration of service, time since discharge, or category of discharge. This program pairs a licensed, experienced master’s-level mental health clinician, who provides specialized coaching and assistance via telephone or e-mail, with individuals who: 1) are active duty service members actively engaged in mental health care at the time of their transfer to another duty station, 2) are National Guard or reserve members who are transferring from or to active status or making any other transition, 3) are active duty service members, National Guard, or reserve members transitioning off of deployment and are seeking care, or 4) are any service member or veteran who requests assistance with finding a mental health care provider in any health care system or community, at any time, CONUS or OCONUS.

Website: https://www.pdhealth.mil/resources/intransition

The Real Warriors Campaign (RWC)

RWC is the Defense Department's official multimedia public awareness initiative designed to decrease the stigma surrounding psychological health among service members, veterans and their families. RWC is situated within the Defense Health Agency's J-9 Directorate, in the Psychological Health Center of Excellence (PHCoE). RWC began in 2009 following a congressional mandate for the Defense Department to reduce barriers to care identified in the 2007 Mental Health Task Force Report, and to promote educational information about mental health to the military community. RWC raises awareness about the signs and symptoms of invisible wounds and the positive outcomes of seeking care.

Website: https://www.realwarriors.net/

Psychological Health Resource Center: 866-966-1020

ServingTogether

ServingTogether is a program of EveryMind and is affiliated with AmericaServes. It includes a coordinated network of public private and nonprofit organizations serving veterans, service members, and their families in the National Capital Region. ServingTogether uses technology and its partner network to guide veterans, service members, and their families to the most appropriate services and resources available. At the community level, ServingTogether hosts collaborative meetings in a variety of locations throughout the National Capital Region. Collaborative meetings bring together community partners, resources, events, and information to broaden the knowledge and understanding of available support.

Website: https://servingtogetherproject.org/

Tragedy Assistance Program for Survivors (TAPS)

Founded out of tragedy in 1994, TAPS has grown and established itself as the front-line resource to families who have lost a loved one during military service. TAPS has provided comfort and care, 24 hours a day, seven days a week through comprehensive services and programs including peer based emotional support, case work assistance, crisis intervention, and grief and trauma resources. TAPS has assisted over 80,000 surviving family members, casualty officers, and caregivers. National Military Survivor Seminars and Good Grief Camps have been conducted for 19 years and are complemented by regional seminars across the country.

Website: https://www.taps.org/

The Mission Continues (TMC)

TMC is a national nonprofit that empowers veterans to continue their service, and empowers communities with veteran talent, skills and preparedness to generate visible community impact. Veterans possess the drive and desire...
to serve others, but without access to the tools needed, their potential to make meaningful impact at the local level remains untapped. Conversely, growing numbers of communities in this country are under-resourced and being left behind. The Mission Continues is on a mission to connect veterans with under-resourced communities. Programs in cities across the country deploy veteran volunteers alongside nonprofit partners and community leaders to improve educational resources, increase access to parks and green spaces, foster neighborhood identity, and more. The vision is for all veterans with a desire to continue their service to be part of a movement to transform communities.

Website: https://missioncontinues.org/

Team Red, White and Blue (Team RWB)

Team RWB is a catalyst for military, veterans, and family members to build social and community connection. At Team RWB, the goal is for military and veteran populations to feel more whole and connected in their communities. All are welcome to join Team RWB chapters and events. These events utilize physical and social engagement to build enrichment.

Website: https://www.teamrwb.org/

The Workhouse Military in the Arts Initiative (WMAI)

WMAI is rooted in the Workhouse Arts Center’s desire to address the needs and to improve the lives of military service members, their families, and caregivers through the arts. WMAI seeks to increase equity, access, and opportunities for veterans to participate in quality arts programming. WMAI’s innovative community mental health arts center model features a four-pronged holistic, therapeutic arts-based approach focusing on Mental Health, Nutrition, Fitness and Spiritual Balance to reunify the mind and body of our Nation’s Armed Forces military families, which can become distressed due to challenging aspects of military life. Now a free, year-round therapeutic arts program, through art psychotherapy, arts workshops, courses and events within the art center’s four programs (Visual Arts Education, Performing Arts, Culinary Arts, Art of Movement), WMAI seeks to enhance the quality of life and promote rehabilitation, resiliency, and support systems for overall healthy military family functioning.

Website: http://www.workhousearts.org/wmai/

Melwood Veterans Services: Operation Tohidu

Melwood Veterans Services is an organization that falls under Melwood, Inc. and provides vocational support and resources for individuals with differing abilities. Melwood Veterans services has two components 1) Vets Ready to Work and 2) Operation Tohidu. Operation Tohidu provides week long retreats (at no cost) designed for Veterans who have experienced some form of trauma in the military. Operation Tohidu is operated by Veterans for Veterans.

Website: https://www.melwood.org/veterans-services/veterans-services

Lone Star Warriors Outdoors (LSWO)

Based in Tyler, Texas, Lone Star Warriors Outdoors has the goal to help combat injured warriors to heal/cope with PTSD and help to prevent veteran suicide. LSWO was started in 2011 after its founder, a combat veteran, personally battled with thoughts of suicide. The LSWO founder stated, “After attending a hunt with another organization who wanted to thank Warriors, I realized there was much more that can be accomplished with a hunt or fishing trip or some outdoor adventure. My goal was to have a 3 day/2 night minimum where the warriors spent time together getting to know each other. We do not allow family members even if they are caregivers. We use that time to bond and talk like with did with our brothers and sisters in combat.”

Website: https://lonestarwarriorsoutdoors.org/

Mission: At Ease

Mission: At Ease is a small private organization that provides amazing outdoor experiences to our nation's finest. They take disabled combat veterans on hunting and fishing adventures, and use these adventures as a catalyst to work on the mental and social growth of our attendees. The founder of Mission: At Ease stated, “Through this process, we hope to identify areas for each veteran that we as an organization can make a positive impact on their lives. These impacts may range from getting them to reconnect to the world they have with withdrawn from to giving them the healing power of the outdoors; it is also about activating and empowering voices of veterans who are already skilled and inspired to defend America’s lands, water, wildlife, and people. Veterans are change agents, enthusiastic to make a difference in their communities. When our veterans thrive, so too does our society. The goal of SCMO is to improve the lives of veterans and their families through connections with the outdoors, and to inspire members of the military and veteran community to become outspoken champions for environmental conservation and justice.

Website: https://www.facebook.com/Mission-At-Ease-357939794572364/

Sierra Club Military Outdoors (SCMO)

SCMO is at the forefront of a national movement to ensure every veteran in America has an opportunity to get outdoors when they return home after service. For many veterans, meaningful connections to the outdoors are a gateway to a new mission and continued service to the lands they swore an oath to protect. SCMO is about more than the healing power of the outdoors; it is also about activating and empowering voices of veterans who are already skilled and inspired to defend America’s lands, water, wildlife, and people. Veterans are change agents, enthusiastic to make a difference in their communities. When our veterans thrive, so too does our society. The goal of SCMO is to improve the lives of veterans and their families through connections with the outdoors, and to inspire members of the military and veteran community to become outspoken champions for environmental conservation and justice.

Website: https://www.sierraclub.org/military-outdoors
Reference


Place, R. J. “FROM LTG PLACE: Valuable Viewpoints (UNCLASSIFIED).” Email message to Defense Health Agency Staff Listserv, November 7, 2019.


Psychologist Role in Chronic Pain Treatment during Deployment  
By Demietrice Pittman  
Dwight D. Eisenhower Army Medical Center (DDEAMC)

Introduction
Within the military, deployments have become a regular occurrence and can range in length and environments. Prior to deployment, Department of Defense Instruction (DoDI) 6490.03 (2019) mandates that Service Members complete pre-deployment medical assessments. These assessments are designed to determine if a Service member has any disqualifying medical conditions or if they do have conditions, are there treatment options available during deployment with the limited medical resources (DODI 6490.03, 2019). Pain is assessed but it is difficult to determine how it may affect the person during deployment. The International Association for the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (IASP, 2011). It is a subjective experience and individuals with similar injuries do not feel the same level of pain related to it. Chronic pain is defined as any pain that lasts for more than three months (IASP, 2011). Therefore, it is hard to determine during pre-deployment screenings if the austere environment will cause pain or exacerbate it.

According to a recent study by the Journal of General Internal Medicine (Meerwijk, et al, 2019), 29–44% of the active duty service members reported chronic pain to the Military Health System (MHS), with that number rising to 48–60% among those who went on to receive treatment from the Veterans Health Administration (VHA). With the number of individuals reporting pain, it is important for providers to be able to identify and treat the conditions because they have a bearing on their readiness and psychological health.

On our deployment, our patient population consisted of a combination of Active Duty, National Guard and Reserve Service members from all components of the DoD. Consequently, during the course of a 9 month deployment, we encountered several patients with chronic pain issues. Meerwijk, et al’s (2019) study also reported that health issues involving the joints, back and neck, muscles, or bone were the most frequently reported causes of chronic pain. This mirrored our experience where the most common concerns were joints, neck and back, specifically lower back, pain. Our course of treatment followed the clinical pathway located in the Veteran’s Administration (VA)/ Department of Defense (DoD) Clinical Practice Guideline (CPG) for Opioid Therapy for Chronic Pain (2017) and VA/DoD CPG for the Diagnosis and Treatment of Low Back Pain (2017).

Diagnosis of Chronic Pain
In the clinic, patients usually presented to the primary care section with an injury or pain. Clinicians conducted a history and physical examination that should include identifying and evaluating neurologic deficits and psychosocial factors. The CPGs (2017) suggest that all patients especially those with chronic pain be assessed for depression using the PHQ-2 and PHQ-9. The medical staff assigned to the deployed clinic regularly administered these assessments during screening. Usually at this point the pain may not be considered chronic and methods such as rest, heat and information were given. Table 1 from VA/DoD CPG for the Diagnosis and Treatment of Low Back Pain Provider Summary (2017 p. 12) details the recommended treatments for lower back pain. If it was out of the scope of the primary care physicians, usually a physician assistant (PA) during deployment, they were referred to the physical therapist for treatment.

Physical Therapist Treatment for pain
Once patients were referred to the physical therapist, he conducted an assessment and issued a treatment plan. According to a recent study (Meerwijk, et al, 2019), nonpharmaceutical therapies (NPTs) are most effective for chronic pain. An analysis by the authors noted that the following NPTs are offered by the MHS: "acupuncture [or] dry needling, biofeedback, chiropractic care, massage, exercise therapy, cold laser therapy, osteopathic spinal manipulation, transcutaneous electrical nerve stimulation and other electrical manipulation, ultrasonography, superficial heat treatment, traction, and lumbar supports." However, during deployment, we have more limited options. During this deployment, the physical therapist was able to offer exercise therapy, limited spinal manipulation and dry needling. Usually after trying several methods or reviewing records, the physical therapist would reach a point where he felt there may be psychological reasons for the limited improvements in treatment. At this point, he would staff the case with myself and we would discuss the referral with the patient, who usually agreed to come to Behavioral Health.
The Military Psychologist

Cognitive Behavioral Therapy for Chronic Pain

By now, we are all familiar with Cognitive Behavioral Therapy (CBT). It has been researched as an approach that is effective for numerous psychological conditions. CBT involves a structured approach that focuses on the relationships among cognitions (or thoughts), emotions (or feelings), and behaviors (American Psychological Association, 2020). Cognitive Behavioral Therapy for Chronic pain (CBT-CP) was first introduced in the 1970’s but the model was laid out and emphasized in the book *Pain and Behavioral Medicine: A Cognitive-Behavioral Perspective* (Turk, Meichenbaum, & Genest, 1983). The work provided a comprehensive review of the CBT and pain literature and included a CBT-CP therapeutic model. Over the past 30 years, several studies have supported that CBT can be used to manage chronic pain and can improve functioning and quality of life for those suffering from chronic pain conditions (e.g., Hoffman, Papas, Chatkoff, & Kerns, 2007; Morley, Williams, & Eccleston, 1999; Turner, Mancl, & Aaron, 2006). As mentioned, chronic pain has been reported to affect more than half of the Service members at some point during their military career. A manual, *Cognitive behavioral therapy for chronic pain among veterans: Therapist manual* (Murphy, et al, 2018) was recently published that lays out how to manage pain for Veterans. The goal of the manual is to offer techniques for clinicians to help Service Members gain a sense of control over their chronic pain and how it effects their lives. The below model was pulled from the manual and served as a guide for care.

The manual suggests 12 sessions. However with missions and availability of patients in the deployed environment, some of the sessions were combined. Typically, patients were seen for 8-10 sessions but sometimes we were only able to get in about 6. Below are the typical order of care and sessions that were used. Example of the content from each session with some provider anecdotes will be discussed.

<table>
<thead>
<tr>
<th>Category</th>
<th>Intervention</th>
<th>Low Back Pain Duration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Acute &lt; 4 Weeks</td>
<td>Subacute or Chronic &gt; 4 Weeks</td>
</tr>
<tr>
<td>Self-care</td>
<td>Advice to remain active</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Books, handout</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Application of superficial heat</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Non-pharmacologic therapy</td>
<td>Spinal manipulation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Clinician-guided exercise</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Acupuncture</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>CBT and/or mindfulness-based stress reduction</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Exercise which may include Pilates, tai chi, and/or yoga</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pharmacologic therapy</td>
<td>NSAIDs</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Non-benzodiazepine skeletal muscle relaxants</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Antidepressants (duloxetine)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Other therapies</td>
<td>Intensive interdisciplinary rehabilitation</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Cognitive Behavioral Therapy for Chronic Pain

![Figure 1. CBT-CP Model](image-url)
Treatment Sessions

Session 1: Interview and Assessment and Treatment Orientation

Assessments were completed to set a baseline of current symptoms. Therefore, prior to the interview, my behavioral health tech had patients complete a set of assessment measures to include measures of anxiety, trauma, pain and depression. The first session is spent building rapport. This was extremely important during the deployment where many patients had some level of stigma related to seeing a psychologist. As mentioned, a large portion of the population during the deployment were part of the National Guard who expressed concerns that a visit to behavioral health would result in going home or a REFRAD (return from active duty). Time was spent discussing how treatment worked and discussing what conditions warrant a REFRAD. In addition, a focused interview related to causes of pain, what has been done in the past and how it effects their quality of life was conducted. As with most therapies, you want to set the tone for out of session assignments (OSAs) so an assignment to write down questions and concerns was usually given.

Session 2: Assessment Feedback and Goal Setting

During this session, rapport building continued and any additional questions or concerns were answered. The main focus of the session was to provide psychoeducation about the CBT model and then the CBT-CP model. Diagrams such as the one featured previously were shown to patients in session. The concept of OSAs was discussed again as well as an overview of the length of treatment and things we will discuss in each session. In addition, the pain cycle was a useful diagram. As discussion of the course of treatment, patients are asked if they think care would be useful for them. Every patient that was referred for pain, chose to continue with treatment. Once they agreed to treatment, we discussed treatment goals. The concept of SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) goals was introduced. Again an OSA was for them to again come up with any questions that may have over the course of the week and write them down. Patient was to also write down goals for treatment and bring to next session.

Session 3: Exercise and Pacing

Prior to this session, the therapist should revisit the initial assessment to determine which behaviors patients are exhibiting. I also often discussed the case again with the physical therapist to determine what behaviors he had seen or was concerned about. The manual mentioned guarding and this proved to be the most significant concern that the physical therapist expressed. Guarding is defined as any of a set of protective behaviors such as limping, bracing, or otherwise protecting a part of the body. Guarding, similar to other pain behaviors, continues after healing has occurred and reinforces self-perceptions of disability (Prkachin, 2007).

During the session, the treatment goals were discussed and we proceeded to discuss guarding. In addition to guarding, the time spent in session was also focused on discussing the following: 1) Resting/Under-activity 2) Active Coping Exercise 3) Over-activity 4) Pacing. Often patients would overdo activity such as hard sessions and the gym and then have increased pain. In addition, due to pain, some patients did not do any activities for fear of causing addition pain. Both of these were detrimental so we discussed a concept called pacing. Pacing is defined as alternating rest periods with activity, also known as, is a healthy way to incorporate rest (Gill & Brown, 2009). Appropriate exercise and stretching were emphasized because they can lead to increased stamina and increased engagement with rewarding or pleasurable activities. The out of session assignment usually involved around writing down activities that needed to be accomplished and learning how to include pacing into them.

Session 4: Relaxation/Mindfulness Training

This session was focused on teaching the patient about relaxation and mindfulness techniques. Relaxation techniques lead to decreased perceptions of pain (Henschke et al., 2010) and can contribute to feelings of self-efficacy to manage pain (Laevsky, Pabst, Barrett, & Stanos, 2011; Persson, Veenhuizen, Zachrison, & Gard, 2008). Time was spent introducing the concepts and then practicing in session. Usually started with deep breathing exercises and progressive muscle relaxation. The patient was given an assignment to do the breathing twice a day for at least 5 minutes and to practice the progressive muscle relaxation. Patients were also encouraged to download any of the DOD/VA phone applications such as Breathe2Relax to assist. Forms were given to track practice and moods.
Session 5: Pleasant Activities

As with most disorders we encounter, people tend to decrease positive experiences and focus on the negatives. Chronic pain is not different. Patients with chronic pain may avoid engaging in activities due to it potentially increasing their pain. They also may not be able to do some of the activities they used to enjoy so now are idle. This session was focused on finding out what activities patients enjoy and what things they can do. This was also a challenge in a deployed environment. Many patients wrote golfing, hunting motorcycles and other activities that they could not do during deployment. Time was spent discussing the activities they could do while deployed and making schedules. In addition, we touched on the things they enjoyed back home and how to incorporate pacing and rest while doing them to limit the pain. A list of activities was also pulled from the manual and sent home with patients. In addition, an activity chart was sent home for them to complete and bring back.

Session 6: Cognitive Coping 1

According to research, the perception of pain is directly related to negative thoughts (Lawrence, Hoeft, Sheau, & Mackey, 2011). This session focused on teaching about automatic thoughts and cognitive distortions. We revisited the CBT-CP model and discussed how the negative thoughts are connected. The manual offered some examples of some thoughts that people with chronic pain often have. It suggests focusing on catastrophizing as one of the main cognitive distortions. Patients were usually receptive to this sessions. I also would reference the Army Master Resiliency Training (MRT) that most of the Army patients have participated in. That training includes a module on Thinking Traps and this helped patients connect with this topic (Selva, 2019). Patients had an out of session assignment to track thoughts on a form they were given.

Session 7: Cognitive Coping 2

This session revisited the homework assignment on cognitions. Patients returned with their forms and we discussed. At times, patients did not write the information down so time was spent discussing the importance of writing things down. We went through their form if they had it or had them try to come up with situations they remembered if they did not. The idea of alternative thoughts or Coping Statements to counter the Cognitive Distortions was also introduced in this session. The use of positive coping statements has been shown to help patients tolerate pain more effectively versus using negative statements (Roditi, Robinson, & Litwins, 2009). They had another assignment to continue to write down thoughts and feelings.

Session 8: Sleep and Discharge Planning

This session discussed sleep concerns and sleepy hygiene techniques. Sleep is among the most common complaints voiced by individuals in therapy and it is no different for those with chronic pain (Turk et al., 2008). During initial assessment, patients completed measures related to sleep so we revisited those measures and discussed proper sleep techniques and ways to manage problems falling asleep and staying asleep. In a deployed environment, individuals often had sleep concerns on top of pain so we discussed how to sleep with all of the mission requirements. Patients also tended to share rooms and had uncomfortable beds so time was spent discussing how to arrange and organize environments. If patients needed more time to discuss sleep, they were often referred to the CBT-I class or to their primary care provider for other referrals.

Conclusions

During deployment, time is limited and Service members often come on deployment with pain concerns or develop them over the course of the deployment cycle. The meta-analytic studies suggest that CBT for chronic pain has a consistent track record of improving a variety of patient outcomes. Recent process studies suggest that CBT appears to work much as expected in decreasing negative cognitions and increasing the belief that one can better manage and control pain. From a clinical perspective, psychologists should be prepared to be a part of the patient care process. Before deployment, learning techniques and reading the literature will serve a psychologist well. The CBT-CP manual is an excellent resource and providers should add it to their packing list.

Contact information for Author: MAJ Demietrice Pittman, Demietrice.l.pittman.mil@mail.mil, phone number: 765-430-4113. This submission has not been published and is not considered under consideration for publication anywhere else.

References available upon request.
Author Note

The opinions or assertions contained herein are the private views of the authors and do not necessarily represent the official policy or position of the U.S. government, the Department of Defense, or the Defense Health Agency. Correspondence concerning this article should be addressed to: Tim Hoyt, Psychological Health Center of Excellence, 1335 East West Highway, Silver Spring, MD 20910. Email: timothy.v.hoyt.civ@mail.mil

Broadly defined, Combat and Operational Stress Control (COSC) refers to the collection of military programs and activities intended to promote psychological readiness and manage combat and operational stress reactions (COSRs; Department of Defense, 2011). Historically, COSRs—subclinical and transient maladaptive reactions to the stressors inherent in combat and austere military environments—accounted for over half of casualties and personnel losses (Brusher, 2011). If COSRs are not addressed, there is increasing likelihood of operational ineffectiveness at the individual and unit level as symptoms exacerbate and persist, ultimately developing into symptoms of posttraumatic stress disorder or other mental health conditions (Hourani et al., 2011). Over the past century, COSC programs have expanded to encompass the promotion of psychological readiness across all phases of combat and operational deployment. The current article presents a brief overview of the past, present, and future states of COSC across the military branches, and details the development of a model to synchronize COSC programs to ensure the effective delivery of care.

Historical Foundations of COSC

In an effort to decrease the number of psychiatric casualties being evacuated out of France during World War I, Salmon (1917) established the first far-forward psychiatric clinics within a few miles of the front. This forward treatment model emphasized that patients suffering from “shell shock” and other “war neuroses” needed to remain separate from other medical casualties but close to their unit with an expectation of returning to combat duty. These initial models significantly reduced psychiatric casualties compared to British forces. Although forward treatment models were largely abandoned in favor of evacuating psychiatric casualties back to the United States during World War II, these models were reinstated during the Korean War (Glass, 1955). Drawing on the foundational lessons from World War I and the Korean War, Artiss (1963) reduced the principles of battlefield intervention to three tenets: 1) Proximity: service members are treated close to the unit at forward locations; 2) Immediacy: early treatment to prevent chronic problems; and 3) Expectancy: stress reactions are temporary and not debilitating, allowing service members to return to duty. These principles—known under the acronym PIE—formed the basis for most forward intervention in subsequent wars (Bey, 1970; Solomon & Benbenishty, 1986).

In the 1980s, this model was augmented with the addition of a fourth principle, Simplicity: addressing the stress of combat and austerity by restoring basic needs—such as hygiene, sleep, safety, and nutrition—can have a profound effect on psychological health (Jones & Hales, 1987). U.S. Air Force models used in the Persian Gulf War expanded this model to include two additional principles, with the acronym BICEPS: 1) Brevity: using brief interventions that focus solely on addressing current stressors; and 2) Centrality: treating combat stress casualties in separate locations from medical facilities in order to avoid service members assuming a “patient” role (True & Benway, 1992). The PIES and BICEPS models continued throughout the wars in Iraq and Afghanistan in addressing combat stress reactions, with interventions ranging from walkabouts to multi-day restoration centers (Judkins & Bradley, 2017; Moore & Reger, 2006). During this time, psychological conditions comprised 11.6% of all medical evacuations (Armed Forces Health Surveillance Center, 2012). Note that PIES and BICEPS interventional models do not specify treatment modalities, but the approach by which empirically supported treatments should be delivered in forward combat environments (e.g., Peterson et al., 2020).

Several factors expanded the purview of COSC interventions beyond forward interventions to address reactions to combat stress. Involvement in peacekeeping operations and military operations other than war demonstrated that “operational” stress not tied to direct combat could also cause similar symptoms (Pincus & Benedek, 1998). As increasing numbers of service members returned from the wars in Iraq and Afghanistan, there was greater attention to addressing COSRs and supporting psychological readiness during all phases of the deployment cycle (Bowles & Bates, 2010). By applying the same principles used in battlefield psychiatry to stateside and training environments, COSC programs can increase their focus on psychological readiness and preventing COSRs through a variety of expanded initiatives across the military services (Cunningham et al., 2014; Vaughan et al., 2015).
Current State of COSC

In 1999, the first standardized guidance and policy for COSC across all military branches and joint service operations was published (Department of Defense, 1999). This policy mandated formal COSC programs for each of the military services, establishment of training standards related to these programs, and formally set the BICEPS model as the joint approach to COSC implementation. The policy was updated in 2011 to include the joint promotion, coordination, and standardization of COSC-related programs (Department of Defense, 2011). This update also expanded training requirements to ensure that personnel at all levels were able to recognize COSR signs and implement principles of psychological first aid (e.g., Mohatt et al., 2017).

As a result of this new policy, and in response to increasing need during the wars in Iraq and Afghanistan, COSC programs in each of the services expanded rapidly. Examples of some of these programs are provided in Table 1. In parallel, each of the military services also implemented “embedded” models for mental health care delivery, drawing on previous efforts to place uniformed psychologists in frontline units and on aircraft carriers (Sammons, 2005; Warner et al., 2011). Although embedded models differ somewhat across the military branches, these models generally emphasize the availability of an integrated mental health provider who is familiar with the specific culture and mission of the unit, can consult with unit leaders to navigate available mental health resources, and works to destigmatize mental health care (see Hoyt et al., 2015; Rapley et al., 2017; Ogle et al., 2019). These recent efforts notwithstanding, few COSC programs have undergone systematic evaluation, and reports on the effectiveness of these programs are often limited to small-scale studies (e.g., Judkins & Bradley, 2017; Momen et al., 2012; Ogle et al., 2012). Furthermore, as these programs were developed separately by each of the military services, there were often barriers to joint programs or synchronization of efforts.

In 2016, a COSC Working Group was chartered by the Psychological Health and Readiness Council. The mission of this working group was to fulfill policy requirements to regularly meet to develop and implement joint COSC programs and track their effectiveness. Based on input from each of the military services and other COSC subject matter experts, the working group formulated a logic model to guide the evaluation of COSC programs (Figure 1). The first component of this model is represented by inputs—encompassing requirements, service needs, guidance, and input from stakeholders. These stakeholders include senior leadership at the service level, providers (to include chaplains), and beneficiaries who receive COSC services, including service members, their family members, and unit leaders. These inputs drive standardized requirements for the specific delivery of COSC services, such as command consultation, training, and assessment of COSRs. The output of these activities is the integration of COSC principles into the joint mission through increased knowledge, decreased stigma, and the delivery of COSC-specific interventions. The activities described in the logic model reflect the shared goals of the military services to foster environments that will promote enhanced prevention and mitigate the effects of COSRs. The ultimate outcome of these programs is the prevention and mitigation of COSRs, as measured through increased rates of psychological fitness for duty, return-to-duty following behavioral health care, enhanced performance, and increased resilience among individuals, units, and families. By leveraging this logic model, programs across the military services can integrate formal evaluation activities, assessing the standardized delivery and effectiveness of COSC efforts.

The Future of COSC

In the current resource-constrained military context, there will be increasing pressure from senior leaders to demonstrate program effectiveness. In order to facilitate this, establishing common metrics and data collection procedures across programs will be a critical step. Indeed, the primary criticism of COSC models has been the lack of comprehensive outcome data (Russell & Figley, 2017). Although the Behavioral Health Data Platform (Srinivasan et al., 2016) is an initial step toward standardizing outcomes, similar capabilities may need to be applied to COSRs and other subclinical reactions in combat and operational settings. Indeed, as joint operations throughout the world increase, there will be greater need for interoperability of COSC programs across the services. An initial step toward this interoperability may be the establishment of a joint COSC training curriculum for leaders and service members, so that service-specific program delivery does not create stovepipes and barriers to access.

As potential military adversaries continue to innovate, there will be direct challenges to current U.S. and NATO operational advantages in battlefield mobility, air superiority, and cyber capability (Perkins, 2017). Core capabilities on which COSC relies likely will be eroded by changes in the future battlespace, including the inability to conduct battlefield circulation and walkabouts, contested airspace that prevents the evacuation of acute psychiatric patients, and the interruption of telehealth capability. Future combat arenas likely will include densely populated megacities and subterranean environments, adding unique concerns (such as claustrophobia) when operating in these conditions. Working together, psychologists from across the services can continue to innovate and adapt COSC interventions for the future battlespace.

References


Department of the Army. (2016b). Force health protection (Army Techniques Publication 4-02.8).

Department of the Navy. (2013). Combat and operational stress control program (Marine Corps Order 5351.1).

Department of the Navy. (2016). Operational Stress Control Program (OPNAVINST 6520.1A).


### Table 1
**Overview of COSC Implementation and Policies in each Military Branch**

<table>
<thead>
<tr>
<th>Branch</th>
<th>COSC-Related Activity Examples</th>
<th>Policies/Manuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Force</td>
<td>• Airman Resiliency Training&lt;br&gt;• Pre-Exposure Preparation</td>
<td>• <em>Disaster Mental Health Response &amp; Combat and Operational Stress Control</em> (AFI 44-153; Department of the Air Force, 2014)&lt;br&gt;• <em>Medical Operations: Mental Health</em> (AFI 44-172; Department of the Air Force, 2015)</td>
</tr>
<tr>
<td>Army</td>
<td>• Combat Stress Control detachments assigned to Medical Brigades&lt;br&gt;• Traumatic Event Management</td>
<td>• <em>A Leader's Guide to Soldier Health and Fitness</em> (ATP 6-22.5; Department of the Army, 2016a)&lt;br&gt;• <em>Force Health Protection</em> (ATP 4-02.8; Department of the Army, 2016b)</td>
</tr>
<tr>
<td>Marine Corps</td>
<td>• Operational Stress Control and Readiness (OSCAR) Training&lt;br&gt;• Unit and Marine Awareness and Prevention Integrated Training (UMAPIT)</td>
<td>• <em>Combat and Operational Stress Control</em> (MCTP 3-30E; United States Marine Corps, 2010)&lt;br&gt;• <em>Combat and Operational Stress Control Program</em> (MCO 5351.1; Department of the Navy, 2013)</td>
</tr>
<tr>
<td>Navy</td>
<td>• Mind Body Resilience Training&lt;br&gt;• Caregiver Occupational Stress Control (CgOSC)</td>
<td>• <em>Operational Stress Control Program</em> (OPNAVINST 6520.1A; Department of the Navy, 2016)</td>
</tr>
</tbody>
</table>

![Figure 1. Logic Model for COSC Activities](image_url)
New School Year

Student Affiliates, I hope you are settling into a successful routine in this new education environment. Everything is online these days; classes, clinical sessions, dissertation meetings, internship interviews. Wow, what an interesting time to be a graduate student. Tele-working can take a toll on us, so please take care of yourself every chance you get! The Student Affairs Committee wants you to know we are still pushing forward with our many exciting initiatives, some of which are outlined here. We encourage you to get involved and apply/compete for some of our generous awards/grants.

Military Psych Students at APA 2020

It was so great to see so many students in attendance and engaged at APA2020! The division needed to quickly shift all programming to an online format, which we believe was a huge benefit for our members...especially students! The online format allowed for a wider attendance, unrestricted by the usual hefty conference expenses. Notably, we welcomed Captain Ahlivia Stehlik who discussed activism for transgender equality in the U.S. Military and bravely shared her journey. We look forward to continuing to offer similar engagements for students! Your attendance and participation at these events are what makes events like these so successful. We can’t wait to meet many of you at APA 2021 and we hope we get back to an in-person format by then.

Successful passing of Student Member at Large Position

Back in February 2020 the Student Affairs Committee proposed a by-law amendment to our division’s Executive Committee. The request, if approved would start the process of creating of a student voting position within Division 19 titled “Student Member-at-Large.” Although the division is incredibly supportive of student voices, students currently have limited voting privileges in division business. The committee passed this motion in February, so we got working on establishing the Student Member-At-Large position. To formally establish the position, the amendment would also need to be approved by a quorum of division members at the 2020 Business Meeting. We are pleased to announce it passed!

So, what does this mean exactly? Essentially, this position creates a new seat on the division’s executive committee (EXCOM). Each EXCOM member has one vote to approve toward various inter-division requests and initiatives. Creating a position for a student on this committee brings the voice of all of you to division decision making. Division 19 is extremely supportive of students and are most commonly in support of the many student initiatives we propose. What’s also great about this new position is it creates yet another amazing opportunity for a student in our division to develop as a leader, make an impact on the society, and build their professional skills at the national level.

So, how do you get involved if interested? This is an elected position for one student. Meaning any student interested in running for the inaugural Student Member-At-Large position will need to be prepared to convince division members why their voice and drive adds value to the division’s decision-making process. The division membership votes for new leadership positions each spring. Interested students should be prepared to write a statement stating their interest in the position and how their unique and diverse qualities are well suited for this role. It is encouraged that you connect with the Student Affairs Committee leadership to discuss the position and electoral process.

Student Initiative Fund

This year, we will award financial awards, ranging in value from $50 - $800 in value, not to exceed $3,000 in total awards to graduate or undergraduate students who plan to demonstrate excellence in advancing the science and practice of military psychology in unique and novel ways. The purpose of the Student Initiative Fund is to support psychology student engagement at the individual, local, and campus chapter levels. This is something that campus chapters and individual students have been asking us for. Therefore, we are excited to make additional funds available for students to pursue various professional development activities and initiatives. Applications for this fund will be reviewed on a rolling basis, so please send in a request when you are ready. Please locate the application and additional details on our website, under the “funding” tab.
In Closing

I want to take this opportunity to thank my leadership team who has worked passionately and tirelessly to bring many of our exciting initiatives to fruition. Without them, many of the great things we offer would not be possible. I specifically want to say thank you to our Past-Chair Jourdin Navarro for taking lead preparing for APA2020 while I was out of communications for about a month. Alyssa, Keen, and Sarah thank you for your service to this committee and the division. I greatly appreciate you and look forward to seeing where your work as psychologists takes you! If you have ideas as to how we can better support students, please do not hesitate to us via email at div19studentrep@gmail.com. We are stronger together!

V/r
Ethan Bannar, M.S.
Chair, Student Affairs Committee, Society for Military Psychology

Spotlight on Student Research Grant Recipients

Each year, we are honored to support student research through the awarding of our Student Research Grants. Two Student Research Grants of $1500 are awarded annually. These awards are presented to students whose research reflects excellence in military psychology to aid with the costs of conducting said research. Recipients are encouraged to present their findings at the APA convention in August. Since APA was virtual this year, I wanted to take an opportunity to recognize and highlight the 2020 projects.

**Investigating Posttrauma Nightmares**
Westley A. Youngren, M.A.

It is quite common for individuals to experience nightmares after a traumatic event, such as combat or sexual assault. Unfortunately, these nightmares are extremely distressing, often times manifesting as dreams that replicate the triggering trauma. In addition to being quite distressing, these nightmares have also been linked to many negative outcomes, such as substance abuse, depression, anxiety, and suicide. Although posttrauma nightmares are incredibly problematic, research has yet to explain most of their underlying mechanisms. For example, these nightmares can occur multiple times per week in a seemingly random pattern. However, research has yet to understand why nightmares occur on a given night, instead of another. With this in mind, our project aimed to assess triggers of posttrauma nightmare occurrences in a sample of trauma survivors with the goal of providing insights into why nightmares occur when they do. Hopefully, the results of this study can aid current treatments and bring relief to the life of those experiencing such distressing sleep disturbances. In order to achieve our aim, we used a 7-night assessment protocol with a sample of female sexual assault survivors and male veterans enrolled in a local VA’s inpatient PTSD program. This protocol allowed us to monitor nightmare occurrences as well as daily variables that could predict when they occurred. Initial results have revealed that increased presleep cognitive arousal (such as worry and rumination) as well as increased sleep onset latency (time it takes to fall asleep), individually and jointly predict posttrauma nightmare occurrences. These findings potentially mean that the thought content prior to falling asleep as well as the time it takes to fall asleep, may impact whether or not a nightmare occurs. This is crucial because treatments for nightmares are lacking in effectiveness, with the leading medication being no more effective than placebo. Thus, results of our study could help inform practice by explaining that changing thoughts prior to sleep and decreasing the time it takes to fall asleep could reduce the odds of a nightmare occurrence. Our future endeavors include replicating these results and testing if reduced negative presleep thought content and reduced sleep onset latency lead to a reduction in nightmare experiences.

To contact Westley about his research, please contact him via email: way946@ku.edu

**Institutional Betrayal Related to Sexual Trauma in Military Service Members: An Examination of Posttraumatic Sequelae**
Felicia J Andresen

**Background:** Military sexual harassment and/or assault (MSH/A) is common in the military with 38.4% of women and 3.9% of men having reported at least one experience of MSH and/or MSA during their military career. The occurrence of MSH/A directly conflicts with deep-seated values in the military (e.g.,
Many are more severe somatic symptoms, posttraumatic stress disorder (PTSD), depression, substance abuse, and suicidal behavior. Most research has focused on individual-level factors (e.g., age, gender) that may influence posttraumatic symptom severity, and little is understood regarding the impact of macro-level factors (e.g., leadership behavior, unit climate). A growing body of research suggests posttraumatic symptoms in MSH/A survivors are worse if they believe the military played a role in the traumatic experience by failing to respond in a supportive manner or for failing to keep them safe, a concept referred to as institutional betrayal.

A handful of studies recently examined institutional betrayal related to MSH/A and its association with posttraumatic sequelae. Compared to those who felt supported and protected by the military, MSH/A survivors who experienced institutional betrayal were more likely to attempt suicide, and report worse depression, PTSD, including specific PTSD symptoms of avoidance, negative alterations in cognitions and mood, re-experiencing, and dysphoric arousal, even after adjusting for several covariates. In two of the studies that examined suicide risk, however, suicidal ideation only approached significance after controlling for covariates. While informative, these studies primarily examined mental health outcomes related to MSH/A-related institutional betrayal, and it is unclear whether physical health outcomes are negatively impacted as well. Further, notable limitations in previous research may explain the preponderance of nonsignificant findings for MSH/A-related institutional betrayal as a potential correlate for increased suicidal behavior.

**Proposed Studies:** By conducting two separate studies, this research proposal seeks to fill gaps in the literature and address the limitations observed in previous research by (1) examining MSH/A-related institutional betrayal in current service members rather than in veterans discharged from the military, (2) assessing institutional betrayal using a validated measure, (3) assessing for sexual trauma with a measure designed to detect various forms of sexual violence by using behaviorally specific language, and (4) examining whether MSH/A-related institutional betrayal also impacts physical health correlates. The first study seeks to explore whether MSH/A-related institutional betrayal is associated with increased somatic symptom severity, and whether the experience of institutional betrayal strengthens this relationship, particularly in MSA survivors. The second research study seeks to explore whether exposure to killing and/or death during combat strengthens the association between MSH/A-related institutional betrayal and increased risk for suicidal behaviors. These findings may identify ways in which the military itself exacerbates an already traumatic experience, either through events leading up to or following the sexual trauma.

**Method:** The proposed studies will use an anonymous, online survey to collect data through Qualtrics Panel. A targeted sample of participants will include approximately 276 military service members (50% male, 50% female) who are currently serving in active-duty or reserve components (ages ≥ 18). Service members who screen positive on the Sexual Experiences Survey-Long Form Victimization (SES-LFV); dummy code: yes = 1, no = 0) will be included in the proposed analyses. To examine the research questions in each study, self-report measures will be used to assess several health-related covariates, demographics and military characteristics (demographic inventory), MSH/A experiences (SES-LFV), institutional betrayal (Institutional Betrayal Questionnaire, Version 2), somatic symptom severity (Patient Health Questionnaire-15), suicidal behaviors (Suicidal Behaviors Questionnaire—Revised), and specific combat experiences (Combat Exposure Scale). Descriptive statistics, including frequencies, means, and standard deviations, will be used to describe sample characteristics. To test for moderation in each study, main effects and interaction effects will be examined using regression, analysis of variance (ANOVA), correlation, and chi-square tests, where appropriate. Missing data will be excluded using multiple imputation. Statistical analyses will be conducted using R.

To contact Felicia about her research, please contact her via email: felicia.andresen@aggiemail.usu.edu

**Point of Contact Information**

For further information at the Student Affairs Committee, please contact: Ethan Bannar via email at ethan.bannar@du.edu
Military Neuropsychology: Creating Interest and Connections
A Society Leadership Program (SLP) 2020 Capstone Project

Taylor Zurlinden
SLP Participant

Shawnna Chee
Mentor for SLP Project

BLUF: For individuals in specialized fields, in order to enhance the reach of your field, it is important to: 1) increase communication between psychologists within the field and 2) to provide information for students/ECPs who may know specifics about the specialty.

Introduction:
Psychology is an ever-evolving field, with new specialties and subspecialties being recognized within the field on a regular basis (see APA’s list of specialties and Divisions for examples). Although specialization is helpful for advancing our field and disseminating our work, the increased specialization has also come at a cost: disconnect. It can be difficult for clinicians to find colleagues who conduct similar work, especially considering that titles often vary greatly by setting. Thus, although dozens of psychologists may be doing similar clinical work or research, it can be challenging to form relationships across organizations. As part of my Society Leadership Program (SLP) Capstone project, I wanted to help tackle this issue. As someone with interests in Military Neuropsychology, I have often found myself at a loss for where to find other individuals with similar passions. In the civilian world, neuropsychologists may have an interest in military applications, but rarely do their titles and job descriptions reflect this interest. In the military world, individuals may serve in leadership roles and positions where their focus on neuropsychology is not readily apparent in their title either. This study was designed to help individuals specializing in Military Neuropsychology (NP) connect in several ways. We reasoned that if individuals within the field the field have difficulty connecting, it may be especially difficult for those outside the field (students/trainees/ECPs) to find out more information about the field. Thus, we decided that we should focus our energy on two different areas: increasing communication within the field and increasing communication about the field. Helping me complete this project, and equally passionate about this topic, was Navy Commander Shawnna Chee, PsyD ABPP.

Early on in this project we decided that we wanted to begin our project with a more accurate understanding of the community we desired to serve. Although we had an idea for how we should go about the project, we wanted to ensure that our target audiences 1) did actually exist and 2) were actually interested in the information we hoped to provide. We created a survey so that we could assess the needs of our target audience, and gauge whether or not this project was viewed as necessary by the group. Our survey asked individuals to consider the importance of collaboration between military and neuropsychology groups (ie Divisions 19 & 40), as well possible strategies to increase communication and collaboration.

Survey Results
The survey was distributed via listserv and social media to students in APA Divisions 19 and 40, as well as members of Division 19. A total of 48 participants completed the survey. Demographic data for the participants is presented in Table I. It was important to understand the demographic make-up of our participants, as it informed the needs of the group in various ways. Specifically, based on this data we saw that we had enough interested individuals to focus our attention on the two separate groups (those already involved in the field of military NP and those who were interested in becoming more involved) individually. We decided to continue with our

<table>
<thead>
<tr>
<th>Demographic</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division membership</td>
<td>-</td>
</tr>
<tr>
<td>APA Div 19</td>
<td>11</td>
</tr>
<tr>
<td>APA Div 40</td>
<td>17</td>
</tr>
<tr>
<td>Both</td>
<td>15</td>
</tr>
<tr>
<td>Military Status</td>
<td>-</td>
</tr>
<tr>
<td>Civilian</td>
<td>25</td>
</tr>
<tr>
<td>Current Active Duty</td>
<td>14</td>
</tr>
<tr>
<td>Other Current/Previous Service</td>
<td>11</td>
</tr>
<tr>
<td>Involvement in Military NP</td>
<td>-</td>
</tr>
<tr>
<td>Active Duty Psychologist/Trainee</td>
<td>14</td>
</tr>
<tr>
<td>Current VA Psychologist/Trainee</td>
<td>12</td>
</tr>
<tr>
<td>Not Involved, but interested</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 1
Survey Respondent Demographic Data
plan to design two different sub-projects within the larger Capstone Project to serve these two groups. Of note, there was a significant overlap in membership between Division 19 & 40 among students; perhaps this is the crucial time to provide intervene and information about careers that intersect multiple areas of psychology.

After gathering basic demographic data, we asked participants to rate “How important do you think it would be to develop a relationship between APA Divisions 19 and 40?” Participants selected their answer by sliding a marker on a scale of 1-100. The average rating for importance of establishing a relationship between the Divisions was 84.4/100, suggesting most individuals view the relationship between the two divisions as very important. This was an encouragement for the project moving forward, as it suggested that this issue was an important concern for our members and was worth the investment of this capstone project.

Focus 1

It was quickly decided to first focus on establishing a community for the existing professionals within military NP. One of the biggest factors that led to this decision was an expressed desire by members in the field to form some kind of group for communication, collaboration, and consultation. There had been some discussion among current military NPs in the different branches about forming a collaborative group for military NPs. Due to the relatively small number of military NPs within each branch, it was hoped that by forming interservice group there would be enough members to really take action and accomplish different goals. As a note, we also decided to include Veteran’s Affairs (VA) psychologists within this group as well. Although some VA psychologists serve in more “traditional” neuropsychologist roles, there are also those who work in positions that closely mirror those of their active duty counterparts, both in patient population and clinical presentation. Due to this similarity, it was thought that increasing collaboration between Active Duty and VA military NPs would be beneficial for everyone.

Several different ideas were discussed about how to create a network for the military NP community. The most traditional approach was a listserv, and the most innovative approach suggested was a Slack group. Slack provides a platform for asynchronous communication, and allows for multiple levels of organization for conversations, documents, and information. This method of communication reduces the number of emails and provides for multiple lines of conversation at one time, further allowing members to opt in and out of specific conversations. This specific method was chosen first due to its innovative nature. It was decided that if we could make it work it would be great; however, if the group failed, we could always pivot and develop a more traditional listserv instead. Although there was some initial discussion on the platform, after the first two days there was no longer any chatter. The page has unfortunately remained unused since this initial attempt. Other options were discussed with the Communication’s Committee of Division 19, however since the existing listservs are already scarcely used, it was decided that a military NP listserv would likely not provide an additional benefit at this time. For the time being, this project is put on hold as we strategize about how to most effectively connect military NPs.

Focus 2

The second focus of this SLP project was to provide information for individuals who may be interested in the field of military NP. On our initial survey, we asked individuals what the most helpful way would be to learn more about military NP. The most commonly endorsed answer from our options (webinar, handout, APA convention, write-in) was a webinar. The survey was distributed Pre-COVID restrictions, and early on we thought that a webinar would be a novel approach. We soon realized that our webinar would likely be one in a series of many that individuals would attend in any given week. The disadvantage of this was that if we wanted our webinar to be successful, we would have to put in extra work to make it stand out. The advantage was that after attending many different webinars between March-June, the team had learned what did and did not work well and was able to implement these strategies into our design.

Many of the individuals who expressed interest in learning more about military NP were students and ECPs, and we decided to shape our webinar accordingly. Due to this very specific demographic, it was also determined that the best course of action would be to try and partner with the Student Affairs Committee (SAC), who could provide technical support and advertisement for the event. Their experience running similar events was a great strategic advantage and helped ensure success. We decided to create a “registration” form for the event so that questions could be collected before the actual event. It was our hope that by having individuals think of questions beforehand, they would 1) be more willing to ask questions and 2) would remain more engaged in the live webinar to see if their question was answered. As a result, we collected over 100 questions before the event which allowed us to organize the questions, sorting based on intended panelist. Additionally, several of the questions were asked multiple times, so we asked all of the speakers to address the questions in their presentations if possible.

A panel of excellent professionals was secured for the event, representing the Air Force, Navy, and the Army (Civilian Contractor). We desired to have a panelist represent the VA healthcare system but were unable to connect with anyone after several attempts. Our panel represented a wide range of experiences, and although they all attended the same Neuropsychology Post-Doc training program together, they each took a unique journey to arrive there. This breadth of experience was important to allow for a more informal style of webinar. Overall, the format of the webinar was structured to feel less like recruitment and more like a meet up for coffee, where the speakers could share personal stories, experiences, and advice. It was hoped that by taking this approach, we
could help individuals get a better idea for what a career would look like for them personally. It also allowed speakers to share any pitfalls or drawbacks about their career choice, without feeling like they would hurt their “pitch.” Over the course of the hour and a half webinar, the speakers shared about different aspects of their career and the decisions that they made which led them to their current positions. The speakers also provided general advice for trainees or ECPs about career paths, as well as specific action items/advice to increase the chance of success in the field of Military NP. Our panelists all graciously shared their contact information with attendees and have since reported that several attendees have reached out to them for more information.

The event was an overall success, with over 100 individuals registering for the event, over 40 participating in the live event, and additional individuals watching the recorded webinar at a later time [Available on the SAC website]. Before hosting our event, we generated several goals for the webinar, and assessed the effectiveness of the webinar meeting these goals through a survey link distributed at the conclusion of the event. Of the approximately 40 individuals who attended the event, 30 participants completed the survey. The goals of the event and the percentages of individuals who endorsed that we achieve that goal are displayed in Table 2.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn more about military psychology</td>
<td>75.9</td>
</tr>
<tr>
<td>Learn more about neuropsychology</td>
<td>51.7</td>
</tr>
<tr>
<td>Learn more about military NP</td>
<td>86.2</td>
</tr>
<tr>
<td>Gain information about specific career options</td>
<td>75.9</td>
</tr>
<tr>
<td>Better understand personal fit for the field</td>
<td>58.6</td>
</tr>
</tbody>
</table>

Table 2
Goals of the Webinar

Overall, it appears that we met our overall goal of educating individuals about military neuropsychology. However, the results suggest that future projects could focus more on providing information about neuropsychology in general, and about personal fit for the field. Additionally, one participant commented that they wished they would have learned more about specific clinical care (common diagnoses, case presentations, etc.) during the webinar, suggesting a possible webinar topic in the future. As a final question, we asked individuals to rate how interested they were in the field of military NP before and after the event. Overall, 13 individuals said they were more interested in military NP after the event, and 14 said they had the same level of interest after the event. As a note, nine of the individuals who did not notice a change in interest were already at the top of our scale (100) prior to the event, so this lack of change likely demonstrates a ceiling effect. Although an additional two individuals shared that they were less interested in the field after the webinar, we viewed this as a success: the event helped them determine that it might not be a the best fit professionally for them at this time.

Outcomes

Overall, this project achieved its main goals, albeit with varying success. One major goal of this project was to create a community for military NPs, which we set about doing through Slack. Although the platform has not been utilized as frequently as we intended, the fact that we collected emails and created a place for communication does achieve the spirit of our goal: creating a way for individuals to connect. Unfortunately, we just did not achieve the goal of having connected individuals engage with each other. This goal may be a broader issue to discuss, and should a listserv eventually be created there will need to be further effort to ensure that it is utilized. Additionally, while several alternative solutions were suggested about how to achieve more collaboration and connection among military NPs, many were long-term plans that would need to exist outside of this time-limited Capstone Project. However, we have hope moving forward, and are excited to see how these plans unfold over the next few years.

The second goal of this project was to provide information for individuals who may be interested in the field of military psychology. Judging based only on the actual live attendance of our event, it appears that we met this goal, as information about the subspecialty was dispensed to those outside of the field that evening. On a deeper level, based on participant feedback it appears we met the specific goals of this webinar as well. Additionally, this webinar identified future topics of interest for members, as well as potential ideas for collaboration for the division. More broadly, I also think that this webinar created a community for these interested individuals in a literal way, as they were connected with individuals currently serving as military NPs. In another sense I think that they may have also found community just knowing that a field that may combine two of their biggest interests exists and is possible, something I can personally relate to.

Future Plans and Recommendation for Society

The results of our surveys, and the response to our webinar suggest that a sizable group of individuals are interested in learning more about the field of military neuropsychology. Additionally, it appears that a variety of APA divisions are represented by this group. Military Psychology is an excellent field to increase collaboration across specialties in psychology, as the field pulls together individuals from many different sub-disciplines, and applications extend way beyond just a military context. I believe that due to this, should Division 19 choose to host future events on this topic, it may be an excellent way to connect with and recruit new members. Clearly,
there is a need (and desire) for more information and should Division 19 step in to fill that need, I think that the Division can provide a service to our profession as a whole. Division 19 represents broad interests and may be a great way for an individual to find a group of individuals with similar interests, as it encompasses nearly every specialty in psychology, just with a military focus. Potential avenues for providing more information include hosting an inter-divisional symposium on the topic (such as the collaborations with Divisions 50 and 56 this year) encouraging submission of research presentations and posters on this topic and hosting future webinars in this area. Additionally, should the division deem it appropriate, a formal mentoring network may be beneficial for individuals at all stages of their career journey desiring to learn more about the various specialties within military psychology.

**Key Take Away**

Military Neuropsychology is just one example of a specialty field captured within Division 19 membership. I think that this project can serve as a template for our specialties or subspecialties within the division. Increasing communication within the field has the potential to increase collaboration, with different project members each bringing a unique area of expertise to the table. Identifying APA Divisions or other groups where members may have similar interests and developing strategies to connect to those members can be a useful strategy to promote the field and decrease specialty “isolation.” Thus, increasing connections with psychologists with similar interests can be vital for the field moving forward.

As a final note, the informal webinar style was able to accomplish many of the goals that we set out. Additionally, it shows that many students and ECP members are interested in learning more about career options. Although individuals may know about broad specialties within the field, or about military psychology in general, it can be difficult to find information about specific areas within military psychology. Hosting Q & A webinars is a way for psychologists to provide information about their field, without the pressure to “sell their specialty” instead focusing on the information needs of the audience. Overall, it seems that people are interested to learn more about what some of their colleagues do, and what better way than to hear from someone in the field who is excited to share their journey.

Although this project may not have radically changed our field just yet, it laid the groundwork for future projects. Personally, until I met someone who served as a Military Neuropsychologist, I didn’t even know the field existed—and who knows, maybe this webinar provided the same opportunity to someone else.
Review of the Problem

Military service during times of combat can produce deleterious effects on mental health function. Symptoms of PTSD were found in 23% of Iraq and Afghanistan Veterans (Fulton et al., 2015). Depression is the second most common mental health condition among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans (Esiobu, 2015). Additionally, alcohol misuse has been reported in 22% to 40% for OEF/OIF/OND Veterans (Calhoun, Elter, Jones, Kudler, & Straits-Troster, 2008; Hawkins, Lapham, Kivlahan, & Bradley, 2010). In addition to impacting the Veteran’s mental health function, these issues can also affect the Veteran’s perception of their romantic relationship satisfaction (e.g., Smith et al., 2017). Unfortunately, screeners for relational dissatisfaction are infrequently used in clinical settings and couples therapy is an under-utilized modality.

Theory and Rationale

Previous research has demonstrated that relationship satisfaction can be a protective factor for individuals who have experienced traumatic brain injury (TBI; Hess & McGovern, 2016). Assessing and treating the romantic relationship may be a viable way of improving functioning and decreasing mental health symptomology. This approach may be particularly useful when one member of the dyad is experiencing co-occurring PTSD, depression, and alcohol misuse. Moreover, involving the romantic partner in treatment may be a way of increasing cultural sensitivity. This inclusion increases the likelihood that another perspective is heard and considered. Additionally, many cultures are collectivistic. For people from collectivistic cultures, individual therapy can feel uncomfortable or inappropriate. Military culture is certainly collectivistic. In the military, a heavy emphasis is placed on the mission, teamwork, and caring for your unit/squad/platoon is prioritized. Values such as “service before self” and “selfless service” are espoused. Couples therapy, therefore, may be a way to tap into that cooperative/collaborative mentality of the military. Including the romantic partner in therapy may also serve to decrease the Service Member/Veteran’s anxiety. It can be a way of focusing on non-threatening issues first, such as: helping seeking, setting appropriate boundaries, self-care, assertive communication, setting effective timeouts, and active listening. It may also present the opportunity to use a strengths-based approach to examine what is currently working well in the relationship. Involving the romantic partner in therapy also offers the clinician the ability to view the patient’s interpersonal style in real time. Couples therapy can also be a time where psychoeducation is provided. This can be beneficial as often, romantic partners know very little about PTSD, depression, or alcohol misuse.

Weaving Couples Therapy into Treatment

With the recent increased utilization of telehealth, it may be easier to access the romantic partner. Harnessing the strength/momentum of the romantic relationship may serve to enhance patient readiness and motivation. Couples therapy can also be used to address the chief complaint. Modalities such as behavioral couples therapy for alcohol use disorder, and cognitive behavioral conjoint therapy for PTSD use the power of the romantic relationship to ameliorate symptomology. Psychotherapy that involves the romantic partner can also be used as an adjunct/supplement to individual treatment. Cognitive behavioral therapy for substance use disorder (CBT-SUD) employs this approach where a supportive significant other (SSO) is included in treatment where therapeutically beneficial. Additionally, relational functioning can be a focus of after-care once there is sufficient stabilization/symptom decrease. To assist in depicting how PTSD, depression, and alcohol misuse might be addressed in couples therapy, the following diagram provides a transtheoretical conceptualization.

Current Study and Measures

The current research study was part of a larger study that was funded by a Division 19 research grant to R. K. Blais. Participants were recruited through social media and were compensated for their time. Measures were completed online and were anonymous. The authors analyzed a sample of 897 participants (594 women, 303 men) to examine the connectivity between PTSD severity (IV), depression severity (IV), alcohol use severity (DV), and relationship satisfaction (moderator). Age, length of relationship, discharge status, service in the Army were covariates. Measures included: demographic inventory, AUDIT-C, Couples’ Satisfaction Index-4 (CSI-4), PTSD Checklist-5 (PCL-5), and Patient Health Questionnaire-9 (PHQ-9). On the AUDIT-C, scores range from 0-12 with 3+ indicating a positive screen for problematic alcohol
**Use for women and 4+ representing a positive screen for problematic alcohol use for men. On the CSI-4, scores range from 0-21 and scores less than 13.5 signify a distressed relationship. On the PCL-5, scores range from 0-80, with scores greater than or equal to 31 suggest a possible PTSD diagnosis among those reporting trauma exposure. On the PHQ-9, scores range from 0-27 with scores equal to or greater than 5 indicating mild depression or worse.**

**Purpose and Hypothesis**

The purposes of the study were to fill a gap in the extant literature, to better understand the negative effects of PTSD, depression, and relationship satisfaction, and their association with alcohol use, and to elucidate the potentially restorative significance of a satisfying romantic relationship. The researchers developed the hypothesis:

Lower relationship satisfaction will moderate the association of PTSD, depression, and alcohol misuse such that higher PTSD and depression severity, and specifically symptom clusters of anhedonia, negative alterations in cognitions and mood, and dysphoric arousal in the context of lower relationship satisfaction will be associated with higher alcohol use.

**Data Analysis**

The Anhedonia Model of PTSD has good factorial support in the current samples from which these data were drawn (Blais, 2020; Blais, Geiser, & Cruz, 2018). When assessing overall PTSD and symptom cluster severity in the Anhedonia Model using the PTSD Checklist-5 (Weathers et al., 2013), PTSD is comprised of re-experiencing (items 1-5), avoidance (items 6-7), negative alterations in cognitions and mood (NACM; items 8-11), anhedonia (items 12-14), dysphoric arousal (items 15-16, 19-20), and anxious arousal (items 17-18) symptom clusters. In the present study, data for men and women were analyzed separately. Two-part hurdle models using regression with interactions were used to examine study questions. Part 1 of the hurdle model assessed no alcohol use versus some alcohol use as the dependent variable (binary logistic regression). Part 2 of the hurdle model assessed severity of alcohol use among those who reported some alcohol consumption (linear regression). To determine whether relationship satisfaction moderated the association of PTSD severity, depression severity, or NACM, anhedonia, and dysphoric arousal severities with alcohol use, each IV was centered, the moderator was centered, and interaction terms were created. Each IV was examined independently. Alcohol outcomes were regressed on the z-score of the IV, the z score of the moderator, and their interaction, as well as covariates. Significant interactions

<table>
<thead>
<tr>
<th>Depression</th>
<th>PTSD</th>
<th>SUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>When one member of a romantic relationship is depressed, there can be the tendency for the other partner to become depressed (negative feedback loop)</td>
<td>A hallmark feature of PTSD is avoidance. This avoidance can certainly manifest in and cause damage to the romantic relationship.</td>
<td>SUD can be an attempt to isolate/numb/forget. Often conceptualized as a form of avoidance</td>
</tr>
<tr>
<td>It has been suggested that depression is a form of excessive self-focus (Ruminate on personal guilt, shame, dislike, perceived failures, etc.)</td>
<td>Some theoretical orientations (e.g., EFT) encourage approach behaviors</td>
<td>Almost all treatments for SUD emphasize the importance of social support (e.g., AA/NA, CBT-SUD, MI, Celebrate Recovery, etc.) Seeking this social support can begin with coming to the romantic partner honestly and in a state of vulnerability</td>
</tr>
<tr>
<td>It has been recommended that one remedy for the excessive self-focus that can perpetuate depression is to have the individual focus on someone else (e.g., romantic partner) and learn to cultivate sympathy/empathy</td>
<td>Learning to approach the romantic partner can be used as scaffolding to encourage the service member/veteran to approach other avoided issues. This may serve to ameliorate the PTSD.</td>
<td>CBT-SUD encourages the utilization of a “Supportive Significant Other” which can be a romantic partner and can be anyone that cares for the veteran and strengthens their recovery</td>
</tr>
</tbody>
</table>

**Fig. 1**

---

The Military Psychologist 27
were probed at three levels of the moderator to illuminate significant effects. The three levels included were the mean, one standard deviation above the mean, and one standard deviation below the mean.

Results

Of the 594 women that participated in the study, 116 (20%) reported they were non-drinkers. Among this sample, the mean PCL-5 score was 30.33 (borderline PTSD diagnosis), the mean PHQ-9 score was 11.34 (moderate depression), and the mean CSI-4 score was 12.96 (relationally distressed). For the female participants that identified as drinkers (N=487, 80%), the mean PCL-5 score was 24.00 (negative PTSD screen), the mean PHQ-9 score was 9.87 (mild-to-moderate depression), the mean CSI-4 score was 14.89 (not relationally distressed), and the mean AUDIT-C score was 3.2 (positive alcohol screen). For the male participants, 61 (20%) identified as non-drinkers. Within this subsample, the mean PCL-5 score was 23.19 (negative PTSD screen), the mean PHQ-9 score was 8.10 (mild depression), and the mean CSI-4 score was 13.42 (relationally distressed). Amongst male participants that identified as drinkers (N=242, 80%), the mean PCL-5 score was 23.74 (negative PTSD screen), the mean PHQ-9 score was 9.76 (mild-to-moderate depression), the mean CSI-4 score was 13.26 (relationally distressed), and the mean AUDIT-C score was 3.3 (negative alcohol screen).

For men, all associations between PTSD, depression, relationship satisfaction, and alcohol use and misuse were non-significant. For women, none of the binary logistic regression models (no alcohol use vs some alcohol use) were significant. However, among the women who reported some alcohol use, we observed the following effects:

Fig. 2

At low levels of relationship satisfaction, women reported higher PTSD symptoms and higher alcohol misuse (see Figure 2).

At low levels of relationship satisfaction, women reported higher NACM symptoms and higher alcohol misuse (see Figure 3).

Fig. 3

At low and average levels of relationship satisfaction, women reported higher dysphoric arousal and alcohol misuse (see Figure 4).

Fig. 4

Finally, at low and average levels of relationship satisfaction, women reported higher depression symptoms and alcohol misuse (see Figure 5):

Fig. 5

Recommendations

As the current study demonstrated, it may be helpful for female Service Members/Veterans to address relational concerns when they are experiencing co-occurring PTSD, depression, and alcohol misuse. Addressing dyadic functioning and bolstering relationship satisfaction might improve other areas of functioning that were beyond the scope of this study (e.g., vocational functioning, health, parenting, pain, sleep). While the present research did not find similar associations for men, it is possible that male participants inaccurately reported relationship satisfaction, thereby obscuring associations and potential protective effects. There are many resources for clinicians looking to enhance their skills as couples counselors.
Trainings in emotion-focused couples therapy (EFT), CBT-SUD, integrative behavioral couples therapy (IBCT), and cognitive behavioral couples therapy for PTSD are readily available. Training manuals for Cognitive-Behavioral Conjoint Therapy for PTSD (Monson & Fredman, 2012) and Behavioral Couples Therapy for Alcoholism and Drug Abuse (O’Farrell & Fals-Stewart, 2006) are also available. Additionally, apps like Couples Coach are designed for relationships that have been impacted by PTSD. The app can be used as a supplement to couples therapy and guides partners through exercises that teach “I” statements and active listening. The Couples Coach app is free and available for Mac and Android devices. Other resources include webinars such as an EFT webinar available at http://va-eerc.ees.adobeconnect.com/pd6wqs72p0p2/ and a recording of the current study’s findings available at https://youtu.be/zfKPfeKNwlo. There are also listservs, SharePoint sites, and programs available at many VA hospitals (e.g., Caregiver Support Program, Warrior to Soul Mate retreat).

Limitations
There are some limitations to the present study which are important to note. While the online administration of the assessments can be seen as a strength, it also is a limitation as there was no way of standardizing the test-taking environment. Participants were largely Army Service Members/Veterans and served during OEF/OIF/OND conflicts. Findings from the present study may not be generalizable to personnel from other military branches or eras. Additionally, participants were recruited via social media and it is unknown whether results of the study generalize to Service Members/Veterans that do not use social media. More research is needed to clarify this issue. Furthermore, the present study used data that was self-reported and this is another limitation as it is possible that participants misreported information due to the sensitive nature of some of the variables. Future studies might be well served to corroborate self-reported information with medical records and by interviewing family members.

Directions for Future Research
There is still much to understand about the intersectionality of PTSD, depression, alcohol misuse, and relational satisfaction. In the present study, relationship satisfaction acted as a protective factor for women. The specific mechanisms of this needs to be better understood. Additionally, the gender differences highlighted in the current study need to be better understood and follow-up studies might explore why there were non-significant associations between the variables for men but not for women. Finally, much of what we know about relationship satisfaction (and many other mental health issues for that matter) comes from research examining male Service Members/Veterans. More needs to be understood about the strengths and experiences of female Service Members and Veterans.

Conclusion
The present study demonstrated how relationship satisfaction can act as a potential protective factor against alcohol misuse. This elucidates the importance of the romantic partner and the dyadic relationship. Therefore, it is important to include the romantic partner in mental health treatment when possible. Couples therapy also allows the clinician to observe the functioning and well-being of both individuals. There often is a transactional nature to dyadic relationships and being in a romantic relationship where one partner has PTSD/depression/alcohol problems can impact the mental health of the other partner. Finally, PTSD, depression, and alcohol misuse can take a heavy toll on a relationship. It is important to collaborate with other healthcare providers (e.g., physical therapists, vocational rehabilitation counselors, pharmacists, social workers) to ensure comprehensive services and maximize treatment outcomes.

References available upon request.
Abstract
Service members in the National Guard and Reserve components face several interrelated stressors—including balancing civilian-military work life, reintegration following deployment and mobilization, taking care of their families, and isolation from unit support—that can contribute to mental health concerns and suicide risk. This article reviews several of these unique factors so that military mental health professionals can become familiar with clinical and cultural aspects of working with reserve component service members. Specific attention to these factors can work to overcome the stigma and barriers to care faced by reserve component service members, as well as improving communication between service members and gatekeepers in the chain of command.

Suicide Risk in Reserve Components
The Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard and the Air Force Reserve are all considered elements of the reserve component (RC). For Fiscal Year (FY) 2019, the Army National Guard and Army Reserves had an authorized strength of 525,500 personnel, nearly twice the size of the other reserve components combined (275,000; Cancian, 2019). The Army Reserve primarily contains support units such as logistical, medical, and engineer companies, whereas the National Guard has organic combat units (Hofscher et al., 2017). National Guard and Reserve (NG/R) members are considered “citizen soldiers” who attend drill part-time, but generally work many hours a week in supplement to their civilian jobs. The Reserve forces serve the federal government and the Army and Air Guards serve the state they are in, unless they are activated by the federal government to Active Duty (AD). Reserve components face the same activation and deactivation process as the AD component when deploying.

During Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), RC forces were deployed at an unprecedented rate. By 2010, 460,000 NG/R members had been deployed in support of these wars (Bonds et al., 2010), with a peak of more than 60,000 RC personnel deployed in March 2009. These contributions allowed the United States to maintain its all-volunteer force. However, the need for Reserve forces to maintain continuous combat readiness has significantly increased their operational tempo (OPTEMPO). For example, the Army National Guard is now expected to complete four Combat Training Center (CTC) rotations, as opposed to the previous requirement of two (Cancian, 2019). During a CTC rotation, Soldiers work long hours, for approximately 30 days, with limited ability to communicate with family. The increased OPTEMPO for reservists has had significant impacts on their mental wellbeing, compared to their AD counterparts (Hofscher et al., 2017).

Reserve Component Suicide Prevalence
Since 2006, suicide rates in the National Guard have significantly increased, exceeding rates in the Active Component (Bryan et al., 2018; Griffith, 2017). The Calendar Year 2017 Department of Defense Suicide Event Report (DoDSER) found a rate of 25.7 suicides per 100,000 in the Federal Reserve Component and a rate of 29.1 suicides per 100,000 in the National Guard (Pruitt et al., 2019). The National Guard has exceeded the United States population age- and sex-adjusted rate of suicide for five of the past seven reporting years, and the Federal Reserve Component continues to show an increase in suicide rate since 2011 (Pruitt et al., 2019). Furthermore, these figures may underestimate the total rate of suicide in the National Guard and Reserve, as the DoDSER-reported rate does not include RC service members who are not in a duty status at the time of death. This included 190 additional reported suicide deaths in Calendar Year 2017 (Pruitt et al., 2019). Suicide risk for RC service members also continues for several years after separation from the military, and is highest in the first year (Bullman et al., 2018).

With the military being a “part-time” job for NG/R members, these individuals face unique challenges in addition to those experienced by service members in general. These challenges give rise to several potential risk factors and contributing stressors that may put RC service members at greater risk for suicide. In particular, examination of National Guard suicide deaths from 2007-2014 demonstrated several factors associated with suicide risk, including demographic risk profiles, mental health concerns, employment concerns, and relationship problems (Griffith, 2017). This article briefly reviews these factors so that clinicians can familiarize themselves with the particular risks faced by RC service members.

Demographic Risk Profiles
Demographic variables are an important consideration in NG/R suicide as Griffith (2012) found that more than half (55%) of total variance in those who completed suicide compared to those who didn’t were demographic variables. As in other military populations, the primary demographic at risk for suicide death in the RC are junior enlisted White men under age 30 (Bullman et al., 2018; Griffith, 2012; Pruitt et al., 2019). Furthermore, those who are single, live in the Western United States, and received an al-
Mental Health Concern Prevalence

Post-deployment reservists endorsed more symptoms of posttraumatic stress Disorder (PTSD) and related conditions than post-deployment AD personnel (Hoge, Auchterlonie, & Miliken, 2006; Hourani et al., 2007; Miliken et al., 2007; Thomas et al., 2010). RC service members tend to show significantly higher rates of mental health problems (42.4%) than AD service members (20.3%) on post-deployment screening (Miliken et al., 2007). In addition, PTSD and depression symptoms in RC service members tend to increase in the 3-12 months following deployment, whereas these symptoms remain consistent during this timeframe for AD service members (Thomas et al., 2010). In a sample of Ohio Army National Guard members, guardsmen who had been diagnosed with PTSD also experienced high rates of comorbid depression and suicidality (Calabrese et al., 2011). RC service members tend to have higher rates of alcohol use disorders than AD service members, and a history of combat deployment significantly increases risk for alcohol use disorders and binge drinking in RC service members, particularly in younger service members (Cohen et al., 2015; Jacobson et al., 2006).

Employment Concerns

NG/R members face increased stress due to balancing civilian employment with their military career. In contrast to AD service members who return from deployment to their regular garrison duties and are still employed full time, RC service members often face an immediate transition back to civilian employment. Relatedly, financial strains such as sudden income decrease, credit problems, and difficulty making ends meet have been associated with suicide behavior in NG members (Bryan & Bryan, 2019). Twenty-two percent of NG suicide deaths from 2007-2014 had some kind of financial stress, and 18 percent had identified employment issues (Griffith, 2012). Extended leave from civilian employment to fulfill military duties (such as field training exercises, mobilization, and deployment) can cause stress for the employer and for the RC service member. Although federal law provides protections for NG/R members under the Uniformed Services Employment and Reemployment Rights Act (USERRA), they may not know who will replace them or what work they will be doing upon their return. NG/R members frequently report that they have been given lesser jobs and getting laid off from their civilian work due to long periods of absence related to military duty (Castenada et al., 2009). This stress can be compounded for RC service members who are self-employed (Castenada et al., 2009). Less than half of NG/R members may have employment by 45-60 days following return from deployment (Burnett-Zeigler et al., 2011). NG/R members who endorse poor employer support for military affiliation also show greater risk for developing PTSD and depression symptoms (Riviere et al., 2011).

Access to Care and Stigma

Reserve members are most likely to be seen in civilian care facilities due to geographic availability, and may tend to address mental health concerns in primary care settings rather than seeking specialty mental health care (Gorman et al., 2011). Therefore, it is crucial that providers in the community be aware of the stressors faced by RC service members. After a deployment or Active Duty service for greater than 30 days, NG/R members are eligible to receive care under TRICARE for six months post-deployment and Veterans Administration (VA) benefits 24 months post-deployment (Griffith, 2010). This does not include service members who are injured or incur a disease during federal activation, as they qualify for VA benefits for life to treat that injury or disease, including PTSD. This limited period of coverage may encourage NG/R members to utilize their benefits in a timely manner. However, if symptoms persist, then this limited eligibility can result in additional barriers to care, such as difficulty getting time off from civilian employment, difficulty in paying for services not covered by military benefits, and not knowing where to get effective care (Gorman et al., 2011).

This benefit notwithstanding, similar to AD service members, RC service members face significant stigma when facing mental health concerns. Whereas 28% of National Guard members with mental health concerns endorsed that their unit leadership would treat them differently (compared to 63% of active duty service members), 45% endorsed fear of mental health care appearing on military records (Gorman et al., 2011). Thus, leadership culture in the National Guard may be successful in promoting the use of mental health services at the local level, but may not have addressed how such services might negatively affect them if documented in military records. In addition to concerns about the organization and their leadership, reservists experience a tremendous amount of pressure from their peers to not appear weak. Embarrassment, being viewed as weak, diminished confidence from peers,
and blame are all significantly related to the stigma that prevents reservists from seeking mental health services (Gorman et al., 2011). This creates significant barriers to care, with only 53 percent of those meeting criteria for a mental disorder utilizing mental health services (Gorman et al., 2011).

Less-Frequent Contact

Gatekeeper models, such as Applied Suicide Intervention Skills Training, have shown good preliminary evidence in potentially reducing suicide behavior in RC service members (Smith-Osborne et al., 2017). However, gatekeeper approaches require significant contact between at-risk service members, unit leaders, and fellow service members in order to be effective. Because RC service members may go long periods without seeing their unit between monthly drill periods, RC leaders may not be able to refer service members to support resources. Social support within units is a significant resource for reservists. Studies have showed that minimal contact, even a postcard, from leaders can have a positive effect on at-risk individuals (Harrell & Berglass, 2011). Some mobilization factors unique to NG/R members also can lead to poor integration and lack of support. For example, cross-leveling of individual and small groups of NG/R members to augment active duty units resulted in service members feeling disconnected from their home units (Griffith, 2011). To address issues with infrequent unit contact, mental health professionals should encourage leaders to form a communication plan that denotes the frequency and method at which leaders should contact each service member, particularly after deployment. This type of organized peer outreach can address barriers such as service members failing to recognize or refusing to admit when they need help (Pfeiffer et al., 2012). With self-stigma being a significant barrier to care, a formal peer approach also may be useful in breaking down stigma through direct communication.

Conclusion

In summary, National Guard members and reservists face unique challenges that their active duty counterparts do not, including reintegration difficulties, isolation, stigma, and employment concerns. This may explain why they generally face higher rates of suicide behavior and mental illness than active duty service members. Solutions to these issues may include increased training for civilian health care facilities on how to treat veterans and reserve members in their communities, as well as advocating for changes to public policy regarding reservist mental health. To augment gatekeeper approaches and account for long periods between drill weekends, leaders should discuss ways to create a path of communication between leaders and their soldiers or between peers.

References available upon request.
Early Career Psychologist (ECP) Committee Update
Neil Shortland, Chair

Announcing the new 2020 Professional Development Grants!
Early Career Psychologists face unique challenges in establishing careers in both research and practice in psychology and can often benefit from funds to further their professional advancement - whether that is seed money for a research project, money to cover the cost of a clinical workshop or licensure preparation fees, or money to establish a consultative service.

The diversity of the Society for Military Psychology is consistently highlighted as one of its strengths. In order to recognize that diversity, beginning in 2018, the Society has established the first "Professional Development" grants to assist ECPs in furthering their career goals. These grants are competitively selected and are intentionally designed to cover a wide range of professional activities. Awardees will be expected to attend the APA convention to interact with Society leadership and share the impact of these grants on their career development.

New Special Topic Areas of Interest
Grants will be awarded in two distinct categories - "Research" and "Applied." Research grants should include proposals for funds up to $2500. Indirect costs are not allowed. Applied grants should include proposals that further the professional development of the individual - whether through books, conference attendance, workshop, licensure preparation, consulting fees, or any other reasonable professional activity up to $1250. Up to five (5) grants will be awarded this cycle for a total of $7500 in awarded funds.

This year, although research and applied grants may cover a range of topics relevant to the applicant’s professional development, we would like to encourage proposals in two topic areas, the novel Coronavirus and diversity:

COVID-19
The spread of the novel Coronavirus Disease 2019 (COVID-19) has resulted in vast and rapid alterations in nearly every facet of our way of life. Thus, there are a wide variety of psychological (cognitive, behavioral, and emotional) constructs which may have implications in our adjustment to these changes, adoption of health practices, and reactions to required behavioral changes or the outcomes of the virus itself. Psychologists in general and military psychologists in particular have been called upon to assist in the public health and clinical response to this pandemic. As such, research proposals which focus on COVID-19, especially as it relates to military service members/military psychologists and their roles in managing this crisis are of particular interest to the selection committee. We would also like to support proposals for attendance to workshops or conferences which provide educational opportunities related to telehealth competency and other important clinical adaptations made due to COVID-19.

DIVERSITY
Division 19’s Official Statement Against Racism, circulated in July 2020, states, “We will continue to promote human welfare through advocacy, education, research, and training. As military psychologists, we know the value of diversity, and we acknowledge White Privilege exists. It is not enough for allies to say ‘We see you’ – we need to ensure voices are heard and true inclusion is practiced.”

Therefore, the selection committee is especially interested in supporting research and professional development proposals which center on diversity/inclusion, multicultural competence, racism, antiracism, or the experiences of Black, Indigenous and People of Color (BIPOC) military service members and psychologists.

Submission Requirements
As above, grant recipients are expected to attend the APA Convention in the year of their award to share their work with division leadership. Awardees may use up to $750 of their award to defray the cost of conference attendance. Applicants must be members of the Society for Military Psychology (either as Members or Professional Affiliates) and within 10 years of receipt of their doctoral degree by the application deadline (1 September 2020).

All applications can be submitted via the online Application Form (available at https://www.militarypsych.org/ecp-professional-development-grants.html) and must include:

1. Professional Development Proposal (two page maximum)
2. For research applications, this should include a brief summary of the research gap, specific aim(s) of the study, proposed methodology, potential implications and future directions, and a timeline for the study. Projects that are feasible to implement rapidly (e.g., 12 months) and are likely to support preliminary data gathering for future grant submissions will be positively viewed. The applicant should also address the status and timeline of institutional ap-
proval (not required prior to submission but expected prior to disbursement of funds) and include a statement on the ethical conduct of research.

3. For applied applications, this should include information on how these funds will be utilized (e.g., licensure/board certification fees, conference/workshop attendance, books/journal subscriptions) and the relevance to military psychology and to the individual’s professional development. Projects that support the role of ethics in military psychology are a high priority area for this grant funding cycle.

4. Breakdown of proposed budget

5. Abbreviated Curriculum Vitae (two page maximum)

6. A statement on how this professional development will support the individual’s plan for engagement and participation within Division 19 (one page maximum)

Although we have no way of knowing the race/ethnicity of any applicant, the selection committee is committed to reducing bias in our decision-making process and would like to especially encourage BIPOC Division 19 ECPs to apply.

**Timeline**

Applications due: November 15th

Awardees announced: December 1st

Projects eligible to begin: December 1st

Questions should be directed to militarypsychECP@gmail.com.

**Questions should be directed to militarypsychECP@gmail.com or neil_shortland@uml.edu**

As an ECP committee, we look forward to receiving your applications!

Kind regards,

Neil Shortland, Ph.D.,

Early Career Psychologist Committee Members:

Neil Shortland, PhD (Chair), Jessica Ford, PhD (Chair Elect), Ryan Landoll, PhD (Past Chair)

**Point of Contact Information**

For further information, please contact: Neil Shortland Ph.D., neil_shortland@uml.edu
Communications Committee Report
Jeremy Jinkerson, Chair

Division 19 Team:
In 2020, the Trio’s mandate has been to enhance 1) the breadth of our outward media presence and 2) the relevance of our internal messaging. The aspirational vision includes news media recognizing the great work of our members, a functional website we can be proud of, near real-time communication across consolidated media channels, and targeted communications to our specific interest groups. Boiling this ambitious but achievable vision down to a mission has required a prioritized timeline.

Priority 1 for the Communications Committee remains rolling out the modern, redesigned website. As of this writing, we are working with a website design firm, and an overall design blueprint has met EXCOM approval. The updated website will include an enhanced ease of use and remain more up-to-date, which will increase utility for members as well as relevance for prospective members and outside stakeholders.

The website will also meet Priority 2, which is to consolidate our communication (e.g., the Division 19 Listservs, Facebook group page, Twitter account (@APADiv19), and website (www.militarypsych.org). The enhanced website backend will allow real-time, simultaneous posting across digital media platforms, which will significantly decrease workload and allow for improved metric tracking. It will also allow us to secure and integrate additional digital assets (e.g., LinkedIn, Instagram, YouTube). Lastly, the website will include a membership directory, which will serve as a primary means of targeting communication by relevant interest. We thank our Chair-Select Dr. Katherine (“Katt”) Rahill for leading the website initiative.

As 2020 progressed, the development of a Military Psychology Podcast Channel became more of a reality. As of this writing, the EXCOM has approved a budget for podcast audio production, and we have secured an audio engineer. The Comms Committee has also organized a Podcast Working Group, including members from multiple Committees, most notably the SAC. The podcasting project will remain a high priority until launch of the first show in winter 2020. As of this writing, at least three separate shows are expected to debut.

Regarding current engagement, our Facebook group has 1400+ members, Twitter has 1700+ followers, and the Announcements listserv has 3400+ subscribers! The Communications Committee has also supported all 2020 info campaigns.

One benefit of membership is you may post to the listserv. Please email announcements to div19list@gmail.com. Content-producing Committees (e.g., Membership, ECP, Students) are asked to leverage the Comms Committee so we can help distribute your content. Lastly, please email me if you want to get involved!

In your service,
Jeremy Jinkerson, PhD / Capt, USAF, BSC
Communications Committee Chair
jeremy.jinkerson@gmail.com

APA Division 19 Program Committee
Hannah Tyler, Chair

On behalf of the Division 19 Program Committee, I want to thank each and every one of you who participated in this APA 2020. Going fully virtual presented new challenges and unique opportunities. Division 19’s virtual presenters went above and beyond this year, taking on the challenges of pre-recording their presentations and/or presenting live via Zoom. I know none of us anticipated the transition to virtual when they submitted their proposals last year, but Division 19’s successful transition to a virtual convention highlights our Society’s resiliency and commitment to contributing to our field.

This year, we were thrilled to be able to offer free CE credits for most of our live programming events. We had nearly 400 people register for Division 19’s live programming. Our average attendance for the virtual CE and Division specific programming was significantly higher than last year, which I see as a testament to the expanded reach of virtual programming. We had over fifty people ask to join Div19’s listservs and nearly 70 registrants requested information on joining Division 19! I think it’s safe to say our Division made an impression on convention attendees.

I want to take a quick second to highlight the contributions from the Convention Program Committee. MAJ Landoll (past Program Committee Chair) provided invaluable insight, support, and guidance throughout the convention planning and implementation process. Did you groove out to the pre-session music and learn helpful information during the pre-session slide show? Well, that was thanks to Dr. Brim (Program Chair Select). Did you receive your early registration Div19 pint glass in one piece? That was also Dr. Brim. I am excited see what Dr. Brim has in store for us all as he takes on the role of Program Committee Chair for next year’s convention! All this to say, the content and caliber of this year’s virtual program would simply not have been possible without MAJ Landoll and Dr. Brim.

For those who attended and sought CE credits, thank you for your patience as we made our way through this new process! If you have any questions or would like to provide feedback for the Program Committee, please send an email to Div19ConventionChair@gmail.com

I look forward to seeing you all (fingers crossed!) in San Diego in 2021!
Division 19 Membership Updates
Kristin N. Saboe, Chair

Our membership continues to grow at a steady pace with student members remaining our largest membership group. As of September 2020, Division 19 has 1,507 members across all membership categories. Our two largest membership categories remain steady and growing: student affiliates (47% of members) and full members (30% of members).

We encourage all of our current members to renew their membership now! This will guarantee your membership does not lapse for 2021. For those new members that enjoyed their first year of free membership, renew today! You do not have to be a member of APA to be a member of Division 19. And for those of you who know people who may be interested in Division 19, please encourage them to join. The first year is free so there is nothing to lose. Please visit the prospective membership page for more information: https://www.militarypsych.org/prospective-members.html

Division 19 Diversity in the Military Committee (DMC)
Erin Moeser-Whittle, Chair

The Diversity in the Military Committee (DMC) has been very busy the past few months! We have partnered with the Communications Committee and podcasting subject matter experts to work on our upcoming podcast series, “Beyond the Uniform: Difficult Discussions About Diversity in the US Military”. Many thanks to DMC member and podcast host CPT Tracy Beegen for her time and outstanding efforts on this project! In addition to the podcast series, we are also working on a diversity-focused webinar series. We aim to have the first webinar completed by the end of the year.

As part of the Division’s efforts to address societal issues regarding systemic racism, the DMC will be hosting quarterly discussion groups for all Division 19 members. These groups will be moderated by DMC members, and will address diversity, inclusion, and equity-related themes and topics. The first discussion will be held this fall – look for more information in upcoming announcements!

If you are interested in contributing to any of the following projects/initiatives, please contact the DMC 2020 Chair, Dr. Erin Moeser-Whittle, at erinmoeser@gmail.com: Division diversity-related discussion groups, future webinars, white papers, research projects, and collaboration efforts with the Student Affairs Committee and Membership Committee to increase diversity in membership.

Division 19 Diversity in the Military Committee:
Erin Moeser-Whittle, Chair
Wyatt Evans, Past Chair
Brandi Walker, Chair Select
Tracy Beegen

Spotlight on History Committee Update
Paul A. Gade, Chair

Summary of Accomplishments & Planned Activities

- The banker’s boxes of Society historical documents retrieved from HumRRO cannot be given to the APA archivist to archive until the 2021 as APA is physically closed until 2021. In the meantime, they sit in my car trunk.

- Once the APA archive reopens, we will work with the Archivist to get or make digitized versions of the Society Newsletter as far back as possible to post on the Society website.

- The Society Wikipedia web page project is on hold. We still plan to update the Society’s history for that proposed Wikipedia entry. We expect to have the updated draft history within the last quarter of 2020.

- Thanks to Angela Legner’s recruiting efforts, it looks like we have four new history committee members.

Paul A. Gade, History Committee Chair and Society Archivist
Commentary: My Grandfather and Me
Pat DeLeon

The 128th APA Annual Convention was most impressive, with over 14,000 attendees from at least 72 countries. The highly innovative, all-virtual format worked well; although, I definitely did miss personally interacting with colleagues and I still keep finding out about presentations that I would have attended, if I had only known about them. I was particularly pleased with the efforts of the leadership of Division 19 to foster interdisciplinary and interdivisional collaboration; for example, involving the Uniformed Services University (USU) nursing faculty and graduate students. As Keen-Seong Liew recently proposed to the psychology faculty, it is definitely time for USU to renew its earlier chapter relationship with the Division and, to once again, offer military students formalized training in psychopharmacology (RxP) training.

Beth Rom-Rymer will be a candidate for APA Presidency next year: “It is always inspiring to hear about the important work that military psychologists do. Thousands of miles from home, living on ships or on military bases around the globe, military prescribing psychologists, during this coronavirus era as well as during other eras of intense and prolonged military activity, provide essential, critical, 24-7 care to our military personnel. During the Division 19 Regional Symposium Series, ‘Emerging Trends and Applications in Military Psychology,’ live streamed September 10th-11th, I was privileged to chair and speak on the panel on Prescriptive Authority in the Military. Outstanding panelists included: Gery Rodriguez-Menendez, Chair of the Master of Science in Clinical Psychopharmacology Program at The Chicago School of Professional Psychology; and Kristen Kochanski, a Navy Lieutenant Commander, who has held many military positions: anti-submarine warfare officer and the Director of the Mental Health Department at the Navy Hospital in Bremerton, Washington, among others. She is currently being sponsored by the Navy to do her training to become an Illinois-licensed, military prescribing psychologist at The Chicago School.

“Our fourth panelist, Kyle Bandermann, is also a Navy Lieutenant Commander and is a prescribing psychologist, currently stationed in Bahrain, as the Director of Mental Health at the U.S. Navy Medicine Readiness and Training Unit. He had recently disembarked from the USS Theodore Roosevelt, where he had served as Command Psychologist/Embedded Mental Health Provider. Joanna Sells, currently completing her postdoctoral advanced fellowship at the VA Quality Scholars Program, in the San Francisco VA Health Care System and the University of California, San Francisco, and the recipient of several grants, fellowships, and honors, for her work in addictions and psychopharmacology with active military and Veterans populations, provided excellent information on the current legislation that would credential prescribing psychologists in the VA system. The need for prescribing psychologists in the military and the VA is very high and gives our remarkable and dedicated psychologists prodigious opportunities to provide comprehensive care in environments that reward competence, mental agility, and adaptability. It is with great pride that I work alongside psychologists who have devoted their lives and their careers to that of serving our nation.”

Longtime colleague Heather O’Beirne Kelly recently joined the U.S. House of Representatives Veterans Affairs Committee on the Democratic Majority staff. For 21 years, she directed APA’s military and Veterans health policy efforts, with a special interest in the RxP agenda. Accordingly, we are quite optimistic that there will soon be renewed Congressional interest in providing comprehensive behavioral health services to our nation’s military personnel, their families, and Veterans. USU would be an excellent location for providing all interested federal psychologists with this specialized training, especially with its faculty’s new expertise in distance learning, giving their experiences during the COVID-19 pandemic. All of the necessary educational, scientific, and clinical expertise is readily available. USU is where the original DOD psychopharmacology demonstration project (PDP) was conducted, graduating US Navy colleagues Morgan Sammons and John Sexton on June 17, 1994.

Recognition of the Importance of Behavioral Health and Technology: Over the years, we have come to appreciate that substantive change is often the result of many incremental steps. The 2020 National Defense Authorization Act included a provision requiring the Secretary of Defense to submit a report to Congress developing a strategy to recruit and retain mental health providers. Specifically, this report was to include a description of the shortage of mental health providers within DOD; an explanation of the reasons for such shortage; the effect of this shortage on members of the Armed Forces; and a strategy to better recruit and retain mental health providers, including with respect to psychiatrists, psychologists, mental health nurse practitioners, licensed social workers, and other licensed providers of the military health system, in a manner that addresses the need for cultural competence and diversity among such mental health providers.

The Act further called for the development and implementation of a comprehensive policy for the provision of mental health care to members of the Armed Forces. The elements were to include: The compliance of health professionals with clinical practice guidelines for suicide pre-
vention, medication-assisted therapy for alcohol use disorders; and, medication-assisted therapy for opioid use disorders. The access and availability of mental health care services to members who are victims of sexual assault or domestic violence. The availability of naloxone reversal capability on military installations. The promotion of referrals by members of civilian health care providers to military medical treatment facilities when such members are: at high risk for suicide and diagnosed with a psychiatric disorder or receiving treatment for opioid use disorders. And, the provision of comprehensive behavioral health treatment to members of the reserve components that takes into account the unique challenges associated with the deployment pattern of such members and the difficulty such members encounter post-deployment with respect to accessing such treatment in civilian communities.

The pending 2021 National Defense Authorization Act notes the need for Mental Health resources for members of the Armed Forces and their dependents during the COVID-19 pandemic. Specifically, the Senate Armed Services Committee recommended a provision that would require the Secretary of Defense to develop a plan to protect and promote the mental health and well-being of servicemembers and their dependents during the current pandemic. The Secretary would be required to conduct outreach to the military community to identify resources and healthcare services, including mental healthcare services, available under the TRICARE program to support servicemembers and their dependents. The Senate also proposed that the Comptroller General of the United States conduct a review of efforts by the Department of Defense to prevent suicide among servicemembers stationed at remote installations outside of the contiguous United States.

Finally, the Senate expressed its continuing support for telehealth and virtual health technology implementation (referencing the 2017 National Defense Authorization Act) to be incorporated throughout the direct and purchased care components. “The Department of Defense’s (DOD) slow implementation of telehealth and virtual health technologies, however, has hindered transformation of the MHS [Military Health System] into a modern healthcare delivery platform. A rapid expansion of DOD’s virtual health technologies over the last few years would have given beneficiaries more options to access certain healthcare services while practicing the physical distancing at their homes during the COVID-19 pandemic. The committee remains interested in the continued, expanded use of both telehealth and virtual health technologies throughout the MHS and recommends an approach that implements those technologies using a flexible, evolutionary acquisition process that encourages healthy competition, enables incremental improvements to provider workflows, improves access and care for beneficiaries, and potentially lowers overall costs to the MHS.”

Not surprisingly, during its deliberations on the Fiscal Year 2021 Department of Defense Appropriations legislation, the House of Representatives Appropriations Committee stated: “The Committee remains concerned about the shortage of current and prospective mental health care professionals for servicemembers and their families, including social workers, clinical psychologists, and psychiatrists. The Committee directs the Assistant Secretary of Defense (Health Affairs), in conjunction with the Service Surgeons General, to brief the House and Senate Appropriations Committees not later than 180 days after the enactment of this Act on an assessment of eligible beneficiaries’ demand for behavioral health services, including services provided through telehealth, and funding required to adequately recruit and retain behavioral health professionals required to meet such demand. The assessment shall include a review of tools, such as pay grade increases, use of special and incentive pays, and the pipeline development of increasing the number of professionals in this field through scholarships or programs through the Uniformed Services University.” The Committee further expressed its belief that: “providing servicemembers access to outpatient programs designed to treat individuals suffering from post-traumatic stress disorder (PTSD) resulting from sexual assault trauma could improve outcomes received for military sexual assault survivors experiencing PTSD.”

From an historical health policy perspective, it is important to appreciate that this Congressional recognition of the critical nature of behavioral health has been a slow, but steadily evolving, process. In recent memory, almost every APA President – Ron Levant, Susan Bennett Johnson, Susan McDaniel, et al. -- has enthusiastically, if not passionately, spoken about the importance of psychology actively engaging in integrated care and focusing upon the whole person in a holistic manner. This demonstrable change in society’s understanding of the psychosocial-cultural-economic gradient of quality health care, as well as the exciting potential contribution of technology to our daily lives, is extraordinary and exciting for those with vision. “So, hoist up the John B’s sail” (The Beach Boys). Aloha.

Pat DeLeon, former APA President – Division 19 – September, 2020
Announcements
Bri Staley Shumaker

Announcement Requests
Please submit any announcement requests for volunteer opportunities, research participant requests, training opportunities, or other requests to Bri Shumaker at bri-anna.e.shumaker.mil@mail.mil.

General
Join Division 19 on social media!
- Facebook group: APA Division 19 – Military Psychology
- Twitter: @APADiv19, @Div19students
- LinkedIn group for ECPs: APA Division 19 - Military Psychology - Early Career Psychologists

Upcoming Webinars & Conferences
University of Denver Military Psychology Webinar Series: University of Denver’s Military Psychology Specialty is hosting a webinar series in collaboration with the Department of Veteran Affairs’ Mental Illness Research, Education, and Clinical Center (MIRECC). Webinar sessions will run through February 2021. Upcoming webinars will be posted in the Division 19 email announcements. To view upcoming events, click here.

Call for Applications: Leadership Institute for Women in Psychology (LIWP): The 2021 Leadership Institute for Women in Psychology (LIWP) is now open. The Call for Applications will close on Friday, November 6th at 4:59 PM Eastern Time. To apply, please click this link. LIWP 2021 will be presented in an entirely virtual format that will incorporate both synchronous (live group activities) and asynchronous (on your own, in your own time) methods. The program is divided into a Virtual Spring Workshop and a Virtual Fall Workshop. All content will be presented in a series of three-hour, highly interactive sessions, Tuesdays from 11 AM – 2 PM Eastern Time. Potential applicants with questions should feel free to email us at WomensPrograms@apa.org.

Summer Institute
The Center for Deployment Psychology Summer Institute: Preparing for a Psychology Career in the Military (CDPSI) is a five-day course that was established to raise doctoral students’ awareness of what it would be like to serve as a psychologist in the Armed Forces and to increase their competitiveness for a military internship. Offered at no cost and provides lodging for the entirety. (Students are required to pay for their own travel, meals, and incidentals). Applications open on 1 November 2020. For more information, click here.

Job Opportunities
USF Post-Doc Position Specializing in Sleep Health: The University of South Florida (USF) School of Aging Studies is soliciting applications for a postdoctoral researcher in the area of Sleep Health Across Adulthood. The appointment is for one year with the possibility of a renewal with a start of November 2020. The annual salary is based on the NIH standard. This appointment consists of stipends, health insurance, and a travel allowance. During global pandemic, the postdoc will work remotely (thus no need to move physically) by regularly communicating with the investigators via web conference calls. For more information, click here.

Call for Division 19 Fellow Applications
Fellow nominations for 2021 are now open. Fellow status is an honor bestowed upon APA Division 19 members who have shown evidence of unusual and outstanding contribution or performance in the field of military psychology. See below for Fellow criteria:

Required Qualifications:
1. Doctoral degree based in part on a psychological dissertation
2. Prior status as a member for at least one year, and nomination by the Division 19 Fellowship Committee
3. Active engagement in the advancement of psychology
4. Actively engaged in the performance or administration of research or application relative to military psychology
5. No less than five years of postdoctoral experience related to military psychology
6. Evidence of unusual and outstanding contribution or performance in the field of military psychology

Unique Military Psychology Criteria:
1. Given the applied nature of Military Psychology research, publication of technical reports and other in-house publications, books and refereed journal articles can be used to demonstrate outstanding and unusual contributions.
2. Leadership of Military Psychology organizations or committees recognized as “outstanding” by peers and colleagues.
3. Influence on the practice of a large number of other military psychologists.
4. Evidence of favorable psychological impact upon military programs, systems, policies, or processes.
5. Outstanding contributions to international cooperation in Military Psychology.
6. Innovative applications within the context of Military Psychology of clinical practice and therapy.
7. Occupation of a job not previously held by psychologists, thus demonstrating the broader capabilities of psychologists.
8. Influencing military practices on a broad national and/or international basis.

Self-nominations are allowed and encouraged. All application materials for new Fellows should be submitted by 31 December 2020. All applications for existing Fellows should be received by 1 June 2021.

For more information, application materials, or if you are interested in nominating a candidate, please contact Mike Rumsey: miker1998@aol.com.

Active Grant Opportunities

APA and APF Grants: There are a number of ongoing active grant opportunities through the American Psychological Association (APA) and the American Psychological Foundation (APF). Click here for detailed information.

D19 Student Research Grant: Every year, the Division awards up to two $1500 grants to support student research in the field of military psychology. Undergraduate and graduate students enrolled in psychology programs (clinical/healthcare, I/O, cognitive, applied, etc.) are eligible to apply. Recipients of the 2020 Student Research Grant will present their proposals at APA 2021 in San Diego, with an option to present in-person or virtually. In-person attendees are eligible for an additional $750 travel award. Applications are due by the end of day 31 October 2020. Click here for more information.

Psychological First Aid Free Online Trainings

Interested in sharpening your disaster response clinical skills? Disaster psychologists point to training in Psychological First Aid (PFA) as a means of rapidly and effectively helping people in distress during COVID-19. There are a number of free online trainings on PFA with two notable options listed below:

**John Hopkins University**: This specialized course provides perspectives on injuries and trauma that are beyond those physical in nature. Learn to provide psychological first aid to people in an emergency by employing the RAPID model: Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition. The RAPID model is readily applicable to public health settings, the workplace, the military, faith-based organizations, mass disaster venues, and even the demands of more commonplace critical events (e.g., dealing with the psychological aftermath of accidents, robberies, suicide, homicide, or community violence).

This course is intended for both experienced providers and lay individuals. It takes approximately 8 hours to complete. To take the course, click here.

**National Child Traumatic Stress Network**: The National Child Traumatic Stress Network offers two free online courses: Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR). PFA and SPR intervention strategies are intended for use with children, adolescents, parents and caretakers, families, and adults who are survivors or witnesses exposed to disasters or terrorism. PFA and SPR strategies can also be used with first responders and other disaster relief workers.

Each course takes approximately 5-6 hours to complete and requires account registration. To access, click here.

Online Courses and Webinars

**Center for Deployment Psychology Online Courses**: The CDP provides online trainings and self-paced eLearning courses to educate professionals working with Service Members, Veterans, and their families for free (CE credit available for cost). To access, click here.

**Center for Deployment Psychology Webinar Series**: Recorded webinar topics available to watch for free. Topics extend back to January 2015. To view, click here.

**Massachusetts General Hospital Psychiatry Academy**: MGH offers 30+ FREE on-demand sessions related to treating veterans and their families. Topics include Military Culture, Trauma, Treatment, and Military Family...
INSTRUCTIONS FOR CONTRIBUTORS TO THE MILITARY PSYCHOLOGIST NEWSLETTER

Please read carefully before sending a submission.

The Military Psychologist encourages submission of news, reports, and noncommercial information that (1) advances the science and practice of psychology within military organizations; (2) fosters professional development of psychologists and other professionals interested in the psychological study of the military through education, research, and training; and (3) supports efforts to disseminate and apply scientific knowledge and state of the art advances in areas relevant to military psychology. Preference is given to submission that have broad appeal to Division 19 members and are written to be understood by a diverse range of readers. The Military Psychologist is published three times per year: Spring (submission deadline January 20), Summer (submission deadline May 20), and Fall (submission deadline September 20).

Preparation and Submission of Feature Articles and Spotlight Contributions. All items should be directly submitted to at least one of the following assigned Section Editors: Feature Articles (Tim Hoyt: timothy.v.hoyt.civ@mail.mil), Trends Articles (Joseph B. Lyons: joseph.lyons.6@us.af.mil), Spotlight on Research Articles (Christine Hein: chein9@gmail.com), and Spotlight on History (Paul Gade: paul.gade39@gmail.com). For example, Feature Articles must be of interest to most Division 19 members; Spotlight on Research Submissions must be succinct in nature. If longer, please, consider submitting to the Division 19 Journal, Military Psychology, at the email address military.psychology.journal@gmail.com. If articles do not meet any of these categories, feel free to send the contribution to the Senior Editor, Shawnna Chee (shawnna.m.chee.mil@mail.mil) for potential inclusion.

Articles, including references, must be in electronic form (word compatible), must not exceed 3,000 words, and should be prepared in accordance with the seventh edition of Publication Manual of the American Psychological Association (APA-7). All graphics (including color and black-and-white photos) should be sized close to finish print size, at least 300 dpi resolution, and saved in TIF or EPS formats. Submissions should include a title, author(s) name, telephone number, and email address of corresponding author to whom communications about the manuscript should be directed. Submissions should include a statement that the material has not been published or is under consideration for publication elsewhere. It will be assumed that the listed authors have approved the manuscript.

Preparation of Announcements. Items for the Announcements section should be succinct and brief. Calls and announcements (up to 300 words) should include a brief description, contact information, and deadlines. Digital photos are welcome. All announcements should be sent to section editor, Bri Shumaker (briannashumaker@gmail.com).

Review and Selection. Every submission is reviewed and evaluated by the Section Editor, the Editor in Chief, and American Psychological Association (APA) editorial staff for compliance to the overall guidelines of APA and the newsletter. In some cases, the Editor in Chief may also ask members of the Editorial Board or Executive Committee to review the submissions. Submissions well in advance of issue deadlines are appreciated and necessary for unsolicited manuscripts. However, the Editor in Chief and the Section Editors reserve the right to determine the appropriate issue to publish an accepted submission. All items published in The Military Psychologist are copyrighted by the Society for Military Psychology.