



THE MILITARY PSYCHOLOGIST

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Division 19 of the American Psychological Association

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In this issue:

Editor's Column	1
President's Column	3
Experience of a Behavioral Health Officer during a Brigade-Level Field Exercise	5
Perinatal Mental Health in the Military: Health Systems and Policy Considerations	9
History of Aviation Psychology and the APA Presidency	12
Military Spouses: Lessons (Un)learned from 31 Years of Research	16
Secretary's Report	19
Early Career Psychology Committee	20
Membership Committee	20
Diversity in the Military Committee	20
Council of Representatives – Midyear Meeting Summary	21
Treasurer's Report	23
Reflections on the Profession	27
Announcements	30

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Editor's Column

Tim Hoyt – “Reviewer 6”



My first job in the field of psychology was as a psychiatric technician on a 24-bed drug and alcohol detox ward. I worked the graveyard shift from 2300-0700, and the overnight coverage was just two staff: A charge nurse who had been a combat medic during Operation Desert Storm, and me. When describing the new job to my family during Christmas dinner, they were shocked.

How could the hospital be giving so much responsibility to someone who was still a college student? What if something happened? Although we did have occasional medical and behavioral incidents with the patients, we did our best to deliver patient-centered care and never had any sentinel events. I worked under the supervision of incredible nurses and psychiatrists, and I went to work each night trying to learn everything that I could. It was an incredible growth opportunity, and I entered graduate school in psychology with some unique first-hand experience about the patients I would be working with in the future.

Similarly, one of the most unique aspects of military psychology is that we extend trust to junior officers, putting them in positions of responsibility much earlier in their careers than their civilian counterparts. At the same time other members of my graduate cohort were completing supervised postdoctoral rotations, I was leading a team of six in Afghanistan, responsible for the mental health care of 5,000 soldiers. While my fellow cohort members were still applying for their first staff jobs at various clinics, I was put in charge of an embedded clinic with a staff of 20. These experiences of early leadership are not unique within our military psychology community, and our young officers continue to accomplish amazing things as they grow to fill these assignments.

One of the areas of practice that is sometimes compared to Military Psychology is rural mental health practice. There are several areas of overlap between these two subfields of psychology. Military psychologists often are required to work in remote and/or austere environments that may not have the full capabilities of a tertiary care hospital nearby. We often work in small communities in which the perception is that everyone knows everything about everyone, and we must ensure that confidentiality is one of our primary goals as we work within such environments. Along these lines, we must constantly balance on the slippery slope of dual relationships when every member of our unit is a potential patient. How to manage these factors has

been detailed for decades in the literature on military psychology ethics (e.g., Barnett & Yutrzenka, [2002](#); Hoyt, [2013](#)).

With this in mind, I recently read an article in the APA Monitor about supervision and rural mental health practice (Huff, [2023](#)), which reminded me of how we often send forward some of our most junior uniformed psychologists to the most austere environments. One phrase in the article caught my eye, admonishing supervisors to be “regularly reinforcing with trainees that they will not be competent to handle all situations” (p. 60). The implication of this statement was that new psychologists in rural mental health settings should maintain a strict standard for their boundaries of competence. While not practicing outside the boundaries of competence is a key ethics principle, I really disagreed with the way this limitation on practice was portrayed. We as psychology faculty at military treatment facilities have trained our interns and residents exactly for these scenarios: You will deal with something that seems novel and you will not be an expert in every single diagnosis, and at the same time you *definitely* have enough capability as a military officer with a doctorate in psychology to provide an adequate response to the situation, even in life-and-death circumstances. You are the best person for the job.

Add to this that you are never so far forward as to be out of reach of consultation and support from your peers. During my time in Afghanistan, I served alongside some incredible psychologists. We had gone through basic training together, and now we were deployed together in different parts of the country. All we had to do was pick up the phone and we could discuss the nuance of any case in real time. In worst-case scenarios, any forward operating base with a DSN line could call any military hospital in the world. On several occasions I called back to the hospital where I was trained to consult with former supervisors. Just remember to calculate the time zone difference correctly, and you are never alone as a military psychologist.

Our first article this month deals with exactly these kinds of scenarios: Army Captain Fawn Walter takes us forward into a field training exercise in the EUCOM AOR. Dr. Maggie Baisley then shares several policy and practice considerations for perinatal mental health. Our history article in this issue features an interesting perspective on military aviation psychology in APA, and is co-authored by Rebecca Hans from the Society Leadership Program. Each of these articles brings a great perspective to our world-wide effort in military psychology and the context in which we operate. I hope that these ideas can inform the work you do, no matter how far forward you are serving,

or how much it feels like you are the only psychologist around. This issue also has columns from our Early Career Psychologist, Membership, and Diversity committees, plus updates from our Secretary, Treasurer, and APA Council Representatives. As always, we thank Pat DeLeon, past president of APA, for his great reflections on current events in our military psychology profession. Be sure to read all of these updates so you know what is going on in Division 19 and how to get involved! Finally, we always need more articles for *The Military Psychologist*. If you need article ideas, check out the prior newsletter articles in the archive on <https://www.militarypsych.org/the-military-psychologist.html>. Send any articles to Div19newslettercommittee@gmail.com. We want to hear from you!

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President's Column

Bruce E. Crow



As I write this, summer is rapidly approaching and preparations are underway for the annual APA convention - to be held this year in Washington, DC, 3-5 August. In addition to the concentrated frenzy that comes with attending an APA convention, the Society for Military Psychology conducts many activities that support professional growth, career development, social connectedness, member recognition, and

Division 19 business. There will be several Division 19 sponsored paper, panel, and poster presentations that were selected through competitive review as well as time for presenting Society awards and recognizing member achievements - this along with plenty of opportunities for networking, mentoring, swapping stories, and catching up on news. The Division 19 Hospitality Suite is a key focal point for many members attending the convention as a meeting spot, break area, refreshment re-supply, and professional programming that complements the "big" convention. In addition, there will be a Division 19 Executive Committee meeting and a Society business meeting, open to all members.

But, my purpose for previewing the scope and scale of Division 19 conventions activities is to place them in the context of our annual cadence of Society operations. In late March the EXCOM held its mid-year meeting (MYM) - an intensive annual event where the majority of decisions are made that authorize expenditures and actions of Division officers and committee chairs. The Society's bylaws (<https://www.militarypsych.org/bylaws/>) provide for 16 standing committees: Elections, Fellows, Membership, Awards, Program (convention), Military Psychology Journal, Early Career Psychologists, Continuing Education, Student Affairs, Diversity in the Military, International Military Psychology, Ethics, Communications, History, Student Leadership Program, and Reserve Affairs. In addition, this year there are two presidentially appointed ad hoc committees: Advocacy, and Prescribing Psychologists. In preparation for the MYM, committee chairs and elected officers submit prepare and submit reports of recent and planned activities as well as budget requests for the upcoming Division 19 fiscal year which runs 1 Apr - 31 Mar. During the MYM, the EXCOM must move very quickly through a dense agenda to address a full slate of reports, budget discussions, and pro-

posals for action. Even this is still only a portion of the battle rhythm of Society activity that includes committee meetings, writing and editing manuscripts and articles for Division 19's journal and newsletter, communicating among members through the member listserv, Facebook, and Twitter media, organizing and hosting continuing education events, and engaging with numerous offline communications among Division 19 leaders to support and improve Society operations.

The Society is fortunate to have committed officers and committee chairs who continually seek to strengthen support for Division 19 members and reflect membership interests. We are also fortunate to have achieved strong financial stability over many years of sound fiscal practices. To that end, the EXCOM approved the largest annual budget in Society history at this year's MYM. However, this could be viewed as a double-edged sword representing strong support for funding new or expanded Division 19 activities on the one hand, while on the other hand setting a pace of expenditures that cannot be sustained on a long-term basis. This dilemma was recognized by the EXCOM and will be addressed in the form of updated guidelines for creating and managing the budget. Division 19 receives revenue from three sources: journal subscriptions, investments income, and dues. The smallest proportion (by far) of revenue comes from dues, among the lowest in APA. Due to COVID-19, the Society under-executed on recent budgets giving somewhat of a reserve to counterbalance this year's larger budget, but we will be looking hard at options that will ensure we live within our means for revenue vs. expenses. And speaking of Society finances, we are in the final phases of establishing the Military Psychology Foundation, a non-profit entity that will financially support various Division 19 activities such as travel awards but will also open the possibility of generating revenue to the Foundation that can support new Division 19 projects.

In deliberations for funding approvals, the EXCOM has been mindful of the expected return on investment for member support. Notably, within the past few years the Division has developed considerable success in its leader development initiative through the Society Leadership Program. Several members have completed this months-long rigorous process which employs an academic and experiential approach to developing one's leadership skills and critical self-awareness of one's leadership style. In return for relatively modest funding, the Society yields SLP graduates who are well prepared to step into leadership roles professionally and within Division 19. Another example comes from leveraging Division 19's status as an APA continuing education sponsor to provide no-cost

continuing education required by many members for state licensure. Division 19 has sponsored an annual Regional Symposium Series, most recently partnered with the Adler University graduate program for military psychology, that provides several hours of APA approved CE while showcasing current topics in military psychology. Similarly, building on previous years' successes, the Society held its fifth Military Psychology Summit, this year in March. This event partnered Division 19 with the Catholic University of America, Washington DC Psychological Association, and the DoD Center for Deployment Psychology to hold a three-day hybrid (virtual/in-person) conference with over 700 registrants to address a range of updates in military psychology and topics supporting Division 19 advocacy priorities. These continuing education events, along with APA convention programming, professional education through the SLP, podcasts, and committee level CE events, place the Society for Military Psychology at the forefront as a world-class leader for informing about current and emerging developments in military psychology.

I hope this brief overview of highlighted Division 19 operations gives you a sense of the Society's approach for leveraging Division 19 resources and translating priorities into actions. Judicious stewardship combined with forward thinking investment in member support provides the Society for Military Psychology a solid foundation for progressive action and helps embody the ideals represented by my presidential year theme: ***Strong Traditions - New Directions!***



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President 2023

Society for Military Psychology

Division 19, American Psychological Association

Experience of a Behavioral Health Officer during a Brigade-Level Field Exercise

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Similar to other Army Brigade Combat Teams (BCTs) the 2d Cavalry Regiment (2CR) Stryker Brigade Combat Team (SBCT) conducts brigade-wide large scale training events semiannually in order to achieve its readiness goals and prepare for contingency missions in the EUCOM theater. The Joint Multinational Readiness Center (JMRC), located in Europe, hosts and provides feedback to BCTs and other rotational training units (RTUs) who are training mission essential tasks (METs). 2CR recently completed an event called “Dragoon Ready 23” (DR23) where observer controllers (OCs) were present to give our unit feedback on how we preformed our METs. OCs are active-duty Officers or NCOs, either permanently assigned or tasked as an augmentee (on temporary duty orders) to the training installation (JMRC), who specialize in observing and controlling the exercise and enabling the full-spectrum of a training environment. OCs ensure control of the exercise by following RTU planning closely, adjudicating force-on-force actions, and providing valuable feedback to the RTU during and after the exercise. For medical personnel, including the behavioral health section, the primary doctrine upon which the OCs base their feedback about expected functions and requirements for a Role 2 medical facility can be found in Army Techniques Publication (ATP) 4-02.6 (Department of the Army, [2022](#)).

In addition to training METs, field training exercises (FTXs) also have supplemental foci of maintaining critical relations with partnered nations and of testing specific capabilities. For example, during 2CR’s FTX in February 2022, we conducted a multiday tactical road march (TRM) across bordering countries to demonstrate our ability to move equipment and personnel across Europe to a foreign battlefield. More recently, an additional function of DR23 was to validate new and updated communications systems and technology. Because 2CR is located in Germany, our exercises regularly involve training with partner nations, such as Slovakia, Poland, Latvia, and Hungary. 2CR is the only mechanized BCT located in Europe and plays a critical role in maintaining essential relationships with our partnered and allied nations and providing the framework for NATO’s enhanced forward presence (eFP) multinational battle groups.

Phases of an FTX

Brigade FTXs typically take place over the course of three phases: (1) reception, staging, onward movement, and integration (RSOI), (2) deployment to the “Box,” and (3) reverse RSOI. These phases are arranged and facilitated by JMRC, but are planned and executed by RTU leadership, and medical sections must nest their services and

operations within each phase. During DR23, RSOI included unit movement to the barracks at Hohenfels (JMRC), equipment preparation for the Box, and leader engagement in the military decision-making process (MDMP), which took approximately one week.

After completion of RSOI, the RTU deploys to the Box, or forward attack area. This phase is the cornerstone of the FTX and includes force-on-force operations, as well as a focus on the line units training various types of tactics (e.g., offense, defense) and support operations. Medical exercises focus on training activities such as responding to mass casualty (MASCAL) events, medical evacuation, patient movement communications, and equipment maintenance. This phase of training typically lasts 9 to 14 days, is the most taxing, and is the primary venue for demonstration of capabilities and skills. During reverse RSOI, 2CR redeployed back to the Hohenfels barracks and prepared to return garrison. Primary tasks during reverse RSOI include turning in all equipment used for the Box, cleaning vehicles and equipment, conducting after action reviews (AARs), and receiving final feedback from the OCs about performance during the Box. Once reverse RSOI is complete, the RTU returns to its home station.

Behavioral Health Section in a Brigade FTX

The unit has a mission essential task list (METL) which helps commanders prioritize training requirements and establishes structure and purpose for the team. During training exercises, the behavioral health (BH) section also has a task list that should be the focus of organizing training goals and generating outcomes for the team. Some items listed on the BH task list are familiar to the BH section and frequently completed in garrison including: conducting a BH consultation (for chain of command and medical staff), facilitating a BH group, administering and scoring psychological testing, and conducting a counseling session. Other tasks may be less common for the BH section to complete in garrison settings, such as performing line of site observation of psychiatric patients, assisting in mechanical restraints, providing BH support in response to a potentially traumatic event, conducting a collateral interview, providing neuropsychiatric triage, and assessing for substance abuse. The task list is not solely a practical exercise for the BH section; each task has a specific standard of performance and is graded as “GO/NO GO.” The BH section is ultimately graded on whether it can execute tasks to standard during the FTX, which is essential preparation in the event of a deployment (see Hoyt et al., [2015](#) for a review of BH trends during a deployment).

For the BH section to adequately prepare for an FTX, the team needs a sound understanding of the METL and BH-specific tasks. For example, the BH section must ensure that copies of important forms used for the FTX are printed, psychological testing and any other BH equipment (e.g., Alpha-Stim kit) are gathered, and supplies that would generally be needed (e.g., notebooks, pens, hand sanitizer) are packed. As such, consideration of equipment needed to execute tasks is the first step in preparation. A second important consideration for BH team preparation is the location and logistics of where BH services will be offered in the Box. During previous 2CR training events, our BH section has been located in different areas each time, to include: sharing a tent with the command post (CP), having a separate standalone tent, sharing the annex tent with physical therapy (using hanging blankets to create privacy), and providing patient care in the back of a field litter ambulance (FLA). Although this variability may not be common across BCTs and accompanying Role 2 facilities, we recommend understanding where the BH section will be located in order to prepare equipment needed (e.g., chairs, table, privacy curtains) to facilitate tasks.

Teachings/Trainings for Behavioral Health Technicians (68Xs)

A primary objective for the behavioral health officers (BHOs) is training the 68Xs to act as paraprofessionals and service extenders in a wide range of settings (Hoyt, 2018). As such, training on BH tasks not frequently employed in garrison, in addition to adapting common clinical tasks to a field setting, is required. For example, when in garrison, our 68Xs assist with triage by screening patients, determining their acute risk level, and scheduling or referring patients to appropriate care. In a simulated combat environment, the 68Xs still provide triage and determine risk, but are also trained to assess patient disposition (e.g., return to duty, stay at Role 2 for monitoring with potential for return to duty, or evacuate). We trained our 68Xs on completing tasks more unique to a simulated combat environment, such as administering the Military Acute Concussion Evaluation (MACE) and conducting a mini-mental status exam (MMSE). Additionally, 68Xs are more likely to provide consultation to other medical providers, medics, and NCOs of patients in a simulated combat environment. Role playing consultation questions and reviewing confidentiality best practices were aspects of trainings during this FTX. Responding to a traumatic event (or trauma event management; TEM), which is covered in various military BH trainings, was important to review and practice as well. Finally, during unscheduled time in the field, we discussed reading materials and important military psychology concepts (e.g., common psychopathology in military settings) with the 68Xs.

Behavioral Health During an FTX

Similar to medical assets nesting with higher command operations, the BH section must conduct activities in

accordance with unit plans. For this training exercise, BH support for RSOI and reverse RSOI were similar clinically and logistically. During RSOI and reverse RSOI, the BH section was located in a medical clinic designated for the RTU; our section worked alongside the battalion medical teams with our own office in the clinic. Services offered during these two phases (RSOI and reverse RSOI) were primarily triage, supportive therapy, brief psychoeducation interventions (e.g., grounding, diaphragmatic breathing, self-talk – similar to those offered by Combat Operation Stress Control; Hoyt and Hein, 2021), and consultation to medical and command teams. Patients were seen during our “walk-in” hours and were either self-referred or referred by their medical or command teams. We had two periods each day for walk-in hours: morning hours aligned with the battalion medical teams and afternoon hours for patients who had work schedules precluding them from attending morning sick call hours. During RSOI and reverse RSOI, we saw the largest volume of patients. Understanding the schedule and requirements of your unit allows the BH section to appropriate schedule hours to maximize patient access to care.

During the Box, consultation services were limited by lines of communication (LOCs). During DR23, one objective of the brigade was to pilot and employ new communication devices and completely eliminate personal electronic device (PED) use. PED use increases the risk of enemy targeting, tracking troop movements, and unauthorized access to mobile devices. In a simulated combat environment, units train to employ LOCs that do not emit traceable signals and limit the enemy’s ability to leverage PEDs in warfare. Due to limited LOCs, consultation was not a service offered. During the Box, we primarily offered patient-focused clinical services, such as triage, Alpha-Stim treatment, supportive therapy, TEM, and review of coping strategies. If the unit were to deploy for a longer period of time (i.e., longer than the 9 to 14 days typical of the Box), the BH section would also offer options for ongoing BH care, such as Cognitive Behavioral Therapy and Solution-Focused Therapy. However, the brevity of an FTX limits the actual scope of clinical services offered by the BH section. During the Box, our patient volume decreased since the only patients who could be seen during this phase were those who were medically evacuated from Role 1 to Role 2 facilities by Role 1 providers or by those who were co-located with the Role 2 (e.g., medics, supply technicians).

In addition to providing BH-specific services during the FTX, our section was expected to assist the medical company with broader operations. For example, during setup and breakdown of equipment (i.e., when first arriving to the Box or when “jumping” to a new location), the BH section is tasked with assisting other medical platoons set up their tents and equipment. Additionally, during a MASCAL event, the BHOs are expected to treat any acute BH patients, assist with triaging the incoming patients to Role 2 (i.e., immediate, delayed, minimal, or expectant), and help the evacuation teams move litters as

needed. Finally, in 2CR, the BH section is assigned a two-seater joint light tactical vehicle (JLTV), and one of the BHOs is expected to serve as a truck commander (TC) for all vehicle movements. One or both of the 68Xs must therefore be licensed on the JLTV and serve as drivers, which facilitates half of the BH section (one BHO and one 68X) maneuvering independently as needed during exercises and deployments. A BH section maintains more autonomy when a vehicle is assigned to the section and the team is qualified to operate the vehicle and its associated equipment, such as the radio. Overall, in addition to the BH clinical services provided by the section, BH team members are expected to assist in medical operations, set up and break down equipment, and self-transport during exercises.

Themes of Patient Presenting Concerns

During DR23, patients typically presented to our section with presenting problems in one of three categories. First were patients who did not want to participate in the FTX. These patients were generally either new to the Army, with subsequent and appropriate anxiety about the unknowns of a field exercise or were individuals who had previously completed an FTX and anticipated the exercise being a significant stressor. Most of these patients had made previous unsuccessful attempts to be excluded from the field exercise – such as getting a medical profile or requesting to be on the rear detachment – and hoped that our team would put them on a BH profile so they were not allowed to participate in the Box. A second theme of patients included those who were currently enrolled in BH services at our garrison clinic and wanted to continue therapy while in the field. During RSOI phases, these patients sought supportive therapy and brief solution-focused therapy applied in a training environment. A third subset of patients had no history of seeking BH in the past but felt overwhelmed or acutely distressed, typically due to stressors while in the field or difficulties at home and presented during RSOI phases. For those patients, we gave brief psychoeducation interventions, introduced new coping and stress management strategies, and sometimes scheduled a full intake to be completed after returning to garrison.

In addition to presenting concerns noted above, we observed other themes in patients presenting for BH services. Most patients described frustration with their leadership, such as not feeling included in decision-making processes or not agreeing with priorities and tasks delegated by leadership. Patients also frequently felt overwhelmed by the amount of work assigned, some remarking that they weren't given enough time to eat or perform basic hygiene and others noting they felt too stressed and anxious to focus. During RSOI, anticipatory anxiety for the next phase of the exercise was also a significant concern. Finally, our team also worked with patients who reported symptoms with questionable validity, such as memory loss subsequent to an unwitnessed fall.

During the exercise, our primary barrier in providing patient care was the LOC. Because of these difficulties, we were frequently unable to communicate with our referral sources (e.g., Role 1 providers, command teams) and instead relied primarily on information reported by the patient. We were also unable to coordinate with command teams to set up patient care management plans, which led to the BH section keeping patients at Role 2 until we could conclusively return them to duty with no restrictions or medically evacuate them if needed. To assist with this effort, we strongly recommend that BHOs have a good understanding of the risk tolerance of the unit's command teams. Building relationships in advance and having a pulse on the climate of the units facilitates more rapid patient dispositioning in field medicine. For example, some command teams want any Soldier with a BH limitation to be evacuated to garrison; other command teams, however, worked arduously to meet patient limitations related to BH concerns in order to keep all hands-on deck in the FTX.

Conclusion

In summary, preparation prior to deploying to an FTX and having appropriate expectations during an FTX are essential for new BHOs. Some key tasks for the BH section prior to deployment include building relationships with provider and command teams, having appropriate paperwork and equipment ready, and understanding the logistics and planning of the Role 2 setup. BHOs should expect to assist in tasks unique to Army BH providers (e.g., packing and unpacking equipment, driving vehicles), have plenty of time to train their 68Xs, and be flexible in responding the shifting demands of the environment and unit mission.

Disclaimer

The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or reflecting the views of the U.S. Government, the Department of the Army, or the Department of Defense.

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The Behavioral Health Team from 2nd Cavalry Regiment



Military Acute Concussion Evaluation in the Field

Perinatal Mental Health in the Military: Health Systems and Policy Considerations

Maggie Baisley

Screams wake you up at random intervals throughout the night. You cannot sleep more than a couple hours at a time. You are bleeding from an internal wound that will take weeks to heal and you have external stitches. Your ribs and abdominal muscles have separated. Your organs have spread and shifted within your body. You feel grateful that you have a healthy baby but can't help but grieve the birth you didn't have. You were induced early and moved at a pace you didn't feel comfortable with. You said, "yes" to everything the doctors recommended, even though you didn't understand most of it, because you were overwhelmed and scared. You didn't have time to physically prepare for the birth because your work schedule and other responsibilities left little time for self-care. Life flows around you still: dishes need to be done, bills paid, and appointments made. You don't have time to grieve or even take a shower. You have limited help and you're feeling too depressed to do more than what is necessary. There's no family member within hundreds of miles. You're taking unpaid leave and cannot afford to pay for help. Your spouse offers support where they can but does not really get it and then must return to work before you are healed. The pediatrician says your baby has lost too much weight since birth and you're not producing enough milk. These conditions would challenge any person's mental health.

This story shows a common set of circumstances that may or may not eventually lead to a label of "disorder," such as post-partum depression. You might relate to this postpartum story or only some elements of it—issues of sleep deprivation, lack of social support, and physical recovery after pregnancy. As a health services field, we must balance applying clinical labels to individuals (e.g., postpartum depression) and a broad public health lens that highlights pathogenic environmental and social conditions. The former leads to individual analysis and intervention and the latter may lead to universal policy interventions that uplift individuals and communities. In this vein, some experts suggest reframing our perinatal mental health services to focus on psychological well-being rather than illness and considering what promotes well-being (Alerdice, 2020). This article focuses on environmental and policy circumstances that may relate to psychological well-being during the perinatal period for military families.

What is perinatal mental health?

Military Health System (MHS) providers need to be aware of perinatal healthcare needs and mental health to provide comprehensive care to our Service members and civilian family members. Individuals enter and remain in the Service during primary reproductive years, so perinatal men-

tal health is especially relevant for this community. The term *perinatal mental health* refers to the spectrum of mental health wellbeing, struggles, and tensions that occur throughout pregnancy and after birth (Howard & Khalifeh, 2020). Hormone changes do not explain all clinical symptoms and many individuals have symptoms that do not rise to a clinical threshold, i.e., symptoms don't cause a level of impairment that requires medical intervention (Dagher et al., 2021) as described in the example above. Personal, generational, social, and environmental factors influence the level of stress and experience of mental health concerns through the perinatal period. According to a Government Accountability Office (GAO) report on data from 2017-2019, 36% of Tricare beneficiaries who were pregnant or postpartum within one year had a mental health diagnosis (US GAO, 2022) indicating that perinatal health is an important area for practice and progress within the military.

Military Health System outcomes, obstetric violence, and medical trauma

According to mortality and morbidity statistics, the United States is the most dangerous industrialized nation in which to give birth (Tikkanen et al., 2020). The Military Health System (MHS) fares similarly to civilian medical facilities, showing similar rates of mortality, morbidity, and worse outcomes among childbearing people of color (Hall et al., 2021). In terms of infant health and outcomes, compared to the civilian sector, infant mortality in military treatment facilities is lower, though racial inequities for infants of color persist (Vereen et al., 2023). These outcomes suggest that the Military Health System creates similar outcomes and propensity for harm, particularly towards racially marginalized families. Experts identify that a complex interaction of patient, provider, and healthcare system factors drive these unsettling mortality and morbidity numbers (Noursi et al., 2021). There is more research needed regarding other marginalized groups, such as transgender men and other queer individuals, though a review of experiences of civilian transgender men described general perceptions of alienation and loneliness within the perinatal healthcare environment (MacLean, 2021). These outcomes demonstrate that, birthing people, marginalized folks in particular, must also contend with significant risk of birth-related medical trauma in addition to normative personal hormonal and physical changes (Kukura, 2017).

One form of medical trauma is termed *obstetric violence*, which describes the experience of being treated as an object rather than an agent during birth (Perrotte et al., 2020). Obstetric violence captures both the provider factors and the ways in which the healthcare system influ-

ences the patient-provider dynamic that results in objectification. Obstetric violence encompasses the range of harm, including intentional abuse, forced medical procedures (e.g., cesarean, episiotomy), unconsented medical procedures, sexual violation, coercion, and disrespect (Kukura, 2017). In one survey of 2,781 doulas and labor and delivery nurses regarding witnessing disrespectful care, almost two-thirds of respondents stated they witnessed providers occasionally or often doing medical procedures without giving the birthing person time to consider or consent to it (Morton et al., 2018). About one-fifth of respondents stated they witnessed providers complete medical procedures explicitly against the consent of the patient. When birthing people lack the awareness of these structural issues and the concept of obstetric violence, they may feel that their mourning, grief, and depressed mood come from simply the process of giving birth. They may underestimate the impact of medical trauma and dehumanization on how they feel afterwards (Shabot & Korem, 2018). Practitioners and scholars within the field conceptualize obstetric violence as resulting against a larger backdrop of gender-based violence and patriarchal institutions that tend to dehumanize women (Perrotte et al., 2020; Garcia, 2020).

Lactation policies and support

The practice of lactation or breastfeeding represents an intersection of birthing parent and infant health. For example, nursing can reduce the risk of post-partum hemorrhage and ovarian cancer later in life, among other benefits (Bitbit et al., 2022). Some, but not many, Military Treatment Facilities (MTFs) have sought Baby-Friendly Hospital status, which is a years-long accreditation process to reach a standard of practices and policies that support nursing and recovery after birth (World Health Organization, 2017). Such baby-friendly hospitals establish skin-to-skin contact directly after birth between baby and parent, offer lactation consultation, and provide education on breastfeeding generally, among other practices. A scoping review identified military policies that promoted psychological well-being among birth-giving military community members included delayed separation of parent and infant, support lactation space in the workplace, and the employment of lactation consultants (Trego et al., 2021). Despite the helpfulness of these policies, specific branches may deviate from the policy according to mission requirements and there are gaps in policy adherence on the local level (Trego et al., 2021).

Other structural factors

Structural factors (e.g., financial well-being, change of duty stations) can increase stress and exacerbate mental health concerns for the individual who just gave birth and their family. Mental health challenges in general (i.e., not only related to the perinatal period) result from or are heavily influenced by environmental and social inequities (Allen et al., 2014). Food insecurity, a general marker for poverty, is as prevalent in active duty families as the civilian population and increased during the COVID-19 pandemic quarantine (Rabbitt et al., 2022). This trend con-

veys an overall financial precariousness of the average military family. The ability to take leave also interacts with financial pressure. Many military spouses work to make financial ends meet and yet most civilian companies in the United States do not offer paid family leave, as 23% of workers have access to paid family leave (US Bureau of Labor Statistics, 2022). In recognition of the negative impact of limited family and parental leave policies, Congress integrated and expanded parental, and caregiver leave into the 2022 National Defense Authorization Act. Now, according to Directive-type Memorandum 23-001 “Expansion of Military Parental Leave Program,” the military standard for paid parental and caregiver leave is 12 weeks (Under Secretary of Defense for Personnel & Readiness, 2023). Military spouses may experience professional precariousness as frequent changes in duty stations and other military trainings and deployments disrupt their ability to sustain a job (Kamarck et al., 2020). Deployment and trainings create additional stress and demands on military families and the birthing parent. For example, a scoping review of 13 studies regarding impact of military deployments on perinatal mental health that identified themes of lack of social support and family-related stress as negatively impacting mental health (Godier-McBard et al., 2019). Altogether, military birthing parents, whether they are the spouse or active duty service member, experience significant competing demands related to financial stability, professional demands, general dislocation and isolation from family of origin.

Clinical practice

As a Military Health System provider, knowing the structural forces and potential for medical trauma is tantamount to providing responsive care to military families. The example described above offers a potential picture of a post-partum transition and the experience of caring for a newborn after the physical ordeal of childbirth. Building on this understanding, providers may consider assessing gaps in care (e.g., checking in with perinatal individuals prior to the six-week post-partum appointment) and connecting service members to resources (i.e., lactation consultants, Childcare Aware program that subsidizes childcare for Service members). As occupational medicine practitioners and assets to units, Military Health System providers may also help commanders interpret and adhere to DOD policies regarding lactation support, caregiver leave, and general support of caregivers.

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History of Aviation Psychology and the APA Presidency

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Since the very beginning, psychology and aviation have been closely intertwined. It would be the military application of these innovations that would catapult both aviation and psychological science to new heights. Psychology as a science was formally founded in 1879 (Woody & Viney, 2017) and was a new approach to understanding the human mind and its functions. Twenty-four years later in 1903, Orville and Wilbur Wright achieved the first, powered, sustained, and controlled flight, which opened the skies for humankind. Not long afterward, the world's superpowers erupted into war. As each warring nation sought to gain competitive advantages over the other, the appeal of airspace control became undeniable.

Psychological involvement in aviation quickly involved the president of the American Psychological Association (APA). The importance of air superiority prompted a rapidly increasing need for quality aviators. In 1917, the U.S. Army Air Corps had a mere 52 pilots. That number would increase to approximately 16,000 in only two years (Henmon, 1919). Forcing a heavier-than-air craft into the sky was exceedingly dangerous, and aviation psychologists met the need of the nation in two primary ways: by overtly targeting mishap prevention and by developing and applying selection criteria and processes for balloonists, observers, and pilots (Dockeray & Isaacs, 1921). It was on April 22, 1917 when the APA voted to have Robert M. Yerkes (1919) establish 12 committees to focus on how psychology could be applied to the U.S. war effort during WWI. Of course, Yerkes is not only viewed as the founder of military psychology, he also served as APA president in 1917. Since that time, there has been an undeniable connection between aviation psychology, and APA presidency. The following discussion further explores that connection grouping APA presidents into 20-year periods while highlighting significant contributions made to aviation psychology. We then provide a brief discussion about the rise and fall of the connection between the APA presidency and aviation psychology. For a more in-depth overview of the history of aviation psychology, see Olsen, McCauley, and Kennedy, 2013. For the purposes of this discussion, the term *aviation psychology* encompasses terms such as aeromedical psychology, aerospace psychology, and a longer list of subareas encompassed by the larger field.

APA Presidential Contributions 1900-1920

The first APA president who was involved in aviation psychology was George Malcolm Stratton, who contributed tremendously to the early fields of experimental, social, and aviation psychology. In 1908, Stratton was elected as

the 17th president of the American Psychological Association. During World War I (WWI), Stratton served in the Army Aviation's Psychological Division and developed psychological tests to select appropriate candidates (Tolman, 1961). In 1917, alongside Yerkes (the APA president) and John B. Watson (APA president - 1915), Stratton joined many other psychologists in committees that were concerned about contributing to the war effort. Specifically, Stratton and Watson were involved in the "Psychological Problems of Aviation, including Examination of Aviation Recruits" committee (Damos, 2011). In 1920, Stratton published research regarding aviation aptitude tests and psychophysical qualities believed to be important for aviation (Stratton et al., 1920). Stratton attained the rank of Major and became interested in writing about the causes of war and problems of war and peace (Tolman, 1961).

Major John B. Watson was best known as the founder of behaviorism, and he conducted research on animal behavior, child rearing, and advertising. He was a prominent member of the APA's "Psychological Problems of Aviation committee." Watson was commissioned in the Army in 1917 and oversaw the "organization of methods" of the non-medical portion of the Aviation Examining Board (Damos, 2011).

In addition to Stratton and Watson, Robert M. Yerkes was a major contributor to the World War I efforts through his psychological interests and expertise. On April 6, 1917, the day the United States declared war on Germany, a group of psychologists drafted a letter to the APA asking to appoint a committee to determine how psychology could assist the war effort (Damos, 2011). On April 22, 1917, the APA board voted to have Yerkes establish 12 committees and appoint a chair for each one. The mandate of each committee was to focus on one specific area of psychology that could be applied to the war effort. Yerkes saw the need for psychological tests to aid in the selection of military pilots as none seemed to exist at the time. Yerkes also established and chaired the "Psychological Examination of Recruits" committee, which helped develop assessments for the military to use in selecting service members (Yerkes, 1918). Most important for aviation psychology was the "Psychological Problems of Aviation, including Examination of Recruits" (Yerkes, 1919). Through his efforts, Yerkes assembled a team to develop psychological testing for all recruits and by December 24, 1917, the Army accepted the importance of psychological assessment as it pertained to personnel selected for specific jobs. As such, Yerkes and his team began developing and customizing instruments for pilot selection (Damos, 2011).

APA Presidential Contributions 1920-1940

Knight Dunlap, a U.S. Army Major and APA president during 1922, served as a researcher in 1917 and was tasked to investigate the phases of flight bearing on the medical and physical aspects of aviators. At the psychology section of the Medical Research Laboratory at Hazelhurst Field, Long Island, Major Knight's contributions led to a greater series of psychological tests designed to predict a candidate's ability to withstand high-altitude flight.

In addition to being elected as APA President in 1931, Walter Samuel Hunter served in both WWI and World War II (WWII). He was eventually awarded the Medal for Merit for contributions made as chairman of the Applied Psychology Panel of the National Defense Research Council (Carmichael, [1954](#)). During WWI, Hunter worked diligently to establish cutoff scores using the Classification Test Battery for admitting candidates to pilot training (Hunter, 1946). Additionally, he reported evidence related to blue light sensitivity for dark-adapted eyesight which ultimately led to modern aviation instrumentation using low-intensity red lights (Driskell & Olmstead, [1989](#); Hunter [1946](#)).

In similar fashion to Hunter, Walter R. Miles made extensive psychological contributions during WWI and WWII and served as APA President in 1932. In 1917, Miles and L. T. Troland served on the Committee on Psychological Problems of Aviation and developed or evaluated 23 physiological and mental tests used to determine aptitude for flying (Koonce, [1984](#)). Between 1939 and 1946, Miles devoted his career to the human engineering aspects of the WWII war effort. He identified the importance of maintaining dark-adapted eyesight among pilots awaiting orders to scramble at night. Miles designed red goggles and recommended that "ready rooms" be illuminated in red maximizing aviator's ability to see at night (Miller, [1980](#)).

APA Presidential Contributions 1940-1960

Joy Paul Guilford served as APA president during 1950. Early in his career, Guilford accepted a senior position overseeing one of three psychological research units responsible for aircrew selection methods during WWII. The efforts made by Lieutenant Colonel Guilford and others led to assessment and selection of prime candidates with specific abilities and traits deemed necessary to the successful completion of flight school (Guilford & Lacey, [1947](#)). Based on much of the work conducted in WWII, Guilford went on to develop a new theory of human intelligence (Guilford, [1967](#)).

Laurance Frederic Shaffer was APA president during 1953 and taught at Columbia University as well as the Air Force Academy. During WWII, Lieutenant Colonel Shaffer served as Chief of the Psychological Division of the Army Air Forces Aviation Psychology Program. Throughout his time in the U.S. Army Air Force, he oversaw multiple studies with a notable study focused on fear and courage among aviators who experienced aerial com-

bat. His study examined more than 4,500 newly returned combat aviators and gunners and identified common psychological, and physiological experiences related to fear. In this study, Shaffer highlighted important ways to cope such as "activities that merely kept a man busy..." (Shaffer, [1947](#) p. 143).

E. Lowell Kelly was president of the APA during 1955 and made a profound impact on aviation psychology. Throughout his career, Kelly, an aviator himself, demonstrated a strong commitment to aviation psychology. As a naval officer in WWII he developed selection methods for aviation cadets. Later he worked with the Civil Aeronautics Administration to standardize flight training and develop a biographical inventory used to select aviation trainees. During WWII, Kelly recognized that during night training, naval aviators were crashing as a result of being unable to determine the distance between two aircrafts (Fisk, Conley & Goldberg, [1987](#)). His observations led to changes in standardized navigation lights for night operations for both civilian and military applications ultimately saving many lives.

Discussion

Since 1955, there have been no known APA presidents elected who had an overt interest or contribution to aviation psychology. The question remains: Why? There are many possible explanations for the stark reduction in aviation psychologists rising to APA presidency including (a) timing, (b) focus of APA as an organization, and (c) public and national defense interests in aviation. We discuss each of these possible explanations below.

Since Robert M. Yerkes' famous call to apply the science of psychology to American war efforts in 1917, psychologists have answered the call serving both in uniform and as civilians. As a new battlefield emerged, aviation became prominent in the minds of national defense strategists and scientists alike. It should come as no surprise that nearly every aviation psychologist who served as APA president had previously served in uniform during WWI or WWII. Another key consideration is that America has not engaged in conventional warfare on the same scale since WWII officially ended in 1945. No more than ten years later we see E. Lowell Kelly, the last aviation psychologist to be elected as APA president. While we should not fall victim to confounding correlation as causality, timing is certainly one potential explanation to consider.

A second explanation for the reduction in aviation-affiliated APA presidencies is that the APA as an organization has developed a greater emphasis on practitioners as opposed to scientists (Cautin, [2009a](#)). For example, in 1940 it was estimated that 75% of all psychologists in America and members of the APA were working in an academic setting. Only 22 years later, Tyron (1963) observed that the majority (53%) of psychologists worked in nonacademic settings. This friction point has been observed by many psychological scientists and ultimately led to the founding of the Association for Psychological Science (APS) in 1988 (Cautin, [2009b](#)). To further this

observation, Buela-Casal et al. (2011) explored the declining scientific production among APA presidents using the *h* index. The index is a measure of scientific productivity based on number of publications, mean number of citations per publication, and is then rank-ordered (Hirsch, 2005). Buela-Casal et al. (2011) concluded that the APA's system of electing presidents has changed over time and has deemphasized scientific productivity. Instead, the authors explain, modern APA president's professional (i.e., clinical) contributions are more valued than their scientific contributions. Given that aviation psychology is largely comprised of experimental psychologists, this could be an explanation for the omission of aviation psychologists as APA presidents.

For decades, aviation was a new and exciting avenue for scientists and psychologists to pursue, especially during times of war when research was greatly needed. Since the Wright Brothers first took flight in December 1903, scientists have been fascinated by the role of humans in aviation, and psychologists have greatly contributed to this field through research, creation of psychologist assessments, and clinical work during the World Wars (Olson et al., 2013). Currently, psychologists continue to make contributions to the aviation field through the selection of aviation personnel, assistance in mishap investigations, administration of medical board evaluations, development of knowledge about mental health and its promotion, and consultation, assessment, and treatment of aviation personnel (Olson et al., 2013). The field of aviation psychology also is transitioning to the next frontier: space.

Will we witness another increase in astronauts a like that of early aviation? Clearly, the new psychology "space race" is in full swing, an assertion that is strongly supported by the recently developed Space Force in 2019. Operational psychologists have been conducting research and developing assessments regarding the specific psychological and behavioral competencies required for NASA astronauts, akin to the boom in research experienced at the beginning of aviation psychology (Kennedy & Zillmer, 2022). General Chance Saltzman of the U.S. Space Force reported that we are in a new area of space activity and that the on-orbit threats the U.S. faces from competitors has grown substantially (Brennan, 2023). Due to this growth, Saltzman encouraged the United States not to allow for complacency in preparation for this "new era" in space (Pope, 2023). Further, General Saltzman and other military experts say that space is likely to be the next "front line" in future conflicts (Brennan, 2023), an assertion that is reminiscent of early aviation. Saltzman outlined three areas of focus including: Field Combat-Ready Forces, Amplify the Guardian Spirit, and Partner to Win, which requires backing from the Space Force's 2024 budget proposal asking for \$2.3 billion dollars to support this mission (Pope, 2023). The enthusiasm and energy once placed in aviation psychology is shifting to preparing for missions in orbit as well as beyond Earth, and it will be fascinating to see how psychologists continue to contribute to the field.

Perhaps we will bear witness to a resurgence of aviation psychologists ascending to APA presidencies as national security strategists seek to establish a competitive edge in space. Undoubtedly, psychological scientists will grapple with important issues such as how humans react to long periods of time spent in the austere conditions of space and how to best design spacecraft to mitigate those difficulties. With increased funding, we may see more laboratories across academia, public, and private institutes set their sights on space as well. As the field evolves, scientists will rise to prominence. Whether those scientific luminaries ascend to an APA or APS presidency, only time will tell. One outcome is for sure, the aviation psychologists within Division 19 are poised to capitalize on whatever the future holds.

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Military Spouses: Lessons (Un)learned from 31 Years of Research

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One of the first and most comprehensive studies of issues facing military spouses since the inception of the all-volunteer force is the 1992 Defense Manpower and Reserve Personnel Survey (Resnick et al., 1997). As summarized in Figure 1, many of the issues identified in this report have shaped research and interventions with military spouses over the past several decades. The most notable aspect of this report is how dissimilar the results are to more current research on military spouses. Indeed, a brief glimpse of the last 31 years of military spouse research suggests the narrative of the military spouse experience has remained unchanged since the Gulf War's conclusion.

Numerous studies since the 1992 survey have reported on the adverse effects and increased stress associated with separations and PCS moves on military spouse well-being (Allen et al., 2010; Friedman et al., 2015; Jennings-Kelsall et al., 2012; Norris et al., 2018). Studies have also consistently reported that military spouses frequently report higher levels of stress, depression, anxiety, and trauma disorders than their civilian counterparts (Erbes et al., 2017; Mailey et al., 2018; Manguno-Mire et al., 2007;

Mansfield et al., 2010; Yambo & Johnson, 2014). Last year, results from the Military Family Advisory Network survey of military spouse experience echoed the 1992 Manpower and Reserve findings by exhibiting the importance of military spouse lifestyle satisfaction on military retention (L'Esperance et al., 2022). Another consistent finding is that military spouses are more likely than service members to use behavioral health services; this finding lays the groundwork for current research suggesting that service members are more likely to seek behavioral health treatment—and have better treatment outcomes—when they are joined in treatment by their spouses or encouraged by their spouse to seek treatment (Goodman et al., 2020; Greenman & Johnson, 2013; Guay et al., 2011; Jennings et al., 2014; Khalifian et al., 2020; May, 2022). Since 1992, spouses have consistently reported their distress, resilience, and importance to researchers; however, there does not appear to be much evidence that three decades of research has helped mitigated military spouses' challenges or distress.

Despite politicians and military interest groups rallying around military spouse employment, military spouse unemployment rates have remained unchanged since 2015 (Office of People Analytics, 2023). While this trend is related to a host of systemic issues such as the unreliable funding and bureaucratic restrictions around the My Career Advancement Account Scholarship (MyCAA) Program (Bushatz, 2023; Kness, 2023), new licensing laws that will continue to rely on state boards to make decisions on transferability (Veterans Auto and Education Improvements Act, 2023), and promises of homesteading without feasible plans to deliver – the fact remains that military spouse unemployment has been a topic of research since the 1970s (Hayghe, 1974) and no study since then seems to have supported serious change.

In addition to issues of unemployment, the behavioral health treatment options for military spouses continue to dwindle despite research that has found military spouses report more psychological distress than their civilian counterparts (Allen et al., 2010; de Burgh et al., 2011; Norris et al., 2018) and that spouse mental health is strongly associated with Service member mental health (Dekel et al., 2010; Guay et al., 2011; Khalifian et al., 2022; Manguano-Mire et al., 2007). In 2018, changes in TRICARE led to increased copays and reduced reimbursement for civilian behavioral health providers (National Defense Authorization Act, 2016). As service members have priority at behavioral health clinics in military treatment facilities (MTFs) and Morale, Welfare, and Recreation (MWR) sponsored programs like the Community Counseling Program (CCP) and the Military

Figure 1. Selected Results from the 1992 DoD Surveys of Officer and Enlisted Personnel and Military Spouses.

- Spouses reported more stress related to military life than the member especially in relation to moves, separations, and related to communities surrounding military bases.
- Spouse satisfaction with military life increases the likelihood of retention and there is some evidence that spouse satisfaction with military life predicts retention even if the service member reports dissatisfaction with military life.
- Spouses more likely to use “supportive” Morale Welfare and Recreation (MWR) resources like behavioral health counseling for individuals and couples.
- The perceived stress of deployments is related to the joint perception of service members and their spouse which suggests it is the couple's combined experience, not the service member or spouse's alone, that determines the impact of deployments on the marriage, family, and military career projections.
- There are discrepancies in both factual and attitudinal differences between members and spouses which indicate that spouses and members have fundamentally different perceptions of military life. Because of this, spouses and members should not be used as proxy samples for one another and that both partners should be included in studies which impact the family unit.

Family Life Counseling program, the changes in TRI-CARE further restricted spouses' access to already limited sources of care. Additionally, spouses' access to behavioral health care stands to be further restricted by the congressionally mandated drawdown of MTFs in which spouses will be reassigned to civilian care providers (National Defense Authorization Act, 2016). As the civilian healthcare system continues to be strained by the effects of COVID-19, this shift from MTF to civilian care stands to increase the prevalence of previously documented barriers to spouse mental health care, such as long wait times for behavioral health treatment, financial barriers to accessing treatment, and a lack of consistent care between duty stations (Cole et al., 2021).

Considering the research and policy trends presented, one cannot help but wonder why we continue to study military spouses. If the field of military psychology was merely interested in understanding how the military lifestyle impacts spouses, we have 31 years of research that suggests it impacts them negatively. If the field had hoped to use research on military spouses to encourage policy changes or to improve their experience, it seems we have failed that mission. Therefore, as we come to the conclusion of military spouse appreciation month, we must ask ourselves what one more survey on military spouses' attitudes, perceptions, or symptoms could tell us that we do not already know. Or, perhaps more importantly, how many more years of research do we need until we are fully convinced of military spouses' worth and sacrifice?

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Secretary's Report

Angela Legner

We held our midyear Executive Committee (EXCOM) meeting at the Marriott Crabtree in Silver Spring, MD on March 25, 2023. We had a very ambitious agenda this year that included stellar reports from each of our standing committees (16 in total), as well as our newest ad hoc committee on advocacy. We accomplished a great deal during the meeting, as always, and we are excited about

the various initiatives that are planned for the Division. You can find a summary of all the passed motions from the midyear meeting below. Please be sure to visit our website at militarypsych.org for the latest Division-related news, announcements, Division bylaws, past meeting minutes and other pertinent information. I look forward to seeing everyone at the APA Convention in August!

March 25, 2023 Meeting Location: Marriott Crabtree, Silver Spring, MD	Status
Motion: Approve the 2022 Midyear meeting and Annual Business meeting minutes.	Passed unanimously
Motion: If APA Council of Representatives (COR) does not act to formally adopt the proposed operational practice guidelines (as previously outlined by COR Mark Staal) then Division 19 would take action to adopt the guidelines as policy.	Passed unanimously
Motion: Rescind the plan to embark on the Hoffman World History Project (money was previously allocated but project never started).	Passed unanimously
Motion: To have a standing open invitation for a Military Psychology Foundation member to attend the EXCOM midyear and annual meetings.	Passed unanimously
Motion: Discontinue the Clinical Practice Committee as a standing committee.	Passed unanimously
Motion: To leave the Reserve Affairs Committee position vacant while the EXCOM assesses whether to remove it as a standing committee.	Passed unanimously
Motion: Endorse appointments of Joe Troiani as the chair of the Advocacy Committee, and Marcus Vansickle as the chair of the Prescribing Psychologists Committee.	Passed unanimously
Motion: To extend FY22 budget through 31 March, 23 (to pay for FY22 budget line items such as travel to Midyear meeting).	Passed unanimously
Motion: The Society establishes a fiscal year from 1 April 31 to 31 March (starting in April of this current year until 31 March of the following year).	Passed unanimously
Motion: To approve the revised travel policy (as presented to the EXCOM) with the addition of an exception for the APA COR members to receive full travel reimbursement if Midyear does not occur within three days of a COR meeting.	Passed unanimously
Motion: to accept the 2023 proposed budget for a total of \$215,000	Not Passed
Motion: To approve the budget as submitted in the briefing book (page 76) with the caveat of new items highlighted in purple are subject to a 7-day (April 1) cool-off period whereby the EXCOM will review the new items via email and submit concerns to the Treasurer. If no action is taken all new items will be approved on April 1.	Passed unanimously
Motion: To approve an additional \$500 to be awarded to the award recipients of the member engagement contest for travel to APA.	Passed unanimously

April 20, 2023 Ad hoc meeting location: Google Meet	Status
Motion: To approve all new funding requests items (totaling \$23,750) except for items 3 and 4 (totaling \$2,400).	Passed (6/2)
Motion: To not approve funding request for \$2,400	Passed unanimously

Early Career Psychology Committee

Arpita Ghosh

The Early Career Psychology (ECP) committee is excited to continue our efforts increasing membership and visibility within the division.

ECP will be releasing a climate survey soon to learn what our members are most interested. We also hope to increase our social media presence through the Division's Twitter handle – if you haven't already, please follow @APADiv19.

Stay tuned and join us live APA DC, more details to follow soon! #MilitaryAtAPA2023.

ECP will be accepting Professional Development applications this fall with a deadline for applications of 11/15/23.

ECP is looking forward to connecting with everyone this year! Please feel free to reach out to us at ECP_committee@militarypsych.org

Membership Committee

Erin Moeser-Whittle

Hello Division 19! My name is Erin Moeser-Whittle, and I am the 2023 Membership Chair. I am excited to take on this role to help spread the word about our wonderful division and all the amazing things that our members are contributing to the field, as well as to recruit new members! As of May 2023, our total membership stands at 1,378 and based on past trends we expect membership to increase around and after the APA Convention. Our student membership remains strong, representing approximately 42% (N = 574) of all membership categories.

Please be sure to keep current with your dues to maintain all of the benefits of being a Division 19 member, such as receiving our journal, *Military Psychology*, our newsletter, *The Military Psychologist*, and being a part of our listserv. Finally, if you know anyone who may be interested in joining Division 19, please direct them to our membership page (<https://www.militarypsych.org/prospective-members/>) or have them contact me at new_members@militarypsych.org.

Thank you all for all the awesome work that you do!

Diversity in the Military Committee

Christina Hein

The Diversity in the Military Committee is seeking applications for the 2024 Chair-Select. This is a three-year position (acting as Chair Select in 2023, Chair in 2024, and Past Chair in 2025). If you are passionate about issues surrounding diversity in the military, please consider applying! The committee has recently engaged in multiple initiatives, including a podcast series, quarterly discussion hours, and a webinar series. If interested, please send a

copy of your CV and a short statement addressing your interest in the position, as well as what you would like to accomplish as Committee Chair, to the Diversity in the Military Committee email address at DMC.DIV19@gmail.com. Deadline for applications is 31AUG23 and applicants will be notified no later than 15SEP23.

Council of Representatives – Midyear Meeting Summary

Mark Staal & Tim Hoyt
Division 19 Representatives to the APA Council

APA's Council of Representatives held a hybrid meeting Feb. 24-25, with most Council members convening in person in Washington, DC.

Confidentiality and Reproductive Health

The Council passed a policy asserting that confidentiality is central to the practice of psychology, and that psychologists should follow the APA Ethics Code when it comes to patient confidentiality surrounding reproductive health. The policy reaffirms “that a psychologist’s allegiance to the Ethics Code, including ethical standards related to patient confidentiality, should be given the utmost attention and significance especially when psychologists are faced with ethical conflicts with a law requiring the disclosure of confidential information regarding sexual and reproductive health, including birth control; fertility treatment; contemplating, seeking, or having had an abortion; and related issues.” The vote was 148-4, with one abstention.

<https://www.apa.org/about/policy/resolution-confidentiality-reproductive-health>

This measure follows on a resolution the Council passed in February 2022 reaffirming APA's commitment to reproductive justice as a human right, including equal access to legal abortion, affordable contraception, comprehensive sex education and freedom from sexual violence, with a particular emphasis on individuals from marginalized communities.

<https://www.apa.org/about/policy/resolution-reproductive-rights.pdf>

Establishment of a Committee for the Advancement of General Applied Psychology

The Council voted 144-13, with one abstention, to amend the Association Rules to establish a Committee for the Advancement of General Applied Psychology. The committee's purpose will be to promote, in settings outside the direct delivery of health care services, the utilization, application and advancement of science where psychologists work to enhance performance, learning, and well-being of individuals, groups, organizations, and society as a whole. Division 19 has been part of the caucus working on this initiative for several years, so this was a big win for Military Psychology.

Adoption of Policies

The Council unanimously adopted revised *APA Principles for Quality Undergraduate Education in Psychology* and approved December 2032 as the expiration date. These principles offer best practices that faculty members, programs, and departments can adopt to facilitate student learning and development, in ways that fit their institutional needs and missions. This document is designed to complement, and to be used in conjunction with, the APA Guidelines for the Undergraduate Psychology Major.

<https://www.apa.org/about/policy/principles-quality-undergraduate-education-psychology>

<https://www.apa.org/ed/precollege/about/undergraduate-major>

The Council also voted by 151–4, with one abstention, to adopt *Educational Guidelines for Equitable and Respectful Treatment of Students in Graduate Psychology Training Programs*. These guidelines encourage graduate psychology programs to promote the equitable and respectful treatment of graduate students throughout their education and training so that students may fully benefit from their graduate education and maximize their potential within and beyond their graduate programs.

<https://www.apa.org/about/policy/guidelines-equitable-treatment-students>

The Council adopted a resolution on *Equity, Diversity, Inclusion, and Accessibility in Quality Continuing Education and Professional Development* by a vote of 139-8, with two abstentions. This resolution is aimed at providing CE sponsors and the broader public evidence-based recommendations to support the integration of equity, diversity, inclusion and accessibility in continuing education. The policy may be used as a foundation to develop additional resources that build on this document and provide tangible support to CE sponsors to infuse EDIA thoughtfully and intentionally in their offerings.

<https://www.apa.org/about/policy/resolution-ed-accessibility-professional-development>

Amendments to Association Rules

The Council voted 147-2, with four abstentions, to amend the Association Rules to modify the review process for Board of Director member-at-large candidates and to apply that review process to all other members of the Board of Directors. Changes include asking prospective candidates, upon being slated, to disclose to the Election Committee claims made against them within the last 10 years for malpractice or unethical or unprofessional conduct, or if they are currently the subject of criminal indictment. The Election Committee will then evaluate the disclosures and determine whether the candidate can remain on the slate. The decision of the Election Committee can be appealed to the Board of Directors.

Guidelines

The Council voted unanimously to extend the effective date of the APA Specialty Guidelines In Forensic Psychology through December 2026. The purpose of these guidelines is “to improve the quality of forensic psychological services; enhance the practice and facilitate the systematic development of forensic psychology; encourage a high level of quality in professional practice; and encourage forensic practitioners to acknowledge and respect the rights of those they serve.”

<https://www.apadivisions.org/division-41/about/specialty?ga=2.165850618.598740637.1677252315-1811824824.1646687706>

Recommendations from the Council Effectiveness Implementation Oversight Task Force

The Council voted to accept recommendations to publicize new business items in advance of Council meetings and give the movers and any opponents time to address the new business items at the Council plenary session. The motion passed by 104-40, with eleven abstentions. This was part of a series of recommendations aimed at making it easier to get new business items on the Council agenda. Several recommendations related to this effort were postponed until the Council’s August meeting.

The Council voted 103-52, with two abstentions, to create a liaison program of Council members who would be assigned to up to eight selected boards and committees. The program will be managed by the Council Leadership Team.

Report of An Offer of Apology, on behalf of APA, to First Peoples in the United States

The Council accepted a Report of An Offer of Apology, on behalf of the American Psychological Association, to First Peoples in the United States. This report builds upon APA’s Apology to People of Color for APA’s role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S., which the Council adopted in October 2021. The offer of apology to First Peoples will be delivered by the APA president to the Society of Indian Psychologists at a time and place to be determined jointly with the SIP leadership. The report was received by a vote of 148-2, with three abstentions.

<https://www.apa.org/pubs/reports/apology-first-peoples>

<https://www.apa.org/about/policy/racism-apology>

Reflecting on APA's Strategic Plan and Progress To-Date

Council began the process of reviewing and updating APA’s current strategic plan. Since the strategic plan was adopted in 2019, APA has been regularly gathering information to assess progress in advancing its short-and long-term goals. Rooted in APA’s organizational foundation of science and belief in data-driven decision making, APA governance and staff are asking questions that probe the effectiveness of APA’s transformation in accomplishing the association’s mission and achieving impact. Four years into the implementation and evaluation of the strategic vision, the data show APA is generating noticeable momentum as an association. A review of the strategic plan and accomplishments are available publicly,

<https://www.apa.org/about/apa/strategic-plan/update-apa-strategic-plan.pdf>

Presidential Citations

APA President Thema Bryant, PhD, presented Presidential Citations to psychologists Gordon C. Nagayama Hall, PhD, and Wendi Sharee Williams, PhD, for their contributions to the field.

Treasurer's Report

Ryan Landoll

As I reflected on my 7th consecutive mid-year meeting (first as the ECP Chair, then Convention Chair and now your treasurer), I was pleased that your leaders had a conversation that has been on my mind since that very first year. Our division is so fortunate to have a large and engaged membership and the stewardship of our journal, first by Dr. Armando Estrada and now Dr. Tom Britt, along with the financial management of our previous treasurer, Dr. Scott Johnston, has given us a rich set of financial resources. Annually our division has over \$100K in fixed revenue, with robust investment dividends that currently yield us almost \$750K in net assets currently.

The COVID-19 pandemic saw remarkable innovation in our division's ability to reach out members from engaging continuing education content to webinars and podcasts with important professional development and commitment to equity, diversity and inclusion. We were fortunate to guide our division through that time with 3 straight years of sustained net income, growing our total assets by almost \$200K.

As we emerge from the pandemic, it is important that we take this time to make strategic and responsible investments that will ensure the success of Division 19 for years to come. This includes our investment in the Military Psychology Foundation, which will become a vehicle and partnership to fundraise, advocate, and ultimately contribute endowment funds to provide financial stability on our investment earnings. It also includes new initiatives to engage members – the strength of our division will be ensuring that we find ways to connect both virtually and in-person (hope to see you all in DC this August for APA!). Finally, it includes us adopting a budget policy that also ensures these investments are critically evaluated for a return on investment to our ultimate stakeholders – you, our members.

For the past three years, we have been successful in passing a budget, with last year, us achieving a net positive budget for the first time in division history. This culture change takes time and this year, our desire to invest in new opportunities was tested against the reality of our income streams. As a result, this was the first time since beginning an annual budgetary process that we were not able to pass a full budget at our Mid-Year Meeting. The Executive Committee recently met and passed the remaining portion of our budget. This accelerated the urgency to develop a longitudinal and sustainable budgetary process that involves all leaders throughout the year. To that end, this year we will be developing, debating, and hopefully passing a comprehensive budget policy for the division. In

the spirit of the pillars of financial transparency, responsibility and creativity, I invite you to share your thoughts with me at treasurer@militarypsych.org.

Society for Military Psychology: Current Financials

	31 Dec 21	31 Dec 22
Assets Total	690,203.51	748,435.05
Cash Reserve	134,040.96	171,389.85
Investments	545,102.95	568,710.60
Liabilities	14,844.56	7,603.13
Accts Payable	5,879.16	(91.27)
Deferred Dues	8,965.40	7,694.40
Net Assets	690,143.51	748,435.05

23,607.65 (4.3%) in investment growth

Three-Year Budget Report

	31 Dec 2020	31 Dec 2021	31 Dec 2022
Income total	132,575.67*	100,474.65* (-24%)	101,372.28 (+1%)
Dues	16,257.00	16,053.00 (-1%)	15,276.00 (-5%)
Royalties	62,735.23	81,943.35 (+31%)	86,096.28 (+5%)
Expenses total	38,752.48	27,423.88 (-29%)	57,669.80** (+110%)
Net Income	93,823.19	73,050.77	43,702.48
Total Assets	565,207.93	690,143.51	748,435.05***

*APA Investments had previously reported investment gains

**42% of approved 2021 budget

***\$400,000 allocated by motion to Military Psychology Foundation

Society for Military Psychology, Final Passed 2023 Budget [Current as of 20APR23]

Projected Income:

Dues \$15,000

Royalties \$85,000

[Investments \$25,000-50,000]

Total Fixed: \$100,000

Conservative: \$125,000 Est: \$150,000

Proposed Expenses:					
OPR	Item	Justification	2022 Budget	2022 Actual	2023 Proposed
President	Discretionary Fund	Existed 6+ yrs, as needed	1800	1800	1500
	Travel Fund	Represent div business, as needed	1200	0	2000
	Pres Citations Awds	Postage and associated costs	400	0	100
	Challenge Coin	50 remain from 200 initial order	0	0	1000
	Knowledge Mgmt Sys	Improved governance	1200		0 ¹
				TOTAL	4600
Treasurer	Financial Operations	Standard finance fees	150	123.40	150
	Division Svcs	Utilized for mbrship/listserv/awds	1550		1550
	EXCOM Travel Awards	Average from past 2 yrs	5000	8713.36 ⁹	63,400 ¹⁰
	Budget Admin	Unanticipated expenses in budgetary process	2000	2000	2000
	MYM Catering	EXCOM Catering for MYM	2500	542.29	2500
	Knowledge Mgmt Sys	GSuite – 32 users	1200	877	1250
	MPF Kickoff Event	Initial fundraising event at APA; Joint D19 Award Ceremony	0	0	10000
				TOTAL	80850
Newsltr	Newsltr Digitization		0	0	500
				TOTAL	500
MAL	MAL Engagement	Travel awd for mbr engagement	1000	0	1000
	RxP Tuition Award	Mbr Supt for Advancement RxP	0	0	3000
				TOTAL	4000
Awards	Plaque Printing/Shipping		3600	2534.88	3600
	Member Travel Awd	Single supt for APA Convention	750	0	0
	Research Grants	2-4 awards @ up to \$5000	10000	0	10000
	Award Mgmt Sys	Streamline process for review for all grants, awards, submissions	1700	1390	1700
				TOTAL	15300
Comms	Website Maintenance	Ensure compliance, professional image	2500	1132.57	1980 ²
		Domain Registration	0	0	0
		Photography	0	0	0
	Podcast	Equipment & Audio Support	0		0
	Wikipedia Page	It effort with History Cmte, honor 75 th anniversary of Division 19	2000		0
				TOTAL	1980
CE	CE Granting Renewal	Allows D19 to grant CEs	310		330
	CE Homestudy Program	Allows Homestudy CEs	200	0	220
	CE Certificate Mailing		50	0	50
				TOTAL	600

OPR	Item	Justification	2022 Budget	2022 Actual	2023 Proposed
SAC	CANVA Account		0		135
	Research Grants	2 student grants	4500	3750	4500
	Travel Awards	8 travel awds to APA convention	6000	0	6000 ³
	Chapter of Yr Awd		300	150	500
	Student Initiative Fund	Use of previous allocation to supt additional chapter initiatives	3000	1600	3000
	Mailchimp Subscription	Newsletter w/ analytics	450	252.28	450
				TOTAL	14585
ECP	Professional Development Grants	3 professional development awds	7500	1295	7500
	ECP Convention Suite Prgm	Materials to support a virtual social hour during APA convention	300	94.07	300 ⁴
	Conference Travel Awd	6 travel awards to APA convention	0	0	4500
				TOTAL	12300
Convention	Social Catering	Higher attendance	15000	10000	15000
	Hospitality Suite + Catering	Division programming for non-members in DC	7000	0	7000
	A/V Supt		2500	0	2500
	EXCOM Catering		2000	0	2000
	Marketing Materials	Promotional item, marketing and website support	5000	0	5000
	Poster Hr Social	Wine Down Posters & Social Hour	4000	4433.54 ⁶	4000
	Social Giveaways	For networking, socials, poster session	1200	1505.81 ⁶	1200
	Printing		500	0	500
				TOTAL	37200
Internat'l	Travel Awards – APA Int'l Speaker	See addt'l comments/justification on Budget Item Request	5000	2500	4000
	Travel Award – IMTA Liaison for D19	See addt'l comments/justification on Budget Item Request	0	0	4000
				TOTAL	8000
SLP	Student Travel Awds	\$1000 for 8 SLP participants	8000	0	8000
	SkillScope	Ldr Assessment for 8 SLP participants	1680	2205 ⁸	1680
	EQI	Ldr Assessment for 8 SLP participants	800	0 ⁸	800
	John Fennig Grp Process	Group process at mid and end pt	600	0	0
	Books and materials		1270	0	1270
	Zoom	Conferencing	150	0	0
				TOTAL	11750
Summit	Coffee/Bev/Snacks	Networking	3500	350.60 ⁷	4000
	Parking Supt	Volunteer Engagement	600	500 ⁷	600
	Admin Supt and Cost	Set-up/onsite supt	2000	2000 ⁷	2500
	CE support	60 hours CE admin supt	900	900 ⁷	900
				TOTAL	8000

OPR	Item	Justification	2022 Budget	2022 Actual	2023 Proposed
IMTA	Sponsoring Event	Sponsorship of Social Event	0	7000	0
				TOTAL	0
Historian	Hoffman Oral History	Previously approved by motion, interviews and transcription	1500	0	0
	Essay Contest Travel Awards	3 awards for travel to APA 2024 convention	0	0	2250
				TOTAL	2250
Diversity	Formal CE Diversity Training	Annual ed for EXCOM on DEI	3000		0
	Quarterly Webinars	Honorarium for speakers (x4)	6000	0	6000 ⁵
	Art Expression Event	Two art expression enhances to enhance diversity awareness	1800	0	0
				TOTAL	6000
RSS	Admin Support		0	0	0
	IT support	For Virtual Delivery	2600	0	2500
				TOTAL	2500
Mbrship	APA Registration	To support div mbrship	350	315	315
	Travel Stipend	Single representation	1000	1000	1000
	Printing & Shipping	Division materials	150	0	150
				TOTAL	1465
Advocacy	Travel support	Defray costs in-person advocacy	0	0	1000
				TOTAL	1000

¹Movement to Treasurer Budget for 2023 Cycle

²Communications Budget Not Submitted, Website Maintenance based on historical spending

³Recommend considering a single travel award block (Students/ECPs) *SLP separate due to presenting requirement but this could also be rolled in

⁴Recommend incorporating into Convention Budget

⁵Budget Request Form not submitted, total request on basis on submitted report

⁶Rebudget from Social Hour which had sufficient funds to cover

⁷Estimate due to accounting groups by single budget code

⁸Account codes are combined for Skillscope and EQI

⁹Mandated by motion of travel award policy (currently expired)

¹⁰Maximum travel award based on approved EXCOM policy

Total Projected Expenses: \$212,880

Reflections on the Profession

Pat DeLeon

Situational Awareness

With society's increasing awareness of the importance of mental health, highlighted by the impact of COVID-19 upon our nation's youth, Brad Potts describes a potentially federal, if not national, debate occurring in the Ohio legislature. "Ohio started actively pursuing prescriptive authority (RxP) in 2008, with five separate pieces of legislation in the past 15 years. We have made the usual arguments in favor of prescriptive authority and heard the concerns expressed by the medical opposition. This is why I found it so unusual to hear many of their recent arguments in favor of prescriptive authority under their control, which they had earlier dismissed. These are being made by a psychiatrist, the chair of the Northeast Ohio Medical University (NEOMED) Psychiatry Department. He is sounding the alarm that between 2016 and 2030, Ohio is projected to lose over 300 psychiatrists; leaving us with 1060 psychiatrists in 2030, which is only 52 percent of what it is projected we will need.

"NEOMED proposes that a new professional credential, Certified Mental Health Assistant (CMHA), is the answer to this shortage. According to the bill's (SB. 60) sponsor, Senator Gavarone: 'the CMHA is similar to a Physician's Assistant (PA) in scope of job responsibilities, educational requirement, and clinical training but offers students the opportunity to specialize solely in mental health and substance abuse.' NEOMED suggests the potential candidate pool is very large with each year about 500,000 undergraduate pre-health and psychology graduates and over 20,000 highly qualified, but not accepted, medical school applicants seeking alternative career paths. Since Ohio would be the only state with the CMHA career path, they would all stay in Ohio after graduation.

"In his testimony on behalf of SB. 60, the Department Chair discussed options they have considered to address this shortage -- more psychiatrists, Nurse Practitioners (NPs), and PAs. He noted the vast majority of NPs and PAs go into more lucrative fields, such as surgery and emergency medicine and the cost of additional psychiatric residents is about \$900,000 a year. Further, there is an expected slight decrease in the number of NPs and PAs by 2030. He proposed to graduate 40 CMHAs a year to address this need. They 'will work exclusively under a physician with supervision at least once a week. The physician will be required to make the initial diagnosis. The CMHAs will be able to prescribe stimulants for patients with documented ADHA, benzodiazepines for conditions with FDA indications, and the only opioid they will be allowed to prescribe is buprenorphine, for management of opioid use disorder.'

"When asked why CMHAs would not be allowed to diagnose, but were allowed to prescribe which seemed riskier, the Chair responded this was deliberately done to prevent them from practicing independently. He believes their training is sufficient to prescribe what he characterized as 'relatively safe' medications, but their two years of training is insufficient to qualify them to practice independently. He further stated that several other medical schools share an interest in running a similar program and he is sure there will be others nationwide.

"As of March 15, 2023, the Ohio Senate Workforce and Higher Education Committee has received testimony in favor of this bill from the Inter-University Counsel of Ohio, Ohio Latino Affairs Commission, the Chair of Psychiatry at NEOMED, the Ohio Chamber of Commerce, the Akron Ohio Chamber of Commerce, and NAMI of Ohio. The Ohio State Medical Association (OSMA) opposes the bill, making it very unlikely it will pass this year. Historically OSMA's opposition has been sufficient to stop or delay many other scope of practice issues in Ohio, such as our attempts to pass RxP.

"We do not want to oppose any legitimate effort to expand the provider base in Ohio, given the current shortage and those to come. PAs already exist and the concept of a practitioner with essential training focused on psychopharmacology is similar to our Master of Science in Clinical Psychopharmacology. Nevertheless, we have several concerns with the proposal and NEOMED's position conflicts with the position taken by other psychiatric bodies regarding RxP. CMHAs will have psychopharmacology training similar to their Psychiatric PAs and Psychiatric NPs colleagues. Unlike them or any other medication provider, they will not be legally qualified to do the initial diagnosis; making it difficult to do admissions, respond to consults, or crises. The Chair's characterization of these medications as 'relatively safe' to prescribe with two years of education is notably different than the Ohio Psychiatric Physician's Association position these medications are 'dangerous' and RxP was an unsupportable risk to patients' lives. After psychiatry's opposition to doctoral level psychologists with a master's in psychopharmacology prescribing, they are endorsing as their best solution providers with a two-year degree?

"NEOMED's proposed solution is rather than endorse an option that attracts the best and brightest to treat Ohio's most vulnerable, to settle on an approach that relegates a career in psychopharmacology to a second place, plan B career path, with the most restricted professional autonomy of any providers in the field. The Chair characterized this as an innovative solution. My colleague Angela Mil-

ler, another veteran of Ohio's RxP legislative efforts, noted perhaps the innovation was in finding a solution that is, and will remain, under their control."

Legislative Progress

Another long-time colleague and CEO of the Kauai Federally Qualified Health Center, David Peters, back in March, 2005, shared with us that the visiting then-HHS Acting Assistant Secretary for Health informed various Hawaii legislators and health organizations that "giving prescriptive authority to clinical psychologists in New Mexico was a big mistake." David is a strong proponent of the potential for psychology and NPs to meet the pressing health care needs of rural Hawaii. Over the years, our RxP quest has made substantial progress. However, we should be mindful that in comparison, the American Association of Nurse Practitioners (AANP) reported Utah recently became the 27th state in the nation – along with the District of Columbia, Guam, and the Mariana Islands – to enact Full Practice Authority for NPs. Thus, I was particularly pleased to see Marcus VanSickle's announcement that the Executive Committee of Division 19 approved a \$3,000 tuition grant to help support those obtaining clinical psychopharmacology training. Marcus is a graduate of the Uniformed Services University (USU) and appreciates that many of the next generation of military psychologists are interested in possessing this skill during their careers.

Alex Siegel, Director of Professional Affairs, Association of State and Provincial Psychology Boards: "The Psychological Interjurisdictional Compact (PSYPACT) which allows for increased access of care and continuity of care for providing psychological services across state lines continues to add new jurisdictions. Recently, Michigan and Wyoming have joined PSYPACT. As of May 14th, there are 37 jurisdiction, 35 effective, which have adopted and are currently part of the PSYPACT Commission (AL, AZ, AR, CO, CT, CNMI, DE, DC, GA, ID, IL, IN, KS, KY, ME, MD, MI, MN, MO, NE, NV, NH, NC, OH, OK, PA, TN, TX, UT, VA, WA, WV, WI, and WY). Rhode Island has enacted PSYPACT which will tentatively become effective on July 1, 2023. North Dakota passed PSYPACT on April 13, 2023 and will be effective August 1, 2023. There is currently active legislation in Florida, Massachusetts, New York, and Vermont.

"According to Janet Orwig, Executive Director of the PSYPACT Commission, as of May 15, 2023, the Commission has issued 9131 Authority to Practice Interjurisdictional Telepsychology (APIT) and 473 Temporary Authorization to Practice (TAP). The initial fee for APIT and TAP is \$40. The Commission recently created an annual renewal fee for both of \$20. The APIT authorizes psychologists to practice interjurisdictional from their home state into the receiving state (where the patient is located). The TAP authorizes psychologists to temporarily physically provide fact-to-face psychological services in the distant PSYPACT state."

Historical Reflections

From the earliest colonial days, the relationship between what is today our federal and state governments and the indigenous Native American people residing on this land has been highly complex and ever changing. Native Americans have served in the U.S. military in every major conflict for more than 200 years. They serve at five times the national average. The critical contributions of the "Code Talkers" are known to almost every American youth. Yet, what is not appreciated is that 33 Native Americans have received the Medal of Honor and that, as Doug McDonald, a military Veteran and member of the Oglala Lakota tribe, pointed out during our USU health policy seminar, Ira Hayes was one of the Iwo Jima flag raisers. The National Native American Veterans Memorial on the grounds of the National Museum of the American Indian opened November 11, 2020 *in consultation with* tribal communities throughout the nation.

Doug: "The 'Warrior Tradition' has served as a fundamental aspect of the world view of most American Indian nations. This concept, called 'Akicita' in Lakota, represents a much larger and more complex role than any mere 'fighter' or 'soldier' however. The Akicita are certainly seen as these, but also as loving husbands, fathers, brothers, and respected society members. An Akicita stands just as ready to physically defend the tribe as to nurture its honor and peaceful relations with other nations. Interestingly, Akicita can be not only men but women and two-spirited (LGBTQ+) also. Fascinating accounts of women warriors such as Buffalo Calf Road Woman – who heroically saved her brother in the Rosebud Battle – of the Northern Cheyenne have been part of the oral tradition for generations. Anyone attending a traditional Native powwow will be asked to stand as the Veterans lead the grand entry with a collection of tribal flags, eagle staffs, and the American flag. For many tribes, the 'flag song', honoring the Akicita's fighting for the American flag is proudly sung, and all staffs and other flags are tipped forward, except for the American flag which is held upright throughout the honor songs."

The National Academies of Sciences, Engineering, and Medicine (NASEM) recently published *Intergenerational Poverty and Mobility Among Native Americans in the United States: Proceedings of a Workshop*. Highlights: There were conversations with Tribal Leaders on Intergenerational Poverty, Intergenerational Poverty and Mobility, and a conversation with Researchers and Practitioners. Underlying questions raised included: What are the key barriers and obstacles reducing the chances of Native American families seeing their children growing up to be happy, healthy, and prosperous adults? And, What is the resilience and strength of Native American communities? "The qualities that are foundational to Native American communities, such as kinship, cultural practices, and traditional foods and medicine, are damaged by the economic conditions of poverty."

More Native Americans live off-reservation than on-reservation. Native Americans are the only people on this land that have a collectively owned land base which has been self-governed “since the beginning of time.” Whereas health care is a treaty right which should be guaranteed regardless of where one lives, it has been chronically underfunded. Approximately 30 percent of children who do not live on reservations live in poverty; and close to half of children living on reservations live in poverty. If an individual is hungry or does not know where he or she is going to sleep, it is difficult to focus on education or vocation. An underlying concept is that Native communities know what needs to be done. Native communities should be the designers and architects of the solutions to intergenerational poverty. The government should lend support and then “get out of the way.” Solutions must be created and led by Natives.

One of the biggest advantages that Native communities possess is youth; 29 percent of Native people are under the age of 18. Ninety percent of Native students attend public schools with the majority not going to tribally controlled schools or schools on a reservation. The starting point for education is understanding the relationship be-

tween Indian people and the educational system. For many generations, education was weaponized as a tool of pacification against Indians (boarding schools, for example), assimilation, indoctrination, and subjugation. Getting an education is a critical path to upwards mobility and having people achieve their educational dreams from a culturally sound place is key to overcoming intergenerational poverty. Yet, even getting broadband internet to reservations can be a complicated and long process.

The starting point must be an Indigenous framework. Indigeneity is not simply about being Indian, but it is a way of thinking, a way of walking, and an understanding that “everything is related.” People in indigenous communities do not necessarily think in terms of upward mobility. Rather, they want to be able to take care of themselves and their families, to take care of cultural responsibilities, to have the safety of a home, and to have access to health care. During the workshop’s two days of conversations, considerable enthusiasm was expressed for the leadership of this Administration; especially with the appointment of a Native American, the Honorable Deb Haaland, as Secretary of the Department of Interior. She is the first Native American to serve as a Cabinet Secretary.

Announcements

Grace Seamon-Lahiff

Announcement Requests

Please submit any announcement requests for volunteer opportunities, research participant requests, training opportunities, or other requests to the Announcements Section Editor, Grace Seamon-Lahiff at seamon@cua.edu

General

Division 19 Mentorship Opportunity

Division 19 is launching a mentorship program for all members, not just for students or early career psychologists. Matches will be made based on personality fit, professional development opportunities, and experiential preferences.

To become a mentor please visit:

<https://docs.google.com/forms/d/e/1FAIpQLSfHKYjBGoO3OhWBgjtGkkbEWmyz6zyKcfw8SHVcnFpUpdZMTQ/viewform>

To become a mentee please visit: https://docs.google.com/forms/d/e/1FAIpQLSdPrpoqiN3fZT9qIBzXnAyQX-nAkmao4ZVEb82HJ3i5G80_hg/viewform

Join Division 19 on social media!

- Facebook group: APA Division 19 – Military Psychology
- Twitter: @APADiv19
- LinkedIn group for ECPs: APA Division 19 - Military Psychology - Early Career Psychologists

Podcast Corner

The Early Bird Brief

Defense News and Military Times have created a daily news podcast for the Department of Defense and Veterans Affairs. Episodes are under 15 minutes and encompass policy, health, and operational new stories. Podcast episodes can be found [here](#) or on Spotify, Apple Podcasts, and Google podcasts.

Practical for your Practice

The Center for Deployment Psychology has announced their third season of the podcast “Practical for your Practice”, a bi-weekly podcast designed for providers focused on providing evidence based treatment in the military community. Podcast episodes can be found [here](#), or on Spotify, or Apple Podcasts. If you love the show and want to recommend a topic you can leave a voicemail for the show hosts [here](#).

Quantitude: A Useful Podcast

Have you ever dreamed of a podcast on statistics for psychologists? Look no further! Hosted by University of North Carolina’s Patrick Curran, and University of Maryland’s Gregory Hancock, Quantitude covers everything from the basic theory of probability to Bayesian modeling in hour long segments that are actually a fun to listen to – seriously! Podcast episodes can be found [here](#) or wherever you get your podcasts.

Military Psychology Podcast Network

Division 19 is proud to host the Military Psychology Podcast Network! This network features topics including: diversity in the military, behavioral health in the military and veteran populations, human factors research, and specialty areas including operation and aviation psychology, fitness for duty, and military ethics. Currently the network hosts three shows: *Beyond the Uniform*, *Intro to Military Psychology*, and the newly launched *LGBTQ Series*. Episodes for all three shows can be found here <https://podcasts.apple.com/us/podcast/military-psychology-podcast-network/id1553694252>, or wherever you choose to stream your podcasts.

Practice and Policy News

Bill to Establish a DoD Task Force for Mental Health

The House Armed Services Committee has introduced a Bill which will establish a task force to investigate DoD’s ability to provide adequate behavioral healthcare. For more information, and to receive updates on the Bill’s progress, please visit <https://www.congress.gov/bill/118th-congress/house-bill/3011?s=1&r=17>

The Brandon Act

A Bill mandating mental health evaluation training and allowing Service members to request a mental health evaluation has recently been signed into law. The Brandon Act was created in honor of Sailor Brandon Caserta who died by suicide in June of 2018. To learn more about the Bill and Brandon himself, please visit <https://thebrandonact.org/about-the-brandon-act/>

New Recommendations for AUDIT-C Cut Scores

Firoozmand-Duffy and colleagues recently published an article suggesting the VA’s recommended cut scores for the frequently used Alcohol Use Disorders Identification Test for Consumption (AUDIT-C) may be overestimating hazardous alcohol consumption among Veterans and active-duty Service members. Authors are recommending an increase in cut score from >4 for men and >3 for women to >6 or 7 for men and > 5 to 6 for women. A full text version of the article can be found here <https://bmjopen.bmj.com/content/13/5/e068619>

Call for Papers

APA journals currently advertising for a general call for papers include:

- Consulting Psychology Journal
- Experimental and Clinical Psychopharmacology
- Families, Systems, and Health
- Motivation Science
- Practice Innovations
- Professional Psychology: Research and Practice
- Psychoanalytic Psychology
- Psychological Methods
- Psychology and Neuroscience

For a full list of journals advertising for special issues, general calls, and other submission please visit <https://www.apa.org/pubs/journals/resources/calls-for-papers>

Upcoming Conferences

Military Health Systems Research Symposium

The Department of Defense Military Health System Research Symposium is described as the DoD's foremost scientific meeting and features four days of education on topics ranging from wound care to the latest behavioral health research. This year's symposium will be held in August of 2023 (date pending). For more information please visit <https://mhsrs.health.mil/SitePages/About.aspx>

San Antonio Combat PTSD Conference

The 8th annual San Antonio Combat PTSD Conference will be held on October 17-18, 2022. Although this conference was held virtually in the past the format for this event has yet to be released. Registration has not yet opened for this year's conference, however, interested parties can sign up for email updates at: <https://www.combatptsdconference.com/>

International Society for Traumatic Stress Studies (ISTSS) Annual Meeting

The 39th annual meeting for ISTSS will be held in-person on November 1st – 4th. This year's meeting will focus on scalable strategies to address the impact of trauma worldwide. As in previous years, this conference will offer a military track. For more information please visit: <https://istss.org/am23/home>

AMSUS Annual Meeting

The Society of Federal Health Professionals will meet for their annual conference February 12th – 15th at the Gaylord National Resort and Convention Center in National Harbor Maryland. For more information about registrations, continuing education information, and seminar information, please visit <https://www.amsus.org/events/annual-meeting-2/>

Graduate Student Resources

Q&A with an Air Force Psychologist

The Society of Air Force Psychologist hosts a question and answer session with an Air Force psychologist every 4th Wednesday of the month at 1800 (6 pm EST) on

zoom. Discussion topics include day in the life overviews, ongoing research interests, and Air Force psychology internship opportunities. For those interested in attending, the zoom meeting ID is 824-0339-8916. For more information please contact Maj. Marc A. Patience PhD at: marc.a.patience.mil@health.mil

Students Seeking a Doctoral Degree in Psychology Can Now Apply for HPSP

For the first time Psychologists can apply for the VA's Health Professional Scholarship Program (HPSP). This program provides financial assistance in exchange for working in the VA system for two to three years after graduation. All those interested in applying can find more information by visiting this link <https://www.va-ams-info.intelliworx.com>

Division 19 Online National Chapter

The Division 19 student affairs committee is excited to host its first national online campus chapter! The goal of this virtual chapter is to connect all students who are interested in military psychology. The committee hopes an online chapter will provide student affiliates from smaller campuses and communities the opportunity to connect with like-minded peers regardless even if their institution does not have an officially sponsored chapter. During meetings you can look forward to psychology-related group discussions, journal reviews, webinars, and collegial deliberation. Additionally, there are opportunities for students to take on leadership roles. More information on the Division 19 student affairs committee and upcoming online chapter meetings can be found here: <https://www.militarypsych.org/student-affairs/>

Student Initiative Fund

The Student Initiative fund exists to support psychology students' engagement at the individual, local, and campus chapter levels. Students and campus chapters can apply for funding for activities, research or grassroots efforts to further the science, practice, and advocacy of military psychology. **Applications for this fund will be reviewed on a rolling basis. There is not a deadline for submissions.** For more information and application materials please visit <https://www.division19students.org/funding.html>

Connect with Division 19 Students on Social Media

- Email div19studentrep@gmail.com
- Facebook [@Division19Students](https://www.facebook.com/Division19Students)
- Instagram [@Division19Students](https://www.instagram.com/Division19Students)

Self-Paced Courses, Webinars, and Conference Archives

ISTSS Webinar on Offering Support To Those Affected By The War In Ukraine

Sponsored by the International Society for Traumatic Stress Studies, this webinar outlines the current needs of all those affected by the war in Ukraine including Ukrainian civilians and military personnel, as well as helping professionals and those responding to the refugee crisis. The webinar can be found [here](#).

Clevering Dallaire Critical Conversations on Moral Injury

Sponsored by Dallaire Institute, University of Alberta, and the Heroes in Mind Advocacy and Research Consortium, this conversation series focuses on the progression of Moral Injury on and off the battlefield. Recordings of this series can be found through [this link](#).

Center for Deployment Psychology 2021 Evidence Based Practice Conference Archive

Recordings of the 2021 and 2022 conferences can be found here : <https://deploymentpsych.org/2021-EBP-Conference-Archive>

Center for Deployment Psychology Online Courses

The CDP provides interactive web-based training to educate professionals working with Service Members, Veterans, and their families for FREE (CE credit available for cost). Highly Recommended: Military Culture: Core Competencies for Healthcare Professionals <https://deploymentpsych.org/training>

SAMHSA Military Mental Health Webinar Series

For the last four years SAMHSA has been hosting military and veteran mental health webinars. A list of archived webinars can be found at: <https://www.samhsa.gov/smvf-ta-center/resources/webinars>

VA's PTSD Consultation Program

Beginning in September 2021, the National Center for PTSD has launched a lecture series for providers committed to serving the military community. The list of upcoming webinars and lectures can be found here: https://www.ptsd.va.gov/professional/consult/lecture_series.asp

Division 19 Webinar Series

Offering a range of topics from acquiring a VA internship to navigating the health systems for each branch of ser-

vice, Division 19 has prepared a series of how-to webinars to assist early career psychologists navigate the field of military psychology. Those webinars can be found here: <https://www.division19students.org/webinar-series.html>

Veteran Service Organization Spotlight

TAPS

The Tragedy Assistance Program for Survivors (TAPS) provides peer based emotional support and resources on grief for all those who have lost a loved one who's life included military Service. For more information on TAPS mission and program offerings please visit <https://www.taps.org/>

Additional Military Special Interest Groups and Organizations to Explore

The ISTSS Military Special Interest group

[https://istss.org/membership/for-members/special-interest-groups-\(1\)](https://istss.org/membership/for-members/special-interest-groups-(1))

The ISTSS Moral Injury Special Interest Group

[https://istss.org/membership/for-members/special-interest-groups-\(1\)](https://istss.org/membership/for-members/special-interest-groups-(1))

The Association for Contextual Behavioral Science Military Special Interest Group

https://contextualscience.org/act_for_military_sig

Australasian Society for Traumatic Stress Studies

<https://www.astss.org.au/>

APA Division 18, the Division for Veterans Affairs Psychologists

<https://www.apadivisions.org/division-18/sections/veterans>

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 prepared for submission should be directly submitted to *The Military Psychologist* email: Div19newslettercommittee@gmail.com. Questions about which section your submission best fits, please reach out to the section editors directly for guidance: **Feature Articles** (Taylor Zurlinden: taylor.zurlinden@gmail.com), **Trends Articles** (Bri Shumaker: briannashumaker@gmail.com), **Spotlight on Research Articles** (Christine Hein: chein9@gmail.com), and **Spotlight on History** (Austin Hamilton: hami3505@bears.unco.edu). For example, Feature Articles highlight the interests of most Division 19 members; Spotlight on Research Submissions are original, quantitative studies more succinct in nature than other scholarly articles. For full-length research articles, please consider submitting to the Division 19 Journal *Military Psychology* through the online submission portal: <https://www.editorialmanager.com/mil/>

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 JPG, GIF, 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.

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 the **Announcements Section** editor, Grace Seamon (seamon@cua.edu).

Review and Selection. Every submission is reviewed and evaluated by the Section Editor, the Editor in Chief, and 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 submissions. Submissions well in advance of issue deadlines are appreciated. The Editor in Chief and the Section Editors reserve the right to determine the appropriate issue in which to publish an accepted submission. All items published in *The Military Psychologist* are copyrighted by the Society for Military Psychology unless in the public domain.

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